



MASSACHUSETTS

| Blue MedicareRx<sup>SM</sup> (PDP)

# Blue MedicareRx<sup>SM</sup> (PDP) 3 Tier Select 2025 Formulary (List of Covered Drugs or “Drug List”)

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

This formulary was updated on 09/20/2024. For more recent information or other questions, please contact Blue MedicareRx at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal ([rxmedicareplans.memberdoc.com](http://rxmedicareplans.memberdoc.com)).

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

**Note to existing members:** This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. If you are unsure about which drugs may or may not be covered, please call Customer Care to verify drug coverage.

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means Blue MedicareRx<sup>SM</sup> (PDP). When it refers to “plan” or “our plan,” it means Blue MedicareRx.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.



## What is the Blue MedicareRx 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 Blue MedicareRx 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. Blue MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the formulary change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx 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 the Medicare rules in making these changes. Updates to the formulary are posted monthly to our Document Portal here: [rxmedicareplans.memberdoc.com](https://rxmedicareplans.memberdoc.com).

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

**Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug on 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 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 Blue MedicareRx 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 it 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 drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 20, 2024. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages. If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier), we will notify you by mail. You may also access our formulary on our Document Portal ([rxmedicareplans.memberdoc.com](https://rxmedicareplans.memberdoc.com)) to get information showing changes, additions, and/or deletions of medications contained in our formulary.

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

### Alphabetical Listing

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

## What are generic drugs?

Blue MedicareRx 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 and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

## Are there any restrictions on my coverage?

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

**Prior Authorization:** Blue MedicareRx requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**Quantity Limits:** For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for ATROVENT HFA. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also 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 Blue MedicareRx 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 Blue MedicareRx formulary?" on page V for information about how to request an exception.

## What if my drug is not on the Formulary?

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

If you learn that Blue MedicareRx does not cover your drug, you have two options:

You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

You can ask Blue MedicareRx to make an exception and cover your drug. See below for information about how to request an exception.

Compounds may or may not be covered by your plan benefit.

## How do I request an exception to the Blue MedicareRx Formulary?

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

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.

You can ask us to waive coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

You can ask us to cover a formulary drug at a lower cost sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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 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 change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited but you are past the first 90 days of membership in our plan, we will cover up to a temporary 30-day supply when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover or drugs that are covered under Medicare Part B.

## For more information

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

If you have questions about Blue MedicareRx, 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 prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## Blue MedicareRx Formulary

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

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

The information in the Requirements/Limits column tells you if Blue MedicareRx has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- B/D stands for drugs covered under Medicare Part B or D.
- QL stands for Quantity Limits.
- PA stands for Prior Authorization.
- ST stands for Step Therapy.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-888-543-4917, 24 hours a day, 7 days a week. TTY/TDD users should call 711.
- NM stands for No Mail Order. This prescription drug is not available through mail order service.

In the drug listing, the Tier column identifies which tier each drug is on. The amount you will pay at the pharmacy, also known as copayment or coinsurance, is determined by the drug tier.



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANALGESICS</b>			<b>naproxen TABS 250mg, 375mg</b>		
<b>GOUT</b>			Tier 1		
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1		<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	Tier 1	
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	Tier 2	QL	<i>sulindac</i> TABS 150mg, 200mg	Tier 1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 1	QL	<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 2		<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 3	QL PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	Tier 2	QL	<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>probenecid</i> TABS 500mg	Tier 2		<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	Tier 1	QL PA
<b>MISCELLANEOUS</b>			<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	Tier 2	B/D	<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 2	B/D	<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<b>NSAIDS</b>			<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 2	QL	<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	Tier 1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL	<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	Tier 1	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL	<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	Tier 1	QL
<i>diclofenac sodium</i> TB24 100mg	Tier 2				
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	Tier 1				
<i>flurbiprofen</i> TABS 100mg	Tier 2				
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1				
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 2				
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1				
<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1				
<i>nabumetone</i> TABS 500mg, 750mg	Tier 1				

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

Blue MedicareRx 3-Tier Select 2025 Comprehensive Drug List effective 01/01/2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 2	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	Tier 3	QL PA	<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	Tier 1	QL PA	<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 3	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 3	QL	<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 3	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	Tier 2	QL	<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL	<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 2	QL	<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
			<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOSET) QL (180 tabs / 30 days)	Tier 2	QL	<i>gentamicin in saline inj 2 mg/ml</i>	Tier 2	
<i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days)	Tier 1	QL	<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	Tier 2	
<b>ANTI-INFECTIVES</b>			<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 2	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>			<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	Tier 2	
<i>albendazole TABS 200mg</i> QL (672 tabs / year)	Tier 1	QL PA	IMPAVIDO CAPS 50mg	Tier 2	PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	Tier 3		<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (12 tabs / 90 days)	Tier 2	QL PA
ARIKAYCE SUSP 590mg/8.4ml	Tier 2	NM PA	<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	Tier 3	
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 3	QL PA	<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	Tier 3		<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	Tier 3	QL
CAYSTON SOLR 75mg	Tier 2	NM PA	LINEZOLID INJ 2MG/ML	Tier 3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 1		<i>meropenem SOLR 1gm, 500mg</i>	Tier 3	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml, 9000mg/60ml	Tier 2		<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	Tier 2	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	Tier 3		<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 2	
<i>dapsone TABS 25mg, 100mg</i>	Tier 2		<i>metronidazole TABS 250mg, 500mg</i>	Tier 1	
DAPTOMYCIN SOLR 350mg	Tier 2		<i>neomycin sulfate TABS 500mg</i>	Tier 1	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	Tier 1		<i>nitazoxanide TABS 500mg</i> QL (6 tabs / 30 days)	Tier 1	QL
<i>daptomycin SOLR 500mg</i>	Tier 1		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 2	
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 1	QL	<i>nitrofurantoin monohydrate macro</i> (generic of MACROBID) CAPS 100mg	Tier 2	
<i>ertapenem sodium SOLR 1gm</i>	Tier 2		<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	Tier 3	B/D
<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	Tier 3		<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	Tier 3	
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	Tier 3		VANCOMYCIN INJ 1 GM	Tier 3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL PA	VANCOMYCIN INJ 500MG	Tier 3	
<i>streptomycin sulfate</i> SOLR 1gm	Tier 3		VANCOMYCIN INJ 750MG	Tier 3	
<i>sulfadiazine</i> TABS 500mg	Tier 1		<b>ANTIFUNGALS</b>		
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	Tier 3		ABELCET SUSP 5mg/ml	Tier 3	B/D
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	Tier 2		<i>amphotericin b</i> SOLR 50mg	Tier 3	B/D
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	Tier 1		<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	Tier 1	B/D
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	Tier 1		<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	Tier 3	
<i>tinidazole</i> TABS 250mg, 500mg	Tier 2		<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	Tier 2	
TOBI PODHALER CAPS 28mg	Tier 2	NM PA	<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml	Tier 2	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 1	NM PA	<i>fluconazole</i> (generic of DIFLUCAN) TABS 100mg, 150mg, 200mg	Tier 1	
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 2		<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 2	
<i>trimethoprim</i> TABS 100mg	Tier 2		<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 2	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 3	QL	<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	Tier 1	PA
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 3	QL	<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 3	
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	Tier 3		<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 3	
			<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	Tier 3	PA
			<i>ketoconazole</i> TABS 200mg	Tier 2	PA
			<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	Tier 3	
			<i>nystatin</i> TABS 500000unit	Tier 2	
			<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	Tier 1	QL PA
			<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	Tier 1	QL PA	<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	Tier 3	NM
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	Tier 3	PA	<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL NM
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	Tier 1	QL PA	<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 1	QL NM
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 3	QL	EDURANT TABS 25mg	Tier 2	NM
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL	<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	Tier 3	NM
<b>ANTIMALARIALS</b>			<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Tier 2	NM
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg (generic of MALARONE)	Tier 3		EMTRIVA SOLN 10mg/ml	Tier 3	NM
<i>atovaquone-proguanil hcl</i> tab 250-100 mg (generic of MALARONE)	Tier 3		<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	Tier 1	NM
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 3		<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	Tier 1	NM
COARTEM TAB 20-120MG	Tier 3		FUZEON SOLR 90mg	Tier 2	NM
<i>mefloquine hcl</i> TABS 250mg	Tier 2		INTELENCE TABS 25mg	Tier 3	NM
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2		ISENTRESS CHEW 25mg	Tier 3	NM
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 2		ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NM
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	Tier 3	PA	ISENTRESS HD TABS 600mg	Tier 2	NM
<b>ANTIRETROVIRAL AGENTS</b>			<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	Tier 3	NM	<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	Tier 1	NM
<i>abacavir sulfate</i> TABS 300mg	Tier 2	NM	<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	Tier 3	NM
APTIVUS CAPS 250mg	Tier 2	NM	<i>nevirapine</i> TABS 200mg	Tier 1	NM
<i>atazanavir sulfate</i> CAPS 150mg	Tier 3	NM	NORVIR PACK 100mg	Tier 3	NM
			PIFELTRO TABS 100mg	Tier 2	NM
			PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM
			PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NM

