SilverScript®
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HealthChoice

## *SilverScript Employer PDP sponsored by HealthChoice (SilverScript)*

# 2027 Formulary

## (List of Covered Drugs or "Drug List")

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

This formulary was updated on 08/17/2026. For more recent information or other questions, please contact Customer Care at 1-866-275-5253, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 27111

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

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

This document includes a Drug List (formulary) for our plan, which is current as of January 1, 2027. 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, 2028, and from time to time during the year.

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08/17/2026

**What is the SilverScript formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by SilverScript in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our plan's 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*.

**Can the formulary change?**

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

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

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

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

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

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

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

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

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

  If we remove drugs from our formulary, add 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. Alternatively, when a member requests a refill of the drug they may receive a 30-day supply of the drug and notice of the change.

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2027. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

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

**How do I use the formulary?**

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

**Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

**Are there any restrictions on my coverage?**

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

- **Prior Authorization (PA):** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan based on specific criteria before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, our plan limits the amount of the drug that our plan 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, our plan 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 us 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.

SilverScript does not cover prescription drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover prescription drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Part D prescription drug plan benefit and that are on our drug list.

**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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the Specialty (High Cost) Tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

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

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

**For more information**

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

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

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

**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 before your Individual maximum out-of-pocket is met:**

| | **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** | $10.00 | $10.00 | $10.33 |
| **Tier 2: Preferred Brand** | $45.00 | $45.00 | $46.50 |
| **Tier 3: Non-Preferred Brand** | $75.00 | $75.00 | $77.50 |
| **Tier 4: Specialty (High Cost)** | $100.00 | $100.00 | $103.33 |

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

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

Costs shown in the table above reflect the additional coverage that may be provided by HealthChoice. Drugs that are part of your standard Medicare plan, but do not have additional coverage from HealthChoice would be covered under the 2027 Medicare Part D Defined Standard Benefit. Please visit ***https://q1medicare.com/PartD-The-2027-Medicare-Part-D-Outlook.php*** for more information about the 2027 Medicare Part D Defined Standard Benefit drug costs.

**SilverScript's formulary**

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

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

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

| | |
|---|---|
| PA | Prior Authorization Required |
| QL | Drug has Quantity Limits |
| ST | Step Therapy Required |
| NM | Not available at our mail-order pharmacies. Drugs with this abbreviation are not typically available at CVS Caremark® Mail Service Pharmacy. Maintenance medications (drugs you take on a regular basis for a chronic or long-term condition) without this abbreviation are typically available at CVS Caremark® Mail Service Pharmacy. Actual availability may vary. |
| NDS | Non-extended day supply. Not available for an extended (long-term) supply. |
| B/D | This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| **ANALGESICS** | | |
| ***GOUT*** | | |
| *allopurinol* TABS 100mg, 300mg | 1 | |
| *allopurinol* TABS 200mg | 1 | ST |
| *allopurinol sodium* (generic of ALOPRIM) SOLR 500mg | 4 | NDS |
| ALOPRIM SOLR 500mg | 4 | NDS |
| *colchicine* (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days) | 1 | QL |
| *colchicine* TABS .6mg QL (120 tabs / 30 days) | 1 | QL |
| *colchicine w/ probenecid tab 0.5-500 mg* | 1 | |
| *febuxostat* (generic of ULORIC) TABS 40mg, 80mg | 1 | ST |
| GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days) | 3 | QL |
| KRYSTEXXA SOLN 8mg/50ml | 4 | NDS NM PA |
| *probenecid* TABS 500mg | 1 | |
| ULORIC TABS 40mg, 80mg | 3 | ST |
| ***MISCELLANEOUS*** | | |
| JOURNAVX TABS 50mg QL (29 tabs / 14 days) | 2 | QL PA |
| *lidocaine hcl (local anesth.)* SOLN 4% | 1 | B/D |
| *lidocaine hcl (local anesth.)* (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2% | 1 | B/D |
| *lidocaine hcl (local anesth.)* (generic of XYLOCAINE) SOLN .5%, 1%, 2% | 1 | B/D |
| XYLOCAINE SOLN .5%, 1%, 2% | 3 | B/D |
| XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2% | 3 | B/D |
| ***NSAIDS*** | | |
| ARTHROTEC 50 TAB | 3 | |
| ARTHROTEC 75 TAB | 3 | |
| CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days) | 3 | QL |
| CELEBREX CAPS 400mg QL (30 caps / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *celecoxib* (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days) | 1 | QL |
| *celecoxib* (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days) | 1 | QL |
| *diclofenac potassium* TABS 50mg QL (120 tabs / 30 days) | 1 | QL |
| *diclofenac sodium* TB24 100mg QL (60 tabs / 30 days) | 1 | QL |
| *diclofenac sodium* TBEC 25mg, 50mg, 75mg | 1 | |
| *diclofenac w/ misoprostol tab delayed release 50-0.2 mg* (generic of ARTHROTEC 50) | 1 | |
| *diclofenac w/ misoprostol tab delayed release 75-0.2 mg* (generic of ARTHROTEC 75) | 1 | |
| *diflunisal* TABS 500mg | 1 | |
| *etodolac* CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg | 1 | |
| *etodolac* (generic of LODINE) TABS 400mg | 1 | |
| *flurbiprofen* TABS 100mg | 1 | |
| *ibu* TABS 400mg, 600mg, 800mg | 1 | |
| *ibuprofen* SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg | 1 | |
| *ketorolac tromethamine* TABS 10mg QL (20 tabs / 30 days) PA applies if 65 years and older | 1 | QL PA |
| *meclofenamate sodium* CAPS 50mg, 100mg | 1 | |
| *meloxicam* TABS 7.5mg, 15mg | 1 | |
| *nabumetone* TABS 500mg, 750mg | 1 | |
| *naproxen* TABS 250mg, 375mg, 500mg | 1 | |
| *naproxen* TBEC 375mg QL (120 tabs / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *naproxen dr* TBEC 500mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *naproxen sodium* TABS 275mg, 550mg | 1 | |
| *oxaprozin* TABS 600mg | 1 | |
| *piroxicam* CAPS 10mg, 20mg | 1 | |
| *sulindac* TABS 150mg, 200mg | 1 | |
| ***OPIOID ANALGESICS, LONG-ACTING*** | | |
| BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg<br>QL (60 buccal films / 30 days) | 3 | QL PA |
| BELBUCA FILM 750mcg, 900mcg<br>QL (60 buccal films / 30 days) | 4 | NDS QL PA |
| *buprenorphine* (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr<br>QL (4 patches / 28 days) | 1 | QL PA |
| BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr<br>QL (4 patches / 28 days) | 3 | QL PA |
| *fentanyl* PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr<br>QL (10 patches / 30 days) | 1 | QL PA |
| *hydrocodone bitartrate* CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg<br>QL (60 caps / 30 days) | 1 | QL PA |
| *hydrocodone bitartrate* T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *hydromorphone hcl* TB24 8mg, 12mg, 16mg, 32mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *methadone hcl* SOLN 5mg/5ml, 10mg/5ml<br>QL (450 mL / 30 days) | 1 | QL PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *methadone hcl* TABS 5mg, 10mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| METHADONE HCL INJ SOLN 10mg/ml | 3 | |
| *methadone hydrochloride i* (generic of METHADOSE) CONC 10mg/ml<br>QL (90 mL / 30 days) | 1 | QL PA |
| *morphine sulfate* CP24 10mg, 20mg, 50mg, 60mg, 80mg, 100mg<br>QL (60 caps / 30 days) | 1 | QL PA |
| *morphine sulfate* (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *morphine sulfate* TBCR 100mg, 200mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *morphine sulfate beads* CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg<br>QL (30 caps / 30 days) | 1 | QL PA |
| MS CONTIN TBCR 15mg, 30mg<br>QL (90 tabs / 30 days) | 3 | QL PA |
| MS CONTIN TBCR 60mg<br>QL (90 tabs / 30 days) | 4 | NDS QL PA |
| *tramadol hcl* TB24 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| ***OPIOID ANALGESICS, SHORT-ACTING*** | | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml*<br>QL (2700 mL / 30 days) | 1 | QL |
| *acetaminophen w/ codeine tab 300-15 mg*<br>QL (400 tabs / 30 days) | 1 | QL |
| *acetaminophen w/ codeine tab 300-30 mg*<br>QL (360 tabs / 30 days) | 1 | QL |
| *acetaminophen w/ codeine tab 300-60 mg*<br>QL (180 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg* QL (300 caps / 30 days) | 1 | QL |
| *butorphanol tartrate* SOLN 1mg/ml, 2mg/ml | 3 | |
| *butorphanol tartrate* SOLN 10mg/ml QL (10 mL / 30 days) | 1 | QL |
| CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days) | 3 | QL |
| *codeine sulfate* TABS 30mg QL (180 tabs / 30 days) | 1 | QL |
| DILAUDID LIQD 1mg/ml QL (600 mL / 30 days) | 3 | QL |
| DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml | 3 | B/D |
| DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days) | 3 | QL |
| DILAUDID TABS 8mg QL (180 tabs / 30 days) | 4 | NDS QL |
| *endocet tab 2.5-325mg* QL (360 tabs / 30 days) | 1 | QL |
| *endocet tab 7.5-325mg* (generic of PERCOCET) QL (240 tabs / 30 days) | 1 | QL |
| *endocet tab 10-325mg* (generic of PERCOCET) QL (180 tabs / 30 days) | 1 | QL |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* QL (2700 mL / 30 days) | 1 | QL |
| *hydrocodone-acetaminophen soln 10-300 mg/15ml* QL (2700 mL / 30 days) | 1 | QL |
| *hydrocodone-acetaminophen tab 2.5-325 mg* QL (240 tabs / 30 days) | 1 | QL |
| *hydrocodone-acetaminophen tab 5-300 mg* QL (240 tabs / 30 days) | 1 | QL |
| *hydrocodone-acetaminophen tab 5-325 mg* QL (240 tabs / 30 days) | 1 | QL |
| *hydrocodone-acetaminophen tab 7.5-300 mg* QL (180 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *hydrocodone-acetaminophen tab 7.5-325 mg* QL (180 tabs / 30 days) | 1 | QL |
| *hydrocodone-acetaminophen tab 10-300 mg* QL (180 tabs / 30 days) | 1 | QL |
| *hydrocodone-acetaminophen tab 10-325 mg* QL (180 tabs / 30 days) | 1 | QL |
| *hydrocodone-ibuprofen tab 5-200 mg* QL (150 tabs / 30 days) | 1 | QL |
| *hydrocodone-ibuprofen tab 7.5-200 mg* QL (150 tabs / 30 days) | 1 | QL |
| *hydrocodone-ibuprofen tab 10-200 mg* QL (150 tabs / 30 days) | 1 | QL |
| *hydromorphone hcl* (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days) | 1 | QL |
| HYDROMORPHONE HCL SOLN 4mg/ml | 3 | B/D |
| *hydromorphone hcl* (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/ml, 50mg/5ml | 3 | B/D |
| *hydromorphone hcl* (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml | 3 | B/D |
| *hydromorphone hcl* (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days) | 1 | QL |
| HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml | 3 | B/D |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml | 3 | B/D |
| *morphine sulfate* SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml | 3 | B/D |
| *morphine sulfate* SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 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 Tier | Requirements/ Limits |
|---|---|---|
| *morphine sulfate* SOLN 100mg/5ml<br>QL (180 mL / 30 days) | 1 | QL |
| *morphine sulfate* TABS 15mg, 30mg<br>QL (180 tabs / 30 days) | 1 | QL |
| MORPHINE SULFATE/SODIUM C SOLN 1mg/ml | 3 | B/D |
| *nalbuphine hcl* SOLN 10mg/ml, 20mg/ml | 3 | |
| *oxycodone hcl* CAPS 5mg<br>QL (180 caps / 30 days) | 1 | QL |
| *oxycodone hcl* CONC 100mg/5ml<br>QL (180 mL / 30 days) | 1 | QL |
| *oxycodone hcl* SOLN 5mg/5ml<br>QL (900 mL / 30 days) | 1 | QL |
| *oxycodone hcl* TABS 5mg, 10mg, 20mg<br>QL (180 tabs / 30 days) | 1 | QL |
| *oxycodone hcl* (generic of ROXICODONE) TABS 15mg, 30mg<br>QL (180 tabs / 30 days) | 1 | QL |
| *oxycodone w/ acetaminophen soln 5-325 mg/5ml*<br>QL (1800 mL / 30 days) | 1 | QL |
| *oxycodone w/ acetaminophen tab 2.5-325 mg*<br>QL (360 tabs / 30 days) | 1 | QL |
| *oxycodone w/ acetaminophen tab 5-325 mg* (generic of PERCOCET)<br>QL (360 tabs / 30 days) | 1 | QL |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* (generic of PERCOCET)<br>QL (240 tabs / 30 days) | 1 | QL |
| *oxycodone w/ acetaminophen tab 10-325 mg* (generic of PERCOCET)<br>QL (180 tabs / 30 days) | 1 | QL |
| *oxymorphone hcl* TABS 5mg, 10mg<br>QL (180 tabs / 30 days) | 1 | QL |
| PERCOCET TAB 5-325MG<br>QL (360 tabs / 30 days) | 4 | NDS QL PA |
| PERCOCET TAB 7.5-325<br>QL (240 tabs / 30 days) | 4 | NDS QL PA |
| PERCOCET TAB 10-325MG<br>QL (180 tabs / 30 days) | 4 | NDS QL PA |
| ROXICODONE TABS 15mg<br>QL (180 tabs / 30 days) | 3 | QL |
| ROXICODONE TABS 30mg<br>QL (180 tabs / 30 days) | 4 | NDS QL |
| *tramadol hcl* TABS 50mg<br>QL (240 tabs / 30 days) | 1 | QL |
| *tramadol-acetaminophen tab 37.5-325 mg*<br>QL (240 tabs / 30 days) | 1 | QL |
| *trezix*<br>QL (300 caps / 30 days) | 1 | QL |
| **ANTI-INFECTIVES** | | |
| ***ANTI-INFECTIVES - MISCELLANEOUS*** | | |
| *albendazole* TABS 200mg<br>QL (672 tabs / year) | 1 | QL PA |
| *amikacin sulfate* SOLN 1gm/4ml, 500mg/2ml | 1 | |
| ARIKAYCE SUSP 590mg/8.4ml | 4 | NDS NM PA |
| *atovaquone* (generic of MEPRON) SUSP 750mg/5ml<br>QL (300 mL / 30 days) | 1 | QL PA |
| AZACTAM SOLR 2gm | 3 | |
| *aztreonam* SOLR 1gm, 2gm | 1 | |
| BACTRIM DS TAB 800-160 | 3 | |
| BACTRIM TAB 400-80MG | 3 | |
| BETHKIS NEBU 300mg/4ml | 4 | NDS NM PA |
| BLUJEPA TABS 750mg | 2 | |
| CAYSTON SOLR 75mg | 4 | NDS NM PA |
| CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml | 3 | |
| CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml | 3 | |
| *clindamycin hcl* (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg | 1 | |
| *clindamycin palmitate hydrochloride* (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml | 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 |
|---|---|---|
| *clindamycin phosphate* (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | 1 | |
| *clindamycin phosphate in d5w iv soln 300 mg/50ml* | 1 | |
| *clindamycin phosphate in d5w iv soln 600 mg/50ml* | 1 | |
| *clindamycin phosphate in d5w iv soln 900 mg/50ml* | 1 | |
| CLINDMYC/NAC INJ 300/50ML | 3 | |
| CLINDMYC/NAC INJ 600/50ML | 3 | |
| CLINDMYC/NAC INJ 900/50ML | 3 | |
| *colistimethate sodium* (generic of COLY-MYCIN M) SOLR 150mg | 1 | |
| COLY-MYCIN M SOLR 150mg | 3 | |
| CONTEPO SOLR 6gm | 4 | NDS |
| *dalbavancin hcl* (generic of DALVANCE) SOLR 500mg | 4 | NDS |
| DALVANCE SOLR 500mg | 4 | NDS |
| *dapsone* TABS 25mg, 100mg | 1 | |
| DAPTOMY/NACL INJ 350/50ML | 3 | |
| DAPTOMY/NACL INJ 500/50ML | 3 | |
| DAPTOMYCIN SOLR 350mg | 3 | |
| *daptomycin* (generic of DAPTOMYCIN) SOLR 350mg | 1 | |
| *daptomycin* SOLR 500mg | 1 | |
| DAPTOMYCIN SOLR 500mg | 4 | NDS |
| EMBLAVEO INJ 2GM | 4 | NDS |
| EMVERM CHEW 100mg QL (12 tabs / year) | 4 | NDS QL |
| *ertapenem sodium* SOLR 1gm | 1 | |
| FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days) | 3 | QL |
| *fosfomycin tromethamine* PACK 3gm | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *gentamicin in saline inj 0.8 mg/ml* | 1 | |
| *gentamicin in saline inj 1 mg/ml* | 1 | |
| *gentamicin in saline inj 1.2 mg/ml* | 1 | |
| *gentamicin in saline inj 1.6 mg/ml* | 1 | |
| *gentamicin in saline inj 2 mg/ml* | 1 | |
| *gentamicin sulfate* SOLN 10mg/ml, 40mg/ml | 1 | |
| HUMATIN CAPS 250mg | 4 | NDS |
| *imipenem-cilastatin intravenous for soln 250 mg* | 1 | |
| *imipenem-cilastatin intravenous for soln 500 mg* (generic of PRIMAXIN IV) | 1 | |
| *ivermectin* (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days) | 1 | QL PA |
| *ivermectin* TABS 6mg QL (10 tabs / 90 days) | 1 | QL PA |
| KIMYRSA SOLR 1200mg | 4 | NDS |
| KITABIS PAK NEBU 300mg/5ml | 4 | NDS NM PA |
| LIKMEZ SUSP 500mg/5ml | 3 | |
| *linezolid* (generic of ZYVOX) SOLN 600mg/300ml | 1 | |
| *linezolid* SUSR 100mg/5ml QL (1800 mL / 30 days) | 1 | QL |
| *linezolid* TABS 600mg QL (60 tabs / 30 days) | 1 | QL |
| LINEZOLID INJ 2MG/ML | 3 | |
| MACROBID CAPS 100mg | 3 | |
| MEPRON SUSP 750mg/5ml QL (300 mL / 30 days) | 4 | NDS QL PA |
| MEROP/NACL INJ 1GM/50ML | 3 | |
| MEROP/NACL INJ 500/50ML | 3 | |
| *meropenem* SOLR 1gm, 500mg | 1 | |
| *meropenem* (generic of MEROPENEM) SOLR 2gm | 1 | |
| *methenamine hippurate* TABS 1gm | 1 | |
| *metronidazole* CAPS 375mg; TABS 125mg, 250mg, 500mg | 1 | |

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| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| METRONIDAZOLE SOLN 500mg/100ml | 3 | |
| *metronidazole* (generic of METRONIDAZOLE) SOLN 500mg/100ml | 1 | |
| NEBUPENT SOLR 300mg | 3 | B/D |
| *neomycin sulfate* TABS 500mg | 1 | |
| *nitazoxanide* TABS 500mg QL (6 tabs / 30 days) | 1 | QL |
| *nitrofurantoin macrocrystal* CAPS 25mg, 100mg | 2 | |
| *nitrofurantoin macrocrystal* (generic of MACRODANTIN) CAPS 50mg | 2 | |
| *nitrofurantoin monohyd macro* (generic of MACROBID) CAPS 100mg | 2 | |
| ORBACTIV SOLR 400mg | 4 | NDS |
| ORLYNVAH TAB 500-500 | 4 | NDS NM PA |
| PENTAM 300 SOLR 300mg | 3 | |
| *pentamidine isethionate inh* (generic of NEBUPENT) SOLR 300mg | 1 | B/D |
| *pentamidine isethionate inj* (generic of PENTAM 300) SOLR 300mg | 1 | |
| *polymyxin b sulfate* SOLR 500000unit | 1 | |
| *praziquantel* TABS 600mg | 1 | |
| *pyrimethamine* (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL PA |
| RECARBRIO INJ 1.25GM | 4 | NDS |
| SIVEXTRO SOLR 200mg; TABS 200mg | 4 | NDS |
| SOLOSEC PACK 2gm | 3 | |
| *streptomycin sulfate* SOLR 1gm | 4 | NDS |
| STROMECTOL TABS 3mg QL (20 tabs / 90 days) | 3 | QL PA |
| *sulfadiazine* TABS 500mg | 4 | NDS |
| *sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* (generic of BACTRIM) | 1 | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* (generic of BACTRIM DS) | 1 | |
| *tinidazole* TABS 250mg, 500mg | 1 | |
| TOBI NEBU 300mg/5ml | 4 | NDS NM PA |
| TOBI PODHALER CAPS 28mg | 4 | NDS NM PA |
| *tobramycin* (generic of BETHKIS) NEBU 300mg/4ml | 4 | NDS NM PA |
| *tobramycin* (generic of KITABIS PAK) NEBU 300mg/5ml | 4 | NDS NM PA |
| *tobramycin sulfate* SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml | 1 | |
| *trimethoprim* TABS 100mg | 1 | |
| TYZAVAN SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml | 3 | |
| VABOMERE INJ 2GM(1-1) | 4 | NDS |
| VANCOCIN CAPS 125mg QL (80 caps / 180 days) | 4 | NDS QL |
| VANCOCIN CAPS 250mg QL (160 caps / 180 days) | 4 | NDS QL |
| VANCOMYC/D5W INJ 1.5/300 | 3 | |
| VANCOMYC/D5W INJ 1.25/250 | 3 | |
| *vancomycin hcl* (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days) | 1 | QL |
| *vancomycin hcl* (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 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 Tier | Requirements/ Limits |
|---|---|---|
| *vancomycin hcl* SOLN 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg | 1 | |
| *vancomycin hcl* (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg | 1 | |
| *vancomycin hcl* (generic of FIRVANQ) SOLR 25mg/ml QL (1800 mL / 180 days) | 1 | QL |
| *vancomycin hcl* SOLR 250mg/5ml QL (1800 mL / 180 days) | 1 | QL |
| VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg | 3 | |
| VANCOMYCIN INJ 1 GM | 3 | |
| VANCOMYCIN INJ 500MG | 3 | |
| VANCOMYCIN INJ 750MG | 3 | |
| VIBATIV SOLR 750mg | 4 | NDS |
| XACDURO INJ 1-1GM | 4 | NDS |
| XIFAXAN TABS 200mg QL (9 tabs / 30 days) | 2 | QL |
| ZYVOX SOLN 600mg/300ml | 4 | NDS |
| ***ANTIFUNGALS*** | | |
| AMBISOME SUSR 50mg | 4 | NDS B/D |
| *amphotericin b* SOLR 50mg | 1 | B/D |
| *amphotericin b liposome* (generic of AMBISOME) SUSR 50mg | 4 | NDS B/D |
| ANCOBON CAPS 250mg, 500mg | 4 | NDS PA |
| CASPOFUNGIN ACETATE SOLR 50mg, 70mg | 4 | NDS |
| *caspofungin acetate* (generic of CASPOFUNGIN ACETATE) SOLR 50mg, 70mg | 1 | |
| CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg | 4 | NDS PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DIFLUCAN SUSR 40mg/ml | 3 | |
| ERAXIS SOLR 50mg | 3 | |
| ERAXIS SOLR 100mg | 4 | NDS |
| *fluconazole* SUSR 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 1 | |
| *fluconazole* (generic of DIFLUCAN) SUSR 40mg/ml | 1 | |
| *fluconazole in nacl 0.9% inj 200 mg/100ml* | 1 | |
| *fluconazole in nacl 0.9% inj 400 mg/200ml* | 1 | |
| *flucytosine* (generic of ANCOBON) CAPS 250mg, 500mg | 4 | NDS PA |
| *griseofulvin microsize* SUSP 125mg/5ml; TABS 500mg | 1 | |
| *griseofulvin ultramicrosize* TABS 125mg, 250mg | 1 | |
| *griseofulvin ultramicrosize* TABS 165mg | 4 | NDS |
| *itraconazole* (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days) | 1 | QL |
| *itraconazole* SOLN 10mg/ml | 1 | |
| *ketoconazole* TABS 200mg | 1 | PA |
| MICAFUNGIN SOLR 50mg, 100mg | 4 | NDS |
| *micafungin sodium* SOLR 50mg, 100mg | 1 | |
| MICAFUNGIN/NACL INJ 50MG/50ML | 4 | NDS |
| MICAFUNGIN/NACL INJ 100MG/100ML | 4 | NDS |
| MICAFUNGIN/NACL INJ 150MG/150ML | 4 | NDS |
| NOXAFIL PACK 300mg QL (32 packets / 30 days) | 4 | NDS QL PA |
| NOXAFIL SOLN 300mg/16.7ml | 4 | NDS |
| *nystatin* TABS 500000unit | 1 | |
| *posaconazole* SOLN 300mg/16.7ml | 4 | NDS |
| *posaconazole* SUSP 40mg/ml QL (630 mL / 30 days) | 4 | NDS QL PA |

