



The Empire Plan

SilverScript Insurance Company
Empire Plan Medicare Rx
P.O. Box 30006, Pittsburgh, PA 15222-0330

Empire Plan Medicare Rx sponsored by the New York State Health Insurance Program (NYSHIP)

2025 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 09/27/2024. For more recent information or other questions, please contact The Empire Plan at 1-877-769-7447 and select option 4 for the prescription drug program, 24 hours a day, 7 days a week, or visit empireplanrxprogram.com. TTY users should call 711.

Formulary ID Number: 25111

Note to existing members: This Formulary has changed since last year. **Please review this document to make sure the drugs you take are still covered.**

When this Formulary (Drug List) refers to “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means Empire Plan Medicare Rx.

This document includes the Formulary (Drug List) covered by our plan, which is current as of January 1, 2025. For an updated Formulary (Drug List), please contact us. Our contact information, along with the date we last updated the Formulary (Drug List), appears on the front and back cover pages.

Members are encouraged to use network pharmacies for their prescription drug benefit. If you use a non-network pharmacy, you must pay the full cost of the drug and submit an Empire Plan Medicare Rx Prescription Reimbursement Claim Form to receive any applicable plan reimbursement. In almost all cases, you will not be reimbursed the total amount you paid for the prescription, and your out-of-pocket expense may exceed the usual cost-sharing tier.

Benefits, Formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

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09/27/2024

What is the Empire Plan Medicare Rx 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 Empire Plan Medicare Rx 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. The Formulary must meet requirements set by Medicare.

Empire Plan Medicare Rx will generally cover the drugs listed in our Formulary as long as the drug is medically necessary and other plan rules are followed. For more information on how to fill your prescriptions, please review your *2025 Evidence of Coverage*.

Can the Formulary change?

Most changes in drug coverage happen on January 1, but Empire Plan Medicare Rx may add or remove drugs on the Formulary 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: empireplanrxprogram.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 the 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 by mail 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 Empire Plan Medicare Rx Formulary?”

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may 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. We may make changes based on new clinical guidelines.

If we remove a drug from our Formulary, add prior authorization and/or quantity limits for 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 takes effect. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the Part D drug and notice of the change.

- o If we make these other changes, you or your prescriber can ask us to make an exception for you 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 Empire Plan Medicare Rx Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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.

The enclosed Formulary is current as of January 1, 2025. To get updated information about the drugs covered by Empire Plan Medicare Rx, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

If we have other types of midyear non-maintenance Formulary changes unrelated to the reasons stated above (e.g., remove drugs from our Formulary; add prior authorization requirements and/or quantity limits for 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 is available online at empireplanrxprogram.com or may be obtained by calling us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The Formulary begins on page 1. The drugs in this Formulary are sorted by category depending on the types 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.

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 “Drug Name” columns on the page.

What are generic drugs?

Empire Plan Medicare Rx 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 Formulary tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

Prior Authorization (PA)

Some drugs require you or your prescriber to get prior authorization. You must get an approval from us before you can get your prescription filled. If you do not get approval, we may not cover the drug.

Quantity Limits (QL)

For certain drugs, there is a quantity limit in the amount of the drug that we will cover. For example, our plan provides up to 240 tablets per 30-day prescription for *tramadol hcl tab 50mg*. This may be in addition to a standard one-month or three-month supply.

Not available at our Mail Service Pharmacies (NM)

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. Restriction indicators such as PA or QL appear in the “Requirements/Limits” column in the Formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at empireplanrxprogram.com. 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 Empire Plan Medicare Rx 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 Empire Plan Medicare Rx Formulary?” for information about how to request an exception.

What if my drug is not included in the Formulary?

If your drug is not included in this Formulary, you should first contact Empire Plan Medicare Rx and ask if your drug is covered. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

If you learn that Empire Plan Medicare Rx does not cover your drug, you have two options:

- You can ask Empire Plan Medicare Rx for a list of similar drugs covered by our plan. When you receive the list, you should speak to your doctor to decide if you should switch to an appropriate drug that we cover.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

Empire Plan Medicare Rx does not cover drugs that are covered under Medicare Part B. Prescription drugs covered under Medicare Part B are subject to 20% coinsurance, and a claim for the reimbursement of the coinsurance is automatically submitted (crossed over) to the Empire Plan Medical/Surgical Program for reimbursement. Out-of-pocket amounts are typically reimbursed to the enrollee within four to six weeks.

How do I request an exception to the Empire Plan Medicare Rx 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 included on our Formulary. If approved, this drug will be covered at a predetermined cost-sharing tier and you would not be able to appeal to receive the drug at a lower cost-sharing tier.

- You can ask us to waive a coverage restriction including prior authorization, or a quantity limit on your drug. For example, for certain drugs, Empire Plan Medicare Rx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a Formulary drug at a lower cost-sharing tier. If approved, this would lower the amount you must pay for your drug.

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

Please note: If we grant your request to cover a drug that is not included on our Formulary, you may not appeal to provide a lower cost-sharing tier of coverage for the drug.

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 included on our Formulary. Or, you may be taking a drug that is included 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 included on our Formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the Plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not included 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 included on our Formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the Plan’s exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Initial Coverage Stage Copayment Tiers

The Plan has three cost-sharing tiers. Every drug on the Plan’s Formulary is in one of three cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

Cost-Sharing Tier 1: Generic – includes most generic drugs and some lower-cost brand name drugs. Tier 1 is the lowest cost-sharing tier, at \$5 for up to a 30-day supply and \$10 for up to a 90-day supply at retail (\$5 at mail).

Cost-Sharing Tier 2: Preferred Brand – includes many common brand name drugs. Tier 2 copays are \$30 for up to a 30-day supply and \$60 for up to a 90-day supply.

Cost-Sharing Tier 3: Non-Preferred Brand – includes non-preferred brand name drugs. Tier 3 is typically where you will see the highest cost-sharing amount, at \$60 for up to a 30-day supply and \$120 for up to a 90-day supply.

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

	Standard Retail Cost-Sharing (In-Network) (Up to a 30-day supply)	Long-Term Care (LTC) Cost-Sharing (Up to a 31-day supply)	Out-of-Network Cost-Sharing (Up to a 30-day supply) (Coverage is limited to certain situations.)
Cost-Sharing Tier 1: Generic	\$5.00	\$5.00	\$5.00
Cost-Sharing Tier 2: Preferred Brand	\$30.00	\$30.00	\$30.00
Cost-Sharing Tier 3: Non-Preferred Brand	\$60.00	\$60.00	\$60.00

You won’t pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

For more information

For more detailed information about your Empire Plan Medicare Rx prescription drug coverage, please review your 2025 Evidence of Coverage and other plan materials.

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

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

Empire Plan Medicare Rx'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 "Drug Name" columns of the chart list the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lowercase italics (e.g., *levothyroxine*).

The information in the "Requirements/Limits" column tells you if Empire Plan Medicare Rx has any special requirements for coverage of your drug.

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

See the *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. Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your *Evidence of Coverage*). You can also file a grievance by phone by calling the Customer Care phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Care Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

繁體中文 (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>allopurinol</i> TABS 200mg	3	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	
ALOPRIM SOLR 500mg	3	
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg	1	
<i>colchicine</i> TABS .6mg	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
COLCRYS TABS .6mg	3	
<i>febuxostat</i> TABS 40mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 80mg	1	
KRYSTEXXA SOLN 8mg/ml	3	NM PA
MITIGARE CAPS .6mg	3	
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> SOLN 4%	1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
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, 400mg	3	
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	1	
DAYPRO TABS 600mg	3	
<i>diclofenac potassium</i> TABS 50mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>diflunisal</i> TABS 500mg	1	
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ketorolac tromethamine</i> TABS 10mg PA applies if 70 years and older	1	PA
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg	1	
<i>naproxen dr</i> (generic of EC-NAPROSYN) TBEC 500mg	1	
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	1	
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg QL (60 buccal films / 30 days)	3	QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
MS CONTIN TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL PA
<i>oxycodone hcl</i> T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	1	QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap</i> 320.5-30-16 mg QL (300 caps / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
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 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	3	QL
endocet tab 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
endocet tab 5-325mg (generic of PERCOCET) 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
fentanyl citrate LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	3	QL PA
fentanyl citrate TABS 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	QL PA
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	QL PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL) QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
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
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 (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D
hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE	3	B/D
HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml		
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCOCET TAB 2.5-325 QL (360 tabs / 30 days)	3	QL PA
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	3	QL PA
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	3	QL PA
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	3	QL PA
ROXICODONE TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL
SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (300 caps / 30 days)	1	QL

ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

AEMCOLO TBEC 194mg	3	
<i>albendazole</i> TABS 200mg	3	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NM PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1	
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	3	NM PA
BILTRICIDE TABS 600mg	3	
CAYSTON SOLR 75mg	3	NM PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	

Drug Name	Drug Requirements/ Tier Limits
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml, 9000mg/60ml	1
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1
CLINDMYC/NAC INJ 300/50ML	3
CLINDMYC/NAC INJ 600/50ML	3
CLINDMYC/NAC INJ 900/50ML	3
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1
COLY-MYCIN M SOLR 150mg	3
CUBICIN RF SOLR 500mg	3
DALVANCE SOLR 500mg	3
<i>dapsone</i> TABS 25mg, 100mg	1
DAPTOMY/NACL INJ 350/50ML	3
DAPTOMY/NACL INJ 500/50ML	3
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3
DAPTOMYCIN SOLR 350mg, 500mg	3
<i>daptomycin</i> SOLR 500mg	3
EMVERM CHEW 100mg	3
<i>ertapenem sodium</i> SOLR 1gm	1

Drug Name	Drug Requirements/ Tier Limits
FIRVANQ SOLR 25mg/ml, 50mg/ml	3
FLAGYL CAPS 375mg	3
<i>gentamicin in saline inj 0.8 mg/ml</i>	1
<i>gentamicin in saline inj 1 mg/ml</i>	1
<i>gentamicin in saline inj 1.2 mg/ml</i>	1
<i>gentamicin in saline inj 1.6 mg/ml</i>	1
<i>gentamicin in saline inj 2 mg/ml</i>	1
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1
HIPREX TABS 1gm	3
HUMATIN CAPS 250mg	3
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1
<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	1
IMPAVIDO CAPS 50mg	3
INVANZ SOLR 1gm	3
<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (12 tabs / 90 days)	1 QL PA
KIMYRSA SOLR 1200mg	3
KITABIS PAK NEBU 300mg/5ml	3 NM PA
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml; TABS 600mg	1
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml	3
LINEZOLID INJ 2MG/ML	3
MACROBID CAPS 100mg	3
MEPRON SUSP 750mg/5ml	3
MEROP/NACL INJ 1GM/50ML	3
MEROP/NACL INJ 500/50ML	3
<i>meropenem</i> SOLR 1gm, 500mg	1
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1

Drug Name	Drug Requirements/ Tier	Limits
<i>metronidazole</i> (generic of FLAGYL) CAPS 375mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
<i>metronidazole</i> TABS 250mg, 500mg	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	3	
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	3	
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg	3	
RECARBRIO INJ 1.25GM	3	
SIVEXTRO SOLR 200mg; TABS 200mg	3	
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	3	
STROMEKTOL TABS 3mg QL (12 tabs / 90 days)	3	QL PA
<i>sulfadiazine</i> TABS 500mg	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	3	NM PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	3	NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	3	NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	3	
VANCOGIN CAPS 125mg, 250mg	3	
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> (generic of VANCOGIN) CAPS 125mg, 250mg	1	
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	1	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	3	
XIFAXAN TABS 200mg	3	
ZEMDRI SOLN 500mg/10ml	3	
ZYVOX SOLN 200mg/100ml, 3 600mg/300ml; SUSR 100mg/5ml; TABS 600mg	3	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	3	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	3	B/D
ANCOBON CAPS 250mg, 500mg	3	
CANCIDAS SOLR 50mg, 70mg	3	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	
<i>casposfungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	3	PA
DIFLUCAN SUSR 40mg/ml; TABS 100mg, 200mg	3	
ERAXIS SOLR 50mg, 100mg	3	
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	3	
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	3	
<i>ketoconazole</i> TABS 200mg	1	
MICAFUNGIN SOLR 50mg, 100mg	3	
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	3	
MICAFUNGIN/NACL INJ 100MG/100ML	3	
MYCAMINE SOLR 50mg, 100mg	3	
NOXAFIL PACK 300mg; SUSP 40mg/ml; TBEC 100mg	3	PA
NOXAFIL SOLN 300mg/16.7ml	3	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	3	
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml; TBEC 100mg	3	PA
REZZAYO SOLR 200mg	3	
SPORANOX CAPS 100mg	3	PA
SPORANOX SOLN 10mg/ml	3	
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days)	1	QL
TOLSURA CAPS 65mg	3	PA
VFEND SUSR 40mg/ml	3	PA
VFEND TABS 50mg, 200mg	3	
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg	3	NM

