

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

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| FENOPRON CAPS 300mg QL (240 caps / 30 days) | 4 | NDS QL PA |
| <i>flurbiprofen</i> TABS 100mg | 1 | |
| <i>ibu</i> TABS 400mg, 600mg, 800mg | 1 | |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg | 1 | |
| <i>ibuprofen</i> TABS 300mg QL (120 tabs / 30 days) | 4 | NDS QL |
| <i>ibuprofen-famotidine tab</i> 800- 26.6 mg QL (90 tabs / 30 days) | 1 | QL PA |
| <i>ketoprofen</i> CAPS 25mg QL (120 caps / 30 days) | 4 | NDS QL PA |
| <i>ketoprofen</i> CAPS 50mg QL (180 caps / 30 days) | 4 | NDS QL PA |
| <i>ketoprofen</i> CP24 200mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA applies if 65 years and older | 1 | QL PA |
| <i>lofena</i> TABS 25mg QL (120 tabs / 30 days) | 4 | NDS QL PA |
| LURBIRO TABS 100mg | 4 | NDS |
| <i>meclofenamate sodium</i> CAPS 50mg, 100mg | 1 | |
| <i>mefenamic acid</i> CAPS 250mg | 1 | |
| <i>meloxicam</i> CAPS 5mg, 10mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>meloxicam</i> TABS 7.5mg, 15mg | 1 | |
| <i>nabumetone</i> TABS 500mg, 750mg | 1 | |
| NAPRELAN TB24 375mg QL (120 tabs / 30 days) | 4 | NDS QL PA |
| NAPRELAN TB24 500mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| <i>naproxen</i> SUSP 125mg/5ml QL (1800 mL / 30 days) | 1 | QL PA |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg | 1 | |
| <i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days) | 1 | QL |
| <i>naproxen dr</i> TBEC 500mg QL (90 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>naproxen sodium</i> TABS 275mg, 550mg | 1 | |
| <i>naproxen sodium</i> (generic of NAPRELAN) TB24 375mg QL (120 tabs / 30 days) | 1 | QL PA |
| <i>naproxen sodium</i> (generic of NAPRELAN) TB24 500mg QL (90 tabs / 30 days) | 1 | QL PA |
| <i>naproxen sodium</i> TB24 750mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>naproxen-esomeprazole</i> <i>magnesium tab dr</i> 375-20 mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| <i>naproxen-esomeprazole</i> <i>magnesium tab dr</i> 500-20 mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| ORUDIS CAPS 75mg QL (120 caps / 30 days) | 4 | NDS QL PA |
| <i>oxaprozin</i> TABS 600mg | 1 | |
| <i>piroxicam</i> CAPS 10mg, 20mg | 1 | |
| RELAFEN DS TABS 1000mg | 4 | NDS PA |
| SPRIX SOLN 15.75mg/spray QL (5 bottles / 30 days) | 4 | NDS QL NM PA |
| <i>sulindac</i> TABS 150mg, 200mg | 1 | |
| <i>tolectin 600</i> TABS 600mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| <i>tolmetin sodium</i> CAPS 400mg | 4 | NDS |
| <i>tolmetin sodium</i> TABS 600mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| VYSCOXIA SUSP 10mg/ml QL (946 mL / 21 days) | 4 | NDS QL PA |
| XIFYRM SOLN 30mg/ml | 3 | |
| ZIPSOR CAPS 25mg QL (120 caps / 30 days) | 4 | NDS QL PA |
| OPIOID ANALGESICS, LONG-ACTING | | |
| BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days) | 3 | QL PA |
| BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days) | 1 | QL PA |
| BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days) | 3 | QL PA |
| CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days) | 3 | 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 |
| <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) | 4 | NDS QL PA |
| <i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days) | 1 | QL PA |
| HYSINGLA ER T24A 20mg, 30mg, 40mg QL (30 tabs / 30 days) | 3 | QL PA |
| HYSINGLA ER T24A 60mg, 80mg, 100mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| <i>levorphanol tartrate</i> TABS 2mg, 3mg QL (120 tabs / 30 days) | 4 | NDS 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| 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 |
| MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days) | 3 | QL PA |
| MS CONTIN TBCR 60mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| NUCYNTA ER TB12 50mg QL (60 tabs / 30 days) | 3 | QL PA |
| NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg QL (60 tabs / 30 days) | 3 | QL PA |
| OXYCONTIN T12A 40mg, 60mg, 80mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| <i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>oxymorphone hcl</i> TB12 30mg, 40mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| <i>tramadol hcl</i> CP24 100mg, 200mg, 300mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 1 | QL PA |

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

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|--------|
| | Tier | Limits |
| <i>endocet tab 10-325mg (generic of PERCOCET)</i> QL (180 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i> QL (2700 mL / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen tab 2.5-325 mg</i> QL (240 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen tab 5-300 mg</i> QL (240 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-ibuprofen tab 5- 200 mg</i> QL (150 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days) | 1 | QL |
| <i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days) | 1 | QL |
| <i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i> QL (600 mL / 30 days) | 1 | QL |
| <i>hydromorphone hcl SOLN</i> 4mg/ml, 10mg/ml, 50mg/5ml | 3 | B/D |
| <i>hydromorphone hcl (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml</i> | 3 | B/D |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------|
| | Tier | Limits |
| <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 |
| <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 | |
| NALOCET TAB 2.5-300 QL (360 tabs / 30 days) | 4 | NDS QL PA |
| NUCYNTA TABS 50mg QL (180 tabs / 30 days) | 3 | QL |
| NUCYNTA TABS 75mg, 100mg QL (180 tabs / 30 days) | 4 | NDS QL |
| OXY-ACETAMIN TAB 7.5-300 QL (240 tabs / 30 days) | 4 | NDS QL PA |
| OXYCOD-APAP TAB 2.5-300 QL (360 tabs / 30 days) | 4 | NDS QL PA |
| OXYCOD/ACETA SOL 10/300MG QL (900 mL / 30 days) | 4 | NDS QL PA |
| OXYCOD/APAP TAB 5-300MG QL (360 tabs / 30 days) | 4 | NDS QL PA |
| OXYCOD/APAP TAB 10-300MG QL (180 tabs / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------|
| | Tier | Limits |
| <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 |
| OXYCODONE HYDROCHLORIDE TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days) | 4 | NDS QL |
| <i>oxycodone w/ acetaminophen soln</i> 5-325 mg/5ml QL (1800 mL / 30 days) | 1 | QL |
| <i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg QL (360 tabs / 30 days) | 1 | QL |
| <i>oxycodone w/ acetaminophen tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days) | 1 | QL |
| <i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days) | 1 | QL |
| <i>oxycodone w/ acetaminophen tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days) | 1 | QL |
| <i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days) | 1 | QL |
| PERCOCET TAB 5-325MG QL (360 tabs / 30 days) | 4 | NDS QL PA |
| PERCOCET TAB 7.5-325 QL (240 tabs / 30 days) | 4 | NDS QL PA |
| PERCOCET TAB 10-325MG QL (180 tabs / 30 days) | 4 | NDS QL PA |
| PROLATE SOL 10/300MG QL (900 mL / 30 days) | 4 | NDS QL PA |

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

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| <i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days) | 1 | QL PA |
| AZACTAM SOLR 1gm, 2gm | 3 | |
| <i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm | 1 | |
| BACTRIM DS TAB 800-160 | 3 | |
| BACTRIM TAB 400-80MG | 3 | |
| BETHKIS NEBU 300mg/4ml | 4 | NDS NM PA |
| BLUJEPA TABS 750mg | 2 | |
| CAYSTON SOLR 75mg | 4 | NDS NM PA |
| CLEOCIN CAPS 75mg, 150mg, 300mg | 3 | |
| CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml | 3 | |
| CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml | 3 | |
| <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 300 mg/50ml</i> | 1 | |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | 1 | |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | 1 | |
| CLINDMYC/NAC INJ 300/50ML | 3 | |
| CLINDMYC/NAC INJ 600/50ML | 3 | |
| CLINDMYC/NAC INJ 900/50ML | 3 | |
| <i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg | 1 | |
| COLY-MYCIN M SOLR 150mg | 3 | |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------|
| | Tier | Limits |
| <i>dalbavancin hcl</i> (generic of DALVANCE) SOLR 500mg | 4 | NDS |
| DALVANCE SOLR 500mg | 4 | NDS |
| <i>dapsone</i> TABS 25mg, 100mg | 1 | |
| DAPTOMY/NAACL INJ 350/50ML | 3 | |
| DAPTOMY/NAACL INJ 500/50ML | 3 | |
| <i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg | 4 | NDS |
| DAPTOMYCIN SOLR 350mg, 500mg | 4 | NDS |
| <i>daptomycin</i> SOLR 500mg | 4 | NDS |
| DARAPRIM TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| EMBLAVEO INJ 2GM | 4 | NDS |
| EMVERM CHEW 100mg QL (12 tabs / year) | 4 | NDS QL |
| <i>ertapenem sodium</i> SOLR 1gm | 1 | |
| FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days) | 3 | QL |
| <i>fosfomycin tromethamine</i> PACK 3gm | 1 | |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | 1 | |
| <i>gentamicin in saline inj 1 mg/ml</i> | 1 | |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 1 | |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | 1 | |
| <i>gentamicin in saline inj 2 mg/ml</i> | 1 | |
| <i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml | 1 | |
| HUMATIN CAPS 250mg | 4 | NDS |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i> | 1 | |
| <i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i> | 1 | |
| IMPAVIDO CAPS 50mg | 4 | NDS PA |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------|
| | Tier | Limits |
| <i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (20 tabs / 90 days) | 1 | QL PA |
| <i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days) | 1 | QL PA |
| KIMYRSA SOLR 1200mg | 4 | NDS |
| KITABIS PAK NEBU 300mg/5ml | 4 | NDS NM PA |
| LIKMEZ SUSP 500mg/5ml | 3 | |
| <i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml | 1 | |
| <i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days) | 4 | NDS QL |
| <i>linezolid</i> TABS 600mg QL (60 tabs / 30 days) | 1 | QL |
| LINEZOLID INJ 2MG/ML | 3 | |
| MACROBID CAPS 100mg | 3 | |
| MACRODANTIN CAPS 25mg, 50mg, 100mg | 3 | |
| MEPRON SUSP 750mg/5ml QL (300 mL / 30 days) | 4 | NDS QL PA |
| MEROP/NAACL INJ 1GM/50ML | 3 | |
| MEROP/NAACL 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 | |
| METRONIDAZOLE SOLN 500mg/100ml | 3 | |
| <i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml | 1 | |
| NEBUPENT SOLR 300mg | 3 | B/D |
| <i>neomycin sulfate</i> TABS 500mg | 1 | |
| <i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days) | 4 | NDS QL |
| <i>nitrofurantoin</i> SUSP 25mg/5ml | 4 | NDS PA |
| NITROFURANTOIN SUSP 50mg/5ml | 4 | NDS PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| <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 | 4 | NDS |
| ORLYNVAH TAB 500-500 | 4 | NDS NM |
| PENTAM 300 SOLR 300mg | 3 | |
| <i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg | 1 | B/D |
| <i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg | 1 | |
| <i>polymyxin b sulfate</i> SOLR 500000unit | 1 | |
| <i>praziquantel</i> TABS 600mg | 1 | |
| PRIMAXIN IV INJ 500MG | 3 | |
| <i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| RECARBRIO INJ 1.25GM | 4 | NDS |
| SIVEXTRO SOLR 200mg; TABS 200mg | 4 | NDS |
| SOLOSEC PACK 2gm | 3 | |
| <i>streptomycin sulfate</i> SOLR 1gm | 4 | NDS |
| STROMECTOL TABS 3mg QL (20 tabs / 90 days) | 3 | QL PA |
| <i>sulfadiazine</i> TABS 500mg | 4 | 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 NEBU 300mg/5ml | 4 | NDS NM PA |
| TOBI PODHALER CAPS 28mg | 4 | NDS NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| <i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml | 4 | NDS NM PA |
| <i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml | 4 | NDS NM PA |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml | 1 | |
| <i>tobramycin sulfate</i> SOLR 1.2gm | 4 | NDS PA |
| <i>trimethoprim</i> TABS 100mg | 1 | |
| TYZAVAN SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml | 3 | |
| VABOMERE INJ 2GM(1-1) | 4 | NDS |
| VANCOGIN CAPS 125mg QL (80 caps / 180 days) | 4 | NDS QL |
| VANCOGIN CAPS 250mg QL (160 caps / 180 days) | 4 | NDS QL |
| VANCOMYC/D5W INJ 1.5/300 | 3 | |
| VANCOMYC/D5W INJ 1.25/250 | 3 | |
| <i>vancomycin hcl</i> (generic of VANCOGIN) CAPS 125mg QL (80 caps / 180 days) | 1 | QL |
| <i>vancomycin hcl</i> (generic of VANCOGIN) CAPS 250mg QL (160 caps / 180 days) | 1 | QL |
| <i>vancomycin hcl</i> SOLN 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg | 1 | |
| <i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg | 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/ Limits | | Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|---------|---|------------------------------|-----------|
| | Tier | Limits | | Tier | Limits |
| <i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml QL (1800 mL / 180 days) | 1 | QL | <i>fluconazole</i> SUSR 10mg/ml; TABS 50mg, 100mg, 200mg | 1 | |
| <i>vancomycin hcl</i> SOLR 250mg/5ml QL (1800 mL / 180 days) | 1 | QL | <i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 150mg | 1 | |
| VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg | 3 | | <i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml | 1 | |
| VANCOMYCIN INJ 1 GM | 3 | | <i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml | 1 | |
| VANCOMYCIN INJ 500MG | 3 | | <i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg | 4 | NDS PA |
| VANCOMYCIN INJ 750MG | 3 | | <i>fulvicin p/g 165</i> TABS 165mg | 4 | NDS |
| VIBATIV SOLR 750mg | 4 | NDS | <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg | 1 | |
| XACDURO INJ 1-1GM | 4 | NDS | <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg | 1 | |
| XIFAXAN TABS 200mg QL (9 tabs / 30 days) | 3 | QL | <i>griseofulvin ultramicrosize</i> TABS 165mg | 4 | NDS |
| ZEMDRI SOLN 500mg/10ml | 4 | NDS | <i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days) | 1 | QL |
| ZYVOX SOLN 600mg/300ml | 4 | NDS | <i>itraconazole</i> SOLN 10mg/ml | 4 | NDS |
| ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days) | 4 | NDS QL | <i>ketoconazole</i> TABS 200mg | 1 | PA |
| ZYVOX TABS 600mg QL (60 tabs / 30 days) | 4 | NDS QL | MICAFUNGIN SOLR 50mg, 100mg | 4 | NDS |
| ANTIFUNGALS | | | <i>miconazole sodium</i> SOLR 50mg, 100mg | 1 | |
| AMBISOME SUSR 50mg | 4 | NDS B/D | MICAFUNGIN/NAACL INJ 50MG/50ML | 4 | NDS |
| <i>amphotericin b</i> SOLR 50mg | 1 | B/D | MICAFUNGIN/NAACL INJ 100MG/100ML | 4 | NDS |
| <i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg | 4 | NDS B/D | MICAFUNGIN/NAACL INJ 150MG/150ML | 4 | NDS |
| ANCOBON CAPS 250mg, 500mg | 4 | NDS PA | MYCAMINE SOLR 50mg, 100mg | 4 | NDS |
| CANCIDAS SOLR 50mg, 70mg | 4 | NDS | NOXAFIL PACK 300mg QL (32 packets / 30 days) | 4 | NDS QL PA |
| CASPOFUNGIN ACETATE SOLR 50mg, 70mg | 4 | NDS | NOXAFIL SOLN 300mg/16.7ml | 4 | NDS |
| <i>casposungin acetate</i> (generic of CASPOFUNGIN ACETATE) SOLR 50mg, 70mg | 1 | | NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days) | 4 | NDS QL PA |
| CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg | 4 | NDS PA | <i>nystatin</i> TABS 500000unit | 1 | |
| DIFLUCAN SUSR 40mg/ml | 3 | | <i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml | 4 | NDS |
| ERAXIS SOLR 50mg | 3 | | | | |
| ERAXIS SOLR 100mg | 4 | NDS | | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days) | 4 | NDS QL PA |
| <i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days) | 4 | NDS QL PA |
| REZZAYO SOLR 200mg | 4 | NDS |
| <i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year | 1 | QL PA |
| TOLSURA CAPS 65mg QL (120 caps / 30 days) | 4 | NDS QL PA |
| VFEND SUSR 40mg/ml QL (600 mL / 28 days) | 4 | NDS QL PA |
| VFEND IV SOLR 200mg | 3 | PA |
| VIVJOA CPPK 150mg QL (18 caps / 84 days) | 4 | NDS QL NM PA |
| VORICONAZOLE SOLR 200mg | 3 | PA |
| <i>voriconazole</i> (generic of VFEND IV) SOLR 200mg | 1 | PA |
| <i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days) | 4 | NDS QL PA |
| <i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days) | 1 | QL |
| <i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days) | 1 | QL |
| ANTIMALARIALS | | |
| <i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE) | 1 | |
| <i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE) | 1 | |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg | 1 | |
| COARTEM TAB 20-120MG | 3 | |
| KRINTAFEL TABS 150mg | 3 | |
| MALARONE TAB 62.5-25 | 3 | |
| MALARONE TAB 250-100 | 3 | |
| <i>mefloquine hcl</i> TABS 250mg | 1 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 2 | |
| <i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>quinine sulfate</i> CAPS 324mg | 1 | PA |
| 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 | 4 | 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 QL (60 tabs / 30 days) | 1 | QL NM |
| <i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days) | 1 | QL NM |
| EDURANT TABS 25mg | 4 | NDS NM |
| EDURANT PED TBSO 2.5mg | 4 | NDS NM |
| <i>efavirenz</i> TABS 600mg | 1 | NM |
| <i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg | 1 | NM |
| EMTRIVA CAPS 200mg; SOLN 10mg/ml | 3 | NM |
| EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg | 3 | NM |
| <i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg | 4 | NDS NM |
| <i>fosamprenavir calcium</i> TABS 700mg | 4 | NDS NM |
| INTELENCE TABS 25mg | 3 | NM |
| INTELENCE TABS 100mg, 200mg | 4 | NDS NM |
| ISENTRESS CHEW 25mg | 3 | NM |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | 4 | NDS NM |
| ISENTRESS HD TABS 600mg | 4 | NDS NM |
| <i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg | 1 | NM |
| <i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg | 4 | NDS NM |
| <i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg | 1 | NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| NORVIR PACK 100mg; TABS 100mg | 3 | NM |
| PIFELTRO TABS 100mg | 4 | NDS NM |
| PREZISTA SUSP 100mg/ml QL (400 mL / 30 days) | 4 | NDS QL NM |
| PREZISTA TABS 75mg QL (480 tabs / 30 days) | 3 | QL NM |
| PREZISTA TABS 150mg QL (240 tabs / 30 days) | 4 | NDS QL NM |
| PREZISTA TABS 600mg QL (60 tabs / 30 days) | 4 | NDS QL NM |
| PREZISTA TABS 800mg QL (30 tabs / 30 days) | 4 | NDS QL NM |
| RETROVIR CAPS 100mg; SYRP 50mg/5ml | 3 | NM |
| REYATAZ CAPS 200mg, 300mg; PACK 50mg | 4 | NDS NM |
| <i>rilpivirine hcl</i> (generic of EDURANT) TABS 25mg | 4 | NDS NM |
| <i>ritonavir</i> (generic of NORVIR) TABS 100mg | 1 | NM |
| RUKOBIA TB12 600mg | 4 | NDS NM |
| SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg | 4 | NDS NM |
| SUNLENCA TABS 300mg; TBPK 300mg | 4 | NDS NM |
| <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg | 1 | NM |
| TIVICAY TABS 50mg | 4 | NDS NM |
| TIVICAY PD TBSO 5mg | 4 | NDS NM |
| TROGARZO SOLN 200mg/1.33ml | 4 | NDS NM |
| TYBOST TABS 150mg | 2 | NM |
| VIRACEPT TABS 250mg, 625mg | 4 | NDS NM |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg | 4 | NDS NM |
| ZIAGEN SOLN 20mg/ml | 3 | NM |
| <i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml | 1 | NM |
| <i>zidovudine</i> TABS 300mg | 1 | NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 1 | NM |
| BIKTARVY TAB 30-120-15 MG | 4 | NDS NM |
| BIKTARVY TAB 50-200-25 MG | 4 | NDS NM |
| CIMDUO TAB 300-300 | 4 | NDS NM |
| COMPLERA TAB | 4 | NDS NM |
| DELSTRIGO TAB | 4 | NDS NM |
| DESCOVY TAB 120-15MG | 4 | NDS NM |
| DESCOVY TAB 200/25MG | 4 | NDS NM |
| DOVATO TAB 50-300MG | 4 | NDS NM |
| <i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i> | 1 | NM |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | 4 | NDS NM |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI) | 4 | NDS NM |
| <i>emtricitabine-rilpivirine- tenofovir df tab 200-25-300 mg</i> (generic of COMPLERA) | 4 | NDS NM |
| <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) | 4 | 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 | 4 | NDS NM |
| GENVOYA TAB | 4 | NDS NM |
| JULUCA TAB 50-25MG | 4 | NDS NM |
| KALETRA SOL | 3 | NM |
| KALETRA TAB 100-25MG | 3 | NM |
| KALETRA TAB 200-50MG | 4 | NDS NM |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------|
| | Tier | Limits |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 1 | NM |
| <i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i> | 1 | NM |
| <i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i> | 1 | NM |
| ODEFSEY TAB | 4 | NDS NM |
| PREZCOBIX TAB 675/150 | 4 | NDS NM |
| PREZCOBIX TAB 800-150 | 4 | NDS NM |
| STRIBILD TAB | 4 | NDS NM |
| SYMFI TAB | 4 | NDS NM |
| SYMTUZA TAB | 4 | NDS NM |
| TRIUMEQ PD TAB | 3 | NM |
| TRIUMEQ TAB | 4 | NDS NM |
| TRUVADA TAB 100-150 | 4 | NDS NM |
| TRUVADA TAB 133-200 | 4 | NDS NM |
| TRUVADA TAB 167-250 | 4 | NDS NM |
| TRUVADA TAB 200-300 | 4 | NDS NM |
| ANTITUBERCULAR AGENTS | | |
| <i>cycloserine CAPS 250mg</i> | 4 | NDS |
| <i>ethambutol hcl TABS 100mg, 400mg</i> | 1 | |
| <i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i> | 1 | |
| PRETOMANID TABS 200mg | 3 | |
| PRIFTIN TABS 150mg | 3 | |
| <i>pyrazinamide TABS 500mg</i> | 1 | |
| <i>rifabutin CAPS 150mg</i> | 1 | |
| <i>rifampin CAPS 150mg, 300mg</i> | 1 | |
| <i>rifampin (generic of RIFADIN) SOLR 600mg</i> | 1 | |
| SIRTURO TABS 20mg, 100mg | 4 | NDS NM PA |
| ANTIVIRALS | | |
| <i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i> | 1 | |
| <i>acyclovir sodium SOLN 50mg/ml</i> | 1 | B/D |
| <i>adefovir dipivoxil TABS 10mg</i> | 1 | NM |
| BARACLUDE SOLN .05mg/ml | 4 | NDS NM ST |
| BARACLUDE TABS .5mg, 1mg | 4 | NDS NM |
| <i>cidofovir SOLN 75mg/ml</i> | 1 | |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|--------------|
| | Tier | Limits |
| <i>entecavir (generic of BARACLUDE) TABS .5mg, 1mg</i> | 1 | NM |
| EPCLUSA PAK 150-37.5 | 4 | NDS NM PA |
| EPCLUSA PAK 200-50MG | 4 | NDS NM PA |
| EPCLUSA TAB 200-50MG | 4 | NDS NM PA |
| EPCLUSA TAB 400-100 | 4 | NDS NM PA |
| <i>famciclovir TABS 125mg, 250mg, 500mg</i> | 1 | |
| <i>foscarnet sodium (generic of FOSCAVIR) SOLN 6000mg/250ml</i> | 4 | NDS B/D |
| GANCICLOVIR SOLN 500mg/10ml | 3 | B/D |
| <i>ganciclovir sodium SOLR 500mg</i> | 1 | B/D |
| HARVONI PAK 33.75-150MG | 4 | NDS NM PA |
| HARVONI PAK 45-200MG | 4 | NDS NM PA |
| HARVONI TAB 45-200MG | 4 | NDS NM PA |
| HARVONI TAB 90-400MG | 4 | NDS NM PA |
| <i>lamivudine (hbv) TABS 100mg</i> | 1 | NM |
| LIVTENCITY TABS 200mg QL (336 tabs / 28 days) | 4 | NDS QL NM PA |
| MAVYRET PAK 50-20MG | 4 | NDS NM PA |
| MAVYRET TAB 100-40MG | 4 | NDS NM PA |
| <i>oseltamivir phosphate CAPS 30mg</i> | 1 | QL |
| QL (168 caps / year) | | |
| <i>oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg</i> | 1 | QL |
| QL (84 caps / year) | | |
| <i>oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml</i> | 1 | QL |
| QL (1080 mL / year) | | |
| PAXLOVID PAK QL (22 tabs / 90 days) | 1 | QL |
| PAXLOVID TAB 150-100 QL (40 tabs / 90 days) | 1 | QL |
| PAXLOVID TAB 300-100 QL (60 tabs / 90 days) | 1 | QL |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|---|----------------------------|--------|
| PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days) | 4 | NDS QL PA | CEFAZOLIN SOLR 2gm, 3gm | 3 | |
| PREVYMIS SOLN 240mg/12ml, 480mg/24ml | 4 | NDS | CEFAZOLIN INJ 1GM/50ML | 3 | |
| PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days) | 4 | NDS QL PA | <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg | 1 | |
| RAPIVAB SOLN 200mg/20ml | 4 | NDS | CEFAZOLIN SOLN 2GM/100ML-4% | 3 | |
| RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year) | 2 | QL | CEFAZOLIN/DEX SOL 1GM/50ML-4% | 3 | |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg | 1 | NM | CEFAZOLIN/DEX SOL 2GM/50ML-3% | 3 | |
| <i>rimantadine hydrochloride</i> TABS 100mg | 1 | | CEFAZOLIN/DEX SOL 3GM/50ML-2% | 3 | |
| TAMIFLU CAPS 30mg QL (168 caps / year) | 3 | QL | CEFAZOLIN/DEX SOL 3GM/150ML-4% | 3 | |
| TAMIFLU CAPS 75mg QL (84 caps / year) | 3 | QL | <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | 1 | |
| TAMIFLU SUSR 6mg/ml QL (1080 mL / year) | 3 | QL | CEFEPIME SOLN 1gm/50ml, 2gm/100ml | 3 | |
| <i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg | 1 | | <i>cefepime hcl</i> SOLR 1gm, 2gm | 1 | |
| VALCYTE SOLR 50mg/ml; TABS 450mg | 4 | NDS | CEFEPIME/DEX INJ 1GM | 3 | |
| <i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml | 4 | NDS | CEFEPIME/DEX INJ 2GM | 3 | |
| <i>valganciclovir hcl</i> TABS 450mg | 1 | | <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml; TABS 400mg | 1 | |
| VALTREX TABS 1gm, 500mg | 3 | | <i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm | 1 | |
| VEMLIDY TABS 25mg | 4 | NDS NM PA | CEFOXITIN INJ 1GM | 3 | |
| VOSEVI TAB | 4 | NDS NM PA | CEFOXITIN INJ 2GM | 3 | |
| XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days) | 3 | QL | <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm | 1 | |
| CEPHALOSPORINS | | | <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1 | |
| AVYCAZ INJ 2-0.5GM | 4 | NDS | <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| <i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml | 1 | | <i>ceftaroline fosamil</i> (generic of TEFLARO) SOLR 400mg, 600mg | 4 | NDS |
| CEFACLOR ER TB12 500mg | 3 | | <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm | 1 | |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm | 1 | | <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | |
| | | | <i>cefuroxime axetil</i> TABS 250mg, 500mg | 1 | |

