NEW YORK STATE | Department of Civil Service
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)

2027 Formulary

(List of Covered Drugs or "Drug List")

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

This Formulary was updated on 09/29/2026. 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: 27112

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, 2027. 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, 2028, and from time to time during the year.

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09/29/2026

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 2027 *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.

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

The enclosed Formulary is current as of January 1, 2027. 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 based on specific criteria 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 2027 *Evidence of Coverage* and other plan materials.

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

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

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 will be needed from your prescriber 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	Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 200mg, 300mg	1	
allopurinol sodium (generic of ALOPRIM) SOLR 500mg	3	
ALOPRIM SOLR 500mg	3	
colchicine (generic of MITIGARE) CAPS .6mg	1	
colchicine TABS .6mg	1	
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat (generic of ULORIC) TABS 40mg, 80mg	1	
GLOPERBA SOLN .6mg/5ml	3	
KRYSTEXXA SOLN 8mg/50ml	3	NM PA
probenecid TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	
MISCELLANEOUS		
JOURNAVX TABS 50mg	2	
lidocaine hcl (local anesth.) SOLN 4%	1	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D
NSAIDS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg, 400mg	3	
celecoxib (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	1	
diclofenac potassium TABS 50mg	1	
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (generic of ARTHROTEC 50)	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (generic of ARTHROTEC 75)	1	
diflunisal TABS 500mg	1	
etodolac CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
etodolac (generic of LODINE) TABS 400mg	1	
flurbiprofen TABS 100mg	1	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
ketorolac tromethamine TABS 10mg PA applies if 65 years and older	1	PA
meclofenamate sodium CAPS 50mg, 100mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	1	
naproxen TABS 250mg, 375mg, 500mg; TBEC 375mg	1	
naproxen dr TBEC 500mg	1	
naproxen sodium TABS 275mg, 550mg	1	
oxaprozin TABS 600mg	1	
piroxicam CAPS 10mg, 20mg	1	
sulindac TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg QL (60 buccal films / 30 days)	3	QL PA
buprenorphine (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
hydrocodone bitartrate CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	1	QL PA
hydromorphone hcl TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml	3	
methadone hydrochloride i (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
morphine sulfate CP24 10mg, 20mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	1	QL PA
morphine sulfate TBCR 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
MS CONTIN TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	3	QL PA
tramadol hcl TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	1	QL
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg QL (300 caps / 30 days)	1	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	3	
butorphanol tartrate SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
codeine sulfate TABS 30mg QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL
DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	3	QL
endocet tab 2.5-325mg QL (360 tabs / 30 days)	1	QL
endocet tab 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
endocet tab 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen soln 10-300 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen tab 2.5-325 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-300 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 5-200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 10-200 mg QL (150 tabs / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
HYDROMORPHONE HCL SOLN 4mg/ml	3	B/D
hydromorphone hcl (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/ml, 50mg/5ml	3	B/D
hydromorphone hcl (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 10mg/ml, 50mg/ml	3	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	3	
oxycodone hcl CAPS 5mg QL (180 caps / 30 days)	1	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
oxycodone hcl TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen soln 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	1	QL

Drug Name	Drug Tier	Requirements/ Limits
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
oxymorphone hcl TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
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
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	1	QL
tramadol-acetaminophen tab 37.5-325 mg QL (240 tabs / 30 days)	1	QL
trezix QL (300 caps / 30 days)	1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	1	
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NM PA
atovaquone (generic of MEPRON) SUSP 750mg/5ml	1	
AZACTAM SOLR 2gm	3	
aztreonam SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	3	NM PA
BLUJEPA TABS 750mg	2	
CAYSTON SOLR 75mg	3	NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
EMBLAVEO INJ 2GM	3	
EMVERM CHEW 100mg	3	
ertapenem sodium SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml	3	
fosfomycin tromethamine PACK 3gm	1	
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	1	
HUMATIN CAPS 250mg	3	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)	1	
ivermectin (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days)	1	QL PA
ivermectin TABS 6mg QL (10 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	3	
KITABIS PAK NEBU 300mg/5ml	3	NM PA
LIKMEZ SUSP 500mg/5ml	3	
linezolid (generic of ZYVOX) SOLN 600mg/300ml	1	
linezolid SUSR 100mg/5ml; TABS 600mg	1	
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	
meropenem SOLR 1gm, 500mg	1	
meropenem (generic of MEROPENEM) SOLR 2gm	1	
methenamine hippurate TABS 1gm	1	
metronidazole CAPS 375mg; TABS 125mg, 250mg, 500mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
NEBUPENT SOLR 300mg	3	B/D
neomycin sulfate TABS 500mg	1	
nitazoxanide TABS 500mg	1	
nitrofurantoin macrocrystal CAPS 25mg, 50mg, 100mg	2	
nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	3	
ORLYNVAH TAB 500-500	3	NM
PENTAM 300 SOLR 300mg	3	
pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg	1	B/D
pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg	1	
polymyxin b sulfate SOLR 500000unit	1	
praziquantel TABS 600mg	1	
pyrimethamine (generic of DARAPRIM) TABS 25mg	3	
RECARBRIO INJ 1.25GM	3	
SIVEXTRO SOLR 200mg; TABS 200mg	3	
SOLOSEC PACK 2gm	3	
streptomycin sulfate SOLR 1gm	3	
STROMECTOL TABS 3mg QL (20 tabs / 90 days)	3	QL PA
sulfadiazine TABS 500mg	3	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	1	
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	1	
tinidazole TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	3	NM PA
tobramycin (generic of BETHKIS) NEBU 300mg/4ml	3	NM PA
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	3	NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	1	
trimethoprim TABS 100mg	1	
TYZAVAN SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml	3	
VABOMERE INJ 2GM(1-1)	3	
VANCOCIN CAPS 125mg, 250mg	3	
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
vancomycin hcl (generic of VANCOCIN) CAPS 125mg, 250mg	1	
vancomycin hcl SOLN 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; SOLR 1gm, 1.5gm, 5gm, 10gm, 250mg/5ml, 500mg	1	
vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	1	
vancomycin hcl (generic of FIRVANQ) SOLR 25mg/ml	1	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	3	
XACDURO INJ 1-1GM	3	
XIFAXAN TABS 200mg	2	
ZYVOX SOLN 600mg/300ml	3	
ANTIFUNGALS		
AMBISOME SUSR 50mg	3	B/D
amphotericin b SOLR 50mg	1	B/D
amphotericin b liposome (generic of AMBISOME) SUSR 50mg	3	B/D
ANCOBON CAPS 250mg, 500mg	3	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	
caspofungin acetate (generic of CASPOFUNGIN ACETATE) SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	3	PA
DIFLUCAN SUSR 40mg/ml	3	
ERAXIS SOLR 50mg, 100mg	3	
fluconazole SUSR 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
fluconazole (generic of DIFLUCAN) SUSR 40mg/ml	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	

Drug Name	Drug Tier	Requirements/ Limits
flucytosine (generic of ANCOBON) CAPS 250mg, 500mg	3	
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
griseofulvin ultramicrosize TABS 125mg, 250mg	1	
griseofulvin ultramicrosize TABS 165mg	3	
itraconazole (generic of SPORANOX) CAPS 100mg	1	
itraconazole SOLN 10mg/ml	1	
ketoconazole TABS 200mg	1	
micafungin sodium SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	3	
MICAFUNGIN/NACL INJ 100MG/100ML	3	
MICAFUNGIN/NACL INJ 150MG/150ML	3	
NOXAFIL PACK 300mg	3	PA
NOXAFIL SOLN 300mg/16.7ml	3	
nystatin TABS 500000unit	1	
posaconazole SOLN 300mg/16.7ml	3	
posaconazole SUSP 40mg/ml	3	PA
posaconazole TBEC 100mg	1	PA
REZZAYO SOLR 200mg	3	
terbinafine hcl TABS 250mg QL (30 tabs / 30 days)	1	QL
TOLSURA CAPS 65mg	3	PA
VFEND SUSR 40mg/ml	3	PA
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg	3	NM
VORICONAZOLE SOLN 200mg/20ml; SOLR 200mg	3	PA
voriconazole (generic of VFEND IV) SOLR 200mg	1	PA
voriconazole (generic of VFEND) SUSR 40mg/ml	3	PA
voriconazole TABS 50mg, 200mg	1	

Drug Name	Drug Tier	Requirements/ Limits
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	1	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
mefloquine hcl TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
quinine sulfate CAPS 324mg	1	
ANTIRETROVIRAL AGENTS		
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	1	NM
abacavir sulfate TABS 300mg	1	NM
APTIVUS CAPS 250mg	3	NM
atazanavir sulfate CAPS 150mg	1	NM
atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
darunavir (generic of PREZISTA) TABS 600mg, 800mg	1	NM
EDURANT TABS 25mg	3	NM
EDURANT PED TBSO 2.5mg	3	NM
efavirenz TABS 600mg	1	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
etravirine (generic of INTELENCE) TABS 100mg, 200mg	1	NM
fosamprenavir calcium TABS 700mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
INTELENCE TABS 25mg, 200mg	3	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	3	NM
ISENTRESS HD TABS 600mg	3	NM
lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	1	NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	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
rilpivirine hcl (generic of EDURANT) TABS 25mg	1	NM
ritonavir (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	3	NM
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	3	NM
SUNLENCA TABS 300mg; TBPK 300mg	3	NM
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 50mg	3	NM
TIVICAY PD TBSO 5mg	3	NM
TROGARZO SOLN 200mg/1.33ml	3	NM
VIRACEPT TABS 250mg, 625mg	3	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	3	NM
ZIAGEN SOLN 20mg/ml	3	NM
zidovudine (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
zidovudine TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	NM
BIKTARVY TAB 30-120-15 MG	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
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	1	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (generic of COMPLERA)	3	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	3	NM
GENVOYA TAB	3	NM
IDVYNSO TAB 100-0.25	3	NM

Drug Name	Drug Requirements/ Tier	Limits
JULUCA TAB 50-25MG	3	NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	3	NM
lamivudine-zidovudine tab 150-300 mg	1	NM
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	1	NM
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	1	NM
ODEFSEY TAB	3	NM
PREZCOBIX TAB 675/150	3	NM
PREZCOBIX TAB 800-150	3	NM
STRIBILD TAB	3	NM
SYMTUZA TAB	3	NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	3	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	3	
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg	1	
rifampin (generic of RIFADIN) SOLR 600mg	1	
rifapentine (generic of PRIFTIN) TABS 150mg	1	
SIRTURO TABS 20mg, 100mg	3	NM
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	3	NM
cidofovir SOLN 75mg/ml	1	
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
famciclovir TABS 125mg, 250mg, 500mg	1	
foscarnet sodium (generic of FOSCAVIR) SOLN 6000mg/250ml	3	B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
ganciclovir sodium 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
HEPCLUDEX SOLR 8.5mg	3	NM PA
lamivudine (hbv) TABS 100mg	1	NM
LIVTENCITY TABS 200mg	3	NM PA
MAVYRET PAK 50-20MG	3	NM PA
MAVYRET TAB 100-40MG	3	NM PA
oseltamivir phosphate CAPS 30mg, 45mg	1	
oseltamivir phosphate (generic of TAMIFLU) CAPS 75mg; SUSR 6mg/ml	1	
PAXLOVID PAK	1	
PAXLOVID TAB 150-100	1	
PAXLOVID TAB 300-100	1	
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	NM PA
PREVYMIS PACK 20mg, 120mg; SOLN 240mg/12ml, 480mg/24ml; TABS 240mg, 480mg	3	
RAPIVAB SOLN 200mg/20ml	3	
RELENZA DISKHALER AEPB 5mg/blister	2	
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
TAMIFLU CAPS 75mg; SUSR 6mg/ml	3	
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
VALCYTE SOLR 50mg/ml	3	
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml	3	
valganciclovir hcl 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	
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
cefepime hcl SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml; TABS 400mg	1	
cefotetan disodium SOLR 1gm	1	
cefotetan disodium (generic of CEFOTAN) SOLR 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftaroline fosamil (generic of TEFLARO) SOLR 400mg, 600mg	3	
ceftazidime SOLR 1gm, 2gm, 6gm	1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1	
cefuroxime sodium SOLR 1.5gm, 750mg	1	
cephalexin CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	3	
tazicef SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	3	
ZERBAXA INJ 1.5GM	3	
ZEVTERA SOLR 667mg	3	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg; SUSR 100mg/5ml; TABS 600mg	1	
azithromycin (generic of ZITHROMAX) SUSR 200mg/5ml; TABS 250mg, 500mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
clarithromycin (generic of BIAXIN XL) TB24 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
DIFICID SUSR 40mg/ml; TABS 200mg	3	
e.e.s. 400 TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
erythromycin base TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
erythromycin ethylsuccinate (generic of ERYPED 400) SUSR 400mg/5ml	1	
erythromycin lactobionate (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
fidaxomicin (generic of DIFICID) TABS 200mg	3	
ZITHROMAX SUSR 200mg/5ml	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	
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	1	
ciprofloxacin hcl TABS 750mg	1	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
moxifloxacin hcl TABS 400mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
AMOX/K CLAV CHW 200/28.5	3	
AMOX/K CLAV CHW 400/57	3	
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin CAPS 500mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)	1	