Drug Name	Drug Requirements/ Tier	Limits
VORICONAZOLE SOLR 200mg	3	PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	3	PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg, 200mg	1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
QUALAQUIN CAPS 324mg	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTIVUS CAPS 250mg	3	NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg, 800mg	3	NM
EDURANT TABS 25mg	3	NM
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	3	NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	3	NM
FUZEON SOLR 90mg	3	NM
INTELENCE TABS 25mg, 100mg, 200mg	3	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	3	NM
ISENTRESS HD TABS 600mg	3	NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	3	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	3	NM
PREZISTA SUSP 100mg/ml; TABS 75mg, 150mg, 600mg, 800mg	3	NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	3	NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	3	NM
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg, 150mg, 300mg	3	NM
SUNLENCA TBPK 300mg	3	NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	3	NM
TIVICAY PD TBSO 5mg	3	NM
TROGARZO SOLN 200mg/1.33ml	3	NM
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	3	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	3	NM
ZIAGEN SOLN 20mg/ml	3	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	1	NM
BIKTARVY TAB 30-120-15 MG	3	NM
BIKTARVY TAB 50-200-25 MG	3	NM
CIMDUO TAB 300-300	3	NM
COMPLERA TAB	3	NM
DELSTRIGO TAB	3	NM
DESCOVY TAB 120-15MG	3	NM
DESCOVY TAB 200/25MG	3	NM
DOVATO TAB 50-300MG	3	NM
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	3	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	3	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	3	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg</i> (generic of TRUVADA)	3	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg</i> (generic of TRUVADA)	3	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg</i> (generic of TRUVADA)	3	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg</i> (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	3	NM
GENVOYA TAB	3	NM
JULUCA TAB 50-25MG	3	NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	3	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	3	NM
PREZCOBIX TAB 800-150	3	NM
STRIBILD TAB	3	NM
SYMFI LO TAB	3	NM
SYMFI TAB	3	NM
SYMTUZA TAB	3	NM
TRIUMEQ PD TAB	2	NM
TRIUMEQ TAB	3	NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	3	
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
MYCOBUTIN CAPS 150mg	3	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
RIFADIN SOLR 600mg	3	
<i>rifampin</i> CAPS 150mg, 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	3	NM
TRECTOR TABS 250mg	3	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	3	NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	3	NM PA
EPCLUSA PAK 200-50MG	3	NM PA
EPCLUSA TAB 200-50MG	3	NM PA
EPCLUSA TAB 400-100	3	NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	3	B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	3	NM PA
HARVONI PAK 45-200MG	3	NM PA
HARVONI TAB 45-200MG	3	NM PA
HARVONI TAB 90-400MG	3	NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	3	NM PA
MAVYRET PAK 50-20MG	3	NM PA
MAVYRET TAB 100-40MG	3	NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	1	
PAXLOVID TAB 150-100	2	
PAXLOVID TAB 300-100	2	

Drug Name	Drug Requirements/ Tier	Limits
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	NM PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml; TABS 240mg, 480mg	3	
RAPIVAB SOLN 200mg/20ml	3	
RELENZA DISKHALER AEPB 5mg/blister	2	
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
TAMIFLU CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	3	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VOSEVI TAB	3	NM PA
XOFLUZA TBPK 40mg, 80mg	3	
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	3	
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACTOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	

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

Drug Name	Drug Requirements/ Tier Limits
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1
DIFICID SUSR 40mg/ml; TABS 200mg	3
<i>e.e.s. 400</i> TABS 400mg	1
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1
ERYTHROCIN LACTOBIONATE SOLR 500mg	3
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3
<i>erythromycin ethylsuccinate</i> TABS 400mg	1
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3
ZITHROMAX TRI-PAK TABS 500mg	3
ZITHROMAX Z-PAK TABS 250mg	3
FLUOROQUINOLONES	
BAXDELA SOLR 300mg; TABS 450mg	3
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>ciprofloxacin hcl</i> TABS 750mg	1
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	1
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	1
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	1
<i>moxifloxacin hcl</i> TABS 400mg	1
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3
PENICILLINS	
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	1
AMOXICILLIN SUSR 400mg/5ml	3
<i>amoxicillin</i> (generic of AMOXICILLIN) SUSR 400mg/5ml	1
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	1
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	1
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	1
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	1
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	1
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	1
<i>amoxicillin & k clavulanate tab</i> 500-125 mg (generic of AUGMENTIN)	1
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>amoxicillin & k clavulanate tab</i> 12hr 1000-62.5 mg	1
<i>ampicillin</i> CAPS 500mg	1
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm (generic of UNASYN)	1
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm (generic of UNASYN)	1
<i>ampicillin & sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm	1
<i>ampicillin & sulbactam sodium for iv soln</i> 3 (2-1) gm	1
<i>ampicillin & sulbactam sodium for iv soln</i> 15 (10-5) gm (generic of UNASYN BULK PACK)	1
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1
AUGMENTIN SUS 125/5ML	3
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
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1
NAFCILLIN INJ 1GM/50ML	3
NAFCILLIN INJ 2GM/100	3
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1
<i>nafcillin sodium</i> SOLR 10gm	3
OXACILLIN INJ 1GM	3
OXACILLIN INJ 2GM	3
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1
PEN GK/DEXTR INJ 20000/ML	3
PEN GK/DEXTR INJ 40000/ML	3
PEN GK/DEXTR INJ 60000/ML	3

Drug Name	Drug Requirements/ Tier	Limits
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
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 4-0.50GM	3	
TETRACYCLINES		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>doxycycline hyclate (generic of VIBRAMYCIN)</i> CAPS 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg; TABS 150mg	3	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
TIGECYCLINE SOLR 50mg	3	
<i>tigecycline (generic of TYGACIL)</i> SOLR 50mg	3	
TYGACIL SOLR 50mg	3	
XERAVA SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>bendamustine hcl (generic of TREANDA)</i> SOLR 25mg, 100mg	3	B/D NM
BENDEKA SOLN 100mg/4ml	3	B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	3	B/D
<i>cyclophosphamide</i> SOLR 2gm	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	3	NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	3	B/D
TREANDA SOLR 25mg, 100mg	3	B/D NM
ZEPZELCA SOLR 4mg	3	NM PA
ANTIMETABOLITES		
<i>azacitidine (generic of VIDAZA)</i> SUSR 100mg	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	3	B/D NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	3	NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG	3	NM PA
LONSURF TAB 15-6.14	3	NM PA
LONSURF TAB 20-8.19	3	NM PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	3	NM PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	3	B/D
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	3	B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	3	B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	3	B/D
<i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml	3	NM PA
PURIXAN SUSP 2000mg/100ml	3	NM
VIDAZA SUSR 100mg	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	3	NM PA
AKEEGA TAB 50/500MG	3	NM PA
AKEEGA TAB 100/500	3	NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	3	
AROMASIN TABS 25mg	3	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
CASODEX TABS 50mg	3	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
ERLEADA TABS 60mg, 240mg	3	NM PA
EULEXIN CAPS 125mg	3	
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	3	
FASLODEX SOSY 250mg/5ml	3	B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg, 120mg/vial	3	NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	3	B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
LEUPROLIDE ACETATE INJ 22.5mg	3	NM PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	3	NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	3	NM PA
LYSODREN TABS 500mg	3	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	3	
NUBEQA TABS 300mg	3	NM PA
ORGOVYX TABS 120mg	3	NM PA
ORSERDU TABS 86mg, 345mg	3	NM PA
SOLTAMOX SOLN 10mg/5ml	3	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	3	NM PA
YONSA TABS 125mg	3	NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg, 500mg	3	NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	3	NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NM PA
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	3	NM PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	3	NM PA
BESREMI SOSY 500mcg/ml	3	NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	3	NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
DOXIL SUSP 2mg/ml	3	B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HCL) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
ELLENCES SOLN 50mg/25ml, 200mg/100ml	3	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
IWILFIN TABS 192mg	3	NM PA
MATULANE CAPS 50mg	3	NM
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	3	B/D
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	3	B/D
ONCASPAR SOLN 750unit/ml	3	NM PA
ONIVYDE INJ 43mg/10ml	3	B/D NM
RYLAZE SOLN 10mg/0.5ml	3	NM PA
TARGRETIN CAPS 75mg	3	NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	3	B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	3	
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	3	B/D NM
VALSTAR SOLN 40mg/ml	3	B/D NM
WELIREG TABS 40mg	3	NM PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	3	B/D NM
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	B/D
<i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml	3	B/D NM
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	3	B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	3	B/D NM
JEVTANA SOLN 60mg/1.5ml	3	NM PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	3	B/D NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	3	NM PA
ALECENSA CAPS 150mg	3	NM PA
ALUNBRIG TABS 30mg, 90mg, 180mg	3	NM PA
ALUNBRIG PAK	3	NM PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	B/D NM
AUGTYRO CAPS 40mg	3	NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	3	NM PA
BALVERSA TABS 3mg, 4mg, 5mg	3	NM PA
BAVENCIO SOLN 200mg/10ml	3	NM PA
BELEODAQ SOLR 500mg	3	NM PA
BESPONSA SOLR .9mg	3	NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
BOSULIF CAPS 50mg, 100mg; TABS 100mg, 400mg, 500mg	3	NM PA
BRAFTOVI CAPS 75mg	3	NM PA
BRUKINSA CAPS 80mg	3	NM PA
CABOMETYX TABS 20mg, 40mg, 60mg	3	NM PA
CALQUENCE CAPS 100mg; TABS 100mg	3	NM PA
CAPRELSA TABS 100mg, 300mg	3	NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	3	NM PA
COMETRIQ (60MG DOSE) KIT 20mg	3	NM PA
COMETRIQ KIT 100MG	3	NM PA
COMETRIQ KIT 140MG	3	NM PA
COPIKTRA CAPS 15mg, 25mg	3	NM PA
COTELLIC TABS 20mg	3	NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NM PA
DARZALEX SOL FASPRO	3	NM PA
DAURISMO TABS 25mg, 100mg	3	NM PA
EMPLICITI SOLR 300mg, 400mg	3	NM PA
ENHERTU SOLR 100mg	3	NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	3	NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	B/D NM
ERIVEDGE CAPS 150mg	3	NM PA
<i>erlotinib hcl</i> TABS 25mg	3	NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg	3	NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 3mg, 5mg	3	NM PA
FOTIVDA CAPS .89mg, 1.34mg	3	NM PA
FRUZAQLA CAPS 1mg, 5mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
FYARRO SUSR 100mg	3	NM PA
GAVRETO CAPS 100mg	3	NM PA
GAZYVA SOLN 1000mg/40ml	3	NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg	3	NM PA
GILOTRIF TABS 20mg, 30mg, 40mg	3	NM PA
GLEEVEC TABS 100mg, 400mg	3	NM PA
HERCEP HYLEC SOL 60- 10000	3	NM PA
HERCEPTIN SOLR 150mg	3	NM PA
HERZUMA SOLR 150mg, 420mg	3	NM PA
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	3	NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	3	NM PA
IDHIFA TABS 50mg, 100mg	3	NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg, 400mg	3	NM PA
IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; TABS 140mg, 280mg, 420mg	3	NM PA
IMDELLTRA SOLR 1mg, 10mg	3	NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	3	NM PA
INLYTA TABS 1mg, 5mg	3	NM PA
INREBIC CAPS 100mg	3	NM PA
IRESSA TABS 250mg	3	NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	NM PA
JAYPIRCA TABS 50mg, 100mg	3	NM PA
JEMPERLI SOLN 500mg/10ml	3	NM PA
KADCYLA SOLR 100mg, 160mg	3	B/D NM
KANJINTI SOLR 150mg, 420mg	3	NM PA
KEYTRUDA SOLN 100mg/4ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
KIMMTRAK SOLN 100mcg/0.5ml	3	NM PA
KISQALI 200 DOSE TBPK 200mg	3	NM PA
KISQALI 200 PAK FEMARA	3	NM PA
KISQALI 400 DOSE TBPK 200mg	3	NM PA
KISQALI 400 PAK FEMARA	3	NM PA
KISQALI 600 DOSE TBPK 200mg	3	NM PA
KISQALI 600 PAK FEMARA	3	NM PA
KOSELUGO CAPS 10mg, 25mg	3	NM PA
KRAZATI TABS 200mg	3	NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	3	NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	3	NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	NM PA
LENVIMA CAP 14 MG	3	NM PA
LENVIMA CAP 18 MG	3	NM PA
LENVIMA CAP 24 MG	3	NM PA
LIBTAYO SOLN 350mg/7ml	3	NM PA
LOQTORZI SOLN 240mg/6ml	3	NM PA
LORBRENA TABS 25mg, 100mg	3	NM PA
LUMAKRAS TABS 120mg, 320mg	3	NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	3	NM PA
LYNPARZA TABS 100mg, 150mg	3	NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	3	NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	3	NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	3	NM PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