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

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|--|----------------------------|--------|
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg | 1 | | ZITHROMAX SOLR 500mg; SUSR 200mg/5ml; TABS 250mg, 500mg | 3 | |
| <i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | | ZITHROMAX TRI-PAK TABS 500mg | 3 | |
| FETROJA SOLR 1gm | 4 | NDS | ZITHROMAX Z-PAK TABS 250mg | 3 | |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm | 1 | | FLUOROQUINOLONES | | |
| TEFLARO SOLR 400mg, 600mg | 4 | NDS | BAXDELA SOLR 300mg; TABS 450mg | 4 | NDS |
| ZERBAXA INJ 1.5GM | 4 | NDS | CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg | 3 | |
| ZEVTERA SOLR 667mg | 4 | NDS | <i>ciprofloxacin 200 mg/100ml in d5w</i> | 1 | |
| ERYTHROMYCINS/MACROLIDES | | | <i>ciprofloxacin 400 mg/200ml in d5w</i> | 1 | |
| <i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 200mg/5ml; TABS 250mg, 500mg | 1 | | <i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg | 1 | |
| <i>azithromycin</i> SUSR 100mg/5ml; TABS 600mg | 1 | | <i>ciprofloxacin hcl</i> TABS 750mg | 1 | |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | | <i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg | 1 | |
| <i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg | 1 | | <i>levofloxacin in d5w iv soln 250 mg/50ml</i> | 1 | |
| DIFICID SUSR 40mg/ml; TABS 200mg | 4 | NDS | <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | 1 | |
| e.e.s. 400 TABS 400mg | 1 | | <i>levofloxacin in d5w iv soln 750 mg/150ml</i> | 1 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | 3 | | <i>moxifloxacin hcl</i> TABS 400mg | 1 | |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 1 | | <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> | 1 | |
| <i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml | 1 | | MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml | 3 | |
| <i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml | 4 | NDS | PENICILLINS | | |
| <i>erythromycin ethylsuccinate</i> TABS 400mg | 1 | | <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1 | |
| <i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg | 1 | | <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | 1 | |
| <i>fidaxomicin</i> (generic of DIFICID) TABS 200mg | 4 | 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 | | Drug Name | Drug Requirements/ Tier Limits | |
|--|-----------------------------------|-----|--|-----------------------------------|--------|
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | 1 | | OXACILLIN INJ 2GM | 3 | |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | 1 | | <i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES-600) | 1 | | PEN GK/DEXTR INJ 40000/ML | 3 | |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 1 | | PEN GK/DEXTR INJ 60000/ML | 3 | |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> | 1 | | <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 1 | | <i>penicillin g sodium SOLR 5000000unit</i> | 1 | |
| <i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> | 1 | | <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i> | 1 | |
| <i>ampicillin CAPS 500mg</i> | 1 | | <i>pfizerpen SOLR 5000000unit, 20000000unit</i> | 1 | |
| <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> (generic of UNASYN) | 1 | | PIP/TAZ/NACL INJ 2-0.25GM | 3 | |
| <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> (generic of UNASYN) | 1 | | PIP/TAZ/NACL INJ 3-0.375G | 3 | |
| <i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> | 1 | | PIP/TAZ/NACL INJ 4-0.5GM | 3 | |
| <i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> | 1 | | <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> | 1 | |
| <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK) | 1 | | <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> | 1 | |
| <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i> | 1 | | <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> | 1 | |
| AUGMENTIN SUS 125/5ML | 3 | | <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> | 1 | |
| AUGMENTIN SUS ES-600 | 3 | | <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | 1 | |
| AUGMENTIN TAB 500MG | 3 | | UNASYN INJ 1.5GM | 3 | |
| BICILLIN C-R INJ 900/300 | 3 | | UNASYN INJ 3GM | 3 | |
| BICILLIN C-R INJ 1200000 | 3 | | UNASYN INJ 15GM | 3 | |
| BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | 3 | | ZOSYN SOL 2-0.25GM | 3 | |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i> | 1 | | ZOSYN SOL 3-0.375G | 3 | |
| NAFCILLIN INJ 2GM/100 | 4 | NDS | ZOSYN SOL 4-0.50GM | 3 | |
| <i>nafcillin sodium SOLR 1gm, 2gm</i> | 1 | | TETRACYCLINES | | |
| <i>nafcillin sodium SOLR 10gm</i> | 4 | NDS | <i>demeclocycline hcl TABS 150mg, 300mg</i> | 1 | |
| | | | DORYX MPC TBEC 60mg | 4 | NDS PA |
| | | | <i>doxy 100 SOLR 100mg</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/ Limits | |
|---|------------------------------|------------|
| | Tier | Limits |
| <i>doxycycline (monohydrate)</i> CAPS 50mg, 75mg, 100mg, 150mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg | 1 | |
| <i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 50mg, 75mg, 100mg, 150mg | 1 | |
| <i>doxycycline hyclate</i> TBEC 50mg, 75mg, 100mg, 150mg, 200mg | 1 | PA |
| <i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg; TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg | 1 | |
| NUZYRA SOLR 100mg | 4 | NDS NM |
| NUZYRA TABS 150mg QL (30 tabs / 14 days) | 4 | NDS QL NM |
| SEYSARA TABS 60mg, 100mg, 150mg | 4 | NDS PA |
| <i>targadox</i> TABS 50mg | 1 | |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg | 1 | |
| TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg | 4 | NDS PA |
| TIGECYCLINE SOLR 50mg | 4 | NDS |
| <i>tigecycline</i> (generic of TYGACIL) SOLR 50mg | 1 | |
| TYGACIL SOLR 50mg | 4 | NDS |
| XERAVAL SOLR 50mg, 100mg | 3 | |
| ANTINEOPLASTIC AGENTS ALKYLATING AGENTS | | |
| <i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg | 4 | NDS B/D NM |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml | 4 | NDS B/D NM |
| BENDEKA SOLN 100mg/4ml | 4 | NDS B/D NM |
| <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | 1 | B/D |
| <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml | 1 | B/D |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|------------|
| | Tier | Limits |
| <i>cisplatin</i> (generic of CISPLATIN) SOLN 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 | 4 | NDS B/D NM |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml | 4 | NDS B/D |
| <i>cyclophosphamide</i> SOLR 2gm | 4 | NDS B/D |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg | 3 | B/D |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml | 4 | NDS B/D |
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml | 4 | NDS B/D NM |
| GLEOSTINE CAPS 10mg, 40mg | 3 | NM |
| GLEOSTINE CAPS 100mg | 4 | NDS NM |
| GRAFAPEX SOLR 1gm, 5gm | 4 | NDS B/D NM |
| IFEX SOLR 3gm | 3 | B/D |
| <i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml | 1 | B/D |
| IFOSFAMIDE SOLR 3gm | 3 | B/D |
| KYXATA SOLN 80mg/8ml, 500mg/50ml | 4 | NDS B/D NM |
| LEUKERAN TABS 2mg | 4 | NDS PA |
| <i>lomustine</i> (generic of GLEOSTINE) CAPS 10mg, 40mg | 1 | NM |
| <i>lomustine</i> (generic of GLEOSTINE) CAPS 100mg | 4 | NDS NM |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml | 1 | B/D |
| <i>oxaliplatin</i> SOLR 50mg, 100mg | 4 | NDS B/D |
| TREANDA SOLR 25mg, 100mg | 4 | NDS B/D NM |
| VIVIMUSTA SOLN 100mg/4ml | 4 | NDS B/D NM |
| ZEPZELCA SOLR 4mg | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|---|----------------------------|-----------------|
| ANTIMETABOLITES | | | | | |
| ALIMTA SOLR 100mg, 500mg | 4 | NDS B/D | PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml | 4 | NDS B/D |
| AVGEMSI SOLN 1gm/26.3ml, 2gm/52.6ml | 4 | NDS B/D NM | <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg | 4 | NDS B/D |
| AXTLE SOLR 100mg, 500mg | 4 | NDS B/D NM | PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml | 4 | NDS B/D |
| <i>azacitidine</i> (generic of VIDAZA) SUSR 100mg | 4 | NDS B/D NM | <i>pralatrexate</i> (generic of FOLOTYN) SOLN 20mg/ml, 40mg/2ml | 4 | NDS NM PA |
| <i>cytarabine</i> SOLN 20mg/ml, 100mg/ml | 1 | B/D | PURIXAN SUSP 2000mg/100ml | 4 | NDS NM |
| <i>decitabine</i> SOLR 50mg | 4 | NDS B/D NM | TABLOID TABS 40mg | 4 | NDS PA |
| <i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg | 1 | B/D | VIDAZA SUSR 100mg | 4 | NDS B/D NM |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 1 | B/D | HORMONAL ANTINEOPLASTIC AGENTS | | |
| FOLOTYN SOLN 20mg/ml, 40mg/2ml | 4 | NDS NM PA | <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1 | B/D | <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg | 1 | B/D | <i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days) | 1 | QL NM PA |
| GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml | 3 | B/D | AKEEGA TAB 50/500MG QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| INQOVI TAB 35-100MG QL (5 tabs / 28 days) | 4 | NDS QL NM PA | AKEEGA TAB 100/500 QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| LONSURF TAB 15-6.14 QL (100 tabs / 28 days) | 4 | NDS QL NM PA | <i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg | 1 | |
| LONSURF TAB 20-8.19 QL (80 tabs / 28 days) | 4 | NDS QL NM PA | ARIMIDEX TABS 1mg | 4 | NDS |
| <i>mercaptopurine</i> (generic of PURIXAN) SUSP 2000mg/100ml | 4 | NDS NM | AROMASIN TABS 25mg | 4 | NDS |
| <i>mercaptopurine</i> TABS 50mg | 1 | | <i>bicalutamide</i> (generic of CASODEX) TABS 50mg | 1 | |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | 1 | B/D | CAMCEVI PRSY 42mg | 3 | NM PA |
| ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days) | 4 | NDS QL NM PA | CASODEX TABS 50mg | 4 | NDS |
| | | | ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 2 | NM PA |
| | | | ERLEADA TABS 60mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| | | | ERLEADA TABS 240mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| | | | EULEXIN CAPS 125mg | 4 | NDS |
| | | | <i>exemestane</i> (generic of AROMASIN) TABS 25mg | 1 | |
| | | | FARESTON TABS 60mg | 4 | NDS PA |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------------|
| | Tier | Limits |
| FASLODEX SOSY 250mg/5ml | 4 | NDS B/D |
| FEMARA TABS 2.5mg | 3 | |
| FIRMAGON SOLR 80mg | 3 | NM PA |
| FIRMAGON SOLR 120mg/vial | 4 | NDS NM PA |
| <i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml | 4 | NDS B/D |
| INLURIYO TABS 200mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| <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 | 4 | NDS NM PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg | 4 | NDS NM PA |
| LUPRON DEPOT (4-MONTH) KIT 30mg | 4 | NDS NM PA |
| LUPRON DEPOT (6-MONTH) KIT 45mg | 4 | NDS NM PA |
| LUTRATE DEPOT INJ 22.5mg | 3 | NM PA |
| LYSODREN TABS 500mg | 4 | NDS NM |
| <i>megestrol acetate</i> TABS 20mg, 40mg | 2 | |
| <i>nilutamide</i> TABS 150mg | 4 | NDS |
| NUBEQA TABS 300mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ORGOVYX TABS 120mg | 4 | NDS NM PA |
| ORSERDU TABS 86mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| ORSERDU TABS 345mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SOLTAMOX SOLN 10mg/5ml | 4 | NDS |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg | 1 | |
| <i>toremifene citrate</i> (generic of FARESTON) TABS 60mg | 1 | PA |
| TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg | 2 | NM PA |
| VABRINTY KIT 7.5mg, 22.5mg, 30mg, 45mg | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------------|
| | Tier | Limits |
| XTANDI CAPS 40mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| XTANDI TABS 40mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| XTANDI TABS 80mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| YONSA TABS 125mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ZOLADEX IMPL 3.6mg, 10.8mg | 3 | NM PA |
| ZYTIGA TABS 250mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ZYTIGA TABS 500mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| IMMUNOMODULATORS | | |
| <i>lenalidomide</i> (generic of REVLIMID) CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days) | 4 | NDS QL NM PA |
| <i>lenalidomide</i> (generic of REVLIMID) CAPS 20mg, 25mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| <i>pomalidomide</i> (generic of POMALYST) CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days) | 4 | NDS QL NM PA |
| REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| THALOMID CAPS 50mg QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| THALOMID CAPS 100mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| MISCELLANEOUS | | |
| ASPARLAS SOLN 3750unit/5ml | 4 | NDS NM PA |
| BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| <i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| <i>bleomycin sulfate</i> SOLR 15unit, 30unit | 1 | B/D |
| CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 3 | B/D |
| <i>dacarbazine</i> SOLR 100mg | 1 | B/D |
| <i>dexrazoxane hcl</i> SOLR 250mg, 500mg | 4 | NDS B/D |
| DOXIL SUSP 2mg/ml | 4 | 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 | 4 | NDS B/D |
| DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml | 3 | B/D |
| ELITEK SOLR 1.5mg, 7.5mg | 4 | NDS B/D |
| ELLECE SOLN 50mg/25ml, 200mg/100ml | 3 | B/D |
| HYDREA CAPS 500mg | 3 | |
| <i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg | 1 | |
| <i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 1 | B/D |
| <i>irinotecan hcl</i> SOLN 500mg/25ml | 1 | B/D |
| IWILFIN TABS 192mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| KHAPZORY SOLR 175mg | 4 | 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 | 4 | NDS NM |

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| <i>mesna</i> (generic of MESNEX) TABS 400mg | 4 | NDS |
| MESNEX TABS 400mg | 4 | NDS |
| <i>mitomycin</i> SOLR 5mg | 1 | B/D |
| <i>mitomycin</i> SOLR 20mg, 40mg | 4 | NDS B/D |
| <i>mitoxantrone hcl</i> CONC 20mg/10ml, 25mg/12.5ml, 30mg/15ml | 1 | B/D NM |
| MODEYSO CAPS 125mg QL (20 caps / 28 days) | 4 | NDS QL NM PA |
| NIPENT SOLR 10mg | 4 | NDS B/D |
| ONCASPAR SOLN 750unit/ml | 4 | NDS NM PA |
| ONIVYDE SUSP 43mg/10ml | 4 | NDS B/D NM |
| RYLAZE SOLN 10mg/0.5ml | 4 | NDS NM PA |
| SYLVANT SOLR 100mg, 400mg | 4 | NDS NM PA |
| TARGRETIN CAPS 75mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| TOPOTECAN HCL SOLN 4mg/4ml | 3 | B/D |
| <i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml | 1 | B/D |
| <i>topotecan hcl</i> (generic of HYCANTIN) SOLR 4mg | 4 | NDS B/D |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg | 4 | NDS |
| <i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml | 4 | NDS B/D NM |
| VALSTAR SOLN 40mg/ml | 4 | NDS B/D NM |
| VYKOURA SOLN 50mg/5ml | 3 | B/D NM |
| VYKOURA SOLN 350mg/35ml, 500mg/50ml | 4 | NDS B/D NM |
| WELIREG TABS 40mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| MITOTIC INHIBITORS | | |
| ABRAXANE INJ 100MG | 4 | NDS B/D NM |
| BEIZRAY CONC 20mg/ml | 3 | B/D NM |
| BEIZRAY INJ 80MG/4ML | 4 | NDS B/D NM |
| BEIZRAY INJ 160/8ML | 4 | NDS B/D NM |
| DOCETAXEL CONC 20mg/ml | 3 | B/D |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml | 1 | B/D |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------------|
| | Tier | Limits |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 4 | NDS B/D |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 4 | NDS B/D |
| DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 4 | NDS B/D NM |
| <i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml | 4 | NDS B/D NM |
| ETOPOPHOS SOLR 100mg | 3 | B/D |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | 1 | B/D |
| HALAVEN SOLN 1mg/2ml | 4 | NDS B/D NM |
| IXEMPRA KIT SOLR 15mg, 45mg | 4 | NDS B/D NM |
| JEVTANA SOLN 60mg/1.5ml | 4 | NDS NM PA |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | 1 | B/D |
| PACLITAXEL INJ 100MG | 4 | NDS B/D NM |
| <i>paclitaxel inj 100mg</i> (generic of ABRAXANE) | 4 | NDS B/D NM |
| <i>vinblastine sulfate</i> SOLN 1mg/ml | 1 | B/D |
| <i>vincristine sulfate</i> SOLN 1mg/ml | 1 | B/D |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml | 1 | B/D |
| MOLECULAR TARGET AGENTS | | |
| AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| AFINITOR DISPERZ TBSO 2mg, 5mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| ALECENSA CAPS 150mg QL (240 caps / 30 days) | 4 | NDS QL NM PA |
| ALUNBRIG TABS 30mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------------|
| | Tier | Limits |
| ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ALUNBRIG PAK QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ALYMSYS SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| AUGTYRO CAPS 40mg QL (240 caps / 30 days) | 4 | NDS QL NM PA |
| AUGTYRO CAPS 160mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| AVASTIN SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days) | 4 | NDS QL NM PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| BALVERSA TABS 3mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| BALVERSA TABS 4mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| BALVERSA TABS 5mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| BAVENCIO SOLN 200mg/10ml | 4 | NDS NM PA |
| BELEODAQ SOLR 500mg | 4 | NDS NM PA |
| BESPONSA SOLR .9mg | 4 | NDS NM PA |
| BLENREP SOLR 70mg | 4 | NDS NM PA |
| BORTEZOMIB SOLR 1mg, 2.5mg <i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg | 3 | NM PA |
| BORUZU SOLN 3.5mg/1.4ml | 4 | NDS NM PA |
| BOSULIF CAPS 50mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| BOSULIF CAPS 100mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| BOSULIF TABS 100mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| BRAFTOVI CAPS 75mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| BRUKINSA CAPS 80mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| BRUKINSA TABS 160mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| CALQUENCE TABS 100mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| CAPRELSA TABS 100mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| CAPRELSA TABS 300mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml | 4 | NDS NM PA |
| COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| COMETRIQ KIT 100MG QL (56 caps / 28 days) | 4 | NDS QL NM PA |
| COMETRIQ KIT 140MG QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days) | 4 | NDS QL NM PA |
| COTELLIC TABS 20mg QL (63 tabs / 28 days) | 4 | NDS QL NM PA |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| DARZALEX SOLN 100mg/5ml, 400mg/20ml | 4 | NDS NM PA |
| DARZALEX INJ FASPRO <i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| DATROWAY SOLR 100mg | 4 | NDS NM PA |
| DAURISMO TABS 25mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| DAURISMO TABS 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ELAHERE SOLN 100mg/20ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| EMPLICITI SOLR 300mg, 400mg | 4 | NDS NM PA |
| EMRELIS SOLR 20mg, 100mg | 4 | NDS NM PA |
| ENHERTU SOLR 100mg | 4 | NDS NM PA |
| ENSACOVE CAPS 25mg QL (270 caps / 30 days) | 4 | NDS QL NM PA |
| ENSACOVE CAPS 100mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml | 4 | NDS NM PA |
| ERBITUX SOLN 100mg/50ml, 200mg/100ml | 4 | NDS B/D NM |
| ERIVEDGE CAPS 150mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| <i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| FRUZAQLA CAPS 1mg QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| FRUZAQLA CAPS 5mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| FYARRO SUSR 100mg | 4 | NDS NM PA |
| GAVRETO CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| GAZYVA SOLN 1000mg/40ml | 4 | NDS NM PA |
| <i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|---|----------------------------|-----------------|
| GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days) | 4 | NDS QL NM PA |
| GLEEVEC TABS 100mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA | IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| GLEEVEC TABS 400mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | IMDELLTRA SOLR 1mg, 10mg | 4 | NDS NM PA |
| GOMEKLI CAPS 1mg QL (168 caps / 28 days) | 4 | NDS QL NM PA | IMFINZI SOLN 120mg/2.4ml, 500mg/10ml | 4 | NDS NM PA |
| GOMEKLI CAPS 2mg QL (84 caps / 28 days) | 4 | NDS QL NM PA | IMJUDO SOLN 25mg/1.25ml, 300mg/15ml | 4 | NDS NM PA |
| GOMEKLI TBSO 1mg QL (168 tabs / 28 days) | 4 | NDS QL NM PA | IMKELDI SOLN 80mg/ml QL (280 mL / 28 days) | 4 | NDS QL NM PA |
| HERCEP HYLEC SOL 60- 10000 | 4 | NDS NM PA | INLYTA TABS 1mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| HERCEPTIN SOLR 150mg | 4 | NDS NM PA | INLYTA TABS 5mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| HERCESSI SOLR 150mg, 420mg | 4 | NDS NM PA | INREBIC CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| HERNEXEOS TABS 60mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA | IRESSA TABS 250mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| HERZUMA SOLR 150mg, 420mg | 4 | NDS NM PA | ITOVEBI TABS 3mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| HYRNUO TABS 10mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA | ITOVEBI TABS 9mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days) | 4 | NDS QL NM PA | JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days) | 4 | NDS QL NM PA | JAYPIRCA TABS 50mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| IBTROZI CAPS 200mg QL (90 caps / 30 days) | 4 | NDS QL NM PA | JAYPIRCA TABS 100mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | JEMPERLI SOLN 500mg/10ml | 4 | NDS NM PA |
| IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | JOBVNE SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days) | 1 | QL NM PA | KADCYLA SOLR 100mg, 160mg | 4 | NDS B/D NM |
| <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | KANJINTI SOLR 150mg, 420mg | 4 | NDS NM PA |
| IMBRUVICA CAPS 70mg QL (30 caps / 30 days) | 4 | NDS QL NM PA | KEYTRUDA SOLN 100mg/4ml | 4 | NDS NM PA |
| IMBRUVICA CAPS 140mg QL (120 caps / 30 days) | 4 | NDS QL NM PA | KEYTRUDA INJ QLEX 395- 4800 MG-UNIT/2.4ML QL (1 vial / 21 days) | 4 | NDS QL NM PA |
| | | | KEYTRUDA INJ QLEX 790- 9600 MG-UNIT/4.8ML QL (1 vial / 42 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|------------------------------|--|----------------------------|-----------------|
| KIMMTRAK SOLN 100mcg/0.5ml | 4 | NDS NM PA | LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| KISQALI 200 DOSE TBP 200mg QL (21 tabs / 28 days) | 4 | NDS QL NM PA | LENVIMA CAP 14 MG QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| KISQALI 400 DOSE TBP 200mg QL (42 tabs / 28 days) | 4 | NDS QL NM PA | LENVIMA CAP 18 MG QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| KISQALI 400 PAK FEMARA QL (70 tabs / 28 days) | 4 | NDS QL NM PA | LENVIMA CAP 24 MG QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| KISQALI 600 DOSE TBP 200mg QL (63 tabs / 28 days) | 4 | NDS QL NM PA | LIBTAYO SOLN 350mg/7ml | 4 | NDS NM PA |
| KISQALI 600 PAK FEMARA QL (91 tabs / 28 days) | 4 | NDS QL NM PA | LOQTORZI SOLN 240mg/6ml | 4 | NDS NM PA |
| KOMZIFTI CAPS 200mg QL (90 caps / 30 days) | 4 | NDS QL NM PA | LORBRENA TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| KOSELUGO CAPS 10mg QL (240 caps / 30 days) | 4 | NDS QL NM PA | LORBRENA TABS 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| KOSELUGO CAPS 25mg QL (120 caps / 30 days) | 4 | NDS QL NM PA | LUMAKRAS TABS 120mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| KOSELUGO CPSP 5mg QL (600 caps / 30 days) | 4 | NDS QL NM PA | LUMAKRAS TABS 240mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| KOSELUGO CPSP 7.5mg QL (360 caps / 30 days) | 4 | NDS QL NM PA | LUMAKRAS TABS 320mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| KRAZATI TABS 200mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA | LUNSUMIO SOLN 1mg/ml, 30mg/30ml | 4 | NDS NM PA |
| KYPROLIS SOLR 10mg, 30mg, 60mg <i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days) | 4 | NDS NM PA NDS QL NM PA | LUNSUMIO VELO SOLN 5mg/0.5ml, 45mg/ml | 4 | NDS NM PA |
| LAZCLUZE TABS 80mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml | 4 | NDS NM PA |
| LAZCLUZE TABS 240mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days) | 4 | NDS QL NM PA | LYTGOBI (12 MG DAILY DOSE) TBP 4mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days) | 4 | NDS QL NM PA | LYTGOBI (16 MG DAILY DOSE) TBP 4mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days) | 4 | NDS QL NM PA | LYTGOBI (20 MG DAILY DOSE) TBP 4mg QL (140 tabs / 28 days) | 4 | NDS QL NM PA |
| LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days) | 4 | NDS QL NM PA | MARGENZA SOLN 250mg/10ml | 4 | NDS NM PA |
| | | | MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days) | 4 | NDS QL NM PA |
| | | | MEKINIST TABS 2mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| | | | MEKINIST TABS .5mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| MEKTOVI TABS 15mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| MONJUVI SOLR 200mg | 4 | NDS NM PA |
| MVASI SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| MYLOTARG SOLR 4.5mg | 4 | NDS NM PA |
| NERLYNX TABS 40mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| NEXAVAR TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| NILOTINIB D-TARTRATE CAPS 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| NILOTINIB D-TARTRATE CAPS 150mg, 200mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| <i>nilotinib hcl</i> (generic of TASIGNA) CAPS 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| <i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days) | 4 | NDS QL NM PA |
| ODOMZO CAPS 200mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| OGIVRI SOLR 150mg, 420mg | 4 | NDS NM PA |
| OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| OJEMDA SUSR 25mg/ml QL (96 mL / 28 days) | 4 | NDS QL NM PA |
| OJEMDA TABS 100mg QL (24 tabs / 28 days) | 4 | NDS QL NM PA |
| OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ONTRUZANT SOLR 150mg, 420mg | 4 | NDS NM PA |
| OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml | 4 | NDS NM PA |
| OPDIVO INJ QVANTIG | 4 | NDS NM PA |
| OPDUALAG SOL | 4 | NDS NM PA |
| PADCEV SOLR 20mg, 30mg | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>pazopanib hcl</i> TABS 400mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| PERJETA SOLN 420mg/14ml | 4 | NDS NM PA |
| PHESGO SOL | 4 | NDS NM PA |
| PHYRAGO TABS 20mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| PHYRAGO TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| POLIVY SOLR 30mg, 140mg | 4 | NDS NM PA |
| POTELIGEO SOLN 20mg/5ml | 4 | NDS NM PA |
| QINLOCK TABS 50mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| RETEVMO TABS 40mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| RETEVMO TABS 80mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| REVUFORJ TABS 25mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| REVUFORJ TABS 110mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| REVUFORJ TABS 160mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| REZLIDHIA CAPS 150mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| RIABNI SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| RITUXAN SOLN 500mg/50ml | 4 | NDS NM PA |
| RITUXAN INJ HYCELA | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|---|----------------------------|-----------------|
| ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days) | 4 | NDS QL NM PA | TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| ROZLYTREK CAPS 100mg QL (180 caps / 30 days) | 4 | NDS QL NM PA | TAFINLAR TBSO 10mg QL (840 tabs / 28 days) | 4 | NDS QL NM PA |
| ROZLYTREK CAPS 200mg QL (90 caps / 30 days) | 4 | NDS QL NM PA | TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ROZLYTREK PACK 50mg QL (336 packets / 28 days) | 4 | NDS QL NM PA | TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA | TALZENNA CAPS .25mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| RUXIENCE SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA | TASIGNA CAPS 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| RYBREVANT SOLN 350mg/7ml | 4 | NDS NM PA | TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| RYBREVANT INJ FASPRO | 4 | NDS NM PA | TAZVERIK TABS 200mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| RYDAPT CAPS 25mg QL (224 caps / 28 days) | 4 | NDS QL NM PA | TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | 4 | NDS NM PA |
| SARCLISA SOLN 100mg/5ml, 500mg/25ml | 4 | NDS NM PA | TECENTRIQ INJ HYBREZA QL (1 vial / 21 days) | 4 | NDS QL NM PA |
| SCEMBLIX TABS 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml | 4 | NDS NM PA |
| SCEMBLIX TABS 40mg QL (300 tabs / 30 days) | 4 | NDS QL NM PA | <i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml | 4 | NDS B/D NM |
| SCEMBLIX TABS 100mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA | TEPMETKO TABS 225mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA | TEVIMBRA SOLN 100mg/10ml | 4 | NDS NM PA |
| SPRYCEL TABS 20mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA | TIBSOVO TABS 250mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | TIVDAK SOLR 40mg | 4 | NDS NM PA |
| STIVARGA TABS 40mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA | TORISEL SOLN 25mg/ml | 4 | NDS B/D NM |
| <i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days) | 4 | NDS QL NM PA | <i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days) | 4 | NDS QL NM PA | TRAZIMERA SOLR 150mg, 420mg | 4 | NDS NM PA |
| TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA | TRODELVY SOLR 180mg | 4 | NDS NM PA |
| | | | TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days) | 4 | NDS QL NM PA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| TURALIO CAPS 125mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| TYKERB TABS 250mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| VECTIBIX SOLN 100mg/5ml, 400mg/20ml | 4 | NDS B/D NM |
| VEGZELMA SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| VELCADE SOLR 3.5mg | 4 | NDS NM PA |
| VENCLEXTA TABS 10mg QL (112 tabs / 28 days) | 2 | QL NM PA |
| VENCLEXTA TABS 50mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| VENCLEXTA TABS 100mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| VENCLEXTA TAB START PK QL (42 tabs / 28 days) | 4 | NDS QL NM PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| VITRAKVI CAPS 25mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| VITRAKVI CAPS 100mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days) | 4 | NDS QL NM PA |
| VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| VONJO CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| VORANIGO TABS 10mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| VORANIGO TABS 40mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| VOTRIENT TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| VYLOY SOLR 100mg, 300mg | 4 | NDS NM PA |
| XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| XALKORI CPSP 150mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| XOSPATA TABS 40mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days) | 4 | NDS QL NM PA |
| YERVOY SOLN 50mg/10ml, 200mg/40ml | 4 | NDS NM PA |
| ZALTRAP SOLN 100mg/4ml, 200mg/8ml | 4 | NDS NM PA |
| ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ZELBORAF TABS 240mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| ZIIHERA SOLR 300mg | 4 | NDS NM PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| ZOLINZA CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ZYKADIA TABS 150mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| ZYNLONTA SOLR 10mg | 4 | NDS NM PA |
| ZYNYZ SOLN 500mg/20ml | 4 | NDS NM PA |
| CARDIOVASCULAR ACE INHIBITOR COMBINATIONS | | |
| <i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days) | 1 | QL |
| <i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days) | 1 | QL |
| <i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> QL (30 caps / 30 days) | 1 | QL |
| <i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days) | 1 | QL |
| <i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days) | 1 | QL |
| <i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days) | 1 | QL |
| <i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT) | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT) | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT) | 1 | |

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

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 2 | QL |
| <i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml | 1 | |
| <i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg | 1 | |
| ALPHA BLOCKERS | | |
| CARDURA TABS 1mg, 2mg, 4mg, 8mg | 3 | |
| <i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg | 1 | |
| <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg | 1 | |
| <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| TEZRULY SOLN 1mg/ml QL (600 mL / 30 days) | 3 | QL ST |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days) | 1 | QL |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days) | 1 | QL |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days) | 1 | QL |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|--|----------------------------|--------|
| <i>amlodipine besylate-valsartan</i> tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days) | 1 | QL | AVALIDE TAB 150-12.5 QL (60 tabs / 30 days) | 3 | QL |
| <i>amlodipine besylate-valsartan</i> tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days) | 1 | QL | AVALIDE TAB 300-12.5 QL (30 tabs / 30 days) | 3 | QL |
| <i>amlodipine besylate-valsartan</i> tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days) | 1 | QL | AZOR TAB 5-20MG QL (30 tabs / 30 days) | 3 | QL |
| <i>amlodipine besylate-valsartan</i> tab 10-320 mg (generic of EXFORGE) QL (30 tabs / 30 days) | 1 | QL | AZOR TAB 5-40MG QL (30 tabs / 30 days) | 3 | QL |
| <i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-12.5 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days) | 1 | QL | AZOR TAB 10-20MG QL (30 tabs / 30 days) | 3 | QL |
| <i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days) | 1 | QL | AZOR TAB 10-40MG QL (30 tabs / 30 days) | 3 | QL |
| <i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-12.5 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days) | 1 | QL | BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days) | 3 | QL |
| <i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days) | 1 | QL | BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days) | 3 | QL |
| <i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-320-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days) | 1 | QL | BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days) | 3 | QL |
| ATACAND HCT TAB 16-12.5 QL (60 tabs / 30 days) | 3 | QL | <i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg (generic of ATACAND HCT) QL (60 tabs / 30 days) | 1 | QL |
| ATACAND HCT TAB 32-12.5 QL (30 tabs / 30 days) | 3 | QL | <i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg (generic of ATACAND HCT) QL (30 tabs / 30 days) | 1 | QL |
| ATACAND HCT TAB 32-25MG QL (30 tabs / 30 days) | 3 | QL | <i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg (generic of ATACAND HCT) QL (30 tabs / 30 days) | 1 | QL |
| | | | DIOVAN HCT TAB 80-12.5 QL (30 tabs / 30 days) | 3 | QL |
| | | | DIOVAN HCT TAB 160-12.5 QL (30 tabs / 30 days) | 3 | QL |
| | | | DIOVAN HCT TAB 160-25MG QL (30 tabs / 30 days) | 3 | QL |
| | | | DIOVAN HCT TAB 320-12.5 QL (30 tabs / 30 days) | 3 | QL |
| | | | DIOVAN HCT TAB 320-25MG QL (30 tabs / 30 days) | 3 | QL |
| | | | EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days) | 3 | QL ST |
| | | | EDARBYCLOR TAB 40-25MG QL (30 tabs / 30 days) | 3 | QL ST |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|--------|
| | Tier | Limits |
| ENTRESTO CAP 6-6MG QL (240 caps / 30 days) | 2 | QL |
| ENTRESTO CAP 15-16MG QL (240 caps / 30 days) | 2 | QL |
| ENTRESTO TAB 24-26MG QL (60 tabs / 30 days) | 3 | QL |
| ENTRESTO TAB 49-51MG QL (60 tabs / 30 days) | 3 | QL |
| ENTRESTO TAB 97-103MG QL (60 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 5-160- 12.5MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 5-160- 25MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 10-160- 12.5MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 10-160- 25MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 10-320- 25MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE TAB 5-160MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE TAB 5-320MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE TAB 10-160MG QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE TAB 10-320MG QL (30 tabs / 30 days) | 3 | QL |
| HYZAAR TAB 50-12.5 | 3 | |
| HYZAAR TAB 100-12.5 | 3 | |
| HYZAAR TAB 100-25 | 3 | |
| <i>irbesartan-hydrochlorothiazide</i> <i>tab 150-12.5 mg (generic of</i> <i>AVALIDE)</i> QL (60 tabs / 30 days) | 1 | QL |
| <i>irbesartan-hydrochlorothiazide</i> <i>tab 300-12.5 mg (generic of</i> <i>AVALIDE)</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-</i> <i>12.5 mg (generic of HYZAAR)</i> | 1 | |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|--------|
| | Tier | Limits |
| <i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-</i> <i>12.5 mg (generic of HYZAAR)</i> | 1 | |
| <i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-</i> <i>25 mg (generic of HYZAAR)</i> | 1 | |
| MICARDIS HCT TAB 40/12.5 QL (30 tabs / 30 days) | 3 | QL |
| MICARDIS HCT TAB 80- 25MG QL (30 tabs / 30 days) | 3 | QL |
| MICARDIS HCT TAB 80/12.5 QL (60 tabs / 30 days) | 3 | QL |
| <i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-</i> <i>12.5 mg (generic of BENICAR</i> <i>HCT)</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-</i> <i>12.5 mg (generic of BENICAR</i> <i>HCT)</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25</i> <i>mg (generic of BENICAR</i> <i>HCT)</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-</i> <i>12.5 mg (generic of</i> <i>TRIBENZOR)</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-</i> <i>12.5 mg (generic of</i> <i>TRIBENZOR)</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-</i> <i>25 mg (generic of</i> <i>TRIBENZOR)</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-</i> <i>12.5 mg (generic of</i> <i>TRIBENZOR)</i> QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Tier | Requirements/ Limits |
|---|------|-------------------------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| <i>sacubitril-valsartan tab 24-26 mg</i> (generic of ENTRESTO) QL (60 tabs / 30 days) | 1 | QL |
| <i>sacubitril-valsartan tab 49-51 mg</i> (generic of ENTRESTO) QL (60 tabs / 30 days) | 1 | QL |
| <i>sacubitril-valsartan tab 97-103 mg</i> (generic of ENTRESTO) QL (60 tabs / 30 days) | 1 | QL |
| <i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT) QL (60 tabs / 30 days) | 1 | QL |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT) QL (30 tabs / 30 days) | 1 | QL |
| TRIBENZOR TAB 20-5-12.5MG QL (30 tabs / 30 days) | 3 | QL |
| TRIBENZOR TAB 40-5-12.5MG QL (30 tabs / 30 days) | 3 | QL |
| TRIBENZOR TAB 40-5-25MG QL (30 tabs / 30 days) | 3 | QL |