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

Drug Name	Drug Requirements/ Tier	Limits
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml	1	B/D
cisplatin (generic of CISPLATIN) SOLN 200mg/200ml	1	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	3	B/D NM
cyclophosphamide (generic of CYCLOPHOSPHAMIDE) SOLN 1gm/5ml	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 50mg	3	B/D
cyclophosphamide (generic of CYCLOPHOSPHAMIDE) SOLN 500mg/2.5ml	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	3	B/D NM
GLEOSTINE CAPS 10mg, 40mg, 100mg	3	NM
GRAFAPEX SOLR 1gm, 5gm	3	B/D NM
IFEX SOLR 3gm	3	B/D
ifosfamide SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
KYXATA SOLN 80mg/8ml, 500mg/50ml	3	B/D NM
LEUKERAN TABS 2mg	3	
lomustine (generic of GLEOSTINE) CAPS 10mg, 40mg	1	NM
lomustine (generic of GLEOSTINE) CAPS 100mg	3	NM
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
oxaliplatin SOLR 50mg, 100mg	3	B/D
TREANDA SOLR 25mg, 100mg	3	B/D NM
VIVIMUSTA SOLN 100mg/4ml	3	B/D NM
ZEPZELCA SOLR 4mg	3	NM PA
ANTIMETABOLITES		
AVGEMSI SOLN 1gm/26.3ml, 2gm/52.6ml	3	B/D NM
AXTLE SOLR 100mg, 500mg	3	B/D NM
azacitidine (generic of VIDAZA) SUSR 100mg	3	B/D NM
cytarabine SOLN 20mg/ml, 100mg/ml	1	B/D
decitabine SOLR 50mg	3	B/D NM
FAVLYXA SOLN 2.5gm/100ml, 250mg/10ml	3	B/D NM
fludarabine phosphate SOLN 50mg/2ml; SOLR 50mg	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	3	NM PA
gemcitabine hcl (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
gemcitabine hcl SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG	3	NM PA
LONSURF TAB 15-6.14	3	NM PA
LONSURF TAB 20-8.19	3	NM PA
mercaptopurine (generic of PURIXAN) SUSP 2000mg/100ml	3	NM
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml	3	B/D
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	3	B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	3	B/D
pralatrexate (generic of FOLOTYN) SOLN 20mg/ml, 40mg/2ml	3	NM PA
PURIXAN SUSP 2000mg/100ml	3	NM
TABLOID TABS 40mg	3	
VIDAZA SUSR 100mg	3	B/D NM
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg, 500mg	3	NM PA
abirtega (generic of ZYTIGA) TABS 250mg	1	NM PA
AKEEGA TAB 50/500MG	3	NM PA
AKEEGA TAB 100/500	3	NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	3	
AROMASIN TABS 25mg	3	
bicalutamide (generic of CASODEX) TABS 50mg	1	
CAMCEVI PRSY 42mg	3	NM PA
CASODEX TABS 50mg	3	
CLIGAVYX SOSY 250mg/5ml	3	B/D NM
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
ERLEADA TABS 60mg, 240mg	3	NM PA
EULEXIN CAPS 125mg	3	
exemestane (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
fulvestrant (generic of FASLODEX) SOSY 250mg/5ml	1	B/D
INLURIYO TABS 200mg	3	NM PA
letrozole (generic of FEMARA) TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	1	NM PA
LIFYORLI CAP 125MG DS	3	NM PA
LIFYORLI CAP 150MG DS	3	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
LUTRATE DEPOT INJ 22.5mg	3	NM PA
LYSODREN TABS 500mg	3	NM
megestrol acetate TABS 20mg, 40mg	2	
nilutamide 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	
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate (generic of FARESTON) TABS 60mg	1	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
VEPPANU TABS 100mg, 200mg	3	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

Drug Name	Drug Tier	Requirements/ Limits
IMMUNOMODULATORS		
lenalidomide (generic of REVLIMID) CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NM PA
pomalidomide (generic of POMALYST) CAPS 1mg, 2mg, 3mg, 4mg	3	NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	3	NM PA
THALOMID CAPS 50mg, 100mg	3	NM PA
ZENBEXUS CAPS .75mg, 1mg	3	NM PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	3	NM PA
BESREMI SOSY 500mcg/ml	3	NM PA
BESREMI PEN SOPN 500mcg/0.5ml	3	NM PA
bexarotene (generic of TARGRETIN) CAPS 75mg	3	NM PA
bleomycin sulfate SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
dacarbazine SOLR 100mg	1	B/D
dexrazoxane hcl SOLR 250mg, 500mg	1	B/D
DOXIL SUSP 2mg/ml	3	B/D
doxorubicin hcl (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
doxorubicin hcl liposomal (generic of DOXIL) SUSP 2mg/ml	3	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELITEK SOLR 1.5mg, 7.5mg	3	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	3	B/D
ETHYOL SOLR 500mg	3	B/D
HYDREA CAPS 500mg	3	
hydroxyurea (generic of HYDREA) CAPS 500mg	1	
irinotecan hcl (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
irinotecan hcl SOLN 500mg/25ml	1	B/D
IWILFIN TABS 192mg	3	NM PA
KHAPZORY SOLR 175mg	3	B/D NM
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MATULANE CAPS 50mg	3	NM
mesna (generic of MESNEX) TABS 400mg	1	
MESNEX TABS 400mg	3	
mitomycin SOLR 5mg, 20mg	1	B/D
mitomycin SOLR 40mg	3	B/D
mitoxantrone hcl CONC 20mg/10ml, 25mg/12.5ml, 30mg/15ml	1	B/D NM
MODEYSO CAPS 125mg	3	NM PA
NIPENT SOLR 10mg	3	B/D
ONCASPAR SOLN 750unit/ml	3	NM PA
ONIVYDE SUSP 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
topotecan hcl (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
topotecan hcl (generic of HYCAMTIN) SOLR 4mg	1	B/D
tretinoin (chemotherapy) CAPS 10mg	3	
valrubicin (generic of VALSTAR) SOLN 40mg/ml	3	B/D NM
VALSTAR SOLN 40mg/ml	3	B/D NM
VYKOURA SOLN 50mg/5ml, 350mg/35ml, 500mg/50ml	3	B/D NM
WELIREG TABS 40mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	3	B/D NM
AVOPEF SOLN 100mg/5ml, 500mg/25ml	3	B/D NM
BEIZRAY CONC 20mg/ml	3	B/D NM
BEIZRAY INJ 80MG/4ML	3	B/D NM
BEIZRAY INJ 160/8ML	3	B/D NM
docetaxel CONC 20mg/ml, 80mg/4ml	3	B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	B/D
docetaxel (generic of DOCETAXEL) CONC 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	B/D NM
eribulin mesylate (generic of HALAVEN) SOLN 1mg/2ml	3	B/D NM
ETOPOPHOS SOLR 100mg	3	B/D
etoposide 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
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	3	B/D NM
paclitaxel protein-bound particles for iv susp 100 mg (generic of ABRAXANE)	3	B/D NM
vinblastine sulfate SOLN 1mg/ml	1	B/D
vincristine sulfate SOLN 1mg/ml	1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D
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
AUGTYRO CAPS 40mg, 160mg	3	NM PA
AVMAPKI PAK FAKZYNJA	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
BLENREP SOLR 70mg	3	NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
bortezomib (generic of VELCADE) SOLR 3.5mg	1	NM PA
BORUZU SOLN 3.5mg/1.4ml	3	NM PA
BOSULIF CAPS 50mg, 100mg; TABS 100mg, 400mg, 500mg	3	NM PA
bosutinib (generic of BOSULIF) TABS 100mg, 400mg, 500mg	3	NM PA
BRAFTOVI CAPS 75mg	3	NM PA
BRUKINSA CAPS 80mg; TABS 160mg	3	NM PA
CABOMETYX TABS 20mg, 40mg, 60mg	3	NM PA
CALQUENCE TABS 100mg	3	NM PA
CAPRELSA TABS 100mg, 300mg	3	NM PA
CAVHANZA TBDP 60mg, 80mg	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
DANZITEN TABS 71mg, 95mg	3	NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NM PA

Drug Name	Drug Tier	Requirements/ Limits
DARZALEX INJ FASPRO	3	NM PA
dasatinib (generic of SPRYCEL) TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NM PA
DATROWAY SOLR 100mg	3	NM PA
DAURISMO TABS 25mg, 100mg	3	NM PA
ELAHERE SOLN 100mg/20ml	3	NM PA
EMPLICITI SOLR 300mg, 400mg	3	NM PA
EMRELIS SOLR 20mg, 100mg	3	NM PA
ENHERTU SOLR 100mg	3	NM PA
ENSACOVE CAPS 25mg, 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
erlotinib hcl TABS 25mg, 100mg, 150mg	3	NM PA
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NM PA
everolimus (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
FYARRO SUSR 100mg	3	NM PA
GAVRETO CAPS 100mg	3	NM PA
GAZYVA SOLN 1000mg/40ml	3	NM PA
gefitinib (generic of IRESSA) TABS 250mg	3	NM PA
GILOTRIF TABS 20mg, 30mg, 40mg	3	NM PA
GLEEVEC TABS 100mg, 400mg	3	NM PA
GOMEKLI CAPS 1mg, 2mg; TBSO 1mg	3	NM PA
HERCEP HYLEC SOL 60-10000	3	NM PA
HERCEPTIN SOLR 150mg	3	NM PA
HERCESSI SOLR 150mg, 420mg	3	NM PA
HERNEXEOS TABS 60mg	3	NM PA
HERZUMA SOLR 150mg, 420mg	3	NM PA
HYRNUO TABS 10mg	3	NM PA
IBRANCE CAPS 125mg; TABS 75mg, 100mg, 125mg	3	NM PA
IBTROZI CAPS 200mg	3	NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	3	NM PA
IDHIFA TABS 50mg, 100mg	3	NM PA
imatinib mesylate (generic of GLEEVEC) TABS 100mg	1	NM PA
imatinib mesylate (generic of GLEEVEC) TABS 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
IMKELDI SOLN 80mg/ml	3	NM PA
INLYTA TABS 1mg, 5mg	3	NM PA
INREBIC CAPS 100mg	3	NM PA
IRESSA TABS 250mg	3	NM PA
ITOVEBI TABS 3mg, 9mg	3	NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	NM PA
JAKAFI XR TB24 11mg, 22mg, 33mg, 44mg, 55mg	3	NM PA
JAYPIRCA TABS 50mg, 100mg	3	NM PA
JEMPERLI SOLN 500mg/10ml	3	NM PA
JIDEYTRO TABS 25mg, 100mg	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
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	3	NM PA
KIMMTRAK SOLN 100mcg/0.5ml	3	NM PA
KISQALI 200 DOSE TBPK 200mg	3	NM PA
KISQALI 400 DOSE TBPK 200mg	3	NM PA
KISQALI 600 DOSE TBPK 200mg	3	NM PA
KOMZIFTI CAPS 200mg	3	NM PA
KOSELUGO CAPS 10mg, 25mg; CPSP 5mg, 7.5mg	3	NM PA
KRAZATI TABS 200mg	3	NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NM PA
lapatinib ditosylate (generic of TYKERB) TABS 250mg	3	NM PA
LAZCLUZE TABS 80mg, 240mg	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, 240mg, 320mg	3	NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	3	NM PA
LUNSUMIO VELO SOLN 5mg/0.5ml, 45mg/ml	3	NM PA
LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	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
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
NILOTINIB D-TARTRATE CAPS 50mg, 150mg, 200mg	3	NM PA
nilotinib hcl (generic of TASIGNA) CAPS 50mg, 150mg, 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 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
OPDIVO INJ QVANTIG	3	NM PA
OPDUALAG INJ	3	NM PA
PADCEV SOLR 20mg, 30mg	3	NM PA
pazopanib hcl (generic of VOTRIENT) TABS 200mg	3	NM PA
pazopanib hcl TABS 400mg	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

Drug Name	Drug Requirements/ Tier	Limits
PHYRAGO TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	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 TABS 40mg, 80mg, 120mg, 160mg	3	NM PA
REVUFORJ TABS 25mg, 110mg, 160mg	3	NM PA
REZLIDHIA CAPS 150mg	3	NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	3	NM PA
ROZLYTREK CAPS 100mg, 200mg; PACK 50mg	3	NM PA
RUBRACA TABS 200mg, 250mg, 300mg	3	NM PA
RYBREVANT SOLN 350mg/7ml	3	NM PA
RYBREVANT INJ FASPRO	3	NM PA
RYDAPT CAPS 25mg	3	NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NM PA
SARCLISA ESCENA SOLN 1400mg/10ml	3	NM PA
SCEMBLIX TABS 20mg, 40mg, 100mg	3	NM PA
sorafenib tosylate (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
sunitinib malate (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
TAGRISSO 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
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NM PA
TECENTRIQ INJ HYBREZA	3	NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	3	NM PA
temsirolimus (generic of TORISEL) SOLN 25mg/ml	3	B/D NM
TEPMETKO TABS 225mg	3	NM PA
TEVIMBRA SOLN 100mg/10ml, 150mg/15ml	3	NM PA
TIBSOVO TABS 250mg	3	NM PA
TIVDAK SOLR 40mg	3	NM PA
TORISEL SOLN 25mg/ml	3	B/D NM
torpenz (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NM PA
TRAZIMERA SOLR 150mg, 420mg	3	NM PA
TRODELVY SOLR 180mg	3	NM PA
TRUQAP TABS 200mg; TBPK 160mg, 200mg	3	NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NM PA
TUKYSA TABS 50mg, 150mg	3	NM PA
TURALIO CAPS 125mg	3	NM PA
TYKERB TABS 250mg	3	NM PA
UNLOXCYT SOLN 300mg/5ml	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
VONJO CAPS 100mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
VORANIGO TABS 10mg, 40mg	3	NM PA
VOTRIENT TABS 200mg	3	NM PA
VYLOY SOLR 100mg, 300mg	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 10mg	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, 80mg	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
yulithira (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	1	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
ZIIHERA SOLR 300mg	3	NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NM PA
ZOLINZA CAPS 100mg	3	NM PA
ZYKADIA TABS 150mg	3	NM PA
ZYNLONTA SOLR 10mg	3	NM PA
ZYNYZ SOLN 500mg/20ml	3	NM PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ACE INHIBITORS		
benazepril hcl TABS 5mg	1	
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate (generic of EPANED) SOLN 1mg/ml	1	
enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
LOTENSIN TABS 10mg, 20mg, 40mg	3	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	3	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg, 20mg	3	
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
eplerenone TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg, 40mg	2	
spironolactone (generic of CAROSPIR) SUSP 25mg/5ml	1	
spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
TEZRULY SOLN 1mg/ml	3	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED)	1	

