

SilverScript Employer PDP sponsored by Cleveland Clinic Retiree Plan (SilverScript)

2024 Formulary (List of Covered Drugs)

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

This formulary was updated on 10/09/2023. For more recent information or other questions, please contact Customer Care at 1-866-693-4617, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 24194

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

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

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

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

What is the SilverScript Formulary?

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

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

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

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

Can the Formulary (drug list) change?

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

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

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

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

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

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

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

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

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

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

How do I use the Formulary?

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

Alphabetical Listing

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

Medical Condition

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

Step Therapy (ST): In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

How do I request an exception to the SilverScript Formulary?

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

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

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

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

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

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

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

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

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has four Cost-Sharing Tiers

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

Cost-Sharing Tier 1: Generic

Cost-Sharing Tier 2: Preferred Brand

Cost-Sharing Tier 3: Non-Preferred Brand

Cost-Sharing Tier 4: Specialty (High Cost)

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

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

	Network Retail Pharmacy (Up to a 30-day supply)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	20% of total cost Minimum \$5.00 Maximum \$75.00	20% of total cost Minimum \$5.00 Maximum \$75.00	20% of total cost Minimum \$5.00 Maximum \$75.00
Tier 2: Preferred Brand	30% of total cost Minimum \$5.00 Maximum \$75.00	30% of total cost Minimum \$5.00 Maximum \$75.00	30% of total cost Minimum \$5.00 Maximum \$75.00
Tier 3: Non-Preferred Brand	50% of total cost	50% of total cost	50% of total cost
Tier 4: Specialty (High Cost)	20% of total cost Maximum \$100.00	20% of total cost Maximum \$100.00	20% of total cost Maximum \$100.00

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

Costs shown in the table above reflect the additional coverage that may be provided by Cleveland Clinic Retiree Plan. Drugs that are part of your standard Medicare plan, but do not have additional coverage from Cleveland Clinic Retiree Plan would be covered under the 2024 Medicare Part D Defined Standard Benefit. Please visit

<https://q1medicare.com/PartD-The-2024-Medicare-Part-D-Outlook.php> for more information about the 2024 Medicare Part D Defined Standard Benefit drug costs.

For more information

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

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

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

SilverScript's Formulary

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

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

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

- PA Prior Authorization
- QL Drug has Quantity Limits
- ST Step Therapy required
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Care at 1-866-693-4617, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS					
GOUT					
<i>allopurinol</i> 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> <i>0.5-500 mg</i>	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	
NSAIDS					
<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		OPIOID ANALGESICS, LONG-ACTING		
<i>diflunisal</i> TABS 500mg	1		<i>fentanyl</i> / PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr 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/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
OPIOID ANALGESICS, SHORT-ACTING			<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL	MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	3		<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	3	B/D
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i> QL (900 mL / 30 days)	1	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	<i>morphine sulfate SOLN 20mg/ml</i> QL (180 mL / 30 days)	1	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL	<i>morphine sulfate TABS 15mg, 30mg</i> QL (180 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL	MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>fentanyl citrate LPOP 200mcg</i> QL (120 lozenges / 30 days)	1	QL PA	<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	3	
<i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i> QL (120 lozenges / 30 days)	4	NDS QL PA	<i>oxycodone hcl CAPS 5mg</i> QL (180 caps / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL	<i>oxycodone hcl CONC 100mg/5ml</i> QL (180 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL	<i>oxycodone hcl SOLN 5mg/5ml</i> QL (900 mL / 30 days)	1	QL
			<i>oxycodone hcl TABS 5mg, 10mg, 20mg</i> QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ 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	
ANESTHETICS			CLINDMYC/NAC INJ 900/50ML	3	
LOCAL ANESTHETICS			<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	1	B/D	<i>dapsone</i> TABS 25mg, 100mg	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	DAP TOMYCIN SOLR 350mg	4	NDS
ANTI-INFECTIVES			<i>daptomycin</i> (generic of DAP TOMYCIN) SOLR 350mg	4	NDS
ANTI-INFECTIVES - MISCELLANEOUS			<i>daptomycin</i> SOLR 500mg	4	NDS
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	4	NDS QL PA	EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1		<i>ertapenem sodium</i> 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	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
<i>ivermectin (generic of STROMEKTOL) 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
LINEZOLID INJ 2MG/ML	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 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	
SIVEXTRO SOLR 200mg; TABS 200mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>streptomycin sulfate SOLR 1gm</i>	4	NDS
<i>sulfadiazine TABS 500mg</i>	4	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	1	
<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>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	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	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 ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	4	NDS
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<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	1	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
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	

