



# Blue MedicareRx<sup>SM</sup> Premier (PDP) 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 9/18/2024. For more recent information or other questions, please contact Blue MedicareRx Premier, at:

Connecticut	1-888-620-1747	Rhode Island	1-888-620-1748
Massachusetts	1-888-543-4917	Vermont	1-888-620-1746

or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit [www.RxMedicarePlans.com](http://www.RxMedicarePlans.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.

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 Premier.

This document includes a Drug List (Formulary) for our plan which is current as of 9/18/2024. 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 Premier 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 Premier 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 Premier 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 Premier 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 Premier may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [www.RxMedicarePlans.com](http://www.RxMedicarePlans.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 Premier 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 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 Premier 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 9/18/2024. To get updated information about the drugs covered by Blue MedicareRx Premier, 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 website at [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com) to get information showing changes to, 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 number 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 Premier covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

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

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

**Prior Authorization:** Blue MedicareRx Premier 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 Premier 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 Premier 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 Premier 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 Premier formulary?” on page III 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 Premier 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 Premier. 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 Premier 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 Premier 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 Premier 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 Premier 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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your prescriber 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, and you need a drug that is not 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 Premier prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Blue MedicareRx Premier, 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 <https://www.medicare.gov>.

## Blue MedicareRx Premier Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx Premier. If you have trouble finding your drug in 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 Premier 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 the numbers that appear on the front and back cover pages, 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.

## Explanation of Tiers and Copayments/Coinsurance:

### Blue MedicareRx Premier Initial Coverage Stage

Tier Label	Retail Cost-Sharing or Out-of-Network (OON) Cost-Sharing*		Mail Order Cost-Sharing 90-day supply
	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing/ OON/LTC	
	30-day supply/ Long-term Care (LTC)** 31-day supply		
<b>Tier 1: Preferred Generic</b> Certain <b>generic drugs</b> that are available at the lowest copayment	\$1	\$6	\$1
<b>Tier 2: Generic</b> Higher cost <b>generic drugs</b> available at a higher copayment than Tier 1 generic drugs	\$7	\$12	\$14
<b>Tier 3: Preferred Brand</b> Many common <b>brand name drugs</b> and some higher cost <b>generic drugs</b> , many of which may have lower cost options available on Tier 1 or Tier 2	\$30	\$40	\$60
<b>Tier 4: Non-Preferred Drug</b> Higher cost <b>generic</b> and non-preferred <b>drugs</b> , many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3	35%	44%	35%
<b>Tier 5: Specialty Tier</b> Unique and/or very high-cost brand and some generic drugs of which you pay a percentage of the total drug cost which may require special handling and/or close monitoring	33%	33%	Not Applicable†

\* In addition to your copayment, at an out-of-network pharmacy you will pay the difference between the actual charge and what you would have paid at a network pharmacy. Amounts you pay may vary at out-of-network pharmacies.

\*\* Standard Retail Cost-Sharing applies to all Out-of-Network (OON) and Long-term Care (LTC) Cost-Sharing.

† Specialty Tier drugs are not available for a 90-day retail or mail order supply.



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANALGESICS</b>			<b>ANALGESICS</b>		
<b>GOUT</b>			<b>GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1		<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	Tier 3	QL	<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 2	QL	<i>nabumetone</i> TABS 500mg, 750mg	Tier 2	
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 3		<i>naproxen</i> TABS 250mg, 375mg	Tier 1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	Tier 3	QL	<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	Tier 1	
<i>probenecid</i> TABS 500mg	Tier 3		<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	Tier 2	QL
<b>MISCELLANEOUS</b>			<b>MISCELLANEOUS</b>		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	Tier 3	B/D	<i>naproxen dr</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	Tier 4	QL
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 3	B/D	<i>naproxen sodium</i> TABS 275mg	Tier 3	
<b>NSAIDS</b>			<b>NSAIDS</b>		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 3	QL	<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	Tier 3	
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 3	QL	<i>piroxicam</i> CAPS 10mg, 20mg	Tier 3	
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	Tier 2	QL	<i>sulindac</i> TABS 150mg, 200mg	Tier 2	
<i>diclofenac sodium</i> TB24 100mg	Tier 3		<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	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 4	QL PA
<i>diflunisal</i> TABS 500mg	Tier 3		<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	Tier 4	QL PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	Tier 3		<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	Tier 5	QL PA
<i>etodolac</i> (generic of LODINE) TABS 400mg	Tier 3		<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 3	QL PA
<i>flurbiprofen</i> TABS 100mg	Tier 3		<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1				
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 3				