Drug Name	Drug Requirements/ Tier	Limits
MARGENZA SOLN 250mg/10ml	3	NM PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	3	NM PA
MEKTOVI TABS 15mg	3	NM PA
MONJUVI SOLR 200mg	3	NM PA
MYLOTARG SOLR 4.5mg	3	NM PA
NERLYNX TABS 40mg	3	NM PA
NEXAVAR TABS 200mg	3	NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg	3	NM PA
ODOMZO CAPS 200mg	3	NM PA
OGIVRI SOLR 150mg, 420mg	3	NM PA
OGSIVEO TABS 50mg, 100mg, 150mg	3	NM PA
OJEMDA SUSR 25mg/ml; TABS 100mg	3	NM PA
OJJAARA TABS 100mg, 150mg, 200mg	3	NM PA
ONTRUZANT SOLR 150mg, 420mg	3	NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NM PA
OPDUALAG SOL	3	NM PA
PADCEV SOLR 20mg, 30mg	3	NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg	3	NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NM PA
PERJETA SOLN 420mg/14ml	3	NM PA
PHESGO SOL	3	NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NM PA
PIQRAY 250MG TAB DOSE	3	NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NM PA
POLIVY SOLR 30mg, 140mg	3	NM PA
POTELIGEO SOLN 20mg/5ml	3	NM PA
QINLOCK TABS 50mg	3	NM PA
RETEVMO CAPS 40mg, 80mg	3	NM PA
REZLIDHIA CAPS 150mg	3	NM PA
ROZLYTREK CAPS 100mg, 200mg; PACK 50mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
RUBRACA TABS 200mg, 250mg, 300mg	3	NM PA
RYBREVANT SOLN 350mg/7ml	3	NM PA
RYDAPT CAPS 25mg	3	NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NM PA
SCEMBLIX TABS 20mg, 40mg, 100mg	3	NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg	3	NM PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NM PA
STIVARGA TABS 40mg	3	NM PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NM PA
TABRECTA TABS 150mg, 200mg	3	NM PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	3	NM PA
TAGRISO TABS 40mg, 80mg	3	NM PA
TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg	3	NM PA
TASIGNA CAPS 50mg, 150mg, 200mg	3	NM PA
TAZVERIK TABS 200mg	3	NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	3	NM PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	3	B/D NM
TEPMETKO TABS 225mg	3	NM PA
TIBSOVO TABS 250mg	3	NM PA
TIVDAK SOLR 40mg	3	NM PA
TORISEL SOLN 25mg/ml	3	B/D NM
TRAZIMERA SOLR 150mg, 420mg	3	NM PA
TRODELVY SOLR 180mg	3	NM PA
TRUQAP TABS 160mg, 200mg	3	NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
TUKYSA TABS 50mg, 150mg	3	NM PA
TURALIO CAPS 125mg	3	NM PA
TYKERB TABS 250mg	3	NM PA
VANFLYTA TABS 17.7mg, 26.5mg	3	NM PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	B/D NM
VELCADE SOLR 3.5mg	3	NM PA
VENCLEXTA TABS 10mg	2	NM PA
VENCLEXTA TABS 50mg, 100mg	3	NM PA
VENCLEXTA TAB START PK	3	NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	NM PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3	NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg	3	NM PA
VONJO CAPS 100mg	3	NM PA
VOTRIENT TABS 200mg	3	NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg, 150mg	3	NM PA
XOSPATA TABS 40mg	3	NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	3	NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	3	NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	3	NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	3	NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	3	NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	3	NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	3	NM PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NM PA
ZEJULA TABS 100mg, 200mg, 300mg	3	NM PA
ZELBORAF TABS 240mg	3	NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZOLINZA CAPS 100mg	3	NM PA
ZYDELIG TABS 100mg, 150mg	3	NM PA
ZYKADIA TABS 150mg	3	NM PA
ZYNLONTA SOLR 10mg	3	NM PA
ZYNYZ SOLN 500mg/20ml	3	NM PA
PROTECTIVE AGENTS		
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	3	B/D
ELITEK SOLR 1.5mg, 7.5mg	3	B/D
KHAPZORY SOLR 175mg	3	B/D NM
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MESNEX TABS 400mg	3	
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	1	
<i>amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	1	
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	1	
<i>amlodipine besylate- benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	1	
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	1
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	1
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1
LOTREL CAP 5-10MG	3
LOTREL CAP 5-20MG	3
LOTREL CAP 10-20MG	3
LOTREL CAP 10-40MG	3
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	1
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	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	
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	3
<i>benazepril hcl TABS 5mg</i>	1
<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	1
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1
<i>enalapril maleate (generic of EPANED) SOLN 1mg/ml</i>	1
<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	1
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1
<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1
LOTENSIN TABS 10mg, 20mg, 40mg	3
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1
QBRELIS SOLN 1mg/ml	3
<i>quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1
<i>trandolapril</i> 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
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1
INSPRA TABS 25mg, 50mg	3
KERENDIA TABS 10mg, 20mg	2
<i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml	1
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1
ALPHA BLOCKERS	
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1

Drug Name	Drug Requirements/ Tier Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	1
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	1
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	1
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	1
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)	1
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT)	1
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)	1
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT)	1
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT)	1
ATACAND HCT TAB 16-12.5	3
ATACAND HCT TAB 32-12.5	3
ATACAND HCT TAB 32-25MG	3
AVALIDE TAB 150-12.5	3
AVALIDE TAB 300-12.5	3

Drug Name	Drug Requirements/ Tier Limits
AZOR TAB 5-20MG	3
AZOR TAB 5-40MG	3
AZOR TAB 10-20MG	3
AZOR TAB 10-40MG	3
BENICAR HCT TAB 20-12.5	3
BENICAR HCT TAB 40-12.5	3
BENICAR HCT TAB 40-25MG	3
<i>candesartan cilexetil- hydrochlorothiazide tab 16- 12.5 mg (generic of ATACAND HCT)</i>	1
<i>candesartan cilexetil- hydrochlorothiazide tab 32- 12.5 mg (generic of ATACAND HCT)</i>	1
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	1
EDARBYCLOR TAB 40-12.5	3
EDARBYCLOR TAB 40- 25MG	3
ENTRESTO TAB 24-26MG	2
ENTRESTO TAB 49-51MG	2
ENTRESTO TAB 97-103MG	2
HYZAAR TAB 50-12.5	3
HYZAAR TAB 100-12.5	3
HYZAAR TAB 100-25	3
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	1
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	1
<i>losartan potassium & hydrochlorothiazide tab 50- 12.5 mg (generic of HYZAAR)</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100- 12.5 mg (generic of HYZAAR)</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100- 25 mg (generic of HYZAAR)</i>	1
MICARDIS HCT TAB 40/12.5	3
MICARDIS HCT TAB 80- 25MG	3
MICARDIS HCT TAB 80/12.5	3

Drug Name	Drug Requirements/ Tier Limits
<i>olmesartan medoxomil- hydrochlorothiazide tab 20- 12.5 mg (generic of BENICAR HCT)</i>	1
<i>olmesartan medoxomil- hydrochlorothiazide tab 40- 12.5 mg (generic of BENICAR HCT)</i>	1
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	1
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5- 12.5 mg (generic of TRIBENZOR)</i>	1
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 12.5 mg (generic of TRIBENZOR)</i>	1
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 25 mg (generic of TRIBENZOR)</i>	1
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 12.5 mg (generic of TRIBENZOR)</i>	1
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 25 mg (generic of TRIBENZOR)</i>	1
<i>telmisartan-amlodipine tab 40- 5 mg</i>	1
<i>telmisartan-amlodipine tab 40- 10 mg</i>	1
<i>telmisartan-amlodipine tab 80- 5 mg</i>	1
<i>telmisartan-amlodipine tab 80- 10 mg</i>	1
<i>telmisartan- hydrochlorothiazide tab 40- 12.5 mg (generic of MICARDIS HCT)</i>	1
<i>telmisartan- hydrochlorothiazide tab 80- 12.5 mg (generic of MICARDIS HCT)</i>	1

Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT)	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TABS 4mg, 8mg, 16mg, 32mg	3	
AVAPRO TABS 75mg, 150mg, 300mg	3	
BENICAR TABS 5mg, 20mg, 40mg	3	
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg, 32mg	1	
COZAAR TABS 25mg, 50mg, 100mg	3	
DIOVAN TABS 40mg, 80mg, 160mg, 320mg	3	
EDARBI TABS 40mg, 80mg	3	
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg	1	
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
MICARDIS TABS 20mg, 40mg, 80mg	3	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg, 20mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg	1	
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CAPS 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
LOPID TABS 600mg	3	
TRICOR TABS 48mg, 145mg	3	
TRILIPIX CPDR 45mg, 135mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml	3	
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	1	
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	3	
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg	1	
LIVALO TABS 1mg, 2mg, 4mg	3	
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	
<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg	1	
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 5mg	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR TABS 10mg, 20mg, 40mg	3	
ZYPITAMAG TABS 2mg, 4mg	3	

Drug Name	Drug Requirements/ Tier	Limits
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; TABS 1gm	3	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm	1	
<i>colestipol hcl</i> PACK 5gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NM PA
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN)	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN)	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN)	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)	1	
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	3	NM PA
LOVAZA CAP 1GM	3	
NEXLETOL TABS 180mg	2	
NEXLIZET TAB 180/10MG	2	
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	

Drug Name	Drug Requirements/ Tier	Limits
REPATHA SOSY 140mg/ml	2	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM PA
VASCEPA CAPS .5gm, 1gm	3	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 5-6.25</i> <i>mg</i>	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 50-25</i> <i>mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 100-</i> <i>25 mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 100-</i> <i>50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	

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

Drug Name	Drug Requirements/ Tier Limits
<i>amlodipine besylate</i> TABS 10mg	1
CARDIZEM TABS 30mg, 60mg, 120mg	3
CARDIZEM CD CP24 120mg, 180mg, 240mg, 300mg, 360mg	3
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1
<i>isradipine</i> CAPS 2.5mg, 5mg	1
KATERZIA SUSP 1mg/ml	3
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1
NICARDIPINE SOL 20/200ML	3
NICARDIPINE SOL 40/200ML	3