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| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *posaconazole* TBEC 100mg QL (93 tabs / 30 days) | 1 | QL PA |
| REZZAYO SOLR 200mg | 4 | NDS |
| *terbinafine hcl* TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year | 1 | QL PA |
| TOLSURA CAPS 65mg QL (120 caps / 30 days) | 4 | NDS QL PA |
| VFEND SUSR 40mg/ml QL (600 mL / 28 days) | 4 | NDS QL PA |
| VFEND IV SOLR 200mg | 3 | PA |
| VIVJOA CPPK 150mg QL (18 caps / 84 days) | 4 | NDS QL NM PA |
| VORICONAZOLE SOLN 200mg/20ml | 4 | NDS PA |
| VORICONAZOLE SOLR 200mg | 3 | PA |
| *voriconazole* (generic of VFEND IV) SOLR 200mg | 1 | PA |
| *voriconazole* (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days) | 4 | NDS QL PA |
| *voriconazole* TABS 50mg QL (480 tabs / 30 days) | 1 | QL |
| *voriconazole* TABS 200mg QL (120 tabs / 30 days) | 1 | QL |
| ***ANTIMALARIALS*** | | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* (generic of MALARONE) | 1 | |
| *atovaquone-proguanil hcl tab 250-100 mg* (generic of MALARONE) | 1 | |
| *chloroquine phosphate* TABS 250mg, 500mg | 1 | |
| COARTEM TAB 20-120MG | 3 | |
| KRINTAFEL TABS 150mg | 3 | |
| MALARONE TAB 62.5-25 | 3 | |
| MALARONE TAB 250-100 | 3 | |
| *mefloquine hcl* TABS 250mg | 1 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 2 | |
| *primaquine phosphate* (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg | 1 | |
| *quinine sulfate* CAPS 324mg | 1 | PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ***ANTIRETROVIRAL AGENTS*** | | |
| *abacavir sulfate* (generic of ZIAGEN) SOLN 20mg/ml | 1 | NM |
| *abacavir sulfate* TABS 300mg | 1 | NM |
| APTIVUS CAPS 250mg | 4 | NDS NM |
| *atazanavir sulfate* CAPS 150mg | 1 | NM |
| *atazanavir sulfate* (generic of REYATAZ) CAPS 200mg, 300mg | 1 | NM |
| *darunavir* (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days) | 1 | QL NM |
| *darunavir* (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days) | 1 | QL NM |
| EDURANT TABS 25mg | 4 | NDS NM |
| EDURANT PED TBSO 2.5mg | 4 | NDS NM |
| *efavirenz* TABS 600mg | 1 | NM |
| *emtricitabine* (generic of EMTRIVA) CAPS 200mg | 1 | NM |
| EMTRIVA SOLN 10mg/ml | 3 | NM |
| EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg | 3 | NM |
| *etravirine* (generic of INTELENCE) TABS 100mg, 200mg | 1 | NM |
| *fosamprenavir calcium* TABS 700mg | 1 | NM |
| INTELENCE TABS 25mg | 3 | NM |
| INTELENCE TABS 200mg | 4 | NDS NM |
| ISENTRESS CHEW 25mg | 3 | NM |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | 4 | NDS NM |
| ISENTRESS HD TABS 600mg | 4 | NDS NM |
| *lamivudine* (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg | 1 | NM |
| *maraviroc* (generic of SELZENTRY) TABS 150mg, 300mg | 1 | NM |
| *nevirapine* SUSP 50mg/5ml; TABS 200mg; TB24 400mg | 1 | NM |
| NORVIR PACK 100mg; TABS 100mg | 3 | NM |
| PIFELTRO TABS 100mg | 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 Tier | Requirements/ Limits |
|---|---|---|
| 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) | 3 | QL NM |
| PREZISTA TABS 600mg QL (60 tabs / 30 days) | 4 | NDS QL NM |
| PREZISTA TABS 800mg QL (30 tabs / 30 days) | 4 | NDS QL NM |
| RETROVIR CAPS 100mg; SYRP 50mg/5ml | 3 | NM |
| REYATAZ CAPS 200mg, 300mg; PACK 50mg | 4 | NDS NM |
| *rilpivirine hcl* (generic of EDURANT) TABS 25mg | 1 | NM |
| *ritonavir* (generic of NORVIR) TABS 100mg | 1 | NM |
| RUKOBIA TB12 600mg | 4 | NDS NM |
| SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg | 4 | NDS NM |
| SUNLENCA TABS 300mg; TBPK 300mg | 4 | NDS NM |
| *tenofovir disoproxil fumarate* (generic of VIREAD) TABS 300mg | 1 | NM |
| TIVICAY TABS 50mg | 4 | NDS NM |
| TIVICAY PD TBSO 5mg | 4 | NDS NM |
| TROGARZO SOLN 200mg/1.33ml | 4 | NDS NM |
| VIRACEPT TABS 250mg, 625mg | 3 | NM |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg | 4 | NDS NM |
| ZIAGEN SOLN 20mg/ml | 3 | NM |
| *zidovudine* (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml | 1 | NM |
| *zidovudine* TABS 300mg | 1 | NM |
| ***ANTIRETROVIRAL COMBINATION AGENTS*** | | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | 1 | NM |
| BIKTARVY TAB 30-120-15 MG | 4 | NDS NM |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BIKTARVY TAB 50-200-25 MG | 4 | NDS NM |
| CIMDUO TAB 300-300 | 4 | NDS NM |
| COMPLERA TAB | 4 | NDS NM |
| DELSTRIGO TAB | 4 | NDS NM |
| DESCOVY TAB 120-15MG | 4 | NDS NM |
| DESCOVY TAB 200/25MG | 4 | NDS NM |
| DOVATO TAB 50-300MG | 4 | NDS NM |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | 1 | NM |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | 1 | NM |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* (generic of SYMFI) | 1 | NM |
| *emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg* (generic of COMPLERA) | 4 | NDS NM |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* (generic of TRUVADA) | 1 | NM |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* (generic of TRUVADA) | 1 | NM |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* (generic of TRUVADA) | 1 | NM |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* (generic of TRUVADA) | 1 | NM |
| EVOTAZ TAB 300-150 | 4 | NDS NM |
| GENVOYA TAB | 4 | NDS NM |
| IDVYNSO TAB 100-0.25 | 4 | NDS NM |
| JULUCA TAB 50-25MG | 4 | NDS NM |
| KALETRA SOL | 3 | NM |
| KALETRA TAB 100-25MG | 3 | NM |
| KALETRA TAB 200-50MG | 3 | NM |
| *lamivudine-zidovudine tab 150-300 mg* | 1 | NM |
| *lopinavir-ritonavir tab 100-25 mg* (generic of KALETRA) | 1 | NM |
| *lopinavir-ritonavir tab 200-50 mg* (generic of KALETRA) | 1 | NM |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ODEFSEY TAB | 4 | NDS NM |
| PREZCOBIX TAB 675/150 | 4 | NDS NM |
| PREZCOBIX TAB 800-150 | 4 | NDS NM |
| STRIBILD TAB | 4 | NDS NM |
| SYMFI TAB | 4 | NDS NM |
| SYMTUZA TAB | 4 | NDS NM |
| TRIUMEQ PD TAB | 3 | NM |
| TRIUMEQ TAB | 4 | NDS NM |
| ***ANTITUBERCULAR AGENTS*** | | |
| *cycloserine* CAPS 250mg | 4 | NDS |
| *ethambutol hcl* TABS 100mg, 400mg | 1 | |
| *isoniazid* SYRP 50mg/5ml; TABS 100mg, 300mg | 1 | |
| PRETOMANID TABS 200mg | 3 | |
| PRIFTIN TABS 150mg | 3 | |
| *pyrazinamide* TABS 500mg | 1 | |
| *rifabutin* CAPS 150mg | 1 | |
| *rifampin* CAPS 150mg, 300mg | 1 | |
| *rifampin* (generic of RIFADIN) SOLR 600mg | 1 | |
| SIRTURO TABS 20mg, 100mg | 4 | NDS NM PA |
| ***ANTIVIRALS*** | | |
| *acyclovir* CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | 1 | |
| *acyclovir sodium* SOLN 50mg/ml | 1 | B/D |
| *adefovir dipivoxil* TABS 10mg | 1 | NM |
| BARACLUDE SOLN .05mg/ml | 4 | NDS NM ST |
| BARACLUDE TABS .5mg, 1mg | 4 | NDS NM |
| *cidofovir* SOLN 75mg/ml | 1 | |
| *entecavir* (generic of BARACLUDE) TABS .5mg, 1mg | 1 | NM |
| *famciclovir* TABS 125mg, 250mg, 500mg | 1 | |
| *foscarnet sodium* (generic of FOSCAVIR) SOLN 6000mg/250ml | 4 | NDS B/D |
| GANCICLOVIR SOLN 500mg/10ml | 3 | B/D |
| *ganciclovir sodium* 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 |
| *lamivudine (hbv)* TABS 100mg | 1 | NM |
| LIVTENCITY TABS 200mg QL (336 tabs / 28 days) | 4 | NDS QL NM PA |
| MAVYRET PAK 50-20MG | 4 | NDS NM PA |
| MAVYRET TAB 100-40MG | 4 | NDS NM PA |
| *oseltamivir phosphate* CAPS 30mg QL (168 caps / year) | 1 | QL |
| *oseltamivir phosphate* CAPS 45mg QL (84 caps / year) | 1 | QL |
| *oseltamivir phosphate* (generic of TAMIFLU) CAPS 75mg QL (84 caps / year) | 1 | QL |
| *oseltamivir phosphate* (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year) | 1 | QL |
| PAXLOVID PAK QL (22 tabs / 90 days) | 1 | QL |
| PAXLOVID TAB 150-100 QL (40 tabs / 90 days) | 1 | QL |
| PAXLOVID TAB 300-100 QL (60 tabs / 90 days) | 1 | QL |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | 4 | NDS NM PA |
| PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days) | 4 | NDS QL PA |
| PREVYMIS SOLN 240mg/12ml, 480mg/24ml | 4 | NDS |
| PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days) | 4 | NDS QL PA |
| RAPIVAB SOLN 200mg/20ml | 4 | NDS |
| RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year) | 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ribavirin (hepatitis c)* CAPS 200mg; TABS 200mg | 1 | NM |
| *rimantadine hydrochloride* TABS 100mg | 1 | |
| TAMIFLU CAPS 75mg QL (84 caps / year) | 3 | QL |
| TAMIFLU SUSR 6mg/ml QL (1080 mL / year) | 3 | QL |
| *valacyclovir hcl* (generic of VALTREX) TABS 1gm, 500mg | 1 | |
| VALCYTE SOLR 50mg/ml | 4 | NDS |
| *valganciclovir hcl* (generic of VALCYTE) SOLR 50mg/ml | 4 | NDS |
| *valganciclovir hcl* TABS 450mg | 1 | |
| VALTREX TABS 1gm, 500mg | 3 | |
| VOSEVI TAB | 4 | NDS NM PA |
| XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days) | 3 | QL |
| ***CEPHALOSPORINS*** | | |
| AVYCAZ INJ 2-0.5GM | 4 | NDS |
| *cefaclor* CAPS 250mg, 500mg; SUSR 250mg/5ml | 1 | |
| CEFACLOR ER TB12 500mg | 3 | |
| *cefadroxil* CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm | 1 | |
| CEFAZOLIN SOLR 2gm, 3gm | 3 | |
| CEFAZOLIN INJ 1GM/50ML | 3 | |
| *cefazolin sodium* SOLR 1gm, 2gm, 3gm, 10gm, 500mg | 1 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | 3 | |
| CEFAZOLIN/DEX SOL 1GM/50ML-4% | 3 | |
| CEFAZOLIN/DEX SOL 2GM/50ML-3% | 3 | |
| CEFAZOLIN/DEX SOL 3GM/50ML-2% | 3 | |
| CEFAZOLIN/DEX SOL 3GM/150ML-4% | 3 | |
| *cefdinir* CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CEFEPIME SOLN 1gm/50ml, 2gm/100ml | 3 | |
| *cefepime hcl* SOLR 1gm, 2gm | 1 | |
| CEFEPIME/DEX INJ 1GM | 3 | |
| CEFEPIME/DEX INJ 2GM | 3 | |
| *cefixime* CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml; TABS 400mg | 1 | |
| *cefotetan disodium* SOLR 1gm | 1 | |
| *cefotetan disodium* (generic of CEFOTAN) SOLR 2gm | 1 | |
| CEFOXITIN INJ 1GM | 3 | |
| CEFOXITIN INJ 2GM | 3 | |
| *cefoxitin sodium* SOLR 1gm, 2gm, 10gm | 1 | |
| *cefpodoxime proxetil* SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1 | |
| *cefprozil* SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| *ceftaroline fosamil* (generic of TEFLARO) SOLR 400mg, 600mg | 4 | NDS |
| *ceftazidime* SOLR 1gm, 2gm, 6gm | 1 | |
| *ceftriaxone sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | |
| *cefuroxime axetil* TABS 250mg, 500mg | 1 | |
| *cefuroxime sodium* SOLR 1.5gm, 750mg | 1 | |
| *cephalexin* CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| FETROJA SOLR 1gm | 4 | NDS |
| *tazicef* SOLR 1gm, 2gm, 6gm | 1 | |
| TEFLARO SOLR 400mg, 600mg | 4 | NDS |
| ZERBAXA INJ 1.5GM | 4 | NDS |
| ZEVTERA SOLR 667mg | 4 | NDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***ERYTHROMYCINS/MACROLIDES*** | | |
| *azithromycin* SOLR 500mg; SUSR 100mg/5ml; TABS 600mg | 1 | |
| *azithromycin* (generic of ZITHROMAX) SUSR 200mg/5ml; TABS 250mg, 500mg | 1 | |
| *clarithromycin* SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| *clarithromycin* (generic of BIAXIN XL) TB24 500mg | 1 | |
| DIFICID SUSR 40mg/ml; TABS 200mg | 4 | NDS |
| *e.e.s. 400* TABS 400mg | 1 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | 3 | |
| *erythromycin base* TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 1 | |
| *erythromycin ethylsuccinate* (generic of E.E.S. GRANULES) SUSR 200mg/5ml | 1 | |
| *erythromycin ethylsuccinate* (generic of ERYPED 400) SUSR 400mg/5ml | 1 | |
| *erythromycin lactobionate* SOLR 500mg | 1 | |
| *fidaxomicin* (generic of DIFICID) TABS 200mg | 4 | NDS |
| ZITHROMAX SUSR 200mg/5ml | 3 | |
| ZITHROMAX TRI-PAK TABS 500mg | 3 | |
| ZITHROMAX Z-PAK TABS 250mg | 3 | |
| ***FLUOROQUINOLONES*** | | |
| BAXDELA SOLR 300mg; TABS 450mg | 4 | NDS |
| CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg | 3 | |
| *ciprofloxacin 200 mg/100ml in d5w* | 1 | |
| *ciprofloxacin 400 mg/200ml in d5w* | 1 | |
| *ciprofloxacin hcl* (generic of CIPRO) TABS 250mg, 500mg | 1 | |
| *ciprofloxacin hcl* TABS 750mg | 1 | |
| *levofloxacin* SOLN 25mg/ml; TABS 250mg, 500mg, 750mg | 1 | |
| *levofloxacin in d5w iv soln 250 mg/50ml* | 1 | |
| *levofloxacin in d5w iv soln 500 mg/100ml* | 1 | |
| *levofloxacin in d5w iv soln 750 mg/150ml* | 1 | |
| *moxifloxacin hcl* TABS 400mg | 1 | |
| *moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj* | 1 | |
| MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml | 3 | |
| ***PENICILLINS*** | | |
| *amoxicillin* CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1 | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* (generic of AUGMENTIN ES-600) | 1 | |
| *amoxicillin & k clavulanate tab 250-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 500-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 875-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ampicillin* CAPS 500mg | 1 | |
| *ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* (generic of UNASYN) | 1 | |
| *ampicillin & sulbactam sodium for inj 3 (2-1) gm* (generic of UNASYN) | 1 | |
| *ampicillin & sulbactam sodium for iv soln 15 (10-5) gm* (generic of UNASYN BULK PACK) | 1 | |
| *ampicillin sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | |
| AUGMENTIN SUS 125/5ML | 4 | NDS |
| AUGMENTIN SUS ES-600 | 3 | |
| AUGMENTIN TAB 500MG | 3 | |
| BICILLIN C-R INJ 900/300 | 3 | |
| BICILLIN C-R INJ 1200000 | 3 | |
| BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | 3 | |
| *dicloxacillin sodium* CAPS 250mg, 500mg | 1 | |
| NAFCILLIN INJ 2GM/100 | 4 | NDS |
| *nafcillin sodium* SOLR 1gm, 2gm | 1 | |
| *nafcillin sodium* SOLR 10gm | 4 | NDS |
| OXACILLIN INJ 2GM | 3 | |
| *oxacillin sodium* SOLR 1gm, 2gm, 10gm | 1 | |
| PEN GK/DEXTR INJ 40000/ML | 3 | |
| PEN GK/DEXTR INJ 60000/ML | 3 | |
| *penicillin g potassium* SOLR 5000000unit, 20000000unit | 1 | |
| *penicillin g sodium* SOLR 5000000unit | 1 | |
| *penicillin v potassium* SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| *pfizerpen* SOLR 5000000unit, 20000000unit | 1 | |
| PIP/TAZ/NACL INJ 2-0.25GM | 3 | |
| PIP/TAZ/NACL INJ 3-0.375G | 3 | |
| PIP/TAZ/NACL INJ 4-0.5GM | 3 | |
| *piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)* | 1 | |
| UNASYN INJ 1.5GM | 3 | |
| UNASYN INJ 3GM | 3 | |
| UNASYN INJ 15GM | 3 | |
| ZOSYN SOL 2-0.25GM | 3 | |
| ZOSYN SOL 3-0.375G | 3 | |
| ZOSYN SOL 4-0.5GM | 3 | |
| ***TETRACYCLINES*** | | |
| *demeclocycline hcl* TABS 150mg, 300mg | 1 | |
| *doxy 100* SOLR 100mg | 1 | |
| *doxycycline (monohydrate)* CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg | 1 | |
| *doxycycline hyclate* CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg | 1 | |
| *minocycline hcl* CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg | 1 | |
| NUZYRA SOLR 100mg | 4 | NDS NM |
| NUZYRA TABS 150mg QL (30 tabs / 14 days) | 4 | NDS QL NM |
| *tetracycline hcl* CAPS 250mg, 500mg | 1 | |
| TIGECYCLINE SOLR 50mg | 4 | NDS |
| *tigecycline* (generic of TYGACIL) SOLR 50mg | 1 | |
| TYGACIL SOLR 50mg | 4 | NDS |
| XERAVA SOLR 50mg, 100mg | 3 | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **ANTINEOPLASTIC AGENTS** | | |
| ***ALKYLATING AGENTS*** | | |
| *bendamustine hcl* (generic of TREANDA) SOLR 25mg | 1 | B/D NM |
| *bendamustine hcl* (generic of TREANDA) SOLR 100mg | 4 | NDS B/D NM |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml | 4 | NDS B/D NM |
| BENDEKA SOLN 100mg/4ml | 4 | NDS B/D NM |
| *carboplatin* SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | 1 | B/D |
| *cisplatin* SOLN 50mg/50ml, 100mg/100ml | 1 | B/D |
| *cisplatin* (generic of CISPLATIN) SOLN 200mg/200ml | 1 | B/D |
| *cyclophosphamide* CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg | 1 | B/D |
| CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml | 4 | NDS B/D NM |
| *cyclophosphamide* (generic of CYCLOPHOSPHAMIDE) SOLN 1gm/5ml | 4 | NDS B/D |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml | 4 | NDS B/D |
| *cyclophosphamide* (generic of CYCLOPHOSPHAMIDE) SOLN 500mg/2.5ml | 1 | B/D |
| CYCLOPHOSPHAMIDE TABS 50mg | 3 | B/D |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml | 4 | NDS B/D |
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml | 4 | NDS B/D NM |
| GLEOSTINE CAPS 10mg, 40mg | 3 | NM |
| GLEOSTINE CAPS 100mg | 4 | NDS NM |
| GRAFAPEX SOLR 1gm, 5gm | 4 | NDS B/D NM |
| IFEX SOLR 3gm | 3 | B/D |
| *ifosfamide* SOLN 1gm/20ml, 3gm/60ml | 1 | B/D |
| IFOSFAMIDE SOLR 3gm | 3 | B/D |
| KYXATA SOLN 80mg/8ml, 500mg/50ml | 4 | NDS B/D NM |
| LEUKERAN TABS 2mg | 4 | NDS PA |
| *lomustine* (generic of GLEOSTINE) CAPS 10mg, 40mg | 1 | NM |
| *lomustine* (generic of GLEOSTINE) CAPS 100mg | 4 | NDS NM |
| *oxaliplatin* SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml | 1 | B/D |
| *oxaliplatin* SOLR 50mg, 100mg | 4 | NDS B/D |
| TREANDA SOLR 25mg, 100mg | 4 | NDS B/D NM |
| VIVIMUSTA SOLN 100mg/4ml | 4 | NDS B/D NM |
| ZEPZELCA SOLR 4mg | 4 | NDS NM PA |
| ***ANTIMETABOLITES*** | | |
| AVGEMSI SOLN 1gm/26.3ml, 2gm/52.6ml | 4 | NDS B/D NM |
| AXTLE SOLR 100mg, 500mg | 4 | NDS B/D NM |
| *azacitidine* (generic of VIDAZA) SUSR 100mg | 4 | NDS B/D NM |
| *cytarabine* SOLN 20mg/ml, 100mg/ml | 1 | B/D |
| *decitabine* SOLR 50mg | 4 | NDS B/D NM |
| FAVLYXA SOLN 250mg/10ml | 4 | NDS B/D NM |
| *fludarabine phosphate* SOLN 50mg/2ml; SOLR 50mg | 1 | B/D |
| *fluorouracil* SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 1 | B/D |
| FOLOTYN SOLN 20mg/ml, 40mg/2ml | 4 | NDS NM PA |
| *gemcitabine hcl* (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1 | B/D |
| *gemcitabine hcl* SOLR 1gm, 2gm, 200mg | 1 | B/D |
| GEMCITABINE HYDROCHLORIDE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 3 | B/D |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| INQOVI TAB 35-100MG QL (5 tabs / 28 days) | 4 | NDS QL NM PA |
| LONSURF TAB 15-6.14 QL (100 tabs / 28 days) | 4 | NDS QL NM PA |
| LONSURF TAB 20-8.19 QL (80 tabs / 28 days) | 4 | NDS QL NM PA |
| *mercaptopurine* (generic of PURIXAN) SUSP 2000mg/100ml | 4 | NDS NM |
| *mercaptopurine* TABS 50mg | 1 | |
| *methotrexate sodium* SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | 1 | B/D |
| ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days) | 4 | NDS QL NM PA |
| PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml | 4 | NDS B/D |
| *pemetrexed disodium* SOLR 100mg, 500mg, 750mg, 1000mg | 4 | NDS B/D |
| PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml | 4 | NDS B/D |
| *pralatrexate* (generic of FOLOTYN) SOLN 20mg/ml, 40mg/2ml | 4 | NDS NM PA |
| PURIXAN SUSP 2000mg/100ml | 4 | NDS NM |
| TABLOID TABS 40mg | 4 | NDS PA |
| VIDAZA SUSR 100mg | 4 | NDS B/D NM |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | | |
| *abiraterone acetate* (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| *abiraterone acetate* (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *abirtega* (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days) | 1 | QL NM PA |
| AKEEGA TAB 50/500MG QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| AKEEGA TAB 100/500 QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *anastrozole* (generic of ARIMIDEX) TABS 1mg | 1 | |
| ARIMIDEX TABS 1mg | 4 | NDS |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| AROMASIN TABS 25mg | 4 | NDS |
| *bicalutamide* (generic of CASODEX) TABS 50mg | 1 | |
| CAMCEVI PRSY 42mg | 3 | NM PA |
| CASODEX TABS 50mg | 4 | NDS |
| CLIGAVYX SOSY 250mg/5ml | 4 | NDS B/D NM |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 2 | NM PA |
| ERLEADA TABS 60mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ERLEADA TABS 240mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| EULEXIN CAPS 125mg | 4 | NDS |
| *exemestane* (generic of AROMASIN) TABS 25mg | 1 | |
| FARESTON TABS 60mg | 4 | NDS PA |
| FASLODEX SOSY 250mg/5ml | 4 | NDS B/D |
| FEMARA TABS 2.5mg | 3 | |
| FIRMAGON SOLR 80mg | 3 | NM PA |
| FIRMAGON SOLR 120mg/vial | 4 | NDS NM PA |
| *fulvestrant* (generic of FASLODEX) SOSY 250mg/5ml | 1 | B/D |
| INLURIYO TABS 200mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| *letrozole* (generic of FEMARA) TABS 2.5mg | 1 | |
| *leuprolide acetate* KIT 1mg/0.2ml | 1 | NM PA |
| LIFYORLI CAP 125MG DS QL (18 caps / 28 days) | 4 | NDS QL NM PA |
| LIFYORLI CAP 150MG DS QL (27 caps / 28 days) | 4 | NDS QL NM PA |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg | 4 | NDS NM PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg | 4 | NDS NM PA |
| LUPRON DEPOT (4-MONTH) KIT 30mg | 4 | NDS NM PA |
| LUPRON DEPOT (6-MONTH) KIT 45mg | 4 | NDS NM PA |
| LUTRATE DEPOT INJ 22.5mg | 3 | NM PA |
| LYSODREN TABS 500mg | 4 | NDS NM |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *megestrol acetate* TABS 20mg, 40mg | 2 | |
| *nilutamide* TABS 150mg | 4 | NDS |
| NUBEQA TABS 300mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ORGOVYX TABS 120mg | 4 | NDS NM PA |
| ORSERDU TABS 86mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| ORSERDU TABS 345mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SOLTAMOX SOLN 10mg/5ml | 4 | NDS |
| *tamoxifen citrate* TABS 10mg, 20mg | 1 | |
| *toremifene citrate* (generic of FARESTON) TABS 60mg | 1 | PA |
| TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg | 2 | NM PA |
| VEPPANU TABS 100mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| VEPPANU TABS 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| XTANDI CAPS 40mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| XTANDI TABS 40mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| XTANDI TABS 80mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| YONSA TABS 125mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ZOLADEX IMPL 3.6mg, 10.8mg | 3 | NM PA |
| ZYTIGA TABS 250mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ZYTIGA TABS 500mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ***IMMUNOMODULATORS*** | | |
| *lenalidomide* (generic of REVLIMID) CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days) | 4 | NDS QL NM PA |
| *lenalidomide* (generic of REVLIMID) CAPS 20mg, 25mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| *pomalidomide* (generic of POMALYST) CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days) | 4 | NDS QL NM PA |
| REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| THALOMID CAPS 50mg QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| THALOMID CAPS 100mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| ***MISCELLANEOUS*** | | |
| ASPARLAS SOLN 3750unit/5ml | 4 | NDS NM PA |
| BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| *bexarotene* (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| *bleomycin sulfate* SOLR 15unit, 30unit | 1 | B/D |
| CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 3 | B/D |
| *dacarbazine* SOLR 100mg | 1 | B/D |
| *dexrazoxane hcl* SOLR 250mg, 500mg | 1 | B/D |
| DOXIL SUSP 2mg/ml | 4 | NDS B/D |
| *doxorubicin hcl* (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml | 1 | B/D |
| *doxorubicin hcl liposomal* (generic of DOXIL) SUSP 2mg/ml | 4 | NDS B/D |
| DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml | 3 | B/D |
| ELITEK SOLR 1.5mg, 7.5mg | 4 | NDS B/D |
| ELLENCE SOLN 50mg/25ml, 200mg/100ml | 3 | B/D |
| ETHYOL SOLR 500mg | 4 | NDS B/D |
| HYDREA CAPS 500mg | 3 | |
| *hydroxyurea* (generic of HYDREA) CAPS 500mg | 1 | |

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| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *irinotecan hcl* (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 1 | B/D |
| *irinotecan hcl* SOLN 500mg/25ml | 1 | B/D |
| IWILFIN TABS 192mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| KHAPZORY SOLR 175mg | 4 | NDS B/D NM |
| *leucovorin calcium* SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 1 | B/D |
| *leucovorin calcium* TABS 5mg, 10mg, 15mg, 25mg | 1 | |
| *levoleucovorin calcium* SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg | 1 | B/D NM |
| MATULANE CAPS 50mg | 4 | NDS NM |
| *mesna* (generic of MESNEX) TABS 400mg | 1 | |
| MESNEX TABS 400mg | 4 | NDS |
| *mitomycin* SOLR 5mg, 20mg | 1 | B/D |
| *mitomycin* SOLR 40mg | 4 | NDS B/D |
| *mitoxantrone hcl* CONC 20mg/10ml, 25mg/12.5ml, 30mg/15ml | 1 | B/D NM |
| MODEYSO CAPS 125mg QL (20 caps / 28 days) | 4 | NDS QL NM PA |
| NIPENT SOLR 10mg | 4 | NDS B/D |
| ONCASPAR SOLN 750unit/ml | 4 | NDS NM PA |
| ONIVYDE SUSP 43mg/10ml | 4 | NDS B/D NM |
| RYLAZE SOLN 10mg/0.5ml | 4 | NDS NM PA |
| TARGRETIN CAPS 75mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| TOPOTECAN HCL SOLN 4mg/4ml | 3 | B/D |
| *topotecan hcl* (generic of TOPOTECAN HCL) SOLN 4mg/4ml | 1 | B/D |
| *topotecan hcl* (generic of HYCAMTIN) SOLR 4mg | 1 | B/D |
| *tretinoin (chemotherapy)* CAPS 10mg | 4 | NDS |
| *valrubicin* (generic of VALSTAR) SOLN 40mg/ml | 4 | NDS B/D NM |
| VALSTAR SOLN 40mg/ml | 4 | NDS B/D NM |
| VYKOURA SOLN 50mg/5ml | 3 | B/D NM |
| VYKOURA SOLN 350mg/35ml, 500mg/50ml | 4 | NDS B/D NM |
| WELIREG TABS 40mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| ***MITOTIC INHIBITORS*** | | |
| ABRAXANE INJ 100MG | 4 | NDS B/D NM |
| AVOPEF SOLN 100mg/5ml | 4 | NDS B/D NM |
| BEIZRAY CONC 20mg/ml | 3 | B/D NM |
| BEIZRAY INJ 80MG/4ML | 4 | NDS B/D NM |
| BEIZRAY INJ 160/8ML | 4 | NDS B/D NM |
| *docetaxel* CONC 20mg/ml, 80mg/4ml | 3 | B/D |
| DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 3 | B/D |
| *docetaxel* (generic of DOCETAXEL) CONC 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 3 | B/D |
| DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 3 | B/D NM |
| *eribulin mesylate* (generic of HALAVEN) SOLN 1mg/2ml | 4 | NDS B/D NM |
| ETOPOPHOS SOLR 100mg | 3 | B/D |
| *etoposide* SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | 1 | B/D |
| HALAVEN SOLN 1mg/2ml | 4 | NDS B/D NM |
| IXEMPRA KIT SOLR 15mg, 45mg | 4 | NDS B/D NM |
| JEVTANA SOLN 60mg/1.5ml | 4 | NDS NM PA |
| *paclitaxel* CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | 1 | B/D |
| PACLITAXEL INJ 100MG | 4 | NDS B/D NM |
| *paclitaxel protein-bound particles for iv susp 100 mg* (generic of ABRAXANE) | 4 | NDS B/D NM |
| *vinblastine sulfate* SOLN 1mg/ml | 1 | B/D |
| *vincristine sulfate* SOLN 1mg/ml | 1 | B/D |
| *vinorelbine tartrate* SOLN 10mg/ml, 50mg/5ml | 1 | B/D |

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

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ***MOLECULAR TARGET AGENTS*** | | |
| AFINITOR DISPERZ TBSO 2mg, 5mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| ALECENSA CAPS 150mg QL (240 caps / 30 days) | 4 | NDS QL NM PA |
| ALUNBRIG TABS 30mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ALUNBRIG PAK QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| AUGTYRO CAPS 40mg QL (240 caps / 30 days) | 4 | NDS QL NM PA |
| AUGTYRO CAPS 160mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days) | 4 | NDS QL NM PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| BALVERSA TABS 3mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| BALVERSA TABS 4mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| BALVERSA TABS 5mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| BAVENCIO SOLN 200mg/10ml | 4 | NDS NM PA |
| BELEODAQ SOLR 500mg | 4 | NDS NM PA |
| BESPONSA SOLR .9mg | 4 | NDS NM PA |
| BLENREP SOLR 70mg | 4 | NDS NM PA |
| BORTEZOMIB SOLR 1mg, 2.5mg | 3 | NM PA |
| *bortezomib* (generic of VELCADE) SOLR 3.5mg | 1 | NM PA |
| BORUZU SOLN 3.5mg/1.4ml | 4 | NDS NM PA |
| BOSULIF CAPS 50mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| BOSULIF CAPS 100mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| BOSULIF TABS 100mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *bosutinib* (generic of BOSULIF) TABS 100mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| *bosutinib* (generic of BOSULIF) TABS 400mg, 500mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| BRAFTOVI CAPS 75mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| BRUKINSA CAPS 80mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| BRUKINSA TABS 160mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| CALQUENCE TABS 100mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| CAPRELSA TABS 100mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| CAPRELSA TABS 300mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml | 4 | NDS NM PA |
| COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| COMETRIQ KIT 100MG QL (56 caps / 28 days) | 4 | NDS QL NM PA |
| COMETRIQ KIT 140MG QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days) | 4 | NDS QL NM PA |
| COTELLIC TABS 20mg QL (63 tabs / 28 days) | 4 | NDS QL NM PA |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| DARZALEX SOLN 100mg/5ml, 400mg/20ml | 4 | NDS NM PA |
| DARZALEX INJ FASPRO | 4 | NDS NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *dasatinib* (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| *dasatinib* (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| DATROWAY SOLR 100mg | 4 | NDS NM PA |
| DAURISMO TABS 25mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| DAURISMO TABS 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ELAHERE SOLN 100mg/20ml | 4 | NDS NM PA |
| EMPLICITI SOLR 300mg, 400mg | 4 | NDS NM PA |
| EMRELIS SOLR 20mg, 100mg | 4 | NDS NM PA |
| ENHERTU SOLR 100mg | 4 | NDS NM PA |
| ENSACOVE CAPS 25mg QL (270 caps / 30 days) | 4 | NDS QL NM PA |
| ENSACOVE CAPS 100mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml | 4 | NDS NM PA |
| ERBITUX SOLN 100mg/50ml, 200mg/100ml | 4 | NDS B/D NM |
| ERIVEDGE CAPS 150mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| *erlotinib hcl* TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| *erlotinib hcl* TABS 100mg, 150mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *everolimus* (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *everolimus* (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *everolimus* (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| FRUZAQLA CAPS 1mg QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| FRUZAQLA CAPS 5mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| FYARRO SUSR 100mg | 4 | NDS NM PA |
| GAVRETO CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| GAZYVA SOLN 1000mg/40ml | 4 | NDS NM PA |
| *gefitinib* (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| GLEEVEC TABS 100mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| GLEEVEC TABS 400mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| GOMEKLI CAPS 1mg QL (168 caps / 28 days) | 4 | NDS QL NM PA |
| GOMEKLI CAPS 2mg QL (84 caps / 28 days) | 4 | NDS QL NM PA |
| GOMEKLI TBSO 1mg QL (168 tabs / 28 days) | 4 | NDS QL NM PA |
| HERCEP HYLEC SOL 60-10000 | 4 | NDS NM PA |
| HERCEPTIN SOLR 150mg | 4 | NDS NM PA |
| HERCESSI SOLR 150mg, 420mg | 4 | NDS NM PA |
| HERNEXEOS TABS 60mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| HERZUMA SOLR 150mg, 420mg | 4 | NDS NM PA |
| HYRNUO TABS 10mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| IBRANCE CAPS 125mg QL (21 caps / 28 days) | 4 | NDS QL NM PA |
| IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days) | 4 | NDS QL NM PA |
| IBTROZI CAPS 200mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *imatinib mesylate* (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days) | 1 | QL NM PA |
| *imatinib mesylate* (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| IMBRUVICA CAPS 70mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| IMBRUVICA CAPS 140mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| IMBRUVICA SUSP 70mg/ml QL (216 mL / 30 days) | 4 | NDS QL NM PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| IMDELLTRA SOLR 1mg, 10mg | 4 | NDS NM PA |
| IMFINZI SOLN 120mg/2.4ml, 500mg/10ml | 4 | NDS NM PA |
| IMJUDO SOLN 25mg/1.25ml, 300mg/15ml | 4 | NDS NM PA |
| IMKELDI SOLN 80mg/ml QL (280 mL / 28 days) | 4 | NDS QL NM PA |
| INLYTA TABS 1mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| INLYTA TABS 5mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| INREBIC CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| IRESSA TABS 250mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ITOVEBI TABS 3mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| ITOVEBI TABS 9mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| JAKAFI XR TB24 11mg, 22mg, 33mg, 44mg, 55mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| JAYPIRCA TABS 50mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| JAYPIRCA TABS 100mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| JEMPERLI SOLN 500mg/10ml | 4 | NDS NM PA |
| KADCYLA SOLR 100mg, 160mg | 4 | NDS B/D NM |
| KANJINTI SOLR 150mg, 420mg | 4 | NDS NM PA |
| KEYTRUDA SOLN 100mg/4ml | 4 | NDS NM PA |
| KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML QL (1 vial / 21 days) | 4 | NDS QL NM PA |
| KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML QL (1 vial / 42 days) | 4 | NDS QL NM PA |
| KIMMTRAK SOLN 100mcg/0.5ml | 4 | NDS NM PA |
| KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days) | 4 | NDS QL NM PA |
| KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days) | 4 | NDS QL NM PA |
| KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days) | 4 | NDS QL NM PA |
| KOMZIFTI CAPS 200mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| KOSELUGO CAPS 10mg QL (240 caps / 30 days) | 4 | NDS QL NM PA |
| KOSELUGO CAPS 25mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| KOSELUGO CPSP 5mg QL (600 caps / 30 days) | 4 | NDS QL NM PA |
| KOSELUGO CPSP 7.5mg QL (360 caps / 30 days) | 4 | NDS QL NM PA |
| KRAZATI TABS 200mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| KYPROLIS SOLR 10mg, 30mg, 60mg | 4 | NDS NM PA |
| *lapatinib ditosylate* (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| LAZCLUZE TABS 80mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| LAZCLUZE TABS 240mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| LENVIMA CAP 14 MG QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| LENVIMA CAP 18 MG QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| LENVIMA CAP 24 MG QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| LIBTAYO SOLN 350mg/7ml | 4 | NDS NM PA |
| LOQTORZI SOLN 240mg/6ml | 4 | NDS NM PA |
| LORBRENA TABS 25mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| LORBRENA TABS 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| LUMAKRAS TABS 120mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| LUMAKRAS TABS 240mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| LUMAKRAS TABS 320mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| LUNSUMIO SOLN 1mg/ml, 30mg/30ml | 4 | NDS NM PA |
| LUNSUMIO VELO SOLN 5mg/0.5ml, 45mg/ml | 4 | NDS NM PA |
| LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml | 4 | NDS NM PA |
| LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days) | 4 | NDS QL NM PA |
| MARGENZA SOLN 250mg/10ml | 4 | NDS NM PA |
| MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days) | 4 | NDS QL NM PA |
| MEKINIST TABS 2mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| MEKINIST TABS .5mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| MEKTOVI TABS 15mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| MONJUVI SOLR 200mg | 4 | NDS NM PA |
| MYLOTARG SOLR 4.5mg | 4 | NDS NM PA |
| NERLYNX TABS 40mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| NEXAVAR TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| NILOTINIB D-TARTRATE CAPS 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| NILOTINIB D-TARTRATE CAPS 150mg, 200mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| *nilotinib hcl* (generic of TASIGNA) CAPS 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| *nilotinib hcl* (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days) | 4 | NDS QL NM PA |
| ODOMZO CAPS 200mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| OGIVRI SOLR 150mg, 420mg | 4 | NDS NM PA |
| OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| OJEMDA SUSR 25mg/ml QL (96 mL / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| OJEMDA TABS 100mg QL (24 tabs / 28 days) | 4 | NDS QL NM PA |
| OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ONTRUZANT SOLR 150mg, 420mg | 4 | NDS NM PA |
| OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml | 4 | NDS NM PA |
| OPDIVO INJ QVANTIG | 4 | NDS NM PA |
| OPDUALAG INJ | 4 | NDS NM PA |
| PADCEV SOLR 20mg, 30mg | 4 | NDS NM PA |
| *pazopanib hcl* (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| *pazopanib hcl* TABS 400mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| PERJETA SOLN 420mg/14ml | 4 | NDS NM PA |
| PHESGO SOL | 4 | NDS NM PA |
| PHYRAGO TABS 20mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| PHYRAGO TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| POLIVY SOLR 30mg, 140mg | 4 | NDS NM PA |
| POTELIGEO SOLN 20mg/5ml | 4 | NDS NM PA |
| QINLOCK TABS 50mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| RETEVMO TABS 40mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| RETEVMO TABS 80mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| REVUFORJ TABS 25mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| REVUFORJ TABS 110mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| REVUFORJ TABS 160mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| REZLIDHIA CAPS 150mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days) | 4 | NDS QL NM PA |
| ROZLYTREK CAPS 100mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| ROZLYTREK CAPS 200mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| ROZLYTREK PACK 50mg QL (336 packets / 28 days) | 4 | NDS QL NM PA |
| RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| RYBREVANT SOLN 350mg/7ml | 4 | NDS NM PA |
| RYBREVANT INJ FASPRO | 4 | NDS NM PA |
| RYDAPT CAPS 25mg QL (224 caps / 28 days) | 4 | NDS QL NM PA |
| SARCLISA SOLN 100mg/5ml, 500mg/25ml | 4 | NDS NM PA |
| SCEMBLIX TABS 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| SCEMBLIX TABS 40mg QL (300 tabs / 30 days) | 4 | NDS QL NM PA |
| SCEMBLIX TABS 100mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| *sorafenib tosylate* (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| SPRYCEL TABS 20mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| STIVARGA TABS 40mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *sunitinib malate* (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| TAFINLAR TBSO 10mg QL (840 tabs / 28 days) | 4 | NDS QL NM PA |
| TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| TALZENNA CAPS .25mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| TASIGNA CAPS 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | 4 | NDS NM PA |
| TECENTRIQ INJ HYBREZA QL (1 vial / 21 days) | 4 | NDS QL NM PA |
| TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml | 4 | NDS NM PA |
| *temsirolimus* (generic of TORISEL) SOLN 25mg/ml | 4 | NDS B/D NM |
| TEPMETKO TABS 225mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| TEVIMBRA SOLN 100mg/10ml | 4 | NDS NM PA |
| TIBSOVO TABS 250mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| TIVDAK SOLR 40mg | 4 | NDS NM PA |
| TORISEL SOLN 25mg/ml | 4 | NDS B/D NM |
| *torpenz* (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| TRAZIMERA SOLR 150mg, 420mg | 4 | NDS NM PA |
| TRODELVY SOLR 180mg | 4 | NDS NM PA |
| TRUQAP TABS 200mg; TBPK 160mg, 200mg QL (64 tabs / 28 days) | 4 | NDS QL NM PA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | 4 | NDS NM PA |
| TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| TURALIO CAPS 125mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| TYKERB TABS 250mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| VECTIBIX SOLN 100mg/5ml, 400mg/20ml | 4 | NDS B/D NM |
| VELCADE SOLR 3.5mg | 4 | NDS NM PA |
| VENCLEXTA TABS 10mg QL (112 tabs / 28 days) | 2 | QL NM PA |
| VENCLEXTA TABS 50mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| VENCLEXTA TABS 100mg QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| VENCLEXTA TAB START PK QL (42 tabs / 28 days) | 4 | NDS QL NM PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| VITRAKVI CAPS 25mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| VITRAKVI CAPS 100mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days) | 4 | NDS QL NM PA |
| VONJO CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| VORANIGO TABS 10mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| VORANIGO TABS 40mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| VOTRIENT TABS 200mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| VYLOY SOLR 100mg, 300mg | 4 | NDS NM PA |
| XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |