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AMLODIPINE/OLMESARTAN MED)	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AMLODIPINE/OLMESARTAN MED)	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AMLODIPINE/OLMESARTAN MED)	1	
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)	1	
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)	1	
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)	1	
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (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	
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	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)	1	
EDARBYCLOR TAB 40-12.5	3	
EDARBYCLOR TAB 40-25MG	3	
ENTRESTO CAP 6-6MG	2	
ENTRESTO CAP 15-16MG	2	
EXFORGE HCT TAB 5-160-12.5MG	3	
EXFORGE HCT TAB 5-160-25MG	3	
EXFORGE HCT TAB 10-160-12.5MG	3	
EXFORGE HCT TAB 10-160-25MG	3	
EXFORGE HCT TAB 10-320-25MG	3	
EXFORGE TAB 5-160MG	3	
EXFORGE TAB 5-320MG	3	
EXFORGE TAB 10-160MG	3	
EXFORGE TAB 10-320MG	3	
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	

Drug Name	Drug Tier	Requirements/ Limits
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)	1	
MICARDIS HCT TAB 40/12.5	3	
MICARDIS HCT TAB 80-25MG	3	
MICARDIS HCT TAB 80/12.5	3	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)	1	
sacubitril-valsartan tab 24-26 mg (generic of ENTRESTO)	1	
sacubitril-valsartan tab 49-51 mg (generic of ENTRESTO)	1	
sacubitril-valsartan tab 97-103 mg (generic of ENTRESTO)	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)	1	
telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)	1	
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)	1	
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)	1	
WIDAPLIK TAB 1.25-10-0.625 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
WIDAPLIK TAB 2.5-20-1.25 MG	3	
WIDAPLIK TAB 40-5-2.5	3	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUSP 10mg/ml	3	
ATACAND TABS 4mg, 8mg, 16mg, 32mg	3	
AVAPRO TABS 150mg, 300mg	3	
azilsartan medoxomil (generic of EDARBI) TABS 40mg, 80mg	3	
BENICAR TABS 5mg, 20mg, 40mg	3	
candesartan cilexetil (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	
irbesartan TABS 75mg	1	
irbesartan (generic of AVAPRO) TABS 150mg, 300mg	1	
losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil (generic of BENICAR) TABS 5mg, 20mg, 40mg	1	
telmisartan TABS 20mg, 80mg	1	
telmisartan (generic of MICARDIS) TABS 40mg	1	
valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	1	
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg	3	
dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CAPS 100mg, 150mg	3	
pacerone TABS 100mg, 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
quinidine sulfate TABS 200mg, 300mg	1	
sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
sotalol hcl TABS 240mg	1	
sotalol hcl (afib/afl) (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	1	
fenofibrate TABS 48mg, 54mg, 160mg	1	
fenofibrate (generic of TRICOR) TABS 145mg	1	
fenofibrate micronized CAPS 43mg, 67mg, 134mg, 200mg	1	
gemfibrozil (generic of LOPID) TABS 600mg	1	
LOPID TABS 600mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml	3	
atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	1	
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	

Drug Name	Drug Tier	Requirements/ Limits
fluvastatin sodium CAPS 20mg, 40mg	1	
fluvastatin sodium (generic of LESCOL XL) TB24 80mg	1	
LIVALO TABS 1mg, 2mg, 4mg	3	
lovastatin TABS 10mg, 20mg, 40mg	1	
pitavastatin calcium (generic of LIVALO) TABS 1mg, 2mg, 4mg	1	
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	
rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	1	
simvastatin TABS 5mg	1	
simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg	1	
simvastatin TABS 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR TABS 10mg, 20mg, 40mg	3	
ZYPITAMAG TABS 2mg, 4mg	3	
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
cholestyramine light PACK 4gm	1	
cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
colesevelam hcl (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; TABS 1gm	3	
colestipol hcl GRAN 5gm; PACK 5gm	1	
colestipol hcl (generic of COLESTID) TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NM PA
ezetimibe (generic of ZETIA) TABS 10mg	1	
ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)	1	
ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)	1	
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)	1	
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)	1	
JUXTAPID CAPS 2mg, 5mg, 10mg, 20mg, 30mg	3	NM PA
LIPFENDRA TABS 20mg	2	
NEXLETOL TABS 180mg	2	
NEXLIZET TAB 180/10MG	2	
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	1	
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REDEMPLO SOSY 25mg/0.5ml	3	NM PA
REPATHA SOSY 140mg/ml	2	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM PA
TRYNGOLZA SOAJ 50mg/0.8ml, 80mg/0.8ml	3	NM PA
VASCEPA CAPS .5gm, 1gm	2	
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		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 2.5mg, 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	3	
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	3	
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1	
LOPRESSOR SOLN 10mg/ml; TABS 12.5mg, 50mg, 100mg	3	
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 12.5mg, 25mg, 37.5mg, 75mg	1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	1	
nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
pindolol TABS 5mg, 10mg	1	
propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
propranolol hcl SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
CARDAMYST SOLN 70mg/dose	3	
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	
cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr CP24 120mg, 180mg, 240mg	1	
diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
diltiazem hcl (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine TB24 2.5mg, 5mg, 10mg	1	
isradipine CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	
matzim la (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
nicardipine hcl CAPS 20mg, 30mg	1	
nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg	1	
nifedipine TB24 30mg, 60mg, 90mg	1	
nimodipine CAPS 30mg	1	
nimodipine SOLN 60mg/20ml	3	
nisoldipine (generic of SULAR) TB24 8.5mg	1	
nisoldipine TB24 17mg	1	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	3	
PROCARDIA XL TB24 30mg, 60mg	3	
SULAR TB24 8.5mg, 17mg, 34mg	3	
tiadylt er (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS 1mg, 2mg	1	
bumetanide (generic of BUMEX) TABS .5mg	1	
chlorthalidone TABS 25mg, 50mg	1	
dichlorphenamide (generic of KEVEYIS) TABS 50mg	3	NM PA
DIURIL SUSP 250mg/5ml	3	
DYRENIUM CAPS 50mg, 100mg	3	
EDECRIN TABS 25mg	3	
ENBUMYST SOLN .5mg/0.1ml	3	
ethacrynic acid (generic of EDECRIN) TABS 25mg	1	
furosemide SOLN 10mg/ml, 40mg/5ml	1	
furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	1	
HEMICLOR TABS 12.5mg	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml	3	
KEVEYIS TABS 50mg	3	NM PA
LASIX TABS 20mg, 40mg, 80mg	3	

Drug Name	Drug Tier	Requirements/ Limits
methazolamide TABS 25mg, 50mg	1	
metolazone TABS 2.5mg, 5mg, 10mg	1	
ormalvi (generic of KEVEYIS) TABS 50mg	3	NM PA
SOAANZ TABS 40mg	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
THALITONE TABS 15mg	3	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1	
triamterene (generic of DYRENIUM) CAPS 50mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg	1	
BAXFENDY TABS 1mg, 2mg	3	
BIDIL TAB	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	3	NM PA
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
clonidine TB24 .17mg	1	
clonidine hcl TABS .05mg, .1mg, .2mg, .3mg	1	
digoxin SOLN .05mg/ml	1	
digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg	1	
droxidopa (generic of NORTHERA) CAPS 100mg	1	NM PA
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg	3	NM PA
EPINEPHRINE SOLN 1mg/ml	3	
epinephrine (generic of ADRENALIN) SOLN 1mg/ml	1	
guanfacine hcl TABS 1mg, 2mg PA applies if 65 years and older	2	PA
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg	3	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)	1	
ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg	1	
JAVADIN SOLN .02mg/ml	3	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg	3	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg	3	
methyldopa TABS 250mg, 500mg PA applies if 65 years and older	3	PA
metyrosine CAPS 250mg	3	NM PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil TABS 2.5mg, 10mg	1	
MYQORZO TABS 5mg, 10mg, 15mg, 20mg	3	NM PA
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg, 200mg, 300mg	3	NM PA

Drug Name	Drug Tier	Requirements/ Limits
phenoxybenzamine hcl CAPS 10mg	3	
ranolazine TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	
TRYVIO TABS 12.5mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	
VYNDAMAX CAPS 61mg	3	NM PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	1	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .3mg/hr, .4mg/hr, .6mg/hr, .8mg/hr	3	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
nitroglycerin (generic of NITROLINGUAL) SOLN .4mg/spray	1	
nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg	3	NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NM PA
alyq (generic of ADCIRCA) TABS 20mg	1	NM PA
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg	3	NM PA
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg; TBSO 32mg	3	NM PA
epoprostenol sodium (generic of VELETRI) SOLR .5mg, 1.5mg	3	B/D NM
LETAIRIS TABS 5mg, 10mg	3	NM PA
macitentan (generic of OPSUMIT) TABS 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 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NM PA
REVATIO SOLN 10mg/12.5ml; TABS 20mg	3	NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml	3	NM PA
sildenafil citrate (pulmonary hypertension) SUSR 10mg/ml	3	NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg	1	NM PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg	1	NM PA
TADLIQ SUSP 20mg/5ml	3	NM PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NM PA
TYVASO DPI INSTITUTIONAL POWD 80mcg	3	NM PA
TYVASO DPI MAINTENANCE KI POWD 80mcg	3	NM PA
TYVASO DPI POW 48-80MCG	3	NM PA
TYVASO DPI POW MAIN KIT 32-64MCG	3	NM PA
TYVASO DPI POW MAIN KIT 48-64MCG	3	NM PA
UPTRAVI SOLR 1800mcg; TABS 100mcg, 150mcg, 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NM PA
UPTRAVI PACK TAB 200/800	3	NM PA

Drug Name	Drug Tier	Requirements/ Limits
VELETRI SOLR .5mg, 1.5mg	3	B/D NM
WINREVAIR KIT 45mg, 60mg	3	NM PA
WINREVAIR INJ 45MG	3	NM PA
WINREVAIR INJ 60MG	3	NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg, 106mcg	2	NM PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
alprazolam TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
alprazolam TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	1	QL PA
alprazolam TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
alprazolam TBDP .25mg QL (120 tabs / 30 days)	1	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
chlordiazepoxide hcl CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
fluvoxamine maleate CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	1	QL
lorazepam (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1	
lorazepam (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	1	QL
oxazepam 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
ANTIDEMENTIA		
ARICEPT TABS 5mg, 10mg	3	
donepezil hydrochloride (generic of ARICEPT) TABS 5mg, 10mg, 23mg	1	
donepezil hydrochloride TBDP 5mg, 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	
galantamine hydrobromide CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
LEQEMBI IQLIK SOAJ 250mg/1.25ml, 360mg/1.8ml	3	NM PA
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
memantine hcl-donepezil hcl cap er 24hr 14-10 mg (generic of NAMZARIC)	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg (generic of NAMZARIC)	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg (generic of NAMZARIC)	1	
NAMZARIC CAP 7-10MG	3	

Drug Name	Drug Tier	Requirements/ Limits
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	
ZUNVEYL TBEC 5mg, 10mg, 15mg	3	
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	2	PA
amoxapine TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	2	PA
ANAFRANIL CAPS 25mg, 50mg, 75mg	3	
AUVELITY TAB 45-105MG	3	
AUVELITY TAB TITRATIO	3	
bupropion hcl TABS 75mg, 100mg	1	
bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1	
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	
citalopram hydrobromide SOLN 10mg/5ml	1	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	3	PA
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	3	PA
desvenlafaxine succinate (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1	
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	2	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3	
duloxetine hcl CPEP 20mg, 30mg, 40mg, 60mg	1	
DULOXETINE HYDROCHLORIDE CPEP 80mg, 90mg, 120mg	3	
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	
ESCITALOPRAM OXALATE CAPS 15mg	3	
escitalopram oxalate SOLN 5mg/5ml	1	
escitalopram oxalate (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	3	
EXXUA TITRATION PACK TB24 18.2mg	3	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	
FETZIMA CAP TITRATIO	3	
fluoxetine hcl CAPS 10mg, 20mg, 40mg; CPDR 90mg; SOLN 20mg/5ml	1	
imipramine hcl TABS 10mg, 25mg, 50mg PA applies if 65 years and older	1	PA

Drug Name	Drug Tier	Requirements/ Limits
imipramine pamoate CAPS 75mg, 100mg, 125mg, 150mg PA applies if 65 years and older	3	PA
MARPLAN TABS 10mg	3	
mirtazapine TABS 7.5mg, 45mg	1	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	1	
mirtazapine (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg PA applies if 65 years and older	3	PA
nortriptyline hcl (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
nortriptyline hcl SOLN 10mg/5ml	3	
PARNATE TABS 10mg	3	
paroxetine hcl SUSP 10mg/5ml PA applies if 65 years and older	3	PA
paroxetine hcl (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	1	PA
paroxetine hcl (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg PA applies if 65 years and older	3	PA
perphenazine-amitriptyline tab 2-10 mg PA applies if 65 years and older	2	PA
perphenazine-amitriptyline tab 2-25 mg PA applies if 65 years and older	2	PA
perphenazine-amitriptyline tab 4-10 mg PA applies if 65 years and older	2	PA
perphenazine-amitriptyline tab 4-25 mg PA applies if 65 years and older	2	PA
perphenazine-amitriptyline tab 4-50 mg PA applies if 65 years and older	2	PA
phenelzine sulfate (generic of NARDIL) TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg	3	
protriptyline hcl TABS 5mg, 10mg	3	
RALDESY SOLN 10mg/ml	3	
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
sertraline hcl (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SPRAVATO 56MG DOSE SOPK 28mg/device	3	NM PA
SPRAVATO 84MG DOSE SOPK 28mg/device	3	NM PA
tranylcypromine sulfate (generic of PARNATE) TABS 10mg	1	
trazodone hcl TABS 50mg, 100mg, 150mg, 300mg	1	
trimipramine maleate CAPS 25mg, 50mg, 100mg PA applies if 65 years and older	3	PA
TRINTELLIX TABS 5mg, 10mg, 20mg	3	
venlafaxine hcl (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	