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
ANTIRETROVIRAL AGENTS		
<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
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
EDURANT TABS 25mg	4	NDS NM
<i>efavirenz</i> CAPS 50mg, 200mg	1	NM
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM LA
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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>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
<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
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
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
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine 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 df tab 400-300-300 mg</i> (generic of SYMFI LO)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	1	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 150-300 mg</i> (generic of COMBIVIR)	1	NM

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Drug Name	Drug Requirements/ Tier	Limits
<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
ANTITUBERCULAR AGENTS		
<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
TRECATOR TABS 250mg	3	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	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/ Tier	Limits
EPCLUSA TAB 400-100	4	NDS NM PA
<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> 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
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> (generic of SUPRAX) CAPS 400mg; SUSR 200mg/5ml	1	
<i>cefixime</i> SUSR 100mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	

Drug Name	Drug Requirements/ Tier	Limits
TEFLARO SOLR 400mg, 600mg	4	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate</i> TABS 250mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	1		<i>ampicillin & sulbactam sodium</i> for inj 3 (2-1) gm (generic of UNASYN)	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	1		<i>ampicillin & sulbactam sodium</i> for iv soln 1.5 (1-0.5) gm	1	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	1		<i>ampicillin & sulbactam sodium</i> for iv soln 3 (2-1) gm	1	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	1		<i>ampicillin & sulbactam sodium</i> for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	1	
<i>moxifloxacin hcl</i> TABS 400mg	1		<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg		
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1		BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
PENICILLINS			<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1		<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>amoxicillin & k clavulanate</i> chew tab 200-28.5 mg	1		<i>nafcillin sodium</i> SOLR 10gm	4	NDS
<i>amoxicillin & k clavulanate</i> chew tab 400-57 mg	1		<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>amoxicillin & k clavulanate</i> for susp 200-28.5 mg/5ml	1		PEN GK/DEXTR INJ 40000/ML	3	
<i>amoxicillin & k clavulanate</i> for susp 250-62.5 mg/5ml	1		PEN GK/DEXTR INJ 60000/ML	3	
<i>amoxicillin & k clavulanate</i> for susp 400-57 mg/5ml	1		<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>amoxicillin & k clavulanate</i> for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	1		PENICILLIN G PROCAINE SUSP 600000unit/ml	3	
<i>amoxicillin & k clavulanate</i> tab 250-125 mg	1		<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>amoxicillin & k clavulanate</i> tab 500-125 mg (generic of AUGMENTIN)	1		<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>amoxicillin & k clavulanate</i> tab 875-125 mg	1		<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>amoxicillin & k clavulanate</i> tab er 12hr 1000-62.5 mg	1		<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	1	
<i>ampicillin</i> CAPS 500mg	1		<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2-0.25 gm)	1	
<i>ampicillin & sulbactam sodium</i> for inj 1.5 (1-0.5) gm (generic of UNASYN)	1		<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4-0.5 gm)	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1		CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1		GLEOSTINE CAPS 10mg, 40mg	3	NM
TETRACYCLINES			GLEOSTINE CAPS 100mg	4	NDS NM
<i>doxy 100 SOLR 100mg</i>	1		LEUKERAN TABS 2mg	4	NDS
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg</i>	1		<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg</i>	1	B/D
<i>doxycycline (monohydrate) (generic of VIBRAMYCIN) SUSR 25mg/5ml</i>	1		<i>oxaliplatin SOLR 100mg</i>	4	NDS B/D
<i>doxycycline hyclate CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg</i>	1		<i>paraplatin SOLN 1000mg/100ml</i>	1	B/D
<i>doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg</i>	1		ANTIBIOTICS		
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1		<i>doxorubicin hcl SOLN 2mg/ml</i>	1	B/D
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	4	NDS NM LA	<i>doxorubicin hcl liposomal (generic of DOXIL) INJ 2mg/ml</i>	4	NDS B/D
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	PA	ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D
<i>tigecycline (generic of TYGACIL) SOLR 50mg</i>	4	NDS	ANTIMETABOLITES		
ANTINEOPLASTIC AGENTS			<i>azacitidine (generic of VIDAZA) SUSR 100mg</i>	4	NDS B/D NM
ALKYLATING AGENTS			<i>cytarabine SOLN 20mg/ml</i>	1	B/D
<i>BENDEKA SOLN 100mg/4ml</i>	4	NDS B/D NM LA	<i>fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	1	B/D
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	B/D	<i>gemcitabine hcl (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml</i>	1	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	B/D	<i>gemcitabine hcl SOLR 1gm, 2gm, 200mg</i>	1	B/D
<i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg</i>	1	B/D	INQOVI TAB 35-100MG QL (5 tabs / 28 days)	4	NDS QL NM LA PA
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	4	NDS B/D	LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	4	NDS QL NM LA PA
<i>cyclophosphamide SOLR 2gm</i>	4	NDS B/D	LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	4	NDS QL NM LA PA
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D	<i>mercaptopurine TABS 50mg</i>	1	
			<i>methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm</i>	1	B/D
			ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	4	NDS B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	4	NDS B/D
PURIXAN SUSP 2000mg/100ml	4	NDS NM LA
TABLOID TABS 40mg	3	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	4	NDS QL 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 QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
EULEXIN CAPS 125mg	4	NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FIRMAGON SOLR 80mg	3	NM PA
FIRMAGON SOLR 120mg/vial	4	NDS NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	4	NDS B/D
<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 LA
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
NUBEQA TABS 300mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ORGOVYX TABS 120mg	4	NDS NM LA PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	4	NDS QL 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	1	
XTANDI CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
<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
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	4	NDS QL NM LA PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
<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 QL (90 tabs / 30 days)	4	NDS QL NM LA PA
MITOTIC INHIBITORS		
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	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 1gm/50ml, 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>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL 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 QL (180 tabs / 30 days)	4	NDS QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
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 QL (60 tabs / 30 days)	4	NDS QL NM LA PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM LA PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM LA PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM LA PA	HERCEP HYLEC SOL 60- 10000	4	NDS NM LA PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM LA PA	HERCEPTIN SOLR 150mg	4	NDS NM LA PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA	HERZUMA SOLR 150mg, 420mg	4	NDS NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA 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>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 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>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
EXKIVITY CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM LA PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (30 tabs / 30 days)	4	NDS QL NM PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	INREBIC CAPS 100mg QL (120 caps / 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
			JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
			JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
			KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM LA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KANJINTI SOLR 150mg, 420mg	4	NDS NM LA PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM LA PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM LA PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM LA PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM LA PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA	MEKINIST TABS .5mg QL (90 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	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM LA PA	MONJUVI SOLR 200mg	4	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	NERLYNX TABS 40mg QL (180 tabs / 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	NEXAVAR TABS 200mg QL (120 tabs / 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	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM LA PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA	OGIVRI SOLR 150mg	4	NDS NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA	OGIVRI INJ 420MG	4	NDS NM LA PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA	ONTRUZANT SOLR 150mg, 420mg	4	NDS NM LA PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (14 tabs / 21 days)	4	NDS QL NM LA PA
			PHESGO SOL	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA	TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA	TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	4	NDS QL NM LA PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA	TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA	TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	4	NDS QL NM LA PA	TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	TASIGNA CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM LA PA	TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	4	NDS QL NM LA PA	TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM LA PA	TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA	TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA	TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA	TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA	TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA	TURALIO CAPS 125mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM LA PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL 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	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM 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 QL (180 caps / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
XALKORI CAPS 200mg, 250mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	4	NDS QL 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
ZEJULA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL 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 & hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>epplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1	
<i>KERENDIA</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil- hydrochlorothiazide tab 20- 12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil- hydrochlorothiazide tab 40- 12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5- 12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 25 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 25 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL

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
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<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
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<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	
ANTILIPEMICS, FIBRATES		
<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
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	PA
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	2	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM PA
VASCEPA CAPS .5gm, 1gm	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1		<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1		<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1		<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>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 120mg, 180mg, 240mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1		<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
CALCIUM CHANNEL BLOCKERS			DIURETICS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1		<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1		<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amiloride hcl</i> TABS 5mg	1		<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1		<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1		CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	3	QL
<i>chlorthalidone</i> TABS 25mg, 50mg	1		CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	3	QL
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1		<i>digoxin</i> SOLN .05mg/ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1		<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	1	
<i>furosemide inj</i> SOLN 10mg/ml	1		<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1		<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>indapamide</i> TABS 1.25mg, 2.5mg	1		<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>methazolamide</i> TABS 25mg, 50mg	1		<i>epinephrine (anaphylaxis)</i> (generic of ADRENALIN) SOLN 1mg/ml	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1		<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	2	PA
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1		<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1		<i>metyrosine</i> (generic of DEMSER) CAPS 250mg	4	NDS PA
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1		<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	1		<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	1		<i>ranolazine</i> TB12 500mg, 1000mg	1	
MISCELLANEOUS			VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>aliskiren fumarate</i> (generic of TEKTRUNA) TABS 150mg, 300mg	1		NITRATES		
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1		<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1		<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
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> (<i>pulmonary hypertension</i>) (generic of REVATIO) TABS 20mg QL (360 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
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
ANTIDEMENTIA		
<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> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> SOLN 2mg/ml PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL	<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL	EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
ANTIDEPRESSANTS			<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2		<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2		FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1		FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL	FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL	<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL	<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1		<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1		MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA	<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3		<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3		<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL PA	<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2		<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
			<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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1		<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1		<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	3		<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	1	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1		<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	1	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1		<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1		<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	3	QL	<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	3	QL	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> (generic of STALEVO 50)	1	
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	3	QL	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> (generic of STALEVO 75)	1	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1		<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1		<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> (generic of STALEVO 125)	1	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> (generic of STALEVO 150)	1	
ANTIPARKINSONIAN AGENTS					
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	1	
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1		<i>entacapone</i> (generic of COMTAN) TABS 200mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1		INBRIJA CAPS 42mg QL (300 caps / 30 days)	4	NDS QL NM LA PA
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	1	PA	NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1		<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL	<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<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 PA if 70 years and older	2	PA	<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	1	QL
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA if 70 years and older	1	PA	<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
ANTIPSYCHOTICS			<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL	<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL	<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 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> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL	FANAPT PAK QL (2 packs / year)	3	QL PA
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL	<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 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 PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL	<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL	<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4	NDS QL	<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	1	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL	<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL	<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4	NDS QL	PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1		<i>pimozide</i> TABS 1mg, 2mg	1	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1		<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL	REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL	REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL	RISPERDAL CONSTA SRER 3 12.5mg, 25mg QL (2 injections / 28 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days)	1	QL	RISPERDAL CONSTA SRER 4 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) 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)	4	NDS 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 QL (2 packs / year)	3	QL
<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, 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
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
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	
<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
<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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM LA PA	EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM LA PA	<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA	EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA	<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA	<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	4	NDS
<i>diazepam (anticonvulsant)</i> GEL 2.5mg	1		<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
<i>diazepam (anticonvulsant)</i> (generic of DIASTAT ACUDIAL) GEL 10mg, 20mg	1		FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM LA PA
<i>diazepam inj</i> SOLN 5mg/ml	1		FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	4	NDS QL PA
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA	FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
DILANTIN CAPS 30mg, 100mg	3		FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
DILANTIN INFATABS CHEW 50mg	3		<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	1	QL
DILANTIN-125 SUSP 125mg/5ml	3		<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1		<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1	
			<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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL	<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3	PA
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1		PHENYTEK CAPS 200mg, 300mg	3	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1		<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1		<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1		<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1		<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	1	
<i>levetiracetam in sodium chloride iv soln 1000 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 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1		<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	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 QL (1500 mL / 30 days) PA if 70 years and older	3	QL PA	<i>primidone</i> TABS 125mg	1	