| Drug Name | Tier | Requirements/ Limits |
|--|------|-------------------------|
| TRIBENZOR TAB 40-10-12.5MG QL (30 tabs / 30 days) | 3 | QL |
| TRIBENZOR TAB 40-10-25MG QL (30 tabs / 30 days) | 3 | QL |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days) | 1 | QL |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| ARBLI SUSP 10mg/ml QL (330 mL / 30 days) | 3 | QL |
| ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days) | 3 | QL |
| ATACAND TABS 32mg QL (30 tabs / 30 days) | 3 | QL |
| AVAPRO TABS 150mg, 300mg QL (30 tabs / 30 days) | 3 | QL |
| BENICAR TABS 5mg QL (60 tabs / 30 days) | 3 | QL |
| BENICAR TABS 20mg, 40mg QL (30 tabs / 30 days) | 3 | QL |
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|---|----------------------------|--------|
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days) | 1 | QL | BETAPACE TABS 80mg, 120mg, 160mg | 4 | NDS |
| COZAAR TABS 25mg, 50mg, 100mg | 3 | | BETAPACE AF TABS 80mg | 3 | |
| DIOVAN TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days) | 3 | QL | BETAPACE AF TABS 120mg, 160mg | 4 | NDS |
| DIOVAN TABS 320mg QL (30 tabs / 30 days) | 3 | QL | <i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg | 3 | |
| EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days) | 3 | QL ST | <i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg | 1 | NM |
| <i>irbesartan</i> TABS 75mg QL (30 tabs / 30 days) | 1 | QL | <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg | 1 | |
| <i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days) | 1 | QL | MULTAQ TABS 400mg QL (60 tabs / 30 days) | 3 | QL |
| <i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg | 1 | | NORPACE CAPS 100mg, 150mg | 3 | |
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days) | 1 | QL | NORPACE CR CP12 100mg, 150mg | 3 | |
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL | <i>pacerone</i> TABS 100mg, 200mg, 400mg | 1 | |
| <i>telmisartan</i> TABS 20mg QL (30 tabs / 30 days) | 1 | QL | <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg | 1 | |
| <i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days) | 1 | QL | <i>quinidine sulfate</i> TABS 200mg, 300mg | 1 | |
| <i>valsartan</i> SOLN 4mg/ml QL (2400 mL / 30 days) | 4 | NDS QL PA | <i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg | 1 | |
| <i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days) | 1 | QL | <i>sotalol hcl</i> TABS 240mg | 1 | |
| <i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days) | 1 | QL | <i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg | 1 | |
| ANTIARRHYTHMICS | | | SOTYLIZE SOLN 5mg/ml | 3 | |
| <i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg | 1 | | TIKOSYN CAPS 125mcg, 250mcg, 500mcg | 3 | NM |
| | | | ANTILIPEMICS, FIBRATES | | |
| | | | <i>choline fenofibrate</i> CPDR 45mg, 135mg | 1 | |
| | | | <i>fenofibrate</i> CAPS 50mg QL (60 caps / 30 days) | 1 | QL ST |
| | | | <i>fenofibrate</i> CAPS 150mg QL (30 caps / 30 days) | 1 | QL ST |
| | | | <i>fenofibrate</i> TABS 40mg QL (60 tabs / 30 days) | 1 | QL ST |
| | | | <i>fenofibrate</i> TABS 48mg, 54mg, 160mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>fenofibrate</i> TABS 120mg QL (30 tabs / 30 days) | 1 | QL ST |
| <i>fenofibrate</i> (generic of TRICOR) TABS 145mg | 1 | |
| <i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg | 1 | |
| <i>fenofibrate micronized</i> CAPS 130mg QL (30 caps / 30 days) | 1 | QL ST |
| <i>fenofibric acid</i> TABS 35mg QL (60 tabs / 30 days) | 1 | QL ST |
| <i>fenofibric acid</i> TABS 105mg QL (30 tabs / 30 days) | 1 | QL ST |
| <i>gemfibrozil</i> (generic of LOPID) TABS 600mg | 1 | |
| LIPOFEN CAPS 50mg QL (60 caps / 30 days) | 3 | QL ST |
| LIPOFEN CAPS 150mg QL (30 caps / 30 days) | 3 | QL ST |
| LOPID TABS 600mg | 3 | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days) | 3 | QL ST |
| <i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days) | 1 | QL |
| CRESTOR TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 3 | QL |
| EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days) | 3 | QL ST |
| FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days) | 3 | QL ST |
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days) | 1 | QL ST |
| <i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days) | 1 | QL ST |
| LESCOL XL TB24 80mg QL (30 tabs / 30 days) | 3 | QL ST |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| LIPITOR TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days) | 3 | QL |
| LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days) | 3 | QL ST |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days) | 1 | QL |
| <i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days) | 1 | QL ST |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days) | 1 | QL |
| <i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |
| <i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days) | 1 | QL |
| <i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |
| ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 3 | QL |
| ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days) | 3 | QL ST |
| ANTILIPEMICS, MISCELLANEOUS | | |
| <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>colestevlam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg | 1 | |
| COLESTID GRAN 5gm; TABS 1gm | 3 | |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------|
| | Tier | Limits |
| <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 | 4 | NDS NM PA |
| <i>ezetimibe</i> (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days) | 1 | QL |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |
| JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg | 4 | NDS NM PA |
| LOVAZA CAP 1GM | 3 | PA |
| NEXLETOL TABS 180mg QL (30 tabs / 30 days) | 2 | QL |
| NEXLIZET TAB 180/10MG QL (30 tabs / 30 days) | 2 | QL |
| <i>niacin (antihyperlipidemic)</i> TABS 500mg | 1 | |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days) | 1 | QL |
| <i>niacor</i> TABS 500mg | 1 | |
| <i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA) | 1 | PA |
| <i>prevalite</i> PACK 4gm | 1 | |
| <i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose | 1 | |
| QUESTRAN PACK 4gm; POWD 4gm/dose | 3 | |
| QUESTRAN LIGHT POWD 4gm/dose | 3 | |
| REPATHA SOSY 140mg/ml QL (6 syringes / 28 days) | 2 | QL NM PA |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|----------|
| | Tier | Limits |
| REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days) | 2 | QL NM PA |
| VASCEPA CAPS .5gm, 1gm | 2 | |
| VYTORIN TAB 10-10MG QL (30 tabs / 30 days) | 3 | QL |
| VYTORIN TAB 10-20MG QL (30 tabs / 30 days) | 3 | QL |
| VYTORIN TAB 10-40MG QL (30 tabs / 30 days) | 3 | QL |
| VYTORIN TAB 10-80MG QL (30 tabs / 30 days) | 3 | QL |
| WELCHOL PACK 3.75gm; TABS 625mg | 3 | |
| ZETIA TABS 10mg QL (30 tabs / 30 days) | 3 | QL |
| BETA-BLOCKER/DIURETIC COMBINATIONS | | |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50) | 1 | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100) | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 1 | |
| TENORETIC TAB 50 | 3 | |
| TENORETIC TAB 100 | 3 | |
| BETA-BLOCKERS | | |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg | 1 | |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|--------|
| | Tier | Limits |
| <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 | |
| BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days) | 3 | QL |
| BYSTOLIC TABS 20mg QL (60 tabs / 30 days) | 3 | QL |
| <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 QL (30 caps / 30 days) | 1 | QL |
| COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 3 | |
| COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days) | 4 | NDS QL |
| INDERAL LA CP24 60mg, 80mg, 120mg, 160mg | 4 | NDS |
| KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg | 3 | |
| <i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg | 1 | |
| LOPRESSOR SOLN 10mg/ml; TABS 12.5mg, 50mg, 100mg | 3 | |
| <i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg | 1 | |
| <i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg | 1 | |
| <i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg | 1 | |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg | 1 | |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|--------|
| | Tier | Limits |
| <i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days) | 1 | QL |
| <i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days) | 1 | QL |
| <i>pindolol</i> TABS 5mg, 10mg | 1 | |
| <i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg | 1 | |
| <i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg | 1 | |
| TENORMIN TABS 25mg, 50mg, 100mg | 3 | |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg | 1 | |
| TOPROL XL TB24 25mg, 50mg, 100mg, 200mg | 3 | |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg | 1 | |
| CARDAMYST SOLN 70mg/dose | 4 | NDS |
| CARDIZEM TABS 30mg, 60mg, 120mg | 3 | |
| CARDIZEM CD CP24 120mg | 3 | |
| CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg | 4 | NDS |
| CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| <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; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <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 20 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE) | 1 | |
| <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> (generic of PROCARDIA XL) TB24 30mg, 60mg | 1 | |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg | 1 | |
| <i>nimodipine</i> CAPS 30mg | 1 | |
| <i>nimodipine</i> SOLN 60mg/20ml | 4 | NDS |
| <i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg | 1 | |
| <i>nisoldipine</i> TB24 34mg | 1 | |
| NORLIQVA SOLN 1mg/ml | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| NORVASC TABS 2.5mg, 5mg, 10mg | 3 | |
| NYMALIZE SOLN 6mg/ml | 4 | NDS |
| PROCARDIA XL TB24 30mg, 60mg | 3 | |
| SDAMLO SOLR 2.5mg, 5mg, 10mg QL (30 bottles / 30 days) | 4 | NDS QL PA |
| SULAR TB24 8.5mg, 17mg, 34mg | 3 | |
| <i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| <i>verapamil hcl</i> CP24 100mg, 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 | 4 | NDS NM PA |
| DIURIL SUSP 250mg/5ml | 3 | |
| DYRENIUM CAPS 50mg, 100mg | 3 | |
| EDECIN TABS 25mg | 4 | NDS |
| ENBUMYST SOLN .5mg/0.1ml | 4 | NDS |
| <i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg | 1 | |
| FUROSCIX CTKT 80mg/10ml | 4 | NDS |

| 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 QL (320 mL / 30 days) | 3 | QL |
| KEVEYIS TABS 50mg | 4 | NDS NM PA |
| LASIX TABS 20mg, 40mg, 80mg | 3 | |
| LASIX ONYU CTKT 80mg/2.67ml | 4 | NDS |
| <i>methazolamide</i> TABS 25mg, 50mg | 1 | |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>ormarvi</i> (generic of KEVEYIS) TABS 50mg | 4 | NDS NM PA |
| SOANZ TABS 40mg | 3 | |
| <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | 1 | |
| THALITONE TABS 15mg | 3 | |
| <i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg | 1 | |
| <i>triamterene</i> (generic of DYRENIUM) CAPS 50mg, 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 | | |
| ADRENALIN SOLN 1mg/ml | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| <i>aliskiren fumarate</i> (generic of TEKTURN) TABS 150mg, 300mg QL (30 tabs / 30 days) | 1 | QL |
| <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 | |
| <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 TBPB 356mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| BIDIL TAB | 3 | |
| CADUET TAB 5-10MG | 3 | |
| CADUET TAB 5-20MG | 3 | |
| CADUET TAB 5-40MG | 3 | |
| CADUET TAB 5-80MG | 3 | |
| CADUET TAB 10-10MG | 3 | |
| CADUET TAB 10-20MG | 3 | |
| CADUET TAB 10-40MG | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| CADUET TAB 10-80MG | 3 | |
| CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days) | 4 | NDS QL 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 QL (450 mL / 30 days) | 2 | QL |
| CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days) | 3 | QL |
| DEMSEER CAPS 250mg | 4 | NDS NM PA |
| <i>digoxin</i> SOLN .05mg/ml | 1 | |
| <i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg | 1 | |
| <i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days) | 1 | QL |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days) | 1 | QL NM PA |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| <i>epinephrine</i> (generic of ADRENALIN) SOLN 1mg/ml | 1 | |
| <i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 65 years and older | 2 | PA |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <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 QL (60 tabs / 30 days) | 1 | QL |
| JAVADIN SOLN .02mg/ml | 3 | |
| LANOXIN SOLN .25mg/ml; TABS 62.5mcg | 3 | |
| LANOXIN TABS 125mcg, 250mcg QL (30 tabs / 30 days) | 3 | QL |
| LANOXIN PEDIATRIC SOLN .1mg/ml | 3 | |
| LODOCO TABS .5mg QL (30 tabs / 30 days) | 3 | QL PA |
| <i>methyl dopa</i> TABS 250mg, 500mg PA applies if 65 years and older | 3 | PA |
| <i>metyrosine</i> CAPS 250mg | 4 | NDS NM PA |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>minoxidil</i> TABS 2.5mg, 10mg | 1 | |
| MYQORZO TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| NEXICLON XR TB24 .17mg | 3 | |
| NORTHERA CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| <i>phenoxybenzamine hcl</i> CAPS 10mg | 4 | NDS PA |
| <i>ranolazine</i> TB12 500mg, 1000mg | 1 | |
| REDEMPLO SOSY 25mg/0.5ml QL (1 syringe / 90 days) | 4 | NDS QL NM PA |
| TEKTURNA TABS 150mg, 300mg QL (30 tabs / 30 days) | 3 | QL |
| TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|--|----------------------------|-----------------|
| TRYVIO TABS 12.5mg QL (30 tabs / 30 days) | 3 | QL PA | <i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days) | 2 | QL PA | <i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| VYNDAMAX CAPS 61mg QL (30 caps / 30 days) | 4 | NDS QL NM PA | <i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg | 4 | NDS B/D NM |
| VYNDAQEL CAPS 20mg QL (120 caps / 30 days) | 4 | NDS QL NM PA | LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| NITRATES | | | OPSUMIT TABS 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg | 1 | | OPSYNVI TAB 10-20MG QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>isosorbide dinitrate</i> TABS 40mg | 1 | ST | OPSYNVI TAB 10-40MG QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ISOSORBIDE MONONITRATE TABS 10mg, 20mg | 3 | | ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg | 4 | NDS NM PA |
| <i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg | 1 | | ORENITRAM TBCR .125mg | 3 | NM PA |
| NITRO-BID OINT 2% | 2 | | ORENITRAM TAB MONTH 1 | 4 | NDS NM PA |
| NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 3 | | ORENITRAM TAB MONTH 2 | 4 | NDS NM PA |
| NITRO-DUR PT24 .3mg/hr, .8mg/hr | 4 | NDS | ORENITRAM TAB MONTH 3 | 4 | NDS NM PA |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 1 | | REMODULIN SOLN 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 4 | NDS NM PA |
| <i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray | 1 | | REVATIO SOLN 10mg/12.5ml | 4 | NDS NM PA |
| <i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg | 1 | | REVATIO TABS 20mg QL (360 tabs / 30 days) | 4 | NDS QL NM PA |
| NITROLINGUAL SOLN .4mg/spray | 3 | | <i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml | 4 | NDS NM PA |
| NITROSTAT SUBL .3mg, .4mg, .6mg | 3 | | <i>sildenafil citrate</i> (pulmonary hypertension) SUSR 10mg/ml QL (784 mL / 30 days) | 4 | NDS QL NM PA |
| PULMONARY ARTERIAL HYPERTENSION | | | <i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days) | 1 | QL NM PA |
| ADCIRCA TABS 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | <i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days) | 1 | QL NM PA |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA | | | |
| <i>alyq</i> (generic of ADCIRCA) TABs 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | | | |
| <i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | | | |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days) | 4 | NDS QL NM PA |
| TRACLEER TABS 62.5mg, 125mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| TRACLEER TBSO 32mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 4 | NDS NM PA |
| TYVASO SOLN .6mg/ml | 4 | NDS NM PA |
| TYVASO DPI INSTITUTIONAL POWD 80mcg QL (112 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg, 80mcg QL (112 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI POW MAIN KIT 32-64MCG QL (224 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI POW MAIN KIT 48-64MCG QL (224 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO REFILL KIT SOLN .6mg/ml | 4 | NDS NM PA |
| TYVASO STARTER KIT SOLN .6mg/ml | 4 | NDS NM PA |
| UPTRAVI SOLR 1800mcg | 4 | NDS NM PA |
| UPTRAVI TABS 200mcg QL (140 tabs / 28 days) | 4 | NDS QL NM PA |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days) | 4 | NDS QL NM PA |
| VELETRI SOLR .5mg, 1.5mg | 4 | NDS B/D NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days) | 4 | NDS QL NM PA |
| WINREVAIR INJ 45MG QL (2 vials / 21 days) | 4 | NDS QL NM PA |
| WINREVAIR INJ 60MG QL (2 vials / 21 days) | 4 | NDS QL NM PA |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days) | 4 | NDS QL NM PA |
| YUTREPIA CAPS 106mcg QL (224 caps / 28 days) | 4 | NDS QL NM PA |
| CENTRAL NERVOUS SYSTEM ANTI-ANXIETY | | |
| <i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 1 | QL |
| <i>alprazolam</i> (generic of XANAX XR) TB24 2mg QL (90 tabs / 30 days) PA applies if 65 years and older | 1 | QL PA |
| <i>alprazolam</i> TB24 3mg QL (90 tabs / 30 days) PA applies if 65 years and older | 1 | QL PA |
| <i>alprazolam</i> TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older | 1 | QL PA |
| <i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 1 | QL |
| <i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days) | 1 | QL |
| ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days) | 3 | QL |
| ATIVAN SOLN 2mg/ml, 4mg/ml | 3 | |
| ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 4 | NDS QL |
| BUCAPSOL CAPS 7.5mg, 10mg QL (60 caps / 30 days) | 4 | NDS QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| BUCAPSOL CAPS 15mg QL (120 caps / 30 days) | 4 | NDS QL |
| <i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | 1 | |
| <i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older | 1 | QL PA |
| <i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days) | 1 | QL |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg | 1 | |
| <i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days) | 1 | QL |
| <i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml | 1 | |
| <i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 1 | QL |
| <i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days) | 1 | QL |
| LOREEV XR CS24 1mg, 1.5mg, 2mg QL (150 caps / 30 days) PA applies if 65 years and older | 3 | QL PA |
| LOREEV XR CS24 3mg QL (90 caps / 30 days) PA applies if 65 years and older | 3 | QL PA |
| <i>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA applies if 65 years and older | 1 | QL PA |
| XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 3 | QL |
| XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older | 3 | QL PA |
| ANTIDEMENTIA | | |
| ARICEPT TABS 5mg QL (30 tabs / 30 days) | 3 | QL |
| ARICEPT TABS 10mg, 23mg <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days) | 1 | QL |
| <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg | 1 | |
| <i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days) | 1 | QL |
| <i>donepezil hydrochloride</i> TBDP 10mg | 1 | |
| EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days) | 3 | QL |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days) | 1 | QL |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days) | 1 | QL |
| <i>galantamine hydrobromide</i> TABs 4mg, 8mg, 12mg QL (60 tabs / 30 days) | 1 | QL |
| LEQEMBI IQLIK SOAJ 360mg/1.8ml QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| <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> PA applies if 29 years and younger | 1 | PA |
| <i>memantine hcl-donepezil hcl</i> cap er 24hr 14-10 mg (generic of NAMZARIC) | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|--|----------------------------|--------|
| <i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> (generic of NAMZARIC) | 1 | | <i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days) | 1 | QL |
| <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> (generic of NAMZARIC) | 1 | | <i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days) | 1 | QL |
| NAMZARIC CAP 7-10MG | 3 | | <i>bupropion hcl</i> TB24 450mg QL (30 tabs / 30 days) | 1 | QL ST |
| NAMZARIC CAP 14-10MG | 3 | | CELEXA TABS 10mg, 20mg, 40mg | 3 | |
| NAMZARIC CAP 21-10MG | 3 | | CITALOPRAM HYDROBROMIDE CAPS 30mg QL (30 caps / 30 days) | 3 | QL ST |
| NAMZARIC CAP 28-10MG | 3 | | <i>citalopram hydrobromide SOLN</i> 10mg/5ml | 1 | |
| <i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days) | 1 | QL | <i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg | 1 | |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days) | 1 | QL | <i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg | 3 | PA |
| ZUNVEYL TBEC 5mg, 10mg, 15mg QL (60 tabs / 30 days) | 3 | QL PA | <i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older | 3 | PA |
| ANTIDEPRESSANTS | | | <i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older | 3 | PA |
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older | 2 | PA | DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days) | 3 | QL |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older | 2 | PA | <i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 1 | QL |
| ANAFRANIL CAPS 25mg, 50mg, 75mg | 4 | NDS PA | <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older | 2 | PA |
| APLENZIN TB24 174mg QL (60 tabs / 30 days) | 4 | NDS QL ST | DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days) | 3 | QL PA |
| APLENZIN TB24 348mg, 522mg QL (30 tabs / 30 days) | 4 | NDS QL ST | | | |
| AUVELITY TAB 45-105MG QL (60 tabs / 30 days) | 3 | QL PA | | | |
| <i>bupropion hcl</i> TABS 75mg, 100mg | 1 | | | | |
| <i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days) | 1 | QL | | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days) | 1 | QL |
| EFFEXOR XR CP24 37.5mg, 75mg, 150mg | 3 | |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days) | 4 | NDS QL PA |
| ESCITALOPRAM OXALATE CAPS 15mg QL (30 caps / 30 days) | 3 | QL |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml | 1 | |
| <i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg | 1 | |
| EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year) | 4 | NDS QL PA |
| FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days) | 3 | QL PA |
| FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days) | 3 | QL PA |
| FETZIMA CAP TITRATIO QL (2 packs / year) | 3 | QL PA |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml | 1 | |
| <i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days) | 1 | QL |
| <i>fluoxetine hcl</i> TABS 10mg, 60mg QL (30 tabs / 30 days) | 1 | QL |
| <i>fluoxetine hcl</i> TABS 20mg QL (120 tabs / 30 days) | 1 | QL |
| <i>fluoxetine hcl (pmd)</i> TABS 10mg QL (30 tabs / 30 days) (generic of SARAFEM) | 1 | QL |
| <i>fluoxetine hcl (pmd)</i> TABS 20mg QL (120 tabs / 30 days) (generic of SARAFEM) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| FORFIVO XL TB24 450mg QL (30 tabs / 30 days) | 3 | QL ST |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older | 1 | PA |
| <i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg PA applies if 65 years and older | 3 | PA |
| LEXAPRO TABS 5mg, 10mg, 20mg | 3 | |
| MARPLAN TABS 10mg QL (180 tabs / 30 days) | 3 | QL |
| <i>mirtazapine</i> TABS 7.5mg, 45mg | 1 | |
| <i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg | 1 | |
| <i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg | 1 | |
| NARDIL TABS 15mg | 3 | |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg | 1 | |
| NORPRAMIN TABS 10mg, 25mg PA applies if 65 years and older | 3 | PA |
| <i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg | 1 | |
| <i>nortriptyline hcl</i> SOLN 10mg/5ml | 3 | |
| PARNATE TABS 10mg | 4 | NDS |
| <i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older | 3 | QL PA |
| <i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older | 1 | PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older | 3 | QL PA |
| PAXIL TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older | 3 | PA |
| PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older | 3 | QL PA |
| <i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 65 years and older | 2 | PA |
| <i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older | 2 | PA |
| <i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 65 years and older | 2 | PA |
| <i>perphenazine-amitriptyline tab</i> 4-25 mg PA applies if 65 years and older | 2 | PA |
| <i>perphenazine-amitriptyline tab</i> 4-50 mg PA applies if 65 years and older | 2 | PA |
| <i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg | 1 | |
| PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 3 | QL |
| <i>protriptyline hcl</i> TABS 5mg, 10mg | 3 | |
| RALDESY SOLN 10mg/ml QL (1800 mL / 30 days) | 3 | QL PA |
| REMERON TABS 15mg, 30mg | 3 | |
| REMERON SOLTAB TB24 15mg, 30mg, 45mg | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>sertraline hcl</i> (generic of SERTRALINE HYDROCHLORIDE) CAPS 150mg, 200mg QL (30 caps / 30 days) | 1 | QL ST |
| <i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 1 | |
| SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg QL (30 caps / 30 days) | 3 | QL ST |
| SPRAVATO SOL 56MG DOS | 4 | NDS NM PA |
| SPRAVATO SOL 84MG DOS | 4 | NDS NM PA |
| <i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg | 1 | |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg | 1 | |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days) | 3 | QL |
| <i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days) | 3 | QL |
| TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days) | 3 | QL PA |
| VENLAFAXINE BESYLATE ER TB24 112.5mg QL (30 tabs / 30 days) | 3 | QL ST |
| <i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg | 1 | |
| <i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg | 1 | |
| <i>venlafaxine hcl</i> TB24 225mg QL (30 tabs / 30 days) | 1 | QL ST |
| VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 3 | QL |
| <i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------------|
| | Tier | Limits |
| WELLBUTRIN SR TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days) | 3 | QL ST |
| WELLBUTRIN XL TB24 150mg QL (60 tabs / 30 days) | 4 | NDS QL ST |
| WELLBUTRIN XL TB24 300mg QL (30 tabs / 30 days) | 4 | NDS QL ST |
| ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 3 | |
| ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days) | 4 | NDS QL NM PA |
| ZURZUVAE CAPS 30mg QL (14 caps / 14 days) | 4 | NDS QL NM PA |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days) | 1 | QL |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg | 1 | |
| APOKYN SOCT 30mg/3ml QL (20 cartridges / 30 days) | 4 | NDS QL NM PA |
| <i>apomorphine hydrochloride</i> SOCT 30mg/3ml QL (20 cartridges / 30 days) | 4 | NDS QL NM PA |
| AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days) | 4 | NDS QL |
| <i>benztropine mesylate</i> SOLN 1mg/ml | 1 | |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older | 1 | PA |
| <i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg | 1 | |
| <i>carb/levo orally disintegrating tab 10-100mg</i> | 1 | |
| <i>carb/levo orally disintegrating tab 25-100mg</i> | 1 | |
| <i>carb/levo orally disintegrating tab 25-250mg</i> | 1 | |
| <i>carbidopa</i> (generic of LODOSYN) TABS 25mg | 1 | |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------------|
| | Tier | Limits |
| <i>carbidopa & levodopa cap er</i> 23.75-95 mg | 1 | |
| <i>carbidopa & levodopa cap er</i> 36.25-145 mg | 1 | |
| <i>carbidopa & levodopa cap er</i> 48.75-195 mg | 1 | |
| <i>carbidopa & levodopa cap er</i> 61.25-245 mg | 1 | |
| <i>carbidopa & levodopa tab 10- 100 mg</i> (generic of SINEMET) | 1 | |
| <i>carbidopa & levodopa tab 25- 100 mg</i> (generic of SINEMET) | 1 | |
| <i>carbidopa & levodopa tab 25- 250 mg</i> | 1 | |
| <i>carbidopa & levodopa tab er</i> 25-100 mg | 1 | |
| <i>carbidopa & levodopa tab er</i> 50-200 mg | 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 | ST |
| CREXONT CAP 52.5-210 | 3 | ST |
| CREXONT CAP 70-280MG | 3 | ST |
| CREXONT CAP 87.5-350 | 3 | ST |
| DHIVY TAB 25-100MG | 3 | |
| DUOPA SUS 4.63-20 <i>entacapone</i> TABS 200mg | 4 | NDS B/D NM |
| GOCOVRI CP24 68.5mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| GOCOVRI CP24 137mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| INBRIJA CAPS 42mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| LODOSYN TABS 25mg | 4 | NDS |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr | 3 | PA |
| NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days) | 4 | NDS QL NM |
| ONAPGO SOCT 98mg/20ml QL (30 cartridges / 30 days) | 4 | NDS QL NM PA |
| ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days) | 3 | QL PA |
| PARLODEL CAPS 5mg; TABS 2.5mg | 3 | |
| <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 | |
| <i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days) | 1 | QL |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg | 1 | |
| RYTARY CAP 95MG | 3 | ST |
| RYTARY CAP 145MG | 3 | ST |
| RYTARY CAP 195MG | 3 | ST |
| RYTARY CAP 245MG | 3 | ST |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg | 1 | |
| SINEMET TAB 10-100MG | 3 | |
| SINEMET TAB 25-100MG | 3 | |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml | 2 | |
| <i>trihexyphenidyl hcl</i> TABS 2mg, 5mg | 1 | |
| VYALEV INJ 12-240MG | 4 | NDS NM PA |
| XADAGO TABS 50mg, 100mg | 4 | NDS |
| ZELAPAR TBDP 1.25mg | 4 | NDS |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| ANTIPSYCHOTICS | | |
| ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days) | 3 | QL |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days) | 4 | NDS QL |
| ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days) | 4 | NDS QL |
| ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days) | 4 | NDS QL |
| ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| <i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days) | 1 | QL |
| <i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days) | 1 | QL |
| <i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days) | 1 | QL ST |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days) | 4 | NDS QL |
| ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days) | 4 | NDS QL |
| ARISTADA INITIO PRSY 675mg/2.4ml | 4 | NDS |
| <i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days) | 1 | QL |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days) | 4 | NDS QL |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|---|----------------------------|--------|
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1 | | FANAPT PAK PACK B QL (2 packs / year) | 3 | QL PA |
| <i>clozapine</i> (generic of CLOZARIL) TABS 25mg | 1 | | FANAPT PAK PACK C QL (2 packs / year) | 3 | QL PA |
| <i>clozapine</i> TABS 50mg | 1 | | <i>fluphenazine decanoate</i> SOLN 25mg/ml | 1 | |
| <i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days) | 1 | QL | <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 1 | |
| <i>clozapine</i> TABS 200mg QL (120 tabs / 30 days) | 1 | QL | GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days) | 4 | NDS QL |
| <i>clozapine</i> TBDP 12.5mg, 25mg | 1 | PA | GEODON SOLR 20mg QL (6 injections / 3 days) | 3 | QL |
| <i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days) | 1 | QL PA | HALDOL DECANOATE 50 SOLN 50mg/ml | 3 | |
| <i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days) | 1 | QL PA | HALDOL DECANOATE 100 SOLN 100mg/ml | 3 | |
| <i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days) | 1 | QL PA | <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | 1 | |
| CLOZARIL TABS 25mg | 3 | | <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml | 1 | |
| CLOZARIL TABS 100mg QL (270 tabs / 30 days) | 4 | NDS QL | <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml | 1 | |
| COBENFY CAP 50-20MG QL (60 caps / 30 days) | 4 | NDS QL | INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days) | 3 | QL |
| COBENFY CAP 100-20MG QL (60 caps / 30 days) | 4 | NDS QL | INVEGA TB24 6mg QL (60 tabs / 30 days) | 3 | QL |
| COBENFY CAP 125-30MG QL (60 caps / 30 days) | 4 | NDS QL | INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days) | 4 | NDS QL |
| COBENFY STRT CAP PACK QL (2 packs / year) | 4 | NDS QL | INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days) | 3 | QL |
| ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days) | 3 | QL | INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days) | 4 | NDS QL |
| ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days) | 4 | NDS QL | INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days) | 4 | NDS QL |
| ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year) | 4 | NDS QL | LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days) | 4 | NDS QL |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days) | 4 | NDS QL PA | | | |
| FANAPT PAK PACK A QL (2 packs / year) | 3 | QL PA | | | |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------------|
| | Tier | Limits |
| LATUDA TABS 80mg QL (60 tabs / 30 days) | 4 | NDS QL |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | 1 | |
| <i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days) | 1 | QL |
| <i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days) | 1 | QL |
| LYBALVI TAB 5-10MG QL (30 tabs / 30 days) | 4 | NDS QL |
| LYBALVI TAB 10-10MG QL (30 tabs / 30 days) | 4 | NDS QL |
| LYBALVI TAB 15-10MG QL (30 tabs / 30 days) | 4 | NDS QL |
| LYBALVI TAB 20-10MG QL (30 tabs / 30 days) | 4 | NDS QL |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg | 1 | |
| NUPLAZID CAPS 34mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| NUPLAZID TABS 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day) | 1 | QL |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days) | 1 | QL |
| <i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days) | 1 | QL |
| <i>olanzapine</i> TABS 10mg QL (60 tabs / 30 days) | 1 | QL |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days) | 1 | QL |
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days) | 1 | QL ST |
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days) | 1 | QL ST |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------|
| | Tier | Limits |
| OPIPZA FILM 2mg, 5mg QL (30 films / 30 days) | 4 | NDS QL PA |
| OPIPZA FILM 10mg QL (90 films / 30 days) | 4 | NDS QL PA |
| <i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days) | 1 | QL |
| <i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days) | 1 | QL |
| <i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days) | 1 | QL |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | 1 | |
| PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days) | 4 | NDS QL |
| <i>pimozide</i> TABS 1mg, 2mg | 1 | |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days) | 1 | QL |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days) | 1 | QL |
| <i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days) | 1 | QL |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days) | 1 | QL |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days) | 1 | QL PA |
| REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days) | 4 | NDS QL |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days) | 4 | NDS QL |
| RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|--|----------------------------|-----------|
| RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg | 3 | | SEROQUEL TABS 50mg, 100mg, 200mg | 3 | QL |
| RISPERDAL CONSTA SRER 12.5mg | 3 | QL | QL (90 tabs / 30 days) | | |
| QL (2 injections / 28 days) | | | SEROQUEL TABS 300mg, 400mg | 3 | QL |
| RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg | 4 | NDS QL | QL (60 tabs / 30 days) | | |
| QL (2 injections / 28 days) | | | SEROQUEL XR TB24 150mg, 200mg | 3 | QL PA |
| <i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml | 1 | QL | QL (30 tabs / 30 days) | | |
| QL (240 mL / 30 days) | | | SEROQUEL XR TB24 300mg, 400mg | 3 | QL PA |
| <i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg | 1 | | QL (60 tabs / 30 days) | | |
| <i>risperidone</i> TABS .25mg | 1 | | <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg | 1 | QL ST | <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| QL (60 tabs / 30 days) | | | <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | 1 | |
| <i>risperidone</i> TBDP 4mg | 1 | QL ST | UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml | 4 | NDS QL |
| QL (120 tabs / 30 days) | | | QL (1 syringe / 30 days) | | |
| <i>risperidone</i> TBDP .25mg, .5mg | 1 | QL ST | UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml | 4 | NDS QL |
| QL (90 tabs / 30 days) | | | QL (1 syringe / 60 days) | | |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg | 1 | QL | VERSACLOZ SUSP 50mg/ml | 4 | NDS QL PA |
| QL (2 injections / 28 days) | | | QL (600 mL / 30 days) | | |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg | 4 | NDS QL | VRAYLAR CAPS 1.5mg | 4 | NDS QL |
| QL (2 injections / 28 days) | | | QL (60 caps / 30 days) | | |
| RYKINDO SRER 25mg, 37.5mg, 50mg | 4 | NDS QL PA | VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg | 4 | NDS QL |
| QL (2 vials / 28 days) | | | QL (30 caps / 30 days) | | |
| SAPHRIS SUBL 2.5mg, 5mg, 10mg | 4 | NDS QL | <i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg | 1 | QL |
| QL (60 tabs / 30 days) | | | QL (60 caps / 30 days) | | |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr | 4 | NDS QL | <i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg | 1 | QL |
| QL (30 patches / 30 days) | | | QL (6 injections / 3 days) | | |
| SEROQUEL TABS 25mg | 3 | QL | ZYPREXA SOLR 10mg | 3 | QL |
| QL (180 tabs / 30 days) | | | QL (3 vials / 1 day) | | |
| | | | ZYPREXA TABS 2.5mg, 5mg | 3 | QL |
| | | | QL (60 tabs / 30 days) | | |
| | | | ZYPREXA TABS 20mg | 4 | NDS QL |
| | | | QL (30 tabs / 30 days) | | |