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

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| XALKORI CPSP 150mg QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| XOSPATA TABS 40mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days) | 4 | NDS QL NM PA |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days) | 4 | NDS QL NM PA |
| YERVOY SOLN 50mg/10ml, 200mg/40ml | 4 | NDS NM PA |
| *yulithira* (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days) | 1 | QL NM PA |
| ZALTRAP SOLN 100mg/4ml, 200mg/8ml | 4 | NDS NM PA |
| ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ZELBORAF TABS 240mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| ZIIHERA SOLR 300mg | 4 | NDS NM PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 4 | NDS NM PA |
| ZOLINZA CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| ZYKADIA TABS 150mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ZYNLONTA SOLR 10mg | 4 | NDS NM PA |
| ZYNYZ SOLN 500mg/20ml | 4 | NDS NM PA |
| **CARDIOVASCULAR** | | |
| ***ACE INHIBITOR COMBINATIONS*** | | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* (generic of LOTREL) QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* (generic of LOTREL) QL (30 caps / 30 days) | 1 | QL |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* QL (30 caps / 30 days) | 1 | QL |
| *benazepril & hydrochlorothiazide tab 5-6.25mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* (generic of LOTENSIN HCT) | 1 | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* (generic of LOTENSIN HCT) | 1 | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* (generic of LOTENSIN HCT) | 1 | |
| *captopril & hydrochlorothiazide tab 25-15 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 25-25 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 50-15 mg* | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *captopril & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* (generic of VASERETIC) | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* (generic of ZESTORETIC) | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* (generic of ZESTORETIC) | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* (generic of ZESTORETIC) | 1 | |
| *quinapril-hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 20-25 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 1-240 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 2-180 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 2-240 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 4-240 mg* | 1 | |
| VASERETIC TAB 10-25MG | 3 | |
| ZESTORETIC TAB 10-12.5 | 3 | |
| ZESTORETIC TAB 20-12.5 | 3 | |
| ZESTORETIC TAB 20-25MG | 3 | |
| ***ACE INHIBITORS*** | | |
| *benazepril hcl* TABS 5mg | 1 | |
| *benazepril hcl* (generic of LOTENSIN) TABS 10mg, 20mg, 40mg | 1 | |
| *captopril* TABS 12.5mg, 25mg, 50mg, 100mg | 1 | |
| *enalapril maleate* (generic of EPANED) SOLN 1mg/ml | 1 | |
| *enalapril maleate* (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg | 1 | |
| *fosinopril sodium* TABS 10mg, 20mg, 40mg | 1 | |
| *lisinopril* (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | 1 | |
| LOTENSIN TABS 10mg, 20mg, 40mg | 3 | |
| *moexipril hcl* TABS 7.5mg, 15mg | 1 | |
| *perindopril erbumine* TABS 2mg, 4mg, 8mg | 1 | |
| QBRELIS SOLN 1mg/ml | 4 | NDS |
| *quinapril hcl* TABS 5mg, 10mg, 20mg, 40mg | 1 | |
| *ramipril* CAPS 1.25mg, 2.5mg, 5mg, 10mg | 1 | |
| *trandolapril* TABS 1mg, 2mg, 4mg | 1 | |
| VASOTEC TABS 2.5mg, 5mg, 10mg, 20mg | 3 | |
| ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | 3 | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | | |
| ALDACTONE TABS 25mg, 50mg, 100mg | 3 | |
| CAROSPIR SUSP 25mg/5ml | 3 | |
| *eplerenone* TABS 25mg, 50mg | 1 | |
| KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 2 | QL |
| *spironolactone* (generic of CAROSPIR) SUSP 25mg/5ml | 1 | |
| *spironolactone* (generic of ALDACTONE) TABS 25mg, 50mg, 100mg | 1 | |
| ***ALPHA BLOCKERS*** | | |
| CARDURA TABS 1mg, 2mg, 4mg, 8mg | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *doxazosin mesylate* (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg | 1 | |
| *prazosin hcl* CAPS 1mg, 2mg, 5mg | 1 | |
| *terazosin hcl* CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| TEZRULY SOLN 1mg/ml<br>QL (600 mL / 30 days) | 3 | QL ST |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-valsartan tab 5-160 mg* (generic of EXFORGE)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-valsartan tab 5-320 mg* (generic of EXFORGE)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-valsartan tab 10-160 mg* (generic of EXFORGE)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-valsartan tab 10-320 mg* (generic of EXFORGE)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg* (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg* (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg* (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg* (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg* (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| ATACAND HCT TAB 16-12.5<br>QL (60 tabs / 30 days) | 3 | QL |
| ATACAND HCT TAB 32-12.5<br>QL (30 tabs / 30 days) | 3 | QL |
| ATACAND HCT TAB 32-25MG<br>QL (30 tabs / 30 days) | 3 | QL |
| AVALIDE TAB 150-12.5<br>QL (60 tabs / 30 days) | 3 | QL |
| AVALIDE TAB 300-12.5<br>QL (30 tabs / 30 days) | 3 | QL |
| AZOR TAB 5-20MG<br>QL (30 tabs / 30 days) | 3 | QL |
| AZOR TAB 5-40MG<br>QL (30 tabs / 30 days) | 3 | QL |
| AZOR TAB 10-20MG<br>QL (30 tabs / 30 days) | 3 | QL |
| AZOR TAB 10-40MG<br>QL (30 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BENICAR HCT TAB 20-12.5<br>QL (30 tabs / 30 days) | 3 | QL |
| BENICAR HCT TAB 40-12.5<br>QL (30 tabs / 30 days) | 3 | QL |
| BENICAR HCT TAB 40-25MG<br>QL (30 tabs / 30 days) | 3 | QL |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* (generic of ATACAND HCT)<br>QL (60 tabs / 30 days) | 1 | QL |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* (generic of ATACAND HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* (generic of ATACAND HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| DIOVAN HCT TAB 80-12.5<br>QL (30 tabs / 30 days) | 3 | QL |
| DIOVAN HCT TAB 160-12.5<br>QL (30 tabs / 30 days) | 3 | QL |
| DIOVAN HCT TAB 160-25MG<br>QL (30 tabs / 30 days) | 3 | QL |
| DIOVAN HCT TAB 320-12.5<br>QL (30 tabs / 30 days) | 3 | QL |
| DIOVAN HCT TAB 320-25MG<br>QL (30 tabs / 30 days) | 3 | QL |
| EDARBYCLOR TAB 40-12.5<br>QL (30 tabs / 30 days) | 3 | QL ST |
| EDARBYCLOR TAB 40-25MG<br>QL (30 tabs / 30 days) | 3 | QL ST |
| ENTRESTO CAP 6-6MG<br>QL (240 caps / 30 days) | 2 | QL |
| ENTRESTO CAP 15-16MG<br>QL (240 caps / 30 days) | 2 | QL |
| ENTRESTO TAB 24-26MG<br>QL (180 tabs / 30 days) | 3 | QL |
| ENTRESTO TAB 49-51MG<br>QL (60 tabs / 30 days) | 3 | QL |
| ENTRESTO TAB 97-103MG<br>QL (60 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EXFORGE HCT TAB 5-160-12.5MG<br>QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 5-160-25MG<br>QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 10-160-12.5MG<br>QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 10-160-25MG<br>QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE HCT TAB 10-320-25MG<br>QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE TAB 5-160MG<br>QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE TAB 5-320MG<br>QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE TAB 10-160MG<br>QL (30 tabs / 30 days) | 3 | QL |
| EXFORGE TAB 10-320MG<br>QL (30 tabs / 30 days) | 3 | QL |
| HYZAAR TAB 50-12.5<br>QL (30 tabs / 30 days) | 3 | QL |
| HYZAAR TAB 100-12.5<br>QL (30 tabs / 30 days) | 3 | QL |
| HYZAAR TAB 100-25<br>QL (30 tabs / 30 days) | 3 | QL |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* (generic of AVALIDE)<br>QL (60 tabs / 30 days) | 1 | QL |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* (generic of AVALIDE)<br>QL (30 tabs / 30 days) | 1 | QL |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* (generic of HYZAAR)<br>QL (30 tabs / 30 days) | 1 | QL |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* (generic of HYZAAR)<br>QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* (generic of HYZAAR) QL (30 tabs / 30 days) | 1 | QL |
| MICARDIS HCT TAB 40/12.5 QL (30 tabs / 30 days) | 3 | QL |
| MICARDIS HCT TAB 80-25MG QL (30 tabs / 30 days) | 3 | QL |
| MICARDIS HCT TAB 80/12.5 QL (60 tabs / 30 days) | 3 | QL |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* (generic of BENICAR HCT) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* (generic of BENICAR HCT) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* (generic of BENICAR HCT) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* (generic of TRIBENZOR) QL (30 tabs / 30 days) | 1 | QL |
| *sacubitril-valsartan tab 24-26 mg* (generic of ENTRESTO) QL (180 tabs / 30 days) | 1 | QL |
| *sacubitril-valsartan tab 49-51 mg* (generic of ENTRESTO) QL (60 tabs / 30 days) | 1 | QL |
| *sacubitril-valsartan tab 97-103 mg* (generic of ENTRESTO) QL (60 tabs / 30 days) | 1 | QL |
| *telmisartan-amlodipine tab 40-5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-amlodipine tab 40-10 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-amlodipine tab 80-5 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-amlodipine tab 80-10 mg* QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* (generic of MICARDIS HCT) QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* (generic of MICARDIS HCT) QL (60 tabs / 30 days) | 1 | QL |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* (generic of MICARDIS HCT) QL (30 tabs / 30 days) | 1 | QL |
| TRIBENZOR TAB 20-5-12.5MG QL (30 tabs / 30 days) | 3 | QL |
| TRIBENZOR TAB 40-5-12.5MG QL (30 tabs / 30 days) | 3 | QL |
| TRIBENZOR TAB 40-5-25MG QL (30 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRIBENZOR TAB 40-10-12.5MG<br>QL (30 tabs / 30 days) | 3 | QL |
| TRIBENZOR TAB 40-10-25MG<br>QL (30 tabs / 30 days) | 3 | QL |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| *valsartan-hydrochlorothiazide tab 160-25 mg* (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| *valsartan-hydrochlorothiazide tab 320-25 mg* (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days) | 1 | QL |
| WIDAPLIK TAB 1.25-10-0.625 MG<br>QL (30 tabs / 30 days) | 3 | QL |
| WIDAPLIK TAB 2.5-20-1.25 MG<br>QL (30 tabs / 30 days) | 3 | QL |
| WIDAPLIK TAB 40-5-2.5<br>QL (30 tabs / 30 days) | 3 | QL |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| ARBLI SUSP 10mg/ml<br>QL (330 mL / 30 days) | 3 | QL |
| ATACAND TABS 4mg, 8mg, 16mg<br>QL (60 tabs / 30 days) | 3 | QL |
| ATACAND TABS 32mg<br>QL (30 tabs / 30 days) | 3 | QL |
| AVAPRO TABS 150mg, 300mg<br>QL (30 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *azilsartan medoxomil* (generic of EDARBI) TABS 40mg, 80mg<br>QL (30 tabs / 30 days) | 3 | QL ST |
| BENICAR TABS 5mg<br>QL (60 tabs / 30 days) | 3 | QL |
| BENICAR TABS 20mg, 40mg<br>QL (30 tabs / 30 days) | 3 | QL |
| *candesartan cilexetil* (generic of ATACAND) TABS 4mg, 8mg, 16mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *candesartan cilexetil* (generic of ATACAND) TABS 32mg<br>QL (30 tabs / 30 days) | 1 | QL |
| COZAAR TABS 25mg, 50mg<br>QL (60 tabs / 30 days) | 3 | QL |
| COZAAR TABS 100mg<br>QL (30 tabs / 30 days) | 3 | QL |
| DIOVAN TABS 40mg, 80mg, 160mg<br>QL (60 tabs / 30 days) | 3 | QL |
| DIOVAN TABS 320mg<br>QL (30 tabs / 30 days) | 3 | QL |
| EDARBI TABS 40mg, 80mg<br>QL (30 tabs / 30 days) | 3 | QL ST |
| *irbesartan* TABS 75mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *irbesartan* (generic of AVAPRO) TABS 150mg, 300mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *losartan potassium* (generic of COZAAR) TABS 25mg, 50mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *losartan potassium* (generic of COZAAR) TABS 100mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *olmesartan medoxomil* (generic of BENICAR) TABS 5mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *olmesartan medoxomil* (generic of BENICAR) TABS 20mg, 40mg<br>QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *telmisartan* TABS 20mg, 80mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *telmisartan* (generic of MICARDIS) TABS 40mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *valsartan* (generic of DIOVAN) TABS 40mg, 80mg, 160mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *valsartan* (generic of DIOVAN) TABS 320mg<br>QL (30 tabs / 30 days) | 1 | QL |
| ***ANTIARRHYTHMICS*** | | |
| *amiodarone hcl* SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg | 1 | |
| *disopyramide phosphate* (generic of NORPACE) CAPS 100mg, 150mg | 3 | |
| *dofetilide* (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg | 1 | NM |
| *flecainide acetate* TABS 50mg, 100mg, 150mg | 1 | |
| MULTAQ TABS 400mg<br>QL (60 tabs / 30 days) | 3 | QL |
| NORPACE CAPS 100mg, 150mg | 3 | |
| NORPACE CR CP12 100mg, 150mg | 3 | |
| *pacerone* TABS 100mg, 200mg | 1 | |
| *propafenone hcl* CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg | 1 | |
| *quinidine sulfate* TABS 200mg, 300mg | 1 | |
| *sotalol hcl* (generic of BETAPACE) TABS 80mg, 120mg, 160mg | 1 | |
| *sotalol hcl* TABS 240mg | 1 | |
| *sotalol hcl (afib/afl)* (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg | 1 | |
| SOTYLIZE SOLN 5mg/ml | 4 | NDS |
| TIKOSYN CAPS 125mcg, 250mcg, 500mcg | 3 | NM |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***ANTILIPEMICS, FIBRATES*** | | |
| *choline fenofibrate* CPDR 45mg, 135mg | 1 | |
| *fenofibrate* TABS 48mg, 54mg, 160mg | 1 | |
| *fenofibrate* (generic of TRICOR) TABS 145mg | 1 | |
| *fenofibrate micronized* CAPS 43mg, 67mg, 134mg, 200mg | 1 | |
| *gemfibrozil* (generic of LOPID) TABS 600mg | 1 | |
| LOPID TABS 600mg | 3 | |
| ***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS*** | | |
| ATORVALIQ SUSP 20mg/5ml<br>QL (600 mL / 30 days) | 3 | QL ST |
| *atorvastatin calcium* (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1 | QL |
| FLOLIPID SUSP 20mg/5ml, 40mg/5ml<br>QL (300 mL / 30 days) | 3 | QL ST |
| *fluvastatin sodium* CAPS 20mg, 40mg<br>QL (60 caps / 30 days) | 1 | QL ST |
| *fluvastatin sodium* (generic of LESCOL XL) TB24 80mg<br>QL (30 tabs / 30 days) | 1 | QL ST |
| LESCOL XL TB24 80mg<br>QL (30 tabs / 30 days) | 3 | QL ST |
| LIVALO TABS 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days) | 3 | QL ST |
| *lovastatin* TABS 10mg, 20mg, 40mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *pitavastatin calcium* (generic of LIVALO) TABS 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days) | 1 | QL ST |
| *pravastatin sodium* TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *rosuvastatin calcium* (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |
| *simvastatin* TABS 5mg, 80mg QL (30 tabs / 30 days) | 1 | QL |
| *simvastatin* (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |
| ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 3 | QL |
| ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days) | 3 | QL ST |
| ***ANTILIPEMICS, MISCELLANEOUS*** | | |
| *cholestyramine* (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose | 1 | |
| *cholestyramine light* PACK 4gm | 1 | |
| *cholestyramine light* (generic of QUESTRAN LIGHT) POWD 4gm/dose | 1 | |
| *colesevelam hcl* (generic of WELCHOL) PACK 3.75gm; TABS 625mg | 1 | |
| COLESTID GRAN 5gm; TABS 1gm | 3 | |
| *colestipol hcl* GRAN 5gm; PACK 5gm | 1 | |
| *colestipol hcl* (generic of COLESTID) TABS 1gm | 1 | |
| EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml | 4 | NDS NM PA |
| *ezetimibe* (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days) | 1 | QL |
| *ezetimibe-simvastatin tab 10-10 mg* (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |
| *ezetimibe-simvastatin tab 10-20 mg* (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |
| *ezetimibe-simvastatin tab 10-40 mg* (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ezetimibe-simvastatin tab 10-80 mg* (generic of VYTORIN) QL (30 tabs / 30 days) | 1 | QL |
| JUXTAPID CAPS 2mg, 5mg, 10mg, 20mg, 30mg | 4 | NDS NM PA |
| LOVAZA CAP 1GM | 3 | PA |
| NEXLETOL TABS 180mg QL (30 tabs / 30 days) | 2 | QL |
| NEXLIZET TAB 180/10MG QL (30 tabs / 30 days) | 2 | QL |
| *niacin (antihyperlipidemic)* TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days) | 1 | QL |
| *omega-3-acid ethyl esters cap 1 gm* (generic of LOVAZA) | 1 | |
| QUESTRAN PACK 4gm; POWD 4gm/dose | 3 | |
| QUESTRAN LIGHT POWD 4gm/dose | 3 | |
| REDEMPLO SOSY 25mg/0.5ml QL (1 syringe / 90 days) | 4 | NDS QL NM PA |
| REPATHA SOSY 140mg/ml QL (6 syringes / 28 days) | 2 | QL NM PA |
| REPATHA SURECLICK SOAJ 140mg/ml QL (6 pens / 28 days) | 2 | QL NM PA |
| TRYNGOLZA SOAJ 50mg/0.8ml, 80mg/0.8ml QL (1 pen / 30 days) | 4 | NDS QL NM PA |
| VASCEPA CAPS .5gm, 1gm | 2 | |
| VYTORIN TAB 10-10MG QL (30 tabs / 30 days) | 3 | QL |
| VYTORIN TAB 10-20MG QL (30 tabs / 30 days) | 3 | QL |
| VYTORIN TAB 10-40MG QL (30 tabs / 30 days) | 3 | QL |
| VYTORIN TAB 10-80MG QL (30 tabs / 30 days) | 3 | QL |
| WELCHOL PACK 3.75gm; TABS 625mg | 3 | |
| ZETIA TABS 10mg QL (30 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***BETA-BLOCKER/DIURETIC COMBINATIONS*** | | |
| *atenolol & chlorthalidone tab 50-25 mg* | 1 | |
| *atenolol & chlorthalidone tab 100-25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | 1 | |
| ***BETA-BLOCKERS*** | | |
| *acebutolol hcl* CAPS 200mg, 400mg | 1 | |
| *atenolol* (generic of TENORMIN) TABS 25mg, 50mg, 100mg | 1 | |
| *betaxolol hcl* TABS 10mg, 20mg | 1 | |
| *bisoprolol fumarate* TABS 2.5mg, 5mg, 10mg | 1 | |
| BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days) | 3 | QL |
| BYSTOLIC TABS 20mg QL (60 tabs / 30 days) | 3 | QL |
| *carvedilol* (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 1 | |
| *carvedilol phosphate* (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days) | 1 | QL |
| COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 3 | |
| COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days) | 4 | NDS QL |
| INDERAL LA CP24 60mg, 80mg, 120mg, 160mg | 4 | NDS |
| KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg | 3 | |
| *labetalol hcl* SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg | 1 | |
| LOPRESSOR SOLN 10mg/ml; TABS 12.5mg, 50mg, 100mg | 3 | |
| *metoprolol succinate* (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg | 1 | |
| *metoprolol tartrate* SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg | 1 | |
| *metoprolol tartrate* (generic of LOPRESSOR) TABS 50mg, 100mg | 1 | |
| *nadolol* TABS 20mg, 40mg, 80mg | 1 | |
| *nebivolol hcl* (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days) | 1 | QL |
| *nebivolol hcl* (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days) | 1 | QL |
| *pindolol* TABS 5mg, 10mg | 1 | |
| *propranolol hcl* (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg | 1 | |
| *propranolol hcl* SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg | 1 | |
| *timolol maleate* TABS 5mg, 10mg, 20mg | 1 | |
| TOPROL XL TB24 25mg, 50mg, 100mg, 200mg | 3 | |
| ***CALCIUM CHANNEL BLOCKERS*** | | |
| *amlodipine besylate* (generic of NORVASC) TABS 2.5mg, 5mg, 10mg | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CARDAMYST SOLN 70mg/dose | 4 | NDS |
| CARDIZEM TABS 30mg, 60mg, 120mg | 3 | |
| CARDIZEM CD CP24 120mg, 180mg | 3 | |
| CARDIZEM CD CP24 240mg, 300mg, 360mg | 4 | NDS |
| CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| *cartia xt* (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg | 1 | |
| *dilt-xr* CP24 120mg, 180mg, 240mg | 1 | |
| *diltiazem hcl* CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg | 1 | |
| *diltiazem hcl* (generic of CARDIZEM) TABS 30mg, 60mg, 120mg | 1 | |
| *diltiazem hcl* (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| *diltiazem hcl coated beads* (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1 | |
| *diltiazem hcl extended release beads* (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| *felodipine* TB24 2.5mg, 5mg, 10mg | 1 | |
| *isradipine* CAPS 2.5mg, 5mg | 1 | |
| KATERZIA SUSP 1mg/ml | 3 | |
| *matzim la* (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| *nicardipine hcl* CAPS 20mg, 30mg | 1 | |
| *nifedipine* (generic of PROCARDIA XL) TB24 30mg, 60mg | 1 | |
| *nifedipine* TB24 30mg, 60mg, 90mg | 1 | |
| *nimodipine* CAPS 30mg | 1 | |
| *nimodipine* SOLN 60mg/20ml | 4 | NDS |
| NORLIQVA SOLN 1mg/ml | 3 | |
| NORVASC TABS 2.5mg, 5mg, 10mg | 3 | |
| NYMALIZE SOLN 6mg/ml | 4 | NDS |
| PROCARDIA XL TB24 30mg, 60mg | 3 | |
| SULAR TB24 8.5mg, 17mg, 34mg | 3 | |
| *tiadylt er* (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| *verapamil hcl* CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1 | |
| ***DIURETICS*** | | |
| *acetazolamide* CP12 500mg; TABS 125mg, 250mg | 1 | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | 1 | |
| *amiloride hcl* TABS 5mg | 1 | |
| *bumetanide* SOLN .25mg/ml; TABS 1mg, 2mg | 1 | |
| *bumetanide* (generic of BUMEX) TABS .5mg | 1 | |
| *chlorthalidone* TABS 25mg, 50mg | 1 | |
| *dichlorphenamide* (generic of KEVEYIS) TABS 50mg | 4 | NDS NM PA |
| DIURIL SUSP 250mg/5ml | 3 | |
| DYRENIUM CAPS 50mg, 100mg | 3 | |
| EDECRIN TABS 25mg | 4 | NDS |
| ENBUMYST SOLN .5mg/0.1ml | 4 | NDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ethacrynic acid* (generic of EDECRIN) TABS 25mg | 1 | |
| *furosemide* SOLN 10mg/ml, 40mg/5ml | 1 | |
| *furosemide* (generic of LASIX) TABS 20mg, 40mg, 80mg | 1 | |
| *furosemide inj* SOLN 10mg/ml | 1 | |
| HEMICLOR TABS 12.5mg | 3 | |
| *hydrochlorothiazide* CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| *indapamide* TABS 1.25mg, 2.5mg | 1 | |
| INZIRQO SUSR 10mg/ml QL (320 mL / 30 days) | 3 | QL |
| KEVEYIS TABS 50mg | 4 | NDS NM PA |
| LASIX TABS 20mg, 40mg, 80mg | 3 | |
| *methazolamide* TABS 25mg, 50mg | 1 | |
| *metolazone* TABS 2.5mg, 5mg, 10mg | 1 | |
| *ormalvi* (generic of KEVEYIS) TABS 50mg | 4 | NDS NM PA |
| SOAANZ TABS 40mg | 3 | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | 1 | |
| THALITONE TABS 15mg | 3 | |
| *torsemide* TABS 5mg, 10mg, 20mg, 100mg | 1 | |
| *triamterene* (generic of DYRENIUM) CAPS 50mg, 100mg | 1 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | 1 | |
| ***MISCELLANEOUS*** | | |
| ADRENALIN SOLN 1mg/ml | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *aliskiren fumarate* (generic of TEKTURNA) TABS 150mg, 300mg QL (30 tabs / 30 days) | 1 | QL |
| *amlodipine besylate-atorvastatin calcium tab 2.5-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-10 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-20 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-40 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-80 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-10 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-20 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-40 mg* (generic of CADUET) | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-80 mg* (generic of CADUET) | 1 | |
| BAXFENDY TABS 1mg, 2mg QL (30 tabs / 30 days) | 3 | QL PA |
| BIDIL TAB | 3 | |
| CADUET TAB 5-10MG | 3 | |
| CADUET TAB 5-20MG | 3 | |
| CADUET TAB 5-40MG | 3 | |
| CADUET TAB 5-80MG | 3 | |
| CADUET TAB 10-10MG | 3 | |
| CADUET TAB 10-20MG | 3 | |
| CADUET TAB 10-40MG | 3 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| CADUET TAB 10-80MG | 3 | |
| CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg<br>QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| *clonidine* (generic of CATAPRES-TTS-1) PTWK .1mg/24hr | 1 | |
| *clonidine* (generic of CATAPRES-TTS-2) PTWK .2mg/24hr | 1 | |
| *clonidine* (generic of CATAPRES-TTS-3) PTWK .3mg/24hr | 1 | |
| *clonidine* TB24 .17mg | 1 | |
| *clonidine hcl* TABS .05mg, .1mg, .2mg, .3mg | 1 | |
| *digoxin* SOLN .05mg/ml | 1 | |
| *digoxin* (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg | 1 | |
| *digoxin* (generic of LANOXIN) TABS 125mcg, 250mcg<br>QL (30 tabs / 30 days) | 1 | QL |
| *droxidopa* (generic of NORTHERA) CAPS 100mg<br>QL (90 caps / 30 days) | 1 | QL NM PA |
| *droxidopa* (generic of NORTHERA) CAPS 200mg, 300mg<br>QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| EPINEPHRINE SOLN 1mg/ml | 3 | |
| *epinephrine* (generic of ADRENALIN) SOLN 1mg/ml | 1 | |
| *guanfacine hcl* TABS 1mg, 2mg<br>PA applies if 65 years and older | 2 | PA |
| *hydralazine hcl* SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| INPEFA TABS 200mg, 400mg<br>QL (30 tabs / 30 days) | 3 | QL |
| *isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg* (generic of BIDIL) | 1 | |
| *ivabradine hcl* (generic of CORLANOR) TABS 5mg, 7.5mg<br>QL (60 tabs / 30 days) | 1 | QL |
| JAVADIN SOLN .02mg/ml | 3 | |
| LANOXIN SOLN .25mg/ml; TABS 62.5mcg | 3 | |
| LANOXIN TABS 125mcg, 250mcg<br>QL (30 tabs / 30 days) | 3 | QL |
| LANOXIN PEDIATRIC SOLN .1mg/ml | 3 | |
| LODOCO TABS .5mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| *methyldopa* TABS 250mg, 500mg<br>PA applies if 65 years and older | 3 | PA |
| *metyrosine* CAPS 250mg | 4 | NDS NM PA |
| *midodrine hcl* TABS 2.5mg, 5mg, 10mg | 1 | |
| *minoxidil* TABS 2.5mg, 10mg | 1 | |
| MYQORZO TABS 5mg, 10mg, 15mg, 20mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| NEXICLON XR TB24 .17mg | 3 | |
| NORTHERA CAPS 100mg<br>QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| NORTHERA CAPS 200mg, 300mg<br>QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| *phenoxybenzamine hcl* CAPS 10mg | 4 | NDS PA |
| *ranolazine* TB12 500mg, 1000mg | 1 | |
| TEKTURNA TABS 150mg, 300mg<br>QL (30 tabs / 30 days) | 3 | QL |
| TRYVIO TABS 12.5mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| VERQUVO TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days) | 2 | QL PA |
| VYNDAMAX CAPS 61mg<br>QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| ***NITRATES*** | | |
| *isosorbide dinitrate* TABS 5mg, 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 | Tier | Requirements/ Limits |
|---|---|---|
| *isosorbide mononitrate* TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg | 1 | |
| *nitro-bid* OINT 2% | 1 | |
| NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 3 | |
| NITRO-DUR PT24 .3mg/hr, .8mg/hr | 4 | NDS |
| *nitroglycerin* OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 1 | |
| *nitroglycerin* (generic of NITROLINGUAL) SOLN .4mg/spray | 1 | |
| *nitroglycerin* (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg | 1 | |
| NITROLINGUAL SOLN .4mg/spray | 3 | |
| NITROSTAT SUBL .3mg, .4mg, .6mg | 3 | |
| ***PULMONARY ARTERIAL HYPERTENSION*** | | |
| ADCIRCA TABS 20mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| *alyq* (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days) | 1 | QL NM PA |
| *ambrisentan* (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *bosentan* (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *bosentan* (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| *epoprostenol sodium* (generic of VELETRI) SOLR .5mg, 1.5mg | 4 | NDS B/D NM |
| LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *macitentan* (generic of OPSUMIT) TABS 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| OPSUMIT TABS 10mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg | 4 | NDS NM PA |
| ORENITRAM TBCR .125mg | 3 | NM PA |
| ORENITRAM TAB MONTH 1 | 4 | NDS NM PA |
| ORENITRAM TAB MONTH 2 | 4 | NDS NM PA |
| ORENITRAM TAB MONTH 3 | 4 | NDS NM PA |
| REMODULIN SOLN 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 4 | NDS NM PA |
| REVATIO SOLN 10mg/12.5ml | 4 | NDS NM PA |
| REVATIO TABS 20mg QL (360 tabs / 30 days) | 4 | NDS QL NM PA |
| *sildenafil citrate (pulmonary hypertension)* (generic of REVATIO) SOLN 10mg/12.5ml | 4 | NDS NM PA |
| *sildenafil citrate (pulmonary hypertension)* SUSR 10mg/ml QL (784 mL / 30 days) | 4 | NDS QL NM PA |
| *sildenafil citrate (pulmonary hypertension)* (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days) | 1 | QL NM PA |
| *tadalafil (pulmonary hypertension)* (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days) | 1 | QL NM PA |
| TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days) | 4 | NDS QL NM PA |
| *treprostinil* SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 4 | NDS NM PA |
| TYVASO SOLN .6mg/ml | 4 | NDS NM PA |
| TYVASO DPI INSTITUTIONAL POWD 80mcg QL (112 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg, 80mcg QL (112 cartridges / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI POW 48-80MCG QL (224 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI POW MAIN KIT 32-64MCG QL (224 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO DPI POW MAIN KIT 48-64MCG QL (224 cartridges / 28 days) | 4 | NDS QL NM PA |
| TYVASO REFILL KIT SOLN .6mg/ml | 4 | NDS NM PA |
| TYVASO STARTER KIT SOLN .6mg/ml | 4 | NDS NM PA |
| UPTRAVI SOLR 1800mcg | 4 | NDS NM PA |
| UPTRAVI TABS 200mcg QL (140 tabs / 28 days) | 4 | NDS QL NM PA |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| UPTRAVI PACK TAB 200/800 QL (200 tabs / 28 days) | 4 | NDS QL NM PA |
| VELETRI SOLR .5mg, 1.5mg | 4 | NDS B/D NM |
| WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days) | 4 | NDS QL NM PA |
| WINREVAIR INJ 45MG QL (2 vials / 21 days) | 4 | NDS QL NM PA |
| WINREVAIR INJ 60MG QL (2 vials / 21 days) | 4 | NDS QL NM PA |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days) | 4 | NDS QL NM PA |
| YUTREPIA CAPS 106mcg QL (224 caps / 28 days) | 4 | NDS QL NM PA |
| **CENTRAL NERVOUS SYSTEM** | | |
| ***ANTIANXIETY*** | | |
| *alprazolam* (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 1 | QL |
| *alprazolam* TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older | 1 | QL PA |
| *alprazolam* TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older | 1 | QL PA |
| *alprazolam* TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 1 | QL |
| *alprazolam* TBDP .25mg QL (120 tabs / 30 days) | 1 | QL |
| ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days) | 3 | QL |
| ATIVAN SOLN 2mg/ml, 4mg/ml | 3 | |
| ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 4 | NDS QL |
| *buspirone hcl* TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | 1 | |
| *chlordiazepoxide hcl* CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older | 1 | QL PA |
| *fluvoxamine maleate* CP24 100mg, 150mg QL (60 caps / 30 days) | 1 | QL |
| *fluvoxamine maleate* TABS 25mg, 50mg, 100mg | 1 | |
| *lorazepam* CONC 2mg/ml QL (150 mL / 30 days) | 1 | QL |
| *lorazepam* (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml | 1 | |
| *lorazepam* (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days) | 1 | QL |
| *lorazepam intensol* CONC 2mg/ml QL (150 mL / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *oxazepam* CAPS 10mg, 15mg, 30mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| XANAX TABS .25mg, .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days) | 3 | QL |
| ***ANTIDEMENTIA*** | | |
| ARICEPT TABS 5mg<br>QL (30 tabs / 30 days) | 3 | QL |
| ARICEPT TABS 10mg, 23mg | 3 | |
| *donepezil hydrochloride* (generic of ARICEPT) TABS 5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *donepezil hydrochloride* (generic of ARICEPT) TABS 10mg, 23mg | 1 | |
| *donepezil hydrochloride* TBDP 5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *donepezil hydrochloride* TBDP 10mg | 1 | |
| EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr<br>QL (30 patches / 30 days) | 3 | QL |
| *galantamine hydrobromide* CP24 8mg, 16mg, 24mg<br>QL (30 caps / 30 days) | 1 | QL |
| *galantamine hydrobromide* SOLN 4mg/ml<br>QL (200 mL / 30 days) | 1 | QL |
| *galantamine hydrobromide* TABS 4mg, 8mg, 12mg<br>QL (60 tabs / 30 days) | 1 | QL |
| LEQEMBI IQLIK SOAJ 360mg/1.8ml<br>QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| *memantine hcl* CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg<br>PA applies if 29 years and younger | 1 | PA |
| *memantine hcl-donepezil hcl cap er 24hr 14-10 mg* (generic of NAMZARIC) | 1 | |
| *memantine hcl-donepezil hcl cap er 24hr 21-10 mg* (generic of NAMZARIC) | 1 | |
| *memantine hcl-donepezil hcl cap er 24hr 28-10 mg* (generic of NAMZARIC) | 1 | |
| NAMZARIC CAP 7-10MG | 3 | |
| NAMZARIC CAP 14-10MG | 3 | |
| NAMZARIC CAP 21-10MG | 3 | |
| NAMZARIC CAP 28-10MG | 3 | |
| *rivastigmine* (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr<br>QL (30 patches / 30 days) | 1 | QL |
| *rivastigmine tartrate* CAPS 1.5mg, 3mg, 4.5mg, 6mg<br>QL (60 caps / 30 days) | 1 | QL |
| ZUNVEYL TBEC 5mg, 10mg, 15mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ***ANTIDEPRESSANTS*** | | |
| *amitriptyline hcl* TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg<br>PA applies if 65 years and older | 2 | PA |
| *amoxapine* TABS 25mg, 50mg, 100mg, 150mg<br>PA applies if 65 years and older | 2 | PA |
| ANAFRANIL CAPS 25mg, 50mg, 75mg | 4 | NDS PA |
| AUVELITY TAB 45-105MG<br>QL (60 tabs / 30 days) | 3 | QL |
| AUVELITY TAB TITRATIO<br>QL (2 packs / year) | 4 | NDS QL |
| *bupropion hcl* TABS 75mg, 100mg | 1 | |
| *bupropion hcl* (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *bupropion hcl* (generic of WELLBUTRIN XL) TB24 150mg<br>QL (60 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *bupropion hcl* (generic of WELLBUTRIN XL) TB24 300mg<br>QL (30 tabs / 30 days) | 1 | QL |
| CELEXA TABS 10mg, 20mg, 40mg | 3 | |
| *citalopram hydrobromide* SOLN 10mg/5ml | 1 | |
| *citalopram hydrobromide* (generic of CELEXA) TABS 10mg, 20mg, 40mg | 1 | |
| *clomipramine hcl* (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg | 3 | PA |
| *desipramine hcl* (generic of NORPRAMIN) TABS 10mg, 25mg<br>PA applies if 65 years and older | 3 | PA |
| *desipramine hcl* TABS 50mg, 75mg, 100mg, 150mg<br>PA applies if 65 years and older | 3 | PA |
| DESVENLAFAXINE ER TB24 50mg, 100mg<br>QL (30 tabs / 30 days) | 3 | QL |
| *desvenlafaxine succinate* (generic of PRISTIQ) TB24 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *doxepin hcl* CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml<br>PA applies if 65 years and older | 2 | PA |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| *duloxetine hcl* CPEP 20mg<br>QL (120 caps / 30 days) | 1 | QL |
| *duloxetine hcl* CPEP 30mg<br>QL (90 caps / 30 days) | 1 | QL |
| *duloxetine hcl* CPEP 40mg, 60mg<br>QL (60 caps / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DULOXETINE HYDROCHLORIDE CPEP 80mg, 90mg, 120mg<br>QL (30 caps / 30 days) | 3 | QL |
| EFFEXOR XR CP24 37.5mg, 75mg, 150mg | 3 | |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr<br>QL (30 patches / 30 days) | 4 | NDS QL PA |
| ESCITALOPRAM OXALATE CAPS 15mg<br>QL (30 caps / 30 days) | 3 | QL |
| *escitalopram oxalate* SOLN 5mg/5ml | 1 | |
| *escitalopram oxalate* (generic of LEXAPRO) TABS 5mg, 10mg, 20mg | 1 | |
| EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg<br>QL (30 tabs / 30 days) | 4 | NDS QL PA |
| EXXUA TITRATION PACK TB24 18.2mg<br>QL (2 packs / year) | 4 | NDS QL PA |
| FETZIMA CP24 20mg, 40mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| FETZIMA CP24 80mg, 120mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| FETZIMA CAP TITRATIO<br>QL (2 packs / year) | 3 | QL PA |
| *fluoxetine hcl* CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml | 1 | |
| *fluoxetine hcl* CPDR 90mg<br>QL (4 caps / 28 days) | 1 | QL |
| *imipramine hcl* TABS 10mg, 25mg, 50mg<br>PA applies if 65 years and older | 1 | PA |
| *imipramine pamoate* CAPS 75mg, 100mg, 125mg, 150mg<br>PA applies if 65 years and older | 3 | PA |
| LEXAPRO TABS 5mg, 10mg, 20mg | 3 | |
| MARPLAN TABS 10mg<br>QL (180 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *mirtazapine* TABS 7.5mg, 45mg | 1 | |
| *mirtazapine* (generic of REMERON) TABS 15mg, 30mg | 1 | |
| *mirtazapine* (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg | 1 | |
| NARDIL TABS 15mg | 3 | |
| *nefazodone hcl* TABS 50mg, 100mg, 150mg, 200mg, 250mg | 1 | |
| NORPRAMIN TABS 10mg, 25mg<br>PA applies if 65 years and older | 3 | PA |
| *nortriptyline hcl* (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg | 1 | |
| *nortriptyline hcl* SOLN 10mg/5ml | 3 | |
| PARNATE TABS 10mg | 3 | |
| *paroxetine hcl* SUSP 10mg/5ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| *paroxetine hcl* (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg<br>PA applies if 65 years and older | 1 | PA |
| *paroxetine hcl* (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| *perphenazine-amitriptyline tab 2-10 mg*<br>PA applies if 65 years and older | 2 | PA |
| *perphenazine-amitriptyline tab 2-25 mg*<br>PA applies if 65 years and older | 2 | PA |
| *perphenazine-amitriptyline tab 4-10 mg*<br>PA applies if 65 years and older | 2 | PA |
| *perphenazine-amitriptyline tab 4-25 mg*<br>PA applies if 65 years and older | 2 | PA |
| *perphenazine-amitriptyline tab 4-50 mg*<br>PA applies if 65 years and older | 2 | PA |
| *phenelzine sulfate* (generic of NARDIL) TABS 15mg | 1 | |
| PRISTIQ TB24 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | 3 | QL |
| *protriptyline hcl* TABS 5mg, 10mg | 3 | |
| RALDESY SOLN 10mg/ml<br>QL (1800 mL / 30 days) | 3 | QL PA |
| REMERON TABS 15mg, 30mg | 3 | |
| REMERON SOLTAB TBDP 15mg, 30mg, 45mg | 3 | |
| *sertraline hcl* (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 1 | |
| SPRAVATO SOL 56MG DOS | 4 | NDS NM PA |
| SPRAVATO SOL 84MG DOS | 4 | NDS NM PA |
| *tranylcypromine sulfate* (generic of PARNATE) TABS 10mg | 1 | |
| *trazodone hcl* TABS 50mg, 100mg, 150mg, 300mg | 1 | |
| *trimipramine maleate* CAPS 25mg, 50mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| *trimipramine maleate* CAPS 100mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| TRINTELLIX TABS 5mg, 10mg, 20mg<br>QL (30 tabs / 30 days) | 3 | QL PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *venlafaxine hcl* (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg | 1 | |
| *venlafaxine hcl* TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 1 | |
| VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 3 | QL |
| *vilazodone hcl* (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | 1 | QL |
| ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 3 | |
| ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days) | 4 | NDS QL NM PA |
| ZURZUVAE CAPS 30mg QL (14 caps / 14 days) | 4 | NDS QL NM PA |
| ***ANTIPARKINSONIAN AGENTS*** | | |
| *amantadine hcl* CAPS 100mg QL (120 caps / 30 days) | 1 | QL |
| *amantadine hcl* SOLN 50mg/5ml; TABS 100mg | 1 | |
| AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days) | 4 | NDS QL |
| *benztropine mesylate* SOLN 1mg/ml | 1 | |
| *benztropine mesylate* TABS .5mg, 1mg, 2mg PA applies if 65 years and older | 1 | PA |
| *bromocriptine mesylate* CAPS 5mg; TABS 2.5mg | 1 | |
| *carb/levo orally disintegrating tab 10-100mg* | 1 | |
| *carb/levo orally disintegrating tab 25-100mg* | 1 | |
| *carb/levo orally disintegrating tab 25-250mg* | 1 | |
| *carbidopa* (generic of LODOSYN) TABS 25mg | 1 | |
| *carbidopa & levodopa cap er 23.75-95 mg* | 1 | |
| *carbidopa & levodopa cap er 36.25-145 mg* | 1 | |
| *carbidopa & levodopa cap er 48.75-195 mg* | 1 | |
| *carbidopa & levodopa cap er 61.25-245 mg* | 1 | |
| *carbidopa & levodopa tab 10-100 mg* (generic of SINEMET) | 1 | |
| *carbidopa & levodopa tab 25-100 mg* (generic of SINEMET) | 1 | |
| *carbidopa & levodopa tab 25-250 mg* | 1 | |
| *carbidopa & levodopa tab er 25-100 mg* | 1 | |
| *carbidopa & levodopa tab er 50-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | 1 | |
| CREXONT CAP 35-140MG | 3 | ST |
| CREXONT CAP 52.5-210 | 3 | ST |
| CREXONT CAP 70-280MG | 3 | ST |
| CREXONT CAP 87.5-350 | 3 | ST |
| DHIVY TAB 25-100MG | 3 | |
| DUOPA SUS 4.63-20 | 4 | NDS B/D NM |
| *entacapone* TABS 200mg | 1 | |
| GOCOVRI CP24 68.5mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| GOCOVRI CP24 137mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| INBRIJA CAPS 42mg QL (300 caps / 30 days) | 4 | NDS QL NM PA |
| LODOSYN TABS 25mg | 4 | NDS |
| NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days) | 4 | NDS QL 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 | Tier | Drug Requirements/ Limits |
|---|---|---|
| ONGENTYS CAPS 25mg, 50mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| PARLODEL CAPS 5mg; TABS 2.5mg | 3 | |
| *pramipexole dihydrochloride* TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg | 1 | |
| *rasagiline mesylate* (generic of AZILECT) TABS .5mg, 1mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *ropinirole hydrochloride* TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg | 1 | |
| RYTARY CAP 95MG | 3 | ST |
| RYTARY CAP 145MG | 3 | ST |
| RYTARY CAP 195MG | 3 | ST |
| RYTARY CAP 245MG | 3 | ST |
| *selegiline hcl* CAPS 5mg; TABS 5mg | 1 | |
| SINEMET TAB 10-100MG | 3 | |
| SINEMET TAB 25-100MG | 3 | |
| *trihexyphenidyl hcl* SOLN .4mg/ml | 2 | |
| *trihexyphenidyl hcl* TABS 2mg, 5mg | 1 | |
| VYALEV INJ 12-240MG | 4 | NDS NM PA |
| XADAGO TABS 50mg, 100mg | 4 | NDS |
| ZELAPAR TBDP 1.25mg | 4 | NDS |
| ***ANTIPSYCHOTICS*** | | |
| ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days) | 3 | QL |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml<br>QL (1 syringe / 56 days) | 4 | NDS QL |
| ABILIFY MAINTENA PRSY 300mg, 400mg<br>QL (1 syringe / 28 days) | 4 | NDS QL |
| ABILIFY MAINTENA SRER 300mg, 400mg<br>QL (1 vial / 28 days) | 4 | NDS QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *aripiprazole* SOLN 1mg/ml<br>QL (900 mL / 30 days) | 1 | QL |
| *aripiprazole* (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *aripiprazole* TBDP 10mg, 15mg<br>QL (60 tabs / 30 days) | 1 | QL ST |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml<br>QL (1 syringe / 28 days) | 4 | NDS QL |
| ARISTADA PRSY 1064mg/3.9ml<br>QL (1 syringe / 56 days) | 4 | NDS QL |
| ARISTADA INITIO PRSY 675mg/2.4ml | 4 | NDS |
| *asenapine maleate* (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days) | 1 | QL |
| BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days) | 4 | NDS QL PA |
| BYSANTI TAB PACK A<br>QL (2 packs / year) | 3 | QL PA |
| BYSANTI TAB PACK B<br>QL (2 packs / year) | 3 | QL PA |
| BYSANTI TAB PACK C<br>QL (2 packs / year) | 3 | QL PA |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg<br>QL (30 caps / 30 days) | 4 | NDS QL |
| *chlorpromazine hcl* CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1 | |
| *clozapine* (generic of CLOZARIL) TABS 25mg | 1 | |
| *clozapine* TABS 50mg | 1 | |
| *clozapine* (generic of CLOZARIL) TABS 100mg<br>QL (270 tabs / 30 days) | 1 | QL |
| *clozapine* TABS 200mg<br>QL (120 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *clozapine* TBDP 12.5mg, 25mg | 1 | PA |
| *clozapine* TBDP 100mg QL (270 tabs / 30 days) | 1 | QL PA |
| *clozapine* TBDP 150mg QL (180 tabs / 30 days) | 1 | QL PA |
| *clozapine* TBDP 200mg QL (120 tabs / 30 days) | 1 | QL PA |
| CLOZARIL TABS 25mg | 3 | |
| CLOZARIL TABS 100mg QL (270 tabs / 30 days) | 4 | NDS QL |
| COBENFY CAP 50-20MG QL (60 caps / 30 days) | 4 | NDS QL |
| COBENFY CAP 100-20MG QL (60 caps / 30 days) | 4 | NDS QL |
| COBENFY CAP 125-30MG QL (60 caps / 30 days) | 4 | NDS QL |
| COBENFY STRT CAP PACK QL (2 packs / year) | 4 | NDS QL |
| ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days) | 3 | QL |
| ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days) | 4 | NDS QL |
| ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year) | 4 | NDS QL |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days) | 4 | NDS QL PA |
| FANAPT PAK PACK A QL (2 packs / year) | 3 | QL PA |
| FANAPT PAK PACK B QL (2 packs / year) | 3 | QL PA |
| FANAPT PAK PACK C QL (2 packs / year) | 3 | QL PA |
| *fluphenazine decanoate* SOLN 25mg/ml | 1 | |
| *fluphenazine hcl* CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 1 | |
| GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days) | 4 | NDS QL |
| GEODON SOLR 20mg QL (6 vials / 3 days) | 3 | QL |
| *haloperidol* TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | 1 | |
| *haloperidol decanoate* SOLN 50mg/ml, 100mg/ml | 1 | |
| *haloperidol lactate* CONC 2mg/ml; SOLN 5mg/ml | 1 | |
| INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days) | 3 | QL |
| INVEGA TB24 6mg QL (60 tabs / 30 days) | 3 | QL |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 syringe / 180 days) | 4 | NDS QL |
| INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days) | 3 | QL |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days) | 4 | NDS QL |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days) | 4 | NDS QL |
| LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days) | 4 | NDS QL |
| LATUDA TABS 80mg QL (60 tabs / 30 days) | 4 | NDS QL |
| *loxapine succinate* CAPS 5mg, 10mg, 25mg, 50mg | 1 | |
| *lurasidone hcl* (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days) | 1 | QL |
| *lurasidone hcl* (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days) | 1 | QL |
| LYBALVI TAB 5-10MG QL (30 tabs / 30 days) | 4 | NDS QL |
| LYBALVI TAB 10-10MG QL (30 tabs / 30 days) | 4 | NDS QL |
| LYBALVI TAB 15-10MG QL (30 tabs / 30 days) | 4 | NDS QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| LYBALVI TAB 20-10MG<br>QL (30 tabs / 30 days) | 4 | NDS QL |
| *molindone hcl* TABS 5mg, 10mg, 25mg | 1 | |
| NUPLAZID CAPS 34mg<br>QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| NUPLAZID TABS 10mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *olanzapine* (generic of ZYPREXA) SOLR 10mg<br>QL (3 vials / 1 day) | 1 | QL |
| *olanzapine* (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *olanzapine* (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *olanzapine* (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg<br>QL (30 tabs / 30 days) | 1 | QL ST |
| *olanzapine* (generic of ZYPREXA ZYDIS) TBDP 10mg<br>QL (60 tabs / 30 days) | 1 | QL ST |
| OPIPZA FILM 2mg, 5mg<br>QL (30 films / 30 days) | 4 | NDS QL PA |
| OPIPZA FILM 10mg<br>QL (90 films / 30 days) | 4 | NDS QL PA |
| *paliperidone* TB24 1.5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *paliperidone* (generic of INVEGA) TB24 3mg, 9mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *paliperidone* (generic of INVEGA) TB24 6mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *perphenazine* TABS 2mg, 4mg, 8mg, 16mg | 1 | |
| PERSERIS PRSY 90mg, 120mg<br>QL (1 syringe / 30 days) | 4 | NDS QL |
| *pimozide* TABS 1mg, 2mg | 1 | |
| *quetiapine fumarate* (generic of SEROQUEL) TABS 25mg<br>QL (180 tabs / 30 days) | 1 | QL |
| *quetiapine fumarate* (generic of SEROQUEL) TABS 50mg, 100mg, 200mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *quetiapine fumarate* TABS 150mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *quetiapine fumarate* (generic of SEROQUEL) TABS 300mg, 400mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *quetiapine fumarate* (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *quetiapine fumarate* (generic of SEROQUEL XR) TB24 150mg, 200mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| REXULTI TABS 3mg, 4mg<br>QL (30 tabs / 30 days) | 4 | NDS QL |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg<br>QL (60 tabs / 30 days) | 4 | NDS QL |
| RISPERDAL SOLN 1mg/ml<br>QL (240 mL / 30 days) | 3 | QL |
| RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg | 3 | |
| RISPERDAL CONSTA SRER 12.5mg<br>QL (2 vials / 28 days) | 3 | QL |
| RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg<br>QL (2 vials / 28 days) | 4 | NDS QL |
| *risperidone* (generic of RISPERDAL) SOLN 1mg/ml<br>QL (240 mL / 30 days) | 1 | QL |
| *risperidone* (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg | 1 | |
| *risperidone* TABS .25mg | 1 | |
| *risperidone* TBDP 1mg, 2mg, 3mg<br>QL (60 tabs / 30 days) | 1 | QL ST |
| *risperidone* TBDP 4mg<br>QL (120 tabs / 30 days) | 1 | QL ST |