Drug Name	Drug Requirements/ Tier	Limits
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
vilazodone hcl (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
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg; SOLN 50mg/5ml; TABS 100mg	1	
AZILECT TABS .5mg, 1mg	3	
benztropine mesylate SOLN 1mg/ml	1	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 65 years and older	1	PA
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	1	
carb/levo orally disintegrating tab 10-100mg	1	
carb/levo orally disintegrating tab 25-100mg	1	
carb/levo orally disintegrating tab 25-250mg	1	
carbidopa (generic of LODOSYN) TABS 25mg	1	
carbidopa & levodopa cap er 23.75-95 mg	1	
carbidopa & levodopa cap er 36.25-145 mg	1	
carbidopa & levodopa cap er 48.75-195 mg	1	
carbidopa & levodopa cap er 61.25-245 mg	1	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	1	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
CREXONT CAP 35-140MG	3	
CREXONT CAP 52.5-210	3	
CREXONT CAP 70-280MG	3	
CREXONT CAP 87.5-350	3	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	3	B/D NM
entacapone TABS 200mg	1	
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	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg	1	
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
RYTARY CAP 95MG	3	

Drug Name	Drug Requirements/ Tier	Limits
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
selegiline hcl CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
trihexyphenidyl hcl SOLN .4mg/ml	2	
trihexyphenidyl hcl TABS 2mg, 5mg	1	
VYALEV INJ 12-240MG	3	NM 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	
aripiprazole SOLN 1mg/ml; TBDP 10mg, 15mg	1	
aripiprazole (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	
asenapine maleate (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg	1	
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	
BYSANTI TAB PACK A	3	
BYSANTI TAB PACK B	3	
BYSANTI TAB PACK C	3	
CAPLYTA CAPS 10.5mg, 21mg, 42mg	3	

Drug Name	Drug Requirements/ Tier	Limits
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine (generic of CLOZARIL) TABS 25mg, 100mg	1	
clozapine TABS 50mg, 200mg; TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
CLOZARIL TABS 25mg, 100mg	3	
COBENFY CAP 50-20MG	3	
COBENFY CAP 100-20MG	3	
COBENFY CAP 125-30MG	3	
COBENFY STRT CAP PACK	3	
ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml, 351mg/2.25ml	3	
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	
FANAPT PAK PACK A	3	
FANAPT PAK PACK B	3	
FANAPT PAK PACK C	3	
fluphenazine decanoate SOLN 25mg/ml	1	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg; SOLR 20mg	3	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	1	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA TB24 3mg, 6mg, 9mg	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	3	

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

Drug Name	Drug Tier	Requirements/ Limits
VRAYLAR CAPS .5mg, .75mg, 1.5mg, 3mg, 4.5mg, 6mg	2	
ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	1	
ziprasidone mesylate (generic of GEODON) SOLR 20mg	1	
ZYPREXA SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	3	
ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg	3	NM
ZYPREXA ZYDIS TBDP 5mg, 10mg, 15mg, 20mg	3	
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	3	
brivaracetam (generic of BRIVIACT) SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	
BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	
carbamazepine CHEW 100mg, 200mg	1	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
clobazam (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL
clobazam (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	1	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
clorazepate dipotassium 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	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	3	NM PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
diazepam (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
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
diazepam inj SOLN 5mg/ml	1	
diazepam intensol 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	

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
ELEPSIA XR TB24 1000mg, 1500mg	3	
EPIDIOLEX SOLN 100mg/ml	3	NM PA
EPRONTIA SOLN 25mg/ml	3	
eslicarbazepine acetate (generic of APTIOM) TABS 200mg, 400mg, 600mg, 800mg	1	
ethosuximide (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
felbamate SUSP 600mg/5ml	1	
felbamate (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	3	
FINTEPLA SOLN 2.2mg/ml	3	NM PA
FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	
gabapentin (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml, 300mg/6ml; TABS 600mg, 800mg	1	
gabapentin CAPS 200mg	1	
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	3	
KEPPRA XR TB24 500mg, 750mg	3	
KLONOPIN TABS 2mg	3	QL
QL (300 tabs / 30 days)		
KLONOPIN TABS .5mg, 1mg	3	QL
QL (90 tabs / 30 days)		
lacosamide (generic of VIMPAT) SOLN 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	1	
lacosamide oral (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	
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	
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
lamotrigine (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
lamotrigine (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (generic of LAMICTAL STARTER/NOT TAKI)	1	

Drug Name	Drug Requirements/ Tier	Limits
lamotrigine tab 35 x 25 mg starter kit (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (generic of LAMICTAL STARTER/TAKING C)	3	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (generic of LAMICTAL ODT)	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (generic of LAMICTAL ODT)	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (generic of LAMICTAL ODT)	1	
LEVETIR/NACL INJ 5MG/ML	3	
LEVETIR/NACL INJ 10MG/ML	3	
LEVETIR/NACL INJ 15MG/ML	3	
levetiracetam (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
levetiracetam TB3D 250mg, 500mg	1	
levetiracetam (generic of KEPPRA XR) TB24 500mg, 750mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	3	
LYRICA SOLN 20mg/ml PA applies if 65 years and older	3	PA
methsuximide (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 / 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
oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
oxcarbazepine (generic of OXTELLAR XR) TB24 150mg, 300mg, 600mg	1	
OXTELLAR XR TB24 150mg, 300mg, 600mg	3	
perampanel (generic of FYCOMPA) SUSP .5mg/ml	3	
perampanel (generic of FYCOMPA) TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	
phenobarbital ELIX 20mg/5ml PA applies if 65 years and older	3	PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA applies if 65 years and older	2	PA

Drug Name	Drug Requirements/ Tier	Limits
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	3	PA
phenytek CAPS 200mg, 300mg	1	
phenytoin (generic of DILANTIN INFATABS) CHEW 50mg	1	
phenytoin (generic of DILANTIN-125) SUSP 125mg/5ml	1	
phenytoin sodium SOLN 50mg/ml	1	
phenytoin sodium extended (generic of DILANTIN) CAPS 100mg	1	
phenytoin sodium extended CAPS 200mg, 300mg	1	
pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	1	
pregabalin (generic of LYRICA) SOLN 20mg/ml PA applies if 65 years and older	1	PA
primidone (generic of MYSOLINE) TABS 50mg, 250mg	1	
primidone TABS 125mg	1	
relgaabi CAPS 200mg	1	
relgaabi (generic of NEURONTIN) CAPS 300mg, 400mg	1	
roweepra (generic of KEPPRA) TABS 500mg	1	
rufinamide (generic of BANZEL) SUSP 40mg/ml	3	
rufinamide (generic of BANZEL) TABS 200mg, 400mg	1	
SABRIL PACK 500mg; TABS 500mg	3	NM PA
SPRITAM TB3D 250mg, 500mg	3	
SUBVENITE SUSP 10mg/ml	3	
subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
subvenite starter kit/blu (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
subvenite starter kit/gre (generic of LAMICTAL STARTER/TAKING C)	3	
subvenite starter kit/ora (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	
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg, 50mg, 100mg, 200mg	3	
TOPAMAX SPRINKLE CPSP 15mg, 25mg	3	
topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
topiramate CPSP 50mg	1	
topiramate (generic of EPRONTIA) SOLN 25mg/ml	1	
topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	3	
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA
valproate sodium SOLN 100mg/ml, 250mg/5ml	1	
valproic acid CAPS 250mg	1	

Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
vigabatrin (generic of SABRIL) PACK 500mg; TABS 500mg	3	NM PA
vigadrone (generic of SABRIL) PACK 500mg; TABS 500mg	3	NM PA
VIGAFYDE SOLN 100mg/ml	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	
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
zonisamide CAPS 50mg	1	
ZTALMY SUSP 50mg/ml	3	NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	3	
amphetamine (generic of ADZENYS XR-ODT) TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg (generic of MYDAYIS)	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg (generic of MYDAYIS)	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg (generic of MYDAYIS)	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg (generic of MYDAYIS)	1	
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)	1	

Drug Name	Drug Requirements/ Tier	Limits
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)	1	
ARYNTA SOLN 10mg/ml	3	
atomoxetine hcl CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg; SOLN 4mg/ml	1	
ATONCY SOLN 4mg/ml	3	
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, 15mg/9hr, 20mg/9hr, 30mg/9hr	3	
DEXEDRINE CP24 10mg, 15mg	3	
dexmethylphenidate hcl (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg, 10mg	1	
dextroamphetamine sulfate CP24 5mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1	
dextroamphetamine sulfate (generic of DEXEDRINE) CP24 10mg, 15mg	1	
DYANAVEL XR SUER 2.5mg/ml; TBCR 5mg, 10mg, 15mg, 20mg	3	
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	
guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg PA applies if 65 years and older	2	PA
INTUNIV TB24 1mg, 2mg, 3mg, 4mg PA applies if 65 years and older	3	PA
JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	3	
lisdexamfetamine dimesylate (generic of VYVANSE) CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	
METADATE CD CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	3	
METHYLIN SOLN 5mg/5ml, 10mg/5ml	3	
methylphenidate (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	
METHYLPHENIDATE ER ODT TBED 8.6mg, 17.3mg, 25.9mg	3	
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; CP24 20mg, 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 10mg, 20mg, 45mg, 63mg, 72mg	1	
methylphenidate hcl (generic of RITALIN LA) CP24 10mg, 30mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
methylphenidate hcl (generic of METADATE CD) CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml, 10mg/5ml	1	
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg, 20mg	1	
methylphenidate hcl (generic of CONCERTA) TBCR 18mg, 27mg, 36mg, 54mg	1	
QELBREE CP24 100mg, 150mg, 200mg	3	
QUILLICHEW ER CHER 20mg, 30mg, 40mg	3	
QUILLIVANT XR SRER 25mg/5ml	3	
RELEXXII TBCR 18mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg	3	
RITALIN TABS 5mg, 10mg, 20mg	3	
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	3	
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1	
HYPNOTICS		
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	
DAYVIGO TABS 5mg, 10mg	2	
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg	1	
estazolam 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
eszopiclone (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ CAPS 20mg	3	NM PA
HETLIOZ LQ SUSP 4mg/ml	3	NM PA
QUVIVIQ TABS 25mg, 50mg	3	
ramelteon (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
SILENOR TABS 3mg, 6mg	3	
tasimelteon (generic of HETLIOZ) CAPS 20mg	3	NM PA
temazepam (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
triazolam 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

Drug Name	Drug Requirements/ Tier	Limits
triazolam 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
zaleplon CAPS 5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
zaleplon CAPS 10mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
zolpidem tartrate (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	NM
almotriptan malate TABS 6.25mg, 12.5mg	1	
BREKIYA SOAJ 1mg/ml	3	NM
dihydroergotamine mesylate SOLN 1mg/ml, 4mg/ml	1	
eletriptan hydrobromide (generic of RELPAX) TABS 20mg, 40mg	1	
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	2	NM
ERGOMAR SUBL 2mg	3	
ergotamine w/ caffeine tab 1-100 mg	1	
frovatriptan succinate TABS 2.5mg	1	
IMITREX TABS 25mg, 50mg, 100mg	3	
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml	3	
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml	3	
MAXALT TABS 10mg	3	
MAXALT-MLT TBDP 10mg	3	
naratriptan hcl TABS 1mg, 2.5mg	1	
NURTEC TBDP 75mg	2	
QULIPTA TABS 10mg, 30mg, 60mg	2	
RELPAX TABS 20mg, 40mg	3	
RIZAFILM FILM 5mg, 10mg	3	
rizatriptan benzoate TABS 5mg; TBDP 5mg	1	
rizatriptan benzoate (generic of MAXALT) TABS 10mg	1	
rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg	1	
sumatriptan SOLN 5mg/act, 20mg/act	1	
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml	1	
sumatriptan succinate SOLN 6mg/0.5ml	1	
sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg	1	
UBRELVY TABS 50mg, 100mg	2	
zolmitriptan SOLN 2.5mg; TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	
zolmitriptan (generic of ZOMIG) SOLN 5mg	1	
ZOMIG SOLN 2.5mg, 5mg	3	
zomig TABS 2.5mg, 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml	3	NM PA
AUSTEDO TABS 6mg, 9mg, 12mg	3	NM PA
AUSTEDO XR TB24 6mg, 12mg, 18mg, 24mg, 30mg, 36mg, 42mg, 48mg	3	NM PA
AUSTEDO XR TAB TITR KIT	3	NM PA
DAYBUE SOLN 200mg/ml	3	NM PA
DAYBUE STIX PACK 5000mg, 6000mg, 8000mg	3	NM PA
dextromethorphan hbr-quinidine sulfate cap 20-10 mg (generic of NUEDEXTA)	1	PA
DUVYZAT SUSP 8.86mg/ml	3	NM PA
edaravone SOLN 30mg/100ml	3	NM PA
ENSPRYNG SOSY 120mg/ml	3	NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	3	NM PA
FIRDAPSE TABS 10mg	3	NM PA
gabapentin (once-daily) (generic of GRALISE) TABS 300mg, 450mg, 600mg, 750mg, 900mg	1	PA
GRALISE TABS 300mg, 450mg, 600mg, 750mg, 900mg	3	PA
lithium SOLN 8meq/5ml	1	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
lithium carbonate (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	3	
LYRICA CR TB24 82.5mg, 165mg, 330mg	3	PA
MESTINON SOLN 60mg/5ml; TABS 60mg	3	
MESTINON TIMESPAN TBCR 180mg	3	
milnacipran hcl (generic of SAVELLA) TABS 12.5mg, 25mg, 50mg, 100mg	1	
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	1	
NUEDEXTA CAP 20-10MG	3	PA
pregabalin (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg	1	PA
pyridostigmine bromide (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
pyridostigmine bromide TABS 30mg	1	
pyridostigmine bromide (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml	3	NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	3	NM PA
riluzole TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	
SKYCLARYS CAPS 50mg	3	NM PA
tetrabenazine (generic of XENAZINE) TABS 12.5mg	1	NM PA
tetrabenazine (generic of XENAZINE) TABS 25mg	3	NM PA
TIGLUTIK SUSP 50mg/10ml	3	NM
TONMYA SUBL 2.8mg	3	
UPLIZNA SOLN 100mg/10ml	3	NM PA
WAINUA SOAJ 45mg/0.8ml; SOSY 45mg/0.8ml	3	NM PA
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
cladribine (4 tabs) (generic of MAVENCLAD) TBPK 10mg	3	NM PA
cladribine (5 tabs) (generic of MAVENCLAD) TBPK 10mg	3	NM PA
cladribine (6 tabs) (generic of MAVENCLAD) TBPK 10mg	3	NM PA