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
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	Tier 3	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 3	QL PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	Tier 4	
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 3	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 3	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	Tier 4	QL PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 4	
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	Tier 4	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 4	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 3	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 3	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	Tier 2	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	Tier 2	QL
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	Tier 5	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	Tier 4	
ARIKAYCE SUSP 590mg/8.4ml	Tier 5	NM PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 4	QL PA
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	Tier 4	
CAYSTON SOLR 75mg	Tier 5	NM PA
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 2	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	Tier 4	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml, 9000mg/60ml	Tier 3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 4	
CLINDMYC/NAC INJ 300/50ML	Tier 4	
CLINDMYC/NAC INJ 600/50ML	Tier 4	
CLINDMYC/NAC INJ 900/50ML	Tier 4	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	Tier 4	
<i>dapsone</i> TABS 25mg, 100mg	Tier 3	
DAPTOMYCIN SOLR 350mg	Tier 5	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	Tier 5	
<i>daptomycin</i> SOLR 500mg	Tier 5	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 5	QL	<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	Tier 5	QL
<i>ertapenem sodium</i> SOLR 1gm	Tier 3		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 3	
<i>gentamicin in saline inj</i> 0.8 <i>mg/ml</i>	Tier 3		<i>nitrofurantoin monohyd</i> <i>macro</i> (generic of MACROBID) CAPS 100mg	Tier 3	
<i>gentamicin in saline inj</i> 1 <i>mg/ml</i>	Tier 3		<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	Tier 4	B/D
<i>gentamicin in saline inj</i> 1.2 <i>mg/ml</i>	Tier 3		<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	Tier 4	
<i>gentamicin in saline inj</i> 1.6 <i>mg/ml</i>	Tier 3		<i>polymyxin b sulfate</i> SOLR 500000unit	Tier 4	
<i>gentamicin in saline inj</i> 2 <i>mg/ml</i>	Tier 3		<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	Tier 4	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	Tier 3		<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	Tier 5	QL PA
<i>imipenem-cilastatin</i> <i>intravenous for soln 250 mg</i>	Tier 3		<i>streptomycin sulfate</i> SOLR 1gm	Tier 5	
<i>imipenem-cilastatin</i> <i>intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	Tier 3		<i>sulfadiazine</i> TABS 500mg	Tier 5	
IMPAVIDO CAPS 50mg	Tier 5	PA	<i>sulfamethoxazole-</i> <i>trimethoprim iv soln 400-80</i> <i>mg/5ml</i>	Tier 4	
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	Tier 3	QL PA	<i>sulfamethoxazole-</i> <i>trimethoprim susp 200-40</i> <i>mg/5ml</i>	Tier 3	
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	Tier 4		<i>sulfamethoxazole-</i> <i>trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	Tier 1	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 5	QL	<i>sulfamethoxazole-</i> <i>trimethoprim tab 800-160</i> <i>mg</i> (generic of BACTRIM DS)	Tier 1	
<i>linezolid</i> (generic of ZYVOX) TABs 600mg QL (60 tabs / 30 days)	Tier 4	QL	<i>tinidazole</i> TABS 250mg, 500mg	Tier 3	
LINEZOLID INJ 2MG/ML	Tier 4		TOBI PODHALER CAPS 28mg	Tier 5	NM PA
<i>meropenem</i> SOLR 1gm, 500mg	Tier 4		<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 5	NM PA
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	Tier 3		<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 3				
<i>metronidazole</i> TABS 250mg, 500mg	Tier 1				
<i>neomycin sulfate</i> TABS 500mg	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits
<i>trimethoprim</i> TABS 100mg	Tier 3	
<i>vancomycin hcl</i> (generic of VANCOGIN) CAPS 125mg QL (80 caps / 180 days)	Tier 4	QL
<i>vancomycin hcl</i> (generic of VANCOGIN) CAPS 250mg QL (160 caps / 180 days)	Tier 4	QL
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	Tier 4	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	Tier 4	
VANCOMYCIN INJ 1 GM	Tier 4	
VANCOMYCIN INJ 500MG	Tier 4	
VANCOMYCIN INJ 750MG	Tier 4	
<b>ANTIFUNGALS</b>		
ABELCET SUSP 5mg/ml	Tier 4	B/D
<i>amphotericin b</i> SOLR 50mg	Tier 4	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	Tier 5	B/D
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	Tier 4	
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	Tier 3	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml	Tier 3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 100mg, 150mg, 200mg	Tier 2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 3	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 3	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	Tier 5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	Tier 4	PA
<i>ketoconazole</i> TABS 200mg	Tier 3	PA
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	Tier 4	
<i>nystatin</i> TABS 500000unit	Tier 3	
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	Tier 5	QL PA
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	Tier 5	QL PA
<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>voriconazole</i> (generic of VFEND IV) SOLR 200mg	Tier 4	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	Tier 5	QL PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 4	QL
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	Tier 4	QL
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg (generic of MALARONE)	Tier 4	
<i>atovaquone-proguanil hcl</i> tab 250-100 mg (generic of MALARONE)	Tier 4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 4	
COARTEM TAB 20-120MG	Tier 4	
<i>mefloquine hcl</i> TABS 250mg	Tier 3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 3		<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	Tier 5	NM
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	Tier 4	PA	<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	Tier 4	NM
<b>ANTIRETROVIRAL AGENTS</b>			<i>nevirapine</i> TABS 200mg	Tier 2	NM
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	Tier 4	NM	NORVIR PACK 100mg	Tier 4	NM
<i>abacavir sulfate</i> TABS 300mg	Tier 3	NM	PIFELTRO TABS 100mg	Tier 5	NM
APTIVUS CAPS 250mg	Tier 5	NM	PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 5	QL NM
<i>atazanavir sulfate</i> CAPS 150mg	Tier 4	NM	PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 4	QL NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	Tier 4	NM	PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 5	QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 5	QL NM	REYATAZ PACK 50mg	Tier 5	NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 5	QL NM	<i>ritonavir</i> (generic of NORVIR) TABS 100mg	Tier 3	NM
EDURANT TABS 25mg	Tier 5	NM	RUKOBIA TB12 600mg	Tier 5	NM
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	Tier 4	NM	SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 5	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Tier 3	NM	SELZENTRY TABS 25mg	Tier 4	NM
EMTRIVA SOLN 10mg/ml	Tier 4	NM	SUNLENCA TBPK 300mg	Tier 5	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	Tier 5	NM	<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 3	NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	Tier 5	NM	TIVICAY TABS 10mg	Tier 3	NM
FUZEON SOLR 90mg	Tier 5	NM	TIVICAY TABS 25mg, 50mg	Tier 5	NM
INTELENCE TABS 25mg	Tier 4	NM	TIVICAY PD TBSO 5mg	Tier 5	NM
ISENTRESS CHEW 25mg	Tier 4	NM	TROGARZO SOLN 200mg/1.33ml	Tier 5	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 5	NM	TYBOST TABS 150mg	Tier 3	NM
ISENTRESS HD TABS 600mg	Tier 5	NM	VIRACEPT TABS 250mg, 625mg	Tier 5	NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 3	NM	VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 5	NM
			<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	Tier 4	NM
			<i>zidovudine</i> TABS 300mg	Tier 3	NM