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

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *risperidone* TBDP .25mg, .5mg<br>QL (90 tabs / 30 days) | 1 | QL ST |
| *risperidone microspheres* (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg<br>QL (2 vials / 28 days) | 1 | QL |
| *risperidone microspheres* (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg<br>QL (2 vials / 28 days) | 4 | NDS QL |
| RYKINDO SRER 25mg<br>QL (2 vials / 28 days) | 4 | NDS QL PA |
| SAPHRIS SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days) | 3 | QL |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr<br>QL (30 patches / 30 days) | 4 | NDS QL |
| SEROQUEL TABS 25mg<br>QL (180 tabs / 30 days) | 3 | QL |
| SEROQUEL TABS 50mg, 100mg, 200mg<br>QL (90 tabs / 30 days) | 3 | QL |
| SEROQUEL TABS 300mg<br>QL (60 tabs / 30 days) | 3 | QL |
| SEROQUEL XR TB24 50mg, 300mg, 400mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| SEROQUEL XR TB24 150mg, 200mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| *thioridazine hcl* TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| *thiothixene* CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| *trifluoperazine hcl* TABS 1mg, 2mg, 5mg, 10mg | 1 | |
| UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml<br>QL (1 syringe / 30 days) | 4 | NDS QL |
| UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml<br>QL (1 syringe / 60 days) | 4 | NDS QL |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| VERSACLOZ SUSP 50mg/ml<br>QL (600 mL / 30 days) | 4 | NDS QL PA |
| VRAYLAR CAPS 1.5mg<br>QL (60 caps / 30 days) | 2 | QL |
| VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg<br>QL (30 caps / 30 days) | 2 | QL |
| *ziprasidone hcl* (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg<br>QL (60 caps / 30 days) | 1 | QL |
| *ziprasidone mesylate* (generic of GEODON) SOLR 20mg<br>QL (6 vials / 3 days) | 1 | QL |
| ZYPREXA SOLR 10mg<br>QL (3 vials / 1 day) | 3 | QL |
| ZYPREXA TABS 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days) | 3 | QL |
| ZYPREXA TABS 7.5mg<br>QL (30 tabs / 30 days) | 3 | QL |
| ZYPREXA TABS 15mg, 20mg<br>QL (30 tabs / 30 days) | 4 | NDS QL |
| ZYPREXA RELPREVV SUSR 210mg, 300mg<br>QL (2 vials / 28 days) | 4 | NDS QL NM PA |
| ZYPREXA RELPREVV SUSR 405mg<br>QL (1 vial / 28 days) | 4 | NDS QL NM PA |
| ZYPREXA ZYDIS TBDP 5mg<br>QL (30 tabs / 30 days) | 3 | QL ST |
| ZYPREXA ZYDIS TBDP 10mg<br>QL (60 tabs / 30 days) | 3 | QL ST |
| ZYPREXA ZYDIS TBDP 15mg, 20mg<br>QL (30 tabs / 30 days) | 4 | NDS QL ST |
| ***ANTISEIZURE AGENTS*** | | |
| APTIOM TABS 200mg, 400mg<br>QL (30 tabs / 30 days) | 4 | NDS QL |
| APTIOM TABS 600mg, 800mg<br>QL (60 tabs / 30 days) | 4 | NDS QL |
| BANZEL SUSP 40mg/ml<br>QL (2400 mL / 30 days) | 4 | NDS QL PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| BANZEL TABS 200mg<br>QL (480 tabs / 30 days) | 4 | NDS QL PA |
| BANZEL TABS 400mg<br>QL (240 tabs / 30 days) | 4 | NDS QL PA |
| *brivaracetam* (generic of BRIVIACT) SOLN 10mg/ml<br>QL (600 mL / 30 days) | 1 | QL PA |
| *brivaracetam* (generic of BRIVIACT) SOLN 50mg/5ml | 1 | PA |
| *brivaracetam* (generic of BRIVIACT) TABS 10mg, 25mg, 50mg, 75mg, 100mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| BRIVIACT SOLN 10mg/ml<br>QL (600 mL / 30 days) | 4 | NDS QL PA |
| BRIVIACT SOLN 50mg/5ml | 3 | PA |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg<br>QL (60 tabs / 30 days) | 4 | NDS QL PA |
| *carbamazepine* CHEW 100mg, 200mg | 1 | |
| *carbamazepine* (generic of CARBATROL) CP12 100mg, 200mg, 300mg | 1 | |
| *carbamazepine* (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg | 1 | |
| *carbamazepine* (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg | 1 | |
| CARBATROL CP12 100mg, 200mg, 300mg | 3 | |
| CELONTIN CAPS 300mg | 3 | |
| *clobazam* (generic of ONFI) SUSP 2.5mg/ml<br>QL (480 mL / 30 days) | 1 | QL PA |
| *clobazam* (generic of ONFI) TABS 10mg, 20mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *clonazepam* (generic of KLONOPIN) TABS 2mg<br>QL (300 tabs / 30 days) | 1 | QL |
| *clonazepam* (generic of KLONOPIN) TABS .5mg, 1mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *clonazepam* TBDP 2mg<br>QL (300 tabs / 30 days) | 1 | QL |
| *clonazepam* TBDP .125mg, .25mg, .5mg, 1mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *clorazepate dipotassium* TABS 3.75mg, 7.5mg, 15mg<br>QL (180 tabs / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| DEPAKOTE TBEC 125mg, 250mg, 500mg | 3 | |
| DEPAKOTE ER TB24 250mg, 500mg | 3 | |
| DEPAKOTE SPRINKLES CSDR 125mg | 3 | |
| DIACOMIT CAPS 250mg<br>QL (360 caps / 30 days) | 4 | NDS QL NM PA |
| DIACOMIT CAPS 500mg<br>QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| DIACOMIT PACK 250mg<br>QL (360 packets / 30 days) | 4 | NDS QL NM PA |
| DIACOMIT PACK 500mg<br>QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| *diazepam* SOLN 5mg/5ml<br>QL (1200 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA |
| *diazepam* (generic of VALIUM) TABS 2mg, 5mg, 10mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA |
| *diazepam (anticonvulsant)* GEL 2.5mg, 10mg, 20mg | 1 | |
| *diazepam inj* SOLN 5mg/ml | 1 | |
| *diazepam intensol* CONC 5mg/ml<br>QL (240 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 1 | QL PA |
| DILANTIN CAPS 30mg, 100mg | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DILANTIN INFATABS CHEW 50mg | 3 | |
| DILANTIN-125 SUSP 125mg/5ml | 3 | |
| *divalproex sodium* (generic of DEPAKOTE SPRINKLES) CSDR 125mg | 1 | |
| *divalproex sodium* (generic of DEPAKOTE ER) TB24 250mg, 500mg | 1 | |
| *divalproex sodium* (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg | 1 | |
| ELEPSIA XR TB24 1000mg | 3 | |
| ELEPSIA XR TB24 1500mg | 4 | NDS |
| EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days) | 4 | NDS QL NM PA |
| EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days) | 3 | QL PA |
| *eslicarbazepine acetate* (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days) | 1 | QL |
| *eslicarbazepine acetate* (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days) | 1 | QL |
| *ethosuximide* (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml | 1 | |
| *felbamate* SUSP 600mg/5ml | 1 | |
| *felbamate* (generic of FELBATOL) TABS 400mg, 600mg | 1 | |
| FELBATOL TABS 400mg, 600mg | 4 | NDS |
| FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days) | 4 | NDS QL NM PA |
| FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days) | 4 | NDS QL PA |
| FYCOMPA TABS 2mg QL (60 tabs / 30 days) | 3 | QL PA |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *gabapentin* (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days) | 1 | QL |
| *gabapentin* CAPS 200mg QL (60 caps / 30 days) | 1 | QL |
| *gabapentin* (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days) | 1 | QL |
| *gabapentin* (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days) | 1 | QL |
| *gabapentin* (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days) | 1 | QL |
| *gabapentin* (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days) | 1 | QL |
| KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg | 4 | NDS |
| KEPPRA TABS 250mg | 3 | |
| KEPPRA XR TB24 500mg, 750mg | 4 | NDS |
| KLONOPIN TABS 2mg QL (300 tabs / 30 days) | 3 | QL |
| KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days) | 3 | QL |
| *lacosamide* (generic of VIMPAT) SOLN 200mg/20ml | 1 | |
| *lacosamide* (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days) | 1 | QL |
| *lacosamide* (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days) | 1 | QL |
| *lacosamide oral* (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days) | 1 | QL |
| LAMICTAL TABS 25mg, 100mg, 150mg, 200mg | 3 | |
| LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg | 4 | NDS |
| LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg | 3 | ST |
| LAMICTAL ODT KIT BLUE | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LAMICTAL ODT KIT GREEN | 3 | |
| LAMICTAL ODT KIT ORANGE | 3 | |
| LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg | 3 | |
| LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB) | 3 | |
| LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS) | 3 | |
| LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 4 | NDS ST |
| LAMICTAL XR KIT | 3 | |
| *lamotrigine* (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg | 1 | |
| *lamotrigine* (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| *lamotrigine* (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 1 | ST |
| *lamotrigine* (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg | 1 | ST |
| *lamotrigine tab 25 mg (42) & 100 mg (7) starter kit* (generic of LAMICTAL STARTER/NOT TAKI) | 1 | |
| *lamotrigine tab 35 x 25 mg starter kit* (generic of LAMICTAL STARTER/TAKING V) KIT 25mg | 1 | |
| *lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit* (generic of LAMICTAL STARTER/TAKING C) | 4 | NDS |
| *lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit* (generic of LAMICTAL ODT) | 1 | |
| *lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit* (generic of LAMICTAL ODT) | 1 | |
| *lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit* (generic of LAMICTAL ODT) | 1 | |
| LEVETIR/NACL INJ 5MG/ML | 3 | |
| LEVETIR/NACL INJ 10MG/ML | 3 | |
| LEVETIR/NACL INJ 15MG/ML | 3 | |
| *levetiracetam* (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg | 1 | |
| *levetiracetam* TB3D 250mg QL (360 tabs / 30 days) | 1 | QL |
| *levetiracetam* TB3D 500mg QL (180 tabs / 30 days) | 1 | QL |
| *levetiracetam* (generic of KEPPRA XR) TB24 500mg, 750mg | 1 | |
| *levetiracetam in sodium chloride iv soln 500 mg/100ml* (generic of LEVETIRACETAM/SODIUM CHLO) | 1 | |
| *levetiracetam in sodium chloride iv soln 1000 mg/100ml* (generic of LEVETIRACETAM/SODIUM CHLO) | 1 | |
| *levetiracetam in sodium chloride iv soln 1500 mg/100ml* (generic of LEVETIRACETAM/SODIUM CHLO) | 1 | |
| LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) | 3 | QL |
| LYRICA CAPS 200mg QL (90 caps / 30 days) | 3 | QL |
| LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days) | 3 | QL |
| LYRICA SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older | 3 | QL PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *methsuximide* (generic of CELONTIN) CAPS 300mg | 1 | |
| MOTPOLY XR CP24 100mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| MOTPOLY XR CP24 150mg, 200mg<br>QL (60 caps / 30 days) | 4 | NDS QL PA |
| MYSOLINE TABS 50mg, 250mg | 4 | NDS |
| NAYZILAM SOLN 5mg/0.1ml<br>QL (10 nasal units / 30 days) | 3 | QL |
| NEURONTIN CAPS 100mg, 300mg<br>QL (360 caps / 30 days) | 3 | QL |
| NEURONTIN CAPS 400mg<br>QL (270 caps / 30 days) | 3 | QL |
| NEURONTIN SOLN 250mg/5ml<br>QL (2160 mL / 30 days) | 4 | NDS QL |
| NEURONTIN TABS 600mg<br>QL (180 tabs / 30 days) | 4 | NDS QL |
| NEURONTIN TABS 800mg<br>QL (120 tabs / 30 days) | 4 | NDS QL |
| ONFI SUSP 2.5mg/ml<br>QL (480 mL / 30 days) | 4 | NDS QL PA |
| ONFI TABS 10mg, 20mg<br>QL (60 tabs / 30 days) | 4 | NDS QL PA |
| *oxcarbazepine* (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg | 1 | |
| *oxcarbazepine* (generic of OXTELLAR XR) TB24 150mg, 300mg, 600mg | 1 | PA |
| OXTELLAR XR TB24 150mg, 300mg | 3 | PA |
| OXTELLAR XR TB24 600mg | 4 | NDS PA |
| *perampanel* (generic of FYCOMPA) SUSP .5mg/ml<br>QL (680 mL / 28 days) | 4 | NDS QL PA |
| *perampanel* (generic of FYCOMPA) TABS 2mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *perampanel* (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (30 tabs / 30 days) | 1 | QL PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *phenobarbital* ELIX 20mg/5ml<br>QL (1500 mL / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| *phenobarbital* TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older | 2 | QL PA |
| *phenobarbital sodium* SOLN 65mg/ml, 130mg/ml<br>PA applies if 65 years and older | 3 | PA |
| *phenytek* CAPS 200mg, 300mg | 1 | |
| *phenytoin* (generic of DILANTIN INFATABS) CHEW 50mg | 1 | |
| *phenytoin* (generic of DILANTIN-125) SUSP 125mg/5ml | 1 | |
| *phenytoin sodium* SOLN 50mg/ml | 1 | |
| *phenytoin sodium extended* (generic of DILANTIN) CAPS 100mg | 1 | |
| *phenytoin sodium extended* CAPS 200mg, 300mg | 1 | |
| *pregabalin* (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg<br>QL (120 caps / 30 days) | 1 | QL |
| *pregabalin* (generic of LYRICA) CAPS 200mg<br>QL (90 caps / 30 days) | 1 | QL |
| *pregabalin* (generic of LYRICA) CAPS 225mg, 300mg<br>QL (60 caps / 30 days) | 1 | QL |
| *pregabalin* (generic of LYRICA) SOLN 20mg/ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| *primidone* (generic of MYSOLINE) TABS 50mg, 250mg | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *primidone* TABS 125mg | 1 | |
| *relgaabi* CAPS 200mg<br>QL (60 caps / 30 days) | 1 | QL |
| *relgaabi* (generic of NEURONTIN) CAPS 300mg<br>QL (360 caps / 30 days) | 1 | QL |
| *relgaabi* (generic of NEURONTIN) CAPS 400mg<br>QL (270 caps / 30 days) | 1 | QL |
| *roweepra* (generic of KEPPRA) TABS 500mg | 1 | |
| *rufinamide* (generic of BANZEL) SUSP 40mg/ml<br>QL (2400 mL / 30 days) | 4 | NDS QL PA |
| *rufinamide* (generic of BANZEL) TABS 200mg<br>QL (480 tabs / 30 days) | 1 | QL PA |
| *rufinamide* (generic of BANZEL) TABS 400mg<br>QL (240 tabs / 30 days) | 1 | QL PA |
| SABRIL PACK 500mg<br>QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| SABRIL TABS 500mg<br>QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| SPRITAM TB3D 250mg<br>QL (360 tabs / 30 days) | 3 | QL |
| SPRITAM TB3D 500mg<br>QL (180 tabs / 30 days) | 3 | QL |
| SUBVENITE SUSP 10mg/ml | 4 | NDS ST |
| *subvenite* (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| *subvenite starter kit/blu* (generic of LAMICTAL STARTER/TAKING V) KIT 25mg | 1 | |
| *subvenite starter kit/gre* (generic of LAMICTAL STARTER/TAKING C) | 4 | NDS |
| *subvenite starter kit/ora* (generic of LAMICTAL STARTER/NOT TAKI) | 1 | |
| SYMPAZAN FILM 5mg<br>QL (60 films / 30 days) | 3 | QL PA |
| SYMPAZAN FILM 10mg, 20mg<br>QL (60 films / 30 days) | 4 | NDS QL PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| TEGRETOL SUSP 100mg/5ml; TABS 200mg | 3 | |
| TEGRETOL-XR TB12 100mg, 200mg, 400mg | 3 | |
| *tiagabine hcl* TABS 2mg, 4mg, 12mg, 16mg | 1 | |
| TOPAMAX TABS 25mg, 50mg | 3 | |
| TOPAMAX TABS 100mg, 200mg | 4 | NDS |
| TOPAMAX SPRINKLE CPSP 15mg | 3 | |
| TOPAMAX SPRINKLE CPSP 25mg | 4 | NDS |
| *topiramate* (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg | 1 | |
| *topiramate* CPSP 50mg | 1 | |
| *topiramate* (generic of EPRONTIA) SOLN 25mg/ml<br>QL (480 mL / 30 days) | 1 | QL PA |
| *topiramate* (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg | 1 | |
| TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg | 4 | NDS |
| TRILEPTAL TABS 150mg | 3 | |
| VALIUM TABS 2mg, 5mg, 10mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 3 | QL PA |
| *valproate sodium* SOLN 100mg/ml, 250mg/5ml | 1 | |
| *valproic acid* CAPS 250mg | 1 | |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml<br>QL (10 blister packs / 30 days) | 3 | QL |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml<br>QL (10 blister packs / 30 days) | 3 | 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 | Tier | Drug Requirements/ Limits |
|---|---|---|
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml<br>QL (10 blister packs / 30 days) | 3 | QL |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml<br>QL (10 blister packs / 30 days) | 3 | QL |
| *vigabatrin* (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| *vigabatrin* (generic of SABRIL) TABS 500mg<br>QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| *vigadrone* (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30 days) | 4 | NDS QL NM PA |
| *vigadrone* (generic of SABRIL) TABS 500mg<br>QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| VIGAFYDE SOLN 100mg/ml<br>QL (900 mL / 30 days) | 4 | NDS QL NM PA |
| VIMPAT SOLN 10mg/ml<br>QL (1200 mL / 30 days) | 4 | NDS QL |
| VIMPAT SOLN 200mg/20ml | 4 | NDS |
| VIMPAT TABS 50mg<br>QL (120 tabs / 30 days) | 3 | QL |
| VIMPAT TABS 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days) | 4 | NDS QL |
| XCOPRI TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | 4 | NDS QL |
| XCOPRI TABS 150mg, 200mg<br>QL (60 tabs / 30 days) | 4 | NDS QL |
| XCOPRI PAK 12.5-25<br>QL (28 tabs / 28 days) | 3 | QL |
| XCOPRI PAK 50-100MG<br>QL (28 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 100-150<br>QL (56 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 150-200MG (MAINTENANCE)<br>QL (56 tabs / 28 days) | 4 | NDS QL |
| XCOPRI PAK 150-200MG (TITRATION)<br>QL (28 tabs / 28 days) | 4 | NDS QL |
| ZARONTIN CAPS 250mg; SOLN 250mg/5ml | 3 | |
| ZONISADE SUSP 100mg/5ml<br>QL (900 mL / 30 days) | 4 | NDS QL PA |
| *zonisamide* (generic of ZONEGRAN) CAPS 25mg, 100mg | 1 | |
| *zonisamide* CAPS 50mg | 1 | |
| ZTALMY SUSP 50mg/ml<br>QL (1100 mL / 30 days) | 4 | NDS QL NM PA |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| ADDERALL TAB 5MG<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 7.5MG<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 10MG<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 12.5MG<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 15MG<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 20MG<br>QL (90 tabs / 30 days) | 3 | QL PA |
| ADDERALL TAB 30MG<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 5MG<br>QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 10MG<br>QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 15MG<br>QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 20MG<br>QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 25MG<br>QL (30 caps / 30 days) | 3 | QL PA |
| ADDERALL XR CAP 30MG<br>QL (30 caps / 30 days) | 3 | QL PA |
| ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg<br>QL (30 tabs / 30 days) | 3 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *amphetamine* (generic of ADZENYS XR-ODT) TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days) | 1 | QL PA |
| *amphetamine* (generic of ADZENYS XR-ODT) TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg* (generic of MYDAYIS) QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg* (generic of MYDAYIS) QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg* (generic of MYDAYIS) QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg* (generic of MYDAYIS) QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* (generic of ADDERALL XR) QL (30 caps / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 5 mg* (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 7.5 mg* (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 10 mg* (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 12.5 mg* (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 15 mg* (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 20 mg* (generic of ADDERALL) QL (90 tabs / 30 days) | 1 | QL PA |
| *amphetamine-dextroamphetamine tab 30 mg* (generic of ADDERALL) QL (60 tabs / 30 days) | 1 | QL PA |
| ARYNTA SOLN 10mg/ml QL (240 mL / 30 days) | 3 | QL PA |
| *atomoxetine hcl* CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days) | 1 | QL |
| *atomoxetine hcl* CAPS 40mg QL (60 caps / 30 days) | 1 | QL |
| *atomoxetine hcl* CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| ATONCY SOLN 4mg/ml<br>QL (700 mL / 28 days) | 3 | QL |
| AZSTARYS CAP 26.1-5.2<br>QL (30 caps / 30 days) | 3 | QL PA |
| AZSTARYS CAP 39.2-7.8<br>QL (30 caps / 30 days) | 3 | QL PA |
| AZSTARYS CAP 52.3-10.<br>QL (30 caps / 30 days) | 3 | QL PA |
| CONCERTA TBCR 18mg, 27mg, 36mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| CONCERTA TBCR 54mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr<br>QL (30 patches / 30 days) | 3 | QL PA |
| DEXEDRINE CP24 10mg<br>QL (150 caps / 30 days) | 4 | NDS QL PA |
| DEXEDRINE CP24 15mg<br>QL (120 caps / 30 days) | 4 | NDS QL PA |
| *dexmethylphenidate hcl* (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg<br>QL (60 caps / 30 days) | 1 | QL PA |
| *dexmethylphenidate hcl* (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg<br>QL (30 caps / 30 days) | 1 | QL PA |
| *dexmethylphenidate hcl* (generic of FOCALIN) TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days) | 1 | QL PA |
| *dexmethylphenidate hcl* (generic of FOCALIN) TABS 10mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* CP24 5mg<br>QL (150 caps / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* (generic of DEXEDRINE) CP24 10mg<br>QL (150 caps / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* (generic of DEXEDRINE) CP24 15mg<br>QL (120 caps / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (180 tabs / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* TABS 15mg<br>QL (120 tabs / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* TABS 20mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *dextroamphetamine sulfate* TABS 30mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| DYANAVEL XR SUER 2.5mg/ml<br>QL (240 mL / 30 days) | 3 | QL PA |
| DYANAVEL XR TBCR 5mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| DYANAVEL XR TBCR 10mg, 15mg, 20mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| *guanfacine hcl (adhd)* (generic of INTUNIV) TB24 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older | 2 | QL PA |
| *guanfacine hcl (adhd)* (generic of INTUNIV) TB24 3mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older | 2 | QL PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| INTUNIV TB24 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| INTUNIV TB24 3mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older | 3 | QL PA |
| JORNAY PM CP24 20mg, 40mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| JORNAY PM CP24 60mg, 80mg, 100mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| *lisdexamfetamine dimesylate* (generic of VYVANSE) CAPS 10mg, 20mg, 30mg<br>QL (60 caps / 30 days) | 1 | QL PA |
| *lisdexamfetamine dimesylate* (generic of VYVANSE) CAPS 40mg, 50mg, 60mg, 70mg<br>QL (30 caps / 30 days) | 1 | QL PA |
| *lisdexamfetamine dimesylate* (generic of VYVANSE) CHEW 10mg, 20mg, 30mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *lisdexamfetamine dimesylate* (generic of VYVANSE) CHEW 40mg, 50mg, 60mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| METADATE CD CPCR 10mg, 20mg, 30mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| METADATE CD CPCR 40mg, 50mg, 60mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| METHYLIN SOLN 5mg/5ml<br>QL (1800 mL / 30 days) | 3 | QL PA |
| METHYLIN SOLN 10mg/5ml<br>QL (900 mL / 30 days) | 3 | QL PA |
| *methylphenidate* (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr<br>QL (30 patches / 30 days) | 1 | QL PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| METHYLPHENIDATE ER ODT TBED 8.6mg, 17.3mg, 25.9mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| *methylphenidate hcl* CHEW 2.5mg, 5mg, 10mg<br>QL (180 tabs / 30 days) | 1 | QL PA |
| *methylphenidate hcl* (generic of RITALIN LA) CP24 10mg, 30mg<br>QL (60 caps / 30 days) | 1 | QL PA |
| *methylphenidate hcl* CP24 20mg<br>QL (60 caps / 30 days) | 1 | QL PA |
| *methylphenidate hcl* (generic of RITALIN LA) CP24 40mg<br>QL (30 caps / 30 days) | 1 | QL PA |
| *methylphenidate hcl* CP24 60mg<br>QL (30 caps / 30 days) | 1 | QL PA |
| *methylphenidate hcl* (generic of METADATE CD) CPCR 10mg, 20mg, 30mg<br>QL (60 caps / 30 days) | 1 | QL PA |
| *methylphenidate hcl* (generic of METADATE CD) CPCR 40mg, 50mg, 60mg<br>QL (30 caps / 30 days) | 1 | QL PA |
| *methylphenidate hcl* (generic of METHYLIN) SOLN 5mg/5ml<br>QL (1800 mL / 30 days) | 1 | QL PA |
| *methylphenidate hcl* (generic of METHYLIN) SOLN 10mg/5ml<br>QL (900 mL / 30 days) | 1 | QL PA |
| *methylphenidate hcl* (generic of RITALIN) TABS 5mg, 10mg<br>QL (180 tabs / 30 days) | 1 | QL PA |
| *methylphenidate hcl* (generic of RITALIN) TABS 20mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *methylphenidate hcl* TB24 18mg, 27mg, 36mg<br>QL (60 tabs / 30 days) | 1 | QL PA |