Drug Name	Tier	Requirements/ Limits
cladribine (7 tabs) (generic of MAVENCLAD) TBPK 10mg	3	NM PA
cladribine (8 tabs) (generic of MAVENCLAD) TBPK 10mg	3	NM PA
cladribine (9 tabs) (generic of MAVENCLAD) TBPK 10mg	3	NM PA
cladribine (10 tabs) (generic of MAVENCLAD) TBPK 10mg	3	NM PA
COPAXONE SOSY 20mg/ml, 40mg/ml	3	NM PA
dalfampridine (generic of AMPYRA) TB12 10mg	1	NM PA
fingolimod hcl (generic of GILENYA) CAPS .5mg	3	NM PA
glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NM PA
glatopa (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
OCREVUS INJ ZUNOVO	3	NM PA
PLEGRIDY SOAJ 125mcg/0.5ml; SOSY 125mcg/0.5ml	3	NM PA
PLEGRIDY INJ STARTER	3	NM PA
PLEGRIDY PEN INJ STARTER	3	NM PA
teriflunomide (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		
baclofen SOLN 5mg/5ml; TABS 5mg, 10mg, 15mg, 20mg	1	
baclofen (generic of OZOBAX DS) SOLN 10mg/5ml	1	
baclofen (generic of FLEQSUVY) SUSP 25mg/5ml	3	
BOTOX SOLR 100unit, 200unit	3	PA
carisoprodol (generic of SOMA) TABS 350mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
cyclobenzaprine hcl TABS 5mg, 10mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
DANTRIUM CAPS 25mg	3	
dantrolene sodium (generic of DANTRIUM) CAPS 25mg	1	
dantrolene sodium CAPS 50mg, 100mg	1	
DAXXIFY SOLR 100unit	3	NM PA
DYSPORT SOLR 300unit, 500unit	3	NM PA
FLEQSUVY SUSP 25mg/5ml	3	
metaxalone TABS 800mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
methocarbamol TABS 500mg, 750mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA

Drug Name	Drug Tier	Requirements/ Limits
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml, 10000unit/2ml	3	NM PA
ONTRALFY SOLN 2mg/5ml	3	
OZOBAX DS SOLN 10mg/5ml	3	
SOMA TABS 350mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
tizanidine hcl (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
tizanidine hcl CAPS 8mg	3	
tizanidine hcl TABS 2mg	1	
XEOMIN SOLR 50unit, 100unit, 200unit	3	NM PA
ZANAFLEX CAPS 2mg, 4mg, 6mg, 8mg; TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
armodafinil (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
LUMRYZ PAK STARTER QL (2 packs / year)	3	QL NM PA
modafinil (generic of PROVIGIL) TABS 100mg, 200mg	1	PA
NUVIGIL TABS 50mg, 150mg, 200mg, 250mg	3	PA
PROVIGIL TABS 100mg	3	PA
sodium oxybate (generic of XYREM) 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
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	3	QL NM PA
XYWAV SOL 0.5GM/ML	3	NM PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	

Drug Name	Drug Tier	Requirements/ Limits
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
buprenorphine hcl SUBL 2mg QL (180 tabs / 30 days)	1	QL
buprenorphine hcl SUBL 8mg QL (120 tabs / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (180 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (120 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (180 tabs / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (120 tabs / 30 days)	1	QL
bupropion hcl (smoking deterrent) TB12 150mg	1	
CHANTIX TABS .5mg, 1mg	3	
CHANTIX CONTINUING MONTH TABS 1mg	3	
CHANTIX TAB 0.5& 1MG	3	
disulfiram TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
lofexidine hcl (generic of LUCEMYRA) TABS .18mg	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	

Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
REZENOPY LIQD 10mg/0.11ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NM
varenicline tartrate (generic of CHANTIX) TABS .5mg, 1mg	1	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	
VIVITROL SUSR 380mg	3	NM
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ZURNAI SOAJ 1.5mg/0.5ml	3	
ENDOCRINE AND METABOLIC		
ANDROGENS		
AVEED SOLN 750mg/3ml	3	NM PA
AZMIRO SOSY 200mg/ml	3	PA
danazol CAPS 50mg, 100mg, 200mg	1	
depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg, 237mg	3	PA
KYZATREX CAPS 150mg, 200mg	3	PA
testosterone GEL 25mg/2.5gm; SOLN 30mg/act	1	PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
testosterone pump (generic of ANDROGEL PUMP) GEL 1.62%	1	PA
TLANDO CAPS 112.5mg	3	PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15-850MG	3	
ACTOS TABS 15mg, 30mg, 45mg	3	
dapagliflozin (generic of FARXIGA) TABS 5mg, 10mg	1	
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg (generic of XIGDUO XR)	1	
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg (generic of XIGDUO XR)	1	
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg (generic of XIGDUO XR)	1	
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg (generic of XIGDUO XR)	1	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
FARXIGA TABS 5mg, 10mg	2	
glimepiride TABS 1mg, 2mg, 4mg	1	
glipizide TABS 5mg, 10mg; TB24 2.5mg, 10mg	1	
glipizide (generic of GLUCOTROL XL) TB24 5mg	1	
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
JANUMET TAB 50-500MG	3	
JANUMET TAB 50-1000	3	

Drug Name	Drug Requirements/ Tier	Limits
JANUMET XR TAB 50-500MG	3	
JANUMET XR TAB 50-1000	3	
JANUMET XR TAB 100-1000	3	
JANUVIA TABS 25mg, 50mg, 100mg	3	
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	
liraglutide (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA
metformin hcl (generic of RIOMET) SOLN 500mg/5ml	1	
metformin hcl TABS 500mg, 850mg, 1000mg	1	
metformin hcl TB24 500mg, 750mg (generic of GLUCOPHAGE XR)	1	
miglitol TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
nateglinide TABS 60mg, 120mg	1	
OZEMPIC TABS 1.5mg, 4mg, 9mg QL (30 tabs / 30 days)	2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg	1	
pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)	1	
pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)	1	
repaglinide TABS .5mg, 1mg, 2mg	1	
sitagliptin phosphate (generic of JANUVIA) TABS 25mg, 50mg, 100mg	1	
sitagliptin phosphate-metformin hcl tab 50-500 mg (generic of JANUMET)	1	
sitagliptin phosphate-metformin hcl tab 50-1000 mg (generic of JANUMET)	1	
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg (generic of JANUMET XR)	1	
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg (generic of JANUMET XR)	1	
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg (generic of JANUMET XR)	1	
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	

Drug Name	Drug Tier	Requirements/ Limits
TRADJENTA TABS 5mg	2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
TZIELD SOLN 2mg/2ml	3	NM PA
XIGDUO XR TAB 2.5-1000	3	
XIGDUO XR TAB 5-500MG	3	
XIGDUO XR TAB 5-1000MG	3	
XIGDUO XR TAB 10-500MG	3	
XIGDUO XR TAB 10-1000	3	
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	2	PA
CEQUR EXT WR MIS INSERTER	3	
CEQUR SIMPL KIT 1U EXTND	3	
CEQUR SIMPL KIT 2U EXTND	3	
CEQUR SIMPL KIT PATCH 2U (4-DAY)	3	
CEQUR SIMPL MIS INSERTER	3	
FIASP SOLN 100unit/ml	2	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	
INSULIN PEN NEEDLES: EMBECTA-BD	2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	2	PA
INSULIN SYRINGES: EMBECTA-BD	2	PA
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
NOVOLIN INJ 70/30 (brand RELION not covered)	2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
OMNIPOD5 LIB KIT INTRO	3	
OMNIPOD5 LIB MIS PODS	3	

Drug Name	Drug Requirements/ Tier	Limits
OMNIPOD 5 DX KIT INT G7G6	3	
OMNIPOD 5 DX MIS POD G7G6	3	
OMNIPOD DASH KIT INTRO	3	
OMNIPOD DASH MIS PODS	3	
SOLIQUA INJ 100/33	2	
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
XULTOPHY INJ 100/3.6	2	
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg	1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	1	
BILDYOS SOSY 60mg/ml	3	NM
BONSITY SOPN 560mcg/2.24ml	3	NM PA
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	3	NM PA
FORTEO SOPN 560mcg/2.24ml	3	NM PA
FOSAMAX TABS 70mg	3	
ibandronate sodium SOLN 3mg/3ml; TABS 150mg	1	B/D
OSPOMYV SOSY 60mg/ml	3	NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	3	NM
RECLAST SOLN 5mg/100ml	3	B/D NM
risedronate sodium TABS 5mg, 30mg	1	
risedronate sodium (generic of ACTONEL) TABS 35mg, 150mg	1	
risedronate sodium (generic of ATELVIA) TBEC 35mg	1	
TERIPARATIDE SOPN 560mcg/2.24ml (ALVOGEN product)	3	NM PA
teriparatide (generic of FORTEO) SOPN 560mcg/2.24ml	3	NM PA
TYMLOS SOPN 3120mcg/1.56ml	3	NM PA
WYOST SOLN 120mg/1.7ml	3	NM PA
XTRENBO SOLN 120mg/1.7ml	3	NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	3	NM PA
zoledronic acid CONC 4mg/5ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
CUVRIOR TABS 300mg	3	NM
deferasirox (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NM PA
deferasirox (generic of JADENU) TABS 90mg	1	NM PA
deferasirox (generic of JADENU) TABS 180mg, 360mg	3	NM PA
deferasirox (generic of EXJADE) TBSO 125mg	1	NM PA
deferasirox (generic of EXJADE) TBSO 250mg, 500mg	3	NM PA
deferiprone TABS 500mg	3	NM PA
deferoxamine mesylate SOLR 2gm	1	NM PA
deferoxamine mesylate (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

Drug Name	Drug Requirements/ Tier	Limits
FERRIPROX SOLN 100mg/ml; TABS 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
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	3	NM
sodium polystyrene sulfonate SUSP 15gm/60ml	1	
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	3	NM
trientine hcl (generic of SYPRINE) CAPS 250mg	3	NM
trientine hcl CAPS 500mg	3	NM
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethyst	1	
ANNOVERA MIS	3	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
blisovi 24 fe	1	

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

Drug Name	Drug Requirements/ Tier	Limits
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)	1	
falmina	1	
feirza 1.5/30	1	
feirza 1/20	1	
FEMLYV TAB 1/0.02MG	3	
finzala	1	
galbriela	1	
gemmily (generic of TAYTULLA)	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1/20	1	
heather TABS .35mg	1	
iclevia	1	
incassia TABS .35mg	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel (generic of YAZ)	1	
jencycla TABS .35mg	1	
jolessa	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kariva	1	
kelnor 1/35	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
lessina	1	
levonest	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	
LILETTA IUD 20.1mcg/day	2	NM
LO LOESTRIN TAB 1-10-10	3	
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
lojaimiess	1	
loryna (generic of YAZ)	1	
luizza 1.5/30	1	
luizza 1/20	1	
lutera	1	
lyleq TABS .35mg	1	
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	
meleya TABS .35mg	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mono-linyah	1	
NATAZIA TAB	3	
necon 0.5/35-28	1	
NEXPLANON IMPL 68mg	2	NM
NEXTSTELLIS TAB 3-14.2MG	3	

Drug Name	Drug Requirements/ Tier	Limits
nikki (generic of YAZ)	1	
nora-be TABS .35mg	1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norlyroc TABS .35mg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
orquidea TABS .35mg	1	
PHEXX GEL	3	
philith	1	
pimtrea	1	
portia-28	1	
reclipsen	1	
rivelsa	1	
rosyrah	1	
SAFYRAL TAB	3	
setlakin	1	
sharobel TABS .35mg	1	
simliya	1	
simpesse	1	
SLYND TABS 4mg	3	
sprintec 28	1	
syeda (generic of YASMIN 28)	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
TAYTULLA CAP 1MG/20MC	3	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TWIRLA DIS 120-30	3	
TYBLUME CHW 0.1-0.02	3	
tydemy (generic of SAFYRAL)	1	
valtya 1/35	1	
valtya 1/50	1	
velivet	1	
vestura (generic of YAZ)	1	
vienva	1	
viorele	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xarah fe	1	
xelria fe	1	
xulane	1	
YASMIN 28 TAB 3-0.03MG	3	
YAZ TAB 3-0.02MG	3	
zafemy	1	
zovia 1/35	1	
zumandimine (generic of YASMIN 28)	1	
ESTROGENS		
abigale (generic of ACTIVELLA)	1	