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NM	<i>efavirenz-lamivudine- tenofovir df tab 400-300-300 mg (generic of SYMFI LO)</i>	Tier 1	NM
REYATAZ PACK 50mg <i>ritonavir</i> (generic of NORVIR) TABS 100mg	Tier 2 Tier 2	NM NM	<i>efavirenz-lamivudine- tenofovir df tab 600-300-300 mg (generic of SYMFI)</i>	Tier 1	NM
RUKOBIA TB12 600mg	Tier 2	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg (generic of TRUVADA)</i>	Tier 1	QL NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 2	NM	QL (30 tabs / 30 days)		
SELZENTRY TABS 25mg	Tier 3	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg (generic of TRUVADA)</i>	Tier 1	QL NM
SUNLENCA TBPK 300mg <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 2	NM	QL (30 tabs / 30 days)		
TIVICAY TABS 10mg	Tier 2	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg (generic of TRUVADA)</i>	Tier 1	QL NM
TIVICAY TABS 25mg, 50mg	Tier 2	NM	QL (30 tabs / 30 days)		
TIVICAY PD TBSO 5mg	Tier 2	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg (generic of TRUVADA)</i>	Tier 3	QL NM
TYBOST TABS 150mg	Tier 2	NM	QL (30 tabs / 30 days)		
VIRACEPT TABS 250mg, 625mg	Tier 2	NM	<i>EVOTAZ TAB 300-150</i>	Tier 2	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NM	<i>GENVOYA TAB</i>	Tier 2	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	Tier 3	NM	<i>JULUCA TAB 50-25MG</i>	Tier 2	NM
<i>zidovudine</i> TABS 300mg	Tier 2	NM	<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 3	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>			<i>lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml) (generic of KALETRA)</i>	Tier 3	NM
<i>abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)</i>	Tier 2	NM	<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	Tier 3	NM
BIKTARVY TAB 30-120-15 MG	Tier 2	NM	<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	Tier 3	NM
BIKTARVY TAB 50-200-25 MG	Tier 2	NM	<i>ODEFSEY TAB</i>	Tier 2	NM
CIMDUO TAB 300-300	Tier 2	NM	<i>PREZCOBIX TAB 800-150</i>	Tier 2	NM
COMPLERA TAB	Tier 2	NM	<i>STRIBILD TAB</i>	Tier 2	NM
DELSTRIGO TAB	Tier 2	NM	<i>SYMTUZA TAB</i>	Tier 2	NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	Tier 2	QL NM	<i>TRIUMEQ PD TAB</i>	Tier 2	NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	Tier 2	QL NM	<i>TRIUMEQ TAB</i>	Tier 2	NM
DOVATO TAB 50-300MG	Tier 2	NM	<b>ANTITUBERCULAR AGENTS</b>		
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg (generic of ATRIPLA)</i>	Tier 1	NM	<i>cycloserine CAPS 250mg</i>	Tier 1	
			<i>ethambutol hcl TABS 100mg, 400mg</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>isoniazid</i> TABS 100mg, 300mg	Tier 1		<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 2	QL
PRIFTIN TABS 150mg	Tier 3		<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 2	QL
<i>pyrazinamide</i> TABS 500mg	Tier 3		<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 2	QL
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	Tier 3		PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 2	QL
<i>rifampin</i> CAPS 150mg, 300mg	Tier 2		PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 2	QL
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	Tier 3		PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NM PA
SIRTURO TABS 20mg, 100mg	Tier 2	NM PA	PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	QL PA
TRECTOR TABS 250mg	Tier 3		RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
<b>ANTIVIRALS</b>			<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	Tier 2	NM
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	Tier 1		<i>rimantadine hydrochloride</i> TABS 100mg	Tier 3	
<i>acyclovir sodium</i> SOLN 50mg/ml	Tier 3	B/D	<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	Tier 2	
<i>adefovir dipivoxil</i> TABS 10mg	Tier 3	NM	<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	Tier 1	
BARACLUDE SOLN .05mg/ml	Tier 2	NM ST	<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	Tier 2	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	Tier 3	NM	VOSEVI TAB	Tier 2	NM PA
EPCLUSA PAK 150-37.5	Tier 2	NM PA	<b>CEPHALOSPORINS</b>		
EPCLUSA PAK 200-50MG	Tier 2	NM PA	<i>cefaclor</i> CAPS 250mg, 500mg	Tier 2	
EPCLUSA TAB 200-50MG	Tier 2	NM PA	<i>cefadroxil</i> CAPS 500mg	Tier 1	
EPCLUSA TAB 400-100	Tier 2	NM PA	CEFAZOLIN SOLR 2gm, 3gm	Tier 3	
<i>ganciclovir sodium</i> SOLR 500mg	Tier 3	B/D	CEFAZOLIN INJ 1GM/50ML	Tier 3	
HARVONI PAK 33.75- 150MG	Tier 2	NM PA	<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 2	
HARVONI PAK 45-200MG	Tier 2	NM PA			
HARVONI TAB 45-200MG	Tier 2	NM PA			
HARVONI TAB 90-400MG	Tier 2	NM PA			
<i>lamivudine (hbv)</i> TABS 100mg	Tier 3	NM			
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 2	QL NM PA			
MAVYRET PAK 50-20MG	Tier 2	NM PA			
MAVYRET TAB 100-40MG	Tier 2	NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3		<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 3	
<i>cefdinir</i> CAPS 300mg	Tier 1		ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 3	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2		<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 3		<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 3	
<i>cefixime</i> CAPS 400mg	Tier 3		<b>FLUOROQUINOLONES</b>		
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 3		<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 2	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	Tier 2		<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 2	
<i>cefprozil</i> TABS 250mg, 500mg	Tier 2		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 3		<i>ciprofloxacin hcl</i> TABS 750mg	Tier 1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3		<i>levofloxacin</i> SOLN 25mg/ml	Tier 3	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 1		<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 2		<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 2	
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1		<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 2	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2		<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 3		<i>moxifloxacin hcl</i> TABS 400mg	Tier 2	
TEFLARO SOLR 400mg, 600mg	Tier 2		<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Tier 3	
<b>ERYTHROMYCINS/MACROLIDES</b>			<b>PENICILLINS</b>		
<i>azithromycin</i> PACK 1gm	Tier 2		<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	Tier 1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2		<i>amoxicillin</i> (generic of AMOXICILLIN) SUSR 400mg/5ml	Tier 1	
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1		<i>amoxicillin &amp; k clavulanate</i> <i>chew tab 400-57 mg</i>	Tier 2	
<i>azithromycin</i> TABS 600mg	Tier 1				
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3				
<i>clarithromycin</i> TABS 250mg, 500mg	Tier 2				
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2				



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 2		<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 3		<i>penicillin g sodium SOLR 5000000unit</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 2		<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	Tier 2		<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 2		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	Tier 1		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1		<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 3	
<i>ampicillin CAPS 500mg</i>	Tier 1		<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 3	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	Tier 3		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 3	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	Tier 3		<b>TETRACYCLINES</b>		
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 3		<i>doxy 100 SOLR 100mg</i>	Tier 3	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 3		<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	Tier 1	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	Tier 3		<i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	Tier 2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	Tier 3		<i>doxycycline hyclate CAPS 50mg; TABS 20mg, 100mg</i>	Tier 2	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	Tier 3		<i>doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg</i>	Tier 2	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	Tier 2		<i>doxycycline hyclate SOLR 100mg</i>	Tier 3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	Tier 3		<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	Tier 2	
<i>nafcillin sodium SOLR 10gm</i>	Tier 1		<i>tetracycline hcl CAPS 250mg, 500mg</i>	Tier 3	
			<i>tigecycline (generic of TYGACIL) SOLR 50mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANTINEOPLASTIC AGENTS</b>			<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>			<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 2	B/D	ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 3	B/D	EULEXIN CAPS 125mg	Tier 1	
GLEOSTINE CAPS 10mg, 40mg	Tier 3	NM	<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Tier 3	
GLEOSTINE CAPS 100mg	Tier 2	NM	FIRMAGON SOLR 80mg	Tier 3	NM PA
<b>ANTIMETABOLITES</b>			FIRMAGON SOLR 120mg/vial	Tier 2	NM PA
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 2	QL NM PA	<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 1	
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2	QL NM PA	<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 3	NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2	QL NM PA	LUPRON DEPOT (1- MONTH) KIT 3.75mg	Tier 2	NM PA
<i>mercaptopurine</i> TABS 50mg	Tier 2		LUPRON DEPOT (3- MONTH) KIT 11.25mg	Tier 2	NM PA
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D	LYSODREN TABS 500mg	Tier 2	NM
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2	QL NM PA	<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 2	
PURIXAN SUSP 2000mg/100ml	Tier 2	NM	<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	Tier 1	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>			NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA	ORGOVYX TABS 120mg	Tier 2	NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA	ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 2	QL NM PA	ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 2	QL NM PA	SOLTAMOX SOLN 10mg/5ml	Tier 2	
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Tier 1		<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 1	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Tier 1		<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	Tier 3	PA
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 3	NM PA	XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2	QL NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
			XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>IMMUNOMODULATORS</b>					
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM PA	ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	QL NM PA	AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 2	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL NM PA	AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	QL NM PA	BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	QL NM PA	BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 2	QL NM PA	BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
<b>MISCELLANEOUS</b>					
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 2	QL NM PA	BOSULIF CAPS 50mg QL (360 caps / 30 days)	Tier 2	QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 1	QL NM PA	BOSULIF CAPS 100mg QL (150 caps / 25 days)	Tier 2	QL NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	Tier 1		BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 2	QL NM PA	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
MATULANE CAPS 50mg <i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 2 Tier 1	NM	BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 2	QL NM PA
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM PA
<b>MOLECULAR TARGET AGENTS</b>					
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 2	QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
			CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
			CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA

Blue MedicareRx 3-Tier Select 2025 Comprehensive Drug List effective 01/01/2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 2	QL NM PA	FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 2	QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 2	QL NM PA	GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 2	QL NM PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 2	QL NM PA	GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 2	QL NM PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 2	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 2	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 2	QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	Tier 1	QL NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 2	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	Tier 1	QL NM PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2	QL NM PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 2	QL NM PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA	LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 2	QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 2	QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 2	QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 2	QL NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 2	QL NM PA	LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 2	QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 2	QL NM PA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 2	QL NM PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 2	QL NM PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 2	QL NM PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 2	QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 2	QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 2	QL NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 2	QL NM PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 2	QL NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	Tier 1	QL NM PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 2	QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 2	QL NM PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 2	QL NM PA	MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 2	QL NM PA	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 2	QL NM PA	RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2	QL NM PA	REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 2	QL NM PA	ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 2	QL NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 2	QL NM PA	ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA	ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 2	QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 2	QL NM PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 2	QL NM PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 2	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA	SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 2	QL NM PA	<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 2	QL NM PA	SPRYCEL TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA	SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 2	QL NM PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 2	QL NM PA	<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 1	QL NM PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM PA	TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 2	QL NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	Tier 2	QL NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2	QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 2	QL NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2	QL NM PA	VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2	QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	Tier 2	QL NM PA	VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 2	QL NM PA	VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2	QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 2	QL NM PA	VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	Tier 2	QL NM PA
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	XALKORI CPSP 20mg QL (240 caps / 30 days)	Tier 2	QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 2	QL NM PA	XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 2	QL NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 2	QL NM PA	XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	Tier 2	QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 2	QL NM PA	XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 2	QL NM PA	XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 2	QL NM PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 2	QL NM PA	<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA	<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	Tier 2	QL NM PA	<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	Tier 2	QL NM PA	<i>benazepril &amp; hydrochlorothiazide tab 5- 6.25mg</i>	Tier 2	
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	<i>benazepril &amp; hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	Tier 2	
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2	QL NM PA	<i>benazepril &amp; hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	Tier 2	
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA	<i>benazepril &amp; hydrochlorothiazide tab 20- 25 mg</i> (generic of LOTENSIN HCT)	Tier 2	
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	<i>enalapril maleate &amp; hydrochlorothiazide tab 5- 12.5 mg</i>	Tier 1	
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 2	QL NM PA	<i>enalapril maleate &amp; hydrochlorothiazide tab 10- 25 mg</i> (generic of VASERETIC)	Tier 1	
<b>PROTECTIVE AGENTS</b>			<i>fosinopril sodium &amp; hydrochlorothiazide tab 10- 12.5 mg</i>	Tier 2	
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 2		<i>fosinopril sodium &amp; hydrochlorothiazide tab 20- 12.5 mg</i>	Tier 2	
MESNEX TABS 400mg	Tier 2		<i>lisinopril &amp; hydrochlorothiazide tab 10- 12.5 mg</i> (generic of ZESTORETIC)	Tier 1	
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>			<i>lisinopril &amp; hydrochlorothiazide tab 20- 12.5 mg</i> (generic of ZESTORETIC)	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	Tier 1	QL			
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL			
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL			



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	Tier 1		<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	Tier 1	
<b>ACE INHIBITORS</b>			<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>benazepril hcl TABS 5mg</i>	Tier 1		<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1		<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1		<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	Tier 1		<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1		ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	Tier 2	QL
<i>moexipril hcl TABS 7.5mg, 15mg</i>	Tier 2		ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	Tier 2	QL
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	Tier 2		ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	Tier 2	QL
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	Tier 1		ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	Tier 2	QL
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1		ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	Tier 2	QL
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	Tier 1		<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>			<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	Tier 2		<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 1	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL			
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	Tier 1				
<b>ALPHA BLOCKERS</b>					
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 1				
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT)	Tier 2	QL
QL (30 tabs / 30 days)		
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT)	Tier 2	QL
QL (30 tabs / 30 days)		
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT)	Tier 2	QL
QL (30 tabs / 30 days)		
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)	Tier 2	QL
QL (30 tabs / 30 days)		
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	Tier 2	QL
QL (30 tabs / 30 days)		
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	Tier 2	QL
QL (30 tabs / 30 days)		
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	Tier 2	QL
QL (30 tabs / 30 days)		
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	Tier 2	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg	Tier 2	QL
QL (60 tabs / 30 days)		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg	Tier 2	QL
QL (30 tabs / 30 days)		
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg	Tier 1	QL
QL (60 tabs / 30 days)		
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg	Tier 2	QL
QL (30 tabs / 30 days)		
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg	Tier 2	QL
QL (60 tabs / 30 days)		
<i>valsartan</i> (generic of DIOVAN) TABS 320mg	Tier 2	QL
QL (30 tabs / 30 days)		
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 3	
<i>amiodarone hcl</i> TABS 200mg	Tier 1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	Tier 3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 3	NM

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 2		<i>simvastatin</i> TABS 5mg, 80mg	Tier 1	QL
MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 3	QL	QL (30 tabs / 30 days)		
<i>pacerone</i> TABS 100mg, 400mg	Tier 3		<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg	Tier 1	QL
<i>pacerone</i> TABS 200mg	Tier 1		QL (30 tabs / 30 days)		
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	Tier 3		<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	Tier 2		<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 3		<i>cholestyramine light</i> PACK 4gm	Tier 2	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1		<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
<i>sotalol hcl</i> TABS 240mg	Tier 1		<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm	Tier 3	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 2		<i>colestipol hcl</i> PACK 5gm	Tier 3	
<b>ANTILIPEMICS, FIBRATES</b>			<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	Tier 2	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2		<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	Tier 2	
<i>fenofibrate</i> TABS 54mg, 160mg	Tier 2		NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 2	QL
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 2		NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 2	QL
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	Tier 1		<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 2	QL
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>			<i>omega-3-acid ethyl esters</i> <i>cap 1 gm</i> (generic of LOVAZA)	Tier 2	PA
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	<i>prevalite</i> PACK 4gm	Tier 2	
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL	<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	REPATHA SOSY 140mg/ml	Tier 2	NM PA
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL	REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Tier 2	NM PA
			REPATHA SURECLICK SOAJ 140mg/ml	Tier 2	NM PA
			VASCEPA CAPS .5gm, 1gm	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>					
<i>atenolol &amp; chlorthalidone tab</i>	Tier 1		<i>pindolol TABS</i>	Tier 2	5mg, 10mg
50-25 mg (generic of TENORETIC 50)			<i>propranolol hcl</i> (generic of INDERAL LA)	Tier 2	CP24 60mg, 80mg, 120mg, 160mg
<i>atenolol &amp; chlorthalidone tab</i>	Tier 1		<i>propranolol hcl SOLN</i>	Tier 2	20mg/5ml, 40mg/5ml
100-25 mg (generic of TENORETIC 100)			<i>propranolol hcl TABS</i>	Tier 1	10mg, 20mg, 40mg, 60mg, 80mg
<i>bisoprolol &amp; hydrochlorothiazide tab</i>	Tier 1		<i>timolol maleate TABS</i>	Tier 2	5mg, 10mg, 20mg
2.5-6.25 mg			<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>bisoprolol &amp; hydrochlorothiazide tab</i>	Tier 1		<i>amlodipine besylate</i>	Tier 1	(generic of NORVASC) TABS 2.5mg, 5mg
5-6.25 mg			<i>amlodipine besylate TABS</i>	Tier 1	10mg
<i>bisoprolol &amp; hydrochlorothiazide tab</i>	Tier 1		<i>cartia xt</i> (generic of CARDIZEM CD)	Tier 1	CP24 120mg, 180mg, 240mg, 300mg
10-6.25 mg			<i>dilt-xr</i>	Tier 1	CP24 120mg, 180mg, 240mg
<b>BETA-BLOCKERS</b>			<i>diltiazem hcl</i>	Tier 3	CP12 60mg, 90mg, 120mg
<i>acebutolol hcl CAPS</i>	Tier 2		<i>diltiazem hcl SOLN</i>	Tier 2	25mg/5ml, 50mg/10ml, 125mg/25ml
200mg, 400mg			<i>diltiazem hcl</i> (generic of CARDIZEM)	Tier 1	TABS 30mg, 60mg, 120mg
<i>atenolol</i> (generic of TENORMIN)	Tier 1		<i>diltiazem hcl TABS</i>	Tier 1	90mg
TABS 25mg, 50mg, 100mg			<i>diltiazem hcl coated beads</i>	Tier 1	(generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg
<i>bisoprolol fumarate TABS</i>	Tier 1		<i>diltiazem hcl coated beads</i>	Tier 3	(generic of CARDIZEM CD) CP24 360mg
5mg, 10mg			<i>diltiazem hcl extended release beads</i>	Tier 2	(generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg
<i>carvedilol</i> (generic of COREG)	Tier 1		<i>felodipine TB24</i>	Tier 2	2.5mg, 5mg, 10mg
TABS 3.125mg, 6.25mg, 12.5mg, 25mg			<i>nifedipine TB24</i>	Tier 2	30mg, 60mg, 90mg
<i>labetalol hcl TABS</i>	Tier 2				
200mg, 300mg					
<i>metoprolol succinate</i>	Tier 1				
(generic of TOPROL XL) TB24					
25mg, 50mg, 100mg, 200mg					
<i>metoprolol tartrate SOLN</i>	Tier 3				
5mg/5ml					
<i>metoprolol tartrate TABS</i>	Tier 1				
25mg					
<i>metoprolol tartrate</i> (generic of LOPRESSOR)	Tier 1				
TABS 50mg, 100mg					
<i>nebivolol hcl</i> (generic of BYSTOLIC)	Tier 2	QL			
TABS 2.5mg, 5mg, 10mg					
QL (30 tabs / 30 days)					
<i>nebivolol hcl</i> (generic of BYSTOLIC)	Tier 2	QL			
TABS 20mg					
QL (60 tabs / 30 days)					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 2		<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg	Tier 1	
<i>nimodipine</i> CAPS 30mg	Tier 3		<i>triamterene &amp; hydrochlorothiazide tab</i> 37.5-25 mg	Tier 1	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2		<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1	
<i>verapamil hcl</i> SOLN 2.5mg/ml	Tier 3		<b>MISCELLANEOUS</b>		
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1		<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg	Tier 3	
<b>DIURETICS</b>			<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 2	
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 2		<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 2	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1		<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 2	
<i>amiloride hcl</i> TABS 5mg	Tier 1		<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	Tier 2		CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 3	QL
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 2		<i>digoxin</i> SOLN .05mg/ml	Tier 3	
<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 1		<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 3	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	Tier 1		<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1		<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 1	QL NM PA
<i>furosemide inj</i> SOLN 10mg/ml	Tier 2		<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1		<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	Tier 3	
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1		<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 70 years and older	Tier 2	PA
<i>methazolamide</i> TABS 25mg, 50mg	Tier 3				
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 1				
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1				
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 3		<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 2	QL NM PA
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1		<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 3	QL	<b>CENTRAL NERVOUS SYSTEM</b> <b>ANTI-ANXIETY</b>		
<i>metyrosine</i> (generic of DEMSER) CAPS 250mg	Tier 1	NM PA	<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>midodrine hcl</i> TABS 2.5mg, 5mg	Tier 2		<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1	
<i>midodrine hcl</i> TABS 10mg	Tier 3		<i>buspirone hcl</i> TABS 7.5mg, 30mg	Tier 2	
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1		<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 2	
<i>ranolazine</i> TB12 500mg, 1000mg	Tier 3		<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL PA	<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	Tier 1	
<b>NITRATES</b>			<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 2		<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	Tier 2		<b>ANTIDEMENTIA</b>		
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	Tier 1		<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
NITRO-BID OINT 2%	Tier 2		<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 2		<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 1		<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1	
<b>PULMONARY ARTERIAL HYPERTENSION</b>					
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA			
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA			
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL	<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 3	QL	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL
<i>memantine hcl</i> CP24 7mg; SOLN 2mg/ml PA applies if 29 years and younger	Tier 3	PA	<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 2	
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	Tier 3	PA	<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1	
<i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger	Tier 2	PA	<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 3	PA
NAMZARIC CAP 7-10MG	Tier 3		<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 3	
NAMZARIC CAP 14-10MG	Tier 3		<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 3	
NAMZARIC CAP 21-10MG	Tier 3		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
NAMZARIC CAP 28-10MG	Tier 3		<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 2	
NAMZARIC CAP PACK	Tier 3		DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 3	QL PA
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 3	QL	<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	QL	EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	QL PA
<b>ANTIDEPRESSANTS</b>			<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 3	
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 2				
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 2				
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 3	QL PA			
<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1		<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	Tier 2	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL PA	<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1	
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA	<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	Tier 3	
FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 3	QL PA	<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	Tier 1		<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 3	QL
<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 2		<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	Tier 1		TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL	<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 1	
<i>mirtazapine</i> TABS 7.5mg	Tier 2		<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1		<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL
<i>mirtazapine</i> TABS 45mg	Tier 1		ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 2	QL NM PA
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 2		ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 2	QL NM PA
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 3		<b>ANTIPARKINSONIAN AGENTS</b>		
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 1		<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 3		<i>amantadine hcl</i> SOLN 50mg/5ml	Tier 2	
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	Tier 1		<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 70 years and older	Tier 1	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Tier 2				
<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 3				