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

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| VYVANSE CAPS 10mg, 20mg, 30mg<br>QL (60 caps / 30 days) | 3 | QL PA |
| VYVANSE CAPS 40mg, 50mg, 60mg, 70mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| VYVANSE CHEW 10mg, 20mg, 30mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| VYVANSE CHEW 40mg, 50mg, 60mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr<br>QL (30 patches / 30 days) | 3 | QL PA |
| *zenzedi* TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (180 tabs / 30 days) | 1 | QL PA |
| *zenzedi* TABS 15mg<br>QL (120 tabs / 30 days) | 1 | QL PA |
| *zenzedi* TABS 20mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *zenzedi* TABS 30mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| ***HYPNOTICS*** | | |
| AMBIEN TABS 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| AMBIEN CR TBCR 6.25mg, 12.5mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 3 | QL PA |
| BELSOMRA TABS 5mg, 10mg, 15mg, 20mg<br>QL (30 tabs / 30 days) | 2 | QL |
| DAYVIGO TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | 2 | QL |
| *doxepin hcl (sleep)* (generic of SILENOR) TABS 3mg, 6mg<br>QL (30 tabs / 30 days) | 1 | QL |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *temazepam* (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| *temazepam* (generic of RESTORIL) CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older | 1 | QL PA |
| *triazolam* TABS .25mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| *triazolam* TABS .125mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| *zaleplon* CAPS 5mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| *zaleplon* CAPS 10mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |
| ZOLPIDEM TARTRATE CAPS 7.5mg<br>QL (30 caps / 30 days) | 3 | QL PA |
| *zolpidem tartrate* (generic of AMBIEN) TABS 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 1 | QL PA |
| *zolpidem tartrate* (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2 | QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***MIGRAINE*** | | |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml<br>QL (1 pen / 30 days) | 2 | QL NM PA |
| *almotriptan malate* TABS 6.25mg, 12.5mg<br>QL (12 tabs / 30 days) | 1 | QL ST |
| BREKIYA SOAJ 1mg/ml<br>QL (24 pens / 28 days) | 4 | NDS QL NM PA |
| *dihydroergotamine mesylate* SOLN 1mg/ml | 1 | |
| *dihydroergotamine mesylate* SOLN 4mg/ml<br>QL (8 mL / 30 days) | 1 | QL PA |
| *eletriptan hydrobromide* (generic of RELPAX) TABS 20mg, 40mg<br>QL (12 tabs / 30 days) | 1 | QL ST |
| EMGALITY SOAJ 120mg/ml<br>QL (2 pens / 30 days) | 2 | QL NM PA |
| EMGALITY SOSY 100mg/ml<br>QL (3 syringes / 30 days) | 2 | QL NM PA |
| EMGALITY SOSY 120mg/ml<br>QL (2 syringes / 30 days) | 2 | QL NM PA |
| ERGOMAR SUBL 2mg<br>QL (20 tabs / 28 days) | 4 | NDS QL PA |
| *ergotamine w/ caffeine tab 1-100 mg*<br>QL (40 tabs / 28 days) | 1 | QL PA |
| *frovatriptan succinate* TABS 2.5mg<br>QL (18 tabs / 30 days) | 1 | QL ST |
| IMITREX TABS 25mg, 50mg, 100mg<br>QL (12 tabs / 30 days) | 3 | QL |
| IMITREX STATDOSE REFILL SOCT 4mg/0.5ml<br>QL (18 cartridges / 30 days) | 4 | NDS QL |
| IMITREX STATDOSE REFILL SOCT 6mg/0.5ml<br>QL (12 cartridges / 30 days) | 4 | NDS QL |
| IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml<br>QL (18 cartridges / 30 days) | 4 | NDS QL |
| IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml<br>QL (12 cartridges / 30 days) | 4 | NDS QL |
| MAXALT TABS 10mg<br>QL (18 tabs / 30 days) | 3 | QL |
| MAXALT-MLT TBDP 10mg<br>QL (18 tabs / 30 days) | 3 | QL |
| *naratriptan hcl* TABS 1mg, 2.5mg<br>QL (12 tabs / 30 days) | 1 | QL |
| NURTEC TBDP 75mg<br>QL (16 tabs / 30 days) | 2 | QL PA |
| QULIPTA TABS 10mg, 30mg, 60mg<br>QL (30 tabs / 30 days) | 2 | QL PA |
| RELPAX TABS 20mg<br>QL (12 tabs / 30 days) | 3 | QL ST |
| RELPAX TABS 40mg<br>QL (12 tabs / 30 days) | 4 | NDS QL ST |
| *rizatriptan benzoate* TABS 5mg; TBDP 5mg<br>QL (18 tabs / 30 days) | 1 | QL |
| *rizatriptan benzoate* (generic of MAXALT) TABS 10mg<br>QL (18 tabs / 30 days) | 1 | QL |
| *rizatriptan benzoate* (generic of MAXALT-MLT) TBDP 10mg<br>QL (18 tabs / 30 days) | 1 | QL |
| *sumatriptan* SOLN 5mg/act<br>QL (24 units / 30 days) | 1 | QL |
| *sumatriptan* SOLN 20mg/act<br>QL (12 units / 30 days) | 1 | QL |
| *sumatriptan succinate* (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml<br>QL (12 syringes / 30 days) | 1 | QL |
| *sumatriptan succinate* SOLN 6mg/0.5ml<br>QL (12 vials / 30 days) | 1 | QL |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *sumatriptan succinate* (generic of IMITREX) TABS 25mg, 50mg, 100mg<br>QL (12 tabs / 30 days) | 1 | QL |
| UBRELVY TABS 50mg, 100mg<br>QL (16 tabs / 30 days) | 2 | QL PA |
| ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml<br>QL (24 pens / 30 days) | 4 | NDS QL ST |
| *zolmitriptan* SOLN 2.5mg<br>QL (12 units / 30 days) | 1 | QL ST |
| *zolmitriptan* (generic of ZOMIG) SOLN 5mg<br>QL (12 units / 30 days) | 1 | QL ST |
| *zolmitriptan* TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg<br>QL (12 tabs / 30 days) | 1 | QL ST |
| ZOMIG SOLN 2.5mg, 5mg<br>QL (12 units / 30 days) | 3 | QL ST |
| *zomig* TABS 2.5mg, 5mg<br>QL (12 tabs / 30 days) | 1 | QL ST |
| ***MISCELLANEOUS*** | | |
| AMVUTTRA SOSY 25mg/0.5ml<br>QL (1 syringe / 90 days) | 4 | NDS QL NM PA |
| AUSTEDO TABS 6mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| AUSTEDO TABS 9mg, 12mg<br>QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| AUSTEDO XR TB24 6mg<br>QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| AUSTEDO XR TB24 12mg<br>QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| AUSTEDO XR TB24 24mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| AUSTEDO XR TAB TITR KIT<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| DAYBUE SOLN 200mg/ml<br>QL (3600 mL / 30 days) | 4 | NDS QL NM PA |
| DAYBUE STIX PACK 5000mg, 6000mg<br>QL (120 packets / 30 days) | 4 | NDS QL NM PA |
| DAYBUE STIX PACK 8000mg<br>QL (60 packets / 30 days) | 4 | NDS QL NM PA |
| DUVYZAT SUSP 8.86mg/ml<br>QL (420 mL / 30 days) | 4 | NDS QL NM PA |
| *edaravone* SOLN 30mg/100ml | 4 | NDS NM PA |
| ENSPRYNG SOSY 120mg/ml | 4 | NDS NM PA |
| EQUETRO CP12 100mg, 200mg, 300mg | 3 | |
| EVRYSDI SOLR .75mg/ml; TABS 5mg | 4 | NDS NM PA |
| FIRDAPSE TABS 10mg<br>QL (300 tabs / 30 days) | 4 | NDS QL NM PA |
| *gabapentin (once-daily)* (generic of GRALISE) TABS 300mg<br>QL (180 tabs / 30 days) | 1 | QL PA |
| *gabapentin (once-daily)* (generic of GRALISE) TABS 450mg, 600mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *gabapentin (once-daily)* (generic of GRALISE) TABS 750mg, 900mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| GRALISE TABS 300mg<br>QL (180 tabs / 30 days) | 3 | QL PA |
| GRALISE TABS 450mg, 600mg<br>QL (90 tabs / 30 days) | 3 | QL PA |
| GRALISE TABS 750mg, 900mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| HORIZANT TBCR 300mg, 600mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| *lithium* SOLN 8meq/5ml | 1 | |
| *lithium carbonate* CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg | 1 | |
| *lithium carbonate* (generic of LITHOBID) TBCR 300mg | 1 | |
| LITHOBID TBCR 300mg | 4 | NDS |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| LYRICA CR TB24 82.5mg, 165mg<br>QL (90 tabs / 30 days) | 3 | QL PA |
| LYRICA CR TB24 330mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| MESTINON SOLN 60mg/5ml; TABS 60mg | 4 | NDS |
| MESTINON TIMESPAN TBCR 180mg | 4 | NDS |
| *milnacipran hcl* (generic of SAVELLA) TABS 12.5mg, 25mg, 50mg, 100mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak*<br>QL (2 packs / year) | 1 | QL PA |
| NUEDEXTA CAP 20-10MG<br>QL (60 caps / 30 days) | 4 | NDS QL PA |
| *pregabalin (once-daily)* (generic of LYRICA CR) TB24 82.5mg, 165mg<br>QL (90 tabs / 30 days) | 1 | QL PA |
| *pregabalin (once-daily)* (generic of LYRICA CR) TB24 330mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| *pyridostigmine bromide* (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg | 1 | |
| *pyridostigmine bromide* TABS 30mg | 1 | |
| *pyridostigmine bromide* (generic of MESTINON TIMESPAN) TBCR 180mg | 1 | |
| RADICAVA ORS SUSP 105mg/5ml<br>QL (70 mL / 28 days) | 4 | NDS QL NM PA |
| RADICAVA ORS STARTER KIT SUSP 105mg/5ml<br>QL (70 mL / 28 days) | 4 | NDS QL NM PA |
| *riluzole* TABS 50mg | 1 | |
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| SKYCLARYS CAPS 50mg<br>QL (90 caps / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *tetrabenazine* (generic of XENAZINE) TABS 12.5mg<br>QL (90 tabs / 30 days) | 1 | QL NM PA |
| *tetrabenazine* (generic of XENAZINE) TABS 25mg<br>QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| TIGLUTIK SUSP 50mg/10ml<br>QL (600 mL / 30 days) | 4 | NDS QL NM PA |
| TONMYA SUBL 2.8mg<br>QL (60 tabs / 30 days) | 4 | NDS QL PA |
| UPLIZNA SOLN 100mg/10ml | 4 | NDS NM PA |
| WAINUA SOAJ 45mg/0.8ml<br>QL (1 pen / 30 days) | 4 | NDS QL NM PA |
| WAINUA SOSY 45mg/0.8ml<br>QL (1 syringe / 30 days) | 4 | NDS QL NM PA |
| XENAZINE TABS 12.5mg<br>QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| XENAZINE TABS 25mg<br>QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| ***MULTIPLE SCLEROSIS AGENTS*** | | |
| AMPYRA TB12 10mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| AVONEX PSKT 30mcg/0.5ml<br>QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| AVONEX PEN AJKT 30mcg/0.5ml<br>QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| BAFIERTAM CPDR 95mg<br>QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| BETASERON KIT .3mg<br>QL (14 kits / 28 days) | 4 | NDS QL NM PA |
| *cladribine (4 tabs)* (generic of MAVENCLAD) TBPK 10mg<br>QL (16 tabs per lifetime) | 4 | NDS QL NM PA |
| *cladribine (5 tabs)* (generic of MAVENCLAD) TBPK 10mg<br>QL (20 tabs per lifetime) | 4 | NDS QL NM PA |
| *cladribine (6 tabs)* (generic of MAVENCLAD) TBPK 10mg<br>QL (24 tabs per lifetime) | 4 | NDS QL NM PA |
| *cladribine (7 tabs)* (generic of MAVENCLAD) TBPK 10mg<br>QL (28 tabs per lifetime) | 4 | NDS QL NM PA |
| *cladribine (8 tabs)* (generic of MAVENCLAD) TBPK 10mg<br>QL (32 tabs per lifetime) | 4 | NDS QL NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *cladribine (9 tabs)* (generic of MAVENCLAD) TBPK 10mg QL (36 tabs per lifetime) | 4 | NDS QL NM PA |
| *cladribine (10 tabs)* (generic of MAVENCLAD) TBPK 10mg QL (40 tabs per lifetime) | 4 | NDS QL NM PA |
| COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days) | 4 | NDS QL NM PA |
| COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days) | 4 | NDS QL NM PA |
| *dalfampridine* (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days) | 1 | QL NM PA |
| *dimethyl fumarate* (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days) | 4 | NDS QL NM PA |
| *dimethyl fumarate* (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| *dimethyl fumarate capsule dr starter pack 120 mg & 240 mg* (generic of TECFIDERA STARTER PACK) QL (2 packs / year) | 4 | NDS QL NM PA |
| *fingolimod hcl* (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| *glatiramer acetate* (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days) | 4 | NDS QL NM PA |
| *glatiramer acetate* (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days) | 4 | NDS QL NM PA |
| *glatopa* (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days) | 4 | NDS QL NM PA |
| *glatopa* (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime) | 4 | NDS QL NM PA |
| MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime) | 4 | NDS QL NM PA |
| MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| MAYZENT TABS .25mg QL (112 tabs / 28 days) | 4 | NDS QL NM PA |
| MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year) | 4 | NDS QL NM PA |
| MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year) | 4 | NDS QL NM PA |
| OCREVUS SOLN 300mg/10ml | 4 | NDS NM PA |
| OCREVUS INJ ZUNOVO QL (23 mL / 180 days) | 4 | NDS QL NM PA |
| PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| PLEGRIDY INJ STARTER QL (2 packs / year) | 4 | NDS QL NM PA |
| PLEGRIDY PEN INJ STARTER QL (2 packs / year) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| PONVORY TABS 20mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| PONVORY TAB STARTER<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| TASCENSO ODT TBDP .25mg, .5mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *teriflunomide* (generic of AUBAGIO) TABS 7mg, 14mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| VUMERITY CPDR 231mg<br>QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| ZEPOSIA CAPS .92mg<br>QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| ZEPOSIA 7DAY CAP STR PACK<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| ZEPOSIA CAP STR KIT<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | | |
| *baclofen* SOLN 5mg/5ml | 1 | PA |
| *baclofen* (generic of OZOBAX DS) SOLN 10mg/5ml | 1 | PA |
| *baclofen* (generic of FLEQSUVY) SUSP 25mg/5ml | 4 | NDS PA |
| *baclofen* TABS 5mg<br>QL (90 tabs / 30 days) | 1 | QL |
| *baclofen* TABS 10mg, 15mg, 20mg | 1 | |
| BOTOX SOLR 100unit, 200unit | 4 | NDS PA |
| *carisoprodol* (generic of SOMA) TABS 350mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | QL PA |
| *cyclobenzaprine hcl* TABS 5mg, 10mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | QL PA |
| DANTRIUM CAPS 25mg | 3 | |
| *dantrolene sodium* (generic of DANTRIUM) CAPS 25mg | 1 | |
| *dantrolene sodium* CAPS 50mg, 100mg | 1 | |
| DAXXIFY SOLR 100unit | 3 | NM PA |
| DYSPORT SOLR 300unit | 3 | NM PA |
| DYSPORT SOLR 500unit | 4 | NDS NM PA |
| FLEQSUVY SUSP 25mg/5ml | 4 | NDS PA |
| *metaxalone* TABS 800mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 3 | QL PA |
| *methocarbamol* TABS 500mg<br>QL (360 tabs / 30 days)<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | QL PA |
| *methocarbamol* TABS 750mg<br>QL (240 tabs / 30 days)<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | QL PA |
| MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml | 3 | NM PA |
| MYOBLOC SOLN 10000unit/2ml | 4 | NDS NM PA |
| ONTRALFY SOLN 2mg/5ml | 3 | |
| OZOBAX DS SOLN 10mg/5ml | 4 | NDS PA |
| SOMA TABS 350mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 3 | QL PA |
| *tizanidine hcl* (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg | 1 | |
| *tizanidine hcl* CAPS 8mg | 4 | NDS |
| *tizanidine hcl* TABS 2mg | 1 | |
| XEOMIN SOLR 50unit | 3 | NM PA |
| XEOMIN SOLR 100unit, 200unit | 4 | NDS NM PA |
| ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg | 3 | |
| ZANAFLEX CAPS 8mg | 4 | NDS |
| ***NARCOLEPSY/CATAPLEXY*** | | |
| *armodafinil* (generic of NUVIGIL) TABS 50mg<br>QL (60 tabs / 30 days) | 1 | QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *armodafinil* (generic of NUVIGIL) TABS 150mg, 200mg, 250mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm<br>QL (30 packets / 30 days) | 4 | NDS QL NM PA |
| LUMRYZ PAK STARTER<br>QL (2 packs / year) | 4 | NDS QL NM PA |
| *modafinil* (generic of PROVIGIL) TABS 100mg<br>QL (30 tabs / 30 days) | 1 | QL PA |
| *modafinil* (generic of PROVIGIL) TABS 200mg<br>QL (60 tabs / 30 days) | 1 | QL PA |
| NUVIGIL TABS 50mg<br>QL (60 tabs / 30 days) | 3 | QL PA |
| NUVIGIL TABS 150mg, 200mg, 250mg<br>QL (30 tabs / 30 days) | 4 | NDS QL PA |
| PROVIGIL TABS 100mg<br>QL (30 tabs / 30 days) | 4 | NDS QL PA |
| PROVIGIL TABS 200mg<br>QL (60 tabs / 30 days) | 4 | NDS QL PA |
| *sodium oxybate* (generic of XYREM) SOLN 500mg/ml<br>QL (540 mL / 30 days) | 4 | NDS QL NM PA |
| SUNOSI TABS 75mg, 150mg<br>QL (30 tabs / 30 days) | 3 | QL PA |
| WAKIX TABS 4.45mg, 17.8mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| XYREM SOLN 500mg/ml<br>QL (540 mL / 30 days) | 4 | NDS QL NM PA |
| XYWAV SOL 0.5GM/ML<br>QL (540 mL / 30 days) | 4 | NDS QL NM PA |
| ***PSYCHOTHERAPEUTIC-MISC*** | | |
| *acamprosate calcium* TBEC 333mg | 1 | |
| BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml | 4 | NDS NM |
| *buprenorphine hcl* SUBL 2mg<br>QL (180 tabs / 30 days) | 1 | QL |
| *buprenorphine hcl* SUBL 8mg<br>QL (120 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* (generic of SUBOXONE)<br>QL (180 films / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* (generic of SUBOXONE)<br>QL (90 films / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* (generic of SUBOXONE)<br>QL (120 films / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* (generic of SUBOXONE)<br>QL (90 films / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)*<br>QL (180 tabs / 30 days) | 1 | QL |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)*<br>QL (120 tabs / 30 days) | 1 | QL |
| *bupropion hcl (smoking deterrent)* TB12 150mg<br>QL (60 tabs / 30 days) | 1 | QL |
| CHANTIX TABS .5mg, 1mg<br>QL (56 tabs / 28 days) | 3 | QL |
| CHANTIX CONTINUING MONTH TABS 1mg<br>QL (56 tabs / 28 days) | 3 | QL |
| CHANTIX TAB 0.5& 1MG<br>QL (2 packs / year) | 3 | QL |
| *disulfiram* TABS 250mg, 500mg | 1 | |
| KLOXXADO LIQD 8mg/0.1ml | 2 | |
| *lofexidine hcl* (generic of LUCEMYRA) TABS .18mg<br>QL (228 tabs / 14 days) | 4 | NDS QL PA |
| *naloxone hcl* SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | 1 | |
| *naltrexone hcl* TABS 50mg | 1 | |
| NICOTROL NS SOLN 10mg/ml | 3 | |
| OPVEE SOLN 2.7mg/0.1ml | 3 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| REZENOPY LIQD 10mg/0.11ml | 3 | |
| SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml | 4 | NDS NM |
| SUBOXONE MIS 2-0.5MG QL (180 films / 30 days) | 3 | QL |
| SUBOXONE MIS 4-1MG QL (90 films / 30 days) | 3 | QL |
| SUBOXONE MIS 8-2MG QL (120 films / 30 days) | 3 | QL |
| SUBOXONE MIS 12-3MG QL (90 films / 30 days) | 3 | QL |
| *varenicline tartrate* (generic of CHANTIX) TABS .5mg, 1mg QL (56 tabs / 28 days) | 1 | QL |
| *varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack* QL (2 packs / year) | 1 | QL |
| VIVITROL SUSR 380mg | 4 | NDS NM |
| ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days) | 3 | QL |
| ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days) | 3 | QL |
| ZURNAI SOAJ 1.5mg/0.5ml | 3 | |
| **ENDOCRINE AND METABOLIC** | | |
| ***ANDROGENS*** | | |
| AVEED SOLN 750mg/3ml | 4 | NDS NM PA |
| AZMIRO SOSY 200mg/ml | 3 | PA |
| *danazol* CAPS 50mg, 100mg, 200mg | 1 | |
| *depo-testosterone* SOLN 100mg/ml, 200mg/ml | 1 | PA |
| JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days) | 3 | QL PA |
| JATENZO CAPS 237mg QL (60 caps / 30 days) | 3 | QL PA |
| KYZATREX CAPS 150mg, 200mg QL (120 caps / 30 days) | 3 | QL PA |
| TESTIM GEL 1% QL (300 gm / 30 days) | 3 | QL PA |
| *testosterone* GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days) | 1 | QL PA |
| *testosterone* GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days) | 1 | QL PA |
| *testosterone* SOLN 30mg/act QL (180 mL / 30 days) | 1 | QL PA |
| *testosterone cypionate* SOLN 100mg/ml, 200mg/ml | 1 | PA |
| *testosterone enanthate* SOLN 200mg/ml | 1 | PA |
| *testosterone pump* (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days) | 1 | QL PA |
| TLANDO CAPS 112.5mg QL (120 caps / 30 days) | 3 | QL PA |
| VOGELXO GEL 50mg/5gm QL (300 gm / 30 days) | 3 | QL PA |
| VOGELXO PUMP GEL 1% QL (300 gm / 30 days) | 3 | QL PA |
| XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml | 3 | PA |
| ***ANTIDIABETICS*** | | |
| *acarbose* TABS 25mg, 50mg, 100mg | 1 | |
| ACTOPLUS MET TAB 15-850MG QL (90 tabs / 30 days) | 3 | QL |
| ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 3 | QL |
| *dapagliflozin* (generic of FARXIGA) TABS 5mg, 10mg QL (30 tabs / 30 days) | 1 | QL |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg* (generic of XIGDUO XR) QL (60 tabs / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg* (generic of XIGDUO XR) QL (60 tabs / 30 days) | 1 | QL |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg* (generic of XIGDUO XR) QL (30 tabs / 30 days) | 1 | QL |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg* (generic of XIGDUO XR) QL (30 tabs / 30 days) | 1 | QL |
| DUETACT TAB 30-2MG QL (30 tabs / 30 days) | 3 | QL |
| DUETACT TAB 30-4MG QL (30 tabs / 30 days) | 3 | QL |
| FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days) | 2 | QL |
| *glimepiride* TABS 1mg, 2mg QL (90 tabs / 30 days) | 1 | QL |
| *glimepiride* TABS 4mg QL (60 tabs / 30 days) | 1 | QL |
| *glipizide* TABS 5mg QL (240 tabs / 30 days) | 1 | QL |
| *glipizide* TABS 10mg QL (120 tabs / 30 days) | 1 | QL |
| *glipizide* TB24 2.5mg QL (90 tabs / 30 days) | 1 | QL |
| *glipizide* (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days) | 1 | QL |
| *glipizide* TB24 10mg QL (60 tabs / 30 days) | 1 | QL |
| *glipizide-metformin hcl tab 2.5-250 mg* QL (240 tabs / 30 days) | 1 | QL |
| *glipizide-metformin hcl tab 2.5-500 mg* QL (120 tabs / 30 days) | 1 | QL |
| *glipizide-metformin hcl tab 5-500 mg* QL (120 tabs / 30 days) | 1 | QL |
| GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days) | 2 | QL |
| GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days) | 2 | QL |
| JANUMET TAB 50-500MG QL (60 tabs / 30 days) | 3 | QL |
| JANUMET TAB 50-1000 QL (60 tabs / 30 days) | 3 | QL |
| JANUMET XR TAB 50-500MG QL (60 tabs / 30 days) | 2 | QL |
| JANUMET XR TAB 50-1000 QL (60 tabs / 30 days) | 2 | QL |
| JANUMET XR TAB 100-1000 QL (30 tabs / 30 days) | 2 | QL |
| JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 3 | QL |
| JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days) | 2 | QL |
| *liraglutide* (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days) | 1 | QL PA |
| *metformin hcl* (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days) | 1 | QL ST |
| *metformin hcl* TABS 500mg QL (150 tabs / 30 days) | 1 | QL |
| *metformin hcl* TABS 850mg QL (90 tabs / 30 days) | 1 | QL |
| *metformin hcl* TABS 1000mg QL (75 tabs / 30 days) | 1 | QL |
| *metformin hcl* TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *metformin hcl* TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR) | 1 | QL |
| *miglitol* TABS 25mg, 50mg, 100mg | 1 | |
| MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days) | 2 | QL PA |
| *nateglinide* TABS 60mg, 120mg QL (90 tabs / 30 days) | 1 | QL |
| OZEMPIC TABS 1.5mg, 4mg, 9mg QL (30 tabs / 30 days) | 2 | QL PA |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days) | 2 | QL PA |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days) | 2 | QL PA |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days) | 2 | QL PA |
| *pioglitazone hcl* (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days) | 1 | QL |
| *pioglitazone hcl-glimepiride tab 30-2 mg* (generic of DUETACT) QL (30 tabs / 30 days) | 1 | QL |
| *pioglitazone hcl-glimepiride tab 30-4 mg* (generic of DUETACT) QL (30 tabs / 30 days) | 1 | QL |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* QL (90 tabs / 30 days) | 1 | QL |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* (generic of ACTOPLUS MET) QL (90 tabs / 30 days) | 1 | QL |
| *repaglinide* TABS 2mg QL (240 tabs / 30 days) | 1 | QL |
| *repaglinide* TABS .5mg, 1mg QL (120 tabs / 30 days) | 1 | QL |
| *sitagliptin phosphate* (generic of JANUVIA) TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days) | 1 | QL |
| *sitagliptin phosphate-metformin hcl tab 50-500 mg* (generic of JANUMET) QL (60 tabs / 30 days) | 1 | QL |
| *sitagliptin phosphate-metformin hcl tab 50-1000 mg* (generic of JANUMET) QL (60 tabs / 30 days) | 1 | QL |
| SYNJARDY TAB 5-500MG QL (120 tabs / 30 days) | 2 | QL |
| SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days) | 2 | QL |
| SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days) | 2 | QL |
| SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days) | 2 | QL |
| SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days) | 2 | QL |
| TRADJENTA TABS 5mg QL (30 tabs / 30 days) | 2 | QL |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days) | 2 | QL |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days) | 2 | QL |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days) | 2 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days) | 2 | QL PA |
| TZIELD SOLN 2mg/2ml | 4 | NDS NM PA |
| XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days) | 3 | QL |
| XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days) | 3 | QL |
| XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days) | 3 | QL |
| XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days) | 3 | QL |
| XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days) | 3 | QL |
| ***ANTIDIABETICS, INSULINS*** | | |
| ADMELOG SOLN 100unit/ml | 2 | B/D |
| ADMELOG SOLOSTAR SOPN 100unit/ml | 2 | |
| ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY | 2 | PA |
| CEQUR EXT WR MIS INSERTER QL (2 inserters / year) | 3 | QL PA |
| CEQUR SIMPL KIT 1U EXTND QL (8 patches / 24 days) | 3 | QL PA |
| CEQUR SIMPL KIT 2U EXTND QL (10 patches / 30 days) | 3 | QL PA |
| CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days) | 3 | QL PA |
| CEQUR SIMPL MIS INSERTER QL (2 inserters / year) | 3 | QL PA |
| FIASP SOLN 100unit/ml | 2 | B/D |
| FIASP FLEXTOUCH SOPN 100unit/ml | 2 | |
| FIASP PENFILL SOCT 100unit/ml | 2 | |
| FIASP PUMPCART SOCT 100unit/ml | 2 | B/D |
| GAUZE PADS 2X2 | 2 | PA |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | 4 | NDS |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| INSULIN PEN NEEDLES: EMBECTA-BD | 2 | PA |
| INSULIN SAFETY NEEDLES: EMBECTA-BD | 2 | PA |
| INSULIN SYRINGES: EMBECTA-BD | 2 | PA |
| LANTUS SOLN 100unit/ml | 2 | |
| LANTUS SOLOSTAR SOPN 100unit/ml | 2 | |
| NOVOLIN INJ 70/30 (brand RELION not covered) | 2 | |
| NOVOLIN INJ 70/30 FP (brand RELION not covered) | 2 | |
| NOVOLIN N SUSP 100unit/ml (brand RELION not covered) | 2 | |
| NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered) | 2 | |
| NOVOLIN R SOLN 100unit/ml (brand RELION not covered) | 2 | B/D |
| NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered) | 2 | |
| NOVOLOG SOLN 100unit/ml brand RELION not covered | 2 | B/D |
| NOVOLOG FLEXPEN SOPN 100unit/ml brand RELION not covered | 2 | |
| NOVOLOG MIX INJ 70/30 (brand RELION not covered) | 2 | |
| NOVOLOG MIX INJ FLEXPEN (brand RELION not covered) | 2 | |
| NOVOLOG PENFILL SOCT 100unit/ml | 2 | |
| OMNIPOD5 LIB KIT INTRO QL (1 kit / year) | 3 | QL PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| OMNIPOD5 LIB MIS PODS QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year) | 3 | QL PA |
| OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days) | 3 | QL PA |
| OMNIPOD DASH KIT INTRO QL (1 kit / year) | 3 | QL PA |
| OMNIPOD DASH MIS PODS QL (15 pods / 30 days) | 3 | QL PA |
| SOLIQUA INJ 100/33 QL (5 pens / 25 days) | 2 | QL |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | 2 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | 2 | |
| XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) | 2 | QL |
| ***CALCIUM REGULATORS*** | | |
| ACTONEL TABS 35mg, 150mg | 3 | |
| *alendronate sodium* SOLN 70mg/75ml | 1 | ST |
| *alendronate sodium* TABS 10mg, 35mg | 1 | |
| *alendronate sodium* (generic of FOSAMAX) TABS 70mg | 1 | |
| ATELVIA TBEC 35mg | 3 | ST |
| BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days) | 3 | QL NM |
| BINOSTO TBEF 70mg | 3 | ST |
| BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| *calcitonin (salmon) spray* SOLN 200unit/act | 1 | B/D |
| EVENITY SOSY 105mg/1.17ml | 4 | NDS NM PA |
| FORTEO SOPN 560mcg/2.24ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| FOSAMAX TABS 70mg | 3 | |
| FOSAMAX + D TAB 70-2800 | 3 | ST |
| FOSAMAX + D TAB 70-5600 | 3 | ST |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *ibandronate sodium* SOLN 3mg/3ml QL (1 syringe / 90 days) | 1 | B/D QL |
| *ibandronate sodium* TABS 150mg | 1 | B/D |
| OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days) | 3 | QL NM |
| PAMIDRONATE DISODIUM SOLN 6mg/ml | 3 | B/D |
| *pamidronate disodium* SOLN 30mg/10ml, 90mg/10ml | 1 | B/D |
| PROLIA SOSY 60mg/ml QL (1 syringe / 180 days) | 3 | QL NM |
| RECLAST SOLN 5mg/100ml | 3 | B/D NM |
| *risedronate sodium* TABS 5mg, 30mg | 1 | |
| *risedronate sodium* (generic of ACTONEL) TABS 35mg, 150mg | 1 | |
| *risedronate sodium* (generic of ATELVIA) TBEC 35mg | 1 | ST |
| TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product) | 4 | NDS QL NM PA |
| *teriparatide* (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days) | 4 | NDS QL NM PA |
| WYOST SOLN 120mg/1.7ml | 4 | NDS NM PA |
| XTRENBO SOLN 120mg/1.7ml | 3 | NM PA |
| YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml | 4 | NDS NM PA |
| *zoledronic acid* CONC 4mg/5ml | 1 | B/D NM |
| ZOLEDRONIC ACID SOLN 4mg/100ml | 3 | B/D NM |
| *zoledronic acid* (generic of RECLAST) SOLN 5mg/100ml | 1 | B/D NM |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| ***CHELATING AGENTS*** | | |
| CHEMET CAPS 100mg | 4 | NDS |
| CUVRIOR TABS 300mg | 4 | NDS NM PA |
| *deferasirox* (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg | 4 | NDS NM PA |
| *deferasirox* (generic of JADENU) TABS 90mg | 1 | NM PA |
| *deferasirox* (generic of JADENU) TABS 180mg, 360mg | 3 | NM PA |
| *deferasirox* (generic of EXJADE) TBSO 125mg | 1 | NM PA |
| *deferasirox* (generic of EXJADE) TBSO 250mg, 500mg | 4 | NDS NM PA |
| *deferiprone* TABS 500mg | 4 | NDS NM PA |
| *deferiprone* (generic of FERRIPROX) TABS 1000mg | 4 | NDS NM PA |
| *deferoxamine mesylate* SOLR 2gm | 1 | NM PA |
| *deferoxamine mesylate* (generic of DESFERAL) SOLR 500mg | 1 | NM PA |
| DEPEN TITRATABS TABS 250mg | 4 | NDS NM |
| DESFERAL SOLR 500mg | 3 | NM PA |
| EXJADE TBSO 125mg, 250mg, 500mg | 4 | NDS NM PA |
| FERRIPROX SOLN 100mg/ml; TABS 1000mg | 4 | NDS NM PA |
| FERRIPROX TWICE-A-DAY TABS 1000mg | 4 | NDS NM PA |
| JADENU TABS 90mg, 180mg, 360mg | 4 | NDS NM PA |
| JADENU SPRINKLE PACK 90mg, 180mg, 360mg | 4 | NDS NM PA |
| *kionex* SUSP 15gm/60ml | 1 | |
| LOKELMA PACK 5gm, 10gm | 2 | |
| *penicillamine* (generic of DEPEN TITRATABS) TABS 250mg | 4 | NDS NM |
| *sodium polystyrene sulfonate* SUSP 15gm/60ml | 1 | |
| *sodium polystyrene sulfonate powder* | 1 | |
| *sps* SUSP 15gm/60ml | 1 | |
| *sps rectal* SUSP 15gm/60ml | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| SYPRINE CAPS 250mg | 4 | NDS NM PA |
| *trientine hcl* (generic of SYPRINE) CAPS 250mg | 4 | NDS NM PA |
| *trientine hcl* CAPS 500mg | 4 | NDS NM PA |
| VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm | 2 | |
| ***CONTRACEPTIVES*** | | |
| *afirmelle* | 1 | |
| *altavera* | 1 | |
| *alyacen 1/35* | 1 | |
| *alyacen 7/7/7* | 1 | |
| *amethyst* | 1 | |
| ANNOVERA MIS | 3 | |
| *apri* | 1 | |
| *aranelle* | 1 | |
| *ashlyna* | 1 | |
| *aubra eq* | 1 | |
| *aurovela 1/20* | 1 | |
| *aurovela 24 fe* | 1 | |
| *aurovela fe 1.5/30* | 1 | |
| *aurovela fe 1/20* | 1 | |
| AVERI TAB | 3 | |
| *aviane* | 1 | |
| *ayuna* | 1 | |
| *azurette* | 1 | |
| *balziva* | 1 | |
| *blisovi 24 fe* | 1 | |
| *blisovi fe 1.5/30* | 1 | |
| *blisovi fe 1/20* | 1 | |
| *briellyn* | 1 | |
| *camila* TABS .35mg | 1 | |
| *camrese* | 1 | |
| *camrese lo* | 1 | |
| *chateal eq* | 1 | |
| *cryselle* | 1 | |
| *cyred eq* | 1 | |
| *dasetta 1/35* | 1 | |
| *dasetta 7/7/7* | 1 | |
| *daysee* | 1 | |
| *deblitane* TABS .35mg | 1 | |
| DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 2 | |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | 1 | |
| *dolishale* | 1 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* (generic of BEYAZ) | 1 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* (generic of SAFYRAL) | 1 | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* (generic of YAZ) | 1 | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* (generic of YASMIN 28) | 1 | |
| *elinest* | 1 | |
| *eluryng* (generic of NUVARING) | 1 | |
| *emzahh* TABS .35mg | 1 | |
| *enilloring* (generic of NUVARING) | 1 | |
| *enskyce* | 1 | |
| *errin* TABS .35mg | 1 | |
| *estarylla* | 1 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | 1 | |
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* (generic of NUVARING) | 1 | |
| *falmina* | 1 | |
| *feirza 1.5/30* | 1 | |
| *feirza 1/20* | 1 | |
| FEMLYV TAB 1/0.02MG | 3 | |
| *finzala* | 1 | |
| *galbriela* | 1 | |
| *gemmily* (generic of TAYTULLA) | 1 | |
| *hailey 1.5/30* | 1 | |
| *hailey 24 fe* | 1 | |
| *hailey fe 1/20* | 1 | |
| *heather* TABS .35mg | 1 | |
| *iclevia* | 1 | |
| *incassia* TABS .35mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *introvale* | 1 | |
| *isibloom* | 1 | |
| *jaimiess* | 1 | |
| *jasmiel* (generic of YAZ) | 1 | |
| *jencycla* TABS .35mg | 1 | |
| *jolessa* | 1 | |
| *juleber* | 1 | |
| *junel 1.5/30* | 1 | |
| *junel 1/20* | 1 | |
| *junel fe 1.5/30* | 1 | |
| *junel fe 1/20* | 1 | |
| *junel fe 24* | 1 | |
| *kaitlib fe* | 1 | |
| *kariva* | 1 | |
| *kelnor 1/35* | 1 | |
| *kurvelo* | 1 | |
| *larin 1.5/30* | 1 | |
| *larin 1/20* | 1 | |
| *larin 24 fe* | 1 | |
| *larin fe 1.5/30* | 1 | |
| *larin fe 1/20* | 1 | |
| *lessina* | 1 | |
| *levonest* | 1 | |
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* | 1 | |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* | 1 | |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | 1 | |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | 1 | |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | 1 | |
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* | 1 | |
| LILETTA IUD 20.1mcg/day | 2 | NM |
| LO LOESTRIN TAB 1-10-10 | 3 | |
| *loestrin 1.5/30-21* | 1 | |
| *loestrin 1/20-21* | 1 | |
| *loestrin fe 1.5/30* | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *loestrin fe 1/20* | 1 | |
| *lojaimiess* | 1 | |
| *loryna* (generic of YAZ) | 1 | |
| *luizza 1.5/30* | 1 | |
| *luizza 1/20* | 1 | |
| *lutera* | 1 | |
| *lyleq* TABS .35mg | 1 | |
| *lyza* TABS .35mg | 1 | |
| *marlissa* | 1 | |
| *medroxyprogesterone acetate (contraceptive)* (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml | 1 | |
| *meleya* TABS .35mg | 1 | |
| *mibelas 24 fe* | 1 | |
| *microgestin 1.5/30* | 1 | |
| *microgestin 1/20* | 1 | |
| *microgestin fe 1.5/30* | 1 | |
| *microgestin fe 1/20* | 1 | |
| *mili* | 1 | |
| *mono-linyah* | 1 | |
| NATAZIA TAB | 3 | |
| *necon 0.5/35-28* | 1 | |
| NEXPLANON IMPL 68mg | 2 | NM |
| NEXTSTELLIS TAB 3-14.2MG | 3 | |
| *nikki* (generic of YAZ) | 1 | |
| *nora-be* TABS .35mg | 1 | |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* | 1 | |
| *norethindrone (contraceptive)* TABS .35mg | 1 | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | 1 | |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | 1 | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | 1 | |
| *norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* (generic of TAYTULLA) | 1 | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | 1 | |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | 1 | |
| *norlyroc* TABS .35mg | 1 | |
| *nortrel 0.5/35 (28)* | 1 | |
| *nortrel 1/35 (21)* | 1 | |
| *nortrel 1/35 (28)* | 1 | |
| *nortrel 7/7/7* | 1 | |
| *nylia 1/35* | 1 | |
| *nylia 7/7/7* | 1 | |
| *orquidea* TABS .35mg | 1 | |
| PHEXX GEL | 3 | |
| *philith* | 1 | |
| *pimtrea* | 1 | |
| *portia-28* | 1 | |
| *reclipsen* | 1 | |
| *rivelsa* | 1 | |
| *rosyrah* | 1 | |
| SAFYRAL TAB | 3 | |
| *setlakin* | 1 | |
| *sharobel* TABS .35mg | 1 | |
| *simliya* | 1 | |
| *simpesse* | 1 | |
| SLYND TABS 4mg | 3 | |
| *sprintec 28* | 1 | |
| *syeda* (generic of YASMIN 28) | 1 | |
| *tarina 24 fe* | 1 | |
| *tarina fe 1/20 eq* | 1 | |
| TAYTULLA CAP 1MG/20MC | 3 | |
| *tilia fe* | 1 | |
| *tri-estarylla* | 1 | |
| *tri-legest fe* | 1 | |
| *tri-linyah* | 1 | |
| *tri-lo-estarylla* | 1 | |
| *tri-lo-marzia* | 1 | |
| *tri-lo-mili* | 1 | |
| *tri-lo-sprintec* | 1 | |
| *tri-mili* | 1 | |
| *tri-sprintec* | 1 | |
| *tri-vylibra* | 1 | |
| *tri-vylibra lo* | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *turqoz* | 1 | |
| TYBLUME CHW 0.1-0.02 | 3 | |
| *tydemy* (generic of SAFYRAL) | 1 | |
| *valtya 1/35* | 1 | |
| *valtya 1/50* | 1 | |
| *velivet* | 1 | |
| *vestura* (generic of YAZ) | 1 | |
| *vienva* | 1 | |
| *viorele* | 1 | |
| *vyfemla* | 1 | |
| *vylibra* | 1 | |
| *wera* | 1 | |
| *wymzya fe* | 1 | |
| *xarah fe* | 1 | |
| *xelria fe* | 1 | |
| *xulane* | 1 | |
| YASMIN 28 TAB 3-0.03MG | 3 | |
| YAZ TAB 3-0.02MG | 3 | |
| *zafemy* | 1 | |
| *zovia 1/35* | 1 | |
| *zumandimine* (generic of YASMIN 28) | 1 | |
| ***ESTROGENS*** | | |
| *abigale* (generic of ACTIVELLA) | 1 | |
| *abigale lo* | 1 | |
| ACTIVELLA TAB 1-0.5MG | 3 | |
| BIJUVA CAP 0.5-100 | 3 | |
| BIJUVA CAP 1-100MG | 3 | |
| CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 3 | |
| CLIMARA PRO DIS WEEKLY | 3 | |
| COMBIPATCH DIS | 3 | |
| DELESTROGEN OIL 10mg/ml, 20mg/ml | 3 | |
| DEPO-ESTRADIOL OIL 5mg/ml | 3 | |
| DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *dotti* (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 1 | |
| ELESTRIN GEL .06% | 3 | |
| ESTRACE CREA .1mg/gm | 3 | |
| *estradiol* (generic of ESTROGEL) GEL .06% | 3 | |
| *estradiol* (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm | 3 | |
| *estradiol* (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 1 | |
| *estradiol* (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 1 | |
| *estradiol* TABS .5mg, 1mg, 2mg | 1 | |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* | 1 | |
| *estradiol & norethindrone acetate tab 1-0.5 mg* (generic of ACTIVELLA) | 1 | |
| *estradiol vaginal* (generic of ESTRACE) CREA .1mg/gm | 1 | |
| *estradiol vaginal* (generic of VAGIFEM) TABS 10mcg | 1 | |
| *estradiol valerate* (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml | 1 | |
| *estradiol valerate* OIL 40mg/ml | 1 | |
| ESTRING RING 7.5mcg/24hr | 3 | |
| *estrogens, conjugated* (generic of PREMARIN) TABS .3mg, .45mg, .625mg, .9mg, 1.25mg | 3 | |
| EVAMIST SOLN 1.53mg/spray | 3 | |
| FEMRING RING .05mg/24hr, .1mg/24hr | 3 | |
| *fyavolv tab 0.5mg-2.5mcg* | 1 | |
| *fyavolv tab 1mg-5mcg* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg | 3 | PA |
| IMVEXXY STARTER PACK INST 4mcg, 10mcg | 3 | PA |
| *jinteli* | 1 | |
| *lyllana* (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 1 | |
| MENOSTAR PTWK 14mcg/24hr | 3 | |
| *mimvey* (generic of ACTIVELLA) | 1 | |
| MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | 1 | |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | 1 | |
| PREMARIN CREA .625mg/gm; SOLR 25mg; TABS .3mg, .45mg, .625mg, .9mg, 1.25mg | 3 | |
| PREMPHASE TAB | 2 | |
| PREMPRO TAB 0.3-1.5 | 2 | |
| PREMPRO TAB 0.45-1.5 | 2 | |
| PREMPRO TAB 0.625-2.5 | 2 | |
| PREMPRO TAB 0.625-5 | 2 | |
| VAGIFEM TABS 10mcg | 3 | |
| VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| *yuvafem* (generic of VAGIFEM) TABS 10mcg | 1 | |
| ***GLUCOCORTICOIDS*** | | |
| ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg | 4 | NDS NM PA |
| ALKINDI SPRINKLE CPSP .5mg | 3 | NM PA |
| *betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml* (generic of CELESTONE SOLUSPAN) | 1 | |
| CELESTONE INJ SOLUSPAN | 3 | |
| CORTEF TABS 5mg, 10mg, 20mg | 3 | |
| DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml | 3 | B/D |
| *dexamethasone* ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | 1 | |
| DEXAMETHASONE INTENSOL CONC 1mg/ml | 3 | |
| *dexamethasone sodium phosphate* SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml | 1 | |
| DEXLYT TABS .25mg | 4 | NDS |
| *fludrocortisone acetate* TABS .1mg | 1 | |
| HEMADY TABS 20mg | 3 | PA |
| *hydrocortisone* (generic of CORTEF) TABS 5mg, 10mg, 20mg | 1 | |
| *hydrocortisone sod succinate* (generic of SOLU-CORTEF) SOLR 100mg | 1 | |
| KENALOG-10 SUSP 10mg/ml | 3 | B/D |
| KENALOG-40 SUSP 40mg/ml | 3 | B/D |
| KENALOG-80 SUSP 80mg/ml | 3 | B/D |
| KHINDIVI SOLN 1mg/ml | 4 | NDS PA |
| MEDROL TABS 2mg, 4mg, 8mg, 16mg | 3 | B/D |
| MEDROL DOSEPAK TBPK 4mg | 3 | |
| *methylprednisolone* (generic of MEDROL) TABS 4mg, 8mg, 16mg | 1 | B/D |
| *methylprednisolone* TABS 32mg | 1 | B/D |
| *methylprednisolone* (generic of MEDROL DOSEPAK) TBPK 4mg | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *methylprednisolone acetate* (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml | 1 | B/D |
| *methylprednisolone sod succ* SOLR 40mg, 125mg | 1 | B/D |
| *methylprednisolone sod succ* (generic of SOLU-MEDROL) SOLR 500mg, 1000mg | 1 | B/D |
| *prednisolone* SOLN 15mg/5ml | 1 | B/D |
| *prednisolone sodium phosphate* SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml | 1 | B/D |
| *prednisone* SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 1 | B/D |
| *prednisone* TBPK 5mg, 10mg | 1 | |
| PREDNISONE INTENSOL CONC 5mg/ml | 3 | B/D |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | 3 | |
| SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg | 3 | B/D |
| *triamcinolone acetonide* (generic of KENALOG-10) SUSP 10mg/ml | 1 | B/D |
| *triamcinolone acetonide* (generic of KENALOG-40) SUSP 40mg/ml | 1 | B/D |
| ZILRETTA SRER 32mg | 3 | B/D NM |
| ***GLUCOSE ELEVATING AGENTS*** | | |
| *diazoxide* (generic of PROGLYCEM) SUSP 50mg/ml | 1 | |
| GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 2 | |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 2 | |
| GVOKE KIT SOLN 1mg/0.2ml | 2 | |
| GVOKE PFS SOSY 1mg/0.2ml | 2 | |
| PROGLYCEM SUSP 50mg/ml | 4 | NDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***MISCELLANEOUS*** | | |
| ALDURAZYME SOLN 2.9mg/5ml | 4 | NDS NM PA |
| AQNEURSA PACK 1gm QL (112 packets / 28 days) | 4 | NDS QL NM PA |
| AVLAYAH SOLR 150mg | 4 | NDS NM PA |
| *betaine powder for oral solution* (generic of CYSTADANE) | 4 | NDS NM |
| *cabergoline* TABS .5mg | 1 | |
| CARBAGLU TBSO 200mg | 4 | NDS NM PA |
| *carglumic acid* (generic of CARBAGLU) TBSO 200mg | 4 | NDS NM PA |
| CARNITOR SOLN 200mg/ml | 3 | B/D |
| CERDELGA CAPS 84mg | 4 | NDS NM PA |
| CEREZYME SOLR 400unit | 4 | NDS NM PA |
| CHORIONIC GONADOTROPIN SOLR 10000unit | 3 | NM PA |
| *cinacalcet hcl* (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days) | 1 | B/D QL NM |
| *cinacalcet hcl* (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days) | 1 | B/D QL NM |
| CRENESSITY CAPS 50mg, 100mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days) | 4 | NDS QL NM PA |
| CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml | 4 | NDS NM PA |
| CYSTADANE POW | 4 | NDS NM |
| CYSTAGON CAPS 50mg, 150mg | 3 | NM PA |
| DDAVP SOLN 4mcg/ml; TABS .2mg | 4 | NDS |
| DDAVP TABS .1mg | 3 | |
| *desmopressin acetate* (generic of DDAVP) SOLN 4mcg/ml; TABS .1mg, .2mg | 1 | |
| *desmopressin acetate spray* SOLN .01% | 1 | |
| *desmopressin acetate spray refrigerated* SOLN .01% | 1 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| DOJOLVI LIQD 100% | 4 | NDS NM PA |
| EGRIFTA SV SOLR 2mg | 4 | NDS NM PA |
| EGRIFTA WR KIT 11.6mg | 4 | NDS NM PA |
| ELAPRASE SOLN 6mg/3ml | 4 | NDS NM PA |
| ELELYSO SOLR 200unit | 4 | NDS NM PA |
| ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml | 4 | NDS NM PA |
| EVISTA TABS 60mg | 3 | |
| FABRAZYME SOLR 5mg, 35mg | 4 | NDS NM PA |
| FENSOLVI KIT 45mg | 4 | NDS NM PA |
| GALAFOLD CAPS 123mg | 4 | NDS NM PA |
| GENOTROPIN CART 5mg, 12mg | 4 | NDS NM PA |
| GENOTROPIN MINIQUICK PRSY .2mg | 2 | NM PA |
| GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 4 | NDS NM PA |
| *glycerol phenylbutyrate* (generic of RAVICTI) LIQD 1.1gm/ml | 4 | NDS NM PA |
| INCRELEX SOLN 40mg/4ml | 4 | NDS NM PA |
| ISTURISA TABS 1mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| ISTURISA TABS 5mg QL (360 tabs / 30 days) | 4 | NDS QL NM PA |
| *javygtor* (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | 4 | NDS NM PA |
| JYNARQUE TABS 15mg, 30mg; TBPK 15mg | 4 | NDS NM PA |
| JYNARQUE PAK 30-15MG | 4 | NDS NM PA |
| JYNARQUE PAK 45-15MG | 4 | NDS NM PA |
| JYNARQUE PAK 60-30MG | 4 | NDS NM PA |
| JYNARQUE PAK 90-30MG | 4 | NDS NM PA |
| KANUMA SOLN 20mg/10ml | 4 | NDS NM PA |
| KORLYM TABS 300mg | 4 | NDS NM PA |
| KUVAN PACK 100mg, 500mg; TABS 100mg | 4 | NDS NM PA |
| LAMZEDE SOLR 10mg | 4 | NDS NM PA |
| *lanreotide acetate* SOLN 120mg/0.5ml | 4 | NDS NM PA |
| LANREOTIDE ACETATE SOLN 120mg/0.5ml | 4 | NDS NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *levocarnitine (metabolic modifiers)* (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg | 1 | B/D |
| LOARGYS SOLN 2mg/0.4ml | 4 | NDS NM PA |
| LUMIZYME SOLR 50mg | 4 | NDS NM PA |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | 4 | NDS NM PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg | 4 | NDS NM PA |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg | 4 | NDS NM PA |
| LYNKUET CAPS 60mg QL (60 caps / 30 days) | 3 | QL PA |
| *mifepristone (hyperglycemia)* (generic of KORLYM) TABS 300mg | 4 | NDS NM PA |
| *miglustat* (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| MYALEPT SOLR 11.3mg | 4 | NDS NM PA |
| MYCAPSSA CPDR 20mg QL (112 caps / 28 days) | 4 | NDS QL NM PA |
| MYFEMBREE TAB | 4 | NDS PA |
| NAGLAZYME SOLN 1mg/ml | 4 | NDS NM PA |
| NEXVIAZYME SOLR 100mg | 4 | NDS NM PA |
| NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml | 4 | NDS NM PA |
| *nitisinone* (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg | 4 | NDS NM PA |
| NITYR TABS 2mg, 5mg, 10mg | 4 | NDS NM PA |
| NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml | 4 | NDS NM PA |
| NOVAREL SOLR 5000unit | 3 | NM PA |
| *octreotide acetate* (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg | 4 | NDS NM PA |
| *octreotide acetate* (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml | 1 | NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *octreotide acetate* SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | 1 | NM PA |
| *octreotide acetate* (generic of SANDOSTATIN) SOLN 500mcg/ml | 4 | NDS NM PA |
| *octreotide acetate* SOLN 1000mcg/ml; SOSY 500mcg/ml | 4 | NDS NM PA |
| OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm | 4 | NDS NM PA |
| OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg | 4 | NDS NM PA |
| OPFOLDA CAPS 65mg QL (8 caps / 28 days) | 3 | QL NM PA |
| ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml | 4 | NDS NM PA |
| ORIAHNN CAP | 4 | NDS PA |
| ORILISSA TABS 150mg, 200mg | 4 | NDS PA |
| PALSONIFY TABS 20mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| PALSONIFY TABS 30mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml | 4 | NDS NM PA |
| PHEBURANE PLLT 483mg/gm | 4 | NDS NM PA |
| POMBILITI SOLR 105mg | 4 | NDS NM PA |
| PREGNYL SOLR 10000unit | 3 | NM PA |
| PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg | 4 | NDS NM PA |
| *raloxifene hcl* (generic of EVISTA) TABS 60mg | 1 | |
| RAVICTI LIQD 1.1gm/ml | 4 | NDS NM PA |
| RECORLEV TABS 150mg QL (240 tabs / 30 days) | 4 | NDS QL NM PA |
| REVCOVI SOLN 2.4mg/1.5ml | 4 | NDS NM PA |
| REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SAMSCA TABS 15mg, 30mg | 4 | NDS NM PA |
| SANDOSTATIN SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml | 4 | NDS NM PA |
| SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg | 4 | NDS NM PA |
| *sapropterin dihydrochloride* (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | 4 | NDS NM PA |
| SEPHIENCE PACK 250mg, 1000mg | 4 | NDS NM PA |
| SEROSTIM SOLR 4mg, 5mg, 6mg | 4 | NDS NM PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 4 | NDS NM PA |
| SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg | 4 | NDS NM PA |
| SKYTROFA CART .7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg | 4 | NDS NM PA |
| *sodium phenylbutyrate* POWD 3gm/tsp | 4 | NDS NM PA |
| *sodium phenylbutyrate* (generic of BUPHENYL) TABS 500mg | 4 | NDS NM PA |
| SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml | 4 | NDS NM PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml | 4 | NDS NM PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 4 | NDS NM PA |
| STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml | 4 | NDS NM PA |
| SYNAREL SOLN 2mg/ml | 4 | NDS PA |
| TEPEZZA SOLR 500mg | 4 | NDS NM PA |
| *tolvaptan* (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE) | 4 | NDS NM PA |
| *tolvaptan* (generic of JYNARQUE) TBPK 15mg | 4 | NDS NM PA |
| *tolvaptan (hyponatremia)* (generic of SAMSCA) TABS 15mg, 30mg (generic of SAMSCA) | 4 | NDS NM PA |
| *tolvaptan tab therapy pack 30 & 15 mg* | 4 | NDS NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *tolvaptan tab therapy pack 45 & 15 mg* | 4 | NDS NM PA |
| *tolvaptan tab therapy pack 60 & 30 mg* | 4 | NDS NM PA |
| *tolvaptan tab therapy pack 90 & 30 mg* | 4 | NDS NM PA |
| VEOZAH TABS 45mg QL (30 tabs / 30 days) | 3 | QL PA |
| VIJOICE PACK 50mg QL (28 packets / 28 days) | 4 | NDS QL NM PA |
| VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days) | 4 | NDS QL NM PA |
| VIJOICE TAB 250MG QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| VIMIZIM SOLN 5mg/5ml | 4 | NDS NM PA |
| VOXZOGO SOLR .4mg, .56mg, 1.2mg | 4 | NDS NM PA |
| VPRIV SOLR 400unit | 4 | NDS NM PA |
| VYKAT XR TB24 25mg QL (120 tabs / 30 days) | 4 | NDS QL NM PA |
| VYKAT XR TB24 75mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| VYKAT XR TB24 150mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml QL (4 pens / 28 days) | 2 | QL PA |
| WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg QL (30 tabs / 30 days) | 2 | QL PA |
| XENPOZYME SOLR 4mg, 20mg | 4 | NDS NM PA |
| *yargesa* (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| YUVIWEL SOLR 1.3mg, 2.8mg, 5.5mg | 4 | NDS NM PA |
| ZAVESCA CAPS 100mg QL (90 caps / 30 days) | 4 | NDS QL NM PA |
| *zelvysia* (generic of KUVAN) PACK 100mg, 500mg | 4 | NDS NM PA |
| ZOMACTON SOLR 5mg | 3 | NM PA |
| ZOMACTON SOLR 10mg | 4 | NDS NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ***PHOSPHATE BINDER AGENTS*** | | |
| *calcium acetate (phosphate binder)* CAPS 667mg QL (360 caps / 30 days) | 1 | B/D QL |
| *sevelamer carbonate* (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days) | 1 | B/D QL |
| ***PROGESTINS*** | | |
| CRINONE GEL 8% | 3 | PA |
| *gallifrey* TABS 5mg | 1 | |
| *medroxyprogesterone acetate* (generic of PROVERA) TABS 2.5mg, 5mg, 10mg | 1 | |
| *megestrol acetate* SUSP 40mg/ml | 2 | |
| *megestrol acetate (appetite)* SUSP 625mg/5ml | 3 | PA |
| *norethindrone acetate* TABS 5mg | 1 | |
| *progesterone* (generic of PROMETRIUM) CAPS 100mg, 200mg | 1 | |
| PROMETRIUM CAPS 100mg, 200mg | 3 | |
| PROVERA TABS 2.5mg, 5mg, 10mg | 3 | |
| ***THYROID AGENTS*** | | |
| CYTOMEL TABS 5mcg, 25mcg, 50mcg | 3 | |
| *levothyroxine sodium* CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | ST |
| *levothyroxine sodium* (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| *levoxyl* (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| *liomny* (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *liothyronine sodium* (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg | 1 | |
| *methimazole* TABS 5mg, 10mg | 1 | |
| *propylthiouracil* TABS 50mg | 1 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 3 | |
| THYQUIDITY SOLN 100mcg/5ml | 3 | |
| TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 3 | ST |
| TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml | 3 | |
| *unithroid* (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| ***VITAMIN D ANALOGS*** | | |
| *calcitriol* CAPS .25mcg, .5mcg | 1 | B/D |
| *calcitriol (oral)* SOLN 1mcg/ml | 1 | B/D |
| *doxercalciferol* CAPS .5mcg, 1mcg, 2.5mcg | 1 | B/D |
| *paricalcitol* (generic of ZEMPLAR) CAPS 1mcg, 2mcg | 1 | B/D |
| *paricalcitol* CAPS 4mcg | 1 | B/D |
| RAYALDEE CPCR 30mcg | 4 | NDS |
| ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml | 3 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| **GASTROINTESTINAL *ANTIEMETICS*** | | |
| AKYNZEO CAP 300-0.5 | 3 | B/D |
| AKYNZEO INJ 235-0.25MG/20ML | 3 | NM |
| APONVIE EMUL 32mg/4.4ml | 3 | |
| *aprepitant* CAPS 40mg | 1 | B/D |
| *aprepitant* (generic of EMEND BIPACK) CAPS 80mg | 1 | B/D |
| *aprepitant* CAPS 125mg | 4 | NDS B/D |
| *aprepitant capsule therapy pack 80 & 125 mg* | 1 | B/D |
| BONJESTA TAB 20-20MG | 3 | |
| CINVANTI EMUL 130mg/18ml | 3 | |
| *compro* SUPP 25mg | 1 | |
| DICLEGIS TAB 10-10MG | 3 | |
| DIMENHYDRINATE SOLN 50mg/ml | 3 | |
| *doxylamine-pyridoxine tab delayed release 10-10 mg* (generic of DICLEGIS) | 3 | |
| *dronabinol* (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days) | 1 | B/D QL |
| *dronabinol* CAPS 5mg, 10mg QL (60 caps / 30 days) | 1 | B/D QL |
| EMEND SOLR 150mg | 3 | |
| EMEND SUSR 125mg/5ml | 4 | NDS B/D |
| EMEND BIPACK CAPS 80mg | 3 | B/D |
| EMEND TRIPAC CAP 125 & 80 | 3 | B/D |
| FOCINVEZ SOLN 150mg/50ml | 3 | |
| *fosaprepitant dimeglumine* (generic of EMEND) SOLR 150mg | 1 | |
| GIMOTI SOLN 15mg/act | 4 | NDS PA |
| *granisetron hcl* SOLN 1mg/ml, 4mg/4ml | 1 | |
| *granisetron hcl* TABS 1mg | 1 | B/D |
| GRANISOL SOLN 2mg/10ml | 4 | NDS B/D |
| MARINOL CAPS 2.5mg QL (60 caps / 30 days) | 3 | B/D QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *meclizine hcl* TABS 12.5mg, 25mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 1 | PA |
| *metoclopramide hcl* SOLN 5mg/5ml, 5mg/ml | 1 | |
| *metoclopramide hcl* (generic of REGLAN) TABS 5mg, 10mg | 1 | |
| NAVITRUX SOLR 150mg | 3 | |
| NEREUS CAPS 85mg<br>QL (16 caps / 30 days) | 4 | NDS QL |
| *ondansetron* TBDP 4mg, 8mg | 1 | B/D |
| *ondansetron* TBDP 16mg | 4 | NDS B/D |
| *ondansetron hcl* SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml | 1 | |
| *ondansetron hcl* SOLN 4mg/5ml; TABS 4mg, 8mg | 1 | B/D |
| *palonosetron hcl* SOLN .25mg/5ml; SOSY .25mg/5ml | 1 | |
| PHENERGAN SOLN 25mg/ml, 50mg/ml<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 3 | PA |
| POSFREA SOLN .25mg/5ml | 3 | |
| *prochlorperazine* SUPP 25mg | 1 | |
| *prochlorperazine edisylate* SOLN 10mg/2ml | 1 | |
| *prochlorperazine maleate* TABS 5mg, 10mg | 1 | |
| *promethazine hcl* SOLN 6.25mg/5ml; SUPP 12.5mg, 25mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 3 | PA |
| *promethazine hcl* (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 3 | PA |
| *promethazine hcl* TABS 12.5mg, 25mg, 50mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 1 | PA |
| *promethegan* SUPP 12.5mg, 25mg, 50mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 3 | PA |
| REGLAN TABS 5mg, 10mg | 3 | |
| SANCUSO PTCH 3.1mg/24hr<br>QL (4 patches / 28 days) | 4 | NDS QL |
| *scopolamine* (generic of TRANSDERM SCOP) PT72 1mg/3days<br>QL (10 patches / 30 days) | 3 | QL |
| TRANSDERM SCOP PT72 1mg/3days<br>QL (10 patches / 30 days) | 3 | QL |
| *trimethobenzamide hcl* CAPS 300mg | 1 | |
| VARUBI TBPK 90mg | 3 | B/D NM |
| ***ANTISPASMODICS*** | | |
| *atropine sulfate* (generic of ATROPINE SULFATE) SOSY 1mg/10ml | 3 | |
| ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml | 3 | |
| CUVPOSA SOLN 1mg/5ml | 3 | |
| *dicyclomine hcl* CAPS 10mg; TABS 20mg<br>PA applies if 65 years and older | 2 | PA |
| *dicyclomine hcl* SOLN 10mg/5ml<br>PA applies if 65 years and older | 3 | PA |
| *dicyclomine hcl* (generic of BENTYL) SOLN 10mg/ml<br>PA applies if 65 years and older | 3 | PA |
| *glycopyrrolate* SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *glycopyrrolate* (generic of GLYCOPYRROLATE) SOSY .2mg/ml, .4mg/2ml | 1 | |
| *glycopyrrolate* TABS 1mg QL (90 tabs / 30 days) | 1 | QL |
| *glycopyrrolate* TABS 2mg QL (120 tabs / 30 days) | 1 | QL |
| *glycopyrrolate (oral)* (generic of CUVPOSA) SOLN 1mg/5ml | 1 | |
| *methscopolamine bromide* TABS 2.5mg, 5mg PA applies if 65 years and older | 3 | PA |
| ***H2-RECEPTOR ANTAGONISTS*** | | |
| *cimetidine* TABS 200mg, 300mg, 400mg, 800mg | 1 | |
| *cimetidine hcl* SOLN 300mg/5ml QL (1200 mL / 30 days) | 1 | QL |
| *famotidine* SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml | 1 | |
| *famotidine* (generic of PEPCID) TABS 20mg, 40mg | 1 | |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | 1 | |
| *nizatidine* CAPS 150mg, 300mg | 1 | |
| PEPCID TABS 20mg, 40mg | 3 | |
| *ranitidine hcl* TABS 150mg, 300mg | 1 | |
| ***INFLAMMATORY BOWEL DISEASE*** | | |
| APRISO CP24 .375gm QL (120 caps / 30 days) | 3 | QL |
| AZULFIDINE TABS 500mg | 3 | |
| AZULFIDINE EN-TABS TBEC 500mg | 3 | |
| *balsalazide disodium* CAPS 750mg | 1 | |
| *budesonide* CPEP 3mg QL (90 caps / 30 days) | 1 | QL |
| *budesonide* (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days) | 1 | QL PA |
| *budesonide (intrarectal)* (generic of UCERIS) FOAM 2mg | 1 | |
| CANASA SUPP 1000mg QL (30 suppositories / 30 days) | 4 | NDS QL |
| CORTENEMA ENEM 100mg/60ml | 3 | |
| DIPENTUM CAPS 250mg | 4 | NDS |
| *hydrocortisone (intrarectal)* (generic of CORTENEMA) ENEM 100mg/60ml | 1 | |
| LIALDA TBEC 1.2gm QL (120 tabs / 30 days) | 3 | QL |
| *mesalamine* (generic of APRISO) CP24 .375gm QL (120 caps / 30 days) | 1 | QL |
| *mesalamine* (generic of PENTASA) CPCR 500mg QL (240 caps / 30 days) | 1 | QL |
| *mesalamine* CPDR 400mg QL (180 caps / 30 days) | 1 | QL |
| *mesalamine* ENEM 4gm QL (1680 mL / 28 days) | 1 | QL |
| *mesalamine* (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days) | 1 | QL |
| *mesalamine* (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days) | 1 | QL |
| *mesalamine* TBEC 800mg QL (180 tabs / 30 days) | 1 | QL |
| *mesalamine w/ cleanser* (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days) | 1 | QL |
| PENTASA CPCR 250mg QL (480 caps / 30 days) | 3 | QL |
| PENTASA CPCR 500mg QL (240 caps / 30 days) | 3 | QL |
| ROWASA KIT 4gm QL (28 bottles / 28 days) | 4 | NDS QL |
| *sulfasalazine* (generic of AZULFIDINE) TABS 500mg | 1 | |
| *sulfasalazine* (generic of AZULFIDINE EN-TABS) TBEC 500mg | 1 | |
| UCERIS FOAM 2mg/act | 3 | |
| UCERIS TB24 9mg QL (30 tabs / 30 days) | 4 | NDS QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***LAXATIVES*** | | |
| CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML | 3 | |
| *constulose* SOLN 10gm/15ml | 1 | |
| *enulose* SOLN 10gm/15ml | 1 | |
| *gavilyte-c* | 1 | |
| *gavilyte-g* (generic of GOLYTELY) | 1 | |
| *gavilyte-n/flavor pack* | 1 | |
| *generlac* SOLN 10gm/15ml | 1 | |
| GOLYTELY SOL | 3 | |
| *lactulose* SOLN 10gm/15ml | 1 | |
| *lactulose (encephalopathy)* SOLN 10gm/15ml | 1 | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* (generic of GOLYTELY) | 1 | |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | 1 | |
| *peg-3350/electrolytes/asc* (generic of MOVIPREP) | 1 | |
| PLENVU SOL | 3 | |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* (generic of SUPREP BOWEL PREP KIT) | 1 | |
| SUFLAVE SOL | 3 | |
| SUPREP BOWEL SOL PREP KIT | 3 | |
| SUTAB TAB | 3 | |
| ***MISCELLANEOUS*** | | |
| *alosetron hcl* (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days) | 1 | QL PA |
| *amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg* | 1 | |
| *bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg* (generic of PYLERA) | 1 | |
| BYLVAY CAPS 400mcg, 1200mcg | 4 | NDS NM PA |
| BYLVAY (PELLETS) CPSP 200mcg, 600mcg | 4 | NDS NM PA |
| CHOLBAM CAPS 50mg, 250mg | 4 | NDS NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CREON CAP 3000UNIT | 2 | |
| CREON CAP 6000UNIT | 2 | |
| CREON CAP 12000UNT | 2 | |
| CREON CAP 24000UNT | 2 | |
| CREON CAP 36000UNT | 2 | |
| *cromolyn sodium (mastocytosis)* (generic of GASTROCROM) CONC 100mg/5ml | 1 | |
| CYTOTEC TABS 100mcg, 200mcg | 3 | |
| *diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml* | 3 | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* (generic of LOMOTIL) | 3 | |
| EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days) | 4 | NDS QL PA |
| GASTROCROM CONC 100mg/5ml | 4 | NDS |
| GATTEX KIT 5mg | 4 | NDS NM PA |
| IQIRVO TABS 80mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days) | 2 | QL |
| LIVDELZI CAPS 10mg QL (30 caps / 30 days) | 4 | NDS QL NM PA |
| LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg | 4 | NDS NM PA |
| LOMOTIL TAB 2.5MG | 3 | |