Drug Name	Drug Requirements/ Tier Limits
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1
<i>nimodipine</i> CAPS 30mg	1
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1
NORLIQVA SOLN 1mg/ml	3
NORVASC TABS 2.5mg, 5mg, 10mg	3
NYMALIZE SOLN 6mg/ml	3
PROCARDIA XL TB24 30mg, 60mg, 90mg	3
SULAR TB24 8.5mg, 17mg, 34mg	3
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3
VERELAN PM CP24 100mg, 200mg, 300mg	3
DIURETICS	
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1
<i>amiloride hcl</i> TABS 5mg	1
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1

Drug Name	Drug Requirements/ Tier	Limits
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	3	NM PA
DIURIL SUSP 250mg/5ml	3	
EDECIN TABS 25mg	3	
<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
KEVEYIS TABS 50mg	3	NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormolvi</i> (generic of KEVEYIS) TABS 50mg	3	NM PA
SOANZ TABS 20mg, 40mg, 60mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
THALITONE TABS 15mg	3	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg	1	
ASPRUZYO SPRINKLE PACK 500mg, 1000mg	3	
BIDIL TAB	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	3	NM PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg; TB24 .17mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	2	
DEMSEER CAPS 250mg	3	NM
DIBENZYLIN CAPS 10mg	3	
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg	1	
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg, 200mg, 300mg	3	NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 70 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg	3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
LODOCO TABS .5mg	3	
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	3	NM
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg, 200mg, 300mg	3	NM PA
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	
VYNDAMAX CAPS 61mg	3	NM PA
VYNDAQEL CAPS 20mg	3	NM PA
NITRATES		
ISORDIL TITRADOSE TABS 5mg	3	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .3mg/hr, .4mg/hr, .6mg/hr, .8mg/hr	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	

Drug Name	Drug Requirements/ Tier	Limits
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg	3	NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NM PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	3	NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg	3	NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	3	NM PA
<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	3	B/D NM
FLOLAN SOLR .5mg, 1.5mg	3	B/D NM
LETAIRIS TABS 5mg, 10mg	3	NM PA
OPSUMIT TABS 10mg	3	NM PA
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	3	NM PA
ORENITRAM TAB MONTH 1	3	NM PA
ORENITRAM TAB MONTH 2	3	NM PA
ORENITRAM TAB MONTH 3	3	NM PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NM PA
REVATIO SOLN 10mg/12.5ml; TABS 20mg	3	NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml	3	NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml	3	NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg	1	NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg	3	NM PA
TADLIQ SUSP 20mg/5ml	3	NM PA
TRACLEER TBSO 32mg	3	NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NM PA
TYVASO SOLN .6mg/ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	3	NM PA
TYVASO DPI POW 16-32-48	3	NM PA
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NM PA
UPTRAVI PACK TAB 200/800	3	NM PA
VELETRI SOLR .5mg, 1.5mg	3	B/D NM
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days)	1	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>fluvoxamine maleate</i> CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL
XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	3	QL PA
XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	3	QL PA
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day	3	
ARICEPT TABS 5mg, 10mg	3	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg, 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg, 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>memantine hcl</i> CP24 7mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	1	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
NAMENDA TAB 5-10MG PA applies if 29 years and younger	3	PA
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
ANAFRANIL CAPS 25mg, 50mg, 75mg	3	
AUVELITY TAB 45-105MG	3	
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	
CELEXA TABS 10mg, 20mg, 40mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	
CYMBALTA CPEP 20mg, 30mg, 60mg	3	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	1	
<i>duloxetine hcl</i> CPEP 40mg	1	
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	
FETZIMA CAP TITRATIO	3	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg	3	
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg	3	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	3	
PARNATE TABS 10mg	3	
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml	3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg	3	
PAXIL SUSP 10mg/5ml	3	
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 70 years and older	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA applies if 70 years and older	2	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
PROZAC CAPS 10mg, 20mg, 40mg	3	
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBP 15mg, 30mg, 45mg	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SPRAVATO SOL 56MG DOS	3	NM PA
SPRAVATO SOL 84MG DOS	3	NM PA
<i>tranlycypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	3	
TRINTELLIX TABS 5mg, 10mg, 20mg	3	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg	3	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1	
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ZURZUVAE CAPS 20mg, 25mg, 30mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg; SOLN 50mg/5ml; TABS 100mg	1	
AZILECT TABS .5mg, 1mg	3	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 70 years and older	1	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>carbidopa & levodopa tab 10- 100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25- 100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25- 250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg</i>	1	
<i>carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa-levodopa- entacapone tabs 50-200-200 mg</i>	1	
COMTAN TABS 200mg	3	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20 <i>entacapone</i> TABS 200mg	3	B/D NM
GOCOVRI CP24 68.5mg, 137mg	3	NM
INBRIJA CAPS 42mg	3	NM PA
LODOSYN TABS 25mg	3	
NOURIANZ TABS 20mg, 40mg	3	NM
ONGENTYS CAPS 25mg, 50mg	3	
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 1.5mg, 4.5mg	1	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 2.25mg, 3mg, 3.75mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg	1	
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older	2	PA
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	1	PA
XADAGO TABS 50mg, 100mg	3	
ZELAPAR TBDP 1.25mg	3	
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	3	
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	3	
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	
<i>aripiprazole</i> SOLN 1mg/ml; TBDP 10mg, 15mg	1	
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3	
ARISTADA INITIO PRSY 675mg/2.4ml	3	
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg	1	
CAPLYTA CAPS 10.5mg, 21mg, 42mg	3	
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
CLOZARIL TABS 25mg, 50mg, 100mg, 200mg	3	
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	
FANAPT PAK	3	
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg; SOLR 20mg	3	
HALDOL DECANOATE 50 SOLN 50mg/ml	3	
HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA TB24 3mg, 6mg, 9mg	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	3	
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	3	
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1		<i>risperidone</i> TABS .25mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 80mg, 120mg	1		<i>risperidone microspheres</i> (generic of RISPERSAL CONSTA) SRER 12.5mg, 25mg	1	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1		<i>risperidone microspheres</i> (generic of RISPERSAL CONSTA) SRER 37.5mg, 50mg	3	
NUPLAZID CAPS 34mg; TABS 10mg	3	NM PA	SAPHRIS SUBL 2.5mg, 5mg, 3 10mg	3	
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	1		SECUADO PT24 3.8mg/24hr, 3 5.7mg/24hr, 7.6mg/24hr	3	
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 10mg, 15mg, 20mg	1		SEROQUEL TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	3	
<i>paliperidone</i> TB24 1.5mg	1		SEROQUEL XR TB24 50mg, 3 150mg, 200mg, 300mg, 400mg	3	
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 6mg, 9mg	1		<i>thioridazine hcl</i> TABS 10mg, 1 25mg, 50mg, 100mg	1	
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1		<i>thiothixene</i> CAPS 1mg, 2mg, 1 5mg, 10mg	1	
PERSERIS PRSY 90mg, 120mg	3		<i>trifluoperazine hcl</i> TABS 1mg, 1 2mg, 5mg, 10mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1		UZEDY SUSY 50mg/0.14ml, 3 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	3	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1		VERSACLOZ SUSP 50mg/ml	3	
<i>quetiapine fumarate</i> TABS 150mg	1		VRAYLAR CAPS 1.5mg, 3 3mg, 4.5mg, 6mg	3	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 150mg, 200mg, 300mg, 400mg	1		<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	1	
REXULTI TABS .25mg, .5mg, 3 1mg, 2mg, 3mg, 4mg	3		<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg	1	
RISPERSAL SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	3		ZYPREXA SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	3	
RISPERSAL CONSTA SRER 3 12.5mg, 25mg, 37.5mg, 50mg	3		ZYPREXA RELPREVV 3 SUSR 210mg, 300mg, 405mg	3	NM
<i>risperidone</i> (generic of RISPERSAL) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	1		ZYPREXA ZYDIS TBDP 3 5mg, 10mg, 15mg, 20mg	3	

Drug Name	Drug Requirements/ Tier	Limits
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	3	
BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	
<i>carbamazepine</i> CHEW 100mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	1	QL PA
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	

Drug Name	Drug Requirements/ Tier	Limits
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	3	NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	3	NM PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	3	
FINTEPLA SOLN 2.2mg/ml	3	NM PA
FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml, 300mg/6ml; TABS 600mg, 800mg	1	
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	3	
KEPPRA XR TB24 500mg, 750mg	3	
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml	1	
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	3	
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	3	
LAMICTAL ODT KIT BLUE	3	
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	

Drug Name	Drug Requirements/ Tier	Limits
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	3	
LAMICTAL XR KIT	3	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1	
LEVETIRACETA INJ 5MG/ML	3	
LEVETIRACETA INJ 10MG/ML	3	
LEVETIRACETA INJ 15MG/ML	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days)	3	QL
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	3	
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
MOTPOLY XR CP24 100mg, 150mg, 200mg	3	
MYSOLINE TABS 50mg, 250mg	3	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	3	QL
NEURONTIN CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg	3	
ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	3	QL
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	3	QL
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
OXTELLAR XR TB24 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml PA applies if 70 years and older	3	PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA applies if 70 years and older	2	PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	3	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	1	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
<i>primidone</i> TABS 125mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml; TABS 400mg	3	
<i>rufinamide</i> (generic of BANZEL) TABS 200mg	1	
SABRIL PACK 500mg; TABS 500mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3	
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	3	QL
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg, 50mg, 100mg, 200mg	3	
TOPAMAX SPRINKLE CPSP 15mg, 25mg	3	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	3	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days)	3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	3	QL
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg; TABS 500mg	3	NM PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg; TABS 500mg	3	NM PA
<i>vigpoder</i> (generic of SABRIL) PACK 500mg	3	NM PA
VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	3	
XCOPRI TABS 25mg, 50mg, 100mg, 150mg, 200mg	3	
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	
XCOPRI PAK 100-150	3	
XCOPRI PAK 150-200MG (MAINTENANCE)	3	
XCOPRI PAK 150-200MG (TITRATION)	3	
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
ZONISADE SUSP 100mg/5ml	3	
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ZTALMY SUSP 50mg/ml	3	NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG	3	
ADDERALL TAB 7.5MG	3	
ADDERALL TAB 10MG	3	
ADDERALL TAB 12.5MG	3	
ADDERALL TAB 15MG	3	
ADDERALL TAB 20MG	3	
ADDERALL TAB 30MG	3	
ADDERALL XR CAP 5MG	3	
ADDERALL XR CAP 10MG	3	

Drug Name	Drug Requirements/ Tier Limits
ADDERALL XR CAP 15MG	3
ADDERALL XR CAP 20MG	3
ADDERALL XR CAP 25MG	3
ADDERALL XR CAP 30MG	3
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	3
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (generic of MYDAYIS)	1
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 25 mg</i> (generic of MYDAYIS)	1
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> (generic of MYDAYIS)	1
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 50 mg</i> (generic of MYDAYIS)	1
<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR)	1
<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR)	1
<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR)	1
<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR)	1
<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR)	1
<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR)	1

Drug Name	Drug Requirements/ Tier Limits
<i>amphetamine- dextroamphetamine tab 5 mg</i> (generic of ADDERALL)	1
<i>amphetamine- dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL)	1
<i>amphetamine- dextroamphetamine tab 10 mg</i> (generic of ADDERALL)	1
<i>amphetamine- dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL)	1
<i>amphetamine- dextroamphetamine tab 15 mg</i> (generic of ADDERALL)	1
<i>amphetamine- dextroamphetamine tab 20 mg</i> (generic of ADDERALL)	1
<i>amphetamine- dextroamphetamine tab 30 mg</i> (generic of ADDERALL)	1
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1
AZSTARYS CAP 26.1-5.2	3
AZSTARYS CAP 39.2-7.8	3
AZSTARYS CAP 52.3-10.	3
CONCERTA TBCR 18mg, 27mg, 36mg, 54mg	3
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3
DAYTRANA PTCH 10mg/9hr, 3 15mg/9hr, 20mg/9hr, 30mg/9hr	3
DEXEDRINE CP24 10mg, 15mg	3
<i>dexamethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	1
<i>dexamethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg, 10mg	1