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

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|---|----------------------------|-----------------|
| ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days) | 3 | QL NM PA | CARBATROL CP12 100mg, 200mg, 300mg | 3 | |
| ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days) | 4 | NDS QL NM PA | CELONTIN CAPS 300mg | 3 | |
| ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days) | 4 | NDS QL NM PA | <i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days) | 1 | QL PA |
| ANTISEIZURE AGENTS | | | <i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days) | 1 | QL PA |
| APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days) | 4 | NDS QL | <i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days) | 1 | QL |
| APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days) | 4 | NDS QL | <i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days) | 1 | QL |
| BANZEL SUSP 40mg/ml QL (2400 mL / 30 days) | 4 | NDS QL PA | <i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days) | 1 | QL |
| BANZEL TABS 200mg QL (480 tabs / 30 days) | 4 | NDS QL PA | <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days) | 1 | QL |
| BANZEL TABS 400mg QL (240 tabs / 30 days) | 4 | NDS QL PA | <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older | 1 | QL PA |
| <i>brivaracetam</i> (generic of BRIVIACT) SOLN 10mg/ml QL (600 mL / 30 days) | 4 | NDS QL PA | DEPAKOTE TBEC 125mg, 250mg, 500mg | 3 | |
| <i>brivaracetam</i> (generic of BRIVIACT) SOLN 50mg/5ml | 1 | PA | DEPAKOTE ER TB24 250mg, 500mg | 3 | |
| <i>brivaracetam</i> (generic of BRIVIACT) TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days) | 4 | NDS QL PA | DEPAKOTE SPRINKLES CSDR 125mg | 3 | |
| BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days) | 4 | NDS QL PA | DIACOMIT CAPS 250mg QL (360 caps / 30 days) | 4 | NDS QL NM PA |
| BRIVIACT SOLN 50mg/5ml | 3 | PA | DIACOMIT CAPS 500mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days) | 4 | NDS QL PA | DIACOMIT PACK 250mg QL (360 packets / 30 days) | 4 | NDS QL NM PA |
| <i>carbamazepine</i> CHEW 100mg, 200mg | 1 | | DIACOMIT PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| <i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg | 1 | | <i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA |
| <i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg | 1 | | | | |
| <i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg | 1 | | | | |

| Drug Name | Drug Requirements/ Limits | | Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|--------------|--|------------------------------|--------------|
| | Tier | Limits | | Tier | Limits |
| <i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA | <i>felbamate</i> SUSP 600mg/5ml | 1 | |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg | 1 | | <i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg | 1 | |
| <i>diazepam inj</i> SOLN 5mg/ml | 1 | | FELBATOL TABS 400mg, 600mg | 4 | NDS |
| <i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA | FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days) | 4 | NDS QL NM PA |
| DILANTIN CAPS 30mg, 100mg | 3 | | FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days) | 4 | NDS QL PA |
| DILANTIN INFATABS CHEW 50mg | 3 | | FYCOMPA TABS 2mg QL (60 tabs / 30 days) | 3 | QL PA |
| DILANTIN-125 SUSP 125mg/5ml | 3 | | FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| <i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg | 1 | | <i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days) | 1 | QL |
| <i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg | 1 | | <i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days) | 1 | QL |
| <i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg | 1 | | <i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days) | 1 | QL |
| ELEPSIA XR TB24 1000mg | 3 | | <i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days) | 1 | QL |
| ELEPSIA XR TB24 1500mg | 4 | NDS | <i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days) | 1 | QL |
| EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days) | 4 | NDS QL NM PA | GABARONE TABS 100mg QL (360 tabs / 30 days) | 4 | NDS QL PA |
| EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days) | 3 | QL PA | GABARONE TABS 400mg QL (270 tabs / 30 days) | 4 | NDS QL PA |
| <i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days) | 1 | QL | KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg | 4 | NDS |
| <i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days) | 1 | QL | KEPPRA TABS 250mg | 3 | |
| <i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml | 1 | | KEPPRA XR TB24 500mg, 750mg | 4 | NDS |
| | | | KLONOPIN TABS 2mg QL (300 tabs / 30 days) | 3 | QL |
| | | | KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days) | 3 | QL |
| | | | <i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|--|----------------------------|--------|
| <i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days) | 1 | QL | <i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI) | 1 | |
| <i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days) | 1 | QL | <i>lamotrigine tab 35 x 25 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg | 1 | |
| <i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days) | 1 | QL | <i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C) | 4 | NDS |
| LAMICTAL TABS 25mg, 100mg, 150mg, 200mg | 3 | | <i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT) | 1 | |
| LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg | 4 | NDS | <i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT) | 1 | |
| LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg | 4 | NDS ST | <i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (generic of LAMICTAL ODT) | 1 | |
| LAMICTAL ODT KIT BLUE | 3 | | LEVETIR/NAACL INJ 5MG/ML | 3 | |
| LAMICTAL ODT KIT GREEN | 3 | | LEVETIR/NAACL INJ 10MG/ML | 3 | |
| LAMICTAL ODT KIT ORANGE | 3 | | LEVETIR/NAACL INJ 15MG/ML | 3 | |
| LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg | 3 | | <i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg | 1 | |
| LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB) | 3 | | <i>levetiracetam</i> TB3D 250mg QL (360 tabs / 30 days) | 1 | QL |
| LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS) | 3 | | <i>levetiracetam</i> TB3D 500mg QL (180 tabs / 30 days) | 1 | QL |
| LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 4 | NDS ST | <i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg | 1 | |
| LAMICTAL XR KIT | 3 | | <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO) | 1 | |
| <i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg | 1 | | <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO) | 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 | ST | | | |
| <i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg | 1 | ST | | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO) | 1 | |
| LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older | 3 | QL PA |
| LYRICA CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older | 3 | QL PA |
| LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older | 3 | QL PA |
| LYRICA SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older | 3 | QL PA |
| <i>methsuximide</i> (generic of CELONTIN) CAPS 300mg | 1 | |
| MOTPOLY XR CP24 100mg QL (60 caps / 30 days) | 3 | QL PA |
| MOTPOLY XR CP24 150mg, 200mg QL (60 caps / 30 days) | 4 | NDS QL PA |
| MYSOLINE TABS 50mg, 250mg | 4 | NDS |
| NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days) | 3 | QL |
| NEURONTIN CAPS 100mg, 300mg QL (360 caps / 30 days) | 3 | QL |
| NEURONTIN CAPS 400mg QL (270 caps / 30 days) | 3 | QL |
| NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days) | 3 | QL |
| NEURONTIN TABS 600mg QL (180 tabs / 30 days) | 4 | NDS QL |
| NEURONTIN TABS 800mg QL (120 tabs / 30 days) | 4 | NDS QL |
| ONFI SUSP 2.5mg/ml QL (480 mL / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| ONFI TABS 10mg, 20mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| <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 | PA |
| <i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg | 4 | NDS PA |
| OXTELLAR XR TB24 150mg | 3 | PA |
| OXTELLAR XR TB24 300mg, 600mg | 4 | NDS PA |
| <i>perampanel</i> (generic of FYCOMPA) SUSP .5mg/ml QL (680 mL / 28 days) | 4 | NDS QL PA |
| <i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older | 3 | QL PA |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older | 2 | QL PA |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older | 3 | PA |
| <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 | |

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

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|---|----------------------------|-----------|
| <i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg | 1 | | SPRITAM TB3D 500mg QL (180 tabs / 30 days) | 3 | QL |
| <i>phenytoin sodium extended</i> CAPS 200mg, 300mg | 1 | | SPRITAM TB3D 750mg QL (120 tabs / 30 days) | 3 | QL |
| <i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older | 1 | QL PA | SPRITAM TB3D 1000mg QL (90 tabs / 30 days) | 3 | QL |
| <i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older | 1 | QL PA | SUBVENITE SUSP 10mg/ml <i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | 4 | NDS ST |
| <i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older | 1 | QL PA | <i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg | 1 | |
| <i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older | 1 | QL PA | <i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C) | 4 | NDS |
| <i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg | 1 | | <i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI) | 1 | |
| <i>primidone</i> TABS 125mg | 1 | | SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days) | 4 | NDS QL PA |
| <i>roweepra</i> (generic of KEPPRA) TABS 500mg | 1 | | TEGRETOL SUSP 100mg/5ml; TABS 200mg | 3 | |
| <i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days) | 4 | NDS QL PA | TEGRETOL-XR TB12 100mg, 200mg, 400mg | 3 | |
| <i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days) | 1 | QL PA | <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg | 1 | |
| <i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days) | 4 | NDS QL PA | TOPAMAX TABS 25mg | 3 | |
| SABRIL PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM PA | TOPAMAX TABS 50mg, 100mg, 200mg | 4 | NDS |
| SABRIL TABS 500mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA | TOPAMAX SPRINKLE CPSP 15mg | 3 | |
| SPRITAM TB3D 250mg QL (360 tabs / 30 days) | 3 | QL | TOPAMAX SPRINKLE CPSP 25mg | 4 | NDS |
| | | | <i>topiramate</i> (generic of TROKENDI XR) CP24 25mg QL (480 caps / 30 days) | 1 | QL PA |
| | | | <i>topiramate</i> (generic of TROKENDI XR) CP24 50mg QL (240 caps / 30 days) | 1 | QL PA |
| | | | <i>topiramate</i> (generic of TROKENDI XR) CP24 100mg QL (120 caps / 30 days) | 1 | QL PA |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>topiramate</i> (generic of TROKENDI XR) CP24 200mg QL (60 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg | 1 | |
| <i>topiramate</i> CPSP 50mg | 1 | |
| <i>topiramate</i> CS24 25mg QL (480 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> CS24 50mg QL (240 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> CS24 100mg QL (120 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> CS24 150mg, 200mg QL (60 caps / 30 days) | 1 | QL PA |
| <i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days) | 1 | QL PA |
| <i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg | 1 | |
| TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg | 4 | NDS |
| TRILEPTAL TABS 150mg | 3 | |
| TROKENDI XR CP24 25mg QL (480 caps / 30 days) | 3 | QL PA |
| TROKENDI XR CP24 50mg QL (240 caps / 30 days) | 3 | QL PA |
| TROKENDI XR CP24 100mg QL (120 caps / 30 days) | 4 | NDS QL PA |
| TROKENDI XR CP24 200mg QL (60 caps / 30 days) | 4 | NDS QL PA |
| VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply | 3 | QL PA |
| <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 QL (10 blister packs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days) | 3 | QL |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days) | 3 | QL |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days) | 3 | QL |
| <i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| <i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| <i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days) | 4 | NDS QL NM PA |
| VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days) | 4 | NDS QL |
| VIMPAT SOLN 200mg/20ml | 4 | NDS |
| VIMPAT TABS 50mg QL (120 tabs / 30 days) | 3 | QL |
| VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days) | 4 | NDS QL |
| XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 4 | NDS QL |
| XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days) | 4 | NDS QL |
| XCOPRI PAK 12.5-25 QL (28 tabs / 28 days) | 3 | QL |
| XCOPRI PAK 50-100MG QL (28 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 100-150 QL (56 tabs / 28 days) | 4 | NDS QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days) | 4 | NDS QL |
| ZARONTIN CAPS 250mg; SOLN 250mg/5ml | 3 | |
| ZONEGRAN CAPS 25mg, 100mg | 4 | NDS |
| ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days) | 4 | NDS QL PA |
| <i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg | 1 | |
| <i>zonisamide</i> CAPS 50mg | 1 | |
| ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days) | 4 | NDS QL NM PA |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | |
| ADDERALL TAB 5MG QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 7.5MG QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 10MG QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 12.5MG QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 15MG QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 20MG QL (90 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 30MG QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 5MG QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 10MG QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 15MG QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 20MG QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 25MG QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 30MG QL (30 caps / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days) | 3 | QL PA |
| ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days) | 3 | QL PA |
| <i>amphetamine</i> (generic of ADZENYS XR-ODT) TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine</i> (generic of ADZENYS XR-ODT) TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine 3-bead cap er 24hr 25 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine 3-bead cap er 24hr 50 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days) | 1 | QL PA |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days) | 3 | QL PA |
| APTENSIO XR CP24 40mg, 50mg, 60mg QL (30 caps / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days) | 1 | QL |
| <i>atomoxetine hcl CAPS 40mg</i> QL (60 caps / 30 days) | 1 | QL |
| <i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days) | 1 | QL |
| AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days) | 3 | QL PA |
| AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days) | 3 | QL PA |
| AZSTARYS CAP 52.3-10. QL (30 caps / 30 days) | 3 | QL PA |
| CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days) | 3 | QL PA |
| CONCERTA TBCR 54mg QL (30 tabs / 30 days) | 3 | QL PA |
| COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days) | 3 | QL PA |
| DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days) | 3 | QL PA |
| DEXEDRINE CP24 10mg QL (150 caps / 30 days) | 4 | NDS QL PA |
| DEXEDRINE CP24 15mg QL (120 caps / 30 days) | 4 | NDS QL PA |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days) | 1 | QL PA |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days) | 1 | QL PA |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days) | 1 | QL PA |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|--|----------------------------|--------|
| <i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days) | 1 | QL PA | <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older | 2 | QL PA |
| <i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days) | 1 | QL PA | INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older | 3 | QL PA |
| <i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 15mg QL (120 caps / 30 days) | 1 | QL PA | INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older | 3 | QL PA |
| <i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days) | 1 | QL PA | JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days) | 3 | QL PA |
| <i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days) | 1 | QL PA | JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days) | 3 | QL PA |
| <i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days) | 1 | QL PA | <i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days) | 1 | QL PA |
| <i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days) | 1 | QL PA | <i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days) | 1 | QL PA |
| DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days) | 3 | QL PA | <i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days) | 1 | QL PA |
| DYANAVEL XR TBCR 5mg QL (60 tabs / 30 days) | 3 | QL PA | <i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days) | 1 | QL PA |
| DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 30 days) | 3 | QL PA | METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days) | 3 | QL PA |
| FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days) | 3 | QL PA | METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days) | 3 | QL PA |
| FOCALIN TABS 10mg QL (60 tabs / 30 days) | 3 | QL PA | METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days) | 3 | QL PA |
| FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days) | 3 | QL PA | METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days) | 3 | QL PA |
| FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days) | 3 | QL PA | <i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days) | 1 | QL PA |
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older | 2 | QL PA | | | |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 30mg QL (60 caps / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> CP24 20mg QL (60 caps / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 40mg, 50mg, 60mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days) | 1 | QL PA |
| MYDAYIS CAP 12.5MG QL (30 caps / 30 days) | 3 | QL PA |
| MYDAYIS CAP 25MG QL (30 caps / 30 days) | 3 | QL PA |
| MYDAYIS CAP 37.5MG QL (30 caps / 30 days) | 3 | QL PA |
| MYDAYIS CAP 50MG QL (30 caps / 30 days) | 3 | QL PA |
| QELBREE CP24 100mg QL (180 caps / 30 days) | 3 | QL PA |
| QELBREE CP24 150mg QL (60 caps / 30 days) | 3 | QL PA |
| QELBREE CP24 200mg QL (90 caps / 30 days) | 3 | QL PA |
| QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days) | 3 | QL PA |
| QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days) | 3 | QL PA |
| QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days) | 3 | QL PA |
| RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days) | 3 | QL PA |
| RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days) | 3 | QL PA |
| RITALIN TABS 20mg QL (90 tabs / 30 days) | 3 | QL PA |
| VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days) | 3 | QL PA |
| VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days) | 3 | QL PA |
| VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days) | 3 | QL PA |
| VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days) | 3 | QL PA |
| XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days) | 3 | QL PA |
| zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days) | 1 | QL PA |
| zenzedi TABS 15mg QL (120 tabs / 30 days) | 1 | QL PA |
| zenzedi TABS 20mg QL (90 tabs / 30 days) | 1 | QL PA |
| zenzedi TABS 30mg QL (60 tabs / 30 days) | 1 | QL PA |
| HYPNOTICS | | |
| AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days) | 2 | QL |
| DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days) | 2 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days) | 1 | QL |
| EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| <i>estazolam</i> TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 1 | QL PA |
| <i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| HETLIOZ CAPS 20mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days) | 4 | NDS QL NM PA |
| LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 4 | NDS QL PA |
| QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days) | 3 | QL |
| <i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days) | 1 | QL |
| RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older | 4 | NDS QL PA |
| RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| ROZEREM TABS 8mg QL (30 tabs / 30 days) | 3 | QL |
| SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days) | 3 | QL |
| <i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| <i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older | 1 | QL PA |
| <i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older | 1 | QL PA |
| <i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| <i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| <i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| <i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days) | 3 | QL PA |
| <i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 1 | QL PA |
| <i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| MIGRAINE | | |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days) | 2 | QL NM PA |
| AJOVY SOAJ 225mg/1.5ml QL (3 pens / 90 days) | 3 | QL NM PA |
| AJOVY SOSY 225mg/1.5ml QL (3 syringes / 90 days) | 3 | QL NM PA |
| <i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days) | 1 | QL ST |
| BREKIYA SOAJ 1mg/ml QL (24 pens / 28 days) | 4 | NDS QL NM PA |
| CAMBIA PACK 50mg QL (9 packets / 30 days) | 4 | NDS QL PA |
| <i>diclofenac potassium</i> (<i>migraine</i>) (generic of CAMBIA) PACK 50mg QL (9 packets / 30 days) | 1 | QL PA |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml | 4 | NDS |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days) | 4 | NDS QL PA |
| <i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days) | 1 | QL ST |
| ELYXYB SOLN 120mg/4.8ml QL (28.8 mL / 21 days) | 4 | NDS QL PA |
| EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days) | 2 | QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days) | 2 | QL NM PA |
| EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days) | 2 | QL NM PA |
| ERGOMAR SUBL 2mg QL (20 tabs / 28 days) | 4 | NDS QL PA |
| <i>ergotamine w/ caffeine tab 1- 100 mg</i> QL (40 tabs / 28 days) | 1 | QL PA |
| <i>frovatriptan succinate</i> TABS 2.5mg QL (18 tabs / 30 days) | 1 | QL ST |
| IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days) | 3 | QL |
| IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days) | 4 | NDS QL |
| IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days) | 4 | NDS QL |
| IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days) | 4 | NDS QL |
| IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days) | 4 | NDS QL |
| MAXALT TABS 10mg QL (18 tabs / 30 days) | 3 | QL |
| MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days) | 3 | QL |
| <i>migergot</i> QL (20 suppositories / 28 days) | 4 | NDS QL PA |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days) | 1 | QL |
| NURTEC TBDP 75mg QL (16 tabs / 30 days) | 2 | QL PA |
| ONZETRA XSAIL EXHP 11mg/nosepc QL (16 nosepieces / 30 days) | 4 | NDS QL ST |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days) | 2 | QL PA |
| RELPAK TABS 20mg QL (12 tabs / 30 days) | 3 | QL ST |
| RELPAK TABS 40mg QL (12 tabs / 30 days) | 4 | NDS QL ST |
| REYVOW TABS 50mg QL (4 tabs / 30 days) | 3 | QL PA |
| REYVOW TABS 100mg QL (8 tabs / 30 days) | 3 | QL PA |
| <i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days) | 1 | QL |
| <i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days) | 1 | QL |
| <i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days) | 1 | QL |
| <i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days) | 1 | QL |
| <i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days) | 1 | QL |
| <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days) | 1 | QL |
| <i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days) | 1 | QL |
| <i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days) | 1 | QL |
| <i>sumatriptan-naproxen sodium</i> <i>tab 85-500 mg</i> (generic of TREXIMET) QL (9 tabs / 30 days) | 1 | QL ST |
| SYMBRAVO TAB 20-10MG QL (9 tabs / 30 days) | 3 | QL ST |
| TOSYMRA SOLN 10mg/act QL (18 units / 30 days) | 3 | QL ST |

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

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|---|----------------------------|-----------------|
| TREXIMET TAB 85-500MG QL (9 tabs / 30 days) | 4 | NDS QL ST | DAYBUE STIX PACK 5000mg, 6000mg QL (120 packets / 30 days) | 4 | NDS QL NM PA |
| TRUDHESA AERS .725mg/act QL (12 mL / 28 days) | 4 | NDS QL PA | DAYBUE STIX PACK 8000mg QL (60 packets / 30 days) | 4 | NDS QL NM PA |
| UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days) | 2 | QL PA | DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days) | 4 | NDS QL NM PA |
| VYEPTI SOLN 100mg/ml | 4 | NDS NM PA | <i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml | 4 | NDS NM PA |
| ZAVZPRET SOLN 10mg/act QL (6 nasal units / 21 days) | 4 | NDS QL PA | <i>edaravone</i> SOLN 60mg/100ml | 4 | NDS NM PA |
| ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days) | 4 | NDS QL ST | ENSPRYNG SOSY 120mg/ml | 4 | NDS NM PA |
| <i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days) | 1 | QL ST | EQUETRO CP12 100mg, 200mg, 300mg | 3 | |
| <i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days) | 1 | QL ST | EVRYSDI SOLR .75mg/ml; TABS 5mg | 4 | NDS NM PA |
| ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days) | 3 | QL ST | FIRDAPSE TABS 10mg QL (300 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days) | 1 | QL ST | <i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days) | 1 | QL PA |
| MISCELLANEOUS | | | <i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 450mg, 600mg QL (90 tabs / 30 days) | 1 | QL PA |
| AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days) | 4 | NDS QL NM PA | <i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 750mg, 900mg QL (60 tabs / 30 days) | 1 | QL PA |
| AUSTEDO TABS 6mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | GRALISE TABS 300mg QL (180 tabs / 30 days) | 3 | QL PA |
| AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA | GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days) | 3 | QL PA |
| AUSTEDO XR TB24 6mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA | GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days) | 3 | QL PA |
| AUSTEDO XR TB24 12mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA | HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days) | 3 | QL PA |
| AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | <i>lithium</i> SOLN 8meq/5ml | 1 | |
| AUSTEDO XR TB24 24mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | | | |
| AUSTEDO XR TAB TITR KIT QL (2 packs / year) | 4 | NDS QL NM PA | | | |
| DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days) | 4 | NDS QL NM PA | | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg | 1 | |
| <i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg | 1 | |
| LITHOBID TBCR 300mg | 4 | NDS |
| LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days) | 3 | QL PA |
| LYRICA CR TB24 330mg QL (60 tabs / 30 days) | 3 | QL PA |
| MESTINON SOLN 60mg/5ml; TABS 60mg | 4 | NDS |
| MESTINON TIMESPAN TBCR 180mg | 4 | NDS |
| NUDEXTA CAP 20-10MG QL (60 caps / 30 days) | 4 | NDS QL PA |
| <i>paroxetine mesylate</i> (<i>vasomotor</i>) CAPS 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older | 3 | QL PA |
| <i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days) | 1 | QL PA |
| <i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days) | 1 | QL 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 QL (70 mL / 28 days) | 4 | NDS QL NM PA |
| RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days) | 4 | NDS QL NM PA |
| <i>riluzole</i> TABS 50mg | 1 | |
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|------------------------------|
| SAVELLA MIS TITR PAK QL (2 packs / year) | 3 | QL PA |
| SKYCLARYS CAPS 50mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days) | 1 | QL NM PA |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days) | 4 | NDS QL NM PA |
| TONMYA SUBL 2.8mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| UPLIZNA SOLN 100mg/10ml | 4 | NDS NM PA |
| WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days) | 4 | NDS QL NM PA |
| XENAZINE TABS 12.5mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| XENAZINE TABS 25mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| MULTIPLE SCLEROSIS AGENTS | | |
| AMPYRA TB12 10mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days) | 4 | NDS QL NM PA |
| BAFIERTAM CPDR 95mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| BETASERON KIT .3mg QL (14 kits / 28 days) | 4 | NDS QL NM PA |
| BRIUMVI SOLN 150mg/6ml <i>cladribine</i> (4 tabs) (generic of MAVENCLAD) TBPK 10mg QL (16 tabs per lifetime) | 4 | NDS NM PA NDS QL NM PA |
| <i>cladribine</i> (5 tabs) (generic of MAVENCLAD) TBPK 10mg QL (20 tabs per lifetime) | 4 | NDS QL NM PA |
| <i>cladribine</i> (6 tabs) (generic of MAVENCLAD) TBPK 10mg QL (24 tabs per lifetime) | 4 | NDS QL NM PA |

