

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<b>ANALGESICS</b>			<b>ANALGESICS</b>		
<b>GOUT</b>			<b>GOUT</b>		
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	1		<i>naproxen</i> TABS 250mg, 375mg	1	
<i>colchicine</i> (generic of COLCRYS) TABS .6mg QL (120 tabs / 30 days)	1	QL	<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1		<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL	<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>probenecid</i> TABS 500mg	1		<i>naproxen sodium</i> TABS 275mg	1	
<b>NSAIDS</b>			<b>NSAIDS</b>		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL	<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL	<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1	
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL	<i>sulindac</i> TABS 150mg, 200mg	1	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1		<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>diflunisal</i> TABS 500mg	1		<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL	<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL	<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1		HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>etodolac</i> (generic of LODINE) TABS 400mg	1		<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>flurbiprofen</i> TABS 100mg	1		<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<i>ibu</i> TABS 400mg, 600mg, 800mg	1		<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1				
<i>meloxicam</i> TABS 7.5mg, 15mg	1				
<i>nabumetone</i> TABS 500mg, 750mg	1				

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>endocet tab</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab</i> 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>endocet tab</i> 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	4	NDS QL PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab</i> 5-325 mg QL (240 tabs / 30 days)	1	QL

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<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab</i> 10-325 mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 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 20mg/ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL

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	Tier	Limits		Tier	Limits
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL	<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL	<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL	CLINDMYC/NAC INJ 300/50ML	3	
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	1	QL	CLINDMYC/NAC INJ 600/50ML	3	
<b>ANESTHETICS</b>			CLINDMYC/NAC INJ 900/50ML	3	
<b>LOCAL ANESTHETICS</b>			<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	1	B/D	<i>dapsone</i> TABS 25mg, 100mg	1	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	DAP TOMYCIN SOLR 350mg	4	NDS
<b>ANTI-INFECTIVES</b>			<i>daptomycin</i> (generic of DAP TOMYCIN) SOLR 350mg	4	NDS
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>			<i>daptomycin</i> SOLR 500mg	4	NDS
<i>albendazole</i> TABS 200mg	4	NDS	EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1		<i>ertapenem sodium</i> (generic of INVANZ) SOLR 1gm	1	
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1		<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1		<i>gentamicin in saline inj 1 mg/ml</i>	1	
CAYSTON SOLR 75mg	4	NDS NM LA PA	<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	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	
			<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	

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<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
<i>ivermectin (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)</i>	1	QL PA
<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>	1	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)</i>	4	NDS QL
<i>linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)</i>	1	QL
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	1	
<i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>	1	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitazoxanide (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)</i>	4	NDS QL
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg</i>	2	
<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	2	
<i>paromomycin sulfate (generic of HUMATIN) CAPS 250mg</i>	1	
<i>pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg</i>	1	B/D
<i>pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg</i>	1	
<i>praziquantel (generic of BILTRICIDE) TABS 600mg</i>	1	

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<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	4	NDS
<i>streptomycin sulfate SOLR 1gm</i>	1	
<i>sulfadiazine TABS 500mg</i>	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	1	
<i>SYNERCID INJ 500MG</i>	4	NDS
<i>tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml</i>	4	NDS NM PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>trimethoprim TABS 100mg</i>	1	
<i>TRIMETHOPRIM TABS 100mg</i>	2	
<i>vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)</i>	1	QL
<i>vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)</i>	1	QL
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	1	
<i>VANCOMYCIN INJ 1 GM</i>	3	
<i>VANCOMYCIN INJ 500MG</i>	3	
<i>VANCOMYCIN INJ 750MG</i>	3	
<b>ANTIFUNGALS</b>		
<i>ABELCET SUSP 5mg/ml</i>	3	B/D
<i>amphotericin b SOLR 50mg</i>	1	B/D
<i>amphotericin b liposome (generic of AMBISOME) SUSR 50mg</i>	4	NDS B/D
<i>caspofungin acetate (generic of CANCIDAS) SOLR 50mg, 70mg</i>	1	

Drug Name	Drug Requirements/ Tier Limits	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg, 200mg	1	
<i>fluconazole</i> TABS 50mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicronsize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	4	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	1	QL
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	4	NDS PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	4	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL PA
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	1	QL PA
<b>ANTIMALARIALS</b>		
<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	

Drug Name	Drug Requirements/ Tier Limits	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	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	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml; 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
EDURANT TABS 25mg	4	NDS NM
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM
INTELENCE TABS 25mg	3	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
LEXIVA SUSP 50mg/ml	3	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	NM
NORVIR PACK 100mg	3	NM
PIFELTRO TABS 100mg	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
REYATAZ PACK 50mg	4	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	4	NDS NM
SELZENTRY TABS 25mg	3	NM
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	1	NM
SUNLENCA TBPK 300mg	4	NDS NM LA
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	4	NDS NM
TIVICAY PD TBSO 5mg	4	NDS NM
TROGARZO SOLN 200mg/1.33ml	4	NDS NM LA
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	4	NDS NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine</i> <i>tab 600-300 mg</i> (generic of EPZICOM)	1	NM

Drug Name	Drug Requirements/ Tier	Limits
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 QL (30 tabs / 30 days)	4	NDS QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	4	NDS QL NM
DOVATO TAB 50-300MG	4	NDS NM
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir</i> <i>df tab 400-300-300 mg</i> (generic of SYMFI LO)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir</i> <i>df tab 600-300-300 mg</i> (generic of SYMFI)	4	NDS NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 100- 150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 133- 200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 167- 250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 200- 300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
<i>lamivudine-zidovudine tab</i> <i>150-300 mg</i> (generic of COMBIVIR)	1	NM