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA	<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	
			<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
			<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
			<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
<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> 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 5 MG DOSE LIQD 5mg/0.1ml	3	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg 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
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
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
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)	4	NDS QL PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	4	NDS QL NM LA PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	<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>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	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>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 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>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 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>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg 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>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL	HYPNOTICS		
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL	DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL	<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
			<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
			<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	1	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>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
MIGRAINE		
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
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1	
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	4	NDS QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 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
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL PA
VIVITROL SUSR 380mg	4	NDS NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL PA
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL	<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL	<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days)	1	QL	<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL	OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL	OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL	OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	2	QL PA
JANUMET XR TAB 50- 500MG 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
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL	<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL	<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL	<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL	<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL	RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL	SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL	SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL	SYNJARDY TAB 12.5-500 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			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	2	QL	FIASP FLEX INJ TOUCH	2	
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	FIASP INJ 100/ML	2	
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL	FIASP PENFIL INJ U-100	2	
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	2	QL	FIASP PMPCRT INJ U-100	2	B/D
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL	GAUZE PADS 2" X 2"	2	
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL	HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	4	NDS B/D
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL	INSULIN PEN NEEDLES: BD/NOVO	2	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	INSULIN SAFETY NEEDLES	2	
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL	INSULIN SYRINGES: BD	2	
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA	LANTUS SOLN 100unit/ml	2	
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL	LANTUS SOLOSTAR SOPN 100unit/ml	2	
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL	NOVOLIN INJ 70/30 (brand RELION not covered)	2	
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL	NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL	NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	
ANTIDIABETICS, INSULINS			NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	
ADMELOG SOLN 100unit/ml	2		NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
ADMELOG SOLOSTAR SOPN 100unit/ml	2		NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
BASAGLAR KWIKPEN SOPN 100unit/ml	2		NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
BD ALCOHOL SWABS	2		OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
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 GO KIT 10UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	3	QL PA
SOLQUA 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 (30 devices / 30 days)	3	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 40 KIT QL (30 devices / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
<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
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	4	NDS LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
TERIPARATIDE SOPN 620mcg/2.48ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	4	NDS NM PA
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	NDS
<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
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	4	NDS NM
<i>sodium polystyrene sulfonate</i> powder	1	
sps SUSP 15gm/60ml	1	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	4	NDS NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
CONTRACEPTIVES					
<i>afirmelle</i>	1		<i>estarylla</i>	1	
<i>altavera</i>	1		<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>alyacen 1/35</i>	1		<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>alyacen 7/7/7</i>	1		<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)</i>	1	
<i>apri</i>	1		<i>falmina</i>	1	
<i>aranelle</i>	1		<i>hailey 1.5/30</i>	1	
<i>aubra eq</i>	1		<i>haloette (generic of NUVARING)</i>	1	
<i>aurovela 1/20</i>	1		<i>heather TABS .35mg</i>	1	
<i>aurovela fe 1.5/30</i>	1		<i>iclevia</i>	1	
<i>aurovela fe 1/20</i>	1		<i>incassia TABS .35mg</i>	1	
<i>aviane</i>	1		<i>introvale</i>	1	
<i>ayuna</i>	1		<i>isibloom</i>	1	
<i>azurette</i>	1		<i>jasmiel (generic of YAZ)</i>	1	
<i>balziva</i>	1		<i>jolessa</i>	1	
<i>blisovi fe 1.5/30</i>	1		<i>juleber</i>	1	
<i>briellyn</i>	1		<i>junel 1.5/30</i>	1	
<i>camila TABS .35mg</i>	1		<i>junel 1/20</i>	1	
<i>chateal</i>	1		<i>junel fe 1.5/30</i>	1	
<i>cryselle-28</i>	1		<i>junel fe 1/20</i>	1	
<i>cyred eq</i>	1		<i>kariva</i>	1	
<i>dasetta 1/35</i>	1		<i>kelnor 1/35</i>	1	
<i>dasetta 7/7/7</i>	1		<i>kelnor 1/50</i>	1	
<i>deblitane TABS .35mg</i>	1		<i>kurvelo</i>	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3		<i>larin 1.5/30</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1		<i>larin 1/20</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1		<i>larin fe 1.5/30</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	1		<i>larin fe 1/20</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	1		<i>leena</i>	1	
<i>elinest</i>	1		<i>lessina</i>	1	
<i>eluryng (generic of NUVARING)</i>	1		<i>levonest</i>	1	
<i>enilloring (generic of NUVARING)</i>	1		<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>enpresse-28</i>	1		<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>enskyce</i>	1		<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>errin TABS .35mg</i>	1		<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>levora 0.15/30-28</i>	1	<i>nortrel 0.5/35 (28)</i>	1
<i>loestrin 1.5/30-21</i>	1	<i>nortrel 1/35 (21)</i>	1
<i>loestrin 1/20-21</i>	1	<i>nortrel 1/35 (28)</i>	1
<i>loestrin fe 1.5/30</i>	1	<i>nortrel 7/7/7</i>	1
<i>loestrin fe 1/20</i>	1	<i>nylia 1/35</i>	1
<i>loryna (generic of YAZ)</i>	1	<i>nylia 7/7/7</i>	1
<i>low-ogestrel</i>	1	<i>nymyo</i>	1
<i>lutra</i>	1	<i>ocella (generic of YASMIN 28)</i>	1
<i>lyleq TABS .35mg</i>	1	<i>philith</i>	1
<i>lyza TABS .35mg</i>	1	<i>pimtrea</i>	1
<i>marlissa</i>	1	<i>portia-28</i>	1
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	<i>reclipsen</i>	1
<i>microgestin 1.5/30</i>	1	<i>setlakin</i>	1
<i>microgestin 1/20</i>	1	<i>sharobel TABS .35mg</i>	1
<i>microgestin fe 1.5/30</i>	1	<i>simliya</i>	1
<i>microgestin fe 1/20</i>	1	<i>sprintec 28</i>	1
<i>mili</i>	1	<i>sronyx</i>	1
<i>mono-linyah</i>	1	<i>syeda (generic of YASMIN 28)</i>	1
<i>necon 0.5/35-28</i>	1	<i>tarina fe 1/20 eq</i>	1
<i>nikki (generic of YAZ)</i>	1	<i>tilia fe</i>	1
<i>nora-be TABS .35mg</i>	1	<i>tri-estarylla</i>	1
<i>norethindrone (contraceptive) TABS .35mg</i>	1	<i>tri-legest fe</i>	1
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	<i>tri-linyah</i>	1
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	<i>tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)</i>	1
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	<i>tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)</i>	1
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	<i>tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)</i>	1
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	<i>tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	1
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	1	<i>tri-mili</i>	1
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	<i>tri-nymyo</i>	1
<i>norlyroc TABS .35mg</i>	1	<i>tri-sprintec</i>	1
		<i>tri-vylibra</i>	1
		<i>tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)</i>	1
		<i>trivora-28</i>	1
		<i>velivet</i>	1
		<i>vestura (generic of YAZ)</i>	1
		<i>vienva</i>	1
		<i>viorele</i>	1
		<i>vyfemla</i>	1
		<i>vylibra</i>	1