Drug Name	Drug Requirements/ Tier	Limits
abigale lo	1	
ACTIVELLA TAB 1-0.5MG	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
CLIMARA PRO DIS WEEKLY	3	
COMBIPATCH DIS	3	
DELESTROGEN OIL 10mg/ml, 20mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
ELESTRIN GEL .06%	3	
ESTRACE CREA .1mg/gm	3	
estradiol (generic of ESTROGEL) GEL .06%	3	
estradiol (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	1	
estradiol TABS .5mg, 1mg, 2mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	1	
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	1	
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	1	
estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1	
estradiol valerate OIL 40mg/ml	1	
estrogens, conjugated (generic of PREMARIN) TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	
EVAMIST SOLN 1.53mg/spray	3	
fyavolv tab 0.5mg-2.5mcg	1	
fyavolv tab 1mg-5mcg	1	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
jinteli	1	
lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
MENOSTAR PTWK 14mcg/24hr	3	
mimvey (generic of ACTIVELLA)	1	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
PREMARIN SOLR 25mg; TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	
PREMPHASE TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-2.5	2	
PREMPRO TAB 0.625-5	2	

Drug Name	Drug Requirements/ Tier	Limits
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
yuvafem (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP .5mg, 1mg, 2mg, 5mg	3	NM
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml (generic of CELESTONE SOLUSPAN)	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
DEXLYT TABS .25mg	3	
fludrocortisone acetate TABS .1mg	1	
HEMADY TABS 20mg	3	
hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate (generic of SOLU-CORTEF) SOLR 100mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
KHINDIVI SOLN 1mg/ml	3	
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
methylprednisolone TABS 32mg	1	B/D
methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	1	
methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
methylprednisolone sod succ SOLR 40mg, 125mg	1	B/D
methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
prednisolone SOLN 15mg/5ml	1	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
triamcinolone acetonide (generic of KENALOG-10) SUSP 10mg/ml	1	B/D
triamcinolone acetonide (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
GLUCOSE ELEVATING AGENTS		
diazoxide (generic of PROGLYCEM) SUSP 50mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	3	NM PA
AQNEURSA PACK 1gm	3	NM PA
AVLAYAH SOLR 150mg	3	NM PA
betaine powder for oral solution (generic of CYSTADANE)	3	NM
cabergoline TABS .5mg	1	
CARBAGLU TBSO 200mg	3	NM PA
carglumic acid (generic of CARBAGLU) TBSO 200mg	3	NM PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	3	NM PA
CEREZYME SOLR 400unit	3	NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
cinacalcet hcl (generic of SENSIPAR) TABS 30mg, 60mg, 90mg	1	B/D NM
CRENESSITY CAPS 50mg, 100mg; SOLN 50mg/ml	3	NM PA
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	
desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml; TABS .1mg, .2mg	1	
desmopressin acetate spray SOLN .01%	1	
desmopressin acetate spray refrigerated SOLN .01%	1	
DOJOLVI LIQD 100%	3	NM PA
EGRIFTA SV SOLR 2mg	3	NM PA
EGRIFTA WR KIT 11.6mg	3	NM PA
ELAPRASE SOLN 6mg/3ml	3	NM PA
ELELYSO SOLR 200unit	3	NM PA
ELFABRIO SOLN 5mg/2.5ml, 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 MINIQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NM PA
glycerol phenylbutyrate (generic of RAVICTI) LIQD 1.1gm/ml	3	NM PA
INCRELEX SOLN 40mg/4ml	3	NM PA
ISTURISA TABS 1mg, 5mg	3	NM PA
javygtor (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
lanreotide acetate SOLN 120mg/0.5ml	3	NM PA
LANREOTIDE ACETATE SOLN 120mg/0.5ml	3	NM PA
levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LOARGYS SOLN 2mg/0.4ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
LUMIZYME SOLR 50mg	3	NM PA
LUMVOA SOLN 500mg/10ml	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
LYNKUET CAPS 60mg	3	
mifepristone (hyperglycemia) (generic of KORLYM) TABS 300mg	3	NM PA
miglustat (generic of ZAVESCA) CAPS 100mg	3	NM PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg	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
nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	3	NM PA
NITYR TABS 2mg, 5mg, 10mg	3	NM PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	3	NM PA
NOVAREL SOLR 5000unit	3	NM PA
octreotide acetate (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	3	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
octreotide acetate SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NM PA
octreotide acetate 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	
ORILISSA TABS 150mg, 200mg	3	
PALSONIFY TABS 20mg, 30mg	3	NM PA
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 SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NM PA
raloxifene hcl (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 PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	3	QL NM PA
SAMSCA TABS 15mg, 30mg	3	NM PA
SANDOSTATIN SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml	3	NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NM PA
sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NM PA
SEPHIENCE PACK 250mg, 1000mg	3	NM PA
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 .7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
sodium phenylbutyrate POWD 3gm/tsp	3	NM PA
sodium phenylbutyrate (generic of BUPHENYL) 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
tolvaptan (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	3	NM PA
tolvaptan (generic of JYNARQUE) TBPK 15mg	3	NM PA
tolvaptan (hyponatremia) (generic of SAMSCA) TABS 15mg, 30mg (generic of SAMSCA)	3	NM PA
tolvaptan tab therapy pack 30 & 15 mg (generic of JYNARQUE)	3	NM PA
tolvaptan tab therapy pack 45 & 15 mg (generic of JYNARQUE)	3	NM PA
tolvaptan tab therapy pack 60 & 30 mg (generic of JYNARQUE)	3	NM PA
tolvaptan tab therapy pack 90 & 30 mg (generic of JYNARQUE)	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
VYKAT XR TB24 25mg, 75mg, 150mg	3	NM PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml QL (4 pens / 28 days)	2	QL PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg QL (30 tabs / 30 days)	2	QL PA
XENPOZYME SOLR 4mg, 20mg	3	NM PA
yargesa (generic of ZAVESCA) CAPS 100mg	3	NM PA
YUVIWEL SOLR 1.3mg, 2.8mg, 5.5mg	3	NM PA
ZAVESCA CAPS 100mg	3	NM PA
zelvysia (generic of KUVAN) PACK 100mg, 500mg	3	NM PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	1	B/D
sevelamer carbonate (generic of RENVELA) TABS 800mg	1	B/D
PROGESTINS		
CRINONE GEL 8%	3	PA
gallifrey TABS 5mg	1	
medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	2	
megestrol acetate (appetite) SUSP 625mg/5ml	3	
norethindrone acetate TABS 5mg	1	
progesterone (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	

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

Drug Name	Drug Requirements/ Tier	Limits
EMEND BIPACK CAPS 80mg	3	B/D
EMEND TRIPAC CAP 125 & 80	3	B/D
FOCINVEZ SOLN 150mg/50ml	3	
fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	3	
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
GRANISOL SOLN 2mg/10ml	3	B/D
MARINOL CAPS 2.5mg	3	B/D
meclizine hcl TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	1	
metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg	1	
NAVITRUX SOLR 150mg	3	
NEREUS CAPS 85mg	3	
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron TBDP 16mg	3	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
palonosetron hcl SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
POSFREA SOLN .25mg/5ml	3	
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl SOLN 6.25mg/5ml; SUPP 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
promethazine hcl TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
promethegan SUPP 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr	3	
scopolamine (generic of TRANSDERM SCOP) PT72 1mg/3days	3	
TRANSDERM SCOP PT72 1mg/3days	3	
trimethobenzamide hcl CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D NM
ANTISPASMODICS		
atropine sulfate (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
dicyclomine hcl CAPS 10mg; TABS 20mg PA applies if 65 years and older	2	PA
dicyclomine hcl SOLN 10mg/5ml PA applies if 65 years and older	3	PA

Drug Name	Drug Tier	Requirements/ Limits
dicyclomine hcl (generic of BENTYL) SOLN 10mg/ml PA applies if 65 years and older	3	PA
glycopyrrolate SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; TABS 1mg, 2mg	1	
glycopyrrolate (generic of GLYCOPYRROLATE) SOSY .2mg/ml, .4mg/2ml	1	
glycopyrrolate (oral) (generic of CUVPOSA) SOLN 1mg/5ml	1	
methscopolamine bromide TABS 2.5mg, 5mg PA applies if 65 years and older	3	PA
H2-RECEPTOR ANTAGONISTS		
cimetidine TABS 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl SOLN 300mg/5ml	1	
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
famotidine (generic of PEPCID) TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
ranitidine hcl TABS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm	3	
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
balsalazide disodium CAPS 750mg	1	
budesonide CPEP 3mg	1	
budesonide (generic of UCERIS) TB24 9mg	1	
budesonide (intrarectal) (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg	3	
CORTENEMA ENEM 100mg/60ml	3	
DIPENTUM CAPS 250mg	3	
hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm	3	
mesalamine (generic of APRISO) CP24 .375gm	1	
mesalamine (generic of PENTASA) CPCR 250mg, 500mg	1	
mesalamine CPDR 400mg; ENEM 4gm; TBEC 800mg	1	
mesalamine (generic of CANASA) SUPP 1000mg	1	
mesalamine (generic of LIALDA) TBEC 1.2gm	1	
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm	1	
PENTASA CPCR 250mg, 500mg	3	
ROWASA KIT 4gm	3	
sulfasalazine (generic of AZULFIDINE) TABS 500mg	1	
sulfasalazine (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/175ML	3	
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	
gavilyte-c	1	
gavilyte-g (generic of GOLYTELY)	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml	1	

Drug Name	Drug Tier	Requirements/ Limits
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg-3350/electrolytes/asc (generic of MOVIPREP)	1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX) TABS .5mg, 1mg	1	
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (generic of PYLERA)	1	
BYLVAY CAPS 400mcg, 1200mcg	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	
cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	3	
EOHILIA SUSP 2mg/10ml	3	
GASTROCROM CONC 100mg/5ml	3	
GATTEX KIT 5mg	3	NM PA
IQIRVO TABS 80mg	3	NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	
LIVDELZI CAPS 10mg	3	NM PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	3	NM PA
LOMOTIL TAB 2.5MG	3	
loperamide hcl CAPS 2mg	1	
LOTRONEX TABS .5mg, 1mg	3	
lubiprostone (generic of AMITIZA) CAPS 8mcg, 24mcg	1	
LYNAVOY TABS 40mg	3	NM PA
misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	
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
SUCRAID SOLN 8500unit/ml	3	NM
sucralfate (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	2	
TRULANCE TABS 3mg	3	
ursodiol CAPS 300mg; TABS 250mg	1	

Drug Name	Drug Tier	Requirements/ Limits
ursodiol (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	
VOQUEZNA PAK DUAL PAK	2	
VOQUEZNA PAK TRIP PK	2	
VOWST CAP	3	NM PA
XERMELO TABS 250mg	3	NM PA
XIFAXAN TABS 550mg	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg	3	
esomeprazole sodium SOLR 40mg	1	
lansoprazole CPDR 15mg	1	
lansoprazole (generic of PREVACID) CPDR 30mg	1	
omeprazole CPDR 10mg, 20mg, 40mg	1	
PANTOPR/NACL SOL 40MG/100	3	
PANTOPR/NACL SOL 80MG/100	3	
PANTOPRAZOLE SODIUM SOLR 40mg	3	
pantoprazole sodium (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	1	
pantoprazole sodium (generic of PROTONIX) TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PREVACID CPDR 30mg	3	
PRILOSEC PACK 2.5mg, 10mg	3	
PROTONIX SOLR 40mg	3	
rabeprazole sodium (generic of ACIPHEX) TBEC 20mg	1	
VOQUEZNA TABS 10mg, 20mg	3	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg	1	
AVODART CAPS .5mg	3	
CARDURA XL TB24 4mg, 8mg	3	
CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA
dutasteride (generic of AVODART) CAPS .5mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN)	1	
finasteride (generic of PROSCAR) TABS 5mg	1	
PROSCAR TABS 5mg	3	
silodosin CAPS 4mg, 8mg	1	
tadalafil (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA
tamsulosin hcl CAPS .4mg	1	
MISCELLANEOUS		
acetic acid SOLN .25%	1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg	3	
FILSPARI TABS 200mg, 400mg	3	NM PA
LITHOSTAT TABS 250mg	3	
neomycin-polymyxin b gu irrigation soln	1	
OXLUMO SOLN 94.5mg/0.5ml	3	NM PA
potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	1	
potassium citrate (alkalinizer) TBCR 540mg	1	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	1	

Drug Name	Drug Requirements/ Tier	Limits
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
tiopronin (generic of THIOLA) TABS 100mg	3	NM
tiopronin (generic of THIOLA EC) TBEC 100mg, 300mg	3	NM
TRUTAKNA SOAJ 150mg/ml	3	NM PA
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg	3	NM PA
venxxiva (generic of THIOLA EC) TBEC 100mg, 300mg	3	NM
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg	1	
GEMTESA TABS 75mg	2	
mirabegron (generic of MYRBETRIQ) SRER 8mg/ml	1	
oxybutynin chloride SOLN 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg	1	
solifenacin succinate TABS 5mg, 10mg	1	
tolterodine tartrate CP24 2mg, 4mg; TABS 1mg, 2mg	1	
trospium chloride CP24 60mg; TABS 20mg	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
metronidazole vaginal GEL .75%	1	
miconazole 3 SUPP 200mg	1	
NUVESSA GEL 1.3%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	
XACIATO GEL 2%	3	