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine mesylate</i> (generic of PARLODEL) TABS 2.5mg	Tier 3		<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 3	QL
<i>carb/levo orally</i> <i>disintegrating tab 10-100mg</i>	Tier 2		<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
<i>carb/levo orally</i> <i>disintegrating tab 25-100mg</i>	Tier 2		<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 2	
<i>carb/levo orally</i> <i>disintegrating tab 25-250mg</i>	Tier 2		<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older	Tier 2	PA
<i>carbidopa &amp; levodopa tab</i> <i>10-100 mg</i> (generic of SINEMET)	Tier 1		<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	Tier 1	PA
<i>carbidopa &amp; levodopa tab</i> <i>25-100 mg</i> (generic of SINEMET)	Tier 1		<b>ANTIPSYCHOTICS</b>		
<i>carbidopa &amp; levodopa tab</i> <i>25-250 mg</i>	Tier 1		<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	Tier 3	QL
<i>carbidopa &amp; levodopa tab er</i> <i>25-100 mg</i>	Tier 2		<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 3	QL
<i>carbidopa &amp; levodopa tab er</i> <i>50-200 mg</i>	Tier 2		<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL ST
<i>carbidopa-levodopa-</i> <i>entacapone tabs 12.5-50-</i> <i>200 mg</i>	Tier 3		ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 3	QL
<i>carbidopa-levodopa-</i> <i>entacapone tabs 18.75-75-</i> <i>200 mg</i>	Tier 3		ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 3	QL
<i>carbidopa-levodopa-</i> <i>entacapone tabs 25-100-</i> <i>200 mg</i>	Tier 3		ARISTADA INITIO PRSY 675mg/2.4ml	Tier 3	
<i>carbidopa-levodopa-</i> <i>entacapone tabs 31.25-125-</i> <i>200 mg</i>	Tier 3		<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 3	QL
<i>carbidopa-levodopa-</i> <i>entacapone tabs 37.5-150-</i> <i>200 mg</i>	Tier 3		CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 3	QL
<i>carbidopa-levodopa-</i> <i>entacapone tabs 50-200-</i> <i>200 mg</i>	Tier 3				
<i>entacapone</i> TABS 200mg	Tier 3				
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 2	QL NM PA			
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 3		<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 2	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	Tier 2		<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 2	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 2	QL	INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 3	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL	INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 3	PA	INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 3	QL
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 3	QL PA	<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 2	
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 3	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 3	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 3	QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 3	
FANAPT PAK QL (2 packs / year)	Tier 3	QL PA	NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 3	QL NM PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 3		NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 3	QL NM PA
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 3		<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 3	QL
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2		<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 2		<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL ST	<i>risperidone</i> (generic of RISPERSOL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days)	Tier 3	QL ST	<i>risperidone</i> (generic of RISPERSOL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	Tier 3	QL	<i>risperidone</i> TABS .25mg	Tier 1	
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL	<i>risperidone</i> TBP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 3	QL ST
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 3	QL	<i>risperidone</i> TBP 4mg QL (120 tabs / 30 days)	Tier 3	QL ST
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 2		<i>risperidone</i> TBP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL ST
<i>pimozide</i> TABS 1mg, 2mg	Tier 3		<i>risperidone microspheres</i> (generic of RISPERSOL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	Tier 3	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	Tier 2	QL	SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 3	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL	<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 2	
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	Tier 2	QL	<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 3	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 2	QL	<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 2	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL PA	VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL PA	VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 3	QL
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL	VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 3	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL	VRAYLAR CAP 1.5-3MG QL (2 packs / year)	Tier 3	QL
			<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 3	QL	<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 3	QL NM PA	<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 3	QL NM PA	<i>clonazepam</i> TBDP .125mg, Tier 2 .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
<b>ANTISEIZURE AGENTS</b>			<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 3	QL PA
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 3	QL	DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 3	QL NM PA
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL	DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 3	QL NM PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 3	QL PA	DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 3	QL NM PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 3	QL PA	DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 3	QL NM PA
<i>carbamazepine</i> CHEW 100mg	Tier 2		<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 3		<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	Tier 3		<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	Tier 2		<i>diazepam inj</i> SOLN 5mg/ml	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 3				
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 3	QL PA			
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 3	QL PA			
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam intencol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA	<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
DILANTIN CAPS 30mg	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 2	QL
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 2		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 1		<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	Tier 3	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 3	QL NM PA	<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	Tier 2		<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA	<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Tier 2		<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 2	
<i>felbamate</i> SUSP 600mg/5ml	Tier 3		<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 3		<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml	Tier 2	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 3	QL NM PA	<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 3	
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 3	QL PA			
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA			
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA			
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 1	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam</i> (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	Tier 1		<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	Tier 3	PA
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml (generic of LEVETIRACETAM)	Tier 3		<i>phenytek</i> CAPS 200mg, 300mg	Tier 2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml (generic of LEVETIRACETAM)	Tier 3		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml (generic of LEVETIRACETAM)	Tier 3		<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 2	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days)	Tier 3	QL	<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 2	
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	Tier 3		<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 2	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	Tier 3	QL	<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	Tier 2	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 3		<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 2		<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	Tier 3	QL PA	<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older	Tier 2	QL PA	<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	Tier 3	QL PA
			<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 1	
			<i>primidone</i> TABS 125mg	Tier 1	
			<i>roweepra</i> (generic of KEPPRA) TABS 500mg	Tier 1	
			<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 3	QL PA	VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	Tier 3	QL
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 3	QL PA	VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	Tier 3	QL
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 3	QL	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 3	QL	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 3	QL	<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1		VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 2	QL NM PA
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 3	QL PA	<i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 3		XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 2		XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 1		XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 3	QL
<i>valproate sodium</i> SOLN 100mg/ml	Tier 3		XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 3	QL
<i>valproate sodium</i> SOLN 250mg/5ml	Tier 2		XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 3	QL
<i>valproic acid</i> CAPS 250mg	Tier 2		XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 3	QL
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days)	Tier 3	QL	XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	Tier 3	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>amphetamine- dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
<i>zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg</i>	Tier 2		<i>amphetamine- dextroamphetamine tab 10 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
<i>zonisamide CAPS 50mg</i>	Tier 2		<i>amphetamine- dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 3	QL NM PA	<i>amphetamine- dextroamphetamine tab 15 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>					
<i>amphetamine- dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA	<i>amphetamine- dextroamphetamine tab 20 mg (generic of ADDERALL)</i> QL (90 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA	<i>amphetamine- dextroamphetamine tab 30 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA	<i>atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	Tier 3	QL
<i>amphetamine- dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA	<i>atomoxetine hcl (generic of STRATTERA) CAPS 40mg</i> QL (60 caps / 30 days)	Tier 3	QL
<i>amphetamine- dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA	<i>atomoxetine hcl (generic of STRATTERA) CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days)	Tier 3	QL
<i>amphetamine- dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA	<i>dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg</i> QL (120 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine- dextroamphetamine tab 5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA	<i>dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg</i> QL (60 tabs / 30 days)	Tier 2	QL PA