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<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TRIUMEQ PD TAB	4	NDS NM
TRIUMEQ TAB	4	NDS NM
TRIZIVIR TAB	4	NDS NM
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS 250mg	4	NDS
<i>ethambutol hcl</i> TABS 100mg	1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	4	NDS NM LA PA
TRECTOR TABS 250mg	3	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	4	NDS NM
BARACLUDE SOLN .05mg/ml	4	NDS NM
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	4	NDS NM PA
EPCLUSA PAK 200-50MG	4	NDS NM PA
EPCLUSA TAB 200-50MG	4	NDS NM PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
EPCLUSA TAB 400-100	4	NDS NM PA
EPIVIR HBV SOLN 5mg/ml	3	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NDS NM PA
HARVONI PAK 45-200MG	4	NDS NM PA
HARVONI TAB 45-200MG	4	NDS NM PA
HARVONI TAB 90-400MG	4	NDS NM PA
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV) TABS 100mg	1	NM
MAVYRET PAK 50-20MG	4	NDS NM PA
MAVYRET TAB 100-40MG	4	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	4	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VEMLIDY TABS 25mg	4	NDS NM
VOSEVI TAB	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>CEPHALOSPORINS</b>			<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1		<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
CEFACLOR ER TB12 500mg	3		<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1		<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
CEFAZOLIN INJ 1GM/50ML	3		<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1		DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS
CEFAZOLIN SOLN 2GM/100ML-4%	3		<i>e.e.s. 400</i> TABS 400mg	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1		<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1		ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>cefixime</i> (generic of SUPRAX) CAPS 400mg; SUSR 200mg/5ml	1		<i>erythrocin stearate</i> TABS 250mg	1	
<i>cefixime</i> SUSR 100mg/5ml	1		<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1		<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1		<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<b>FLUOROQUINOLONES</b>		
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1		CIPRO SUSR 500mg/5ml	3	
CEFTAZIDIME/ SOL D5W 1GM	3		<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
CEFTAZIDIME/ SOL D5W 2GM	3		<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1		<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1		<i>levofloxacin</i> SOLN 25mg/ml; TABS 500mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1		<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1				
TEFLARO SOLR 400mg, 600mg	4	NDS			



Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1		<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1		<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1		<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>moxifloxacin hcl TABS 400mg</i>	1		<i>BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml</i>	3	
<b>PENICILLINS</b>			<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1		<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	1		<i>nafcillin sodium SOLR 10gm</i>	4	NDS
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1		<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1		<i>PEN GK/DEXTR INJ 40000/ML</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1		<i>PEN GK/DEXTR INJ 60000/ML</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1		<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	1		<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1		<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	1		<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1		<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	1		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>ampicillin CAPS 500mg</i>	1		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	1		<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	1		<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<b>TETRACYCLINES</b>			<b>ANTIBIOTICS</b>		
<i>doxy 100</i> SOLR 100mg	1		<i>oxaliplatin</i> SOLR 50mg, 100mg	4	NDS B/D
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	1		<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1		<b>ANTIMETABOLITES</b>		
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1		<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>minocycline hcl</i> CAPS 50mg, 75mg	1		<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	4	NDS B/D
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 100mg	1		ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D
NUZYRA SOLR 100mg; TABS 150mg	4	NDS NM LA	<b>ANTIMETABOLITES</b>		
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA	<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	4	NDS B/D NM
TIGECYCLINE SOLR 50mg	4	NDS	<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	4	NDS	<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<b>ANTINEOPLASTIC AGENTS</b>			<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<b>ALKYLATING AGENTS</b>			<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM LA	INQOVI TAB 35-100MG	4	NDS NM LA PA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D	LONSURF TAB 15-6.14	4	NDS NM LA PA
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D	LONSURF TAB 20-8.19	4	NDS NM LA PA
<i>cyclophosphamide</i> CAPS 25mg, 50mg	1	B/D	<i>mercaptopurine</i> TABS 50mg	1	
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	4	NDS B/D	<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	4	NDS B/D	ONUREG TABS 200mg, 300mg	4	NDS NM LA PA
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D	<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	4	NDS B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D	<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	4	NDS B/D
GLEOSTINE CAPS 10mg, 40mg	3	NM	PURIXAN SUSP 2000mg/100ml	4	NDS NM
GLEOSTINE CAPS 100mg	4	NDS NM	TABLOID TABS 40mg	3	
LEUKERAN TABS 2mg	3				
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D			

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

Drug Name	Drug Requirements/ Tier	Limits
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	4	NDS NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	NM PA
EMCYT CAPS 140mg	4	NDS
ERLEADA TABS 60mg	4	NDS NM LA PA
EULEXIN CAPS 125mg	4	NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	4	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	4	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	4	NDS NM PA
LYSODREN TABS 500mg	4	NDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	4	NDS
NUBEQA TABS 300mg	4	NDS NM LA PA
ORGOVYX TABS 120mg	4	NDS NM LA PA
SOLTAMOX SOLN 10mg/5ml	4	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	4	NDS
XTANDI CAPS 40mg; TABS 40mg, 80mg	4	NDS NM LA PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	4	NDS QL NM LA PA
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml	4	NDS NM LA PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	4	NDS NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA
MATULANE CAPS 50mg	4	NDS NM LA
SYNRIBO SOLR 3.5mg	4	NDS NM PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	NDS
WELIREG TABS 40mg	4	NDS NM LA PA
<b>MITOTIC INHIBITORS</b>		
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D