| *loperamide hcl* CAPS 2mg | 1 | |
| *lubiprostone* (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days) | 1 | QL |
| LYNAVOY TABS 40mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *misoprostol* (generic of CYTOTEC) TABS 100mcg, 200mcg | 1 | |
| MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days) | 2 | QL |
| PANCREAZE CAP 2600UNIT | 3 | |
| PANCREAZE CAP 4200UNIT | 3 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| PANCREAZE CAP 10500UNT | 3 | |
| PANCREAZE CAP 16800UNT | 3 | |
| PANCREAZE CAP 21000UNT | 3 | |
| PANCREAZE CAP 37000 | 3 | |
| PERTZYE CAP 4000UNIT | 3 | |
| PERTZYE CAP 8000UNIT | 3 | |
| PERTZYE CAP 16000U | 3 | |
| PERTZYE CAP 24000U | 3 | |
| REBYOTA SUSP 150ml QL (150 mL / 30 days) | 4 | NDS QL NM PA |
| SUCRAID SOLN 8500unit/ml | 4 | NDS NM PA |
| *sucralfate* (generic of CARAFATE) TABS 1gm | 1 | |
| SYMPROIC TABS .2mg QL (30 tabs / 30 days) | 3 | QL |
| TALICIA CAP | 2 | |
| TRULANCE TABS 3mg QL (30 tabs / 30 days) | 3 | QL |
| *ursodiol* CAPS 300mg; TABS 250mg | 1 | |
| *ursodiol* (generic of URSO FORTE) TABS 500mg | 1 | |
| VIBERZI TABS 75mg, 100mg | 4 | NDS PA |
| VIOKACE TAB 10440 | 3 | |
| VIOKACE TAB 20880 | 3 | |
| VOQUEZNA PAK DUAL PAK QL (2 kits / year) | 2 | QL PA |
| VOQUEZNA PAK TRIP PK QL (2 kits / year) | 2 | QL PA |
| VOWST CAP QL (12 caps / 30 days) | 4 | NDS QL NM PA |
| XERMELO TABS 250mg QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| XIFAXAN TABS 550mg | 2 | PA |
| ZENPEP CAP 3000UNIT | 2 | |
| ZENPEP CAP 5000UNIT | 2 | |
| ZENPEP CAP 10000UNT | 2 | |
| ZENPEP CAP 15000UNT | 2 | |
| ZENPEP CAP 20000UNT | 2 | |
| ZENPEP CAP 25000UNT | 2 | |
| ZENPEP CAP 40000UNT | 2 | |
| ZENPEP CAP 60000UNT | 2 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ***PROTON PUMP INHIBITORS*** | | |
| ACIPHEX TBEC 20mg QL (30 tabs / 30 days) | 4 | NDS QL ST |
| DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days) | 3 | QL |
| *dexlansoprazole* (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days) | 1 | QL |
| *esomeprazole magnesium* (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days) | 1 | QL ST |
| *esomeprazole magnesium* (generic of NEXIUM) PACK 2.5mg, 5mg | 1 | |
| *esomeprazole magnesium* (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days) | 1 | QL |
| *esomeprazole sodium* SOLR 40mg | 1 | |
| *lansoprazole* CPDR 15mg QL (60 caps / 30 days) | 1 | QL |
| *lansoprazole* (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days) | 1 | QL |
| NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days) | 3 | QL ST |
| NEXIUM PACK 2.5mg, 5mg | 3 | |
| NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days) | 3 | QL |
| *omeprazole* CPDR 10mg, 20mg, 40mg | 1 | |
| PANTOPR/NACL SOL 40MG/100 | 3 | |
| PANTOPR/NACL SOL 80MG/100 | 3 | |
| PANTOPRAZOLE SODIUM SOLR 40mg | 3 | |
| *pantoprazole sodium* (generic of PANTOPRAZOLE SODIUM) SOLR 40mg | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *pantoprazole sodium* (generic of PROTONIX) TBEC 20mg, 40mg | 1 | |
| PANTOPRAZOLE SOL 40/50ML | 3 | |
| PREVACID CPDR 30mg QL (60 caps / 30 days) | 3 | QL |
| PRILOSEC PACK 2.5mg, 10mg | 3 | PA |
| PROTONIX SOLR 40mg; TBEC 20mg, 40mg | 3 | |
| *rabeprazole sodium* (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days) | 1 | QL |
| VOQUEZNA TABS 10mg QL (30 tabs / 30 days) | 3 | QL PA |
| VOQUEZNA TABS 20mg QL (60 tabs / 30 days) | 3 | QL PA |
| **GENITOURINARY** | | |
| ***BENIGN PROSTATIC HYPERPLASIA*** | | |
| *alfuzosin hcl* (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days) | 1 | QL |
| AVODART CAPS .5mg QL (30 caps / 30 days) | 4 | NDS QL |
| CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days) | 3 | QL ST |
| CIALIS TABS 5mg QL (30 tabs / 30 days) | 3 | QL PA |
| *dutasteride* (generic of AVODART) CAPS .5mg QL (30 caps / 30 days) | 1 | QL |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* (generic of JALYN) QL (30 caps / 30 days) | 1 | QL |
| *finasteride* (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days) | 1 | QL |
| JALYN CAP 0.5-0.4 QL (30 caps / 30 days) | 3 | QL |
| PROSCAR TABS 5mg QL (30 tabs / 30 days) | 3 | QL |
| *silodosin* CAPS 4mg, 8mg QL (30 caps / 30 days) | 1 | QL |
| *tadalafil* (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days) | 1 | QL PA |
| *tamsulosin hcl* CAPS .4mg QL (60 caps / 30 days) | 1 | QL |
| ***MISCELLANEOUS*** | | |
| *acetic acid* SOLN .25% | 1 | |
| *bethanechol chloride* TABS 5mg, 10mg, 25mg, 50mg | 1 | |
| ELMIRON CAPS 100mg QL (90 caps / 30 days) | 3 | QL |
| FILSPARI TABS 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| FILSPARI TABS 400mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| INTRAROSA INST 6.5mg | 3 | PA |
| LITHOSTAT TABS 250mg | 3 | |
| *neomycin-polymyxin b gu irrigation soln* | 1 | |
| OXLUMO SOLN 94.5mg/0.5ml | 4 | NDS NM PA |
| *potassium citrate (alkalinizer)* (generic of UROCIT-K 15) TBCR 15meq | 1 | |
| *potassium citrate (alkalinizer)* TBCR 540mg | 1 | |
| *potassium citrate (alkalinizer)* (generic of UROCIT-K 10) TBCR 1080mg | 1 | |
| RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml | 4 | NDS NM PA |
| TARPEYO CPDR 4mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| THIOLA TABS 100mg | 4 | NDS NM |
| THIOLA EC TBEC 100mg, 300mg | 4 | NDS NM |
| *tiopronin* (generic of THIOLA) TABS 100mg | 4 | NDS NM |
| *tiopronin* (generic of THIOLA EC) TBEC 100mg, 300mg | 4 | NDS NM |
| UROCIT-K 10 TBCR 1080mg | 3 | |
| UROCIT-K 15 TBCR 15meq | 3 | |
| VANRAFIA TABS .75mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *venxxiva* (generic of THIOLA EC) TBEC 100mg, 300mg | 4 | NDS NM |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***URINARY ANTISPASMODICS*** | | |
| *darifenacin hydrobromide* TB24 7.5mg, 15mg<br>QL (30 tabs / 30 days) | 1 | QL ST |
| *fesoterodine fumarate* (generic of TOVIAZ) TB24 4mg, 8mg<br>QL (30 tabs / 30 days) | 1 | QL |
| GEMTESA TABS 75mg<br>QL (30 tabs / 30 days) | 2 | QL |
| *mirabegron* (generic of MYRBETRIQ) TB24 25mg, 50mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *oxybutynin chloride* SOLN 5mg/5ml<br>QL (600 mL / 30 days) | 1 | QL |
| *oxybutynin chloride* TABS 5mg<br>QL (120 tabs / 30 days) | 1 | QL |
| *oxybutynin chloride* TB24 5mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *oxybutynin chloride* TB24 10mg, 15mg<br>QL (60 tabs / 30 days) | 1 | QL |
| OXYTROL PTTW 3.9mg/24hr<br>QL (8 patches / 28 days) | 3 | QL ST |
| *solifenacin succinate* (generic of VESICARE) TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | 1 | QL |
| *tolterodine tartrate* CP24 2mg, 4mg<br>QL (30 caps / 30 days) | 1 | QL |
| *tolterodine tartrate* TABS 1mg, 2mg<br>QL (60 tabs / 30 days) | 1 | QL |
| *trospium chloride* CP24 60mg<br>QL (30 caps / 30 days) | 1 | QL |
| *trospium chloride* TABS 20mg<br>QL (60 tabs / 30 days) | 1 | QL |
| ***VAGINAL ANTI-INFECTIVES*** | | |
| CLEOCIN CREA 2%; SUPP 100mg | 3 | |
| *clindamycin phosphate vaginal* (generic of CLEOCIN) CREA 2% | 1 | |
| CLINDESSE CREA 2% | 3 | |
| GYNAZOLE-1 CREA 2% | 3 | |
| *metronidazole vaginal* GEL .75% | 1 | |
| *miconazole 3* SUPP 200mg | 1 | |
| NUVESSA GEL 1.3% | 3 | |
| *terconazole vaginal* CREA .4%, .8%; SUPP 80mg | 1 | |
| XACIATO GEL 2% | 3 | |
| **HEMATOLOGIC** | | |
| ***ANTICOAGULANTS*** | | |
| ARIXTRA SOLN 2.5mg/0.5ml | 3 | |
| ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 4 | NDS |
| *dabigatran etexilate mesylate* (generic of PRADAXA) CAPS 75mg, 150mg<br>QL (60 caps / 30 days) | 1 | QL |
| *dabigatran etexilate mesylate* (generic of PRADAXA) CAPS 110mg<br>QL (120 caps / 30 days) | 1 | QL |
| ELIQUIS CPSP .15mg<br>QL (56 caps / 21 days) | 2 | QL |
| ELIQUIS TABS 2.5mg<br>QL (60 tabs / 30 days) | 2 | QL |
| ELIQUIS TABS 5mg<br>QL (74 tabs / 30 days) | 2 | QL |
| ELIQUIS TBSO .5mg<br>QL (588 tabs / 29 days) | 2 | QL |
| ELIQUIS (1.5MG PACK) 3 X TBSO .5mg<br>QL (591 tabs / 29 days) | 2 | QL |
| ELIQUIS (2MG PACK) 4 X TBSO .5mg<br>QL (592 tabs / 30 days) | 2 | QL |
| ELIQUIS STARTER PACK TBPK 5mg<br>QL (74 tabs / 30 days) | 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *enoxaparin sodium* (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 | |
| *fondaparinux sodium* (generic of ARIXTRA) SOLN 2.5mg/0.5ml | 1 | |
| *fondaparinux sodium* (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 4 | NDS |
| FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml | 3 | |
| FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml | 4 | NDS |
| HEP SOD/D5W INJ 20000UNT | 3 | |
| HEP SOD/D5W INJ 25000UNT | 3 | |
| HEP SOD/NACL INJ 12500UNT | 3 | |
| HEP SOD/NACL INJ 25000UNT | 3 | |
| HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml | 3 | B/D |
| *heparin sodium (porcine)* SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 1 | B/D |
| HEPARIN/NACL INJ 25000UNT | 3 | |
| *jantoven* TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml | 3 | |
| LOVENOX SOSY 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 4 | NDS |
| PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days) | 3 | QL |
| PRADAXA CAPS 110mg QL (120 caps / 30 days) | 3 | QL |
| *rivaroxaban* (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days) | 1 | QL |
| *rivaroxaban* (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days) | 1 | QL |
| *warfarin sodium* TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| XARELTO SUSR 1mg/ml QL (620 mL / 30 days) | 4 | NDS QL |
| XARELTO TABS 2.5mg QL (60 tabs / 30 days) | 3 | 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*** | | |
| ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml | 2 | NM PA |
| ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml | 4 | NDS NM PA |
| FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| LEUKINE SOLR 250mcg | 4 | NDS NM PA |
| MOZOBIL SOLN 24mg/1.2ml | 4 | NDS NM PA |
| *plerixafor* (generic of MOZOBIL) SOLN 24mg/1.2ml | 4 | NDS NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 2 | NM PA |
| PROCRIT SOLN 20000unit/ml, 40000unit/ml | 4 | NDS NM PA |
| XOLREMDI CAPS 100mg QL (120 caps / 30 days) | 4 | NDS QL NM PA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | NDS NM PA |
| ***MISCELLANEOUS*** | | |
| ADAKVEO SOLN 100mg/10ml | 4 | NDS NM PA |
| ADZYNMA KIT 500unit, 1500unit | 4 | NDS NM PA |
| AGRYLIN CAPS .5mg | 3 | |
| ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days) | 4 | NDS QL NM PA |
| *aminocaproic acid* SOLN .25gm/ml; TABS 500mg, 1000mg | 1 | |
| *anagrelide hcl* CAPS 1mg | 1 | |
| *anagrelide hcl* (generic of AGRYLIN) CAPS .5mg | 1 | |
| ANDEMBRY SOAJ 200mg/1.2ml QL (13 pens / 365 days) | 4 | NDS QL NM PA |
| AQVESME TABS 100mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| BERINERT KIT 500unit QL (24 kits / 30 days) | 4 | NDS QL NM PA |
| BKEMV SOLN 300mg/30ml | 4 | NDS NM PA |
| CABLIVI KIT 11mg | 4 | NDS NM PA |
| *cilostazol* TABS 50mg, 100mg | 1 | |
| CINRYZE SOLR 500unit QL (20 vials / 30 days) | 4 | NDS QL NM PA |
| DAWNZERA SOAJ 80mg/0.8ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| DOPTELET TABS 20mg | 4 | NDS NM PA |
| DOPTELET SPRINKLE CPSP 10mg | 4 | NDS NM PA |
| DROXIA CAPS 200mg, 300mg, 400mg | 3 | |
| EKTERLY TABS 300mg QL (12 tabs / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days) | 4 | NDS QL NM PA |
| ENDARI PACK 5gm | 4 | NDS NM PA |
| ENJAYMO SOLN 1100mg/22ml | 4 | NDS NM PA |
| EPYSQLI SOLN 300mg/30ml | 4 | NDS NM PA |
| FABHALTA CAPS 200mg QL (60 caps / 30 days) | 4 | NDS QL NM PA |
| GIVLAARI SOLN 189mg/ml | 4 | NDS NM PA |
| HAEGARDA SOLR 2000unit QL (30 vials / 30 days) | 4 | NDS QL NM PA |
| HAEGARDA SOLR 3000unit QL (20 vials / 30 days) | 4 | NDS QL NM PA |
| *icatibant acetate* (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days) | 4 | NDS QL NM PA |
| KALBITOR SOLN 10mg/ml QL (18 mL / 30 days) | 4 | NDS QL NM PA |
| *l-glutamine (sickle cell)* (generic of ENDARI) PACK 5gm | 4 | NDS NM PA |
| ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days) | 4 | NDS QL NM PA |
| ORLADEYO PACK 72mg, 96mg, 108mg, 132mg QL (28 packets / 28 days) | 4 | NDS QL NM PA |
| *pentoxifylline* TBCR 400mg | 1 | |
| PIASKY SOLN 340mg/2ml | 4 | NDS NM PA |
| PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days) | 4 | NDS QL NM PA |
| PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days) | 4 | NDS QL NM PA |
| PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days) | 4 | NDS QL NM PA |
| REBLOZYL SOLR 25mg, 75mg | 4 | NDS NM PA |
| RUCONEST SOLR 2100unit QL (12 vials / 30 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| RYTELO SOLR 47mg, 188mg | 4 | NDS NM PA |
| *sajazir* (generic of FIRAZYR) SOSY 30mg/3ml<br>QL (9 syringes / 30 days) | 4 | NDS QL NM PA |
| SIKLOS TABS 100mg | 3 | |
| SIKLOS TABS 1000mg | 4 | NDS |
| SOLIRIS SOLN 300mg/30ml | 4 | NDS NM PA |
| TAKHZYRO SOSY 150mg/ml, 300mg/2ml<br>QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| TAVNEOS CAPS 10mg<br>QL (180 caps / 30 days) | 4 | NDS QL NM PA |
| *tranexamic acid* (generic of CYKLOKAPRON) SOLN 1000mg/10ml | 1 | |
| *tranexamic acid* TABS 650mg | 1 | |
| ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml | 4 | NDS NM PA |
| VOYDEYA TABS 100mg<br>QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| VOYDEYA TAB 50-100MG<br>QL (180 tabs / 30 days) | 4 | NDS QL NM PA |
| WAYRILZ TABS 400mg<br>QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| XROMI SOLN 100mg/ml | 3 | |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | 1 | |
| BRILINTA TABS 60mg, 90mg | 3 | |
| *clopidogrel bisulfate* (generic of PLAVIX) TABS 75mg | 1 | |
| *clopidogrel bisulfate* TABS 300mg | 1 | |
| *dipyridamole* TABS 25mg, 50mg, 75mg<br>PA applies if 65 years and older | 3 | PA |
| EFFIENT TABS 5mg, 10mg | 3 | |
| PLAVIX TABS 75mg | 3 | |
| *prasugrel hcl* (generic of EFFIENT) TABS 5mg, 10mg | 1 | |
| *ticagrelor* (generic of BRILINTA) TABS 60mg, 90mg | 1 | |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| **IMMUNOLOGIC AGENTS** | | |
| ***AUTOIMMUNE AGENTS*** | | |
| ADALIMUMAB-BWWD SOAJ 40mg/0.4ml<br>QL (6 pens / 28 days) | 4 | NDS QL NM PA |
| ADALIMUMAB-BWWD SOSY 40mg/0.4ml<br>QL (6 syringes / 28 days) | 4 | NDS QL NM PA |
| ADBRY SOAJ 300mg/2ml<br>QL (28 pens / 365 days) | 4 | NDS QL NM PA |
| ADBRY SOSY 150mg/ml<br>QL (56 syringes / 365 days) | 4 | NDS QL NM PA |
| BIMZELX SOAJ 160mg/ml, 320mg/2ml<br>QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| BIMZELX SOSY 160mg/ml, 320mg/2ml<br>QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| CIBINQO TABS 50mg, 100mg, 200mg<br>QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml<br>QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml<br>QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| EBGLYSS SOAJ 250mg/2ml<br>QL (20 pens / 365 days) | 4 | NDS QL NM PA |
| EBGLYSS SOSY 250mg/2ml<br>QL (20 syringes / 365 days) | 4 | NDS QL NM PA |
| ENBREL SOLN 25mg/0.5ml<br>QL (16 vials / 28 days) | 4 | NDS QL NM PA |
| ENBREL SOSY 25mg/0.5ml<br>QL (16 syringes / 28 days) | 4 | NDS QL NM PA |
| ENBREL SOSY 50mg/ml<br>QL (8 syringes / 28 days) | 4 | NDS QL NM PA |
| ENBREL MINI SOCT 50mg/ml<br>QL (8 cartridges / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days) | 4 | NDS QL NM PA |
| ENTYVIO PEN SOAJ 108mg/0.68ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days) | 4 | NDS QL NM PA |
| HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PSKT 20mg/0.2ml QL (4 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 PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days) | 4 | NDS QL NM PA |
| HUMIRA PEN AJKT 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 |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days) | 4 | NDS QL NM PA |
| KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days) | 4 | NDS QL NM PA |
| NEMLUVIO AUIJ 30mg QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| OTEZLA TAB 10/20 QL (2 packs / year) | 4 | NDS QL NM PA |
| OTEZLA TAB 10/20/30 QL (2 packs / year) | 4 | NDS QL NM PA |
| OTEZLA XR TB24 75mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| OTEZLA/XR TAB 28 DAY QL (2 packs / year) | 4 | NDS QL NM PA |
| PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days) | 2 | QL NM PA |
| PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days) | 2 | QL NM PA |
| PYZCHIVA SOLN 130mg/26ml | 4 | NDS NM PA |
| PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days) | 2 | QL NM PA |
| PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| RENFLEXIS SOLR 100mg | 4 | NDS NM PA |
| RHAPSIDO TABS 25mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| RINVOQ TB24 45mg QL (168 tabs / year) | 4 | NDS QL NM PA |
| RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days) | 4 | NDS QL NM PA |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days) | 4 | NDS QL NM PA |
| SKYRIZI SOLN 600mg/10ml | 4 | NDS NM PA |
| SKYRIZI SOSY 55mg/0.37ml, 150mg/ml QL (6 syringes / 365 days) | 4 | NDS QL NM PA |
| SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days) | 4 | NDS QL NM PA |
| STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days) | 4 | NDS QL NM PA |
| STELARA SOLN 130mg/26ml | 4 | NDS NM PA |
| STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *tofacitinib citrate* (generic of XELJANZ) SOLN 1mg/ml QL (480 mL / 24 days) | 4 | NDS QL NM PA |
| *tofacitinib citrate* (generic of XELJANZ) TABS 5mg, 10mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| *tofacitinib citrate* (generic of XELJANZ XR) TB24 11mg, 22mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| TREMFYA SOLN 200mg/20ml | 4 | NDS NM PA |
| TREMFYA SOPN 100mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | NDS NM PA |
| TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days) | 4 | NDS QL NM PA |
| USTEKINUMAB SOLN 130mg/26ml | 4 | NDS NM PA |
| USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| VELSIPITY TABS 2mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days) | 2 | QL NM PA |
| YESINTEK SOLN 130mg/26ml | 2 | NM PA |
| YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days) | 2 | QL NM PA |
| YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| ZYMFENTRA 2-PEN AJKT 120mg/ml QL (2 pens / 28 days) | 4 | NDS QL NM PA |
| ZYMFENTRA 2-SYRINGE PSKT 120mg/ml QL (2 syringes / 28 days) | 4 | NDS QL NM PA |
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)*** | | |
| *hydroxychloroquine sulfate* TABS 100mg, 300mg, 400mg | 1 | |
| *hydroxychloroquine sulfate* (generic of PLAQUENIL) TABS 200mg | 1 | |
| JYLAMVO SOLN 2mg/ml | 3 | B/D |
| *leflunomide* (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days) | 1 | QL |
| *methotrexate sodium* TABS 2.5mg | 1 | |
| PLAQUENIL TABS 200mg | 3 | |
| SOVUNA TABS 200mg, 300mg | 3 | |
| TREXALL TABS 5mg, 7.5mg, 10mg, 15mg | 3 | B/D |
| XATMEP SOLN 2.5mg/ml | 3 | B/D |
| ***IMMUNOGLOBULINS*** | | |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | NDS NM PA |
| BIVIGAM SOLN 5gm/50ml, 10% | 4 | NDS NM PA |
| CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml | 4 | NDS NM PA |
| CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml | 4 | NDS NM PA |
| CYTOGAM SOLN 50mg/ml | 4 | NDS B/D NM |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml | 4 | NDS NM PA |
| GAMASTAN INJ | 3 | B/D NM |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 4 | NDS NM PA |
| GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml | 4 | NDS NM PA |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 4 | NDS NM PA |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | NDS NM PA |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 4 | NDS NM PA |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 4 | NDS NM PA |
| HEPAGAM B SOLN 312unit/ml | 4 | NDS B/D NM |
| HIZENTRA SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml | 4 | NDS NM PA |
| HYQVIA INJ 2.5-200 | 4 | NDS NM PA |
| HYQVIA INJ 5-400 | 4 | NDS NM PA |
| HYQVIA INJ 10-800 | 4 | NDS NM PA |
| HYQVIA INJ 20-1600 | 4 | NDS NM PA |
| HYQVIA INJ 30-2400 | 4 | NDS NM PA |
| OCTAGAM SOLN 1gm/20ml | 3 | NM PA |
| OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 4 | NDS NM PA |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 4 | NDS NM PA |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 4 | NDS NM PA |
| QIVIGY SOLN 5gm/50ml, 10gm/100ml | 4 | NDS NM PA |
| XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml | 4 | NDS NM PA |
| YIMMUGO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | NDS NM PA |
| ***IMMUNOMODULATORS*** | | |
| ACTIMMUNE SOLN 100mcg/0.5ml | 4 | NDS NM PA |
| ARCALYST SOLR 220mg | 4 | NDS NM PA |
| GRASTEK SUBL 2800bau | 3 | PA |
| ILARIS SOLN 150mg/ml | 4 | NDS NM PA |
| IMAAVY SOLN 300mg/1.62ml, 1200mg/6.5ml | 4 | NDS NM PA |
| JOENJA TABS 70mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| ODACTRA SUB | 3 | PA |
| RAGWITEK SUBL 12amba1-u | 3 | PA |
| RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml | 4 | NDS NM PA |
| VYVGART SOLN 400mg/20ml | 4 | NDS NM PA |
| VYVGART INJ HYTRULO | 4 | NDS NM PA |
| ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days) | 4 | NDS QL NM PA |
| ***IMMUNOSUPPRESSANTS*** | | |
| ASTAGRAF XL CP24 5mg | 4 | NDS B/D NM |
| ASTAGRAF XL CP24 .5mg, 1mg | 3 | B/D NM |
| ATGAM SOLN 50mg/ml | 4 | NDS B/D |
| *azasan* TABS 75mg, 100mg | 1 | B/D |
| *azathioprine* (generic of IMURAN) TABS 50mg | 1 | B/D |
| *azathioprine* TABS 75mg, 100mg | 1 | B/D |
| BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days) | 4 | NDS QL NM PA |
| BENLYSTA SOLR 120mg, 400mg | 4 | NDS NM PA |
| BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days) | 4 | NDS QL NM PA |
| CELLCEPT CAPS 250mg | 3 | B/D NM |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CELLCEPT SUSR 200mg/ml; TABS 500mg | 4 | NDS B/D NM |
| *cyclosporine* (generic of SANDIMMUNE) CAPS 25mg, 100mg | 1 | B/D NM |
| *cyclosporine modified (for microemulsion)* (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml | 1 | B/D NM |
| *cyclosporine modified (for microemulsion)* CAPS 50mg | 1 | B/D NM |
| ENVARSUS XR TB24 .75mg, 1mg, 4mg | 3 | B/D NM |
| *everolimus (immunosuppressant)* (generic of ZORTRESS) TABS 1mg | 4 | NDS B/D NM |
| *everolimus (immunosuppressant)* (generic of ZORTRESS) TABS .25mg, .5mg, .75mg | 1 | B/D NM |
| *gengraf* (generic of NEORAL) CAPS 25mg, 100mg | 1 | B/D NM |
| IMURAN TABS 50mg | 3 | B/D |
| LUPKYNIS CAPS 7.9mg | 4 | NDS NM PA |
| *mycophenolate mofetil* (generic of CELLCEPT) CAPS 250mg; SUSR 200mg/ml; TABS 500mg | 1 | B/D NM |
| *mycophenolate sodium* (generic of MYFORTIC) TBEC 180mg, 360mg | 1 | B/D NM |
| MYFORTIC TBEC 180mg | 3 | B/D NM |
| MYFORTIC TBEC 360mg | 4 | NDS B/D NM |
| MYHIBBIN SUSP 200mg/ml | 3 | B/D NM |
| NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml | 3 | B/D NM |
| NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml | 4 | NDS NM PA |
| NULOJIX SOLR 250mg | 4 | NDS B/D NM |
| PROGRAF CAPS .5mg, 1mg, 5mg; PACK .2mg, 1mg | 3 | B/D NM |
| REZUROCK TABS 200mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| SANDIMMUNE CAPS 25mg, 100mg; SOLN 50mg/ml | 3 | B/D NM |
| SAPHNELO SOLN 300mg/2ml | 4 | NDS NM PA |
| SAPHNELO SOSY 120mg/0.8ml QL (4 syringes / 28 days) | 4 | NDS QL NM PA |
| SAPHNELO PEN SOAJ 120mg/0.8ml QL (4 pens / 28 days) | 4 | NDS QL NM PA |
| *sirolimus* SOLN 1mg/ml; TABS .5mg, 1mg, 2mg | 1 | B/D NM |
| *tacrolimus* (generic of PROGRAF) CAPS .5mg, 1mg, 5mg | 1 | B/D NM |
| *tacrolimus* (generic of ASTAGRAF XL) CP24 .5mg, 1mg, 5mg | 1 | B/D NM |
| ZORTRESS TABS .25mg, .5mg, .75mg, 1mg | 4 | NDS B/D NM |
| ***VACCINES*** | | |
| ABRYSVO SOLR 120mcg/0.5ml | 1 | PA |
| ACTHIB INJ | 1 | |
| ADACEL INJ | 1 | |
| AREXVY SUSR 120mcg/0.5ml | 1 | PA |
| BCG VACCINE SOLR 50mg | 1 | |
| BEXSERO SUSY .5ml | 1 | |
| BOOSTRIX INJ | 1 | |
| DAPTACEL INJ | 1 | |
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | 1 | B/D |
| GARDASIL 9 SUSP .5ml; SUSY .5ml | 1 | |
| HAVRIX SUSY 720elu/0.5ml, 1440unit/ml | 1 | |
| HEPLISAV-B SOSY 20mcg/0.5ml | 1 | B/D |
| HIBERIX SOLR 10mcg | 1 | |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | 1 | B/D |
| INFANRIX INJ | 1 | |
| IPOL INJ INACTIVE | 1 | |
| IXIARO INJ | 1 | |
| JYNNEOS SUSP .5ml | 1 | B/D |
| KINRIX INJ | 1 | |
| M-M-R II INJ | 1 | |
| MENQUADFI SOLN .5ml | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| MENVEO INJ | 1 | |
| MENVEO SOL | 1 | |
| MRESVIA SUSY 50mcg/0.5ml | 1 | PA |
| PEDIARIX INJ 0.5ML | 1 | |
| PEDVAXHIB SUSP 7.5mcg/0.5ml | 1 | |
| PENBRAYA INJ | 1 | |
| PENMENVY INJ | 1 | |
| PENTACEL INJ | 1 | |
| PRIORIX INJ | 1 | |
| PROQUAD INJ | 1 | |
| QUADRACEL INJ 0.5ML | 1 | |
| RABAVERT INJ | 1 | B/D |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 1 | B/D |
| ROTARIX SUS | 1 | |
| ROTATEQ SOL | 1 | |
| SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime) | 1 | QL |
| SHINGRIX SUSY 50mcg/0.5ml QL (2 syringes per lifetime) | 1 | QL |
| TENIVAC INJ 5-2LF | 1 | B/D |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | 1 | |
| TRUMENBA SUSY .5ml | 1 | |
| TWINRIX INJ | 1 | |
| TYPHIM VI SOSY 25mcg/0.5ml | 1 | |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml | 1 | |
| VARIVAX SUSR 1350pfu/0.5ml | 1 | |
| VAXCHORA SUS | 1 | |
| VIMKUNYA SUSY 40mcg/0.8ml | 1 | |
| VIVOTIF CAP EC | 1 | |
| YF-VAX INJ | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| **NUTRITIONAL/SUPPLEMENTS** | | |
| ***ELECTROLYTES/MINERALS, INJECTABLE*** | | |
| D2.5W/NACL INJ 0.45% | 3 | |
| D5W/LYTES INJ #48 | 3 | |
| D5W/NACL INJ 0.2% | 3 | |
| D5W/NACL INJ 0.3% | 3 | |
| D5W/NACL INJ 0.9% | 3 | |
| D5W/NACL INJ 0.45% | 3 | |
| D10W/NACL INJ 0.2% | 3 | |
| D10W/NACL INJ 0.45% | 3 | |
| *dextrose 2.5% w/ sodium chloride 0.45%* (generic of DEXTROSE 2.5%/SODIUM CHLO) | 3 | |
| *dextrose 5% in lactated ringers* | 3 | |
| *dextrose 5% w/ sodium chloride 0.3%* (generic of DEXTROSE 5%/SODIUM CHLORI) | 3 | |
| *dextrose 5% w/ sodium chloride 0.9%* (generic of DEXTROSE 5%/SODIUM CHLORI) | 3 | |
| *dextrose 5% w/ sodium chloride 0.45%* (generic of DEXTROSE 5%/SODIUM CHLORI) | 3 | |
| *dextrose 5% w/ sodium chloride 0.225%* (generic of DEXTROSE/SODIUM CHLORIDE) | 3 | |
| DW5-NACL INJ 0.225% | 3 | |
| ISOLYTE-P INJ /D5W | 3 | |
| ISOLYTE-S INJ | 3 | |
| ISOLYTE-S INJ PH 7.4 | 3 | |
| *kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj* (generic of KCL 0.075%/D5W/NACL 0.45%) | 3 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj* (generic of KCL 0.15%/D5W/NACL 0.9%) | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj* (generic of KCL 0.15%/D5W/NACL 0.45%) | 3 | |
| *kcl 20 meq/l (0.15%) in nacl 0.9% inj* (generic of POTASSIUM CHLORIDE/SODIUM) | 3 | |
| *kcl 20 meq/l (0.15%) in nacl 0.45% inj* (generic of POTASSIUM CHLORIDE/SODIUM) | 3 | |
| *kcl 20 meq/l (0.149%) in nacl 0.9% inj* | 3 | |
| *kcl 20 meq/l (0.149%) in nacl 0.45% inj* | 3 | |
| *kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj* (generic of POTASSIUM CHLORIDE/DEXTRO) | 3 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj* (generic of KCL 0.3%/D5W/NACL 0.9%) | 3 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj* (generic of KCL 0.3%/D5W/NACL 0.45%) | 3 | |
| *kcl 40 meq/l (0.3%) in nacl 0.9% inj* (generic of POTASSIUM CHLORIDE/SODIUM) | 3 | |
| *kcl 40 meq/l (0.298%) in nacl 0.9% inj* | 3 | |
| KCL/D5W/LACT INJ 20MEQ/L | 3 | |
| KCL/D5W/NACL INJ 0.3/0.9% | 3 | |
| KCL/D5W/NACL INJ 0.15/0.2 | 3 | |
| KCL/D5W/NACL INJ 0.15/0.9 | 3 | |
| KCL/D5W/NACL INJ 0.15/0.45 | 3 | |
| LACTATED RIN INJ | 3 | |
| *lactated ringer's solution* (generic of LACTATED RINGERS) | 3 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml | 3 | |
| *magnesium sulfate* (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml, 50% | 3 | |
| *magnesium sulfate* SOLN 3gm/100ml, 4gm/50ml | 3 | |
| *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* (generic of MAGNESIUM SULFATE IN D5W) | 3 | |
| MG SO4/D5W INJ 10MG/ML | 3 | |
| *multiple electrolytes ph 5.5* (generic of PLASMA-LYTE A) | 3 | |
| PLASMA-LYTE INJ -A | 3 | |
| POT CHL 20MEQ/L IN NACL 0.9% INJ | 3 | |
| POT CHL 20MEQ/L IN NACL 0.45% INJ | 3 | |
| POT CHL 40MEQ/L IN NACL 0.9% INJ | 3 | |
| POT CHL/D5W INJ 20MEQ/L | 3 | |
| *potassium chloride* SOLN 2meq/ml | 3 | |
| POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 3 | |
| *potassium chloride* (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 3 | |
| *potassium chloride 20 meq/l (0.15%) in dextrose 5% inj* (generic of POTASSIUM CHLORIDE/DEXTRO) | 3 | |
| *sodium chloride* SOLN .45%, .9%, 2.5meq/ml, 3%, 5% | 3 | |
| TPN ELECTROL INJ | 3 | B/D |
| ***ELECTROLYTES/MINERALS/VITAMINS, ORAL*** | | |
| *klor-con* PACK 20meq | 1 | |
| KLOR-CON 8 TBCR 8meq | 3 | |
| *klor-con 8* (generic of KLOR-CON 8) TBCR 8meq | 1 | |
| *klor-con 10* TBCR 10meq | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KLOR-CON 10 TBCR 10meq | 3 | |
| *klor-con m10* TBCR 10meq | 1 | |
| *klor-con m15* TBCR 15meq | 1 | |
| *klor-con m20* TBCR 20meq | 1 | |
| M-NATAL PLUS TAB | 2 | |
| POKONZA PACK 10meq | 3 | PA |
| POKONZA PACK 15meq | 4 | NDS PA |
| *potassium chloride* CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 10meq, 15meq, 20meq | 1 | |
| *potassium chloride* (generic of KLOR-CON 8) TBCR 8meq | 1 | |
| *potassium chloride microencapsulated crystals er* TBCR 10meq, 15meq, 20meq | 1 | |
| PRENATAL TAB 27-1MG | 2 | |
| PRENATAL TAB PLUS | 2 | |
| *sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln* | 1 | |
| WESTAB PLUS TAB 27-1MG | 2 | |
| ***IV NUTRITION*** | | |
| *aminosyn ii soln 15%* | 3 | B/D |
| AMINOSYN INJ 10% | 3 | B/D |
| AMINOSYN-PF INJ 7% | 3 | B/D |
| AMINOSYN-PF INJ 10% | 3 | B/D |
| CLINIMIX E INJ 2.75/D5W | 3 | B/D |
| CLINIMIX E INJ 4.25/D5W | 3 | B/D |
| CLINIMIX E INJ 4.25/D10 | 3 | B/D |
| CLINIMIX E INJ 5%/D15W | 3 | B/D |
| CLINIMIX E INJ 5%/D20W | 3 | B/D |
| CLINIMIX E INJ 8/10 | 3 | B/D |
| CLINIMIX E INJ 8/14 | 3 | B/D |
| CLINIMIX INJ 4.25/D5W | 3 | B/D |
| CLINIMIX INJ 4.25/D10 | 3 | B/D |
| CLINIMIX INJ 5%/D15W | 3 | B/D |
| CLINIMIX INJ 5%/D20W | 3 | B/D |
| CLINIMIX INJ 6/5 | 3 | B/D |
| CLINIMIX INJ 8/10 | 3 | B/D |
| CLINIMIX INJ 8/14 | 3 | B/D |
| *clinisol sf 15%* | 3 | B/D |
| CLINOLIPID EMU 20% | 3 | B/D |
| *dextrose* SOLN 5% | 3 | |
| *dextrose* (generic of DEXTROSE 10%) SOLN 10% | 3 | |
| *dextrose* (generic of DEXTROSE 50%) SOLN 50% | 3 | B/D |
| DEXTROSE 10% SOLN 10% | 3 | |
| DEXTROSE 70% SOLN 70% | 3 | B/D |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 3 | B/D |
| KABIVEN EMU | 3 | B/D |
| NUTRILIPID EMUL 20gm/100ml | 3 | B/D |
| *plenamine* | 3 | B/D |
| PREMASOL SOL 10% | 4 | NDS B/D |
| PROSOL INJ 20% | 3 | B/D |
| SMOFLIPID EMU | 3 | B/D |
| TRAVASOL INJ 10% | 3 | B/D |
| TROPHAMINE INJ 10% | 3 | B/D |
| **OPHTHALMIC** | | |
| ***ANTI-INFECTIVE/ANTI-INFLAMMATORY*** | | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | 1 | |
| *loteprednol etabonate-tobramycin ophth susp 0.5-0.3%* (generic of ZYLET) | 1 | |
| MAXITROL SUS 0.1% OP | 3 | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* (generic of MAXITROL) | 1 | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* (generic of MAXITROL) | 1 | |
| *neomycin-polymyxin-hc ophth susp* | 1 | |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | 1 | |
| TOBRADEX OIN 0.3-0.1% | 2 | |
| TOBRADEX ST SUS 0.3-0.05 | 3 | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | 1 | |
| ZYLET SUS 0.5-0.3% | 3 | |
| ***ANTI-INFECTIVES*** | | |
| AZASITE SOLN 1% | 3 | |
| *bacitracin-polymyxin b ophth oint* | 1 | |
| *besifloxacin hcl* SUSP .6% | 1 | |
| BESIVANCE SUSP .6% | 3 | |
| CILOXAN OINT .3% | 2 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *ciprofloxacin hcl (ophth)* SOLN .3% | 1 | |
| *erythromycin (ophth)* OINT 5mg/gm | 1 | |
| *gatifloxacin (ophth)* SOLN .5% | 1 | |
| *gentamicin sulfate (ophth)* SOLN .3% | 1 | |
| *levofloxacin (ophth)* SOLN .5% | 1 | |
| *moxifloxacin hcl (ophth)* SOLN .5% QL (12 mL / 30 days) | 1 | QL |
| *moxifloxacin hcl (ophth)* (generic of VIGAMOX) SOLN .5% QL (12 mL / 30 days) | 1 | QL |
| NATACYN SUSP 5% | 3 | |
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | 1 | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | 1 | |
| OCUFLOX SOLN .3% | 3 | |
| *ofloxacin (ophth)* (generic of OCUFLOX) SOLN .3% | 1 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | 1 | |
| *sulfacetamide sodium (ophth)* SOLN 10% | 1 | |
| *tobramycin (ophth)* SOLN .3% | 1 | |
| TOBREX OINT .3% | 3 | |
| *trifluridine* SOLN 1% | 1 | |
| VIGAMOX SOLN .5% QL (12 mL / 30 days) | 3 | QL |
| XDEMVY SOLN .25% | 4 | NDS NM PA |
| ZIRGAN GEL .15% | 3 | |
| ***ANTI-INFLAMMATORIES*** | | |
| ACULAR SOLN .5% | 3 | |
| ACULAR LS SOLN .4% | 3 | |
| ACUVAIL SOLN .45% | 3 | |
| ALREX SUSP .2% | 3 | |
| *bromfenac sodium (ophth)* (generic of PROLENSA) SOLN .07% | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|---|---|
| *bromfenac sodium (ophth)* SOLN .09% | 1 | |
| *bromfenac sodium (ophth)* (generic of BROMSITE) SOLN .075% | 1 | |
| BROMSITE SOLN .075% | 3 | |
| BYQLOVI SUSP .05% | 3 | |
| *dexamethasone sodium phosphate (ophth)* SOLN .1% | 1 | |
| *diclofenac sodium (ophth)* SOLN .1% | 1 | |
| *difluprednate* (generic of DUREZOL) EMUL .05% | 1 | |
| DUREZOL EMUL .05% | 3 | |
| FLAREX SUSP .1% | 3 | |
| *fluorometholone (ophth)* (generic of FML LIQUIFILM) SUSP .1% | 1 | |
| *flurbiprofen sodium* SOLN .03% | 1 | |
| FML FORTE SUSP .25% | 3 | |
| ILEVRO SUSP .3% | 3 | |
| *ketorolac tromethamine (ophth)* SOLN .4% | 1 | |
| *ketorolac tromethamine (ophth)* (generic of ACULAR) SOLN .5% | 1 | |
| LOTEMAX GEL .5%; SUSP .5% | 3 | |
| LOTEMAX OINT .5% | 2 | |
| LOTEMAX SM GEL .38% | 2 | |
| *loteprednol etabonate* (generic of LOTEMAX) GEL .5%; SUSP .5% | 1 | |
| *loteprednol etabonate* (generic of ALREX) SUSP .2% | 1 | |
| MAXIDEX SUSP .1% | 3 | |
| NEVANAC SUSP .1% | 3 | |
| PRED MILD SUSP .12% | 3 | |
| *prednisolone acetate (ophth)* (generic of PRED FORTE) SUSP 1% | 1 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 2 | |
| PROLENSA SOLN .07% | 3 | |
| TRIESENCE SUSP 40mg/ml | 3 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| XIPERE SUSP 40mg/ml | 3 | NM PA |
| YUTIQ IMPL .18mg | 3 | NM |
| ***ANTIALLERGICS*** | | |
| *azelastine hcl (ophth)* SOLN .05% | 1 | |
| *bepotastine besilate* (generic of BEPREVE) SOLN 1.5% | 1 | |
| BEPREVE SOLN 1.5% | 3 | |
| *cromolyn sodium (ophth)* SOLN 4% | 1 | |
| *epinastine hcl (ophth)* SOLN .05% | 1 | |
| ZERVIATE SOLN .24% | 3 | |
| ***ANTIGLAUCOMA*** | | |
| ALPHAGAN P SOLN .1%, .15% | 3 | |
| AZOPT SUSP 1% | 3 | ST |
| *betaxolol hcl (ophth)* SOLN .5% | 1 | |
| BETIMOL SOLN .5% | 3 | |
| *brimonidine tartrate* (generic of ALPHAGAN P) SOLN .1%, .15% | 1 | |
| *brimonidine tartrate* SOLN .2% | 1 | |
| *brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%* (generic of COMBIGAN) | 1 | |
| *brinzolamide* (generic of AZOPT) SUSP 1% | 1 | ST |
| *carteolol hcl (ophth)* SOLN 1% | 1 | |
| COMBIGAN SOL 0.2/0.5% | 2 | |
| COSOPT PF SOL 2%-0.5% | 3 | |
| COSOPT SOL 2-0.5%OP | 3 | |
| *dorzolamide hcl* SOLN 2% | 1 | |
| *dorzolamide hcl-timolol maleate ophth soln 2-0.5%* (generic of COSOPT) | 1 | |
| *dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%* (generic of COSOPT PF) | 1 | |
| ISTALOL SOLN .5% | 3 | |
| IYUZEH SOLN .005% | 3 | ST |
| *latanoprost* (generic of XALATAN) SOLN .005% | 1 | |
| *levobunolol hcl* SOLN .5% | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LUMIGAN SOLN .01% | 2 | |
| PHOSPHOLINE IODIDE SOLR .125% | 4 | NDS NM |
| *pilocarpine hcl* SOLN 1%, 2%, 4% | 1 | |
| RHOPRESSA SOLN .02% | 2 | |
| ROCKLATAN DRO | 2 | |
| SIMBRINZA SUS 1-0.2% | 3 | |
| *timolol hemihydrate (ophth)* (generic of BETIMOL) SOLN .5% | 1 | |
| *timolol maleate (ophth)* SOLG .25%, .5%; SOLN .25%, .5% | 1 | |
| *timolol maleate (ophth) once-daily* (generic of ISTALOL) SOLN .5% | 1 | |
| *timolol maleate (ophth) pf* (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5% | 1 | |
| TIMOPTIC OCUDOSE SOLN .25%, .5% | 3 | |
| TRAVATAN Z SOLN .004% | 3 | |
| *travoprost* (generic of TRAVATAN Z) SOLN .004% | 1 | |
| VYZULTA SOLN .024% | 3 | |
| XALATAN SOLN .005% | 3 | |
| ZOLYMBUS GEL .01% | 3 | ST |
| ***MISCELLANEOUS*** | | |
| ATROPINE SULFATE SOLN 1% | 2 | |
| *atropine sulfate (ophthalmic)* SOLN 1% | 1 | |
| BEOVU SOSY 6mg/0.05ml | 4 | NDS NM PA |
| BYOOVIZ SOLN .5mg/0.05ml | 4 | NDS NM PA |
| CYSTADROPS SOLN .37% | 4 | NDS NM PA |
| CYSTARAN SOLN .44% | 4 | NDS NM PA |
| EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml | 4 | NDS NM PA |
| EYLEA HD SOLN 8mg/0.07ml | 4 | NDS NM PA |
| EYSUVIS SUSP .25% | 3 | |
| IZERVAY SOLN 2mg/0.1ml | 4 | NDS NM PA |
| LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml | 4 | NDS NM PA |
| MIEBO SOLN 1.338gm/ml | 2 | |
| OXERVATE SOLN .002% QL (112 mL / year) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| PAVBLU SOSY 2mg/0.05ml | 4 | NDS NM PA |
| *proparacaine hcl* (generic of ALCAINE) SOLN .5% | 1 | |
| RESTASIS EMUL .05% | 2 | |
| RESTASIS MULTIDOSE EMUL .05% | 2 | |
| SUSVIMO SOLN 10mg/0.1ml | 4 | NDS NM PA |
| SYFOVRE SOLN 15mg/0.1ml | 4 | NDS NM PA |
| VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml | 4 | NDS NM PA |
| XIIDRA SOLN 5% | 2 | |
| **OTIC** | | |
| ***OTIC AGENTS*** | | |
| *acetic acid (otic)* SOLN 2% | 1 | |
| CIPRO HC SUS 0.2-1%OT | 3 | |
| *ciprofloxacin hcl (otic)* (generic of CETRAXAL) SOLN .2% | 1 | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | 1 | |
| *ciprofloxacin-hydrocortisone otic susp 0.2-1%* (generic of CIPRO HC) | 1 | |
| CORTISPORIN SUS -TC OTIC | 3 | |
| DERMOTIC OIL .01% | 3 | |
| *fluocinolone acetonide (otic)* (generic of DERMOTIC) OIL .01% | 1 | |
| *hydrocortisone w/ acetic acid otic soln 1-2%* | 1 | |
| *neomycin-polymyxin-hc otic soln 1%* | 1 | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | 1 | |
| *ofloxacin (otic)* 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 9MCG QL (1 inhaler / 30 days) | 2 | QL |
| BREZTRI AERO AER 18MCG 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 |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | 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 |
| *ipratropium bromide* SOLN .02% | 1 | B/D |
| *ipratropium bromide (nasal)* SOLN .03%, .06% | 1 | |
| *ipratropium bromide hfa* (generic of ATROVENT HFA) AERS 17mcg/act QL (2 inhalers / 30 days) | 1 | QL |
| SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days) | 3 | QL |
| SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days) | 3 | QL |
| *tiotropium bromide* (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***ANTIHISTAMINE COMBINATIONS*** | | |
| *azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act* (generic of DYMISTA) QL (1 bottle / 30 days) | 1 | QL |
| CLARINEX-D TAB 2.5-120 | 3 | |
| *promethazine & phenylephrine syrup 6.25-5 mg/5ml* PA applies if 65 years and older | 2 | PA |
| RYALTRIS SPR 665-25 QL (1 bottle / 30 days) | 3 | QL |
| ***ANTIHISTAMINES*** | | |
| *azelastine hcl* SOLN .1% | 1 | |
| *carbinoxamine maleate* SOLN 4mg/5ml; SUER 4mg/5ml PA applies if 65 years and older | 3 | PA |
| *carbinoxamine maleate* TABS 4mg PA applies if 65 years and older | 2 | PA |
| *carbzah* SOLN 4mg/5ml PA applies if 65 years and older | 3 | PA |
| *cetirizine hcl* SOLN 5mg/5ml QL (300 mL / 30 days) | 1 | QL |
| CLARINEX TABS 5mg QL (30 tabs / 30 days) | 3 | QL |
| *clemastine fumarate* TABS 2.68mg PA applies if 65 years and older | 3 | PA |
| CLEMSZA TABS 2.68mg PA applies if 65 years and older | 4 | NDS PA |
| *cyproheptadine hcl* SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | PA |
| *desloratadine* (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days) | 1 | QL |
| *desloratadine* TBDP 2.5mg, 5mg QL (30 tabs / 30 days) | 1 | QL |
| *diphenhydramine hcl* SOLN 50mg/ml | 1 | |
| *hydroxyzine hcl* SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older | 3 | PA |
| *hydroxyzine hcl* SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | PA |
| *hydroxyzine pamoate* CAPS 25mg, 50mg, 100mg PA applies if 65 years and older after a 30 day supply in a calendar year | 2 | PA |
| KARBINAL ER SUER 4mg/5ml PA applies if 65 years and older | 3 | PA |
| *levocetirizine dihydrochloride* SOLN 2.5mg/5ml QL (300 mL / 30 days) | 1 | QL |
| *levocetirizine dihydrochloride* TABS 5mg QL (30 tabs / 30 days) | 1 | QL |
| *olopatadine hcl (nasal)* SOLN .6% | 1 | |
| QUZYTTIR SOLN 10mg/ml QL (30 mL / 30 days) | 4 | NDS QL PA |
| ***BETA AGONISTS*** | | |
| *albuterol sulfate* AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA) | 1 | QL |
| *albuterol sulfate* AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA) | 1 | QL |
| *albuterol sulfate* (generic of VENTOLIN HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA) | 1 | QL |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days) | 4 | NDS QL NM PA |
| ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days) | 4 | NDS QL NM PA |
| ARALAST NP SOLR 500mg, 1000mg | 4 | NDS NM PA |
| BRINSUPRI TABS 10mg, 25mg QL (30 tabs / 30 days) | 4 | NDS QL NM PA |
| *cromolyn sodium* NEBU 20mg/2ml | 1 | B/D |
| DALIRESP TABS 250mcg QL (56 tabs / year) | 3 | QL |
| DALIRESP TABS 500mcg QL (30 tabs / 30 days) | 3 | QL |
| *elixophyllin* ELIX 80mg/15ml | 1 | |
| *epinephrine (anaphylaxis)* (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen) | 1 | |
| *epinephrine (anaphylaxis)* (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen) | 1 | |
| *epinephrine (anaphylaxis)* SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick) | 1 | |
| EPIPEN 2-PAK SOAJ .3mg/0.3ml | 3 | |
| EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml | 3 | |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days) | 4 | NDS QL NM PA |
| FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days) | 4 | NDS QL NM PA |
| GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml | 4 | NDS NM PA |
| JASCAYD TABS 9mg, 18mg QL (60 tabs / 30 days) | 4 | NDS QL NM PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days) | 4 | NDS QL NM PA |
| KALYDECO TABS 150mg QL (56 tabs / 28 days) | 4 | NDS QL NM PA |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *nintedanib esylate* (generic of OFEV) CAPS 100mg, 150mg | 4 | NDS QL NM PA QL (60 caps / 30 days) |
| NUCALA SOAJ 100mg/ml | 4 | NDS QL NM PA QL (3 pens / 28 days) |
| NUCALA SOLR 100mg | 4 | NDS QL NM PA QL (3 vials / 28 days) |
| NUCALA SOSY 40mg/0.4ml | 4 | NDS QL NM PA QL (1 syringe / 28 days) |
| NUCALA SOSY 100mg/ml | 4 | NDS QL NM PA QL (3 syringes / 28 days) |
| OFEV CAPS 100mg, 150mg | 4 | NDS QL NM PA QL (60 caps / 30 days) |
| OHTUVAYRE SUSP 3mg/2.5ml | 4 | NDS NM PA |
| ORKAMBI GRA 75-94MG | 4 | NDS QL NM PA QL (56 packets / 28 days) |
| ORKAMBI GRA 100-125 | 4 | NDS QL NM PA QL (56 packets / 28 days) |
| ORKAMBI GRA 150-188 | 4 | NDS QL NM PA QL (56 packets / 28 days) |
| ORKAMBI TAB 100-125 | 4 | NDS QL NM PA QL (112 tabs / 28 days) |
| ORKAMBI TAB 200-125 | 4 | NDS QL NM PA QL (112 tabs / 28 days) |
| *pirfenidone* CAPS 267mg | 4 | NDS QL NM PA QL (270 caps / 30 days) |
| *pirfenidone* (generic of ESBRIET) TABS 267mg | 4 | NDS QL NM PA QL (270 tabs / 30 days) |
| *pirfenidone* TABS 534mg | 4 | NDS QL NM PA QL (90 tabs / 30 days) |
| *pirfenidone* (generic of ESBRIET) TABS 801mg | 4 | NDS QL NM PA QL (90 tabs / 30 days) |
| PROLASTIN-C SOLN 1000mg/20ml | 4 | NDS NM PA |
| PULMOZYME SOLN 2.5mg/2.5ml | 4 | NDS NM PA |
| *roflumilast* (generic of DALIRESP) TABS 250mcg | 1 | QL QL (56 tabs / year) |
| *roflumilast* (generic of DALIRESP) TABS 500mcg | 1 | QL QL (30 tabs / 30 days) |
| SYMDEKO TAB 50-75MG | 4 | NDS QL NM PA QL (56 tabs / 28 days) |
| SYMDEKO TAB 100-150 | 4 | NDS QL NM PA QL (56 tabs / 28 days) |
| THEO-24 CP24 100mg, 200mg, 300mg, 400mg | 3 | |
| *theophylline* ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg | 1 | |
| TRIKAFTA PAK 59.5MG | 4 | NDS QL NM PA QL (56 packs / 28 days) |
| TRIKAFTA PAK 75MG | 4 | NDS QL NM PA QL (56 packs / 28 days) |
| TRIKAFTA TAB 50-25-37.5MG & 75MG | 4 | NDS QL NM PA QL (84 tabs / 28 days) |
| TRIKAFTA TAB 100-50-75MG & 150MG | 4 | NDS QL NM PA QL (84 tabs / 28 days) |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml | 4 | NDS QL NM PA QL (4 pens / 28 days) |
| XOLAIR SOAJ 150mg/ml | 4 | NDS QL NM PA QL (8 pens / 28 days) |
| XOLAIR SOLR 150mg | 4 | NDS QL NM PA QL (8 vials / 28 days) |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml | 4 | NDS QL NM PA QL (4 syringes / 28 days) |
| XOLAIR SOSY 150mg/ml | 4 | NDS QL NM PA QL (8 syringes / 28 days) |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg | 4 | NDS NM PA |
| ***NASAL STEROIDS*** | | |
| *flunisolide (nasal)* SOLN .025% | 1 | QL QL (3 bottles / 30 days) |
| *fluticasone propionate (nasal)* SUSP 50mcg/act | 1 | QL QL (1 bottle / 30 days) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *mometasone furoate (nasal)* SUSP 50mcg/act<br>QL (2 bottles / 30 days) | 1 | QL |
| OMNARIS SUSP 50mcg/act<br>QL (1 inhaler / 30 days) | 3 | QL ST |
| QNASL AERS 80mcg/act<br>QL (1 inhaler / 30 days) | 3 | QL ST |
| QNASL CHILDRENS AERS 40mcg/act<br>QL (1 inhaler / 30 days) | 3 | QL ST |
| XHANCE EXHU 93mcg/act<br>QL (32 mL / 30 days) | 3 | QL PA |
| ***STEROID INHALANTS*** | | |
| ALVESCO AERS 80mcg/act, 160mcg/act<br>QL (2 inhalers / 30 days) | 3 | QL |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act<br>QL (30 inhalations / 30 days) | 2 | QL |
| *budesonide (inhalation)* (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 1 | B/D |
| PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 3 | B/D |
| ***STEROID/BETA-AGONIST COMBINATIONS*** | | |
| ADVAIR HFA AER 45/21<br>QL (1 inhaler / 30 days) | 2 | QL |
| ADVAIR HFA AER 115/21<br>QL (1 inhaler / 30 days) | 2 | QL |
| ADVAIR HFA AER 230/21<br>QL (1 inhaler / 30 days) | 2 | QL |
| AIRSUPRA AER 90-80MCG<br>QL (3 inhalers / 30 days) | 2 | QL |
| BREO ELLIPTA INH 50-25MCG<br>QL (60 blisters / 30 days) | 2 | QL |
| BREO ELLIPTA INH 100-25<br>QL (60 blisters / 30 days) | 2 | QL |
| BREO ELLIPTA INH 200-25<br>QL (60 blisters / 30 days) | 2 | QL |
| *breyna* (generic of SYMBICORT)<br>QL (3 inhalers / 30 days) | 1 | QL |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* (generic of SYMBICORT)<br>QL (3 inhalers / 30 days) | 1 | QL |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* (generic of SYMBICORT)<br>QL (3 inhalers / 30 days) | 1 | QL |
| DULERA AER 50-5MCG<br>QL (3 inhalers / 30 days) | 3 | QL |
| DULERA AER 100-5MCG<br>QL (3 inhalers / 30 days) | 3 | QL |
| DULERA AER 200-5MCG<br>QL (3 inhalers / 30 days) | 3 | QL |
| *fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act*<br>QL (60 blisters / 30 days) | 1 | QL |
| *fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act*<br>QL (60 blisters / 30 days) | 1 | QL |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days) | 1 | QL |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act* (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days) | 1 | QL |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days) | 1 | QL |
| *wixela inhub* (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **TOPICAL** | | |
| ***DERMATOLOGY, ACNE*** | | |
| ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg | 4 | NDS PA |
| ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg | 4 | NDS PA |
| ACANYA GEL 1.2-2.5% QL (50 gm / 30 days) | 3 | QL |
| *accutane* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| ACZONE GEL 7.5% QL (90 gm / 30 days) | 3 | QL |
| *adapalene* CREA .1% QL (45 gm / 30 days) | 1 | QL PA |
| *adapalene* (generic of DIFFERIN) GEL .3% QL (45 gm / 30 days) | 1 | QL PA |
| ADAPALENE SOLN .1% QL (120 mL / 30 days) | 3 | QL PA |
| *adapalene-benzoyl peroxide gel 0.1-2.5%* QL (45 gm / 30 days) | 1 | QL PA |
| *adapalene-benzoyl peroxide gel 0.3-2.5%* (generic of EPIDUO FORTE) QL (60 gm / 30 days) | 1 | QL PA |
| AKLIEF CREA .005% QL (45 gm / 30 days) | 3 | QL PA |
| ALTRENO LOTN .05% QL (45 gm / 30 days) | 3 | QL PA |
| *amnesteem* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| AMZEEQ FOAM 4% QL (30 gm / 30 days) | 3 | QL PA |
| ARAZLO LOTN .045% QL (45 gm / 30 days) | 3 | QL PA |
| ATRALIN GEL .05% QL (45 gm / 30 days) | 3 | QL PA |
| AZELEX CREA 20% QL (50 gm / 30 days) | 3 | QL PA |
| BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days) | 3 | QL |
| *benzoyl peroxide-erythromycin gel 5-3%* (generic of BENZAMYCIN) QL (46.6 gm / 30 days) | 1 | QL |
| CABTREO GEL QL (50 gm / 30 days) | 3 | QL PA |
| *claravis* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| CLEOCIN-T LOTN 1% QL (60 mL / 30 days) | 3 | QL |
| *clindacin* FOAM 1% QL (100 gm / 30 days) | 1 | QL |
| *clindacin etz pledgets* SWAB 1% QL (69 pledgets / 30 days) | 1 | QL |
| *clindacin-p* SWAB 1% QL (69 pledgets / 30 days) | 1 | QL |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* QL (45 gm / 30 days) | 1 | QL |
| *clindamycin phosphate (topical)* FOAM 1% QL (100 gm / 30 days) | 1 | QL |
| *clindamycin phosphate (topical)* (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days) | 1 | QL PA |
| *clindamycin phosphate (topical)* (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days) | 1 | QL |
| *clindamycin phosphate (topical)* SOLN 1% QL (60 mL / 30 days) | 1 | QL |
| *clindamycin phosphate (topical)* SWAB 1% QL (69 pledgets / 30 days) | 1 | QL |
| *clindamycin phosphate-benzoyl peroxide gel 1-5%* QL (50 gm / 30 days) | 1 | QL |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%* (generic of ACANYA) QL (50 gm / 30 days) | 1 | QL |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%* (generic of ONEXTON) QL (50 gm / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *clindamycin phosphate-tretinoin gel 1.2-0.025%* QL (60 gm / 30 days) | 1 | QL PA |
| *dapsone (topical)* GEL 5% QL (90 gm / 30 days) | 1 | QL |
| *dapsone (topical)* (generic of ACZONE) GEL 7.5% QL (90 gm / 30 days) | 1 | QL |
| EPIDUO FORTE GEL 0.3-2.5% QL (60 gm / 30 days) | 3 | QL PA |
| *ery* PADS 2% QL (60 pledgets / 30 days) | 1 | QL |
| *erythromycin (acne aid)* GEL 2% QL (60 gm / 30 days) | 1 | QL |
| *erythromycin (acne aid)* SOLN 2% QL (60 mL / 30 days) | 1 | QL |
| FABIOR FOAM .1% QL (100 gm / 30 days) | 3 | QL PA |
| *isotretinoin* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| *isotretinoin* (generic of ABSORICA) CAPS 25mg, 35mg | 1 | PA |
| KLARON LOTN 10% QL (118 mL / 30 days) | 3 | QL |
| *neuac gel 1.2-5%* QL (45 gm / 30 days) | 1 | QL |
| ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days) | 3 | QL |
| RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days) | 3 | QL PA |
| RETIN-A MICRO GEL .06% QL (50 gm / 30 days) | 3 | QL PA |
| RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days) | 3 | QL PA |
| *sulfacetamide sodium (acne)* (generic of KLARON) LOTN 10% QL (118 mL / 30 days) | 1 | QL |
| TAZAROTENE FOAM .1% QL (100 gm / 30 days) | 3 | QL PA |
| *tretinoin* (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days) | 1 | QL PA |
| *tretinoin* (generic of ATRALIN) GEL .05% QL (45 gm / 30 days) | 1 | QL PA |
| *tretinoin microsphere* GEL .04%, .1% QL (50 gm / 30 days) | 1 | QL PA |
| *tretinoin microsphere* (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days) | 1 | QL PA |
| *twice-daily clindamycin phosphate (topical)* GEL 1% QL (60 gm / 30 days) | 1 | QL |
| TWYNEO CRE 0.1-3% QL (30 gm / 30 days) | 3 | QL PA |
| WINLEVI CREA 1% QL (60 gm / 30 days) | 3 | QL PA |
| *zenatane* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| ZIANA GEL QL (60 gm / 30 days) | 3 | QL PA |
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| *gentamicin sulfate (topical)* CREA .1%; OINT .1% QL (30 gm / 30 days) | 1 | QL |
| *mupirocin* OINT 2% QL (30 gm / 30 days) | 1 | QL |
| SILVADENE CREA 1% | 3 | |
| *silver sulfadiazine* (generic of SILVADENE) CREA 1% | 1 | |
| *ssd* (generic of SILVADENE) CREA 1% | 1 | |
| SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days) | 3 | QL |
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *ciclodan* SOLN 8% QL (6.6 mL / 30 days) | 1 | QL |
| *ciclopirox* GEL .77% QL (100 gm / 30 days) | 1 | QL |
| *ciclopirox* SHAM 1% QL (120 mL / 30 days) | 1 | QL |
| *ciclopirox* SOLN 8% QL (6.6 mL / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ciclopirox olamine* CREA .77%<br>QL (90 gm / 30 days) | 1 | QL |
| *ciclopirox olamine* SUSP .77%<br>QL (60 mL / 30 days) | 1 | QL |
| *clotrimazole (topical)* CREA 1%<br>QL (45 gm / 30 days) | 1 | QL |
| *clotrimazole (topical)* SOLN 1%<br>QL (60 mL / 30 days) | 1 | QL |
| *clotrimazole w/ betamethasone cream 1-0.05%*<br>QL (45 gm / 30 days) | 1 | QL |
| *econazole nitrate* CREA 1%<br>QL (85 gm / 30 days) | 1 | QL |
| EXELDERM CREA 1%<br>QL (60 gm / 30 days) | 3 | QL PA |
| JUBLIA SOLN 10%<br>QL (8 mL / 30 days) | 4 | NDS QL PA |
| *ketoconazole (topical)* CREA 2%<br>QL (60 gm / 30 days) | 1 | QL |
| *ketoconazole (topical)* SHAM 2%<br>QL (120 mL / 30 days) | 1 | QL |
| *klayesta* POWD 100000unit/gm<br>QL (60 gm / 30 days) | 1 | QL |
| *naftifine hcl* CREA 1%<br>QL (90 gm / 30 days) | 1 | QL |
| *naftifine hcl* CREA 2%<br>QL (60 gm / 30 days) | 1 | QL |
| *naftifine hcl* (generic of NAFTIN) GEL 2%<br>QL (60 gm / 30 days) | 1 | QL |
| NAFTIN GEL 2%<br>QL (60 gm / 30 days) | 3 | QL |
| *nyamyc* POWD 100000unit/gm<br>QL (60 gm / 30 days) | 1 | QL |
| *nystatin (topical)* CREA 100000unit/gm; OINT 100000unit/gm<br>QL (30 gm / 30 days) | 1 | QL |
| *nystatin (topical)* POWD 100000unit/gm<br>QL (60 gm / 30 days) | 1 | QL |
| *nystop* POWD 100000unit/gm<br>QL (60 gm / 30 days) | 1 | QL |
| *selenium sulfide* LOTN 2.5% | 1 | |
| ZORYVE FOAM .3%<br>QL (60 gm / 30 days) | 3 | QL PA |
| ***DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin* CAPS 10mg, 17.5mg, 25mg | 1 | |
| *calcipotriene* CREA .005%; OINT .005%<br>QL (120 gm / 30 days) | 1 | QL PA |
| CALCIPOTRIENE FOAM .005%<br>QL (120 gm / 30 days) | 3 | QL PA |
| *calcipotriene* SOLN .005%<br>QL (120 mL / 30 days) | 1 | QL PA |
| *calcitrene* OINT .005%<br>QL (120 gm / 30 days) | 1 | QL PA |
| ENSTILAR AER<br>QL (120 gm / 30 days) | 4 | NDS QL PA |
| *methoxsalen rapid* CAPS 10mg | 4 | NDS |
| *pellix* SOLN .005%<br>QL (120 mL / 30 days) | 1 | QL PA |
| SORILUX FOAM .005%<br>QL (120 gm / 30 days) | 3 | QL PA |
| *tazarotene* (generic of TAZORAC) CREA .05%, .1%<br>QL (60 gm / 30 days) | 1 | QL PA |
| *tazarotene* (generic of TAZORAC) GEL .05%, .1%<br>QL (100 gm / 30 days) | 1 | QL PA |
| TAZORAC CREA .05%<br>QL (60 gm / 30 days) | 3 | QL PA |
| TAZORAC GEL .05%, .1%<br>QL (100 gm / 30 days) | 3 | QL PA |
| *trilitas* (generic of TAZORAC) GEL .1%<br>QL (100 gm / 30 days) | 1 | QL PA |
| VTAMA CREA 1%<br>QL (60 gm / 30 days) | 4 | NDS QL PA |
| ZORYVE CREA .3%<br>QL (60 gm / 30 days) | 3 | QL PA |
| ***DERMATOLOGY, CORTICOSTEROIDS*** | | |
| *ala-cort* CREA 1% | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ala-scalp* LOTN 2%<br>QL (60 mL / 30 days) | 1 | QL PA |
| *alclometasone dipropionate* CREA .05%; OINT .05%<br>QL (60 gm / 30 days) | 1 | QL |
| *betamethasone dipropionate (topical)* CREA .05%; OINT .05%<br>QL (120 gm / 30 days) | 1 | QL |
| *betamethasone dipropionate (topical)* LOTN .05%<br>QL (120 mL / 30 days) | 1 | QL |
| *betamethasone dipropionate augmented* CREA .05%; GEL .05%<br>QL (120 gm / 30 days) | 1 | QL |
| *betamethasone dipropionate augmented* LOTN .05%<br>QL (120 mL / 30 days) | 1 | QL |
| *betamethasone dipropionate augmented* (generic of DIPROLENE) OINT .05%<br>QL (120 gm / 30 days) | 1 | QL |
| *betamethasone valerate* CREA .1%; FOAM .12%; OINT .1%<br>QL (120 gm / 30 days) | 1 | QL |
| *betamethasone valerate* LOTN .1%<br>QL (120 mL / 30 days) | 1 | QL |
| *clobetasol propionate* CREA .05%; GEL .05%; OINT .05%<br>QL (120 gm / 30 days) | 1 | QL |
| *clobetasol propionate* FOAM .05%<br>QL (100 gm / 30 days) | 1 | QL |
| *clobetasol propionate* (generic of CLOBEX) LIQD .05%<br>QL (125 mL / 30 days) | 1 | QL |
| *clobetasol propionate* LOTN .05%<br>QL (118 mL / 30 days) | 1 | QL |
| *clobetasol propionate* SHAM .05%<br>QL (236 mL / 30 days) | 1 | QL |
| *clobetasol propionate* SOLN .05%<br>QL (100 mL / 30 days) | 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *clobetasol propionate e* CREA .05%<br>QL (120 gm / 30 days) | 1 | QL |
| *clobetasol propionate emulsion* FOAM .05%<br>QL (100 gm / 30 days) | 1 | QL |
| *clodan* SHAM .05%<br>QL (236 mL / 30 days) | 1 | QL |
| DERMA-SMOOTHE/FS BODY OIL .01%<br>QL (118.28 mL / 30 days) | 3 | QL |
| DERMA-SMOOTHE/FS SCALP OIL .01%<br>QL (118.28 mL / 30 days) | 3 | QL |
| *desonide* CREA .05%; OINT .05%<br>QL (60 gm / 30 days) | 1 | QL |
| *desonide* LOTN .05%<br>QL (118 mL / 30 days) | 1 | QL |
| *desoximetasone* (generic of TOPICORT) LIQD .25%<br>QL (100 mL / 30 days) | 1 | QL |
| DIPROLENE OINT .05%<br>QL (120 gm / 30 days) | 3 | QL |
| DUOBRII LOT<br>QL (200 gm / 28 days) | 3 | QL PA |
| EPIFOAM AER 1% | 3 | |
| *fluocinolone acetonide* CREA .01%<br>QL (60 gm / 30 days) | 1 | QL |
| *fluocinolone acetonide* (generic of SYNALAR) CREA .025%; OINT .025%<br>QL (120 gm / 30 days) | 1 | QL |
| *fluocinolone acetonide* (generic of DERMA-SMOOTHE/FS BODY) OIL .01%<br>QL (118.28 mL / 30 days) | 1 | QL |
| *fluocinolone acetonide* (generic of DERMA-SMOOTHE/FS SCALP) OIL .01%<br>QL (118.28 mL / 30 days) | 1 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *fluocinolone acetonide* SOLN .01%<br>QL (60 mL / 30 days) | 1 | QL |
| *fluocinonide* (generic of VANOS) CREA .1%<br>QL (120 gm / 30 days) | 1 | QL |
| *fluocinonide* CREA .05%<br>QL (120 gm / 30 days) | 1 | QL |
| *fluocinonide* GEL .05%; OINT .05%<br>QL (60 gm / 30 days) | 1 | QL |
| *fluocinonide* SOLN .05%<br>QL (60 mL / 30 days) | 1 | QL |
| *fluocinonide emulsified base* CREA .05%<br>QL (120 gm / 30 days) | 1 | QL |
| *fluticasone propionate* CREA .05%; OINT .005% | 1 | |
| *fluticasone propionate* LOTN .05%<br>QL (60 mL / 30 days) | 1 | QL |
| *halobetasol propionate* CREA .05%; OINT .05%<br>QL (50 gm / 30 days) | 1 | QL |
| *hydrocortisone (topical)* CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5% | 1 | |
| *hydrocortisone (topical)* LOTN 2%<br>QL (60 mL / 30 days) | 4 | NDS QL PA |
| *hydrocortisone (topical)* OINT 1%<br>QL (30 gm / 30 days) | 1 | QL |
| *hydrocortisone butyrate* SOLN .1%<br>QL (60 mL / 30 days) | 1 | QL |
| *hydrocortisone valerate* CREA .2%<br>QL (60 gm / 30 days) | 1 | QL |
| *mometasone furoate* CREA .1%; OINT .1%; SOLN .1% | 1 | |
| PRAMOSONE CRE 1-1% | 3 | |
| PRAMOSONE LOT 1-1% | 3 | |
| PRAMOSONE LOT 2.5% | 3 | |
| SYNALAR CREA .025%; OINT .025%<br>QL (120 gm / 30 days) | 3 | QL |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *tovet* FOAM .05%<br>QL (100 gm / 30 days) | 1 | QL |
| *triamcinolone acetonide (topical)* CREA .025%, .1%, .5%<br>QL (454 gm / 30 days) | 1 | QL |
| *triamcinolone acetonide (topical)* LOTN .025%, .1%; OINT .025%, .1%, .5% | 1 | |
| *triderm* CREA .5%<br>QL (454 gm / 30 days) | 1 | QL |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| DYCLOPRO SOLN .5% | 3 | |
| *glydo* PRSY 2%<br>QL (60 mL / 30 days) | 1 | QL PA |
| *lidocaine* OINT 5%<br>QL (50 gm / 30 days) | 1 | QL PA |
| *lidocaine* (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day) | 1 | QL PA |
| *lidocaine hcl* PRSY 2%<br>QL (60 mL / 30 days) | 1 | QL PA |
| *lidocaine hcl* SOLN 4%<br>QL (50 mL / 30 days) | 1 | QL PA |
| *lidocaine-prilocaine cream 2.5-2.5%*<br>QL (30 gm / 30 days) | 1 | B/D QL |
| *lidocan* (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day) | 1 | QL PA |
| QUTENZA KIT 8% 1-PCH<br>QL (4 patches / 90 days) | 4 | NDS QL NM PA |
| QUTENZA KIT 8% 2-PCH<br>QL (4 patches / 90 days) | 4 | NDS QL NM PA |
| QUTENZA KIT 8% 4-PCH<br>QL (4 patches / 90 days) | 4 | NDS QL NM PA |
| *tridacaine iii* (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day) | 1 | QL PA |
| ZTLIDO PTCH 1.8%<br>QL (3 patches / 1 day) | 3 | QL PA |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *acyclovir topical* (generic of ZOVIRAX) CREA 5%<br>QL (5 gm / 30 days) | 1 | QL |