Drug Name	Drug Requirements/ Tier	Limits
HEMATOLOGIC		
ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 75mg, 110mg, 150mg	1	
ELIQUIS CPSP .15mg; TABS 2.5mg, 5mg; TBSO .5mg	2	
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	2	
ELIQUIS (2MG PACK) 4 X TBSO .5mg	2	
ELIQUIS STARTER PACK TBPK 5mg	2	
enoxaparin sodium (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
fondaparinux sodium (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	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	3	
HEP SOD/NACL INJ 25000UNT	3	

Drug Name	Drug Requirements/ Tier	Limits
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	3	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	3	
PRADAXA CAPS 75mg, 110mg, 150mg	3	
rivaroxaban (generic of XARELTO) SUSR 1mg/ml; TABS 2.5mg	1	
warfarin sodium 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		
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
plerixafor (generic of MOZOBIL) SOLN 24mg/1.2ml	3	NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	2	NM PA
XOLREMDI CAPS 100mg	3	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NM PA
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
aminocaproic acid SOLN .25gm/ml; TABS 500mg, 1000mg	1	
anagrelide hcl CAPS 1mg	1	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	1	
ANDEMBRY SOAJ 200mg/1.2ml	3	NM PA
AQVESME TABS 100mg	3	NM PA
BERINERT KIT 500unit	3	NM PA
BKEMV SOLN 300mg/30ml	3	NM PA
CABLIVI KIT 11mg	3	NM PA
cilostazol TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit	3	NM PA
DAWNZERA SOAJ 80mg/0.8ml	3	NM PA
DOPTELET TABS 20mg	3	NM PA
DOPTELET SPRINKLE CPSP 10mg	3	NM PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
EKTERLY TABS 300mg	3	NM PA
eltrombopag olamine (generic of PROMACTA) PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	1	NM PA
EMPAVELI SOLN 1080mg/20ml	3	NM PA
ENDARI PACK 5gm	3	NM PA
ENJAYMO SOLN 1100mg/22ml	3	NM PA
EPYSQLI SOLN 300mg/30ml	3	NM PA
FABHALTA CAPS 200mg	3	NM PA
GIVLAARI SOLN 189mg/ml	3	NM PA
HAEGARDA SOLR 2000unit, 3000unit	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
icatibant acetate (generic of FIRAZYR) SOSY 30mg/3ml	3	NM PA
KALBITOR SOLN 10mg/ml	3	NM PA
l-glutamine (sickle cell) (generic of ENDARI) PACK 5gm	3	NM PA
ORLADEYO CAPS 110mg, 150mg; PACK 72mg, 96mg, 108mg, 132mg	3	NM PA
pentoxifylline TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	3	NM PA
PYRUKYND TABS 5mg, 20mg, 50mg	3	NM PA
PYRUKYND TAB 20MGX5MG	3	NM PA
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
RYTELO SOLR 47mg, 188mg	3	NM PA
sajazir (generic of FIRAZYR) SOSY 30mg/3ml	3	NM PA
SIKLOS TABS 100mg, 1000mg	3	
SOLIRIS SOLN 300mg/30ml	3	NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml	3	NM PA
TAVNEOS CAPS 10mg	3	NM PA
tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
tranexamic acid 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
WAYRILZ TABS 400mg	3	NM PA
XROMI SOLN 100mg/ml	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	1	
clopidogrel bisulfate TABS 300mg	1	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 65 years and older	3	PA
EFFIENT TABS 5mg, 10mg	3	
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	1	
ticagrelor (generic of BRILINTA) TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml; SOSY 40mg/0.4ml	3	NM PA
ADBRY SOAJ 300mg/2ml; SOSY 150mg/ml	3	NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml; SOSY 160mg/ml, 320mg/2ml	3	NM PA
CIBINQO TABS 50mg, 100mg, 200mg	3	NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 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
ENTYVIO PEN SOAJ 108mg/0.68ml	3	NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	3	NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	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

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	3	NM PA
KINERET SOSY 100mg/0.67ml	3	NM PA
NEMLUVIO AUIJ 30mg	3	NM PA
OTEZLA TABS 20mg, 30mg	3	NM PA
OTEZLA TAB 10/20	3	NM PA
OTEZLA TAB 10/20/30	3	NM PA
OTEZLA XR TB24 75mg	3	NM PA
OTEZLA/XR TAB 28 DAY	3	NM PA
PYZCHIVA SOAJ 45mg/0.5ml; SOLN 45mg/0.5ml; SOSY 45mg/0.5ml	2	NM PA
PYZCHIVA SOAJ 90mg/ml; SOLN 130mg/26ml; SOSY 90mg/ml	3	NM PA
RENFLEXIS SOLR 100mg	3	NM PA
RHAPSIDO TABS 25mg	3	NM
RINVOQ TB24 15mg, 30mg, 45mg	3	NM PA
RINVOQ LQ SOLN 1mg/ml	3	NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml; SOLN 600mg/10ml; SOSY 55mg/0.37ml, 150mg/ml	3	NM PA
SKYRIZI PEN SOAJ 150mg/ml	3	NM PA
STELARA SOLN 45mg/0.5ml, 130mg/26ml; SOSY 45mg/0.5ml, 90mg/ml	3	NM PA
tofacitinib citrate (generic of XELJANZ) SOLN 1mg/ml; TABS 5mg, 10mg	3	NM PA
tofacitinib citrate (generic of XELJANZ XR) TB24 11mg, 22mg	3	NM PA
TREMFYA SOAJ 200mg/2ml; SOLN 200mg/20ml; SOPN 100mg/ml; SOSY 100mg/ml, 200mg/2ml	3	NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	3	NM PA
TREMFYA PEN SOAJ 100mg/ml	3	NM PA
TYENNE SOAJ 162mg/0.9ml; SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml; SOSY 162mg/0.9ml	3	NM PA
VELSIPITY TABS 2mg	3	NM PA
YESINTEK SOLN 45mg/0.5ml, 130mg/26ml; SOSY 45mg/0.5ml	2	NM PA
YESINTEK SOSY 90mg/ml	3	NM PA
ZYMFENTRA 2-PEN AJKT 120mg/ml	3	NM PA
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml	3	NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 100mg, 300mg, 400mg	1	
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
leflunomide (generic of ARAVA) TABS 10mg, 20mg	1	
methotrexate sodium TABS 2.5mg	1	
PLAQUENIL TABS 200mg	3	
SOVUNA TABS 200mg, 300mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	3	NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NM PA
CYTOGAM SOLN 50mg/ml	3	B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	3	NM PA

Drug Name	Drug Tier	Requirements/ Limits
GAMASTAN INJ	3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NM PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	3	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NM PA
HEPAGAM B SOLN 312unit/ml	3	B/D NM
HIZENTRA SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NM PA
HYQVIA INJ 2.5-200	3	NM PA
HYQVIA INJ 5-400	3	NM PA
HYQVIA INJ 10-800	3	NM PA
HYQVIA INJ 20-1600	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
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
QIVIGY SOLN 5gm/50ml, 10gm/100ml	3	NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NM PA
YIMMUGO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	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
IMAAVY SOLN 300mg/1.62ml, 1200mg/6.5ml	3	NM PA
JOENJA TABS 70mg	3	NM PA
ODACTRA SUB	3	
RAGWITEK SUBL 12amba1-u	3	
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	3	NM PA
VYVGART SOLN 400mg/20ml	3	NM PA
VYVGART INJ HYTRULO	3	NM PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml	3	NM PA
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

Drug Name	Drug Tier	Requirements/ Limits
ENVARSUS XR TB24 .75mg, 1mg, 4mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg	1	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg	1	B/D NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	3	NM PA
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
MYFORTIC TBEC 180mg, 360mg	3	B/D NM
MYHIBBIN SUSP 200mg/ml	3	B/D NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
NIKTIMVO SOLN 9mg/0.18ml, 9mg/0.9ml, 22mg/0.44ml, 22mg/2.2ml	3	NM PA
NULOJIX SOLR 250mg	3	B/D NM
PROGRAF CAPS .5mg, 1mg, 5mg; PACK .2mg, 1mg	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; SOSY 120mg/0.8ml	3	NM PA
SAPHNELO PEN SOAJ 120mg/0.8ml	3	NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
tacrolimus (generic of ASTAGRAF XL) CP24 .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	3	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	

Drug Name	Drug Requirements/ Tier	Limits
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; SUSY 50mcg/0.5ml	1	
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS *ELECTROLYTES/MINERALS, INJECTABLE*		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.2%	3	
D5W/NACL INJ 0.3%	3	
D5W/NACL INJ 0.9%	3	
D5W/NACL INJ 0.45%	3	
D10W/NACL INJ 0.2%	3	
D10W/NACL INJ 0.45%	3	
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	3	
dextrose 5% in lactated ringers	3	
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	3	
dextrose 5% w/ sodium chloride 0.9% (generic of DEXTROSE 5%/SODIUM CHLORI)	3	
dextrose 5% w/ sodium chloride 0.45% (generic of DEXTROSE 5%/SODIUM CHLORI)	3	
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	3	
DW5-NACL INJ 0.225%	3	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.075%/D5W/NACL 0.45%)	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.15%/D5W/NACL 0.9%)	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.15%/D5W/NACL 0.45%)	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	3	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj (generic of POTASSIUM CHLORIDE/DEXTRO)	3	

Drug Name	Drug Tier	Requirements/ Limits
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.3%/D5W/NACL 0.45%)	3	
kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	3	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	3	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
KCL/D5W/NACL INJ 0.15/0.2	3	
KCL/D5W/NACL INJ 0.15/0.9	3	
KCL/D5W/NACL INJ 0.15/0.45	3	
LACTATED RIN INJ	3	
lactated ringer's solution (generic of LACTATED RINGERS)	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml, 50%	3	
magnesium sulfate SOLN 3gm/100ml, 4gm/50ml	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	3	
MG SO4/D5W INJ 1GM/100	3	
multiple electrolytes ph 5.5 (generic of PLASMA-LYTE A)	3	
PLASMA-LYTE INJ -A	3	
POT CHL 20MEQ/L IN NACL 0.9% INJ	3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	3	
POT CHL/D5W INJ 20MEQ/L	3	
potassium chloride SOLN 2meq/ml	3	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj (generic of POTASSIUM CHLORIDE/DEXTRO)	3	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	1	
KLOR-CON 8 TBCR 8meq	3	
klor-con 8 (generic of KLOR-CON 8) TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
KLOR-CON 10 TBCR 10meq	3	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	2	
POKONZA PACK 10meq, 15meq	3	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 10meq, 15meq, 20meq	1	
potassium chloride (generic of KLOR-CON 8) TBCR 8meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	

Drug Name	Drug Tier	Requirements/ Limits
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
WESTAB PLUS TAB 27-1MG	2	
IV NUTRITION		
aminosyn ii soln 15%	3	B/D
AMINOSYN INJ 10%	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
clinisol sf 15%	3	B/D
CLINOLIPID EMU 20%	3	B/D
dextrose SOLN 5%	3	
dextrose (generic of DEXTROSE 10%) SOLN 10%	3	
dextrose (generic of DEXTROSE 50%) SOLN 50%	3	B/D
DEXTROSE 10% SOLN 10%	3	
DEXTROSE 70% SOLN 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
plenamine	3	B/D
PREMASOL SOL 10%	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

Drug Name	Drug Tier	Requirements/ Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% (generic of ZYLET)	1	
MAXITROL SUS 0.1% OP	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
bacitracin-polymyxin b ophth oint	1	
besifloxacin hcl SUSP .6%	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	2	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
levofloxacin (ophth) SOLN .5%	1	
moxifloxacin hcl (ophth) SOLN .5%	1	
moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%	1	
NATACYN SUSP 5%	3	

Drug Name	Drug Tier	Requirements/ Limits
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX SOLN .3%	3	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	1	
tobramycin (ophth) SOLN .3%	1	
TOBREX OINT .3%	3	
trifluridine SOLN 1%	1	
VIGAMOX SOLN .5%	3	
XDEMVY SOLN .25%	3	NM
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ALREX SUSP .2%	3	
bromfenac sodium (ophth) SOLN .09%	1	
bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%	1	
BROMSITE SOLN .075%	3	
BYQLOVI SUSP .05%	3	
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
diclofenac sodium (ophth) SOLN .1%	1	
difluprednate (generic of DUREZOL) EMUL .05%	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	3	

Drug Name	Drug Tier	Requirements/ Limits
ketorolac tromethamine (ophth) SOLN .4%	1	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
loteprednol etabonate (generic of LOTEMAX) GEL .5%; SUSP .5%	1	
loteprednol etabonate SUSP .2%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
TRIESENCE SUSP 40mg/ml	3	B/D
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	3	NM
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	1	
bepotastine besilate SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
cromolyn sodium (ophth) SOLN 4%	1	
epinastine hcl (ophth) SOLN .05%	1	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	
betaxolol hcl (ophth) SOLN .5%	1	
BETIMOL SOLN .5%	3	
brimonidine tartrate (generic of ALPHAGAN P) SOLN .1%, .15%	1	

Drug Name	Drug Requirements/ Tier	Limits
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)	1	
brinzolamide (generic of AZOPT) SUSP 1%	1	
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT SOL 2-0.5%OP	3	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	
latanoprost (generic of XALATAN) SOLN .005%	1	
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	NM
pilocarpine hcl SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
timolol hemihydrate (ophth) (generic of BETIMOL) SOLN .5%	1	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	1	
timolol maleate (ophth) once-daily SOLN .5%	1	
timolol maleate (ophth) pf (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
travoprost (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
ZOLYMBUS GEL .01%	3	