Drug Name	Drug Requirements/ 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
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	4	NDS B/D NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	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
<b>MOLECULAR TARGET AGENTS</b>		
ALECENSA CAPS 150mg	4	NDS NM LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	4	NDS NM LA PA
ALUNBRIG PAK	4	NDS NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
BALVERSA TABS 3mg, 4mg, 5mg	4	NDS NM LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	4	NDS NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA
BOSULIF TABS 100mg, 400mg, 500mg	4	NDS NM PA
BRAFTOVI CAPS 75mg	4	NDS NM LA PA
BRUKINSA CAPS 80mg	4	NDS NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
CAPRELSA TABS 100mg, 300mg	4	NDS NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg	4	NDS NM LA PA
COMETRIQ KIT 100MG	4	NDS NM LA PA
COMETRIQ KIT 140MG	4	NDS NM LA PA
COPIKTRA CAPS 15mg, 25mg	4	NDS NM LA PA
COTELLIC TABS 20mg	4	NDS NM LA PA
DAURISMO TABS 25mg, 100mg	4	NDS NM LA PA
ERIVEDGE CAPS 150mg	4	NDS NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) 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 QL (150 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
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
EXKIVITY CAPS 40mg	4	NDS NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GAVRETO CAPS 100mg	4	NDS NM LA PA	KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM LA
GILOTRIF TABS 20mg, 30mg, 40mg	4	NDS NM LA PA	KANJINTI SOLR 150mg, 420mg	4	NDS NM LA PA
HERCEP HYLEC SOL 60- 10000	4	NDS NM LA PA	KEYTRUDA SOLN 100mg/4ml	4	NDS NM LA PA
HERCEPTIN SOLR 150mg	4	NDS NM LA PA	KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA
HERZUMA SOLR 150mg, 420mg	4	NDS NM LA PA	KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM LA PA	KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM LA PA	KRAZATI TABS 200mg	4	NDS NM LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	4	NDS NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA	LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM LA PA	LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA	LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	LORBRENA TABS 25mg, 100mg	4	NDS NM LA PA
INREBIC CAPS 100mg	4	NDS NM LA PA	LUMAKRAS TABS 120mg	4	NDS NM LA PA
IRESSA TABS 250mg	4	NDS NM LA PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA			

Drug Name	Drug Requirements/ Tier	Limits
LYTGOBI TBPK 4mg	4	NDS NM LA PA
MEKINIST TABS .5mg, 2mg	4	NDS NM LA PA
MEKTOVI TABS 15mg	4	NDS NM LA PA
MONJUVI SOLR 200mg	4	NDS NM LA PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
NERLYNX TABS 40mg	4	NDS NM LA PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA
ODOMZO CAPS 200mg	4	NDS NM LA PA
OGIVRI SOLR 150mg	4	NDS NM LA PA
OGIVRI INJ 420MG	4	NDS NM LA PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	4	NDS NM LA PA
PHESGO SOL	4	NDS NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	4	NDS NM PA
PIQRAY 250MG TAB DOSE	4	NDS NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	4	NDS NM PA
QINLOCK TABS 50mg	4	NDS NM LA PA
RETEVMO CAPS 40mg, 80mg	4	NDS NM LA PA
REZLIDHIA CAPS 150mg	4	NDS NM LA PA
ROZLYTREK CAPS 100mg, 200mg	4	NDS NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
RYDAPT CAPS 25mg	4	NDS NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
SCEMBLIX TABS 40mg QL (300 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
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	4	NDS NM PA
STIVARGA TABS 40mg	4	NDS NM LA PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
TABRECTA TABS 150mg, 200mg	4	NDS NM PA
TAFINLAR CAPS 50mg, 75mg	4	NDS NM LA PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
TALZENNA CAPS .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	4	NDS NM PA
TAZVERIK TABS 200mg	4	NDS NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM LA PA
TEPMETKO TABS 225mg	4	NDS NM LA PA
TIBSOVO TABS 250mg	4	NDS NM LA PA
TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	4	NDS NM LA PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	4	NDS NM LA PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	4	NDS NM LA PA
TRUSELTIQ 125 MG DAILY DOSE	4	NDS NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TUKYSA TABS 50mg, 150mg	4	NDS NM LA PA
TURALIO CAPS 125mg, 200mg	4	NDS NM LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	4	NDS NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	4	NDS NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
VOTRIENT TABS 200mg	4	NDS NM LA PA
XALKORI CAPS 200mg, 250mg	4	NDS NM LA PA
XOSPATA TABS 40mg	4	NDS NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ZEJULA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
ZELBORAF TABS 240mg	4	NDS NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
ZOLINZA CAPS 100mg	4	NDS NM PA
ZYDELIG TABS 100mg, 150mg	4	NDS NM LA PA
ZYKADIA TABS 150mg	4	NDS NM LA PA

**PROTECTIVE AGENTS**

<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	
MESNEX TABS 400mg	4	NDS

**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> (generic of LOTREL) 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 &amp; hydrochlorothiazide tab 5- 6.25mg</i>	1	

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



Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- olmesartan medoxomil tab 5- 40 mg (generic of AZOR)</i>	1	QL	<i>olmesartan medoxomil- hydrochlorothiazide tab 20- 12.5 mg (generic of BENICAR HCT)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>amlodipine besylate- olmesartan medoxomil tab 10- 20 mg (generic of AZOR)</i>	1	QL	<i>olmesartan medoxomil- hydrochlorothiazide tab 40- 12.5 mg (generic of BENICAR HCT)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>amlodipine besylate- olmesartan medoxomil tab 10- 40 mg (generic of AZOR)</i>	1	QL	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	1	QL	<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5- 12.5 mg (generic of TRIBENZOR)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	1	QL	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 12.5 mg (generic of TRIBENZOR)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	1	QL	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 25 mg (generic of TRIBENZOR)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	1	QL	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 12.5 mg (generic of TRIBENZOR)</i>	1	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
ENTRESTO TAB 24-26MG	2		<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 25 mg (generic of TRIBENZOR)</i>	1	QL
ENTRESTO TAB 49-51MG	2		QL (30 tabs / 30 days)		
ENTRESTO TAB 97-103MG	2		<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	1	QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	1	QL	QL (30 tabs / 30 days)		
QL (60 tabs / 30 days)			<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	1	QL	QL (30 tabs / 30 days)		
QL (30 tabs / 30 days)					
<i>losartan potassium &amp; hydrochlorothiazide tab 50- 12.5 mg (generic of HYZAAR)</i>	1				
<i>losartan potassium &amp; hydrochlorothiazide tab 100- 12.5 mg (generic of HYZAAR)</i>	1				
<i>losartan potassium &amp; hydrochlorothiazide tab 100- 25 mg (generic of HYZAAR)</i>	1				