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *acyclovir topical* (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days) | 1 | QL |
| ANALPRAM HC LOT 2.5% | 3 | |
| ANUSOL-HC CREA 2.5% | 3 | |
| ANZUPGO CREA 20mg/gm QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| *azelaic acid* (generic of FINACEA) GEL 15% QL (50 gm / 30 days) | 1 | QL |
| *bexarotene (topical)* (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| *brimonidine tartrate (topical)* (generic of MIRVASO) GEL .33% QL (30 gm / 30 days) | 1 | QL PA |
| CORTIFOAM FOAM 10% | 3 | |
| DENAVIR CREA 1% QL (5 gm / 30 days) | 3 | QL |
| *diclofenac sodium (actinic keratoses)* GEL 3% QL (100 gm / 30 days) | 1 | QL PA |
| *diclofenac sodium (topical)* SOLN 1.5% QL (300 mL / 28 days) | 1 | QL |
| *doxycycline (rosacea)* (generic of ORACEA) CPDR 40mg | 1 | |
| EMROSI CP24 40mg QL (30 caps / 30 days) | 4 | NDS QL PA |
| EPSOLAY CREA 5% QL (30 gm / 30 days) | 3 | QL PA |
| EUCRISA OINT 2% QL (120 gm / 30 days) | 3 | QL PA |
| FINACEA FOAM 15% QL (50 gm / 30 days) | 3 | QL PA |
| *fluorouracil (topical)* CREA 5% QL (40 gm / 30 days) | 1 | QL |
| *fluorouracil (topical)* SOLN 2%, 5% QL (10 mL / 30 days) | 1 | QL |
| *hydrocortisone (rectal)* CREA 1% | 1 | |
| *hydrocortisone (rectal)* (generic of ANUSOL-HC) CREA 2.5% | 1 | |
| HYFTOR GEL .2% QL (20 gm / 25 days) | 4 | NDS QL NM PA |
| *imiquimod* CREA 5% QL (24 packets / 30 days) | 1 | QL |
| KLISYRI OINT 1% QL (5 packets / 30 days) | 4 | NDS QL PA |
| *lactic acid (ammonium lactate)* CREA 12%; LOTN 12% | 1 | |
| *metronidazole (topical)* CREA .75%; GEL .75% QL (45 gm / 30 days) | 1 | QL |
| *metronidazole (topical)* LOTN .75% QL (59 mL / 30 days) | 1 | QL |
| MIRVASO GEL .33% QL (30 gm / 30 days) | 3 | QL PA |
| *nitroglycerin (intra-anal)* (generic of RECTIV) OINT .4% QL (30 gm / 30 days) | 1 | QL |
| NORITATE CREA 1% QL (60 gm / 30 days) | 4 | NDS QL PA |
| OPZELURA CREA 1.5% QL (240 gm / 28 days) | 4 | NDS QL PA |
| ORACEA CPDR 40mg | 3 | |
| *oxymetazoline hcl (topical)* (generic of RHOFADE) CREA 1% QL (30 gm / 30 days) | 1 | QL |
| PANRETIN GEL .1% QL (60 gm / 30 days) | 4 | NDS QL PA |
| *penciclovir* (generic of DENAVIR) CREA 1% QL (5 gm / 30 days) | 1 | QL |
| *pimecrolimus* CREA 1% QL (100 gm / 30 days) | 1 | QL PA |
| *podofilox* GEL .5% QL (7 gm / 28 days) | 1 | QL |
| *podofilox* SOLN .5% QL (7 mL / 28 days) | 1 | QL |
| *procto-med hc* (generic of ANUSOL-HC) CREA 2.5% | 1 | |
| *proctocort* CREA 1% | 1 | |
| PROCTOFOAM AER HC 1% | 3 | |
| *proctosol hc* (generic of ANUSOL-HC) CREA 2.5% | 1 | |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *proctozone-hc* (generic of ANUSOL-HC) CREA 2.5% | 1 | |
| QBREXZA PADS 2.4% QL (30 cloths / 30 days) | 3 | QL PA |
| RHOFADE CREA 1% QL (30 gm / 30 days) | 3 | QL |
| SOFDRA GEL 12.45% QL (50 mL / 30 days) | 3 | QL NM PA |
| *tacrolimus (topical)* OINT .03%, .1% QL (100 gm / 30 days) | 1 | QL PA |
| TARGRETIN GEL 1% QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| VALCHLOR GEL .016% QL (60 gm / 30 days) | 4 | NDS QL NM PA |
| XERESE CRE 5-1% QL (5 gm / 30 days) | 4 | NDS QL |
| YCANTH SOLN .7% | 3 | NM PA |
| ZELSUVMI GEL 10.3% | 4 | NDS PA |
| ZILXI FOAM 1.5% QL (30 gm / 30 days) | 3 | QL PA |
| ZORYVE CREA .05%, .15% QL (60 gm / 30 days) | 3 | QL PA |
| ZOVIRAX CREA 5% QL (5 gm / 30 days) | 3 | QL |
| ZOVIRAX OINT 5% QL (30 gm / 30 days) | 3 | QL |
| ***DERMATOLOGY, SCABICIDES AND PEDICULIDES*** | | |
| *crotan* LOTN 10% QL (454 gm / 30 days) | 4 | NDS QL PA |
| EURAX CREA 10% QL (60 gm / 30 days) | 3 | QL PA |
| *malathion* LOTN .5% QL (59 mL / 30 days) | 1 | QL |
| NATROBA SUSP .9% | 3 | |
| OVIDE LOTN .5% QL (59 mL / 30 days) | 3 | QL |
| *permethrin* (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days) | 1 | QL |
| *pruradik* LOTN 10% QL (454 gm / 30 days) | 4 | NDS QL PA |
| *spinosad* SUSP .9% | 1 | |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | | |
| SANTYL OINT 250unit/gm QL (180 gm / 30 days) | 3 | QL PA |