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older	Tier 2	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	Tier 2	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL PA	<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA	<b>MIGRAINE</b>		
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA	AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA	<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	Tier 1	
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL PA	<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	QL PA
<b>HYPNOTICS</b>			EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 2	QL NM PA
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL	EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 2	QL NM PA
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL	EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL NM PA
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 1	QL NM PA	<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 2	QL PA
			NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA
			QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL PA
			<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL	AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL	AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 3	QL	AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 3	QL	AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 2	QL NM PA
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL	<i>lithium</i> SOLN 8meq/5ml Tier 3	Tier 3	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	Tier 1	
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 3	QL PA
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg Tier 2	Tier 2	
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 2	QL PA	<i>riluzole</i> TABS 50mg Tier 3	Tier 3	
<b>MISCELLANEOUS</b>			<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 2	QL NM PA	BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2	QL NM PA
			BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 2	QL NM PA
			COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2	QL NM PA
			COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL NM PA	<i> modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i> glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA	<i> modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	Tier 2	QL PA
<i> glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA	SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	QL NM PA
<i> glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA	<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i> glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA	<i>acamprosate calcium</i> TBEC 333mg	Tier 3	
OCREVUS SOLN 300mg/10ml	Tier 2	NM PA	<i> buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 2	QL
<b>MUSCULOSKELETAL THERAPY AGENTS</b>			<i> buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i> baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 2	QL	<i> buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i> baclofen</i> TABS 10mg, 20mg	Tier 2		<i> buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i> cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	QL PA	<i> buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	Tier 3	QL
<i> tizanidine hcl</i> TABS 2mg	Tier 1		<i> buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 1	QL
<i> tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1		<i> buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 1	QL
<b>NARCOLEPSY/CATAPLEXY</b>					
<i> armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 3	QL PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	Tier 1	QL	FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>disulfiram</i> TABS 250mg, 500mg	Tier 2		<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
<i>naloxone hcl</i> LIQD 4mg/0.1ml	Tier 2		<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1		<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>naltrexone hcl</i> TABS 50mg	Tier 2		<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
NICOTROL INHALER INHA 10mg	Tier 3		<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
NICOTROL NS SOLN 10mg/ml	Tier 3		<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 3	QL	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> QL (2 packs / year)	Tier 3	QL	<i>glipizide xl</i> TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
VIVITROL SUSR 380mg	Tier 2	NM	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
<b>ENDOCRINE AND METABOLIC</b>					
<b>ANDROGENS</b>					
<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 3		<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 2	PA	<i>glipizide-metformin hcl tab 2.5-250 mg</i> QL (240 tabs / 30 days)	Tier 2	QL
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	Tier 1	QL PA	<i>glipizide-metformin hcl tab 2.5-500 mg</i> QL (120 tabs / 30 days)	Tier 2	QL
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL PA	<i>glipizide-metformin hcl tab 5-500 mg</i> QL (120 tabs / 30 days)	Tier 2	QL
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	Tier 3	QL PA	GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 2	PA			
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 2	PA			
<b>ANTIDIABETICS</b>					
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL	MOUNJARO SOPN 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)	Tier 2	QL PA
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL	<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 2	QL	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	Tier 2	QL PA
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL	OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 2	QL	OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL	OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL	<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 2	QL	RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 2	QL PA
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL	SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 2	QL	SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL	SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL			
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL			
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	Tier 2	PA
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	Tier 2	QL	BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 2	
SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days)	Tier 2	QL	FIASP SOLN 100unit/ml	Tier 2	
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	Tier 2	QL	FIASP FLEXTOUCH SOPN 100unit/ml	Tier 2	
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL	FIASP PENFILL SOCT 100unit/ml	Tier 2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	FIASP PUMPCART SOCT 100unit/ml	Tier 2	B/D
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL	GAUZE PADS 2" X 2"	Tier 2	PA
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	Tier 2	B/D
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL	HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA	INSULIN PEN NEEDLES: BD-EMBECTA	Tier 2	PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL	INSULIN SAFETY NEEDLES: BD-EMBECTA	Tier 2	PA
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL	INSULIN SYRINGES: BD-EMBECTA	Tier 2	PA
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL	NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL	NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	
<b>ANTIDIABETICS, INSULINS</b>			NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	
ADMELOG SOLN 100unit/ml	Tier 2		NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	
			NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2		TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2		XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 3	QL PA	<b>CALCIUM REGULATORS</b>		
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA	<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1	
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	Tier 3	QL PA	<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA	<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 2	B/D
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 3	QL PA	<i>ibandronate sodium</i> TABS 150mg	Tier 2	B/D
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA	PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 2	B/D
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	TERIPARATIDE SOPN 620mcg/2.48ml	Tier 2	NM PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	XGEVA SOLN 120mg/1.7ml	Tier 2	NM PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	<i>zoledronic acid</i> CONC 4mg/5ml	Tier 3	B/D NM
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 3	B/D NM
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	<b>CHELATING AGENTS</b>		
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 3	QL PA	CHEMET CAPS 100mg	Tier 2	
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL	<i>deferasirox</i> (generic of JADENU) TABS 90mg	Tier 2	NM PA
TRESIBA SOLN 100unit/ml	Tier 2		<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	Tier 3	NM PA
			<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	Tier 3	NM PA
			<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	Tier 1	NM PA
			<i>kionex</i> SUSP 15gm/60ml	Tier 2	
			LOKELMA PACK 5gm, 10gm	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	Tier 1	NM	<i>eluryng</i> (generic of NUVARING)	Tier 2	
<i>sodium polystyrene sulfonate powder</i>	Tier 2		<i>emzahh</i> TABS .35mg	Tier 2	
<i>sps</i> SUSP 15gm/60ml	Tier 2		<i>enilloring</i> (generic of NUVARING)	Tier 2	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	Tier 1	NM PA	<i>enpresse-28</i>	Tier 2	
<b>CONTRACEPTIVES</b>			<i>enskyce</i>	Tier 2	
<i>afirmelle</i>	Tier 2		<i>errin</i> TABS .35mg	Tier 2	
<i>altavera</i>	Tier 2		<i>estarylla</i>	Tier 2	
<i>alyacen 1/35</i>	Tier 2		<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 2	
<i>alyacen 7/7/7</i>	Tier 2		<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 2	
<i>apri</i>	Tier 2		<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	Tier 2	
<i>aranelle</i>	Tier 2		<i>falmina</i>	Tier 2	
<i>aubra eq</i>	Tier 2		<i>hailey 1.5/30</i>	Tier 2	
<i>aurovela 1/20</i>	Tier 2		<i>haloette</i> (generic of NUVARING)	Tier 2	
<i>aurovela fe 1.5/30</i>	Tier 2		<i>heather</i> TABS .35mg	Tier 2	
<i>aurovela fe 1/20</i>	Tier 2		<i>iclevia</i>	Tier 2	
<i>aviane</i>	Tier 2		<i>incassia</i> TABS .35mg	Tier 2	
<i>ayuna</i>	Tier 2		<i>introvale</i>	Tier 2	
<i>azurette</i>	Tier 2		<i>isibloom</i>	Tier 2	
<i>balziva</i>	Tier 2		<i>jasmiel</i> (generic of YAZ)	Tier 2	
<i>blisovi fe 1.5/30</i>	Tier 2		<i>jolessa</i>	Tier 2	
<i>briellyn</i>	Tier 2		<i>juleber</i>	Tier 2	
<i>camila</i> TABS .35mg	Tier 2		<i>junel 1.5/30</i>	Tier 2	
<i>chateal eq</i>	Tier 2		<i>junel 1/20</i>	Tier 2	
<i>cryselle-28</i>	Tier 2		<i>junel fe 1.5/30</i>	Tier 2	
<i>cyred eq</i>	Tier 2		<i>junel fe 1/20</i>	Tier 2	
<i>dasetta 1/35</i>	Tier 2		<i>kariva</i>	Tier 2	
<i>dasetta 7/7/7</i>	Tier 2		<i>kelnor 1/35</i>	Tier 2	
<i>deblitane</i> TABS .35mg	Tier 2		<i>kelnor 1/50</i>	Tier 2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 2		<i>kurvelo</i>	Tier 2	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 2		<i>larin 1.5/30</i>	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	Tier 2		<i>larin 1/20</i>	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	Tier 2		<i>larin fe 1.5/30</i>	Tier 2	
<i>elinest</i>	Tier 2		<i>larin fe 1/20</i>	Tier 2	
			<i>leena</i>	Tier 2	
			<i>lessina</i>	Tier 2	