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>			<b>ANTITUBERCULAR AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	Tier 3	NM	JULUCA TAB 50-25MG	Tier 5	NM
BIKTARVY TAB 30-120-15 MG	Tier 5	NM	<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 4	NM
BIKTARVY TAB 50-200-25 MG	Tier 5	NM	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> (80-20 mg/ml) (generic of KALETRA)	Tier 4	NM
CIMDUO TAB 300-300	Tier 5	NM	<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	Tier 4	NM
COMPLERA TAB	Tier 5	NM	<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	Tier 4	NM
DELSTRIGO TAB	Tier 5	NM	ODEFSEY TAB	Tier 5	NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	Tier 5	QL NM	PREZCOBIX TAB 800-150	Tier 5	NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	Tier 5	QL NM	STRIBILD TAB	Tier 5	NM
DOVATO TAB 50-300MG	Tier 5	NM	SYMTUZA TAB	Tier 5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	Tier 5	NM	TRIUMEQ PD TAB	Tier 3	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	Tier 5	NM	TRIUMEQ TAB	Tier 5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	Tier 5	NM	<b>ANTITUBERCULAR AGENTS</b>		
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 5	QL NM	<i>cycloserine CAPS 250mg</i>	Tier 5	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 5	QL NM	<i>ethambutol hcl TABS 100mg, 400mg</i>	Tier 3	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 5	QL NM	<i>isoniazid SYRP 50mg/5ml</i>	Tier 4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 4	QL NM	<i>isoniazid TABS 100mg, 300mg</i>	Tier 1	
EVOTAZ TAB 300-150	Tier 5	NM	PRIFTIN TABS 150mg	Tier 4	
GENVOYA TAB	Tier 5	NM	<i>pyrazinamide TABS 500mg</i>	Tier 4	
			<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	Tier 4	
			<i>rifampin CAPS 150mg, 300mg</i>	Tier 3	
			<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	Tier 4	
			SIRTURO TABS 20mg, 100mg	Tier 5	NM PA
			TRECTOR TABS 250mg	Tier 4	
			<b>ANTIVIRALS</b>		
			<i>acyclovir CAPS 200mg;</i>	Tier 2	
			<i>TABS 400mg, 800mg</i>		
			<i>acyclovir SUSP 200mg/5ml</i>	Tier 4	
			<i>acyclovir sodium SOLN 50mg/ml</i>	Tier 4	B/D
			<i>adefovir dipivoxil TABS 10mg</i>	Tier 4	NM
			BARACLUDE SOLN .05mg/ml	Tier 5	NM ST