| Drug Name | Tier | Drug Requirements/ Limits |
|---|---|---|
| *sodium chloride (gu irrigant)* SOLN .9% | 1 | |
| *water for irrigation, sterile irrigation soln* | 1 | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | | |
| *cevimeline hcl* (generic of EVOXAC) CAPS 30mg | 1 | |
| *chlorhexidine gluconate (mouth-throat)* (generic of PERIDEX) SOLN .12% | 1 | |
| *clotrimazole* TROC 10mg QL (150 lozenges / 30 days) | 1 | QL |
| EVOXAC CAPS 30mg | 3 | |
| *kourzeq* PSTE .1% | 1 | |
| *lidocaine hcl (mouth-throat)* SOLN 2% | 1 | |
| *nystatin (mouth-throat)* (generic of NYSTATIN) SUSP 100000unit/ml | 1 | |
| *periogard* (generic of PERIDEX) SOLN .12% | 1 | |
| *pilocarpine hcl (oral)* (generic of SALAGEN) TABS 5mg, 7.5mg | 1 | |
| SALAGEN TABS 5mg, 7.5mg | 3 | |
| *triamcinolone acetonide (mouth)* PSTE .1% | 1 | |

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HealthChoice

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For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call 1-866-275-5253 (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

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

This formulary was updated on 08/17/2026. For more recent information or other questions, please contact Customer Care at 1-866-275-5253, 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.

08/17/2026