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levonest</i>	Tier 2		<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 2		<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 2		<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2		<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 2		<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 2	
<i>levora 0.15/30-28</i>	Tier 2		<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2	
LILETTA IUD 20.1mcg/day	Tier 2	NM	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 2	
<i>loestrin 1.5/30-21</i>	Tier 2		<i>norlyroc TABS .35mg</i>	Tier 2	
<i>loestrin 1/20-21</i>	Tier 2		<i>nortrel 0.5/35 (28)</i>	Tier 2	
<i>loestrin fe 1.5/30</i>	Tier 2		<i>nortrel 1/35 (21)</i>	Tier 2	
<i>loestrin fe 1/20</i>	Tier 2		<i>nortrel 1/35 (28)</i>	Tier 2	
<i>loryna (generic of YAZ)</i>	Tier 2		<i>nortrel 7/7/7</i>	Tier 2	
<i>low-ogestrel</i>	Tier 2		<i>nylia 1/35</i>	Tier 2	
<i>lutra</i>	Tier 2		<i>nylia 7/7/7</i>	Tier 2	
<i>lyleq TABS .35mg</i>	Tier 2		<i>nymyo</i>	Tier 2	
<i>lyza TABS .35mg</i>	Tier 2		<i>ocella (generic of YASMIN 28)</i>	Tier 2	
<i>marlissa</i>	Tier 2		<i>philit</i>	Tier 2	
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	Tier 2		<i>pimtrea</i>	Tier 2	
<i>microgestin 1.5/30</i>	Tier 2		<i>portia-28</i>	Tier 2	
<i>microgestin 1/20</i>	Tier 2		<i>reclipsen</i>	Tier 2	
<i>microgestin fe 1.5/30</i>	Tier 2		<i>setlakin</i>	Tier 2	
<i>microgestin fe 1/20</i>	Tier 2		<i>sharobel TABS .35mg</i>	Tier 2	
<i>mili</i>	Tier 2		<i>simliya</i>	Tier 2	
<i>mono-linyah</i>	Tier 2		<i>sprintec 28</i>	Tier 2	
<i>necon 0.5/35-28</i>	Tier 2		<i>sronyx</i>	Tier 2	
NEXPLANON IMPL 68mg	Tier 2	NM	<i>syeda (generic of YASMIN 28)</i>	Tier 2	
<i>nikki (generic of YAZ)</i>	Tier 2		<i>tarina fe 1/20 eq</i>	Tier 2	
<i>nora-be TABS .35mg</i>	Tier 2		<i>tilia fe</i>	Tier 2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 2		<i>tri-estarylla</i>	Tier 2	
<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 2		<i>tri-legest fe</i>	Tier 2	
			<i>tri-linyah</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 2	
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVEVELLA)	Tier 2	
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Tier 2	
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	Tier 3	
<i>tri-mili</i>	Tier 2		<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 3	
<i>tri-nymyo</i>	Tier 2		<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 2	
<i>tri-sprintec</i>	Tier 2		<i>fyavolv tab 1mg-5mcg</i>	Tier 2	
<i>tri-vylibra</i>	Tier 2		<i>jinteli</i>	Tier 2	
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
<i>trivora-28</i>	Tier 2		<i>mimvey</i> (generic of ACTIVEVELLA)	Tier 2	
<i>turqoz</i>	Tier 2		<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2	
<i>velivet</i>	Tier 2		<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2	
<i>vestura</i> (generic of YAZ)	Tier 2		<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	Tier 3	
<i>vienna</i>	Tier 2		<b>GLUCOCORTICOIDS</b>		
<i>viorele</i>	Tier 2		<i>dexamethasone ELIX</i> .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 2	
<i>vyfemla</i>	Tier 2		<i>dexamethasone sodium phosphate SOLN</i> 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	Tier 2	
<i>vylibra</i>	Tier 2		<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>wera</i>	Tier 2		<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 2	
<i>xulane</i>	Tier 2		<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	Tier 2	B/D
<i>zafemy</i>	Tier 2				
<i>zovia 1/35</i>	Tier 2				
<i>zumandimine</i> (generic of YASMIN 28)	Tier 2				
<b>ESTROGENS</b>					
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2				
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2				
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2				
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	Tier 1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone</i> TABS 32mg	Tier 2	B/D	<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 3	B/D QL NM
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 1		<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NM
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 2	B/D	CYSTAGON CAPS 50mg, 150mg	Tier 3	NM PA
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	Tier 2	B/D	<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	Tier 1	
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 1000mg	Tier 2	B/D	<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Tier 2	
<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D	<i>desmopressin acetate spray</i> SOLN .01%	Tier 3	
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	Tier 3	B/D	<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 3	
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 1	B/D	GENOTROPIN CART 5mg, 12mg	Tier 2	NM PA
<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	Tier 3	B/D	GENOTROPIN MINIQUICK PRSY .2mg	Tier 2	NM PA
<i>prednisone</i> SOLN 5mg/5ml	Tier 3	B/D	GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NM PA
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D	INCRELEX SOLN 40mg/4ml	Tier 2	NM PA
<i>prednisone</i> TBPK 5mg, 10mg	Tier 2		<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 3		<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 1	NM PA
<b>GLUCOSE ELEVATING AGENTS</b>			<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 3	B/D
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Tier 1		<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	Tier 1	NM PA
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 2		<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NM PA
<b>MISCELLANEOUS</b>			<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 3	NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	Tier 1	NM			
<i>cabergoline</i> TABS .5mg	Tier 2				
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	Tier 1	NM PA			
CERDELGA CAPS 84mg	Tier 2	NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 3	NM PA	<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 1	NM PA	<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NM PA	<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 2		<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA	<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM PA	<i>propylthiouracil</i> TABS 50mg SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 1	NM PA	<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 2	NM PA	<b>VITAMIN D ANALOGS</b>		
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM PA	<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 1	B/D
SYNAREL SOLN 2mg/ml	Tier 2	PA	<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	Tier 3	B/D
VEOZAH TABS 45mg	Tier 3	PA	<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
<b>PROGESTINS</b>			<i>paricalcitol</i> CAPS 4mcg	Tier 3	B/D
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1				
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 2				
<i>norethindrone acetate</i> TABs 5mg	Tier 2				
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 2				
<b>THYROID AGENTS</b>					
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>GASTROINTESTINAL ANTIEMETICS</b>					
<i>aprepitant</i> CAPS 40mg, 125mg	Tier 3	B/D	<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 3	QL PA
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	Tier 3	B/D	<b>ANTISPASMODICS</b>		
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 3	B/D	<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 2	
<i>compro</i> SUPP 25mg	Tier 3		<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 3	B/D QL	<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	Tier 2	QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 1		<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	Tier 2	QL
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 2		<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	Tier 1		<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 2	
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 2	B/D	<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 2		<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 2	
<i>ondansetron hcl</i> TABS 4mg, 8mg	Tier 2	B/D	<i>nizatidine</i> CAPS 150mg, 300mg	Tier 3	
<i>prochlorperazine</i> SUPP 25mg	Tier 3		<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 3		<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	Tier 2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1		<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 3	QL PA
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA	<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA	<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	Tier 3	
			<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	Tier 3	QL	<b>MISCELLANEOUS</b>		
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	Tier 3	QL	<i>alosecron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 3	QL	<i>alosecron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL	CREON CAP 3000UNIT	Tier 2	
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 3	QL	CREON CAP 6000UNIT	Tier 2	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 1		CREON CAP 12000UNIT	Tier 2	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2		CREON CAP 24000UNIT	Tier 2	
<b>LAXATIVES</b>			CREON CAP 36000UNIT	Tier 2	
<i>constulose</i> SOLN 10gm/15ml	Tier 2		<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Tier 3	
<i>enulose</i> SOLN 10gm/15ml	Tier 2		<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	Tier 2	
<i>gavilyte-c</i>	Tier 1		GATTEX KIT 5mg	Tier 2	NM PA
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1		LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL
<i>gavilyte-n/flavor pack</i>	Tier 1		<i>loperamide hcl</i> CAPS 2mg	Tier 2	
<i>generlac</i> SOLN 10gm/15ml	Tier 2		<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2	
<i>lactulose</i> SOLN 10gm/15ml	Tier 2		MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	Tier 2		RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 2	QL PA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 1		<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	Tier 2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1		<i>ursodiol</i> CAPS 300mg	Tier 2	
PLENVU SOL	Tier 3		<i>ursodiol</i> TABS 250mg	Tier 3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	Tier 2		<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 3	
			VOWST CAP QL (12 caps / 30 days)	Tier 2	QL NM PA
			XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
			XIFAXAN TABS 550mg	Tier 2	PA
			ZENPEP CAP 3000UNIT	Tier 3	
			ZENPEP CAP 5000UNIT	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CAP 10000UNT	Tier 3		<i>potassium citrate</i>	Tier 2	
ZENPEP CAP 15000UNT	Tier 3		( <i>alkalinizer</i> ) (generic of UROCIT-K 10) TBCR		
ZENPEP CAP 20000UNT	Tier 3		1080mg		
ZENPEP CAP 25000UNT	Tier 3		<b>URINARY ANTISPASMODICS</b>		
ZENPEP CAP 40000UNT	Tier 3		MYRBETRIQ SRER	Tier 3	QL
ZENPEP CAP 60000UNT	Tier 3		8mg/ml		
<b>PROTON PUMP INHIBITORS</b>			QL (300 mL / 28 days)		
<i>lansoprazole</i> CPDR 15mg	Tier 2	QL	MYRBETRIQ TB24 25mg,	Tier 3	QL
QL (60 caps / 30 days)			50mg		
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg	Tier 2	QL	QL (30 tabs / 30 days)		
QL (60 caps / 30 days)			<i>oxybutynin chloride</i> SOLN	Tier 2	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1		5mg/5ml		
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg	Tier 3		QL (600 mL / 30 days)		
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1		<i>oxybutynin chloride</i> TABS	Tier 2	QL
<b>GENITOURINARY</b>			5mg		
<b>BENIGN PROSTATIC HYPERPLASIA</b>			QL (120 tabs / 30 days)		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	Tier 1	QL	<i>oxybutynin chloride</i> TB24	Tier 2	QL
QL (30 tabs / 30 days)			5mg		
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	Tier 2	QL	QL (30 tabs / 30 days)		
QL (30 caps / 30 days)			<i>oxybutynin chloride</i> TB24	Tier 2	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1	QL	10mg, 15mg		
QL (30 tabs / 30 days)			QL (60 tabs / 30 days)		
<i>tadalafil</i> (generic of CIALIS) TABS 5mg	Tier 2	QL PA	<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg	Tier 3	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	Tier 1	QL	<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	Tier 3	QL ST
QL (60 caps / 30 days)			QL (30 caps / 30 days)		
<b>MISCELLANEOUS</b>			<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	Tier 3	QL
<i>acetic acid</i> SOLN .25%	Tier 1		QL (60 tabs / 30 days)		
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 2		<i>tropium chloride</i> TABS	Tier 2	QL
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 2		20mg		
<i>potassium citrate</i> (alkalinizer) TBCR 540mg	Tier 2		QL (60 tabs / 30 days)		
			<b>VAGINAL ANTI-INFECTIVES</b>		
			<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	Tier 2	
			<i>metronidazole vaginal</i> GEL .75%	Tier 2	
			<i>terconazole vaginal</i> CREA .4%, .8%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>HEMATOLOGIC ANTICOAGULANTS</b>			<b>HEMATOPOIETIC GROWTH FACTORS</b>		
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 3	QL	XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	Tier 3	QL	XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL	<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 2	QL	FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 2	QL	PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 3		PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NM PA
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 3		ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA
HEP SOD/NAACL INJ 25000UNT	Tier 2		<b>MISCELLANEOUS</b>		
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D	ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		<i>anagrelide hcl</i> CAPS 1mg	Tier 3	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 2	QL	<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	Tier 3	
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL	BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2	QL NM PA
			<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
			DOPTELET TABS 20mg	Tier 2	NM PA
			DROXIA CAPS 200mg, 300mg, 400mg	Tier 2	
			HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	QL NM PA
			HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	QL NM PA
			<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
			<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	Tier 1	NM PA