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Drug Name	Drug Requirements/ Tier	Limits
<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	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg		
SYNAREL SOLN 2mg/ml	4	NDS PA
ESTROGENS		
<i>amabelz</i>	2	
<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 & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1	
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>fyavolv tab 1mg-5mcg</i>	2	
<i>jinteli</i>	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>mimvey</i> (generic of ACTIVELLA)	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
<i>yuvaferm</i> (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<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> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	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, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	4	NDS B/D QL NM
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<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	
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
LUPRON DEPOT-PED (6-MONTH KIT 45mg	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>nitisinone</i> CAPS 20mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<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	
<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
PHOSPHATE BINDER AGENTS		
<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)	1	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	1	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

Drug Name	Drug Requirements/ Tier	Limits
PROGESTINS		
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3		<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
VITAMIN D ANALOGS			<i>prochlorperazine</i> SUPP 25mg	1	
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D	<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D	<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D	<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	2	PA
<i>paricalcitol</i> CAPS 4mcg	1	B/D	<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	1	PA
RAYALDEE CPCR 30mcg	4	NDS	<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	3	QL PA
GASTROINTESTINAL ANTIEMETICS			ANTISPASMODICS		
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D	<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D	<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D	<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>compro</i> SUPP 25mg	1		<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	1	QL
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL	H2-RECEPTOR ANTAGONISTS		
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL	<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1		<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL
<i>granisetron hcl</i> TABS 1mg	1	B/D	<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1		<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	1	QL
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	1				
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1				
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D			