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

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

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

| Drug Name | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year) | 4 | NDS QL NM PA |
| ZEPOSIA CAP STR KIT QL (2 packs / year) | 4 | NDS QL NM PA |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| <i>baclofen</i> SOLN 5mg/5ml | 1 | PA |
| <i>baclofen</i> (generic of OZOBAX DS) SOLN 10mg/5ml | 1 | PA |
| <i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml | 4 | NDS PA |
| <i>baclofen</i> TABS 5mg QL (90 tabs / 30 days) | 1 | QL |
| <i>baclofen</i> TABS 10mg, 15mg, 20mg | 1 | |
| BOTOX SOLR 100unit, 200unit | 4 | NDS PA |
| <i>carisoprodol</i> (generic of SOMA) TABS 250mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| <i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 7.5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| DANTRIUM CAPS 25mg | 3 | |
| <i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg | 1 | |
| <i>dantrolene sodium</i> CAPS 50mg, 100mg | 1 | |
| DAXXIFY SOLR 100unit | 3 | NM PA |
| DYSPORT SOLR 300unit | 3 | NM PA |
| DYSPORT SOLR 500unit | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>fexmid</i> TABS 7.5mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| FLEQSUVY SUSP 25mg/5ml | 4 | NDS PA |
| <i>metaxalone</i> TABS 400mg QL (240 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| <i>metaxalone</i> TABS 800mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| <i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| <i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| <i>methocarbamol</i> TABS 1000mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 4 | NDS QL PA |
| MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml | 3 | NM PA |
| MYOBLOC SOLN 10000unit/2ml | 4 | NDS NM PA |
| ONTRALFY SOLN 2mg/5ml | 3 | |
| OZOBAX DS SOLN 10mg/5ml | 4 | NDS PA |
| SOMA TABS 250mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| <i>tanlor</i> TABS 1000mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year | 4 | NDS QL PA |
| <i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg | 1 | |
| <i>tizanidine hcl</i> CAPS 8mg | 4 | NDS |
| <i>tizanidine hcl</i> TABS 2mg | 1 | |
| XEOMIN SOLR 50unit | 3 | NM PA |
| XEOMIN SOLR 100unit, 200unit | 4 | NDS NM PA |
| ZANAFLEX CAPS 8mg | 4 | NDS |
| ZANAFLEX TABS 4mg | 3 | |
| NARCOLEPSY/CATAPLEXY | | |
| <i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days) | 1 | QL PA |
| <i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days) | 1 | QL PA |
| LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days) | 4 | NDS QL NM PA |
| LUMRYZ PAK STARTER QL (2 packs / year) | 4 | NDS QL NM PA |
| <i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days) | 1 | QL PA |
| NUVIGIL TABS 50mg QL (60 tabs / 30 days) | 3 | QL PA |
| NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| PROVIGIL TABS 100mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| PROVIGIL TABS 200mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| <i>sodium oxybate</i> (generic of XYREM) SOLN 500mg/ml QL (540 mL / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days) | 3 | QL PA |
| WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| XYREM SOLN 500mg/ml QL (540 mL / 30 days) | 4 | NDS QL NM PA |
| XYWAV SOL 0.5GM/ML QL (540 mL / 30 days) | 4 | NDS QL NM PA |
| PSYCHOTHERAPEUTIC-MISC | | |
| <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 | 4 | 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 hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i> QL (180 films / 30 days) | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days) | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i> QL (120 films / 30 days) | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days) | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days) | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days) | 1 | QL |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| CHANTIX TABS .5mg, 1mg QL (56 tabs / 28 days) | 3 | QL |
| CHANTIX CONTINUING MONTH TABS 1mg QL (56 tabs / 28 days) | 3 | QL |
| CHANTIX TAB 0.5& 1MG QL (2 packs / year) | 3 | QL |
| <i>disulfiram</i> TABS 250mg, 500mg | 1 | |
| KLOXXADO LIQD 8mg/0.1ml | 2 | |
| <i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg QL (228 tabs / 14 days) | 4 | NDS QL PA |
| <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 | |
| REXTOVY LIQD 4mg/0.25ml | 3 | |
| SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml | 4 | NDS NM |
| SUBOXONE MIS 2-0.5MG QL (180 films / 30 days) | 3 | QL |
| SUBOXONE MIS 4-1MG QL (90 films / 30 days) | 3 | QL |
| SUBOXONE MIS 8-2MG QL (120 films / 30 days) | 3 | QL |
| SUBOXONE MIS 12-3MG QL (90 films / 30 days) | 3 | QL |
| <i>varenicline tartrate</i> (generic of CHANTIX) TABS .5mg, 1mg QL (56 tabs / 28 days) | 1 | QL |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year) | 1 | QL |
| VIVITROL SUSR 380mg | 4 | NDS NM |
| ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------|
| | Tier | Limits |
| 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 |
| ZURNAI SOAJ 1.5mg/0.5ml | 3 | |
| ENDOCRINE AND METABOLIC | | |
| ANDROGENS | | |
| AVEED SOLN 750mg/3ml | 4 | NDS NM PA |
| AZMIRO SOSY 200mg/ml | 3 | PA |
| danazol CAPS 50mg, 100mg, 200mg | 1 | |
| depo-testosterone SOLN 100mg/ml, 200mg/ml | 1 | PA |
| JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days) | 3 | QL PA |
| JATENZO CAPS 237mg QL (60 caps / 30 days) | 4 | NDS QL PA |
| TESTIM GEL 1% QL (300 gm / 30 days) | 3 | QL PA |
| testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days) | 1 | QL PA |
| testosterone GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days) | 1 | QL PA |
| testosterone SOLN 30mg/act QL (180 mL / 30 days) | 1 | QL PA |
| testosterone cypionate SOLN 100mg/ml, 200mg/ml | 1 | PA |
| testosterone enanthate SOLN 200mg/ml | 1 | PA |
| testosterone pump (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days) | 1 | QL PA |
| TLANDO CAPS 112.5mg QL (120 caps / 30 days) | 3 | QL PA |
| VOGELXO GEL 50mg/5gm QL (300 gm / 30 days) | 3 | QL PA |
| VOGELXO PUMP GEL 1% QL (300 gm / 30 days) | 3 | QL PA |
| XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml | 3 | PA |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|--------|
| | Tier | Limits |
| ANTIDIABETICS | | |
| acarbose TABS 25mg, 50mg, 100mg | 1 | |
| ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days) | 3 | QL |
| ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 3 | QL |
| alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days) | 3 | QL ST |
| alogliptin-metformin hcl tab 12.5-500 mg QL (60 tabs / 30 days) | 3 | QL ST |
| alogliptin-metformin hcl tab 12.5-1000 mg QL (60 tabs / 30 days) | 3 | QL ST |
| alogliptin-pioglitazone tab 12.5-30 mg QL (30 tabs / 30 days) | 3 | QL ST |
| alogliptin-pioglitazone tab 25- 15 mg QL (30 tabs / 30 days) | 3 | QL ST |
| alogliptin-pioglitazone tab 25- 30 mg QL (30 tabs / 30 days) | 3 | QL ST |
| alogliptin-pioglitazone tab 25- 45 mg QL (30 tabs / 30 days) | 3 | QL ST |
| BRYNOVIN SOLN 25mg/ml QL (120 mL / 30 days) | 3 | QL ST |
| dapagliflozin propanediol (generic of FARXIGA) TABS 5mg, 10mg QL (30 tabs / 30 days) | 2 | QL |
| DUETACT TAB 30-2MG QL (30 tabs / 30 days) | 3 | QL |
| DUETACT TAB 30-4MG QL (30 tabs / 30 days) | 3 | QL |
| exenatide SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days) | 1 | QL PA |
| FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days) | 2 | QL |
| glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|-----------|
| <i>glimepiride</i> TABS 3mg, 4mg QL (60 tabs / 30 days) | 1 | QL | INVOKAMET XR TAB 150- 1000 QL (60 tabs / 30 days) | 3 | QL |
| <i>glipizide</i> TABS 2.5mg QL (480 tabs / 30 days) | 1 | QL | INVOKANA TABS 100mg QL (60 tabs / 30 days) | 3 | QL |
| <i>glipizide</i> TABS 5mg QL (240 tabs / 30 days) | 1 | QL | INVOKANA TABS 300mg QL (30 tabs / 30 days) | 3 | QL |
| <i>glipizide</i> TABS 10mg QL (120 tabs / 30 days) | 1 | QL | JANUMET TAB 50-500MG QL (60 tabs / 30 days) | 2 | QL |
| <i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days) | 1 | QL | JANUMET TAB 50-1000 QL (60 tabs / 30 days) | 2 | QL |
| <i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days) | 1 | QL | JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days) | 2 | QL |
| <i>glipizide</i> TB24 10mg QL (60 tabs / 30 days) | 1 | QL | JANUMET XR TAB 50-1000 QL (60 tabs / 30 days) | 2 | QL |
| <i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days) | 1 | QL | JANUMET XR TAB 100-1000 QL (30 tabs / 30 days) | 2 | QL |
| <i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days) | 1 | QL | JANUVIA TABS 25mg, 50mg, 2 100mg QL (30 tabs / 30 days) | 2 | QL |
| <i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days) | 1 | QL | JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days) | 2 | QL |
| GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days) | 3 | QL | JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days) | 2 | QL |
| GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days) | 2 | QL | JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days) | 2 | QL |
| GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days) | 2 | QL | JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days) | 2 | QL |
| INVOKAMET TAB 50-500MG QL (120 tabs / 30 days) | 3 | QL | JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days) | 2 | QL |
| INVOKAMET TAB 50-1000 QL (60 tabs / 30 days) | 3 | QL | JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days) | 2 | QL |
| INVOKAMET TAB 150-500 QL (60 tabs / 30 days) | 3 | QL | <i>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days) | 1 | QL PA |
| INVOKAMET XR TAB 50- 500MG QL (120 tabs / 30 days) | 3 | QL | <i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days) | 1 | QL ST |
| INVOKAMET XR TAB 50- 1000 QL (60 tabs / 30 days) | 3 | QL | <i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days) | 1 | QL |
| INVOKAMET XR TAB 150- 500 QL (60 tabs / 30 days) | 3 | QL | <i>metformin hcl</i> TABS 625mg QL (120 tabs / 30 days) | 4 | NDS QL ST |
| | | | <i>metformin hcl</i> TABS 750mg QL (90 tabs / 30 days) | 4 | NDS QL ST |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|--|----------------------------|--------|
| <i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days) | 1 | QL | <i>pioglitazone hcl-glimepiride</i> <i>tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days) | 1 | QL | <i>pioglitazone hcl-glimepiride</i> <i>tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR) | 1 | QL | <i>pioglitazone hcl-metformin hcl</i> <i>tab 15-500 mg</i> QL (90 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of FORTAMET) | 1 | QL PA | <i>pioglitazone hcl-metformin hcl</i> <i>tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUMETZA) | 1 | QL PA | <i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR) | 1 | QL | <i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days) | 1 | QL |
| <i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of FORTAMET) | 1 | QL PA | RYBELSUS TABS 3mg, 7mg, 2 14mg QL (30 tabs / 30 days) | 2 | QL PA |
| <i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA) | 1 | QL PA | <i>saxagliptin hcl</i> TABS 2.5mg, 5mg QL (30 tabs / 30 days) | 1 | QL |
| <i>miglitol</i> TABS 25mg, 50mg, 100mg | 1 | | <i>saxagliptin-metformin hcl tab</i> <i>er 24hr 2.5-1000 mg</i> QL (60 tabs / 30 days) | 1 | QL |
| 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>saxagliptin-metformin hcl tab</i> <i>er 24hr 5-500 mg</i> QL (30 tabs / 30 days) | 1 | QL |
| <i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days) | 1 | QL | <i>saxagliptin-metformin hcl tab</i> <i>er 24hr 5-1000 mg</i> QL (30 tabs / 30 days) | 1 | QL |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days) | 2 | QL PA | SEGLUROMET TAB 2.5-500 QL (120 tabs / 30 days) | 3 | QL |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days) | 2 | QL PA | SEGLUROMET TAB 2.5-1000 QL (60 tabs / 30 days) | 3 | QL |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days) | 2 | QL PA | SEGLUROMET TAB 7.5-500 QL (60 tabs / 30 days) | 3 | QL |
| <i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 1 | QL | SEGLUROMET TAB 7.5-1000 QL (60 tabs / 30 days) | 3 | QL |
| | | | <i>sitagliptin</i> TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 1 | QL |
| | | | <i>sitagliptin free base-metformin</i> <i>hcl tab 50-500 mg</i> QL (60 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|-----------|
| <i>sitagliptin free base-metformin hcl tab 50-1000 mg</i> QL (60 tabs / 30 days) | 1 | QL | TRIJARDY XR TAB ER 24HR 10-5-1000MG | 2 | QL |
| <i>sitagliptin free base-metformin hcl tab er 24hr 50-500 mg</i> QL (60 tabs / 30 days) | 1 | QL | TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | 2 | QL |
| <i>sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg</i> QL (60 tabs / 30 days) | 1 | QL | TRIJARDY XR TAB ER 24HR 25-5-1000MG | 2 | QL |
| <i>sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg</i> QL (30 tabs / 30 days) | 1 | QL | TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | 2 | QL PA |
| STEGLATRO TABS 5mg QL (90 tabs / 30 days) | 3 | QL | TRULICITY SOAJ (4 pens / 28 days) | | |
| STEGLATRO TABS 15mg QL (30 tabs / 30 days) | 3 | QL | TZIELD SOLN 2mg/2ml | 4 | NDS NM PA |
| STEGLUJAN TAB 5-100MG QL (30 tabs / 30 days) | 3 | QL | VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days) | 3 | QL PA |
| STEGLUJAN TAB 15-100MG QL (30 tabs / 30 days) | 3 | QL | XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days) | 2 | QL |
| SYMLINPEN 60 SOPN 1500mcg/1.5ml | 4 | NDS PA | XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days) | 2 | QL |
| SYMLINPEN 120 SOPN 2700mcg/2.7ml | 4 | NDS PA | XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| SYNJARDY TAB 5-500MG QL (120 tabs / 30 days) | 2 | QL | XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days) | 2 | QL |
| SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days) | 2 | QL | XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days) | 2 | QL |
| SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days) | 2 | QL | ZITUVIMET TAB 50-500MG QL (60 tabs / 30 days) | 3 | QL ST |
| SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days) | 2 | QL | ZITUVIMET TAB 50-1000 QL (60 tabs / 30 days) | 3 | QL ST |
| SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days) | 2 | QL | ZITUVIMET XR TAB 50-500MG QL (60 tabs / 30 days) | 3 | QL ST |
| SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days) | 2 | QL | ZITUVIMET XR TAB 50-1000 QL (60 tabs / 30 days) | 3 | QL ST |
| SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days) | 2 | QL | ZITUVIO TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 3 | QL ST |
| SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days) | 2 | QL | | | |
| TRADJENTA TABS 5mg QL (30 tabs / 30 days) | 2 | QL | ANTIDIABETICS, INSULINS | | |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days) | 2 | QL | ADMELOG SOLN 100unit/ml | 2 | B/D |
| | | | ADMELOG SOLOSTAR SOPN 100unit/ml | 2 | |
| | | | AFREZZA POWD 4unit, 8unit | 3 | |
| | | | AFREZZA POWD 12unit | 4 | NDS |
| | | | AFREZZA POW 4-8 UNIT | 4 | NDS |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|--------|
| | Tier | Limits |
| AFREZZA POW 4-8-12 | 4 | NDS |
| AFREZZA POW 8-12UNIT | 4 | NDS |
| ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY | 2 | PA |
| APIDRA SOLN 100unit/ml | 3 | B/D |
| APIDRA SOLOSTAR SOPN 100unit/ml | 3 | |
| BASAGLAR KWIKPEN SOPN 100unit/ml | 2 | |
| BASAGLAR TEMPO PEN SOPN 100unit/ml | 2 | |
| CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days) | 3 | QL PA |
| CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days) | 3 | QL PA |
| CEQUR SIMPL MIS INSERTER QL (2 inserters / year) | 3 | QL PA |
| FIASP SOLN 100unit/ml | 2 | B/D |
| FIASP FLEXTOUCH SOPN 100unit/ml | 2 | |
| FIASP PENFILL SOCT 100unit/ml | 2 | |
| FIASP PUMPCART SOCT 100unit/ml | 2 | B/D |
| GAUZE PADS 2X2 | 2 | PA |
| HUMALOG SOCT 100unit/ml | 3 | |
| HUMALOG SOLN 100unit/ml | 3 | B/D |
| HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml | 3 | |
| HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml | 3 | |
| HUMALOG MIX INJ 50/50KWP | 3 | |
| HUMALOG MIX INJ 75/25KWP | 3 | |
| HUMALOG MIX SUS 75/25 | 3 | |
| HUMALOG TEMPO PEN SOPN 100unit/ml | 3 | |
| HUMULIN INJ 70/30 | 3 | |
| HUMULIN INJ 70/30KWP | 3 | |
| HUMULIN N SUSP 100unit/ml | 3 | |
| HUMULIN N KWIKPEN SUPN 100unit/ml | 3 | |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|---------|
| | Tier | Limits |
| HUMULIN R SOLN 100unit/ml | 3 | B/D |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | 4 | NDS B/D |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | 4 | NDS |
| INSULIN GLARGINE MAX SOLO SOPN 300unit/ml | 3 | |
| INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml | 3 | |
| INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml | 3 | |
| INSULIN LISP INJ PROT KWP | 3 | |
| INSULIN LISPRO SOLN 100unit/ml | 3 | B/D |
| INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml | 3 | |
| INSULIN LISPRO KWIKPEN SOPN 100unit/ml | 3 | |
| INSULIN PEN NEEDLES: EMBECTA-BD | 2 | PA |
| INSULIN SAFETY NEEDLES: EMBECTA-BD | 2 | PA |
| INSULIN SYRINGES: EMBECTA-BD | 2 | PA |
| KIRSTY SOLN 100unit/ml | 3 | B/D |
| KIRSTY SOPN 100unit/ml | 3 | |
| LANTUS SOLN 100unit/ml | 2 | |
| LANTUS SOLOSTAR SOPN 100unit/ml | 2 | |
| LYUMJEV SOLN 100unit/ml | 3 | B/D |
| LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml | 3 | |
| LYUMJEV TEMPO PEN SOPN 100unit/ml | 3 | |
| MERILOG SOLN 100unit/ml | 3 | B/D |
| MERILOG SOLOSTAR SOPN 100unit/ml | 3 | |
| NOVOLIN70/30 INJ RELION | 3 | |
| NOVOLIN INJ 70/30 | 2 | |
| NOVOLIN INJ 70/30 FP | 2 | |
| NOVOLIN INJ 70/30 FP RELION | 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/ Limits | |
|--|------------------------------|--------|
| | Tier | Limits |
| NOVOLIN N SUSP 100unit/ml | 2 | |
| NOVOLIN N FLEXPEN SUPN 100unit/ml | 2 | |
| NOVOLIN N FLEXPEN RELION SUPN 100unit/ml | 3 | |
| NOVOLIN N RELION SUSP 100unit/ml | 3 | |
| NOVOLIN R SOLN 100unit/ml | 2 | B/D |
| NOVOLIN R FLEXPEN SOPN 100unit/ml | 2 | |
| NOVOLIN R FLEXPEN RELION SOPN 100unit/ml | 3 | |
| NOVOLIN R RELION SOLN 100unit/ml | 3 | B/D |
| NOVOLOG SOLN 100unit/ml | 2 | B/D |
| NOVOLOG FLEXPEN SOPN 100unit/ml | 2 | |
| NOVOLOG FLEXPEN RELION SOPN 100unit/ml | 2 | |
| NOVOLOG MIX INJ 70/30 | 2 | |
| NOVOLOG MIX INJ FLEX REL | 3 | |
| NOVOLOG MIX INJ FLEXPEN | 2 | |
| NOVOLOG PENFILL SOCT 100unit/ml | 2 | |
| NOVOLOG RELI INJ 70/30 | 3 | |
| NOVOLOG RELION SOLN 100unit/ml | 2 | B/D |
| OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year) | 3 | QL PA |
| OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year) | 3 | QL PA |
| OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD DASH KIT INTRO QL (1 kit / year) | 3 | QL PA |
| OMNIPOD DASH MIS PODS QL (15 pods / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------------|
| | Tier | Limits |
| REZVOGLAR KWIKPEN SOPN 100unit/ml | 3 | |
| SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml | 3 | |
| SOLIQUA INJ 100/33 QL (5 pens / 25 days) | 2 | QL |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | 2 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | 2 | |
| TRESIBA SOLN 100unit/ml | 3 | |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml | 3 | |
| V-GO 20 KIT QL (30 devices / 30 days) | 3 | QL PA |
| V-GO 30 KIT QL (30 devices / 30 days) | 3 | QL PA |
| V-GO 40 KIT QL (30 devices / 30 days) | 3 | QL PA |
| XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) | 2 | QL |
| CALCIUM REGULATORS | | |
| ACTONEL TABS 35mg, 150mg | 3 | |
| <i>alendronate sodium</i> SOLN 70mg/75ml | 1 | ST |
| <i>alendronate sodium</i> TABS 10mg, 35mg | 1 | |
| <i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg | 1 | |
| ATELVIA TBEC 35mg | 3 | ST |
| BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days) | 3 | QL NM |
| BINOSTO TBEF 70mg | 3 | ST |
| BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| <i>calcitonin (salmon) inj</i> (generic of MIACALCIN) SOLN 200unit/ml | 4 | NDS B/D |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act | 1 | B/D |
| EVENITY SOSY 105mg/1.17ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| FORTEO SOPN 560mcg/2.24ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| FOSAMAX TABS 70mg | 3 | |
| FOSAMAX + D TAB 70-2800 | 3 | ST |
| FOSAMAX + D TAB 70-5600 | 3 | ST |
| <i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days) | 1 | B/D QL |
| <i>ibandronate sodium</i> TABS 150mg | 1 | B/D |
| MIACALCIN SOLN 200unit/ml | 4 | NDS B/D |
| OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days) | 3 | QL NM |
| PAMIDRONATE DISODIUM SOLN 6mg/ml | 2 | B/D |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml | 1 | B/D |
| PROLIA SOSY 60mg/ml QL (1 syringe / 180 days) | 3 | QL NM |
| RECLAST SOLN 5mg/100ml | 3 | B/D NM |
| <i>risedronate sodium</i> TABS 5mg, 30mg | 1 | |
| <i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg | 1 | |
| <i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg | 1 | ST |
| TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product) | 4 | NDS QL NM PA |
| <i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days) | 4 | NDS QL NM PA |
| WYOST SOLN 120mg/1.7ml | 4 | NDS NM PA |
| XGEVA SOLN 120mg/1.7ml | 4 | NDS NM PA |
| XTRENBO SOLN 120mg/1.7ml | 3 | NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml | 4 | 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 | 4 | NDS |
| CUVRIOR TABS 300mg | 4 | NDS NM PA |
| <i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg | 4 | 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 |
| <i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg | 4 | NDS NM PA |
| <i>deferiprone</i> TABS 500mg | 4 | NDS NM PA |
| <i>deferiprone</i> (generic of FERRIPROX) TABS 1000mg | 4 | NDS NM PA |
| <i>deferoxamine mesylate</i> SOLR 2gm | 1 | NM PA |
| <i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg | 1 | NM PA |
| DEPEN TITRATABS TABS 250mg | 4 | NDS NM |
| DESFERAL SOLR 500mg | 3 | NM PA |
| EXJADE TBSO 125mg, 250mg, 500mg | 4 | NDS NM PA |
| FERRIPROX SOLN 100mg/ml; TABS 1000mg | 4 | NDS NM PA |
| FERRIPROX TWICE-A-DAY TABS 1000mg | 4 | NDS NM PA |
| JADENU TABS 90mg, 180mg, 360mg | 4 | NDS NM PA |
| JADENU SPRINKLE PACK 90mg, 180mg, 360mg | 4 | NDS NM PA |
| <i>kionex</i> SUSP 15gm/60ml | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| LOKELMA PACK 5gm, 10gm | 2 | |
| penicillamine (generic of DEPEN TITRATABS) TABS 250mg | 4 | NDS NM |
| sodium polystyrene sulfonate SUSP 15gm/60ml | 1 | |
| sodium polystyrene sulfonate powder | 1 | |
| sps SUSP 15gm/60ml | 1 | |
| sps rectal SUSP 15gm/60ml | 1 | |
| SYPRINE CAPS 250mg | 4 | NDS NM PA |
| trientine hcl (generic of SYPRINE) CAPS 250mg | 4 | NDS NM PA |
| trientine hcl CAPS 500mg | 4 | NDS NM PA |
| VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm | 2 | |
| CONTRACEPTIVES | | |
| afirmelle | 1 | |
| altavera | 1 | |
| alyacen 1/35 | 1 | |
| alyacen 7/7/7 | 1 | |
| amethyst | 1 | |
| ANNOVERA MIS | 3 | |
| apri | 1 | |
| aranelle | 1 | |
| ashlyna | 1 | |
| aubra eq | 1 | |
| aurovela 1/20 | 1 | |
| aurovela 24 fe | 1 | |
| aurovela fe 1.5/30 | 1 | |
| aurovela fe 1/20 | 1 | |
| AVERI TAB | 3 | |
| aviane | 1 | |
| ayuna | 1 | |
| azurette | 1 | |
| BALCOLTRA TAB 0.1-20 | 3 | |
| balziva | 1 | |
| BEYAZ TAB | 3 | |
| blisovi 24 fe | 1 | |
| blisovi fe 1.5/30 | 1 | |
| blisovi fe 1/20 | 1 | |
| briellyn | 1 | |
| camila TABS .35mg | 1 | |
| camrese | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| camrese lo | 1 | |
| chateal eq | 1 | |
| cryselle | 1 | |
| cyred eq | 1 | |
| dasetta 1/35 | 1 | |
| dasetta 7/7/7 | 1 | |
| daysee | 1 | |
| deblitane TABS .35mg | 1 | |
| DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml | 3 | |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 2 | |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 1 | |
| dolishale | 1 | |
| drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ) | 1 | |
| drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL) | 1 | |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ) | 1 | |
| drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28) | 1 | |
| elinest | 1 | |
| eluryng (generic of NUVARING) | 1 | |
| emzahh TABS .35mg | 1 | |
| enilloring (generic of NUVARING) | 1 | |
| enskyce | 1 | |
| errin TABS .35mg | 1 | |
| estarylla | 1 | |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg | 1 | |
| etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING) | 1 | |
| falmina | 1 | |
| feirza 1.5/30 | 1 | |
| feirza 1/20 | 1 | |

| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| 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>hailey fe 1/20</i> | 1 |
| <i>heather</i> TABS .35mg | 1 |
| <i>iclevia</i> | 1 |
| <i>incassia</i> TABS .35mg | 1 |
| <i>introvale</i> | 1 |
| <i>isibloom</i> | 1 |
| <i>jaimiess</i> | 1 |
| <i>jasmiel</i> (generic of YAZ) | 1 |
| <i>jencycla</i> TABS .35mg | 1 |
| <i>jolessa</i> | 1 |
| <i>joyeaux</i> (generic of BALCOLTRA) | 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>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> (generic of BALCOLTRA) | 1 |
| <i>levora 0.15/30-28</i> | 1 |
| LILETTA IUD 20.1mcg/day | 2 NM |
| LO LOESTRIN TAB 1-10-10 | 3 |
| <i>loestrin 1.5/30-21</i> | 1 |
| <i>loestrin 1/20-21</i> | 1 |
| <i>loestrin fe 1.5/30</i> | 1 |
| <i>loestrin fe 1/20</i> | 1 |
| <i>lojaimiess</i> | 1 |
| <i>loryna</i> (generic of YAZ) | 1 |
| <i>low-ogestrel</i> | 1 |
| <i>luizza 1.5/30</i> | 1 |
| <i>luizza 1/20</i> | 1 |
| <i>luteru</i> | 1 |
| <i>lyleq</i> TABS .35mg | 1 |
| <i>lyza</i> TABS .35mg | 1 |
| <i>marlissa</i> | 1 |
| <i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml | 1 |
| <i>meleya</i> TABS .35mg | 1 |
| <i>merzee</i> (generic of TAYTULLA) | 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 |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|--------|
| | Tier | Limits |
| <i>minzoya</i> (generic of BALCOLTRA) | 1 | |
| <i>mono-linyah</i> | 1 | |
| NATAZIA TAB | 3 | |
| <i>necon 0.5/35-28</i> | 1 | |
| NEXPLANON IMPL 68mg | 2 | NM |
| NEXTSTELLIS TAB 3-14.2MG | 3 | |
| <i>nikki</i> (generic of YAZ) | 1 | |
| <i>nora-be</i> TABS .35mg | 1 | |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> | 1 | |
| <i>norethindrone (contraceptive)</i> TABS .35mg | 1 | |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</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 & ethinyl estradiol-fe tab 1 mg-20 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)</i> (generic of TAYTULLA) | 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</i> TABS .35mg | 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 | |
| NUVARING MIS | 3 | |
| <i>nylia 1/35</i> | 1 | |
| <i>nylia 7/7/7</i> | 1 | |
| <i>orquidea</i> TABS .35mg | 1 | |

| Drug Name | Drug Requirements/ Limits | |
|-------------------------------------|------------------------------|--------|
| | Tier | Limits |
| PHEXX GEL | 3 | |
| PHEXXI GEL | 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 | |
| SAFYRAL TAB | 3 | |
| <i>setlakin</i> | 1 | |
| <i>sharobel</i> TABS .35mg | 1 | |
| <i>simliya</i> | 1 | |
| <i>simpesse</i> | 1 | |
| <i>sprintec 28</i> | 1 | |
| <i>sronyx</i> | 1 | |
| <i>syeda</i> (generic of YASMIN 28) | 1 | |
| <i>tarina 24 fe</i> | 1 | |
| <i>tarina fe 1/20 eq</i> | 1 | |
| TAYTULLA CAP 1MG/20MC | 3 | |
| <i>tilia fe</i> | 1 | |
| <i>tri-estarylla</i> | 1 | |
| <i>tri-legest fe</i> | 1 | |
| <i>tri-linyah</i> | 1 | |
| <i>tri-lo-estarylla</i> | 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>tydemy</i> (generic of SAFYRAL) | 1 | |
| <i>valtya 1/35</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 | |

| Drug Name | Drug Requirements/ Tier Limits |
|---|-----------------------------------|
| <i>xarah fe</i> | 1 |
| <i>xelria fe</i> | 1 |
| <i>xulane</i> | 1 |
| YASMIN 28 TAB 3-0.03MG | 3 |
| YAZ TAB 3-0.02MG | 3 |
| <i>zafemy</i> | 1 |
| <i>zovia 1/35</i> | 1 |
| <i>zumandimine</i> (generic of YASMIN 28) | 1 |
| ESTROGENS | |
| <i>abigale</i> (generic of ACTIVEVELLA) | 2 |
| <i>abigale lo</i> | 2 |
| ACTIVEVELLA TAB 1-0.5MG | 3 |
| BIJUVA CAP 0.5-100 | 3 |
| BIJUVA CAP 1-100MG | 3 |
| CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 3 |
| CLIMARA PRO DIS WEEKLY | 3 |
| COMBIPATCH DIS | 3 |
| DELESTROGEN OIL 10mg/ml, 20mg/ml | 3 |
| DEPO-ESTRADIOL OIL 5mg/ml | 3 |
| DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm | 3 |
| <i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2 |
| ELESTRIN GEL .06% | 3 |
| ESTRACE CREA .1mg/gm | 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 |