Drug Name	Drug Requirements/ Tier	Limits
<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
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sorine</i> TABS 240mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>					
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg 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
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL	<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL	PRALUENT SOAJ 75mg/ml, 150mg/ml	2	NM PA
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL	<i>prevalite</i> PACK 4gm	1	
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL	<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL	VASCEPA CAPS .5gm, 1gm	3	
<b>ANTILIPEMICS, MISCELLANEOUS</b>			<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1		<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>cholestyramine light</i> PACK 4gm	1		<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1		<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> (generic of ZIAC)	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1		<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> (generic of ZIAC)	1	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1		<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> (generic of ZIAC)	1	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1		<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL	<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL	<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL	<b>BETA-BLOCKERS</b>		
			<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
			<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
			<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1		<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1		<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg	1		<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1		<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	1		<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nadolol</i> TABS 80mg	1		<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL	<i>nimodipine</i> CAPS 30mg	1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL	NYMALIZE SOLN 6mg/ml	4	NDS
<i>pindolol</i> TABS 5mg, 10mg	1		<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1		<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1		<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 180mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1		<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<b>CALCIUM CHANNEL BLOCKERS</b>			<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	1	
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1		<b>DIURETICS</b>		
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1		<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1		<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1		<i>amiloride hcl</i> TABS 5mg	1	
			<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<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	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> (generic of ALDACTAZIDE)	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	1	
<b>MISCELLANEOUS</b>		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> (generic of TEKTRUNA) TABS 150mg, 300mg	1	
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3	
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	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)	4	NDS QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> (generic of ADRENALIN) SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	4	NDS PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	
<b>NITRATES</b>		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (90 tabs / 30 days)	1	QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	NDS NM LA PA
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTIANXIETY</b>		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<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 2mg/ml, 4mg/ml	1	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<b>ANTICONVULSANTS</b>		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>carbamazepine</i> CHEW 100mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM LA PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	4	NDS
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	4	NDS QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	4	NDS
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> (generic of LACOSAMIDE) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1		<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1		<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1		<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1		<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1		<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1		<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA
NAYZILAM SOLN 5mg/0.1ml	3		<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1		<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	3	PA	<i>roovepra</i> (generic of KEPPRA) TABS 500mg	1	
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	2	PA	<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3	PA	<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
PHENYTEK CAPS 200mg, 300mg	3		<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
			SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
			SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
			SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL



Drug Name	Drug Requirements/ Limits	
	Tier	Limits
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA
<i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3	
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	NDS QL
XCOPRI TABS 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/ Limits	
	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
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	3	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 LA PA
<b>ANTIDEMENTIA</b>		
<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	1	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	1	
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	1	PA
<i>memantine hcl</i> SOLN 2mg/ml PA if < 30 yrs	1	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA if < 30 yrs	1	PA
NAMZARIC CAP 7-10MG	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
AUVELITY TAB 45-105MG 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	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>doxepin hcl</i> CAPS 150mg	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
FETZIMA CAP TITRATIO	3	PA
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
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	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	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
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD KIT STARTER	3	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	2	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 &amp; levodopa tab 10- 100 mg</i> (generic of SINEMET)	1	
<i>carbidopa &amp; levodopa tab 25- 100 mg</i> (generic of SINEMET)	1	
<i>carbidopa &amp; levodopa tab 25- 250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 12.5-50-200 mg</i> (generic of STALEVO 50)	1	
<i>carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg</i> (generic of STALEVO 75)	1	
<i>carbidopa-levodopa- entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	1	
<i>carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg</i> (generic of STALEVO 125)	1	
<i>carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg</i> (generic of STALEVO 150)	1	
<i>carbidopa-levodopa- entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	1	
<i>entacapone</i> (generic of COMTAN) TABS 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)	4	NDS QL NM PA	<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3		CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1		<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL	CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	3	
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1		<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1		<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	2	PA	<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	1	QL
<b>ANTIPSYCHOTICS</b>			<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL	<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL	<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL	<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	4	NDS QL	FANAPT PAK	3	PA
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL	<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL	<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS	<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
			<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4	NDS QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4	NDS QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	NDS QL
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	NDS QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA 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, 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 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, 50mg, 100mg, 200mg, 300mg, 400mg	1	
<i>quetiapine fumarate</i> TABS 150mg	1	
<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 CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	3	QL
RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier Limits	
<i>risperidone</i> (generic of RISPERSAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	3	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL
VRAYLAR CAP 1.5-3MG	3	
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	4	NDS QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<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
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>metadate er</i> TBCR 20mg QL (90 tabs / 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
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
<b>HYPNOTICS</b>		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
<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, 30mg QL (30 caps / 30 days) PA if 65 years and older	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
<b>MIGRAINE</b>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	1	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
<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> (generic of IMITREX) SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 units / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	1	QL	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL	<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL	NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL	<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1	
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL	<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>zolmitriptan</i> (generic of ZOMIG) TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL	<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>zolmitriptan</i> TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL	<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>MISCELLANEOUS</b>			BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA	BETASERON KIT .3mg QL (14 syringes / 28 days)	4	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	NM PA
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (28 caps / 28 days)	4	NDS QL NM PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	4	NDS QL NM LA PA	GILENYA CAPS .5mg QL (28 caps / 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
			<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
			<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
			<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA



Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	4	NDS QL NM LA PA	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i> QL (60 films / 30 days)	1	QL
<b>MUSCULOSKELETAL THERAPY AGENTS</b>			<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
<i>baclofen</i> TABS 10mg, 20mg	1		<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	2	PA	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1		<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1		<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>tizanidine hcl</i> TABS 2mg	1		<i>naloxone hcl</i> (generic of NARCAN) LIQD 4mg/0.1ml	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1		<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
<b>NARCOLEPSY/CATAPLEXY</b>			<i>naltrexone hcl</i> TABS 50mg	1	
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA	NICOTROL INHALER INHA 10mg	3	
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA	NICOTROL NS SOLN 10mg/ml	3	
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM LA PA	<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM LA PA	<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	1	PA
<b>PSYCHOTHERAPEUTIC-MISC</b>			VIVITROL SUSR 380mg	4	NDS NM
<i>acamprosate calcium</i> TBEC 333mg	1		<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA	<i>oxandrolone</i> TABS 2.5mg QL (120 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days)	1	QL	<i>oxandrolone</i> TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL	<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL	<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Limits	
	Tier	Limits		Tier	Limits
<i>testosterone cypionate</i> (generic of DEPO- TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	1	PA	<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
<i>testosterone enanthate</i> SOLN	1	PA	<i>glipizide-metformin hcl tab 5- 500 mg</i> QL (120 tabs / 30 days)	1	QL
<b>ANTIDIABETICS</b>			GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
<i>acarbose</i> TABS 25mg, 50mg, 1 100mg			GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL	JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL	JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL	JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL
<i>glimepiride</i> (generic of AMARYL) TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
<i>glimepiride</i> (generic of AMARYL) TABS 4mg QL (60 tabs / 30 days)	1	QL	JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL	JANUVIA TABS 25mg, 50mg, 2 100mg QL (30 tabs / 30 days)	2	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL	JARDIANCE TABS 10mg QL (60 tabs / 30 days)	2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL	JARDIANCE TABS 25mg QL (30 tabs / 30 days)	2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL	JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL
			JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	2	QL
			<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
			<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
			<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL	SYNJARDY XR TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL	SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL	TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml QL (1 pen / 28 days)	2	QL	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL	TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	2	QL	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL	TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL	VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	2	QL	<b>ANTIDIABETICS, INSULINS</b>		
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL	BASAGLAR KWIKPEN SOPN 100unit/ml	2	
			BD ALCOHOL SWABS	2	
			FIASP FLEX INJ TOUCH	2	
			FIASP INJ 100/ML	2	
			FIASP PENFIL INJ U-100	2	
			GAUZE PADS 2" X 2"	2	
			HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	4	NDS B/D
			HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS

Drug Name	Drug Requirements/ Tier Limits
INSULIN PEN NEEDLES: BD/NOVO	2
INSULIN SAFETY NEEDLES	2
INSULIN SYRINGES: BD	2
LANTUS SOLN 100unit/ml	2
LANTUS SOLOSTAR SOPN 100unit/ml	2
LEVEMIR SOLN 100unit/ml	2
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2
NOVOLIN INJ 70/30 (brand RELION not covered)	2
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	2
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2

Drug Name	Drug Requirements/ Tier Limits
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	2
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	3 QL PA
OMNIPOD 5 G6 MIS PODS 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
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	3 QL PA
OMNIPOD PDM KIT CLASSIC QL (1 kit / year)	3 QL PA
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	2
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2
V-GO 20 KIT QL (1 kit / 30 days)	3 QL PA
V-GO 30 KIT QL (1 kit / 30 days)	3 QL PA
V-GO 40 KIT QL (1 kit / 30 days)	3 QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2 QL
<b>CALCIUM REGULATORS</b>	
<i>alendronate sodium</i> TABS 10mg, 35mg	1
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1 B/D
FORTEO SOPN 600mcg/2.4ml	4 NDS NM PA
<i>ibandronate sodium</i> TABS 150mg	1 B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	4 NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
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
TERIPARATIDE SOPN 620mcg/2.48ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	3	
<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	4	NDS NM PA
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	4	NDS NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	4	NDS NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ayuna</i>	1	
<i>azurette</i> (generic of MIRCETTE)	1	
<i>balziva</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>chateal</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>deblitane</i> TABS .35mg	1	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	1	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1	
<i>elinest</i>	1	
<i>eluryng</i> (generic of NUVARING)	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>hailey 1.5/30</i>	1	
<i>heather</i> TABS .35mg	1	
<i>iclevia</i>	1	
<i>incassia</i> TABS .35mg	1	

Drug Name	Drug Requirements/ Tier Limits
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>kariva</i> (generic of MIRCETTE)	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>leena</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1
<i>levora 0.15/30-28</i>	1
<i>lillow</i>	1
<i>loestrin 1.5/30-21</i>	1
<i>loestrin 1/20-21</i>	1
<i>loestrin fe 1.5/30</i>	1
<i>loestrin fe 1/20</i>	1
<i>loryna</i> (generic of YAZ)	1
<i>low-ogestrel</i>	1
<i>lutra</i>	1
<i>lyleq</i> TABS .35mg	1
<i>lyza</i> TABS .35mg	1
<i>marlissa</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1
<i>microgestin 1.5/30</i>	1
<i>microgestin 1/20</i>	1
<i>microgestin fe 1.5/30</i>	1
<i>microgestin fe 1/20</i>	1
<i>mili</i>	1
<i>mono-linyah</i>	1
<i>necon 0.5/35-28</i>	1
<i>nikki</i> (generic of YAZ)	1
<i>nora-be</i> TABS .35mg	1
<i>norethindrone (contraceptive) TABS .35mg</i>	1
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1
<i>norgestimate &amp; 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> (generic of ORTHO TRI-CYCLEN LO)	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
<i>nylia 1/35</i>	1
<i>nylia 7/7/7</i>	1
<i>nymyo</i>	1
<i>ocella</i> (generic of YASMIN 28)	1
<i>philith</i>	1
<i>pimtrea</i> (generic of MIRCETTE)	1