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dextroamphetamine sulfate</i> CP24 5mg, 15mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1		<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg	1		<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml, 10mg/5ml	1	
DYANAVEL XR SUER 2.5mg/ml; TBCR 5mg, 10mg, 15mg, 20mg	3		<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg, 20mg	1	
FOCALIN TABS 2.5mg, 5mg, 10mg	3		<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg, 54mg	1	
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	3		MYDAYIS CAP 12.5MG	3	
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg PA applies if 70 years and older	2	PA	MYDAYIS CAP 25MG	3	
INTUNIV TB24 1mg, 2mg, 3mg, 4mg PA applies if 70 years and older	3	PA	MYDAYIS CAP 37.5MG	3	
JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	3		MYDAYIS CAP 50MG	3	
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1		QELBREE CP24 100mg, 150mg, 200mg	3	
METADATE CD CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	3		QUILLICHEW ER CHER 20mg, 30mg, 40mg	3	
METHYLIN SOLN 5mg/5ml, 10mg/5ml	3		QUILLIVANT XR SRER 25mg/5ml	3	
<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1		RELEXXII TBCR 18mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg	3	
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; CP24 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 10mg, 20mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg	1		RITALIN TABS 5mg, 10mg, 20mg	3	
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg, 40mg	1		RITALIN LA CP24 10mg, 20mg, 30mg, 40mg	3	
			STRATTERA CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	3	
			VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	3	
			XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	3	
			<i>zenedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1	

Drug Name	Drug Requirements/ Tier	Limits
HYPNOTICS		
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	
DAYVIGO TABS 5mg, 10mg	2	
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg	1	
<i>estazolam</i> TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ CAPS 20mg	3	NM PA
HETLIOZ LQ SUSP 4mg/ml	3	NM PA
QUVIVIQ TABS 25mg, 50mg	3	
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg	1	
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	3	QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
SILENOR TABS 3mg, 6mg	3	
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg	3	NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBCP 10mg	1	
MIGRAINE			<i>sumatriptan</i> SOLN 5mg/act, 20mg/act	1	
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	NM	<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml; SOLN 6mg/0.5ml	1	
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	1		<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml	1	
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	3		<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml	1	
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml	3		<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg	1	
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg	1		UBRELVY TABS 50mg, 100mg	2	
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	2	NM	<i>zolmitriptan</i> (generic of ZOMIG) SOLN 5mg	1	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1		<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBCP 2.5mg, 5mg	1	
FROVA TABS 2.5mg	3		MISCELLANEOUS		
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg	1		AMVUTTRA SOSY 25mg/0.5ml	3	NM PA
IMITREX TABS 25mg, 50mg, 100mg	3		AUSTEDO TABS 6mg, 9mg, 12mg	3	NM PA
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml	3		AUSTEDO XR TB24 6mg, 12mg, 24mg, 30mg, 36mg, 42mg, 48mg	3	NM PA
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml	3		AUSTEDO XR TAB TITR KIT	3	NM PA
MAXALT TABS 10mg	3		DAYBUE SOLN 200mg/ml	3	NM PA
MAXALT-MLT TBCP 10mg	3		<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	3	NM PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1		ENSPRYNG SOSY 120mg/ml	3	NM PA
NURTEC TBCP 75mg	2		EQUETRO CP12 100mg, 200mg, 300mg	3	
QULIPTA TABS 10mg, 30mg, 60mg	2		EVRYSDI SOLR .75mg/ml	3	NM PA
RELPAX TABS 20mg, 40mg	3		FIRDAPSE TABS 10mg	3	NM PA
REYVOW TABS 50mg, 100mg	3		<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg, 600mg	1	PA
<i>rizatriptan benzoate</i> TABS 5mg; TBCP 5mg	1				
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg	1				

Drug Name	Drug Requirements/ Tier	Limits
GRALISE TABS 300mg, 450mg, 600mg, 750mg, 900mg	3	PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	3	
LYRICA CR TB24 82.5mg, 165mg, 330mg	3	PA
MESTINON SOLN 60mg/5ml; 3 TABS 60mg	3	
MESTINON TIMESPAN TBCR 180mg	3	
NUDEXTA CAP 20-10MG	3	PA
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg	1	PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	3	NM PA
RADICAVA ORS SUSP 105mg/5ml	3	NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	3	NM PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	
SAVELLA MIS TITR PAK	3	
SKYCLARYS CAPS 50mg	3	NM PA
TEGLUTIK SUSP 50mg/10ml	3	NM
TEGSEDI SOSY 284mg/1.5ml	3	NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg, 25mg	3	NM PA
UPLIZNA SOLN 100mg/10ml	3	NM PA
WAINUA SOAJ 45mg/0.8ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
XENAZINE TABS 12.5mg, 25mg	3	NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	3	NM PA
AVONEX PSKT 30mcg/0.5ml	3	NM PA
AVONEX PEN AJKT 30mcg/0.5ml	3	NM PA
BAFIERTAM CPDR 95mg	3	NM PA
BETASERON KIT .3mg	3	NM PA
COPAXONE SOSY 20mg/ml, 40mg/ml	3	NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg	3	NM PA
GILENYA CAPS .25mg, .5mg	3	NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NM PA
MAVENCLAD (4 TABS) TBPK 10mg	3	NM PA
MAVENCLAD (5 TABS) TBPK 10mg	3	NM PA
MAVENCLAD (6 TABS) TBPK 10mg	3	NM PA
MAVENCLAD (7 TABS) TBPK 10mg	3	NM PA
MAVENCLAD (8 TABS) TBPK 10mg	3	NM PA
MAVENCLAD (9 TABS) TBPK 10mg	3	NM PA
MAVENCLAD (10 TABS) TBPK 10mg	3	NM PA
MAYZENT TABS .25mg, 1mg, 2mg	3	NM PA
MAYZENT STARTER PACK (7) TBPK .25mg	3	NM PA
MAYZENT STARTER PACK (12) TBPK .25mg	3	NM PA
OCREVUS SOLN 300mg/10ml	3	NM PA
PLEGRIDY SOAJ 125mcg/0.5ml; SOSY 125mcg/0.5ml	3	NM PA
PLEGRIDY INJ STARTER	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
PLEGRIDY PEN INJ STARTER	3	NM PA
PONVORY TABS 20mg	3	NM PA
PONVORY TAB STARTER	3	NM PA
TASCENSO ODT TBDP .25mg, .5mg	3	NM PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg	3	NM PA
VUMERITY CPDR 231mg	3	NM PA
ZEPOSIA CAPS .92mg	3	NM PA
ZEPOSIA 7DAY CAP STR PACK	3	NM PA
ZEPOSIA CAP STR KIT	3	NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> SOLN 5mg/5ml, 10mg/5ml; TABS 5mg, 10mg, 15mg, 20mg	1	
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	3	
BOTOX SOLR 100unit, 200unit	3	PA
<i>carisoprodol</i> (generic of SOMA) TABS 350mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit, 500unit	3	NM PA
FLEQSUVY SUSP 25mg/5ml	3	
LYVISPAH PACK 5mg, 10mg, 20mg	3	
<i>metaxalone</i> TABS 800mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>methocarbamol</i> TABS 500mg, 750mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml, 10000unit/2ml	3	NM PA
OZOBAX DS SOLN 10mg/5ml	3	
SOMA TABS 350mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	
XEOMIN SOLR 50unit, 100unit, 200unit	3	NM PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUvigil) TABS 50mg, 150mg, 200mg, 250mg	1	PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	3	QL NM PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg, 200mg	1	PA
NUvigil TABS 50mg, 150mg, 200mg, 250mg	3	PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	3	QL NM PA
SUNOSI TABS 75mg, 150mg	3	PA
WAKIX TABS 4.45mg, 17.8mg	3	NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	3	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
LUCEMYRA TABS .18mg	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NM
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	
VIVITROL SUSR 380mg	3	NM
ZIMHI SOSY 5mg/0.5ml	3	
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL

ENDOCRINE AND METABOLIC ANDROGENS

AVEED SOLN 750mg/3ml	3	NM PA
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg, 237mg	3	PA
<i>methyltestosterone</i> CAPS 10mg	3	PA
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62%	1	PA
<i>testosterone</i> GEL 25mg/2.5gm; SOLN 30mg/act	1	PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
TLANDO CAPS 112.5mg	3	PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15-850MG	3	
ACTOS TABS 15mg, 30mg, 45mg	3	
DUETACT TAB 30-2MG	3	

Drug Name	Drug Requirements/ Tier	Limits
DUETACT TAB 30-4MG	3	
FARXIGA TABS 5mg, 10mg	2	
<i>glimepiride</i> TABS 1mg, 2mg, 4mg	1	
<i>glipizide</i> TABS 5mg, 10mg; TB24 2.5mg	1	
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg, 10mg	1	
<i>glipizide xl</i> TB24 2.5mg	1	
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg, 10mg	1	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
GLUCOTROL XL TB24 5mg, 10mg	3	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JANUVIA TABS 25mg, 50mg, 100mg	2	
JARDIANCE TABS 10mg, 25mg	2	
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	
JENTADUETO TAB XR 2.5-1000MG	2	
JENTADUETO TAB XR 5-1000MG	2	
<i>liraglutide</i> SOPN 18mg/3ml QL (3 pens / 30 days)	1	QL PA
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml	1	
<i>metformin hcl</i> TABS 500mg, 850mg, 1000mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> TB24 500mg, 750mg (generic of GLUCOPHAGE XR)	1	
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 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
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg	1	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT)	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT)	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET)	1	
<i>repaglinide</i> TABS .5mg, 1mg, 2mg	1	
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY TAB 12.5- 1000MG	2	
SYNJARDY XR TAB 5- 1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 12.5- 1000	2	
SYNJARDY XR TAB 25-1000	2	
TRADJENTA TABS 5mg	2	
TRIJARDY XR TAB ER 24HR	2	
5-2.5-1000MG		
TRIJARDY XR TAB ER 24HR	2	
10-5-1000MG		
TRIJARDY XR TAB ER 24HR	2	
12.5-2.5-1000MG		
TRIJARDY XR TAB ER 24HR	2	
25-5-1000MG		
TRULICITY SOAJ	2	QL PA
.75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)		
TZIELD SOLN 2mg/2ml	3	NM PA
VICTOZA SOPN 18mg/3ml	3	QL PA
QL (3 pens / 30 days)		
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	2	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
FIASP SOLN 100unit/ml	2	
FIASP FLEXTOUCH SOPN	2	
100unit/ml		

Drug Name	Drug Requirements/ Tier	Limits
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	3	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	
INSULIN PEN NEEDLES: BD- EMBECTA	2	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	2	PA
INSULIN SYRINGES: BD- EMBECTA	2	PA
NOVOLIN INJ 70/30 (brand RELION not covered)	2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	2	
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	