Drug Name	Drug Tier	Requirements/ Limits
<i>pentoxifylline</i> TBCR 400mg	Tier 1	
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 2	QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 3	
<i>tranexamic acid</i> TABS 650mg	Tier 2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 3	
BRILINTA TABS 60mg, 90mg	Tier 2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Tier 1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 70 years and older	Tier 2	PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	Tier 2	
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 2	QL NM PA
ADALIMUMAB-AACF (2 SYRING) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 2	QL NM PA
COSENTYX SOLN 125mg/5ml	Tier 2	NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	Tier 2	QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	Tier 2	QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	Tier 2	QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
DUPIXENT SOSY 100mg/0.67ml	Tier 2	NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 2	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 2	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA	STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 2	QL NM PA	STELARA SOLN 130mg/26ml	Tier 2	NM PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 2	QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA	TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 2	QL NM PA	TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 2	QL NM PA	TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 2	QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	Tier 2	QL NM PA	TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 2	NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	Tier 2	QL NM PA	TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2	QL NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 2	QL NM PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2	QL NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
SKYRIZI SOLN 600mg/10ml	Tier 2	NM PA	<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 2	QL NM PA	<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	Tier 2	
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 2	QL NM PA	JYLAMVO SOLN 2mg/ml <i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	B/D
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	<i>methotrexate sodium</i> TABS 2.5mg	Tier 2	
			XATMEP SOLN 2.5mg/ml	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>IMMUNOGLOBULINS</b>					
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	PA	ASTAGRAF XL CP24 .5mg, 1mg	Tier 3	B/D NM
BIVIGAM SOLN 5gm/50ml, 10%	Tier 2	NM PA	<i>azathioprine</i> (generic of IMURAN) TABS 50mg	Tier 2	B/D
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NM PA	BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
GAMASTAN INJ	Tier 3	B/D NM	BENLYSTA SOLR 120mg, 400mg	Tier 2	NM PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA	<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 3	B/D NM
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NM PA	<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA	<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 3	B/D NM
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA	<i>everolimus</i> ( <i>immunosuppressant</i> ) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	Tier 1	B/D NM
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA	<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	Tier 1	B/D NM
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA	<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 3	B/D NM
<b>IMMUNOMODULATORS</b>			PROGRAF PACK .2mg, 1mg	Tier 3	B/D NM
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 2	NM PA	REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ARCALYST SOLR 220mg	Tier 2	NM PA	<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	Tier 1	B/D NM
<b>IMMUNOSUPPRESSANTS</b>			<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	Tier 3	B/D NM
ASTAGRAF XL CP24 5mg	Tier 2	B/D NM			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 3	B/D NM	PENTACEL INJ	Tier 1	
<b>VACCINES</b>			PREHEVBRIO SUSP 10mcg/ml	Tier 1	B/D
ABRYSVO SOLR 120mcg/0.5ml	Tier 1		PRIORIX INJ	Tier 1	
ACTHIB INJ	Tier 1		PROQUAD INJ	Tier 1	
ADACEL INJ	Tier 1		QUADRACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1		QUADRACEL INJ 0.5ML	Tier 1	
BCG VACCINE SOLR 50mg	Tier 1		RABAVERT INJ	Tier 1	B/D
BEXSERO INJ	Tier 1		RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
BOOSTRIX INJ	Tier 1		ROTARIX SUS	Tier 1	
DAPTACEL INJ	Tier 1		ROTATEQ SOL	Tier 1	
DENGVAXIA SUS	Tier 1		SHINGRIX SUSR 50mcg/0.5ml	Tier 1	QL
DIP/TET PED INJ 25-5LFU	Tier 1	B/D	QL (2 vials per lifetime)		
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D	TDVAX INJ 2-2 LF	Tier 1	B/D
GARDASIL 9 INJ	Tier 1		TENIVAC INJ 5-2LF	Tier 1	B/D
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1		TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D	TRUMENBA INJ	Tier 1	
HIBERIX SOLR 10mcg	Tier 1		TWINRIX INJ	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D	TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
INFANRIX INJ	Tier 1		VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	
IPOL INJ INACTIVE	Tier 1		VARIVAX INJ 1350pfu/0.5ml	Tier 1	
IXCHIQ INJ	Tier 1		YF-VAX INJ	Tier 1	
IXIARO INJ	Tier 1		<b>NUTRITIONAL/SUPPLEMENTS</b>		
JYNNEOS SUSP .5ml	Tier 1	B/D	<b>ELECTROLYTES/MINERALS,</b>		
KINRIX INJ	Tier 1		<b>INJECTABLE</b>		
M-M-R II INJ	Tier 1		D2.5W/NACL INJ 0.45%	Tier 3	
MENACTRA INJ	Tier 1		D10W/NACL INJ 0.2%	Tier 2	
MENQUADFI INJ	Tier 1		<i>dextrose 2.5% w/ sodium chloride 0.45%</i> (generic of DEXTROSE 2.5%/SODIUM CHLO)	Tier 2	
MENVEO INJ	Tier 1		<i>dextrose 5% in lactated ringers</i>	Tier 2	
MENVEO SOL	Tier 1		<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 2	
MRESVIA SUSY 50mcg/0.5ml	Tier 1				
PEDIARIX INJ 0.5ML	Tier 1				
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1				
PENBRAYA INJ	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose 5% w/ sodium chloride 0.3%</i> (generic of DEXTROSE 5%/SODIUM CHLORI)	Tier 2		<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 2		KCL/D5W/NACL INJ 0.3/0.9%	Tier 3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 2		<i>lactated ringer's solution</i>	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.225%</i> (generic of DEXTROSE/SODIUM CHLORIDE)	Tier 2		MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 2		<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
ISOLYTE-P INJ /D5W	Tier 3		<i>magnesium sulfate</i> SOLN 50%	Tier 2	
ISOLYTE-S INJ PH 7.4	Tier 3		<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 2	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 2		<i>multiple electrolytes ph 5.5</i>	Tier 3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	Tier 2		<i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A)	Tier 3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	Tier 2		POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 2		POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2		POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2		<i>potassium chloride</i> SOLN 2meq/ml	Tier 2	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 2		<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 2		<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%)	Tier 2		<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%	Tier 2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 2		TPN ELECTROL INJ	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>klor-con</i> PACK 20meq	Tier 3	
<i>klor-con 8</i> TBCR 8meq	Tier 1	
<i>klor-con 10</i> TBCR 10meq	Tier 1	
<i>klor-con m10</i> TBCR 10meq	Tier 1	
<i>klor-con m15</i> TBCR 15meq	Tier 1	
<i>klor-con m20</i> TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 2	
<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq	Tier 1	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	Tier 3	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	Tier 1	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq	Tier 1	
PRENATAL TAB 27-1MG	Tier 2	
PRENATAL TAB PLUS	Tier 2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1	
WESTAB PLUS TAB 27-1MG	Tier 2	
<b>IV NUTRITION</b>		
CLINIMIX INJ 4.25/D5W	Tier 3	B/D
CLINIMIX INJ 4.25/D10	Tier 3	B/D
CLINIMIX INJ 5%/D15W	Tier 3	B/D
CLINIMIX INJ 5%/D20W	Tier 3	B/D
CLINIMIX INJ 6/5	Tier 3	B/D
CLINIMIX INJ 8/10	Tier 3	B/D
CLINIMIX INJ 8/14	Tier 3	B/D
<i>clinisol sf 15%</i>	Tier 3	B/D
CLINOLIPID EMU 20%	Tier 3	B/D
<i>dextrose</i> SOLN 5%, 10%	Tier 2	
<i>dextrose</i> SOLN 50%, 70%	Tier 2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 3	B/D
<i>plenamine</i>	Tier 3	B/D
PREMASOL SOL 10%	Tier 1	B/D
PROSOL INJ 20%	Tier 3	B/D
TRAVASOL INJ 10%	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
TROPHAMINE INJ 10%	Tier 3	B/D
<b>OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 2	
<i>neo-polycin hc ophth oint 1%</i>	Tier 2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 2	
ZYLET SUS 0.5-0.3%	Tier 2	
<b>ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	Tier 2	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUSP .6%	Tier 2	
CILOXAN OINT .3%	Tier 2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	Tier 1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i> QL (12 mL / 30 days)	Tier 2	QL
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	Tier 2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	Tier 1		<i>cromolyn sodium (ophth)</i> SOLN 4%	Tier 1	
<i>polycin ophth oint</i>	Tier 1		<b>ANTIGLAUCOMA</b>		
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1		<i>betaxolol hcl (ophth)</i> SOLN .5%	Tier 2	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	Tier 2		BETOPTIC-S SUSP .25%	Tier 3	
<i>tobramycin (ophth)</i> SOLN .3%	Tier 1		<i>brimonidine tartrate</i> SOLN .2%	Tier 1	
<i>trifluridine</i> SOLN 1%	Tier 3		<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	Tier 3	
XDEMY SOLN .25%	Tier 2	NM PA	<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	Tier 3	
ZIRGAN GEL .15%	Tier 3		<i>carteolol hcl (ophth)</i> SOLN 1%	Tier 1	
<b>ANTI-INFLAMMATORIES</b>			COMBIGAN SOL 0.2/0.5%	Tier 2	
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	Tier 2		<i>dorzolamide hcl</i> SOLN 2%	Tier 1	
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	Tier 3		<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	Tier 1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	Tier 2		<i>latanoprost</i> (generic of XALATAN) SOLN .005%	Tier 1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	Tier 1		<i>levobunolol hcl</i> SOLN .5%	Tier 1	
FLAREX SUSP .1%	Tier 3		<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 2	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	Tier 2		RHOPRESSA SOLN .02%	Tier 3	
<i>flurbiprofen sodium</i> SOLN .03%	Tier 2		ROCKLATAN DRO	Tier 3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	Tier 2		SIMBRINZA SUS 1-0.2%	Tier 3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	Tier 1		<i>timolol maleate (ophth)</i> SOLG .25%, .5%	Tier 2	
LOTEMAX OINT .5%	Tier 2		<i>timolol maleate (ophth)</i> SOLN .25%, .5%	Tier 1	
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	Tier 2		VYZULTA SOLN .024%	Tier 3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	Tier 2		<b>MISCELLANEOUS</b>		
<b>ANTIALLERGICS</b>			ATROPINE SULFATE SOLN 1%	Tier 2	
<i>azelastine hcl (ophth)</i> SOLN .05%	Tier 1		<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 2	
			CYSTADROPS SOLN .37%	Tier 2	NM PA
			CYSTARAN SOLN .44%	Tier 2	NM PA
			EYSUVIS SUSP .25%	Tier 3	
			MIEBO SOLN 1.338gm/ml	Tier 2	
			<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	Tier 2	
			RESTASIS EMUL .05%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RESTASIS MULTIDOSE EMUL .05%	Tier 2		TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 2	QL
XIIDRA SOLN 5%	Tier 2		QL (60 blisters / 30 days)		
<b>OTIC</b>			<b>ANTICHOLINERGICS</b>		
<b>OTIC AGENTS</b>			<b>ANTICHOLINERGICS</b>		
acetic acid (otic) SOLN 2%	Tier 2		ATROVENT HFA AERS 17mcg/act	Tier 3	QL
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 3		QL (2 inhalers / 30 days)		
flac (generic of DERMOTIC) OIL .01%	Tier 2		INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 2	QL
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	Tier 2		QL (30 blisters / 30 days)		
neomycin-polymyxin-hc otic soln 1%	Tier 2		ipratropium bromide SOLN .02%	Tier 1	B/D
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 2		ipratropium bromide (nasal) SOLN .03%, .06%	Tier 2	
ofloxacin (otic) SOLN .3%	Tier 3		<b>ANTI-HISTAMINES</b>		
<b>RESPIRATORY</b>			<b>ANTI-HISTAMINES</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>			<b>ANTI-HISTAMINES</b>		
ANORO ELLIPT AER 62.5-25	Tier 2	QL	azelastine hcl SOLN .1%	Tier 2	
QL (60 blisters / 30 days)			cetirizine hcl SOLN 5mg/5ml	Tier 1	QL
BEVESPI AER 9-4.8MCG	Tier 2	QL	QL (300 mL / 30 days)		
QL (1 inhaler / 30 days)			cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	Tier 2	PA
BREZTRI AERO AER SPHERE	Tier 2	QL	PA applies if 70 years and older after a 30 day supply in a calendar year		
QL (1 inhaler / 30 days)			diphenhydramine hcl SOLN 50mg/ml	Tier 2	
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 2	QL	hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	Tier 3	PA
QL (4 inhalers / 28 days)			PA applies if 70 years and older		
COMBIVENT AER 20-100	Tier 3	QL	hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 2	PA
QL (2 inhalers / 30 days)			PA applies if 70 years and older after a 30 day supply in a calendar year		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	B/D	hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg	Tier 2	PA
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 2	QL	PA applies if 70 years and older after a 30 day supply in a calendar year		
QL (60 blisters / 30 days)					