Drug Name	Drug Requirements/ Tier Limits
<i>pirmella 1/35</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>setlakin</i>	1
<i>sharobel</i> TABS .35mg	1
<i>simliya</i> (generic of MIRCETTE)	1
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina fe 1/20 eq</i>	1
<i>tilia fe</i>	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-mili</i>	1
<i>tri-nymyo</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>trivora-28</i>	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i> (generic of MIRCETTE)	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>xulane</i>	1
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1

Drug Name	Drug Requirements/ Tier Limits
<b>ENDOMETRIOSIS</b>	
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1
SYNAREL SOLN 2mg/ml	4 NDS
<b>ESTROGENS</b>	
<i>amabelz</i>	2
DELESTROGEN OIL 10mg/ml	3
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	2
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	1
<i>fyavolv tab 0.5mg-2.5mcg</i>	2
<i>fyavolv tab 1mg-5mcg</i>	2
<i>jinteli</i>	2
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>mimvey</i> (generic of ACTIVELLA)	2
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2

Drug Name	Drug Requirements/ Tier	Limits
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM LA PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	4	NDS NM LA
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM LA PA
CERDELGA CAPS 84mg	4	NDS NM LA PA
CEREZYME SOLR 400unit	4	NDS NM LA PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 60mg QL (60 tabs / 30 days)	4	NDS B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	4	NDS B/D QL NM
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
<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	



Drug Name	Drug Requirements/ Tier	Limits
FABRAZYME SOLR 5mg, 35mg	4	NDS NM LA PA
GENOTROPIN CART 5mg, 12mg	4	NDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
INCRELEX SOLN 40mg/4ml	4	NDS NM LA PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM LA PA
KORLYM TABS 300mg	4	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NDS NM LA 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
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
NAGLAZYME SOLN 1mg/ml	4	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	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
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NDS NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NDS NM LA PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	1	QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	1	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	4	NDS QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	4	NDS QL
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	1	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	4	NDS QL
<b>PROGESTINS</b>		
<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> (generic of AYGESTIN) TABS 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>THYROID AGENTS</b>					
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>paricalcitol</i> CAPS 4mcg	1	B/D
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		RAYALDEE CPCR 30mcg	4	NDS
<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		<b>GASTROINTESTINAL ANTIEMETICS</b>		
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1		<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>methimazole</i> TABS 5mg, 10mg	1		<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D
<i>propylthiouracil</i> TABS 50mg	1		<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	B/D
<i>synthroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3		<i>compro</i> SUPP 25mg	1	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
<b>VITAMIN D ANALOGS</b>			<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	B/D	<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>calcitriol</i> SOLN 1mcg/ml	1	B/D	<i>granisetron hcl</i> TABS 1mg	1	B/D
			<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
			<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	1	
			<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
			<i>ondansetron</i> TBP 4mg, 8mg	1	B/D
			<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
			<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
			<i>prochlorperazine</i> SUPP 25mg	1	
			<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
			<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
			<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	2	PA
			<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	1	PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	3	QL PA	<i>mesalamine</i> ENEM 4gm	1	
<b>ANTISPASMODICS</b>			<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<i>dicyclomine hcl</i> CAPS 10mg; 2 TABS 20mg	2		<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3		<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1		<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1		<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
<b>H2-RECEPTOR ANTAGONISTS</b>			<b>LAXATIVES</b>		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1		<i>constulose</i> SOLN 10gm/15ml	1	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL	<i>enulose</i> SOLN 10gm/15ml	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	QL	<i>gavilyte-c</i>	1	
<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	1	QL	<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1		<i>generlac</i> SOLN 10gm/15ml GOLYTELY SOL	1 2	
<i>nizatidine</i> CAPS 150mg, 300mg	1		<i>lactulose</i> SOLN 10gm/15ml	1	
<b>INFLAMMATORY BOWEL DISEASE</b>			<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1		<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA	PLENVU SOL	3	
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1		<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	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL	SUPREP BOWEL SOL PREP KIT	3	
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL	<b>MISCELLANEOUS</b>		
			<i>alose tron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	4	NDS QL PA
			<i>cromolyn sodium</i> (generic of GASTROCROM) CONC 100mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	2	
GATTEX KIT 5mg	4	NDS NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTI K TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	4	NDS PA
<i>sucrafate</i> (generic of CARAFATE) TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
XERMELO TABS 250mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
XIFAXAN TABS 550mg	4	NDS PA
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	

Drug Name	Drug Requirements/ Tier	Limits
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<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>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
<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	1	
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	1	
<b>MISCELLANEOUS</b>		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
<b>URINARY ANTISPASMODICS</b>		
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL	<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg QL (60 caps / 30 days)	1	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL	ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL	ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	1		ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	1	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>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg QL (60 tabs / 30 days)	1	QL	<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>oxybutynin chloride</i> TB24 15mg QL (60 tabs / 30 days)	1	QL	<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL	HEP SOD/D5W INJ 20000UNT	1	
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST	HEP SOD/D5W INJ 25000UNT	1	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL	HEP SOD/NAACL INJ 25000UNT	2	
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL	<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<b>VAGINAL ANTI-INFECTIVES</b>			HEPARIN/NAACL INJ 25000UNT	2	
<i>clindamycin phosphate</i> vaginal (generic of CLEOCIN) CREA 2%	1		<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>metronidazole vaginal</i> GEL .75%	1		PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1		PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
<b>HEMATOLOGIC ANTICOAGULANTS</b>			<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days)	1	QL			