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Drug Name	Drug Requirements/ Tier	Limits
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm	1	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	1	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	
<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	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	4	NDS QL PA
<i>sucralfate</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	

Drug Name	Drug Requirements/ Tier	Limits
XERMELO TABS 250mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
XIFAXAN TABS 550mg	4	NDS PA
PANCREATIC ENZYMES		
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	
PROTON PUMP INHIBITORS		
<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	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<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 QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
<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	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>trosipium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> vaginal (generic of CLEOCIN) CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg QL (60 caps / 30 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NAACL INJ 12500UNT	2	

Drug Name	Drug Requirements/ Tier	Limits
HEP SOD/NAACL INJ 25000UNT	2	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NAACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
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
HEMATOPOIETIC GROWTH FACTORS		
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 QL (2 syringes / 28 days)	4	NDS QL NM PA
MISCELLANEOUS		
<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

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
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) SOSY 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
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) SOSY 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	
PLATELET AGGREGATION INHIBITORS		
<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	

Drug Name	Drug Requirements/ Tier	Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
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 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
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 QL (2 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml QL (3 syringes / 28 days)	4	NDS QL 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 QL (3 pens / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA	STELARA SOLN 130mg/26ml	4	NDS NM LA PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA	TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM LA PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
INFLIXIMAB SOLR 100mg	4	NDS NM LA PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	4	NDS QL NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	4	NDS QL NM PA	<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
OTEZLA TABS 30mg QL (60 tabs / 30 days)	4	NDS QL NM PA	<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
OTEZLA TAB 10/20/30 QL (110 tabs / year)	4	NDS QL NM PA	<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
REMICADE SOLR 100mg	4	NDS NM LA PA	<i>methotrexate sodium</i> TABS 2.5mg	1	
RENFLEXIS SOLR 100mg	4	NDS NM LA PA	XATMEP SOLN 2.5mg/ml	3	B/D
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA	<i>IMMUNOGLOBULINS</i>		
RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA	BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM LA PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA	FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	4	NDS QL NM PA	GAMASTAN INJ	3	B/D NM LA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA	GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM LA PA	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM LA PA	<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA	<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA	<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
IMMUNOMODULATORS			NULOJIX SOLR 250mg	4	NDS B/D NM
ACTIMMUNE SOLN 2000000unit/0.5ml	4	NDS NM LA PA	PROGRAF PACK .2mg, 1mg	3	B/D NM
ARCALYST SOLR 220mg	4	NDS NM LA PA	REZUROCK TABS 200mg	4	NDS NM LA PA
IMMUNOSUPPRESSANTS			SANDIMMUNE SOLN 100mg/ml	3	B/D NM
ASTAGRAF XL CP24 5mg	4	NDS B/D NM	<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM	<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
<i>azathioprine</i> (generic of IMURAN) TABS 50mg	1	B/D	<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM LA PA	VACCINES		
BENLYSTA SOLR 120mg, 400mg	4	NDS NM LA PA	ABRYSVO SOLR 120mcg/0.5ml	1	
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM	ACTHIB INJ	1	
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM	ADACEL INJ	1	
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM	AREXVY SUSR 120mcg/0.5ml	1	
			BCG VACCINE SOLR 50mg	1	
			BEXSERO INJ	1	
			BOOSTRIX INJ	1	
			DAPTACEL INJ	1	
			DENG VAXIA SUS	1	
			DIP/TET PED INJ 25-5LFU	1	B/D
			ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D

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

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

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

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Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROSOL INJ 20%	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	1	
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt- 10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml</i>	1	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
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	
EYSUVIS SUSP .25%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<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	