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
atropine sulfate (ophthalmic) SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	3	NM PA
BYOOVIZ SOLN .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
PAVBLU SOSY 2mg/0.05ml	3	NM PA
proparacaine hcl (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
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	3	NM PA
VEVYE SOLN .1%	3	
XIIDRA SOLN 5%	2	
YESAFILI SOSY 2mg/0.05ml	3	NM PA
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	1	
CIPRO HC SUS 0.2-1%OT	3	
ciprofloxacin hcl (otic) (generic of CETRAXAL) SOLN .2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
ciprofloxacin-hydrocortisone otic susp 0.2-1% (generic of CIPRO HC)	1	
CORTISPORIN SUS -TC OTIC	3	

Drug Name	Tier	Requirements/ Limits
DERMOTIC OIL .01%	3	
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin (otic) SOLN .3%	1	
XTORO SUSP .3%	3	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	
BEVESPI AER 9-4.8MCG	2	
BREZTRI AERO AER 9MCG	2	
BREZTRI AERO AER 18MCG	2	
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	
COMBIVENT AER 20-100	3	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	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	
ipratropium bromide SOLN .02%	1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	1	
ipratropium bromide hfa (generic of ATROVENT HFA) AERS 17mcg/act	1	
SPIRIVA HANDIHALER CAPS 18mcg	3	
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	
tiotropium bromide (generic of SPIRIVA HANDIHALER) CAPS 18mcg	1	
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA)	1	
CLARINEX-D TAB 2.5-120	3	
promethazine & phenylephrine syrup 6.25-5 mg/5ml PA applies if 65 years and older	2	PA
RYALTRIS SPR 665-25	3	
ANTIHISTAMINES		
azelastine hcl SOLN .1%	1	
carbinoxamine maleate SOLN 4mg/5ml; SUER 4mg/5ml PA applies if 65 years and older	3	PA
carbinoxamine maleate TABS 4mg PA applies if 65 years and older	2	PA
carbzah SOLN 4mg/5ml PA applies if 65 years and older	3	PA
cetirizine hcl SOLN 5mg/5ml	1	
CLARINEX TABS 5mg	3	
clemastine fumarate TABS 2.68mg PA applies if 65 years and older	3	PA
CLEMSZA TABS 2.68mg PA applies if 65 years and older	3	PA
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
desloratadine (generic of CLARINEX) TABS 5mg	1	
desloratadine TBDP 2.5mg, 5mg	1	
diphenhydramine hcl SOLN 50mg/ml	1	

Drug Name	Tier	Drug Requirements/ Limits
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	3	PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
hydroxyzine pamoate CAPS 25mg, 50mg, 100mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
KARBINAL ER SUER 4mg/5ml PA applies if 65 years and older	3	PA
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	1	
olopatadine hcl (nasal) SOLN .6%	1	
QUZYTTIR SOLN 10mg/ml	3	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act (generic of Proair HFA)	1	
albuterol sulfate AERS 108mcg/act (generic of Proventil HFA)	1	
albuterol sulfate (generic of VENTOLIN HFA) AERS 108mcg/act (generic of Ventolin HFA)	1	
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	1	
arformoterol tartrate NEBU 15mcg/2ml	1	B/D
formoterol fumarate (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
levalbuterol tartrate AERO 45mcg/act	1	
PERFOROMIST NEBU 20mcg/2ml	3	B/D
SEREVENT DISKUS AEPB 50mcg/dose	2	
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	
terbutaline sulfate SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2	
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
zafirlukast TABS 10mg, 20mg	1	
zileuton TB12 600mg	1	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	3	NM PA
ALYFTREK TAB 10-50-125	3	NM PA
ARALAST NP SOLR 500mg, 1000mg	3	NM PA
BRINSUPRI TABS 10mg, 25mg	3	NM
cromolyn sodium NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
elixophyllin ELIX 80mg/15ml	1	
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	

Drug Name	Drug Requirements/ Tier	Limits
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml	3	NM PA
FASENRA PEN SOAJ 30mg/ml	3	NM PA
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	3	NM PA
JASCAYD TABS 9mg, 18mg	2	NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg; TABS 150mg	3	NM PA
nintedanib esylate (generic of OFEV) CAPS 100mg, 150mg	3	NM PA
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 40mg/0.4ml, 100mg/ml	3	NM PA
OFEV CAPS 100mg, 150mg	2	NM PA
OHTUVAYRE SUSP 3mg/2.5ml	3	B/D NM
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
pirfenidone CAPS 267mg; TABS 534mg	3	NM PA
pirfenidone (generic of ESBRIET) TABS 267mg, 801mg	3	NM PA
PROLASTIN-C SOLN 1000mg/20ml	3	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	3	NM PA
roflumilast (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	
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	3	NM PA
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		
flunisolide (nasal) SOLN .025%	1	
fluticasone propionate (nasal) SUSP 50mcg/act	1	
mometasone furoate (nasal) 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	
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	

Drug Name	Drug Requirements/ Tier	Limits
AIRSUPRA AER 90-80MCG	2	
BREO ELLIPTA INH 50-25MCG	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
breyna (generic of SYMBICORT)	1	
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)	1	
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)	1	
DULERA AER 50-5MCG	3	
DULERA AER 100-5MCG	3	
DULERA AER 200-5MCG	3	
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	1	
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	1	
fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)	1	
fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)	1	
fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)	1	
wixela inhub (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 7.5%	3	
adapalene CREA .1%	1	
adapalene (generic of DIFFERIN) GEL .3%	1	
ADAPALENE SOLN .1%	3	
AKLIEF CREA .005%	3	
ALTRENO LOTN .05%	3	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	1	
AMZEEQ FOAM 4%	3	
ARAZLO LOTN .045%	3	PA
ATRALIN GEL .05%	3	PA
AZELEX CREA 20%	3	
BENZAMYCIN GEL 5-3%	3	
benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)	1	
CABTREO GEL	3	
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	
CLEOCIN-T LOTN 1%	3	
clindacin FOAM 1%	1	
clindacin etz pledgets SWAB 1%	1	
clindacin-p SWAB 1%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate (topical) FOAM 1%; SOLN 1%; SWAB 1%	1	
clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1%	1	
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA)	1	
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	PA
dapsone (topical) GEL 5%	1	
dapsone (topical) (generic of ACZONE) GEL 7.5%	1	
ery PADS 2%	1	
erythromycin (acne aid) GEL 2%; SOLN 2%	1	

Drug Name	Drug Tier	Requirements/ Limits
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	1	
isotretinoin (generic of ABSORICA) CAPS 25mg, 35mg	1	
KLARON LOTN 10%	3	
neuac gel 1.2-5%	1	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	PA
sulfacetamide sodium (acne) (generic of KLARON) LOTN 10%	1	
tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%	1	PA
tretinoin (generic of ATRALIN) GEL .05%	1	PA
tretinoin microsphere GEL .04%, .1%	1	PA
twice-daily clindamycin phosphate (topical) GEL 1%	1	
TWYNEO CRE 0.1-3%	3	PA
WINLEVI CREA 1%	3	
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	1	
mupirocin OINT 2%	1	
SILVADENE CREA 1%	3	
silver sulfadiazine (generic of SILVADENE) CREA 1%	1	
ssd (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm	3	
DERMATOLOGY, ANTIFUNGALS		
ciclodan SOLN 8%	1	
ciclopirox GEL .77%; SHAM 1%; SOLN 8%	1	
ciclopirox olamine CREA .77%; SUSP .77%	1	
clotrimazole (topical) CREA 1%; SOLN 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
econazole nitrate CREA 1%	1	
EXELDERM CREA 1%	3	
JUBLIA SOLN 10%	3	
ketoconazole (topical) CREA 2%; SHAM 2%	1	
klayesta POWD 100000unit/gm	1	
naftifine hcl CREA 1%, 2%	1	
naftifine hcl (generic of NAFTIN) GEL 2%	1	
NAFTIN GEL 2%	3	
nyamyc POWD 100000unit/gm	1	
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	1	
nystop POWD 100000unit/gm	1	
selenium sulfide LOTN 2.5%	1	
ZORYVE FOAM .3%	3	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	
calcipotriene CREA .005%; OINT .005%	1	PA
CALCIPOTRIENE FOAM .005%	3	PA
calcipotriene (generic of PELLIX) SOLN .005%	1	PA
calcitrene OINT .005%	1	PA
ENSTILAR AER	3	PA
methoxsalen rapid CAPS 10mg	3	
PELLIX SOLN .005%	1	PA
SORILUX FOAM .005%	3	PA
tazarotene (generic of TAZORAC) CREA .05%, .1%; GEL .05%, .1%	1	PA
TAZORAC CREA .05%; GEL .05%, .1%	3	PA
trilitas (generic of TAZORAC) GEL .1%	1	PA
VTAMA CREA 1%	3	
ZORYVE CREA .3%	3	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	

Drug Name	Drug Requirements/ Tier	Limits
ala-scalp LOTN 2%	1	
alclometasone dipropionate CREA .05%; OINT .05%	1	
betamethasone dipropionate (topical) CREA .05%; LOTN .05%; OINT .05%	1	
betamethasone dipropionate augmented CREA .05%; GEL .05%; LOTN .05%	1	
betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%	1	
betamethasone valerate CREA .1%; FOAM .12%; LOTN .1%; OINT .1%	1	
clobetasol propionate CREA .05%; FOAM .05%; GEL .05%; LOTN .05%; OINT .05%; SOLN .05%	1	
clobetasol propionate (generic of CLOBEX) LIQD .05%	1	
clobetasol propionate e CREA .05%	1	
clobetasol propionate emulsion FOAM .05%	1	
DERMA-SMOOTHE/FS BODY OIL .01%	3	
DERMA-SMOOTHE/FS SCALP OIL .01%	3	
desonide CREA .05%; LOTN .05%; OINT .05%	1	
desoximetasone (generic of TOPICORT) LIQD .25%	1	
DIPROLENE OINT .05%	3	
DUOBRII LOT	3	PA
EPIFOAM AER 1%	3	
fluocinolone acetonide CREA .01%; SOLN .01%	1	
fluocinolone acetonide (generic of SYNALAR) CREA .025%; OINT .025%	1	
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS BODY) OIL .01%	1	
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS SCALP) OIL .01%	1	
fluocinonide CREA .05%, .1%; GEL .05%; OINT .05%; SOLN .05%	1	
fluocinonide emulsified base CREA .05%	1	
fluticasone propionate CREA .05%; LOTN .05%; OINT .005%	1	
halobetasol propionate CREA .05%; OINT .05%	1	
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 1%, 2.5%	1	
hydrocortisone (topical) LOTN 2%	3	
hydrocortisone butyrate SOLN .1%	1	
hydrocortisone valerate CREA .2%	1	
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	1	
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
SYNALAR CREA .025%; OINT .025%	3	
tovet FOAM .05%	1	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
triderm CREA .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	3	
glydo PRSY 2% QL (60 mL / 30 days)	1	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	1	QL PA
lidocaine (generic of LIDODERM) PTCH 5%	1	PA
lidocaine hcl PRSY 2% QL (60 mL / 30 days)	1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	1	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
lidocan (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
tridacaine iii (generic of LIDODERM) PTCH 5%	1	PA
ZTLIDO PTCH 1.8%	3	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical (generic of ZOVIRAX) CREA 5%; OINT 5%	1	
ANALPRAM HC LOT 2.5%	3	
ANUSOL-HC CREA 2.5%	3	
ANZUPGO CREA 20mg/gm	3	NM
azelaic acid (generic of FINACEA) GEL 15%	1	
bexarotene (topical) (generic of TARGRETIN) GEL 1%	3	NM PA
brimonidine tartrate (topical) GEL .33%	1	
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	
diclofenac sodium (actinic keratoses) GEL 3%	1	PA
diclofenac sodium (topical) SOLN 1.5%	1	
doxepin hcl (antipruritic) (generic of PRUDOXIN) CREA 5%	1	PA
doxycycline (rosacea) (generic of ORACEA) CPDR 40mg	1	
EMROSI CP24 40mg	3	
EPSOLAY CREA 5%	3	
EUCRISA OINT 2%	3	
FINACEA FOAM 15%	3	
fluorouracil (topical) CREA 5%; SOLN 2%, 5%	1	
hydrocortisone (rectal) CREA 1%	1	
hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2%	3	NM
imiquimod CREA 5%	1	
KLISYRI OINT 1%	3	
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	1	
metronidazole (topical) CREA .75%; GEL .75%; LOTN .75%	1	
MIRVASO GEL .33%	3	
nitroglycerin (intra-anal) (generic of RECTIV) OINT .4%	1	
ORACEA CPDR 40mg	3	
oxymetazoline hcl (topical) (generic of RHOFADE) CREA 1%	1	
PANRETIN GEL .1%	3	PA
penciclovir (generic of DENAVIR) CREA 1%	1	
pimecrolimus CREA 1%	1	
podofilox GEL .5%; SOLN .5%	1	
procto-med hc (generic of ANUSOL-HC) CREA 2.5%	1	
proctocort CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
proctosol hc (generic of ANUSOL-HC) CREA 2.5%	1	
proctozone-hc (generic of ANUSOL-HC) CREA 2.5%	1	
PRUDOXIN CREA 5%	3	PA
QBREXZA PADS 2.4%	3	
RHOFADE CREA 1%	3	
SOFDRA GEL 12.45%	3	NM
tacrolimus (topical) OINT .03%, .1%	1	
TARGRETIN GEL 1%	3	NM PA
VALCHLOR GEL .016%	3	NM PA
YCANTH SOLN .7%	3	NM
ZELSUVMI GEL 10.3%	3	
ZILXI FOAM 1.5%	3	
ZONALON CREA 5%	3	PA
ZORYVE CREA .05%, .15%	3	
ZOVIRAX CREA 5%; OINT 5%	3	

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

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

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.

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