Drug Name	Drug Requirements/ Tier Limits
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	2
OMNIPOD 5 DE MIS PODS	3
OMNIPOD 5 G7 KIT INTRO	3
OMNIPOD 5 G7 MIS PODS	3
OMNIPOD 5 KIT DEXG7G6	3
OMNIPOD DASH KIT INTRO	3
OMNIPOD DASH MIS PODS	3
OMNIPOD GO KIT 10UNT/DY	3
OMNIPOD GO KIT 15UNT/DY	3
OMNIPOD GO KIT 20UNT/DY	3
OMNIPOD GO KIT 25UNT/DY	3
OMNIPOD GO KIT 30UNT/DY	3
OMNIPOD GO KIT 35UNT/DY	3
OMNIPOD GO KIT 40UNT/DY	3
OMNIPOD MIS CLASSIC	3
SOLIQUA INJ 100/33	2
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2
TOUJEO SOLOSTAR SOPN 300unit/ml	2
TRESIBA SOLN 100unit/ml	2
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2
XULTOPHY INJ 100/3.6	2
CALCIUM REGULATORS	
ACTONEL TABS 35mg, 150mg	3
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1 B/D
EVENITY SOSY 105mg/1.17ml	3 NM PA
FORTEO SOPN 600mcg/2.4ml	3 NM PA
FOSAMAX TABS 70mg	3
<i>ibandronate sodium</i> SOLN 3mg/3ml; TABS 150mg	1 B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	2 B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1 B/D
PROLIA SOSY 60mg/ml	3 NM
RECLAST SOLN 5mg/100ml	3 B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 150mg	1
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg	1
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1
<i>teriparatide</i> (generic of FORTEO) SOPN 600mcg/2.4ml	3 NM PA
TERIPARATIDE SOPN 620mcg/2.48ml	3 NM PA
TYMLOS SOPN 3120mcg/1.56ml	3 NM PA
XGEVA SOLN 120mg/1.7ml	3 NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	1 B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3 B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1 B/D NM
CHELATING AGENTS	
CHEMET CAPS 100mg	3
CUVRIOR TABS 300mg	3 NM
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3 NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1 NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3 NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1 NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	3	NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 500mg	3	NM PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
DEPEN TITRATABS TABS 250mg	3	NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	3	NM PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	3	NM PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NM PA
JADENU TABS 90mg, 180mg, 360mg	3	NM PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	3	NM PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	3	NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	3	NM
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	3	NM
<i>trientine hcl</i> CAPS 500mg	3	NM
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<i>elinest</i>	1
<i>eluryng</i> (generic of NUVARING)	1
<i>emzahh</i> TABS .35mg	1
<i>enilloring</i> (generic of NUVARING)	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	1
<i>falmina</i>	1
<i>finzala</i>	1
<i>gemmily</i> (generic of TAYTULLA)	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>haloette</i> (generic of NUVARING)	1
<i>heather</i> TABS .35mg	1
<i>iclevia</i>	1
<i>incassia</i> TABS .35mg	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i>	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>layolis fe</i>	1
<i>leena</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1
<i>levora 0.15/30-28</i>	1
LILETTA IUD 20.1mcg/day	2 NM
LO LOESTRIN TAB 1-10-10	3
<i>loestrin 1.5/30-21</i>	1
<i>loestrin 1/20-21</i>	1
<i>loestrin fe 1.5/30</i>	1
<i>loestrin fe 1/20</i>	1
<i>loryna</i> (generic of YAZ)	1
<i>low-ogestrel</i>	1
<i>lutera</i>	1
<i>lyleq</i> TABS .35mg	1
<i>lyza</i> TABS .35mg	1
<i>marlissa</i>	1

Drug Name	Drug Requirements/ Tier	Limits
<i>medroxyprogesterone acetate</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	
<i>merzee</i> (generic of TAYTULLA)	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
NATAZIA TAB	3	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	2	NM
NEXTSTELLIS TAB 3-14.2MG	3	
<i>nikki</i> (generic of YAZ)	1	
<i>nora-be</i> TABS .35mg	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone</i> (contraceptive) TABS .35mg	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg</i> (24)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg</i> (24) (generic of TAYTULLA)	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc</i> TABS .35mg	1	
<i>nortrel 0.5/35</i> (28)	1	
<i>nortrel 1/35</i> (21)	1	
<i>nortrel 1/35</i> (28)	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i> (generic of YASMIN 28)	1	
PHEXXI GEL	3	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
SAFYRAL TAB	3	
<i>setlakin</i>	1	
<i>sharobel</i> TABS .35mg	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i> (generic of YASMIN 28)	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TAYTULLA CAP 1MG/20MC	3	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1	

Drug Name	Drug Requirements/ Tier Limits
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-mili</i>	1
<i>tri-nymyo</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>trivora-28</i>	1
<i>turqoz</i>	1
<i>tydemy</i> (generic of SAFYRAL)	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xulane</i>	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
ESTROGENS	
ACTIVEVELLA TAB 1-0.5MG	3
BIJUVA CAP 0.5-100	3
BIJUVA CAP 1-100MG	3
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3
CLIMARA PRO DIS WEEKLY	3
COMBIPATCH DIS	3
DELESTROGEN OIL 10mg/ml, 20mg/ml	3
DEPO-ESTRADIOL OIL 5mg/ml	3

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

Drug Name	Drug Requirements/ Tier	Limits
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
<i>jinteli</i>	2	
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
<i>mimvey</i> (generic of ACTIVELLA)	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	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	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP .5mg, 1mg, 2mg, 5mg	3	NM
<i>betamethasone sod phosphate & acetate inj susp</i> 6 (3-3) mg/ml (generic of CELESTONE SOLUSPAN)	1	
CELESTONE INJ SOLUSPAN	3	

Drug Name	Drug Requirements/ Tier	Limits
CORTEF TABS 5mg, 10mg, 20mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	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
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
PEDIAPRED SOLN 6.7mg/5ml	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	
PROGLYCEM SUSP 50mg/ml	3	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	3	NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	3	NM PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	3	NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	3	NM PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
CEREZYME SOLR 400unit	3	NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg	1	B/D NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg	3	B/D NM
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NM PA
CYSTADANE POW	3	NM
CYSTAGON CAPS 50mg, 150mg	3	NM PA
DDAVP SOLN 4mcg/ml; TABS .1mg, .2mg	3	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	3	NM PA
EGRIFTA SV SOLR 2mg	3	NM PA
ELAPRASE SOLN 6mg/3ml	3	NM PA
ELELYSO SOLR 200unit	3	NM PA
ELFABRIO SOLN 20mg/10ml	3	NM PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	3	NM PA
FENSOLVI KIT 45mg	3	NM PA
GALAFOLD CAPS 123mg	3	NM PA
GENOTROPIN CART 5mg, 12mg	3	NM PA
GENOTROPIN MINQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NM PA
HUMATROPE CART 6mg, 12mg, 24mg	3	NM PA
INCRELEX SOLN 40mg/4ml	3	NM PA
ISTURISA TABS 1mg, 5mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>javvygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NM PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NM PA
JYNARQUE PAK 30-15MG	3	NM PA
JYNARQUE PAK 45-15MG	3	NM PA
JYNARQUE PAK 60-30MG	3	NM PA
JYNARQUE PAK 90-30MG	3	NM PA
KANUMA SOLN 20mg/10ml	3	NM PA
KORLYM TABS 300mg	3	NM PA
KUVAN PACK 100mg, 500mg; TABS 100mg	3	NM PA
LAMZEDE SOLR 10mg	3	NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	3	NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	3	NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	3	NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	3	NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	3	NM PA
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	3	NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg	3	NM PA
MYALEPT SOLR 11.3mg	3	NM PA
MYCAPSSA CPDR 20mg	3	NM PA
MYFEMBREE TAB	3	
NAGLAZYME SOLN 1mg/ml	3	NM PA
NEXVIAZYME SOLR 100mg	3	NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	3	NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	3	NM PA
NITYR TABS 2mg, 5mg, 10mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NM PA
NOVAREL SOLR 5000unit	3	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	3	NM PA
OPFOLDA CAPS 65mg	3	NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	3	NM PA
ORIAHNN CAP	3	
ORLISSA TABS 150mg, 200mg	3	
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NM PA
PHEBURANE PLLT 483mg/gm	3	NM PA
POMBILITI SOLR 105mg	3	NM PA
PREGNYL W/DILUENT	3	NM PA
BENZYL SOLR 10000unit		
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	3	NM PA
RECORLEV TABS 150mg	3	NM PA
REVCOVI SOLN 2.4mg/1.5ml	3	NM
REZDIFFRA TABS 60mg, 80mg, 100mg	3	NM PA
SAMSCA TABS 15mg, 30mg	3	NM PA
SANDOSTATIN SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NM PA
SENSIPAR TABS 30mg, 60mg, 90mg	3	B/D NM
SEROSTIM SOLR 4mg, 5mg, 6mg	3	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NM PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NM PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	3	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NM PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NM PA
SYNAREL SOLN 2mg/ml	3	PA
TEPEZZA SOLR 500mg	3	NM PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	3	NM PA
VEOZAH TABS 45mg	3	
VIJOICE PACK 50mg; TBPK 50mg, 125mg	3	NM PA
VIJOICE TAB 250MG	3	NM PA
VIMIZIM SOLN 5mg/5ml	3	NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NM PA
VPRIV SOLR 400unit	3	NM PA
XENPOZYME SOLR 4mg, 20mg	3	NM PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg	3	NM PA
ZAVESCA CAPS 100mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levothyroxine sodium</i> (generic of TIROSINT) CAPS 112mcg	1	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>levoxyol</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>lithyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1		<i>paricalcitol</i> CAPS 4mcg	1	B/D
<i>methimazole</i> TABS 5mg, 10mg	1		RAYALDEE CPCR 30mcg	3	
<i>propylthiouracil</i> TABS 50mg	1		ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3		ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
THYQUIDITY SOLN 100mcg/5ml	3		GASTROINTESTINAL ANTIEMETICS		
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3		AKYNZEO CAP 300-0.5	3	B/D
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		AKYNZEO INJ 235-0.25	3	NM
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		AKYNZEO INJ 235-0.25MG/20ML	3	NM
VITAMIN D ANALOGS			APONVIE EMUL 32mg/4.4ml	3	
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D	<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D	<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
			BONJESTA TAB 20-20MG	3	
			CINVANTI EMUL 130mg/18ml	3	
			<i>compro</i> SUPP 25mg	1	
			DICLEGIS TAB 10-10MG	3	
			<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	3	
			<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg	1	B/D
			EMEND CAPS 80mg; SUSR 125mg/5ml	3	B/D
			EMEND SOLR 150mg	3	
			EMEND TRIPAC PAK 80 & 125	3	B/D
			FOCINVEZ SOLN 150mg/50ml	3	
			<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
			GIMOTI SOLN 15mg/act	3	
			<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
			<i>granisetron hcl</i> TABS 1mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
MARINOL CAPS 2.5mg	3	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml	1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>promethazine hcl</i> TABS 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
SUSTOL PRSY 10mg/0.4ml	3	
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D NM
ANTISPASMODICS		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
<i>atropine sulfate</i> SOSY .25mg/5ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
BENTYL SOLN 10mg/ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 70 years and older	3	PA

Drug Name	Drug Requirements/ Tier Limits
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1
<i>cimetidine hcl</i> SOLN 300mg/5ml	1
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1
<i>nizatidine</i> CAPS 150mg, 300mg	1
PEPCID TABS 20mg, 40mg	3
INFLAMMATORY BOWEL DISEASE	
APRISO CP24 .375gm	3
AZULFIDINE TABS 500mg	3
AZULFIDINE EN-TABS TBEC 500mg	3
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1
<i>budesonide</i> CPEP 3mg	1
<i>budesonide</i> (generic of UCERIS) TB24 9mg	3
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1
CANASA SUPP 1000mg	3
CORTENEMA ENEM 100mg/60ml	3
DIPENTUM CAPS 250mg	3
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1
LIALDA TBEC 1.2gm	3
<i>mesalamine</i> (generic of APRISO) CP24 .375gm	1
<i>mesalamine</i> (generic of PENTASA) CPCR 500mg	1
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg	1
<i>mesalamine</i> ENEM 4gm; TBEC 800mg	1
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm	1
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1
PENTASA CPCR 250mg, 500mg	3
ROWASA KIT 4gm	3
SFROWASA ENEM 4gm/60ml	3
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1
UCERIS FOAM 2mg/act; TB24 9mg	3
LAXATIVES	
CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	3
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3
<i>constulose</i> SOLN 10gm/15ml	1
<i>enulose</i> SOLN 10gm/15ml	1
<i>gavilyte-c</i>	1
<i>gavilyte-g</i> (generic of GOLYTELY)	1
<i>generlac</i> SOLN 10gm/15ml	1
GOLYTELY SOL	3
<i>lactulose</i> SOLN 10gm/15ml	1
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm (generic of GOLYTELY)	1
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	1
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1
PLENVU SOL	3
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	1
SUFLAVE SOL	3
SUPREP BOWEL SOL PREP KIT	3