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Drug Name	Drug Requirements/ Tier	Limits
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	2	
ANTIALLERGICS		
<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	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5% (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%	3	
ROCKLATAN DRO	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	4	NDS NM LA PA
CYSTARAN SOLN .44%	4	NDS NM LA PA
<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	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	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	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<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
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 1mg/ml</i> QL (300 mL / 30 days)	1	QL
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i> PA if 70 years and older	2	PA
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i> PA if 70 years and older	3	PA
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i> PA if 70 years and older	2	PA
<i>hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg</i> PA if 70 years and older	2	PA
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i> QL (300 mL / 30 days)	1	QL
<i>levocetirizine dihydrochloride TABS 5mg</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i> QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate AERS 108mcg/act</i> QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate (generic of PROVENTIL HFA) AERS 108mcg/act</i> QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	B/D
<i>albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg</i>	1	
<i>levalbuterol hcl NEBU 1.25mg/0.5ml, 1.25mg/3ml</i>	1	B/D
<i>levalbuterol tartrate AERO 45mcg/act</i> QL (2 inhalers / 30 days)	1	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
<i>terbutaline sulfate TABS 2.5mg, 5mg</i>	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
LEUKOTRIENE MODULATORS		
<i>montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg</i>	1	
<i>zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg</i>	1	
MISCELLANEOUS		
<i>acetylcysteine SOLN 10%, 20%</i>	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM LA PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	4	NDS QL NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
FASENRA SOSY 30mg/ml	4	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	4	NDS NM LA PA
KALYDECO PACK 13.4mg, 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
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

Drug Name	Drug Requirements/ Tier	Limits
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; 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 QL (56 tabs / year)	1	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4	NDS QL NM 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	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	4	NDS QL NM LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	4	NDS QL NM LA PA
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
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
STEROID INHALANTS		
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
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL
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
DULERA AER 50-5MCG QL (1 inhaler / 30 days)	3	QL
DULERA AER 100-5MCG QL (1 inhaler / 30 days)	3	QL
DULERA AER 200-5MCG QL (1 inhaler / 30 days)	3	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
TOPICAL DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	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> (generic of ERYGEL) GEL 2% QL (60 gm / 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
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> (generic of LOPROX) SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (30 mL / 30 days)	1	QL
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days)	1	QL
<i>ketconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	1	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	1	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	1	QL
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL	<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	1	QL	<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL	<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL	<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL	<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL	<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
ENSTILAR AER QL (120 gm / 30 days)	3	QL PA	<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL	<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL	DERMATOLOGY, LOCAL ANESTHETICS		
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL	<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL	<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01% QL (90 mL / 30 days)	1	QL	<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL	<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL	<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
			DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
			<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>flurouracil (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/ Tier	Limits
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) CREA 1%	1	
<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> 1 CREA 12%; LOTN 12%		
<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>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> OINT .03%, .1% QL (100 gm / 30 days)	1	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM LA PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<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/ Tier	Limits
DERMATOLOGY, WOUND CARE AGENTS		
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	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate</i> (mouth-throat) (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	
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0.9% inj.....	KISQALI 400 PAK	lamivudine-zidovudine tab
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0.45% inj.....	KISQALI 600 PAK	LANOXIN
kcl 20 meq/l (0.15%) in	FEMARA.....	see digoxin.....
dextrose 5% & nacl 0.2%	KITABIS PAK	lansoprazole.....
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0.45% inj.....	sodium (acne).....	larin 1/20.....
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inj.....	klor-con.....	larin fe 1.5/30.....
kcl 20 meq/l (0.15%) in nacl	klor-con 10.....	LASIX
0.45% inj.....	klor-con 8.....	see furosemide.....
kcl 20 meq/l (0.15%) in nacl	klor-con m10.....	latanoprost.....
0.9% inj.....	klor-con m15.....	LATUDA
kcl 30 meq/l (0.224%) in	klor-con m20.....	see lurasidone hcl.....
dextrose 5% & nacl	KORLYM.....	leena.....
0.45% inj.....	KOSELUGO.....	leflunomide.....
kcl 40 meq/l (0.3%) in	KRAZATI.....	lenalidomide.....
dextrose 5% & nacl	K-TAB	LENVIMA 10 MG DAILY
0.45% inj.....	see potassium chloride	DOSE.....
kcl 40 meq/l (0.3%) in	kurvelo.....	DOSE.....
dextrose 5% & nacl 0.9%	KUVAN	LENVIMA 12MG DAILY
inj.....	see javygtor.....	DOSE.....
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SilverScript®

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This formulary was updated on 10/09/2023. For more recent information or other questions, please contact Customer Care at 1-866-693-4617, 24 hours a day, 7 days a week. TTY users should call 711.

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

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