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



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine pamoate</i> CAPS 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA	VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL
<i>levocetirizine</i> <i>dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL	<b>LEUKOTRIENE MODULATORS</b>		
<b>BETA AGONISTS</b>			<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 1	
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL	<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 3	
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL	<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	Tier 2	
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 2	QL	<b>MISCELLANEOUS</b>		
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D	<i>acetylcysteine</i> SOLN 10%, 20%	Tier 3	B/D
<i>albuterol sulfate</i> NEBU .083%	Tier 1	B/D	ARALAST NP SOLR 500mg, 1000mg	Tier 2	NM PA
<i>albuterol sulfate</i> SYRP 2mg/5ml	Tier 2		BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	Tier 2	QL NM PA
<i>albuterol sulfate</i> TABS 2mg, 4mg	Tier 3		<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL ST	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 2	
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 2	
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 3		<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL	FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
			FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 2	QL NM PA	SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA	<i>theophylline</i> TB12 100mg, 200mg, 300mg, 450mg	Tier 3	
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 2	QL NM PA	<i>theophylline</i> TB24 400mg, 600mg	Tier 2	
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 2	QL NM PA	TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 2	QL NM PA	TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA	TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA	TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	Tier 1	QL NM PA	XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 1	QL NM PA	XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 2	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 2	NM PA	XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NM PA	ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 2	NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 3	QL	<b>NASAL STEROIDS</b>		
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 3	QL	<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL
			<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
			XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>STEROID INHALANTS</b>					
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 3	QL	<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 3	QL	DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL	DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
<i>budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml</i>	Tier 3	B/D	DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>			<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL	<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	Tier 2	QL	<b>TOPICAL DERMATOLOGY, ACNE</b>		
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL	<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL	<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	Tier 3	PA
<i>breyna</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL			
<i>budesonide-formoterol fumarate dihyd aerosol 80- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA	<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	Tier 2	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	Tier 2	QL	QL (45 gm / 30 days)		
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	Tier 2	QL	<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	Tier 2	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	Tier 2	QL	<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	Tier 1	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA	<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 3	QL	<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>tretinoin</i> (generic of RETIN- A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 3	QL PA	<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA	<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<b>DERMATOLOGY, ANTIBIOTICS</b>			<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 2	QL	<i>selenium sulfide</i> LOTN 2.5%	Tier 1	
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	Tier 1	QL	<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	Tier 1		<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 3	PA
<i>ssd</i> (generic of SILVADENE) CREA 1%	Tier 1		<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 2	QL PA
<b>DERMATOLOGY, ANTIFUNGALS</b>			ENSTILAR AER QL (120 gm / 30 days)	Tier 3	QL PA
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	Tier 2	QL	<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	Tier 2	QL PA
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	Tier 2	QL	TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 3	QL PA
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	Tier 1	QL	<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	Tier 2	QL	<i>ala-cort</i> CREA 1% Tier 1		
			<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL
			<i>betamethasone dipropionate (topical)</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	Tier 2	QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL
<i>betamethasone dipropionate (topical)</i> OINT .05% QL (120 gm / 30 days)	Tier 3	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone dipropionate augmented</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL	<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	Tier 3	QL
<i>betamethasone dipropionate augmented</i> GEL .05% QL (120 gm / 30 days)	Tier 3	QL	<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	Tier 3	QL	<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	Tier 3	QL	<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	Tier 2	QL
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 2	QL	<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	Tier 2	QL	<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 2	
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL	<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 3	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	Tier 3	QL	<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1	
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	Tier 3	QL	<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	Tier 1	QL
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	Tier 3	QL	<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	Tier 2	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	Tier 3	QL	<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 2	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL	<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 1	QL
			<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	Tier 2	
			<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	Tier 1	QL	<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	Tier 2	QL
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>			<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	Tier 2	QL
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	Tier 2	QL PA	<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	Tier 3	QL
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 3	QL PA	PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA	<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	Tier 3	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 2	QL PA	<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 2	QL
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 1	B/D QL	<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA	<i>proctocort</i> CREA 1%	Tier 2	
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA	<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>			<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	Tier 1	QL NM PA	<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 3	QL PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	Tier 2	QL	VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 2	QL NM PA
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	Tier 3	QL	<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 2	QL	<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 3	QL
<i>hydrocortisone (rectal)</i> CREA 1%	Tier 2		<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	Tier 2	QL
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2		<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 2	QL	REGRANEX GEL .01% QL (30 gm / 30 days)	Tier 2	QL PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 1		SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 3	QL
			<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 2	
			<i>water for irrigation, sterile irrigation soln</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<b><i>MOUTH/THROAT/DENTAL AGENTS</i></b>		
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%</i>	Tier 1	
<i>clotrimazole TROC 10mg QL (150 lozenges / 30 days)</i>	Tier 2	QL
<i>kourzeq PSTE .1%</i>	Tier 2	
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	Tier 1	
<i>nystatin (mouth-throat) (generic of NYSTATIN) SUSP 100000unit/ml</i>	Tier 2	
<i>periogard (generic of PERIDEX) SOLN .12%</i>	Tier 1	
<i>pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg</i>	Tier 2	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	Tier 2	

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## MASSACHUSETTS

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