Drug Name	Drug Requirements/ Tier	Limits
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg	3	
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg	1	
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	3	NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NM PA
CHOLBAM CAPS 50mg, 250mg	3	NM PA
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	2	
EOHILIA SUSP 2mg/10ml	3	
GASTROCROM CONC 100mg/5ml	3	
GATTEX KIT 5mg	3	NM PA
HELIDAC MIS THERAPY	3	
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	
LIVMARLI SOLN 9.5mg/ml	3	NM PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	
LOTRONEX TABS .5mg, 1mg	3	
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	
OCALIVA TABS 5mg, 10mg	3	NM PA
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
REBYOTA SUSP 150ml	3	NM PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	
SUCRAID SOLN 8500unit/ml	3	NM
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	3	
URSO 250 TABS 250mg	3	
URSO FORTE TABS 500mg	3	
<i>ursodiol</i> CAPS 300mg; TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
VOWST CAP	3	NM PA
XERMELO TABS 250mg	3	NM PA
XIFAXAN TABS 550mg	3	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	

Drug Name	Drug Requirements/ Tier	Limits
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1	
<i>lansoprazole</i> CPDR 15mg	1	
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg	1	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PREVACID CPDR 30mg	3	
PRILOSEC PACK 2.5mg, 10mg	3	
PROTONIX SOLR 40mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg	1	
VOQUEZNA TABS 10mg, 20mg	3	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	1	
CARDURA XL TB24 4mg, 8mg	3	
CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	1	
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	1	
ENTADFI CAP 5-5MG	3	PA
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
FLOMAX CAPS .4mg	3	
PROSCAR TABS 5mg	3	
RAPAFLO CAPS 4mg, 8mg	3	
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg	1	
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	1	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg	3	
FILSPARI TABS 200mg, 400mg	3	NM PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	3	NM PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	3	NM PA
TARPEYO CPDR 4mg	3	NM PA
THIOLA TABS 100mg	3	NM
THIOLA EC TBEC 100mg, 300mg	3	NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NM
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	3	NM
UROKIT-K 5 TBCR 540mg	3	
UROKIT-K 10 TBCR 1080mg	3	
UROKIT-K 15 TBCR 15meq	3	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	
DETROL TABS 1mg, 2mg	3	
DETROL LA CP24 2mg, 4mg	3	
GELNIQUE GEL 10%	3	
GEMTESA TABS 75mg	3	
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg	1	
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg	1	
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	1	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	1	
<i>tropium chloride</i> CP24 60mg; TABS 20mg	1	
VESICARE TABS 5mg, 10mg	3	
VESICARE LS SUSP 5mg/5ml	3	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate</i> <i>vaginal</i> (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole 3</i> SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANDAZOLE GEL .75%	3	
XACIATO GEL 2%	3	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 110mg, 150mg	1	
ELIQUIS TABS 2.5mg, 5mg	2	
ELIQUIS STARTER PACK TBPK 5mg	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	
FRAGMIN SOLN 10000unit/4ml, 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	3	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
PRADAXA CAPS 75mg, 110mg, 150mg	3	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	2	
XARELTO STAR TAB 15/20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NM PA
FULPHILA SOSY 6mg/0.6ml	3	NM PA
LEUKINE SOLR 250mcg	3	NM PA
MOZOBIL SOLN 24mg/1.2ml	3	NM PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	2	NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NM PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	3	NM PA
PROCRIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NM PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml, 40000unit/ml	2	NM PA
XOLREMDI CAPS 100mg	3	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	3	NM PA
ADZYNMA KIT 500unit, 1500unit	3	NM PA
AGRYLIN CAPS .5mg	3	
ALVAIZ TABS 9mg, 18mg, 36mg, 54mg	3	NM PA
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	3	
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit	3	NM PA
CABLIVI KIT 11mg	3	NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit	3	NM PA
DOPTELET TABS 20mg	3	NM PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
EMPAVELI SOLN 1080mg/20ml	3	NM PA
ENDARI PACK 5gm	3	NM PA
ENJAYMO SOLN 1100mg/22ml	3	NM PA
FABHALTA CAPS 200mg	3	NM PA
GIVLAARI SOLN 189mg/ml	3	NM PA
HAEGARDA SOLR 2000unit, 3000unit	3	NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NM PA
KALBITOR SOLN 10mg/ml	3	NM PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	3	NM PA
MULPLETA TABS 3mg	3	NM PA
ORLADEYO CAPS 110mg, 150mg	3	NM PA
OXBRYTA TABS 300mg, 500mg; TBSO 300mg	3	NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
PYRUKYND TABS 5mg, 20mg, 50mg	3	NM PA
PYRUKYND TAB 20MGX5MG	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
PYRUKYND TAB 50MGX20M	3	NM PA
PYRUKYND TAPER PACK TBPk 5mg	3	NM PA
REBLOZYL SOLR 25mg, 75mg	3	NM PA
RUCONEST SOLR 2100unit	3	NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NM PA
SIKLOS TABS 100mg, 1000mg	3	
SOLIRIS SOLN 300mg/30ml	3	NM PA
TAKHZYRO SOLN 300mg/2ml; SOSY 150mg/ml, 300mg/2ml	3	NM PA
TAVALISSE TABS 100mg, 150mg	3	NM PA
TAVNEOS CAPS 10mg	3	NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	3	NM PA
VOYDEYA TABS 100mg	3	NM PA
VOYDEYA TAB 50-100MG	3	NM PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml	3	NM PA
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 70 years and older	2	PA
EFFIENT TABS 5mg, 10mg	3	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
ADBRY SOSY 150mg/ml	3	NM PA
AVSOLA SOLR 100mg	3	NM PA
CIBINQO TABS 50mg, 100mg, 200mg	3	NM PA
COSENTYX SOLN 125mg/5ml; SOSY 75mg/0.5ml, 150mg/ml	3	NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	3	NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml	3	NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	3	NM PA
ENBREL SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml	3	NM PA
ENBREL MINI SOCT 50mg/ml	3	NM PA
ENBREL SURECLICK SOAJ 50mg/ml	3	NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	3	NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	3	NM PA
HUMIRA PEN KIT PS/UV	3	NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	3	NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	3	NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	3	NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	3	NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	3	NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	3	NM PA
INFLIXIMAB SOLR 100mg	2	NM LA PA
REMICADE SOLR 100mg	2	NM LA PA
RENFLEXIS SOLR 100mg	3	NM PA
RINVOQ TB24 15mg, 30mg, 45mg	3	NM PA
RINVOQ LQ SOLN 1mg/ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml; SOLN 600mg/10ml; SOSY 150mg/ml	3	NM PA	CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NM PA
SKYRIZI PEN SOAJ 150mg/ml	3	NM PA	CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NM PA
SOTYKTU TABS 6mg	3	NM PA	CYTOGAM SOLN 50mg/ml	3	B/D NM
SPEVIGO SOLN 450mg/7.5ml; SOSY 150mg/ml	3	NM PA	FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	3	NM PA
STELARA SOLN 45mg/0.5ml, 130mg/26ml; SOSY 45mg/0.5ml, 90mg/ml	3	NM PA	GAMASTAN INJ	3	B/D NM
TREMFYA SOAJ 100mg/ml; SOSY 100mg/ml	3	NM PA	GAMMAGARD LIQUID	3	NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	3	NM PA	SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml		
VELSIPITY TABS 2mg	3	NM PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NM PA
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	3	NM PA	GAMMAKED SOLN	3	NM PA
XELJANZ XR TB24 11mg, 22mg	3	NM PA	1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)					
ARAVA TABS 10mg, 20mg	3		GAMMAPLEX SOLN	3	NM PA
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1		5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml		
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1		GAMUNEX-C SOLN	3	NM PA
JYLAMVO SOLN 2mg/ml	3	B/D	1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml		
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg	1		HEPAGAM B SOLN	3	B/D NM
<i>methotrexate sodium</i> TABS 2.5mg	1		312unit/ml		
PLAQUENIL TABS 200mg	3		HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	3	NM PA
SOVUNA TABS 200mg, 300mg	3		HYQVIA INJ 2.5-200	3	NM PA
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D	HYQVIA INJ 5-400	3	NM PA
XATMEP SOLN 2.5mg/ml	3	B/D	HYQVIA INJ 10-800	3	NM PA
IMMUNOGLOBULINS					
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	3	PA	HYQVIA INJ 20-1600	3	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	3	NM PA	HYQVIA INJ 30-2400	3	NM PA
			OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	3	NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	3	B/D NM
ATGAM SOLN 50mg/ml	3	B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	3	NM PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	3	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
ENVARUSUS XR TB24 .75mg, 1mg, 4mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	3	B/D NM
engraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	3	NM PA
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	3	B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
MYFORTIC TBEC 180mg, 360mg	3	B/D NM
MYHIBBIN SUSP 200mg/ml	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
NULOJIX SOLR 250mg	3	B/D NM
PROGRAF CAPS .5mg, 1mg, 3 5mg; PACK .2mg, 1mg	3	B/D NM
RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	3	B/D NM
REZUROCK TABS 200mg	3	NM PA
SANDIMMUNE CAPS 25mg, 100mg; SOLN 50mg/ml	3	B/D NM
SAPHNELO SOLN 300mg/2ml	3	NM PA
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	3	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	3	B/D NM
VACCINES		
ABRYSCO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	

Drug Name	Drug Requirements/ Tier	Limits
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
YF-VAX INJ	1	

Drug Name	Drug Requirements/ Tier Limits
NUTRITIONAL/SUPPLEMENTS	
ELECTROLYTES/MINERALS,	
INJECTABLE	
D2.5W/NAACL INJ 0.45%	3
D5W/LYTES INJ #48	3
D10W/NAACL INJ 0.2%	2
<i>dextrose 2.5% w/ sodium chloride 0.45%</i> (generic of DEXTROSE 2.5%/SODIUM CHLO)	1
<i>dextrose 5% in lactated ringers</i>	1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1
<i>dextrose 5% w/ sodium chloride 0.3%</i> (generic of DEXTROSE 5%/SODIUM CHLORI)	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% w/ sodium chloride 0.225%</i> (generic of DEXTROSE/SODIUM CHLORIDE)	1
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1
ISOLYTE-P INJ /D5W	3
ISOLYTE-S INJ	3
ISOLYTE-S INJ PH 7.4	3
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1

Drug Name	Drug Requirements/ Tier Limits
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NAACL 0.9%)	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1
KCL/D5W/LACT INJ 20MEQ/L	3
KCL/D5W/NAACL INJ 0.3/0.9% lactated ringer's solution	3 1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
<i>magnesium sulfate</i> SOLN 50%	2
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	2
MG SO4/D5W INJ 10MG/ML	2
<i>multiple electrolytes ph 5.5</i>	1
<i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A)	1
PLASMA-LYTE INJ -148	3
PLASMA-LYTE INJ -A	3
POT CHL 20MEQ/L IN NAACL 0.9% INJ	3
POT CHL 20MEQ/L IN NAACL 0.45% INJ	3
POT CHL 40MEQ/L IN NAACL 0.9% INJ	3
<i>potassium chloride</i> SOLN 2meq/ml	1

Drug Name	Drug Requirements/ Tier	Limits
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	2	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq	1	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	3	B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	
<i>gatifloxacin (ophth)</i> SOLN .5%	1	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>levofloxacin (ophth)</i> SOLN 1.5%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	1	
<i>neo-polycin 5(3.5)mg-400unt-</i> <i>10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op</i> <i>oin</i>	1	
<i>neomycin-polymy-gramicid op</i> <i>sol 1.75-10000-0.025mg-unt-</i> <i>mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim</i> <i>ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
TOBEX OINT .3%	3	
<i>trifluridine</i> SOLN 1%	1	
VIGAMOX SOLN .5%	3	
XDEMZY SOLN .25%	3	NM
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium</i> <i>phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> (generic of LOTEMAX) GEL .5%; SUSP .5%	1	
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	3	NM

Drug Name	Drug Requirements/ Tier	Limits
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .1%, .15%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> (generic of COMBIGAN)	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	