| Drug Name | Drug Requirements/ Tier Limits |
|---|-----------------------------------|
| <i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 2 |
| <i>estradiol</i> 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 ACTIVEVELLA) | 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 |
| <i>estrogens, conjugated</i> (generic of PREMARIN) TABS .3mg, .45mg, .625mg, .9mg, 1.25mg | 2 |
| EVAMIST SOLN 1.53mg/spray | 3 |
| FEMRING RING .05mg/24hr, .1mg/24hr | 3 |
| <i>fyavolv tab 0.5mg-2.5mcg</i> | 2 |
| <i>fyavolv tab 1mg-5mcg</i> | 2 |
| IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg | 3 PA |
| IMVEXXY STARTER PACK INST 4mcg, 10mcg | 3 PA |
| <i>jinteli</i> | 2 |
| <i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2 |
| MENOSTAR PTWK 14mcg/24hr | 3 |
| <i>mimvey</i> (generic of ACTIVEVELLA) | 2 |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|---|----------------------------|--------|
| MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | | <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml | 1 | |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 2 | | <i>fludrocortisone acetate</i> TABS 1 .1mg | 1 | |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | 2 | | HEMADY TABS 20mg | 3 | PA |
| PREMARIN CREA .625mg/gm; SOLR 25mg | 3 | | <i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg | 1 | |
| PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg | 2 | | <i>hydrocortisone sod succinate</i> 1 (generic of SOLU-CORTEF) SOLR 100mg | 1 | |
| PREMPHASE TAB | 2 | | KENALOG-10 SUSP | 3 | B/D |
| PREMPRO TAB 0.3-1.5 | 2 | | 10mg/ml | | |
| PREMPRO TAB 0.45-1.5 | 2 | | KENALOG-40 SUSP | 3 | B/D |
| PREMPRO TAB 0.625-2.5 | 2 | | 40mg/ml | | |
| PREMPRO TAB 0.625-5 | 2 | | KENALOG-80 SUSP | 3 | B/D |
| VAGIFEM TABS 10mcg | 3 | | 80mg/ml | | |
| VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | | KHINDIVI SOLN 1mg/ml | 4 | NDS PA |
| <i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg | 1 | | MEDROL TABS 2mg, 4mg, 8mg, 16mg | 3 | B/D |
| GLUCOCORTICOIDS | | | MEDROL DOSEPAK TBPK 4mg | 3 | |
| ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg | 4 | NDS NM PA | <i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg | 1 | B/D |
| ALKINDI SPRINKLE CPSP .5mg | 3 | NM PA | <i>methylprednisolone</i> TABS 32mg | 1 | B/D |
| <i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN) | 1 | | <i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg | 1 | |
| CELESTONE INJ SOLUSPAN | 3 | | <i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml | 1 | B/D |
| CORTEF TABS 5mg, 10mg, 20mg | 3 | | <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg | 1 | B/D |
| CORTISONE ACETATE TABS 25mg | 3 | | <i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg | 1 | B/D |
| DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml | 3 | B/D | ORAPRED ODT TBPB 10mg, 15mg, 30mg | 3 | B/D |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg | 1 | | <i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg | 1 | B/D |
| DEXAMETHASONE INTENSOL CONC 1mg/ml | 3 | | PREDNISOLONE SODIUM PHOSP TBPB 10mg, 15mg, 30mg | 3 | B/D |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|---------|
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/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> TBEC 1mg, 2mg | 4 | NDS B/D |
| <i>prednisone</i> TBPK 5mg, 10mg | 1 | |
| PREDNISONO INTENSOL CONC 5mg/ml | 3 | B/D |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | 3 | |
| SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg | 3 | B/D |
| <i>taperdex 6-day</i> TBPK 1.5mg | 1 | |
| <i>taperdex 7-day</i> TBPK 1.5mg | 1 | |
| <i>taperdex 12-day</i> TBPK 1.5mg | 1 | |
| <i>triamcinolone acetonide</i> (generic of KENALOG-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 | | |
| BAQSIMI ONE PACK POWD 3mg/dose | 3 | |
| BAQSIMI TWO PACK POWD 3mg/dose | 3 | |
| <i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml | 4 | NDS |
| <i>glucagon</i> SOLR 1mg | 1 | |
| GVOKE HYOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 2 | |
| GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 2 | |
| GVOKE KIT SOLN 1mg/0.2ml | 2 | |
| GVOKE PFS SOSY 1mg/0.2ml | 2 | |
| PROGLYCEM SUSP 50mg/ml | 4 | NDS |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml | 2 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| MISCELLANEOUS | | |
| ACTHAR GEL 80unit/ml QL (1.5 mL / 1 day) | 4 | NDS QL NM PA |
| ACTHAR GEL PEN 40unit/0.5ml QL (28 injectors / 28 days) | 4 | NDS QL NM PA |
| ACTHAR GEL PEN 80unit/ml QL (30 injectors / 30 days) | 4 | NDS QL NM PA |
| ALDURAZYME SOLN 2.9mg/5ml | 4 | NDS NM PA |
| AQNEURSA PACK 1gm QL (112 packets / 28 days) | 4 | NDS QL NM PA |
| <i>betaine powder for oral solution</i> (generic of CYSTADANE) | 4 | NDS NM |
| BUPHENYL POWD 3gm/tsp; TABS 500mg | 4 | NDS NM PA |
| BYNFEZIA PEN SOPN 2500mcg/ml | 4 | NDS PA |
| <i>cabergoline</i> TABS .5mg | 1 | |
| CARBAGLU TBSO 200mg | 4 | NDS NM PA |
| <i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg | 4 | NDS NM PA |
| CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg | 3 | B/D |
| CERDELGA CAPS 84mg | 4 | NDS NM PA |
| CEREZYME SOLR 400unit | 4 | NDS NM PA |
| CHORIONIC GONADOTROPIN SOLR 10000unit | 3 | NM PA |
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days) | 1 | B/D QL NM |
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days) | 1 | B/D QL NM |
| CORTROPHIN GEL 80unit/ml QL (1.5 mL / 1 day) | 4 | NDS QL NM PA |
| CORTROPHIN PRSY 40unit/0.5ml, 80unit/ml QL (28 syringes / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| CRENESSITY CAPS 25mg, 50mg, 100mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days) | 4 | NDS QL NM PA |
| CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml | 4 | NDS NM PA |
| CYSTDANE POW | 4 | NDS NM |
| CYSTAGON CAPS 50mg, 150mg | 3 | NM PA |
| DDAVP SOLN 4mcg/ml; TABS .2mg | 4 | NDS |
| DDAVP TABS .1mg | 3 | |
| <i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml | 4 | NDS |
| <i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg | 1 | |
| <i>desmopressin acetate spray</i> SOLN .01% | 1 | |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01% | 1 | |
| DOJOLVI LIQD 100% | 4 | NDS NM PA |
| EGRIFTA SV SOLR 2mg | 4 | NDS NM PA |
| EGRIFTA WR KIT 11.6mg | 4 | NDS NM PA |
| ELAPRASE SOLN 6mg/3ml | 4 | NDS NM PA |
| ELELYSO SOLR 200unit | 4 | NDS NM PA |
| ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml | 4 | NDS NM PA |
| EVISTA TABS 60mg | 3 | |
| FABRAZYME SOLR 5mg, 35mg | 4 | NDS NM PA |
| FENSOLVI KIT 45mg | 4 | NDS NM PA |
| GALAFOLD CAPS 123mg | 4 | NDS NM PA |
| GENOTROPIN CART 5mg, 12mg | 4 | NDS NM PA |
| GENOTROPIN MINIQUICK PRSY .2mg | 2 | NM PA |
| GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 4 | NDS NM PA |
| <i>glycerol phenylbutyrate</i> (generic of RAVICTI) LIQD 1.1gm/ml | 4 | NDS NM PA |
| INCRELEX SOLN 40mg/4ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| ISTURISA TABS 1mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| ISTURISA TABS 5mg QL (360 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | 4 | NDS NM PA |
| JYNARQUE TABS 15mg, 30mg; TBPK 15mg | 4 | NDS NM PA |
| JYNARQUE PAK 30-15MG | 4 | NDS NM PA |
| JYNARQUE PAK 45-15MG | 4 | NDS NM PA |
| JYNARQUE PAK 60-30MG | 4 | NDS NM PA |
| JYNARQUE PAK 90-30MG | 4 | NDS NM PA |
| KANUMA SOLN 20mg/10ml | 4 | NDS NM PA |
| KORLYM TABS 300mg | 4 | NDS NM PA |
| KUVAN PACK 100mg, 500mg; TABS 100mg | 4 | NDS NM PA |
| LAMZEDE SOLR 10mg | 4 | NDS NM PA |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml | 4 | NDS NM PA |
| LANREOTIDE ACETATE SOLN 120mg/0.5ml | 4 | NDS NM PA |
| <i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg | 1 | B/D |
| LUMIZYME SOLR 50mg | 4 | NDS NM PA |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | 4 | NDS NM PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg | 4 | NDS NM PA |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg | 4 | NDS NM PA |
| LYNKUET CAPS 60mg QL (60 caps / 30 days) | 3 | QL PA |
| <i>methergine</i> TABS .2mg | 4 | NDS PA |
| <i>methylergonovine maleate</i> TABS .2mg | 4 | NDS PA |
| <i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg | 4 | NDS NM PA |
| <i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| MYALEPT SOLR 11.3mg | 4 | NDS NM PA |
| MYCAPSSA CPDR 20mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| MYFEMBREE TAB | 4 | NDS PA |
| NAGLAZYME SOLN 1mg/ml | 4 | NDS NM PA |
| NEXVIAZYME SOLR 100mg | 4 | NDS NM PA |
| NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml | 4 | NDS NM PA |
| <i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg | 4 | NDS NM PA |
| NITYR TABS 2mg, 5mg, 10mg | 4 | NDS NM PA |
| NORDITROPIN FLEXPROM SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml | 4 | NDS NM PA |
| NOVAREL SOLR 5000unit | 3 | NM PA |
| <i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg | 4 | 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 | 4 | NDS NM PA |
| <i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml | 4 | NDS NM PA |
| OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm | 4 | NDS NM PA |
| OMNITROPE SOCT SOLR 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg | 4 | NDS NM PA |
| OPFOLDA CAPS 65mg QL (8 caps / 28 days) | 3 | QL NM PA |
| ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml | 4 | NDS NM PA |
| ORIAHNN CAP | 4 | NDS PA |
| ORLISSA TABS 150mg, 200mg | 4 | NDS PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| OSPHENA TABS 60mg | 3 | PA |
| PALSONIFY TABS 20mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| PALSONIFY TABS 30mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml | 4 | NDS NM PA |
| PHEBURANE PLLT 483mg/gm | 4 | NDS NM PA |
| POMBILITI SOLR 105mg | 4 | NDS NM PA |
| PREGNYL W/DILUENT BENZYL SOLR 10000unit | 3 | NM PA |
| PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg | 4 | NDS NM PA |
| <i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg | 1 | |
| RAVICTI LIQD 1.1gm/ml | 4 | NDS NM PA |
| RECORLEV TABS 150mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| REVCOVI SOLN 2.4mg/1.5ml | 4 | NDS NM PA |
| REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SAMSCA TABS 15mg, 30mg | 4 | NDS NM PA |
| SANDOSTATIN SOLN 50mcg/ml | 3 | NM PA |
| SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml | 4 | NDS NM PA |
| SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg | 4 | NDS NM PA |
| <i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | 4 | NDS NM PA |
| SEPHIENCE PACK 250mg, 1000mg | 4 | NDS NM PA |
| SEROSTIM SOLR 4mg, 5mg, 6mg | 4 | NDS NM PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 4 | NDS NM PA |
| SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg | 4 | NDS NM PA |
| SKYTROFA CART .7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg | 4 | NDS NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| <i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg | 4 | NDS NM PA |
| SOGROYA SOLN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml | 4 | NDS NM PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml | 4 | NDS NM PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 4 | NDS NM PA |
| STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml | 4 | NDS NM PA |
| SYNAREL SOLN 2mg/ml | 4 | NDS PA |
| TEPEZZA SOLR 500mg | 4 | NDS NM PA |
| <i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE) | 4 | NDS NM PA |
| <i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg | 4 | NDS NM PA |
| <i>tolvaptan (hyponatremia)</i> (generic of SAMSCA) TABS 15mg, 30mg (generic of SAMSCA) | 4 | NDS NM PA |
| <i>tolvaptan tab therapy pack 30 & 15 mg</i> | 4 | NDS NM PA |
| <i>tolvaptan tab therapy pack 45 & 15 mg</i> | 4 | NDS NM PA |
| <i>tolvaptan tab therapy pack 60 & 30 mg</i> | 4 | NDS NM PA |
| <i>tolvaptan tab therapy pack 90 & 30 mg</i> | 4 | NDS NM PA |
| VEOZAH TABS 45mg QL (30 tabs / 30 days) | 3 | QL PA |
| VIJOICE PACK 50mg QL (28 packets / 28 days) | 4 | NDS QL NM PA |
| VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| VIJOICE TAB 250MG QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| VIMIZIM SOLN 5mg/5ml | 4 | NDS NM PA |
| VOXZOGO SOLR .4mg, .56mg, 1.2mg | 4 | NDS NM PA |
| VPRIV SOLR 400unit | 4 | NDS NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| VYKAT XR TB24 25mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| VYKAT XR TB24 75mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| VYKAT XR TB24 150mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| XENPOZYME SOLR 4mg, 20mg | 4 | NDS NM PA |
| <i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| ZAVESCA CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| <i>zelvysia</i> (generic of KUVAN) PACK 100mg, 500mg | 4 | NDS NM PA |
| ZOMACTON SOLR 5mg | 3 | NM PA |
| ZOMACTON SOLR 10mg | 4 | 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 | PA |
| <i>norethindrone acetate</i> TABS 5mg | 1 | |
| <i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg | 1 | |
| PROMETRIUM CAPS 100mg, 200mg | 3 | |
| PROVERA TABS 2.5mg, 5mg, 10mg | 3 | |
| THYROID AGENTS | | |
| CYTOMEL TABS 5mcg, 25mcg, 50mcg | 3 | |
| 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 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | ST |
| <i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| <i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| <i>liomny</i> (generic of CYTOMEL) 1 TABS 5mcg, 25mcg, 50mcg | 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 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 3 | ST |
| TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <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 | 4 | NDS |
| ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml | 3 | B/D |
| ZEMPLAR CAPS 1mcg, 2mcg | 3 | B/D |
| GASTROINTESTINAL ANTIEMETICS | | |
| AKYNZEO CAP 300-0.5 | 3 | B/D |
| AKYNZEO INJ 235-0.25 | 3 | NM |
| AKYNZEO INJ 235- 0.25MG/20ML | 3 | NM |
| APONVIE EMUL 32mg/4.4ml | 3 | |
| <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 | |
| DICLEGIS TAB 10-10MG | 3 | |
| DIMENHYDRINATE SOLN 50mg/ml | 3 | |
| <i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS) | 3 | |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|---------|
| | Tier | Limits |
| <i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days) | 1 | B/D QL |
| <i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days) | 1 | B/D QL |
| EMEND SOLR 150mg | 3 | |
| EMEND SUSR 125mg/5ml | 4 | NDS B/D |
| EMEND BIPACK CAPS 80mg | 3 | B/D |
| EMEND TRIPAC CAP 125 & 80 | 3 | B/D |
| FOCINVEZ SOLN 150mg/50ml | 3 | |
| <i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg | 1 | |
| GIMOTI SOLN 15mg/act | 4 | NDS PA |
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml | 1 | |
| <i>granisetron hcl</i> TABS 1mg | 1 | B/D |
| MARINOL CAPS 2.5mg QL (60 caps / 30 days) | 3 | B/D QL |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year | 1 | PA |
| <i>meclizine hcl</i> TABS 50mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year | 1 | QL PA |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBP 5mg | 1 | |
| <i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg | 1 | |
| <i>ondansetron</i> TBP 4mg, 8mg | 1 | B/D |
| <i>ondansetron</i> TBP 16mg | 4 | 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 | |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|--------|
| | Tier | Limits |
| PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year | 3 | PA |
| POSFREA SOLN .25mg/5ml | 3 | |
| <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 PA applies if 65 years and older after a 30 day supply in a calendar year | 1 | PA |
| <i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | PA |
| <i>promethazine hcl</i> SUPP 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year | 3 | PA |
| <i>promethazine hcl</i> SUPP 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year | 3 | PA |
| REGLAN TABS 5mg, 10mg | 3 | |
| SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days) | 4 | NDS QL |
| <i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days) | 3 | QL |
| SUSTOL PRSY 10mg/0.4ml | 3 | |
| TRANSDERM SCOP PT72 1mg/3days QL (10 patches / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>trimethobenzamide hcl</i> CAPS 300mg | 1 | |
| VARUBI TBPK 90mg | 3 | B/D NM |
| ANTISPASMODICS | | |
| <i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml | 3 | |
| ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml | 3 | |
| CUVPOSA SOLN 1mg/5ml | 3 | |
| <i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older | 2 | PA |
| <i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older | 3 | PA |
| <i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml PA applies if 65 years and older | 3 | PA |
| <i>dicyclomine hcl</i> TABS 40mg PA applies if 65 years and older | 4 | NDS PA |
| GLYCATATE TABS 1.5mg QL (90 tabs / 30 days) | 4 | NDS QL ST |
| <i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml | 1 | |
| <i>glycopyrrolate</i> (generic of GLYCOPYRROLATE) SOSY .2mg/ml, .4mg/2ml | 1 | |
| GLYCOPYRROLATE TABS 1.5mg QL (90 tabs / 30 days) | 4 | NDS QL ST |
| <i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days) | 1 | QL |
| <i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days) | 1 | QL |
| <i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml | 1 | |
| <i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 65 years and older | 3 | PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| H2-RECEPTOR ANTAGONISTS | | |
| <i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg | 1 | |
| <i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days) | 1 | QL |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml | 1 | |
| FAMOTIDINE SOLN 20mg/5ml, 40mg/10ml, 200mg/50ml | 3 | |
| <i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg | 1 | |
| <i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml | 1 | |
| <i>nizatidine</i> CAPS 150mg, 300mg | 1 | |
| PEPCID TABS 20mg, 40mg | 3 | |
| <i>ranitidine hcl</i> TABS 150mg, 300mg | 1 | |
| INFLAMMATORY BOWEL DISEASE | | |
| APRISO CP24 .375gm QL (120 caps / 30 days) | 3 | QL |
| AZULFIDINE TABS 500mg | 3 | |
| AZULFIDINE EN-TABS TBEC 500mg | 3 | |
| <i>balsalazide disodium</i> CAPS 750mg | 1 | |
| <i>budesonide</i> CPEP 3mg QL (90 caps / 30 days) | 1 | QL |
| <i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| <i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg | 1 | |
| CANASA SUPP 1000mg QL (30 suppositories / 30 days) | 4 | NDS QL |
| CORTENEMA ENEM 100mg/60ml | 3 | |
| DIPENTUM CAPS 250mg | 4 | NDS |
| <i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml | 1 | |
| LIALDA TBEC 1.2gm QL (120 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------|
| | Tier | Limits |
| <i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days) | 1 | QL |
| <i>mesalamine</i> (generic of PENTASA) CPCR 500mg QL (240 caps / 30 days) | 1 | QL |
| <i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days) | 1 | QL |
| <i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days) | 1 | QL |
| <i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days) | 1 | QL |
| <i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days) | 1 | QL |
| <i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days) | 1 | QL |
| <i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days) | 1 | QL |
| PENTASA CPCR 250mg QL (480 caps / 30 days) | 3 | QL |
| PENTASA CPCR 500mg QL (240 caps / 30 days) | 4 | NDS QL |
| ROWASA KIT 4gm QL (28 bottles / 28 days) | 4 | NDS QL |
| SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days) | 4 | NDS QL |
| <i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg | 1 | |
| <i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg | 1 | |
| UCERIS FOAM 2mg/act | 3 | |
| UCERIS TB24 9mg QL (30 tabs / 30 days) | 4 | NDS QL PA |
| 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 | |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------|
| | Tier | Limits |
| <i>gavilyte-n/ flavor pack</i> | 1 | |
| <i>generlac</i> SOLN 10gm/15ml | 1 | |
| GOLYTELY SOL | 3 | |
| <i>kristalose</i> PACK 10gm QL (30 packets / 30 days) | 1 | QL PA |
| <i>kristalose</i> PACK 20gm QL (60 packets / 30 days) | 1 | QL PA |
| <i>lactulose</i> PACK 10gm QL (30 packets / 30 days) | 4 | NDS QL PA |
| <i>lactulose</i> PACK 20gm QL (60 packets / 30 days) | 1 | QL PA |
| <i>lactulose</i> SOLN 10gm/15ml | 1 | |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml | 1 | |
| MOVIPREP SOL | 3 | |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY) | 1 | |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | 1 | |
| <i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP) | 1 | |
| PLENVU SOL | 3 | |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT) | 1 | |
| SUFLAVE SOL | 3 | |
| SUPREP BOWEL SOL PREP KIT | 3 | |
| SUTAB TAB | 3 | |
| MISCELLANEOUS | | |
| <i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| <i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days) | 1 | QL PA |
| AMITIZA CAPS 8mcg, 24mcg QL (60 caps / 30 days) | 3 | QL |
| <i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i> | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| <i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (generic of PYLERA) | 1 | |
| BYLVAY CAPS 400mcg, 1200mcg | 4 | NDS NM PA |
| BYLVAY (PELLETS) CPSP 200mcg, 600mcg | 4 | NDS NM PA |
| CARAFATE SUSP 1gm/10ml | 3 | ST |
| CARAFATE TABS 1gm | 3 | |
| CHOLBAM CAPS 50mg, 250mg | 4 | NDS NM PA |
| CREON CAP 3000UNIT | 2 | |
| 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 | |
| CYTOTEC TABS 100mcg, 200mcg | 3 | |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | 3 | |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL) | 3 | |
| EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days) | 4 | NDS QL PA |
| GASTROCROM CONC 100mg/5ml | 4 | NDS |
| GATTEX KIT 5mg | 4 | NDS NM PA |
| IBSRELA TABS 50mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| IQIRVO TABS 80mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days) | 2 | QL |
| LIVDELZI CAPS 10mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg | 4 | NDS NM PA |
| LOMOTIL TAB 2.5MG | 3 | |
| <i>loperamide hcl</i> CAPS 2mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| <i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days) | 1 | QL |
| <i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg | 1 | |
| MOTTEGRITY TABS 1mg, 2mg | 3 | |
| MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days) | 2 | QL |
| 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 | |
| <i>prucalopride succinate</i> (generic of MOTTEGRITY) TABS 1mg, 2mg | 1 | |
| PYLERA CAP | 3 | |
| REBYOTA SUSP 150ml QL (150 mL / 30 days) | 4 | NDS QL NM PA |
| RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days) | 4 | NDS QL PA |
| RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days) | 4 | NDS QL PA |
| RELISTOR TABS 150mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| RELTONE CAPS 200mg, 400mg | 4 | NDS PA |
| SUCRAID SOLN 8500unit/ml | 4 | NDS NM PA |
| <i>sucralfate</i> SUSP 1gm/10ml | 1 | ST |
| <i>sucralfate</i> (generic of CARAFATE) TABS 1gm | 1 | |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|-----------------|
| | Tier | Limits |
| SYMPROIC TABS .2mg QL (30 tabs / 30 days) | 3 | QL |
| TALICIA CAP | 3 | |
| TRULANCE TABS 3mg QL (30 tabs / 30 days) | 3 | QL |
| URSODIOL CAPS 200mg, 400mg | 4 | NDS PA |
| <i>ursodiol</i> CAPS 300mg; TABS 250mg | 1 | |
| <i>ursodiol</i> (generic of URSO FORTE) TABS 500mg | 1 | |
| VIBERZI TABS 75mg, 100mg | 4 | NDS PA |
| VIOKACE TAB 10440 | 3 | |
| VIOKACE TAB 20880 | 4 | NDS |
| VOQUEZNA PAK DUAL PAK QL (2 kits / year) | 2 | QL PA |
| VOQUEZNA PAK TRIP PK QL (2 kits / year) | 2 | QL PA |
| VOWST CAP QL (12 caps / 30 days) | 4 | NDS QL NM PA |
| XERMELLO TABS 250mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| XIFAXAN TABS 550mg | 4 | NDS PA |
| ZENPEP CAP 3000UNIT | 2 | |
| ZENPEP CAP 5000UNIT | 2 | |
| ZENPEP CAP 10000UNT | 2 | |
| ZENPEP CAP 15000UNT | 2 | |
| ZENPEP CAP 20000UNT | 2 | |
| ZENPEP CAP 25000UNT | 2 | |
| ZENPEP CAP 40000UNT | 2 | |
| ZENPEP CAP 60000UNT | 2 | |
| PROTON PUMP INHIBITORS | | |
| ACIPHEX TBEC 20mg QL (30 tabs / 30 days) | 4 | NDS QL ST |
| DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days) | 3 | QL |
| <i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days) | 1 | QL |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days) | 1 | QL ST |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------|
| | Tier | Limits |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg | 1 | |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days) | 1 | QL |
| <i>esomeprazole sodium</i> SOLR 40mg | 1 | |
| KONVOMEK SUS 2-84/ML QL (600 mL / 30 days) | 3 | QL PA |
| <i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days) | 1 | QL |
| <i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days) | 1 | QL |
| <i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg QL (60 tabs / 30 days) | 1 | QL ST |
| NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days) | 3 | QL ST |
| NEXIUM PACK 2.5mg, 5mg | 3 | |
| NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days) | 3 | QL |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg | 1 | |
| <i>omeprazole-sodium</i> <i>bicarbonate cap 20-1100 mg</i> QL (30 caps / 30 days) | 1 | QL PA |
| <i>omeprazole-sodium</i> <i>bicarbonate cap 40-1100 mg</i> QL (30 caps / 30 days) | 1 | QL PA |
| <i>omeprazole-sodium</i> <i>bicarbonate powd pack for</i> <i>susp 20-1680 mg</i> QL (30 packets / 30 days) | 4 | NDS QL PA |
| <i>omeprazole-sodium</i> <i>bicarbonate powd pack for</i> <i>susp 40-1680 mg</i> QL (30 packets / 30 days) | 4 | NDS QL PA |
| PANTOPR/NAACL SOL 40MG/100 | 3 | |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|--------|
| | Tier | Limits |
| PANTOPR/NACL SOL 80MG/100 | 3 | |
| <i>pantoprazole sodium</i> (generic of PROTONIX) PACK 40mg QL (30 packets / 30 days) | 1 | QL ST |
| PANTOPRAZOLE SODIUM SOLR 40mg | 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 | |
| PREVACID CPDR 30mg QL (60 caps / 30 days) | 3 | QL |
| PREVACID SOLUTAB TBDD 15mg, 30mg QL (60 tabs / 30 days) | 3 | QL ST |
| PRILOSEC PACK 2.5mg, 10mg | 3 | PA |
| PROTONIX PACK 40mg QL (30 packets / 30 days) | 3 | QL ST |
| PROTONIX SOLR 40mg; TBEC 20mg, 40mg | 3 | |
| <i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days) | 1 | QL |
| VOQUEZNA TABS 10mg QL (30 tabs / 30 days) | 3 | QL PA |
| VOQUEZNA TABS 20mg QL (60 tabs / 30 days) | 3 | QL PA |
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days) | 1 | QL |
| AVODART CAPS .5mg QL (30 caps / 30 days) | 4 | NDS QL |
| CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days) | 3 | QL ST |
| CIALIS TABS 5mg QL (30 tabs / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------------|
| | Tier | Limits |
| <i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days) | 1 | QL |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days) | 1 | QL |
| <i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days) | 1 | QL |
| JALYN CAP 0.5-0.4 QL (30 caps / 30 days) | 3 | QL |
| PROSCAR TABS 5mg QL (30 tabs / 30 days) | 3 | QL |
| <i>silodosin</i> CAPS 4mg, 8mg QL (30 caps / 30 days) | 1 | QL |
| <i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days) | 1 | QL PA |
| <i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days) | 1 | QL |
| UROXATRAL TB24 10mg QL (30 tabs / 30 days) | 3 | QL |
| MISCELLANEOUS | | |
| <i>acetic acid</i> SOLN .25% | 1 | |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg | 1 | |
| ELMIRON CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL |
| FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| INTRAROSA INST 6.5mg | 3 | PA |
| LITHOSTAT TABS 250mg | 3 | |
| <i>neomycin-polymyxin b gu</i> <i>irrigation soln</i> | 1 | |
| OXLUMO SOLN 94.5mg/0.5ml | 4 | 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 | |
| RIMSO-50 SOLN 50% | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml | 4 | NDS NM PA |
| TARPEYO CPDR 4mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| THIOLA TABS 100mg | 4 | NDS NM |
| THIOLA EC TBEC 100mg, 300mg | 4 | NDS NM |
| <i>tiopronin</i> (generic of THIOLA) TABS 100mg | 4 | NDS NM |
| <i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg | 4 | NDS NM |
| UROCIT-K 10 TBCR 1080mg | 3 | |
| UROCIT-K 15 TBCR 15meq | 3 | |
| VANRAFIA TABS .75mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg | 4 | NDS NM |
| VOYXACT SOSY 400mg/2ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| URINARY ANTISPASMODICS | | |
| <i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days) | 1 | QL ST |
| <i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days) | 1 | QL |
| GEMTESA TABS 75mg QL (30 tabs / 30 days) | 2 | QL |
| <i>mirabegron</i> (generic of MYRBETRIQ) TB24 25mg, 50mg QL (30 tabs / 30 days) | 1 | QL |
| MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days) | 3 | QL |
| MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days) | 3 | QL |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days) | 1 | QL |
| <i>oxybutynin chloride</i> TABS 2.5mg QL (90 tabs / 30 days) | 1 | QL |
| <i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days) | 1 | QL |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days) | 1 | QL |
| OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days) | 3 | QL ST |
| <i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days) | 1 | QL |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days) | 1 | QL |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days) | 1 | QL |
| TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days) | 3 | QL |
| <i>tropium chloride</i> CP24 60mg QL (30 caps / 30 days) | 1 | QL |
| <i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days) | 1 | QL |
| VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days) | 3 | QL |
| VAGINAL ANTI-INFECTIVES | | |
| CLEOCIN CREA 2%; SUPP 100mg | 3 | |
| <i>clindamycin phosphate</i> <i>vaginal</i> (generic of CLEOCIN) CREA 2% | 1 | |
| CLINDESSE CREA 2% | 3 | |
| GYNAZOLE-1 CREA 2% | 3 | |
| <i>metronidazole vaginal</i> GEL .75% | 1 | |
| <i>miconazole</i> 3 SUPP 200mg | 1 | |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg | 1 | |
| VANAZOLE GEL .75% | 3 | |
| XACIATO GEL 2% | 3 | |
| HEMATOLOGIC ANTICOAGULANTS | | |
| ARIXTRA SOLN 2.5mg/0.5ml | 3 | |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|--------|
| | Tier | Limits |
| ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 4 | NDS |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days) | 1 | QL |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days) | 1 | QL |
| ELIQUIS CPSP .15mg QL (56 caps / 21 days) | 2 | QL |
| ELIQUIS TABS 2.5mg QL (60 tabs / 30 days) | 2 | QL |
| ELIQUIS TABS 5mg QL (74 tabs / 30 days) | 2 | QL |
| ELIQUIS TBSO .5mg QL (588 tabs / 29 days) | 2 | QL |
| ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days) | 2 | QL |
| ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days) | 2 | QL |
| ELIQUIS STARTER PACK TBPB 5mg QL (74 tabs / 30 days) | 2 | QL |
| <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 | 4 | NDS |
| FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml | 3 | |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------|
| | Tier | Limits |
| FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml | 4 | NDS |
| HEP SOD/D5W INJ 20000UNT | 3 | |
| HEP SOD/D5W INJ 25000UNT | 3 | |
| HEP SOD/NACL INJ 12500UNT | 2 | |
| HEP SOD/NACL INJ 25000UNT | 2 | |
| HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml | 3 | B/D |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 1 | B/D |
| HEPARIN/NACL INJ 25000UNT | 2 | |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml | 3 | |
| LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 4 | NDS |
| PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days) | 3 | QL |
| PRADAXA CAPS 110mg QL (120 caps / 30 days) | 3 | QL |
| PRADAXA PACK 20mg, 150mg QL (60 packets / 30 days) | 4 | NDS QL PA |
| PRADAXA PACK 30mg, 40mg, 50mg, 110mg QL (120 packets / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|--|----------------------------|-----------------|
| <i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days) | 1 | QL | MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 120mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml | 3 | NM PA |
| <i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days) | 1 | QL | MOZOBIL SOLN 24mg/1.2ml | 4 | NDS NM PA |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | | NEULASTA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| XARELTO SUSR 1mg/ml QL (620 mL / 30 days) | 3 | QL | NEULASTA ONPRO KIT SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| XARELTO TABS 2.5mg QL (60 tabs / 30 days) | 2 | QL | NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA |
| XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days) | 2 | QL | NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA |
| XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days) | 2 | QL | NPLATE SOLR 125mcg, 250mcg, 500mcg | 4 | NDS NM PA |
| HEMATOPOIETIC GROWTH FACTORS | | | NYPOZI SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA |
| ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml | 2 | NM PA | NYVEPRIA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml | 4 | NDS NM PA | <i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml | 4 | NDS NM PA |
| EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 3 | NM PA | PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 2 | NM PA |
| EPOGEN SOLN 20000unit/ml | 4 | NDS NM PA | PROCRIT SOLN 20000unit/ml, 40000unit/ml | 4 | NDS NM PA |
| FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA | RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA |
| FYLNETRA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA | RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml | 3 | NM PA |
| GRANIX SOLN 300mcg/ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA | RETACRIT SOLN 40000unit/ml | 4 | NDS NM PA |
| LEUKINE SOLR 250mcg | 4 | NDS NM PA | ROLVEDON SOSY 13.2mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |

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

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|---|----------------------------|-----------------|
| RYZNEUTA SOSY 20mg/ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA | CABLIVI KIT 11mg | 4 | NDS NM PA |
| STIMUFEND SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA | <i>cilostazol</i> TABS 50mg, 100mg | 1 | |
| UDENYCA SOAJ 6mg/0.6ml QL (2 pens / 28 days) | 4 | NDS QL NM PA | CINRYZE SOLR 500unit QL (20 vials / 30 days) | 4 | NDS QL NM PA |
| UDENYCA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA | DAWNZERA SOAJ 80mg/0.8ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| UDENYCA ONBODY SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA | DOPTELET TABS 20mg | 4 | NDS NM PA |
| XOLREMDI CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA | DOPTELET SPRINKLE CPSP 10mg | 4 | NDS NM PA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA | DROXIA CAPS 200mg, 300mg, 400mg | 3 | |
| ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA | EKTERLY TABS 300mg QL (12 tabs / 30 days) | 4 | NDS QL NM PA |
| MISCELLANEOUS | | | <i>eltrombopag olamine</i> (generic of PROMACTA) PACK 12.5mg QL (360 packets / 30 days) | 4 | NDS QL NM PA |
| ADAKVEO SOLN 100mg/10ml | 4 | NDS NM PA | <i>eltrombopag olamine</i> (generic of PROMACTA) PACK 25mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| ADZYNMA KIT 500unit, 1500unit | 4 | NDS NM PA | <i>eltrombopag olamine</i> (generic of PROMACTA) TABS 12.5mg, 25mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| AGRYLIN CAPS .5mg | 3 | | <i>eltrombopag olamine</i> (generic of PROMACTA) TABS 50mg, 75mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days) | 4 | NDS QL NM PA |
| ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA | ENDARI PACK 5gm | 4 | NDS NM PA |
| <i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg | 4 | NDS | ENJAYMO SOLN 1100mg/22ml | 4 | NDS NM PA |
| <i>anagrelide hcl</i> CAPS 1mg | 1 | | EPYSQLI SOLN 300mg/30ml | 4 | NDS NM PA |
| <i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg | 1 | | FABHALTA CAPS 200mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| ANDEMBRY SOAJ 200mg/1.2ml QL (13 pens / 365 days) | 4 | NDS QL NM PA | FIRAZYR SOSY 30mg/3ml QL (9 syringes / 30 days) | 4 | NDS QL NM PA |
| AQVESME TABS 100mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA | GIVLAARI SOLN 189mg/ml | 4 | NDS NM PA |
| BERINERT KIT 500unit QL (24 boxes / 30 days) | 4 | NDS QL NM PA | HAEGARDA SOLR 2000unit QL (30 vials / 30 days) | 4 | NDS QL NM PA |
| BKEMV SOLN 300mg/30ml | 4 | NDS NM PA | | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| HAEGARDA SOLR 3000unit QL (20 vials / 30 days) | 4 | NDS QL NM PA |
| <i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days) | 4 | NDS QL NM PA |
| KALBITOR SOLN 10mg/ml QL (18 mL / 30 days) | 4 | NDS QL NM PA |
| <i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm | 4 | NDS NM PA |
| MULPLETA TABS 3mg | 4 | NDS NM PA |
| ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days) | 4 | NDS QL NM PA |
| ORLADEYO PACK 72mg, 96mg, 108mg, 132mg QL (28 packets / 28 days) | 4 | NDS QL NM PA |
| <i>pentoxifylline</i> TBCR 400mg | 1 | |
| PIASKY SOLN 340mg/2ml | 4 | NDS NM PA |
| PROMACTA PACK 12.5mg QL (360 packets / 30 days) | 4 | NDS QL NM PA |
| PROMACTA PACK 25mg QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days) | 4 | NDS QL NM PA |
| PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days) | 4 | NDS QL NM PA |
| PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days) | 4 | NDS QL NM PA |
| REBLOZYL SOLR 25mg, 75mg | 4 | NDS NM PA |
| RUCONEST SOLR 2100unit QL (12 vials / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| RYTELO SOLR 47mg, 188mg | 4 | NDS NM PA |
| <i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days) | 4 | NDS QL NM PA |
| SIKLOS TABS 100mg | 3 | |
| SIKLOS TABS 1000mg | 4 | NDS |
| SOLIRIS SOLN 300mg/30ml | 4 | NDS NM PA |
| TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| TAVNEOS CAPS 10mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| <i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml | 1 | |
| <i>tranexamic acid</i> TABS 650mg | 1 | |
| <i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i> (generic of TRANEXAMIC ACID/SODIUM CH) | 1 | |
| ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml | 4 | NDS NM PA |
| VOYDEYA TABS 100mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| VOYDEYA TAB 50-100MG QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| WAYRILZ TABS 400mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| XROMI SOLN 100mg/ml | 4 | NDS |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 1 | |
| BRILINTA TABS 60mg, 90mg | 3 | |
| <i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg | 1 | |
| <i>clopidogrel bisulfate</i> TABS 300mg | 1 | |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 years and older | 2 | PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| EFFIENT TABS 5mg, 10mg | 3 | |
| PLAVIX TABS 75mg | 3 | |
| <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 | | |
| ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | NDS NM PA |
| ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 autoinjectors / 28 days) | 4 | NDS QL NM PA |
| ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days) | 4 | NDS QL NM PA |
| ADBRY SOAJ 300mg/2ml QL (28 pens / 365 days) | 4 | NDS QL NM PA |
| ADBRY SOSY 150mg/ml QL (56 syringes / 365 days) | 4 | NDS QL NM PA |
| AVSOLA SOLR 100mg | 4 | NDS NM PA |
| AVTOZMA SOAJ 162mg/0.9ml QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| AVTOZMA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | NDS NM PA |
| AVTOZMA SOSY 162mg/0.9ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------|
| CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| CIMZIA KIT 200mg QL (2 kits / 28 days) | 4 | NDS QL NM PA |
| CIMZIA PSKT 200mg/ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| CIMZIA STARTER KIT PSKT 200mg/ml QL (2 kits / year) | 4 | NDS QL NM PA |
| COSENTYX SOLN 125mg/5ml | 4 | NDS NM PA |
| COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days) | 4 | NDS QL NM PA |
| COSENTYX SOSY 150mg/ml QL (56 syringes / 365 days) | 4 | NDS QL NM PA |
| COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (56 pens / 365 days) | 4 | NDS QL NM PA |
| COSENTYX UNOREADY SOAJ 300mg/2ml QL (28 pens / 365 days) | 4 | NDS QL NM PA |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days) | 4 | NDS QL NM PA |
| EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days) | 4 | NDS QL NM PA |
| ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days) | 4 | NDS QL NM PA |
| ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days) | 4 | NDS QL NM PA |
| ENBREL SOSY 50mg/ml QL (8 syringes / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|---|----------------------------|-----------------|
| ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days) | 4 | NDS QL NM PA | KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days) | 4 | NDS QL NM PA |
| ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days) | 4 | NDS QL NM PA | LEQSELVI TABS 8mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days) | 4 | NDS QL NM PA | LITFULO CAPS 50mg QL (28 caps / 28 days) | 4 | NDS QL NM PA |
| HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days) | 4 | NDS QL NM PA | NEMLUVIO AUIJ 30mg QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA | OLUMIANT TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA | OMVOH SOAJ 100mg/ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days) | 4 | NDS QL NM PA | OMVOH SOAJ 200mg/2ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days) | 4 | NDS QL NM PA | OMVOH SOLN 300mg/15ml | 4 | NDS NM PA |
| HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days) | 4 | NDS QL NM PA | OMVOH SOSY 100mg/ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PEN KIT PS/UV QL (3 pens / 28 days) | 4 | NDS QL NM PA | OMVOH SOSY 200mg/2ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days) | 4 | NDS QL NM PA | OMVOH SOAJ 100/200 QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| ILUMYA SOSY 100mg/ml QL (6 syringes / 365 days) | 4 | NDS QL NM PA | OMVOH SOSY 100/200 QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| INFLECTRA SOLR 100mg | 4 | NDS NM PA | ORENCIA SOLR 250mg | 4 | NDS NM PA |
| INFLIXIMAB SOLR 100mg | 4 | NDS NM PA | ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days) | 4 | NDS QL NM PA | ORENCIA CLICKJECT SOAJ 125mg/ml QL (4 autoinjectors / 28 days) | 4 | NDS QL NM PA |
| KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA | OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| | | | OTEZLA TAB 10/20 QL (110 tabs / year) | 4 | NDS QL NM PA |
| | | | OTEZLA TAB 10/20/30 QL (110 tabs / year) | 4 | NDS QL NM PA |
| | | | OTEZLA XR TB24 75mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| | | | OTEZLA/XR TAB 28 DAY QL (2 packs / year) | 4 | NDS QL NM PA |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days) | 2 | QL NM PA |
| PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days) | 2 | QL NM PA |
| PYZCHIVA SOLN 130mg/26ml | 4 | NDS NM PA |
| PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days) | 2 | QL NM PA |
| PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| REMICADE SOLR 100mg | 4 | NDS NM PA |
| RENFLEXIS SOLR 100mg | 4 | NDS NM PA |
| RHAPSIDO TABS 25mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| RINVOQ TB24 45mg QL (168 tabs / year) | 4 | NDS QL NM PA |
| RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days) | 4 | NDS QL NM PA |
| SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days) | 4 | NDS QL NM PA |
| SIMPONI SOAJ 50mg/0.5ml QL (6 autoinjectors / 28 days) | 4 | NDS QL NM PA |
| SIMPONI SOAJ 100mg/ml QL (3 autoinjectors / 28 days) | 4 | NDS QL NM PA |
| SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days) | 4 | NDS QL NM PA |
| SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days) | 4 | NDS QL NM PA |
| SIMPONI ARIA SOLN 50mg/4ml | 4 | NDS NM PA |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days) | 4 | NDS QL NM PA |
| SKYRIZI SOLN 600mg/10ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days) | 4 | NDS QL NM PA |
| SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days) | 4 | NDS QL NM PA |
| SOTYKTU TABS 6mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SPEVIGO SOLN 450mg/7.5ml | 4 | NDS NM PA |
| SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days) | 4 | NDS QL NM PA |
| SPEVIGO SOSY 300mg/2ml QL (14 syringes / 365 days) | 4 | NDS QL NM PA |
| STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days) | 4 | NDS QL NM PA |
| STELARA SOLN 130mg/26ml | 4 | NDS NM PA |
| STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| TALTZ SOAJ 80mg/ml QL (3 pens / 28 days) | 4 | NDS QL NM PA |
| TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| TALTZ SOSY 80mg/ml QL (3 syringes / 28 days) | 4 | NDS QL NM PA |
| TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | NDS NM PA |
| TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| TREMFYA SOLN 200mg/20ml | 4 | NDS NM PA |
| TREMFYA SOPN 100mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|--|----------------------------|------------|
| TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA | <i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days) | 1 | QL |
| TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days) | 4 | NDS QL NM PA | <i>methotrexate sodium</i> TABS 2.5mg | 1 | |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | NDS NM PA | OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml | 3 | NM PA |
| TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA | PLAQUENIL TABS 200mg | 3 | |
| USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days) | 4 | NDS QL NM PA | RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml | 3 | NM PA |
| USTEKINUMAB SOLN 130mg/26ml | 4 | NDS NM PA | SOVUNA TABS 200mg, 300mg | 3 | |
| USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA | TREXALL TABS 5mg, 7.5mg, 10mg, 15mg | 3 | B/D |
| VELSIPITY TABS 2mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | XATMEP SOLN 2.5mg/ml | 3 | B/D |
| XELJANZ SOLN 1mg/ml QL (480 mL / 24 days) | 4 | NDS QL NM PA | IMMUNOGLOBULINS | | |
| XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA | ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | NDS NM PA |
| XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA | BIVIGAM SOLN 5gm/50ml, 10% | 4 | NDS NM PA |
| YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days) | 2 | QL NM PA | CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml | 4 | NDS NM PA |
| YESINTEK SOLN 130mg/26ml | 2 | NM PA | CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml | 4 | NDS NM PA |
| YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days) | 2 | QL NM PA | CYTOGAM SOLN 50mg/ml | 4 | NDS B/D NM |
| YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA | FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml | 4 | NDS NM PA |
| DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) | | | GAMASTAN INJ | 3 | B/D NM |
| ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days) | 4 | NDS QL | GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 4 | NDS NM PA |
| <i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg | 1 | | GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml | 4 | NDS NM PA |
| <i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg | 1 | | GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 4 | NDS NM PA |
| JYLAMVO SOLN 2mg/ml | 3 | B/D | | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|------------|
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | NDS NM PA |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 4 | NDS NM PA |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 4 | NDS NM PA |
| HEPAGAM B SOLN 312unit/ml | 4 | NDS B/D NM |
| HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml | 4 | NDS NM PA |
| HYQVIA INJ 2.5-200 | 4 | NDS NM PA |
| HYQVIA INJ 5-400 | 4 | NDS NM PA |
| HYQVIA INJ 10-800 | 4 | NDS NM PA |
| HYQVIA INJ 20-1600 | 4 | NDS NM PA |
| HYQVIA INJ 30-2400 | 4 | NDS NM PA |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 4 | NDS NM PA |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 4 | NDS NM PA |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 4 | NDS NM PA |
| XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml | 4 | NDS NM PA |
| YIMMUGO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | NDS NM PA |
| IMMUNOMODULATORS | | |
| ACTIMMUNE SOLN 100mcg/0.5ml | 4 | NDS NM PA |
| ARCALYST SOLR 220mg | 4 | NDS NM PA |
| GRASTEK SUBL 2800bau | 3 | PA |
| ILARIS SOLN 150mg/ml | 4 | NDS NM PA |
| IMAAVY SOLN 300mg/1.62ml, 1200mg/6.5ml | 4 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| JOENJA TABS 70mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ODACTRA SUB | 3 | PA |
| PALFORZIA CAP ESCALAT | 4 | NDS NM PA |
| PALFORZIA CAP LEVEL 3 | 4 | NDS NM PA |
| PALFORZIA CAP LEVEL 7 | 4 | NDS NM PA |
| PALFORZIA CAP LEVEL 8 | 4 | NDS NM PA |
| PALFORZIA CAP LEVEL 10 | 4 | NDS NM PA |
| PALFORZIA LEVEL 1 CSPK 1mg | 4 | NDS NM PA |
| PALFORZIA LEVEL 2 CSPK 1mg | 4 | NDS NM PA |
| PALFORZIA LEVEL 4 CSPK 20mg | 4 | NDS NM PA |
| PALFORZIA LEVEL 5 CSPK 20mg | 4 | NDS NM PA |
| PALFORZIA LEVEL 6 CSPK 20mg | 4 | NDS NM PA |
| PALFORZIA LEVEL 9 CSPK 100mg | 4 | NDS NM PA |
| PALFORZIA LEVEL 11 (MAINT PACK 300mg) | 4 | NDS NM PA |
| PALFORZIA LEVEL 11 (TITRA PACK 300mg) | 4 | NDS NM PA |
| RAGWITEK SUBL 12amba1- u | 3 | PA |
| RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml | 4 | NDS NM PA |
| VYVGART SOLN 400mg/20ml | 4 | NDS NM PA |
| VYVGART INJ HYTRULO | 4 | NDS NM PA |
| ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days) | 4 | NDS QL NM PA |
| IMMUNOSUPPRESSANTS | | |
| ASTAGRAF XL CP24 5mg | 4 | NDS B/D NM |
| ASTAGRAF XL CP24 .5mg, 1mg | 3 | B/D NM |
| ATGAM SOLN 50mg/ml | 4 | NDS B/D |
| azasan TABS 75mg, 100mg | 1 | B/D |
| azathioprine (generic of IMURAN) TABS 50mg | 1 | B/D |
| azathioprine TABS 75mg, 100mg | 1 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days) | 4 | NDS QL NM PA |
| BENLYSTA SOLR 120mg, 400mg | 4 | NDS NM PA |
| BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days) | 4 | NDS QL NM PA |
| CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg | 4 | NDS B/D NM |
| <i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg | 1 | B/D NM |
| <i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml | 1 | B/D NM |
| <i>cyclosporine modified (for microemulsion)</i> CAPS 50mg | 1 | B/D NM |
| ENVARBUS XR TB24 4mg | 4 | NDS B/D NM |
| ENVARBUS XR TB24 .75mg, 1mg | 3 | B/D NM |
| <i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg | 4 | NDS B/D NM |
| <i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg | 1 | B/D NM |
| <i>engraf</i> (generic of NEORAL) CAPS 25mg, 100mg | 1 | B/D NM |
| IMURAN TABS 50mg | 3 | B/D |
| LUPKYNIS CAPS 7.9mg | 4 | NDS NM PA |
| <i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg | 1 | B/D NM |
| <i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml | 4 | NDS B/D NM |
| <i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg | 1 | B/D NM |
| MYFORTIC TBEC 180mg | 3 | B/D NM |
| MYFORTIC TBEC 360mg | 4 | NDS B/D NM |
| MYHIBBIN SUSP 200mg/ml | 4 | NDS B/D NM |
| NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml | 3 | B/D NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml | 4 | NDS NM PA |
| NULOJIX SOLR 250mg | 4 | NDS B/D NM |
| PROGRAF CAPS 5mg | 4 | NDS B/D NM |
| PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg | 3 | B/D NM |
| REZUROCK TABS 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SANDIMMUNE CAPS 25mg; SOLN 50mg/ml | 3 | B/D NM |
| SANDIMMUNE CAPS 100mg | 4 | NDS B/D NM |
| SAPHNELO SOLN 300mg/2ml | 4 | NDS NM PA |
| <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 |
| ZORTRESS TABS .25mg, .5mg, .75mg, 1mg | 4 | NDS B/D NM |
| VACCINES | | |
| ABRYSVO SOLR 120mcg/0.5ml | 1 | PA |
| ACTHIB INJ | 1 | |
| ADACEL INJ | 1 | |
| AREXVY SUSR 120mcg/0.5ml | 1 | PA |
| BCG VACCINE SOLR 50mg | 1 | |
| BEXSERO SUSY .5ml | 1 | |
| BOOSTRIX INJ | 1 | |
| DAPTACEL INJ | 1 | |
| DENGVAXIA SUS | 1 | |
| ENGERIX-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 | |
| IPOL INJ INACTIVE | 1 | |
| IXIARO INJ | 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/ Limits | |
|---|------------------------------|--------|
| | Tier | Limits |
| JYNNEOS SUSP .5ml | 1 | B/D |
| KINRIX INJ | 1 | |
| M-M-R II INJ | 1 | |
| MENQUADFI SOLN .5ml | 1 | |
| MENVEO INJ | 1 | |
| MENVEO SOL | 1 | |
| MRESVIA SUSY 50mcg/0.5ml | 1 | PA |
| PEDIARIX INJ 0.5ML | 1 | |
| PEDVAX HIB SUSP 7.5mcg/0.5ml | 1 | |
| PENBRAYA INJ | 1 | |
| PENMENVY INJ | 1 | |
| PENTACEL INJ | 1 | |
| PRIORIX INJ | 1 | |
| PROQUAD INJ | 1 | |
| QUADRACEL INJ 0.5ML | 1 | |
| RBAVERT INJ | 1 | B/D |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 1 | B/D |
| ROTARIX SUS | 1 | |
| ROTATEQ SOL | 1 | |
| SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime) | 1 | QL |
| SHINGRIX SUSY 50mcg/0.5ml QL (2 syringes per lifetime) | 1 | QL |
| TENIVAC INJ 5-2LF | 1 | B/D |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | 1 | |
| TRUMENBA SUSY .5ml | 1 | |
| TWINRIX INJ | 1 | |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml | 1 | |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml | 1 | |
| VARIVAX SUSR 1350pfu/0.5ml | 1 | |
| VAXCHORA SUS | 1 | |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|--------|
| | Tier | Limits |
| VIMKUNYA SUSY 40mcg/0.8ml | 1 | |
| VIVOTIF CAP EC | 1 | |
| YF-VAX INJ | 1 | |
| NUTRITIONAL/SUPPLEMENTS | | |
| ELECTROLYTES/MINERALS, INJECTABLE | | |
| D2.5W/NACL INJ 0.45% | 3 | |
| D5W/LYTES INJ #48 | 3 | |
| D5W/NACL INJ 0.2% | 1 | |
| D5W/NACL INJ 0.3% | 3 | |
| D5W/NACL INJ 0.9% | 3 | |
| D5W/NACL INJ 0.45% | 1 | |
| D10W/NACL INJ 0.2% | 2 | |
| D10W/NACL INJ 0.45% | 1 | |
| <i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i> | 1 | |
| <i>dextrose 5% in lactated ringers</i> | 1 | |
| <i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i> | 1 | |
| <i>dextrose 5% w/ sodium chloride 0.9% (generic of DEXTROSE 5%/SODIUM CHLORI)</i> | 1 | |
| <i>dextrose 5% w/ sodium chloride 0.45% (generic of DEXTROSE 5%/SODIUM CHLORI)</i> | 1 | |
| <i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i> | 1 | |
| DW5-NACL INJ 0.225% | 3 | |
| ISOLYTE-P INJ /D5W | 3 | |
| ISOLYTE-S INJ | 3 | |
| ISOLYTE-S INJ PH 7.4 | 3 | |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.075%/D5W/NACL 0.45%)</i> | 1 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</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>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | 1 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM) | 1 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM) | 1 |
| <i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i> | 1 |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> | 1 |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/DEXTRO) | 1 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%) | 1 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> (generic of KCL 0.3%/D5W/NACL 0.45%) | 1 |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM) | 1 |
| <i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i> | 1 |
| KCL/D5W/LACT INJ 20MEQ/L | 3 |
| KCL/D5W/NACL INJ 0.3/0.9% | 3 |
| KCL/D5W/NACL INJ 0.15/0.2 | 1 |
| KCL/D5W/NACL INJ 0.15/0.9 | 3 |
| KCL/D5W/NACL INJ 0.15/0.45 | 3 |
| LACTATED RIN INJ | 3 |
| <i>lactated ringer's solution</i> (generic of LACTATED RINGERS) | 1 |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | 2 |

| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| <i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50% | 2 |
| <i>magnesium sulfate</i> SOLN 3gm/100ml | 2 |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W) | 2 |
| MG SO4/D5W INJ 10MG/ML | 2 |
| <i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE A) | 1 |
| PLASMA-LYTE INJ -A | 3 |
| POT CHL 20MEQ/L IN NACL 0.9% INJ | 3 |
| POT CHL 20MEQ/L IN NACL 0.45% INJ | 3 |
| POT CHL 40MEQ/L IN NACL 0.9% INJ | 3 |
| POT CHL/D5W INJ 20MEQ/L | 3 |
| <i>potassium chloride</i> SOLN 2meq/ml | 1 |
| POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 3 |
| <i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 1 |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> (generic of POTASSIUM CHLORIDE/DEXTRO) | 1 |
| <i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5% | 1 |
| TPN ELECTROL INJ | 3 B/D |
| ELECTROLYTES/MINERALS/VITAMINS, ORAL | |
| <i>klor-con</i> PACK 20meq | 1 |
| KLOR-CON 8 TBCR 8meq | 1 |
| <i>klor-con 10</i> TBCR 10meq | 1 |
| KLOR-CON 10 TBCR 10meq | 1 |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|--------|
| | Tier | Limits |
| <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 | |
| POKONZA PACK 15meq; SOLN 5% | 4 | NDS |
| <i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 10meq, 15meq, 20meq | 1 | |
| <i>potassium chloride</i> (generic of KLOR-CON 8) TBCR 8meq | 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 | | |
| <i>aminosyn ii soln 15%</i> | 1 | B/D |
| AMINOSYN INJ 10% | 3 | B/D |
| AMINOSYN-PF INJ 7% | 3 | B/D |
| AMINOSYN-PF INJ 10% | 3 | B/D |
| 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> (generic of DEXTROSE 5%) SOLN 5% | 1 | |
| <i>dextrose</i> (generic of DEXTROSE 10%) SOLN 10% | 1 | |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|---------|
| | Tier | Limits |
| <i>dextrose</i> SOLN 50% | 1 | B/D |
| DEXTROSE 10% SOLN 10% | 1 | |
| DEXTROSE 70% SOLN 70% | 1 | B/D |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 3 | B/D |
| KABIVEN EMU | 4 | NDS B/D |
| NUTRILIPID EMUL 20gm/100ml | 3 | B/D |
| <i>plenamine</i> | 1 | B/D |
| PREMASOL SOL 10% | 4 | NDS B/D |
| PROSOL INJ 20% | 3 | B/D |
| SMOFLIPID EMU | 3 | B/D |
| TRAVASOL INJ 10% | 3 | B/D |
| TROPHAMINE INJ 10% | 3 | B/D |
| OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY | | |
| <i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i> | 1 | |
| <i>loteprednol etabonate- tobramycin ophth susp 0.5- 0.3% (generic of ZYLET)</i> | 1 | |
| MAXITROL OIN 0.1% OP | 3 | |
| MAXITROL SUS 0.1% OP | 3 | |
| <i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i> | 1 | |
| <i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i> | 1 | |
| <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 | |
| <i>besifloxacin hcl SUSP .6%</i> | 1 | |
| BESIVANCE SUSP .6% | 2 | |

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| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------|
| | Tier | Limits |
| CILOXAN OINT .3% | 2 | |
| <i>ciprofloxacin hcl (ophth)</i> SOLN .3% | 1 | |
| <i>erythromycin (ophth)</i> OINT 5mg/gm | 1 | |
| <i>gatifloxacin (ophth)</i> SOLN .5% | 1 | |
| <i>gentamicin sulfate (ophth)</i> SOLN .3% | 1 | |
| <i>levofloxacin (ophth)</i> SOLN .5%, 1.5% | 1 | |
| <i>moxifloxacin hcl (ophth)</i> SOLN .5% | 1 | QL |
| QL (12 mL / 30 days) | | |
| <i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5% | 1 | QL |
| QL (12 mL / 30 days) | | |
| NATACYN SUSP 5% | 3 | |
| <i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op</i> <i>oin</i> | 1 | |
| <i>neomycin-polymy-gramicid op</i> <i>sol 1.75-10000-0.025mg-unt-</i> <i>mg/ml</i> | 1 | |
| OCUFLOX SOLN .3% | 3 | |
| <i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3% | 1 | |
| <i>polymyxin b-trimethoprim</i> <i>ophth soln 10000 unit/ml-0.1%</i> | 1 | |
| <i>sulfacetamide sodium (ophth)</i> SOLN 10% | 1 | |
| <i>tobramycin (ophth)</i> SOLN .3% | 1 | |
| TOBEX OINT .3% | 3 | |
| <i>trifluridine</i> SOLN 1% | 1 | |
| VIGAMOX SOLN .5% | 3 | QL |
| QL (12 mL / 30 days) | | |
| XDEMZY SOLN .25% | 4 | NDS NM PA |
| ZIRGAN GEL .15% | 3 | |
| ANTI-INFLAMMATORIES | | |
| ACULAR SOLN .5% | 3 | |
| ACULAR LS SOLN .4% | 3 | |
| ACUVAIL SOLN .45% | 3 | |
| ALREX SUSP .2% | 3 | |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|--------|
| | Tier | Limits |
| <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 | |
| BROMSITE SOLN .075% | 3 | |
| <i>dexamethasone sodium</i> <i>phosphate (ophth)</i> SOLN .1% | 1 | |
| DEXYCU SUSP 9% | 3 | |
| <i>diclofenac sodium (ophth)</i> SOLN .1% | 1 | |
| <i>difluprednate</i> (generic of DUREZOL) EMUL .05% | 1 | |
| DUREZOL EMUL .05% | 3 | |
| FLAREX SUSP .1% | 3 | |
| <i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1% | 1 | |
| <i>flurbiprofen sodium</i> SOLN .03% | 1 | |
| FML FORTE SUSP .25% | 3 | |
| FML LIQUIFILM SUSP .1% | 3 | |
| ILEVRO SUSP .3% | 3 | |
| INVELTYS SUSP 1% | 3 | |
| <i>ketorolac tromethamine</i> <i>(ophth)</i> (generic of ACULAR LS) SOLN .4% | 1 | |
| <i>ketorolac tromethamine</i> <i>(ophth)</i> (generic of ACULAR) SOLN .5% | 1 | |
| LOTEMAX GEL .5%; SUSP .5% | 3 | |
| LOTEMAX OINT .5% | 2 | |
| LOTEMAX SM GEL .38% | 2 | |
| <i>loteprednol etabonate</i> (generic of LOTEK) GEL .5%; SUSP .5% | 1 | |
| <i>loteprednol etabonate</i> (generic of ALREX) SUSP .2% | 1 | |
| MAXIDEX SUSP .1% | 3 | |
| NEVANAC SUSP .1% | 3 | |
| PRED FORTE SUSP 1% | 3 | |
| PRED MILD SUSP .12% | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|-----------|
| <i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1% | 1 | | <i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (generic of COSOPT PF) | 1 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 2 | | ISTALOL SOLN .5% | 3 | |
| PROLENSA SOLN .07% | 3 | | IYUZEH SOLN .005% | 3 | ST |
| TRIESENCE SUSP 40mg/ml | 3 | PA | <i>latanoprost</i> (generic of XALATAN) SOLN .005% | 1 | |
| XIPERE SUSP 40mg/ml | 3 | NM PA | <i>levobunolol hcl</i> SOLN .5% | 1 | |
| YUTIQ IMPL .18mg | 4 | NDS NM | LUMIGAN SOLN .01% | 2 | |
| ANTIALLERGICS | | | PHOSPHOLINE IODIDE SOLR .125% | 4 | NDS NM |
| <i>azelastine hcl (ophth)</i> SOLN .05% | 1 | | <i>pilocarpine hcl</i> SOLN 1%, 2%, 4% | 1 | |
| <i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5% | 1 | | RHOPRESSA SOLN .02% | 2 | |
| BEPREVE SOLN 1.5% | 3 | | ROCKLATAN DRO | 2 | |
| <i>cromolyn sodium (ophth)</i> SOLN 4% | 1 | | SIMBRINZA SUS 1-0.2% | 3 | |
| <i>epinastine hcl (ophth)</i> SOLN .05% | 1 | | <i>tafluprost</i> (generic of ZIOPTAN) SOLN .015mg/ml | 1 | |
| ZERVIAE SOLN .24% | 3 | | <i>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5% | 1 | |
| ANTIGLAUCOMA | | | <i>timolol maleate (ophth)</i> SOLG 1 .25%, .5%; SOLN .25%, .5% | 1 | |
| ALPHAGAN P SOLN .1%, .15% | 3 | | <i>timolol maleate (ophth) once- daily</i> (generic of ISTALOL) SOLN .5% | 1 | |
| AZOPT SUSP 1% | 3 | ST | <i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5% | 1 | |
| <i>betaxolol hcl (ophth)</i> SOLN .5% | 1 | | TIMOPTIC OCUDOSE SOLN 3 .25%, .5% | 3 | |
| BETIMOL SOLN .5% | 3 | | TRAVATAN Z SOLN .004% | 3 | |
| <i>bimatoprost</i> SOLN .03% | 1 | | <i>travoprost</i> (generic of TRAVATAN Z) SOLN .004% | 1 | |
| <i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .1%, .15% | 1 | | VYZULTA SOLN .024% | 3 | |
| <i>brimonidine tartrate</i> SOLN .2% | 1 | | XALATAN SOLN .005% | 3 | |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> (generic of COMBIGAN) | 1 | | XELPROS EMUL .005% | 3 | ST |
| <i>brinzolamide</i> (generic of AZOPT) SUSP 1% | 1 | ST | ZIOPTAN SOLN .015mg/ml | 3 | ST |
| <i>carteolol hcl (ophth)</i> SOLN 1% | 1 | | MISCELLANEOUS | | |
| COMBIGAN SOL 0.2/0.5% | 2 | | ATROPINE SULFATE SOLN 2 1% | 2 | |
| COSOPT PF SOL 2%-0.5% | 3 | | <i>atropine sulfate (ophthalmic)</i> SOLN 1% | 1 | |
| COSOPT SOL 2-0.5%OP | 3 | | BEOVU SOSY 6mg/0.05ml | 4 | NDS NM PA |
| <i>dorzolamide hcl</i> SOLN 2% | 1 | | BYOOVIZ SOLN .5mg/0.05ml | 4 | NDS NM PA |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT) | 1 | | | | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| CEQUA SOLN .09% QL (60 single use vials / 30 days) | 3 | QL PA |
| CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml | 4 | NDS NM PA |
| CYSTADROPS SOLN .37% | 4 | NDS NM PA |
| CYSTARAN SOLN .44% | 4 | NDS NM PA |
| EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml | 4 | NDS NM PA |
| EYLEA HD SOLN 8mg/0.07ml | 4 | NDS NM PA |
| EYSUVIS SUSP .25% | 3 | |
| IZERVAY SOLN 2mg/0.1ml | 4 | NDS NM PA |
| LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml | 4 | NDS NM PA |
| MIEBO SOLN 1.338gm/ml | 2 | |
| OXERVATE SOLN .002% QL (112 mL / year) | 4 | NDS QL NM PA |
| PAVBLU SOSY 2mg/0.05ml <i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5% | 4 1 | NDS NM PA |
| RESTASIS EMUL .05% | 2 | |
| RESTASIS MULTIDOSE EMUL .05% | 2 | |
| SUSVIMO SOLN 10mg/0.1ml | 4 | NDS NM PA |
| SYFOVRE SOLN 15mg/0.1ml | 4 | NDS NM PA |
| TRYPTYR SOLN .003% QL (60 single use vials / 30 days) | 3 | QL PA |
| TYRVAYA SOLN .03mg/act | 3 | PA |
| VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml | 4 | NDS NM PA |
| VERKAZIA EMUL .1% QL (120 single use vials / 30 days) | 4 | NDS QL PA |
| VEVYE SOLN .1% | 4 | NDS PA |
| XIIDRA SOLN 5% | 2 | |
| OTIC | | |
| OTIC AGENTS | | |
| <i>acetic acid (otic)</i> SOLN 2% | 1 | |
| CIPRO HC SUS 0.2-1%OT | 3 | |
| <i>ciprofloxacin hcl (otic)</i> (generic of CETRAXAL) SOLN .2% | 1 | |
| <i>ciprofloxacin-dexamethasone</i> <i>otic susp 0.3-0.1%</i> | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>ciprofloxacin-hydrocortisone</i> <i>otic susp 0.2-1%</i> (generic of CIPRO HC) | 1 | |
| CORTISPORIN SUS -TC OTIC | 3 | |
| DERMOTIC OIL .01% | 3 | |
| <i>flac</i> (generic of DERMOTIC) OIL .01% | 1 | |
| <i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01% | 1 | |
| <i>hydrocortisone w/ acetic acid</i> <i>otic soln 1-2%</i> | 1 | |
| <i>neomycin-polymyxin-hc otic</i> <i>soln 1%</i> | 1 | |
| <i>neomycin-polymyxin-hc otic</i> <i>susp 3.5 mg/ml-10000 unit/ml-</i> <i>1%</i> | 1 | |
| <i>ofloxacin (otic)</i> SOLN .3% | 1 | |
| RESPIRATORY | | |
| ANTICHOLINERGIC/BETA AGONIST | | |
| COMBINATIONS | | |
| ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days) | 2 | QL |
| BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days) | 2 | QL |
| BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days) | 2 | QL |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days) | 2 | QL |
| COMBIVENT AER 20-100 QL (2 inhalers / 30 days) | 3 | QL |
| DUAKLIR AER 400/12 QL (1 inhaler / 30 days) | 3 | QL |
| <i>ipratropium-albuterol nebu</i> <i>soln 0.5-2.5(3) mg/3ml</i> | 1 | B/D |
| STIOLTO AER 2.5-2.5 QL (1 inhaler / 30 days) | 3 | QL |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days) | 2 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days) | 2 | QL |
| ANTICHOLINERGICS | | |
| ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days) | 3 | QL |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days) | 2 | QL |
| <i>ipratropium bromide</i> SOLN .02% | 1 | B/D |
| <i>ipratropium bromide (nasal)</i> SOLN .03%, .06% | 1 | |
| SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days) | 3 | QL |
| SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days) | 3 | QL |
| <i>tiotropium bromide</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days) | 1 | QL |
| TUDORZA PRESSAIR AEPB 400mcg/act QL (1 inhaler / 30 days) | 3 | QL |
| TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act QL (2 inhalers / 30 days) | 3 | QL |
| YUPELRI NEBU 175mcg/3ml | 4 | NDS PA |
| ANTIHISTAMINE COMBINATIONS | | |
| <i>azelastine hcl-fluticasone prop</i> <i>nasal spray 137-50 mcg/act</i> (generic of DYMISTA) QL (1 bottle / 30 days) | 1 | QL |
| CLARINEX-D TAB 2.5-120 | 3 | |
| DYMISTA SPR 137-50 QL (1 bottle / 30 days) | 3 | QL |
| <i>promethazine &</i> <i>phenylephrine syrup 6.25-5</i> <i>mg/5ml</i> PA applies if 65 years and older | 2 | PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| RYALTRIS SPR 665-25 QL (31 gm / 30 days) | 3 | QL |
| ANTIHISTAMINES | | |
| <i>azelastine hcl</i> SOLN .1% | 1 | |
| <i>carbinoxamine maleate</i> SOLN 4mg/5ml; SUER 4mg/5ml; TABS 6mg PA applies if 65 years and older | 3 | PA |
| <i>carbinoxamine maleate</i> TABS 4mg PA applies if 65 years and older | 2 | PA |
| <i>carbzah</i> SOLN 4mg/5ml PA applies if 65 years and older | 3 | PA |
| <i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days) | 1 | QL |
| CLARINEX TABS 5mg QL (30 tabs / 30 days) | 3 | QL |
| <i>clemastine fumarate</i> SYRP .67mg/5ml QL (1800 mL / 30 days) | 4 | NDS QL PA |
| <i>clemastine fumarate</i> TABS 2.68mg PA applies if 65 years and older | 2 | PA |
| CLEMSZA TABS 2.68mg PA applies if 65 years and older | 4 | NDS PA |
| <i>corphena</i> SOLN 2mg/5ml PA applies if 65 years and older | 1 | PA |
| <i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | PA |
| <i>desloratadine</i> (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days) | 1 | QL |
| <i>desloratadine</i> TBDP 2.5mg, 5mg QL (30 tabs / 30 days) | 1 | QL |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml | 1 | |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------|
| | Tier | Limits |
| <i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older | 3 | PA |
| <i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | PA |
| <i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | PA |
| KARBINAL ER SUER 4mg/5ml PA applies if 65 years and older | 3 | PA |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days) | 1 | QL |
| <i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days) | 1 | QL |
| <i>olopatadine hcl (nasal)</i> SOLN .6% | 1 | |
| QUZYTIR SOLN 10mg/ml QL (30 mL / 30 days) | 4 | NDS QL PA |
| <i>ryclora</i> SOLN 2mg/5ml PA applies if 65 years and older | 1 | PA |
| <i>ryvent</i> TABS 6mg PA applies if 65 years and older | 3 | PA |
| BETA AGONISTS | | |
| <i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA) | 1 | QL |
| <i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA) | 1 | QL |
| <i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA) | 1 | QL |

| Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|---------|
| | Tier | Limits |
| <i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 1 | B/D |
| <i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg | 1 | |
| <i>arformoterol tartrate</i> NEBU 15mcg/2ml | 1 | B/D |
| <i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml | 1 | B/D |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 1 | B/D |
| <i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days) | 1 | QL ST |
| PERFOROMIST NEBU 20mcg/2ml | 4 | NDS B/D |
| PROAIR RESPICLICK AEPB 108mcg/act QL (2 inhalers / 30 days) | 3 | QL |
| SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days) | 2 | QL |
| STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days) | 3 | QL |
| <i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg | 1 | |
| VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days) | 2 | QL |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days) | 2 | QL |
| XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days) | 3 | QL ST |
| LEUKOTRIENE MODULATORS | | |
| <i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 1 | |
| SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 3 | |
| <i>zafirlukast</i> TABS 10mg, 20mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <i>zileuton</i> TB12 600mg QL (120 tabs / 30 days) | 4 | NDS QL ST |
| ZYFLO TABS 600mg QL (120 tabs / 30 days) | 4 | NDS QL ST |
| MISCELLANEOUS | | |
| <i>acetylcysteine</i> SOLN 10%, 20% | 1 | B/D |
| ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| ARALAST NP SOLR 500mg, 1000mg | 4 | NDS NM PA |
| BRINSUPRI TABS 10mg, 25mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| CINQAIR SOLN 100mg/10ml | 4 | NDS NM PA |
| <i>cromolyn sodium</i> NEBU 20mg/2ml | 1 | B/D |
| DALIRESP TABS 250mcg QL (56 tabs / year) | 3 | QL |
| DALIRESP TABS 500mcg QL (30 tabs / 30 days) | 3 | QL |
| <i>elixophyllin</i> ELIX 80mg/15ml | 4 | NDS |
| <i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen) | 1 | |
| <i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen) | 1 | |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick) | 1 | |
| EPIPEN 2-PAK SOAJ .3mg/0.3ml | 3 | |
| EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml | 3 | |
| ESBRIET TABS 267mg QL (270 tabs / 30 days) | 4 | NDS QL NM PA |
| ESBRIET TABS 801mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| EXDENSUR SOSY 100mg/ml QL (1 syringe / 180 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml | 4 | NDS NM PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days) | 4 | NDS QL NM PA |
| KALYDECO TABS 150mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| NUCALA SOAJ 100mg/ml QL (3 pens / 28 days) | 4 | NDS QL NM PA |
| NUCALA SOLR 100mg QL (3 vials / 28 days) | 4 | NDS QL NM PA |
| NUCALA SOSY 40mg/0.4ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| NUCALA SOSY 100mg/ml QL (3 syringes / 28 days) | 4 | NDS QL NM PA |
| OFEV CAPS 100mg, 150mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| OHTUVAYRE SUSP 3mg/2.5ml | 4 | NDS NM PA |
| ORKAMBI GRA 75-94MG QL (56 packets / 28 days) | 4 | NDS QL NM PA |
| ORKAMBI GRA 100-125 QL (56 packets / 28 days) | 4 | NDS QL NM PA |
| ORKAMBI GRA 150-188 QL (56 packets / 28 days) | 4 | NDS QL NM PA |
| ORKAMBI TAB 100-125 QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| ORKAMBI TAB 200-125 QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| <i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days) | 4 | NDS QL NM PA |
| <i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days) | 4 | NDS QL NM PA |
| <i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| PROLASTIN-C SOLN 1000mg/20ml | 4 | NDS NM PA |
| PULMOZYME SOLN 2.5mg/2.5ml | 4 | NDS NM PA |
| <i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year) | 1 | QL |
| <i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days) | 1 | QL |
| SYMDEKO TAB 50-75MG QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| SYMDEKO TAB 100-150 QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| TEZSPIRE SOAJ 210mg/1.91ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| TEZSPIRE SOSY 210mg/1.91ml QL (1 syringe / 28 days) | 4 | NDS QL 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 QL (56 packs / 28 days) | 4 | NDS QL NM PA |
| TRIKAFTA PAK 75MG QL (56 packs / 28 days) | 4 | NDS QL NM PA |
| TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days) | 4 | NDS QL NM PA |
| XOLAIR SOLR 150mg QL (8 vials / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days) | 4 | NDS QL NM PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg | 4 | NDS NM PA |
| NASAL STEROIDS | | |
| <i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days) | 1 | QL |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days) | 1 | QL |
| <i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 bottles / 30 days) | 1 | QL |
| OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days) | 3 | QL ST |
| QNASL AERS 80mcg/act QL (1 inhaler / 30 days) | 3 | QL ST |
| QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days) | 3 | QL ST |
| XHANCE EXHU 93mcg/act QL (32 mL / 30 days) | 3 | QL PA |
| STEROID INHALANTS | | |
| ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days) | 3 | QL |
| ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days) | 3 | QL |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days) | 2 | QL |
| ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act QL (1 inhaler / 30 days) | 3 | QL |
| ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh QL (8 inhalers / 28 days) | 3 | QL |
| ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh QL (2 inhalers / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|--|----------------------------|--------|
| ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh QL (4 inhalers / 30 days) | 3 | QL | ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days) | 3 | QL PA |
| ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh QL (2 inhalers / 30 days) | 3 | QL | ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days) | 2 | QL |
| ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh QL (1 inhaler / 30 days) | 3 | QL | ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days) | 2 | QL |
| <i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 1 | B/D | ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days) | 2 | QL |
| <i>fluticasone propionate (inhalation)</i> AEPB 50mcg/act QL (180 inhalations / 30 days) | 2 | QL | AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days) | 2 | QL |
| <i>fluticasone propionate (inhalation)</i> AEPB 100mcg/act, 250mcg/act QL (240 inhalations / 30 days) | 2 | QL | BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days) | 2 | QL |
| <i>fluticasone propionate hfa</i> AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days) | 2 | QL | BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days) | 2 | QL |
| PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 3 | B/D | BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days) | 2 | QL |
| PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days) | 3 | QL | <i>breyana</i> (generic of SYMBICORT) QL (3 inhalers / 30 days) | 1 | QL |
| PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days) | 3 | QL | <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days) | 1 | QL |
| QVAR REDHALER AERB 40mcg/act, 80mcg/act QL (2 inhalers / 30 days) | 3 | QL | <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days) | 1 | QL |
| STEROID/BETA-AGONIST COMBINATIONS | | | DULERA AER 50-5MCG QL (3 inhalers / 30 days) | 3 | QL |
| ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days) | 3 | QL PA | DULERA AER 100-5MCG QL (3 inhalers / 30 days) | 3 | QL |
| ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days) | 3 | QL PA | DULERA AER 200-5MCG QL (3 inhalers / 30 days) | 3 | QL |
| | | | <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered) | 1 | QL |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered) | 1 | QL |
| SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days) | 3 | QL PA |
| SYMBICORT AER 160-4.5 QL (3 inhalers / 30 days) | 3 | QL PA |
| <i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) | 1 | QL |
| TOPICAL DERMATOLOGY, ACNE | | |
| ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg | 4 | NDS PA |
| ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg | 4 | NDS PA |
| ACANYA GEL 1.2-2.5% QL (50 gm / 30 days) | 3 | QL |
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| ACZONE GEL 7.5% QL (90 gm / 30 days) | 3 | QL |
| <i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3% QL (45 gm / 30 days) | 1 | QL PA |
| <i>adapalene</i> PADS .1% QL (28 swabs / 28 days) | 4 | NDS QL PA |
| ADAPALENE SOLN .1% QL (120 mL / 30 days) | 3 | QL PA |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO) QL (45 gm / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE) QL (60 gm / 30 days) | 1 | QL PA |
| AKLIEF CREA .005% QL (45 gm / 30 days) | 3 | QL PA |
| ALTRENO LOTN .05% QL (45 gm / 30 days) | 3 | QL PA |
| <i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| AMZEEQ FOAM 4% QL (30 gm / 30 days) | 3 | QL PA |
| ARAZLO LOTN .045% QL (45 gm / 30 days) | 3 | QL PA |
| ATRALIN GEL .05% QL (45 gm / 30 days) | 3 | QL PA |
| AZELEX CREA 20% QL (50 gm / 30 days) | 3 | QL PA |
| BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days) | 3 | QL |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days) | 1 | QL |
| CABTREO GEL QL (50 gm / 30 days) | 4 | NDS QL PA |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| CLEOCIN-T LOTN 1% QL (60 mL / 30 days) | 3 | QL |
| <i>clindacin</i> FOAM 1% QL (100 gm / 30 days) | 1 | QL |
| <i>clindacin etz pledgets</i> SWAB 1% QL (69 pledgets / 30 days) | 1 | QL |
| <i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days) | 1 | QL |
| CLINDAGEL GEL 1% QL (75 mL / 30 days) | 4 | NDS QL PA |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days) | 1 | QL |
| <i>clindamycin phosphate (topical)</i> FOAM 1% QL (100 gm / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days) | 1 | QL PA |
| <i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days) | 1 | QL |
| <i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days) | 1 | QL |
| <i>clindamycin phosphate (topical)</i> SWAB 1% QL (69 pledgets / 30 days) | 1 | QL |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days) | 1 | QL |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days) | 1 | QL |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON) QL (50 gm / 30 days) | 1 | QL |
| <i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days) | 1 | QL PA |
| <i>dapsone (topical)</i> GEL 5% QL (90 gm / 30 days) | 1 | QL |
| <i>dapsone (topical)</i> (generic of ACZONE) GEL 7.5% QL (90 gm / 30 days) | 1 | QL |
| DIFFERIN CREA .1% QL (45 gm / 30 days) | 3 | QL PA |
| DIFFERIN PUMP GEL .3% QL (45 gm / 30 days) | 3 | QL PA |
| EPIDUO FORTE GEL 0.3-2.5% QL (60 gm / 30 days) | 3 | QL PA |
| EPIDUO GEL 0.1-2.5% QL (45 gm / 30 days) | 3 | QL PA |
| ery PADS 2% QL (60 pledgets / 30 days) | 1 | QL |
| <i>erythromycin (acne aid)</i> GEL 2% QL (60 gm / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days) | 1 | QL |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| <i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg | 1 | PA |
| KLARON LOTN 10% QL (118 mL / 30 days) | 3 | QL |
| <i>neuac gel 1.2-5%</i> QL (45 gm / 30 days) | 1 | QL |
| ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days) | 3 | QL |
| RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days) | 3 | QL PA |
| RETIN-A MICRO GEL .06% QL (50 gm / 30 days) | 3 | QL PA |
| RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days) | 3 | QL PA |
| <i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days) | 1 | QL |
| TAZAROTENE FOAM .1% QL (100 gm / 30 days) | 3 | QL PA |
| <i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days) | 1 | QL PA |
| <i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days) | 1 | QL PA |
| <i>tretinoin microsphere</i> GEL .04%, .1% QL (50 gm / 30 days) | 1 | QL PA |
| <i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days) | 1 | QL PA |
| <i>twice-daily clindamycin phosphate (topical)</i> GEL 1% QL (60 gm / 30 days) | 1 | QL |
| TWYNEO CRE 0.1-3% QL (30 gm / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|---|----------------------------|-----------|
| WINLEVI CREA 1% QL (60 gm / 30 days) | 3 | QL PA | ECONAZOLE NITRATE FOAM 1% QL (70 gm / 28 days) | 3 | QL ST |
| zenatane CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA | ERTACZO CREA 2% QL (60 gm / 30 days) | 4 | NDS QL ST |
| ZIANA GEL QL (60 gm / 30 days) | 3 | QL PA | EXELDERM CREA 1% QL (60 gm / 30 days) | 3 | QL PA |
| DERMATOLOGY, ANTIBIOTICS | | | EXELDERM SOLN 1% QL (30 mL / 30 days) | 3 | QL PA |
| gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days) | 1 | QL | JUBLIA SOLN 10% QL (8 mL / 30 days) | 4 | NDS QL |
| mupirocin OINT 2% QL (220 gm / 30 days) | 1 | QL | ketoconazole (topical) CREA 2% | 1 | QL |
| mupirocin calcium (topical) CREA 2% QL (30 gm / 30 days) | 1 | QL PA | ketoconazole (topical) FOAM 2% | 1 | QL PA |
| SILVADENE CREA 1% | 3 | | QL (100 gm / 30 days) | | |
| silver sulfadiazine (generic of SILVADENE) CREA 1% | 1 | | ketoconazole (topical) SHAM 2% | 1 | QL |
| ssd (generic of SILVADENE) CREA 1% | 1 | | QL (120 mL / 30 days) | | |
| SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days) | 3 | QL | ketodan FOAM 2% QL (100 gm / 30 days) | 1 | QL PA |
| DERMATOLOGY, ANTIFUNGALS | | | klayesta POWD 100000unit/gm QL (60 gm / 30 days) | 1 | QL |
| ciclopirox GEL .77% QL (100 gm / 30 days) | 1 | QL | luliconazole CREA 1% QL (60 gm / 30 days) | 1 | QL ST |
| ciclopirox SHAM 1% QL (120 mL / 30 days) | 1 | QL | LUZU CREA 1% QL (60 gm / 30 days) | 3 | QL ST |
| ciclopirox olamine CREA .77% QL (90 gm / 30 days) | 1 | QL | miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35% QL (50 gm / 30 days) | 1 | QL PA |
| ciclopirox olamine SUSP .77% QL (60 mL / 30 days) | 1 | QL | naftifine hcl CREA 1% QL (90 gm / 30 days) | 1 | QL |
| clotrimazole (topical) CREA 1% QL (45 gm / 30 days) | 1 | QL | naftifine hcl CREA 2% QL (60 gm / 30 days) | 1 | QL |
| clotrimazole (topical) SOLN 1% QL (60 mL / 30 days) | 1 | QL | naftifine hcl (generic of NAFTIN) GEL 2% QL (60 gm / 30 days) | 1 | QL |
| clotrimazole w/ betamethasone cream 1- 0.05% QL (45 gm / 30 days) | 1 | QL | NAFTIN GEL 2% QL (60 gm / 30 days) | 3 | QL |
| econazole nitrate CREA 1% QL (85 gm / 30 days) | 1 | QL | nyamyc POWD 100000unit/gm QL (60 gm / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------|
| | Tier | Limits |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days) | 1 | QL |
| <i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days) | 1 | QL |
| <i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days) | 1 | QL |
| <i>oxiconazole nitrate</i> CREA 1% QL (90 gm / 30 days) | 1 | QL PA |
| OXISTAT LOTN 1% QL (60 mL / 30 days) | 3 | QL PA |
| <i>selenium sulfide</i> LOTN 2.5% VUSION OIN QL (50 gm / 30 days) | 1 3 | QL PA |
| ZORYVE FOAM .3% QL (60 gm / 30 days) | 3 | QL PA |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg | 1 | PA |
| <i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days) | 1 | QL PA |
| CALCIPOTRIENE FOAM .005% QL (120 gm / 30 days) | 4 | NDS QL PA |
| <i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days) | 1 | QL PA |
| <i>calcipotriene-betamethasone dipropionate oint 0.005- 0.064%</i> QL (400 gm / 28 days) | 1 | QL PA |
| <i>calcipotriene-betamethasone dipropionate susp 0.005- 0.064%</i> (generic of TACLONEX) QL (420 gm / 28 days) | 1 | QL PA |
| <i>calcitrene</i> OINT .005% QL (120 gm / 30 days) | 1 | QL PA |
| <i>calcitriol (topical)</i> OINT 3mcg/gm QL (800 gm / 28 days) | 1 | QL PA |
| ENSTILAR AER QL (120 gm / 30 days) | 4 | NDS QL PA |
| <i>methoxsalen rapid</i> CAPS 10mg | 4 | NDS |

| Drug Name | Drug Requirements/ Limits | |
|--|------------------------------|-----------|
| | Tier | Limits |
| SORILUX FOAM .005% QL (120 gm / 30 days) | 4 | NDS QL PA |
| TACLONEX SUS QL (420 gm / 28 days) | 4 | NDS QL PA |
| <i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days) | 1 | QL PA |
| <i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1% QL (100 gm / 30 days) | 1 | QL PA |
| TAZORAC CREA .05%, .1% QL (60 gm / 30 days) | 3 | QL PA |
| TAZORAC GEL .05%, .1% QL (100 gm / 30 days) | 3 | QL PA |
| VECTICAL OINT 3mcg/gm QL (800 gm / 28 days) | 4 | NDS QL PA |
| VTAMA CREA 1% QL (60 gm / 30 days) | 4 | NDS QL PA |
| ZORYVE CREA .3% QL (60 gm / 30 days) | 3 | QL PA |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort</i> CREA 1% | 1 | |
| <i>ala-scalp</i> LOTN 2% QL (60 mL / 30 days) | 4 | NDS QL |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days) | 1 | QL |
| <i>amcinonide</i> CREA .1%; OINT .1% QL (60 gm / 30 days) | 4 | NDS QL PA |
| <i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% QL (120 gm / 30 days) | 1 | QL |
| <i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days) | 1 | QL |
| <i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05% QL (120 gm / 30 days) | 1 | QL |
| <i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days) | 1 | QL |
| <i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|---|----------------------------|-----------|
| <i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% | 1 | QL | DERMA-SMOOTH/FS BODY OIL .01% | 3 | QL |
| QL (120 gm / 30 days) | | | QL (118.28 mL / 30 days) | | |
| <i>betamethasone valerate</i> LOTN .1% | 1 | QL | DERMA-SMOOTH/FS SCALP OIL .01% | 3 | QL |
| QL (120 mL / 30 days) | | | QL (118.28 mL / 30 days) | | |
| BRYHALI LOTN .01% | 3 | QL PA | <i>desonide</i> CREA .05%; OINT .05% | 1 | QL |
| QL (100 gm / 30 days) | | | QL (60 gm / 30 days) | | |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% | 1 | QL | <i>desonide</i> GEL .05% | 1 | QL PA |
| QL (120 gm / 30 days) | | | QL (60 gm / 30 days) | | |
| <i>clobetasol propionate</i> FOAM .05% | 1 | QL | <i>desonide</i> LOTN .05% | 1 | QL |
| QL (100 gm / 30 days) | | | QL (118 mL / 30 days) | | |
| <i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% | 1 | QL | <i>desoximetasone</i> CREA .05% | 1 | QL PA |
| QL (125 mL / 30 days) | | | QL (100 gm / 30 days) | | |
| <i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05% | 1 | QL | <i>desoximetasone</i> CREA .25% | 1 | QL |
| QL (118 mL / 30 days) | | | QL (100 gm / 30 days) | | |
| <i>clobetasol propionate</i> (generic of CLOBEX) SHAM .05% | 1 | QL | <i>desoximetasone</i> GEL .05% | 1 | QL PA |
| QL (236 mL / 30 days) | | | QL (60 gm / 30 days) | | |
| <i>clobetasol propionate</i> SOLN .05% | 1 | QL | <i>desoximetasone</i> (generic of TOPICORT) LIQD .25% | 1 | QL |
| QL (100 mL / 30 days) | | | QL (100 mL / 30 days) | | |
| <i>clobetasol propionate e</i> CREA .05% | 1 | QL | <i>desoximetasone</i> (generic of TOPICORT) OINT .05% | 1 | QL PA |
| QL (120 gm / 30 days) | | | QL (100 gm / 30 days) | | |
| <i>clobetasol propionate</i> <i>emulsion</i> FOAM .05% | 1 | QL | <i>desoximetasone</i> (generic of TOPICORT) OINT .25% | 1 | QL |
| QL (100 gm / 30 days) | | | QL (100 gm / 30 days) | | |
| CLOBEX LIQD .05% | 3 | QL | <i>diflorasone diacetate</i> CREA .05%; OINT .05% | 1 | QL PA |
| QL (125 mL / 30 days) | | | QL (60 gm / 30 days) | | |
| CLOBEX LOTN .05% | 3 | QL | DIPROLENE OINT .05% | 3 | QL |
| QL (118 mL / 30 days) | | | QL (120 gm / 30 days) | | |
| CLOBEX SHAM .05% | 3 | QL | DUOBRII LOT | 4 | NDS QL PA |
| QL (236 mL / 30 days) | | | QL (200 gm / 28 days) | | |
| <i>clocortolone pivalate</i> CREA .1% | 1 | QL PA | EPIFOAM AER 1% | 3 | |
| QL (90 gm / 30 days) | | | <i>fluocinolone acetonide</i> CREA .01% | 1 | QL |
| <i>clodan</i> (generic of CLOBEX) SHAM .05% | 1 | QL | QL (60 gm / 30 days) | | |
| QL (236 mL / 30 days) | | | <i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% | 1 | QL |
| CORDRAN TAPE 4mcg/sqcm | 3 | QL PA | QL (120 gm / 30 days) | | |
| QL (1 roll / 30 days) | | | | | |

| Drug Name | Drug Requirements/ Limits | | Drug Name | Drug Requirements/ Limits | |
|---|------------------------------|--------|--|------------------------------|-----------|
| | Tier | Limits | | Tier | Limits |
| <i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days) | 1 | QL | HALOG SOLN .1% QL (120 mL / 30 days) | 4 | NDS QL PA |
| <i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days) | 1 | QL | <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%; SOLN 2.5% | 1 | |
| <i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days) | 1 | QL | <i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days) | 4 | NDS QL |
| <i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days) | 1 | QL | <i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days) | 1 | QL |
| <i>fluocinonide</i> CREA .05% QL (120 gm / 30 days) | 1 | QL | <i>hydrocortisone butyrate</i> CREA .1%; OINT .1% QL (45 gm / 30 days) | 1 | QL |
| <i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days) | 1 | QL | <i>hydrocortisone butyrate</i> LOTN .1% QL (118 mL / 30 days) | 1 | QL PA |
| <i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days) | 1 | QL | <i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days) | 1 | QL |
| <i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days) | 1 | QL | <i>hydrocortisone valerate</i> CREA .2%; OINT .2% QL (60 gm / 30 days) | 1 | QL |
| <i>flurandrenolide</i> LOTN .05% QL (120 mL / 30 days) | 1 | QL PA | LEXETTE FOAM .05% QL (200 gm / 28 days) | 1 | QL PA |
| <i>fluticasone propionate</i> CREA .05%; OINT .005% | 1 | | <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% | 1 | |
| <i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days) | 1 | QL | PRAMOSONE CRE 1-1% | 3 | |
| <i>halcinonide</i> (generic of HALOG) CREA .1% QL (240 gm / 30 days) | 1 | QL PA | PRAMOSONE LOT 1-1% | 3 | |
| <i>halcinonide</i> (generic of HALOG) SOLN .1% QL (120 mL / 30 days) | 1 | QL PA | PRAMOSONE LOT 2.5% | 3 | |
| <i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days) | 1 | QL | SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days) | 3 | QL |
| <i>halobetasol propionate</i> FOAM .05% QL (200 gm / 28 days) | 1 | QL PA | <i>texacort</i> SOLN 2.5% | 1 | |
| HALOG CREA .1% QL (240 gm / 30 days) | 3 | QL PA | TOPICORT LIQD .25% QL (100 mL / 30 days) | 3 | QL PA |
| | | | TOPICORT OINT .05% QL (100 gm / 30 days) | 3 | QL PA |
| | | | <i>tovet</i> FOAM .05% QL (100 gm / 30 days) | 1 | QL |
| | | | <i>triamcinolone acetonide</i> (topical) AERS .147mg/gm QL (100 gm / 30 days) | 1 | QL PA |
| | | | <i>triamcinolone acetone</i> (topical) CREA .025%, .1%, .5% QL (454 gm / 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 | Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|---|----------------------------|-----------------|
| <i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%; OINT .025%, .1%, .5% | 1 | | ANALPRAM HC LOT 2.5% | 3 | |
| <i>triamcinolone acetonide</i> (topical) OINT .05% QL (430 gm / 30 days) | 1 | QL PA | ANUSOL-HC CREA 2.5% | 3 | |
| <i>triderm</i> CREA .5% QL (454 gm / 30 days) | 1 | QL | ANZUPGO CREA 20mg/gm QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| ULTRAVATE LOTN .05% QL (120 mL / 30 days) | 4 | NDS QL PA | <i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days) | 1 | QL |
| DERMATOLOGY, LOCAL ANESTHETICS | | | <i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| DYCLOPRO SOLN .5% | 3 | | <i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days) | 1 | QL PA |
| <i>glydo</i> PRSY 2% QL (60 mL / 30 days) | 1 | QL PA | CORTIFOAM FOAM 10% | 3 | |
| <i>lidocaine</i> OINT 5% QL (50 gm / 30 days) | 1 | QL PA | DENAVIR CREA 1% QL (5 gm / 30 days) | 3 | QL |
| <i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | 1 | QL PA | <i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days) | 1 | QL PA |
| <i>lidocaine hcl</i> GEL 2% QL (30 mL / 30 days) | 1 | QL PA | <i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days) | 1 | QL |
| <i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days) | 1 | QL PA | <i>diclofenac sodium (topical)</i> SOLN 2% QL (224 gm / 28 days) | 1 | QL PA |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days) | 1 | B/D QL | <i>doxepin hcl (antipruritic)</i> (generic of PRUDOXIN) CREA 5% QL (45 gm / 30 days) | 1 | QL PA |
| <i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | 1 | QL PA | <i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg | 1 | |
| QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days) | 4 | NDS QL NM PA | EMROSI CP24 40mg QL (30 caps / 30 days) | 4 | NDS QL PA |
| QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days) | 4 | NDS QL NM PA | EPSOLAY CREA 5% QL (30 gm / 30 days) | 3 | QL PA |
| QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days) | 4 | NDS QL NM PA | EUCRISA OINT 2% QL (120 gm / 30 days) | 3 | QL PA |
| <i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | 1 | QL PA | FINACEA FOAM 15% QL (50 gm / 30 days) | 3 | QL PA |
| ZTLIDO PTCH 1.8% QL (3 patches / 1 day) | 3 | QL PA | <i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days) | 1 | QL |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | | <i>fluorouracil (topical)</i> CREA .5% QL (30 gm / 30 days) | 4 | NDS QL |
| <i>acyclovir topical</i> (generic of ZOVIRAX) CREA 5% QL (5 gm / 30 days) | 1 | QL PA | | | |
| <i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days) | 1 | QL | | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days) | 1 | QL |
| <i>hydrocortisone (rectal)</i> CREA 1% | 1 | |
| <i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5% | 1 | |
| HYFTOR GEL .2% QL (20 gm / 25 days) | 4 | NDS QL NM PA |
| <i>imiquimod</i> (generic of ZYCLARA PUMP) CREA 3.75% QL (28 packets / 28 days) | 1 | QL |
| <i>imiquimod</i> CREA 5% QL (24 packets / 30 days) | 1 | QL |
| <i>imiquimod pump</i> (generic of ZYCLARA PUMP) CREA 3.75% QL (7.5 gm / 28 days) | 1 | QL |
| <i>ivermectin (rosacea)</i> (generic of SOOLANTRA) CREA 1% QL (45 gm / 30 days) | 1 | QL PA |
| KLISYRI OINT 1% QL (5 packets / 30 days) | 4 | NDS QL PA |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12% | 1 | |
| METROCREAM CREA .75% QL (45 gm / 30 days) | 3 | QL PA |
| <i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days) | 1 | QL |
| <i>metronidazole (topical)</i> (generic of METROGEL) GEL 1% QL (60 gm / 30 days) | 1 | QL |
| <i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days) | 1 | QL |
| <i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days) | 1 | QL |
| MIRVASO GEL .33% QL (30 gm / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days) | 1 | QL |
| NORITATE CREA 1% QL (60 gm / 30 days) | 4 | NDS QL PA |
| OPZELURA CREA 1.5% QL (240 gm / 28 days) | 4 | NDS QL PA |
| ORACEA CPDR 40mg | 3 | |
| PANRETIN GEL .1% QL (60 gm / 30 days) | 4 | NDS QL PA |
| <i>peniclovir</i> (generic of DENAVIR) CREA 1% QL (5 gm / 30 days) | 1 | QL |
| <i>pimecrolimus</i> CREA 1% QL (100 gm / 30 days) | 1 | QL PA |
| <i>podofilox</i> GEL .5% QL (7 gm / 28 days) | 1 | QL |
| <i>podofilox</i> SOLN .5% QL (7 mL / 28 days) | 1 | QL |
| <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 | |
| PRUDOXIN CREA 5% QL (45 gm / 30 days) | 3 | QL PA |
| QBREXZA PADS 2.4% QL (30 cloths / 30 days) | 3 | QL PA |
| RECTIV OINT .4% QL (30 gm / 30 days) | 3 | QL |
| RHOFADE CREA 1% QL (30 gm / 30 days) | 3 | QL |
| SOFDRA GEL 12.45% QL (50 mL / 30 days) | 3 | QL NM PA |
| SOOLANTRA CREA 1% QL (45 gm / 30 days) | 3 | QL PA |
| <i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days) | 1 | QL PA |
| TARGRETIN GEL 1% QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| VALCHLOR GEL .016% QL (60 gm / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| XERESE CRE 5-1% QL (5 gm / 30 days) | 4 | NDS QL |
| YCANTH SOLN .7% | 3 | NM PA |
| ZELSUVMI GEL 10.3% | 4 | NDS PA |
| ZILXI FOAM 1.5% QL (30 gm / 30 days) | 3 | QL PA |
| ZONALON CREA 5% QL (45 gm / 30 days) | 3 | QL PA |
| ZORYVE CREA .05%, .15% QL (60 gm / 30 days) | 3 | QL PA |
| ZOVIRAX CREA 5% QL (5 gm / 30 days) | 3 | QL PA |
| ZOVIRAX OINT 5% QL (30 gm / 30 days) | 3 | QL |
| ZYCLARA PUMP CREA 3.75% QL (7.5 gm / 28 days) | 4 | NDS QL |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>crotan</i> LOTN 10% QL (454 gm / 30 days) | 4 | NDS QL PA |
| ELIMITE CREA 5% QL (60 gm / 30 days) | 3 | QL |
| <i>malathion</i> LOTN .5% QL (59 mL / 30 days) | 1 | QL |
| NATROBA SUSP .9% | 3 | |
| OVIDE LOTN .5% QL (59 mL / 30 days) | 3 | QL |
| <i>permethrin</i> (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days) | 1 | QL |
| <i>pruradik</i> LOTN 10% QL (454 gm / 30 days) | 4 | NDS QL PA |
| <i>spinosad</i> SUSP .9% | 1 | |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| FILSUVEZ GEL 10% QL (30 tubes / 30 days) | 4 | NDS QL NM PA |
| SANTYL OINT 250unit/gm QL (180 gm / 30 days) | 3 | QL PA |
| <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 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>chlorhexidine gluconate</i> (<i>mouth-throat</i>) (generic of PERIDEX) SOLN .12% | 1 | |
| <i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days) | 1 | QL |
| EVOXAC CAPS 30mg | 3 | |
| <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 | |
| SALAGEN TABS 5mg, 7.5mg | 3 | |
| <i>triamcinolone acetonide</i> (<i>mouth</i>) PSTE .1% | 1 | |

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