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
ZIEXTENZO SOSY 6mg/0.6ml	4	NDS NM PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	4	NDS QL NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	4	NDS NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
ENDARI PACK 5gm	4	NDS NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	4	NDS QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4	NDS QL NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOLN 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
PROMACTA PACK 25mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
<i>sajazir</i> (generic of FIRAZYR) SOLN 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	4	NDS NM PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg 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
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 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
HUMIRA PEDIA INJ CROHNS	4	NDS NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	NDS NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN KIT PS/UV	4	NDS NM PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	4	NDS NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	4	NDS NM PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	NDS NM PA
INFLIXIMAB SOLR 100mg	4	NDS NM LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 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 30mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	4	NDS QL NM PA
REMICADE SOLR 100mg	4	NDS NM LA PA
RENFLEXIS SOLR 100mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA
RINVOQ TB24 45mg QL (112 tabs / year)	4	NDS QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	4	NDS QL NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM LA PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></b>		
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	3	B/D
<b><i>IMMUNOGLOBULINS</i></b>		
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM LA PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA
GAMASTAN INJ	3	B/D NM LA

Drug Name	Drug Requirements/ Tier	Limits
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM LA PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 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
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 2000000unit/0.5ml	4	NDS NM LA PA
ARCALYST SOLR 220mg	4	NDS NM LA PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	4	NDS B/D NM LA
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i> (generic of IMURAN) TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM LA PA
BENLYSTA SOLR 120mg, 400mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	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
<i>everolimus</i> ( <i>immunosuppressant</i> ) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
<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
NULOJIX SOLR 250mg	4	NDS B/D NM
PROGRAF PACK .2mg, 1mg	3	B/D NM
REZUROCK TABS 200mg	4	NDS NM LA PA
SANDIMMUNE SOLN 100mg/ml	3	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	4	NDS B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
<b>VACCINES</b>		
ACTHIB INJ	2	
ADACEL INJ	2	
BCG VACCINE SOLR 50mg	2	
BEXSERO INJ	2	
BOOSTRIX INJ	2	
DAPTACEL INJ	2	



Drug Name	Drug Requirements/ Limits	
	Tier	Limits
DENGVAIXIA SUS	2	
DIP/TET PED INJ 25-5LFU	2	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	2	B/D
GARDASIL 9 INJ	2	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	2	
HEPLISAV-B SOSY 20mcg/0.5ml	2	B/D
HIBERIX SOLR 10mcg	2	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	2	B/D
INFANRIX INJ	2	
IPOL INJ INACTIVE	2	
IXIARO INJ	2	
KINRIX INJ	2	
M-M-R II INJ	2	
MENACTRA INJ	2	
MENQUADFI INJ	2	
MENVEO INJ	2	
MENVEO SOL	2	
PEDIARIX INJ 0.5ML	2	
PEDVAX HIB SUSP 7.5mcg/0.5ml	2	
PENTACEL INJ	2	
PREHEVBRIO SUSP 10mcg/ml	2	B/D
PRIORIX INJ	2	
PROQUAD INJ	2	
QUADRACEL INJ	2	
QUADRACEL INJ 0.5ML	2	
RABAVERT INJ	2	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	2	B/D
ROTARIX SUS	2	
ROTATEQ SOL	2	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	2	QL
TDVAX INJ 2-2 LF	2	B/D
TENIVAC INJ 5-2LF	2	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	2	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
TRUMENBA INJ	2	
TWINRIX INJ	2	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	2	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	2	
VARIVAX INJ 1350pfu/0.5ml	2	
YF-VAX INJ	2	

**NUTRITIONAL/SUPPLEMENTS  
ELECTROLYTES/MINERALS,  
INJECTABLE**

D2.5W/NAACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D10W/NAACL INJ 0.2%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NAACL 0.45%)</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NAACL 0.3%)</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	1
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1
KCL/D5W/NACL INJ 0.3/0.9%	3
<i>lactated ringer's solution</i>	1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
<i>magnesium sulfate</i> SOLN 50%	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
PLASMA-LYTE INJ -148	3
PLASMA-LYTE INJ -A	3
POT CHL 20MEQ/L IN NACL 0.9% INJ	1
POT CHL 20MEQ/L IN NACL 0.45% INJ	3
POT CHL 40MEQ/L IN NACL 0.9% INJ	3
<i>potassium chloride</i> SOLN 2meq/ml	1
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	3

Drug Name	Drug Requirements/ Tier Limits
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml	1
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1
TPN ELECTROL INJ	3 B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>	
<i>klor-con</i> PACK 20meq	1
<i>klor-con 8</i> TBCR 8meq	1
<i>klor-con 10</i> TBCR 10meq	1
<i>klor-con m10</i> TBCR 10meq	1
<i>klor-con m15</i> TBCR 15meq	1
<i>klor-con m20</i> TBCR 20meq	1
M-NATAL PLUS TAB	2
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq	1
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	1
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1
PRENATAL TAB 27-1MG	2
PRENATAL TAB PLUS	2
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1
TRICARE TAB PRENATAL	2
<b>IV NUTRITION</b>	
CLINIMIX INJ 4.25/D5W	3 B/D
CLINIMIX INJ 4.25/D10	3 B/D
CLINIMIX INJ 5%/D15W	3 B/D
CLINIMIX INJ 5%/D20W	3 B/D
CLINIMIX INJ 6/5	3 B/D
CLINIMIX INJ 8/10	3 B/D
CLINIMIX INJ 8/14	3 B/D
<i>clinisol sf 15%</i>	1 B/D
CLINOLIPID EMU 20%	3 B/D
<i>dextrose</i> SOLN 5%, 10%	1
<i>dextrose</i> SOLN 50%, 70%	1 B/D
FREAMINE III INJ 10%	3 B/D