Drug Name	Drug Requirements/ Tier	Limits
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	3	NM PA
BYOOVIZ SOLN .5mg/0.05ml	3	NM PA
CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml	3	NM PA
CYSTADROPS SOLN .37%	3	NM PA
CYSTARAN SOLN .44%	3	NM PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3	NM PA
EYLEA HD SOLN 8mg/0.07ml	3	NM PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	3	NM PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	3	NM PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002%	3	NM PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	3	NM PA
SYFOVRE SOLN 15mg/0.1ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
VABYSMO SOLN 6mg/0.05ml	3	NM PA
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml- 1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	
BEVESPI AER 9-4.8MCG	2	
BREZTRI AERO AER SPHERE	2	
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	
COMBIVENT AER 20-100	3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	3	
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg	3	
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	
<i>tiotropium bromide monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg	1	
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> (generic of DYMISTA)	1	
CLARINEX-D TAB 2.5-120	3	
<i>promethazine vc</i> PA applies if 70 years and older	2	PA
RYALTRIS SPR 665-25	3	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg PA applies if 70 years and older	2	PA
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	
CLARINEX TABS 5mg	3	
<i>clemastine fumarate</i> TABS 2.68mg PA applies if 70 years and older	2	PA
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg	1	
<i>desloratadine</i> TBP 2.5mg, 5mg	1	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>hydroxyzine pamoate</i> CAPS 50mg, 100mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml	3	
VISTARIL CAPS 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act (generic of Proair HFA)	1	
<i>albuterol sulfate</i> AERS 108mcg/act (generic of Ventolin HFA)	1	
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act (generic of Proventil HFA)	1	
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	3	B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	
PERFOROMIST NEBU 20mcg/2ml	3	B/D
SEREVENT DISKUS AEPB 50mcg/dose	2	
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2	
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
<i>zileuton</i> TB12 600mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	3	NM PA
BRONCHITOL CAPS 40mg	3	NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
<i>elixophyllin</i> ELIX 80mg/15ml	3	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of AdrenaClick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml	3	NM PA
FASENRA PEN SOAJ 30mg/ml	3	NM PA
GLASSIA SOLN 1000mg/50ml	3	NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg; TABS 150mg	3	NM PA
OFEV CAPS 100mg, 150mg	3	NM PA
ORKAMBI GRA 75-94MG	3	NM PA
ORKAMBI GRA 100-125	3	NM PA
ORKAMBI GRA 150-188	3	NM PA
ORKAMBI TAB 100-125	3	NM PA
ORKAMBI TAB 200-125	3	NM PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg; TABS 267mg, 801mg	3	NM PA
<i>pirfenidone</i> TABS 534mg	3	NM PA
PROLASTIN-C SOLN 1000mg/20ml	3	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	3	NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg, 500mcg	1	
SYMDEKO TAB 50-75MG	3	NM PA
SYMDEKO TAB 100-150	3	NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
TRIKAFTA PAK 75MG	3	NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG	3	NM PA
TRIKAFTA TAB 100-50-75MG & 150MG	3	NM PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	3	NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	3	NM PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	1	
OMNARIS SUSP 50mcg/act	3	
QNASL AERS 80mcg/act	3	
QNASL CHILDRENS AERS 40mcg/act	3	
XHANCE EXHU 93mcg/act	3	
STEROID INHALANTS		
ALVESCO AERS 80mcg/act, 160mcg/act	3	
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
BREO ELLIPTA INH 50- 25MCG	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
<i>breynga</i> (generic of SYMBICORT)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT)	1	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> (generic of SYMBICORT)	1	
DULERA AER 50-5MCG	3	
DULERA AER 100-5MCG	3	
DULERA AER 200-5MCG	3	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
<i>wixela inhub</i> (generic of ADVAIR DISKUS)	1	
TOPICAL DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	
ACANYA GEL 1.2-2.5%	3	
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	
ACZONE GEL 5%, 7.5%	3	
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3%	1	
ADAPALENE SOLN .1%	3	
AKLIEF CREA .005%	3	
ALTRENO LOTN .05%	3	PA
amnesteem CAPS 10mg, 20mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ARAZLO LOTN .045%	3	PA
ATRALIN GEL .05%	3	PA
AZELEX CREA 20%	3	
BENZAMYCIN GEL 5-3%	3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN)	1	
CABTREEO GEL	3	
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
CLEOCIN-T LOTN 1%	3	
<i>clindacin</i> FOAM 1%	1	
<i>clindacin etz pledgets</i> SWAB 1%	1	
<i>clindacin-p</i> SWAB 1%	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate (topical)</i> FOAM 1%; SOLN 1%; SWAB 1%	1	
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1%	1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1%	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA)	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5%	1	
DIFFERIN GEL .3%; LOTN .1%	3	
EPSOLAY CREA 5%	3	
ery PADS 2%	1	
ERYGEL GEL 2%	3	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2%	1	
<i>erythromycin (acne aid)</i> SOLN 2%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	3	
KLARON LOTN 10%	3	
<i>neuac gel</i> 1.2-5%	1	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	PA
<i>sulfacetamide sodium</i> (acne) (generic of KLARON) LOTN 10%	1	
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%	1	PA
<i>tretinoin</i> (generic of ATRALIN) GEL .05%	1	PA
<i>tretinoin microsphere</i> GEL .04%, .1%	1	PA
<i>twice-daily clindamycin phosphate</i> (topical) GEL 1%	1	
TWYNEO CRE 0.1-3%	3	PA
WINLEVI CREA 1%	3	
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1%	3	
<i>gentamicin sulfate</i> (topical) CREA .1%; OINT .1%	1	
<i>mupirocin</i> OINT 2%	1	
SILVADENE CREA 1%	3	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77%; SHAM 1%	1	
<i>ciclopirox olamine</i> CREA .77%; SUSP .77%	1	
<i>clotrimazole</i> (topical) CREA 1%; SOLN 1%	1	
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>econazole nitrate</i> CREA 1%	1	
JUBLIA SOLN 10%	3	
<i>ketoconazole</i> (topical) CREA 2%; SHAM 2%	1	
<i>klayesta</i> POWD 100000unit/gm	1	
<i>miconazole-zinc oxide-white petrolatum oint</i> 0.25-15-81.35%	1	
<i>naftifine hcl</i> CREA 1%, 2%	1	
<i>naftifine hcl</i> (generic of NAFTIN) GEL 2%	1	
NAFTIN GEL 1%, 2%	3	
<i>nyamyc</i> POWD 100000unit/gm	1	
<i>nystatin</i> (topical) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	1	
<i>nystop</i> POWD 100000unit/gm	1	
OXISTAT LOTN 1%	3	PA
<i>selenium sulfide</i> LOTN 2.5%	1	
VUSION OIN	3	
ZORYVE FOAM .3%	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	
<i>calcipotriene</i> CREA .005%; OINT .005%; SOLN .005%	1	PA
<i>calcitrene</i> OINT .005%	1	PA
ENSTILAR AER	3	PA
<i>methoxsalen rapid</i> CAPS 10mg	3	
SORILUX FOAM .005%	3	PA
<i>tazarotene</i> (generic of TAZORAC) CREA .1%; GEL .05%, .1%	1	PA
TAZORAC CREA .05%; GEL .05%, .1%	3	PA
VTAMA CREA 1%	3	
ZORYVE CREA .3%	3	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>ala-scalp</i> LOTN 2%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%; OINT .05%	1	
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; LOTN .05%	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05%	1	
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; LOTN .1%; OINT .1%	1	
<i>clobetasol propionate</i> CREA .05%; FOAM .05%; GEL .05%; OINT .05%; SOLN .05%	1	
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%; LOTN .05%	1	
<i>clobetasol propionate e</i> CREA .05%	1	
<i>clobetasol propionate emulsion</i> FOAM .05%	1	
CLOBEX LIQD .05%; LOTN .05%	3	
DERMA-SMOOTH/FS BODY OIL .01%	3	
DERMA-SMOOTH/FS SCALP OIL .01%	3	
<i>desonide</i> (generic of DESOWEN) CREA .05%	1	
<i>desonide</i> LOTN .05%; OINT .05%	1	
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25%	1	
DIPROLENE OINT .05%	3	
DUOBRII LOT	3	PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01%; SOLN .01%	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%	1	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01%	1	
<i>fluocinonide</i> (generic of VANOS) CREA .1%	1	
<i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1	
<i>fluocinonide emulsified base</i> CREA .05%	1	
<i>fluticasone propionate</i> CREA .05%; LOTN .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2%, 2.5%; OINT 1%, 2.5%	1	
<i>hydrocortisone butyrate</i> SOLN .1%	1	
<i>hydrocortisone valerate</i> CREA .2%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PANDEL CREA .1%	3	
SYNALAR CREA .025%; OINT .025%	3	
TOVET FOAM .05%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
TRIDERM CREA .5%	1	
VANOS CREA .1%	3	
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	3	
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5%	1	PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL

Drug Name	Drug Requirements/ Tier	Limits
<i>lidocan</i> (generic of LIDODERM) PTCH 5%	1	PA
QUTENZA KIT 8% 1-PCH	3	B/D NM
QUTENZA KIT 8% 2-PCH	3	B/D NM
QUTENZA KIT 8% 4-PCH	3	B/D NM
ZTLIDO PTCH 1.8%	3	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5%	1	
ANUSOL-HC CREA 2.5%	3	
<i>azelaic acid</i> (generic of FINACEA) GEL 15%	1	
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%	3	NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33%	1	
CONDYLOX GEL .5%	3	
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	1	PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	
<i>doxepin hcl (antipruritic)</i> (generic of PRUDOXIN) CREA 5%	1	PA
<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
EFUDEX CREA 5%	3	
ELIDEL CREA 1%	3	
FINACEA FOAM 15%; GEL 15%	3	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	1	
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	
<i>hydrocortisone (rectal)</i> CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2%	3	NM
<i>imiquimod</i> CREA 5%	1	
KLISYRI OINT 1%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
METROCREAM CREA .75%	3	
METROLOTION LOTN .75%	3	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%	1	
<i>metronidazole (topical)</i> GEL .75%	1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%	1	
MIRVASO GEL .33%	3	
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4%	1	
OPZELURA CREA 1.5%	3	PA
ORACEA CPDR 40mg	3	
PANRETIN GEL .1%	3	PA
<i>penciclovir</i> (generic of DENAVIR) CREA 1%	1	
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1%	1	
<i>podofilox</i> (generic of CONDYLOX) GEL .5%	1	
<i>podofilox</i> SOLN .5%	1	
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PRUDOXIN CREA 5%	3	PA
RECTIV OINT .4%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	
TARGRETIN GEL 1%	3	NM PA
TOLAK CREA 4%	3	
VALCHLOR GEL .016%	3	NM PA
YCANTH SOLN .7%	3	NM
ZONALON CREA 5%	3	PA
ZOVIRAX OINT 5%	3	

Drug Name	Drug Requirements/ Tier Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES	
<i>crotan</i> LOTN 10%	3
<i>malathion</i> LOTN .5%	1
NATROBA SUSP .9%	3
OVIDE LOTN .5%	3
<i>permethrin</i> CREA 5%	1
<i>spinosad</i> SUSP .9%	1
DERMATOLOGY, WOUND CARE AGENTS	
REGRANEX GEL .01%	3
SANTYL OINT 250unit/gm	3
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1
<i>water for irrigation, sterile irrigation soln</i>	1
MOUTH/THROAT/DENTAL AGENTS	
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1
<i>clotrimazole</i> TROC 10mg	1
EVOXAC CAPS 30mg	3
<i>kourzeq</i> PSTE .1%	1
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	1
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1
SALAGEN TABS 5mg, 7.5mg	3
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1

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<i>juleber</i>	50	KCL 0.3%/D5W/NACL 0.9%			<i>ketoconazole (topical)</i>
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<i>junel 1/20</i>	50	<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	68		<i>ketorolac tromethamine (ophth)</i>
<i>junel 1.5/30</i>	50	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	68		KEVEYIS
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The Empire Plan

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