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	1	
ZYLET SUS 0.5-0.3%	2	
<b>ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i>	1	
<i>gentak OINT .3%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	1	
NATACYN SUSP 5%	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml</i>	1	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
trifluridine SOLN 1%	1	
ZIRGAN GEL .15%	3	
<b>ANTI-INFLAMMATORIES</b>		
ALREX SUSP .2%	2	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate (generic of DUREZOL) EMUL .05%</i>	1	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
ILEVRO SUSP .3%	2	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	1	
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	1	
LOTEMAX OINT .5%	2	
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	2	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>olopatadine hcl</i> SOLN .1%	1	
ZERVIAE SOLN .24%	3	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOLN .1%	2	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	2	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml (generic of COSOPT)	1	
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC-XE) SOLG .25%, .5%	1	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC) SOLN .25%, .5%	1	
VYZULTA SOLN .024%	3	

Drug Name	Drug Requirements/ Tier	Limits
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> (generic of ATROPINE SULFATE) SOLN 1%	1	
CYSTADROPS SOLN .37%	4	NDS NM LA PA
CYSTARAN SOLN .44%	4	NDS NM LA PA
ISOPTO ATROPINE SOLN 1%	2	
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
TYRVAYA SOLN .03mg/act	3	
XIIDRA SOLN 5%	2	
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1% (generic of CIPRODEX)	1	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
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

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
<b>ANTICHOLINERGICS</b>		
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	
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl</i> SOLN .1%, .15%	1	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	2	PA
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	2	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg PA if 70 years and older	2	PA

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>hydroxyzine pamoate</i> CAPS 50mg PA if 70 years and older	2	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	
<b>BETA AGONISTS</b>		
<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 Ventolin HFA)	1	QL
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<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>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	1	B/D
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
<i>terbutaline sulfate</i> 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

Drug Name	Drug Requirements/ Tier	Limits
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
<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	
ESBRIET CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM LA PA
FASENRA SOSY 30mg/ml	4	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	4	NDS NM LA PA
KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	4	NDS QL NM LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	4	NDS QL NM LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	4	NDS QL NM LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM LA PA
<i>pirfenidone</i> (generic of ESBRIET) 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
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	4	NDS NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg, 500mcg	1	
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4	NDS QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	4	NDS QL NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	4	NDS QL NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	4	NDS QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	4	NDS NM LA PA
ZEMAIRA SOLR 1000mg	4	NDS NM LA PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier Limits	
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	1	B/D
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	2	QL
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	2	QL
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	3	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	2	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	2	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	2	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier Limits	
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	2	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	2	QL
<b>TOPICAL DERMATOLOGY, ACNE</b>		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>avita</i> (generic of RETIN-A) CREA .025% QL (45 gm / 30 days)	1	QL PA
<i>avita</i> GEL .025% QL (45 gm / 30 days)	1	QL PA
<i>benzoyl peroxide- erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL
<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>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA	<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10%	1	QL	<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i> tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL PA	<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i> zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA	<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<b>DERMATOLOGY, ANTIBIOTICS</b>			<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL	<i>calcipotriene</i> OINT .005%	1	QL PA
<i>mupirocin</i> OINT 2%	1	QL	<i>calcipotriene</i> SOLN .005%	1	QL PA
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1		<i>calcitrene</i> OINT .005%	1	QL PA
<i>ssd</i> (generic of SILVADENE) CREA 1%	1		<i>tazarotene</i> (generic of TAZORAC) CREA .1%	1	QL PA
<i>SULFAMYLON</i> CREA 85mg/gm	3	QL	<i>TAZORAC</i> CREA .05%	3	QL PA
<i>DERMATOLOGY, ANTIFUNGALS</i>			<i>QL</i> (60 gm / 30 days)		
<i>ciclopirox olamine</i> CREA .77%	1	QL	<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ciclopirox olamine</i> (generic of LOPROX) SUSP .77%	1	QL	<i>ketconazole (topical)</i> SHAM 2%	1	QL
<i>clotrimazole (topical)</i> CREA 1%	1	QL	<i>QL</i> (120 mL / 30 days)		
<i>clotrimazole (topical)</i> SOLN 1%	1	QL	<i>selenium sulfide</i> LOTN 2.5%	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL	<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ketconazole (topical)</i> CREA 2%	1	QL	<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>nyamyc</i> POWD 100000unit/gm	1	QL	<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL
<i>QL</i> (60 gm / 30 days)			<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL
			<i>QL</i> (120 gm / 30 days)		
			<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL
			<i>QL</i> (120 mL / 30 days)		
			<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%	1	QL
			<i>QL</i> (120 gm / 30 days)		
			<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL
			<i>QL</i> (120 mL / 30 days)		



Drug Name	Tier	Drug Requirements/ Limits
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
ENSTILAR AER QL (120 gm / 30 days)	3	QL PA
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01% QL (90 mL / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL

Drug Name	Tier	Drug Requirements/ Limits
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .1% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> GEL 2% QL (30 mL / 30 days)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	QL PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	1	QL
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 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/ Limits	
	Tier	Limits
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)	1	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	4	NDS QL PA
<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>procto-pak</i> (generic of PROCTOCORT) CREA 1%	1	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
<i>tacrolimus (topical)</i> (generic of PROTOPIC) OINT .03%, .1% QL (100 gm / 30 days)	1	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM LA PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX GEL .01% QL (30 gm / 30 days)	4	NDS QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
<i>triamcinolone acetoneide (mouth)</i> PSTE .1%	1	

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<i>susp 0.3-0.1%</i> .....	52	CLINDMYC/NAC INJ		COLY-MYCIN M	
<i>ciprofloxacin 200 mg/100ml</i>		300/50ML .....	3	<i>see colistimethate</i>	
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<i>ciprofloxacin 400 mg/200ml</i>		600/50ML .....	3	COMBIGAN SOL 0.2/0.5%	
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<i>cisplatin</i> .....	10	CLINIMIX INJ 6/5 .....	50	300 mg.....	6
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<i>claravis</i> .....	55	CLINIMIX INJ 8/14 .....	50	.....	12
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