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	Tier 4	NM	<i>ribavirin</i> ( <i>hepatitis c</i> ) CAPS 200mg; TABS 200mg	Tier 3	NM
EPCLUSA PAK 150-37.5	Tier 5	NM PA	<i>rimantadine hydrochloride</i> TABS 100mg	Tier 4	
EPCLUSA PAK 200-50MG	Tier 5	NM PA	<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	Tier 3	
EPCLUSA TAB 200-50MG	Tier 5	NM PA	<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	Tier 5	
EPCLUSA TAB 400-100	Tier 5	NM PA	<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	Tier 3	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	Tier 3		VOSEVI TAB	Tier 5	NM PA
<i>ganciclovir sodium</i> SOLR 500mg	Tier 4	B/D	<b>CEPHALOSPORINS</b>		
HARVONI PAK 33.75-150MG	Tier 5	NM PA	<i>cefaclor</i> CAPS 250mg, 500mg	Tier 3	
HARVONI PAK 45-200MG	Tier 5	NM PA	<i>cefadroxil</i> CAPS 500mg	Tier 2	
HARVONI TAB 45-200MG	Tier 5	NM PA	<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	Tier 3	
HARVONI TAB 90-400MG	Tier 5	NM PA	CEFAZOLIN SOLR 2gm, 3gm	Tier 4	
<i>lamivudine</i> ( <i>hbv</i> ) TABS 100mg	Tier 4	NM	CEFAZOLIN INJ 1GM/50ML	Tier 4	
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 5	QL NM PA	<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 3	
MAVYRET PAK 50-20MG	Tier 5	NM PA	CEFAZOLIN SOLN 2GM/100ML-4%	Tier 4	
MAVYRET TAB 100-40MG	Tier 5	NM PA	<i>cefdinir</i> CAPS 300mg	Tier 2	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 3	QL	<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 3	QL	<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 4	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 3	QL	<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 4	
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 5	QL	<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	Tier 4	
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 5	QL	<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 4	
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 5	NM PA	<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	Tier 4	
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 5	QL PA	<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	Tier 3	
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 3	QL	<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 3	
			<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 4	

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
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 3	
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 4	
TEFLARO SOLR 400mg, 600mg	Tier 5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK 1gm	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1	
<i>azithromycin</i> TABS 600mg	Tier 1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 4	
<i>clarithromycin</i> TABS 250mg, 500mg	Tier 3	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	Tier 4	
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 5	
e.e.s. 400 TABS 400mg	Tier 4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 4	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin 200 mg/100ml</i> <i>in d5w</i>	Tier 3	
<i>ciprofloxacin 400 mg/200ml</i> <i>in d5w</i>	Tier 3	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 1	
<i>ciprofloxacin hcl</i> TABS 750mg	Tier 1	
<i>levofloxacin</i> SOLN 25mg/ml	Tier 4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 3	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 3	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 3	
<i>moxifloxacin hcl</i> TABS 400mg	Tier 3	
<i>moxifloxacin hcl 400</i> <i>mg/250ml in sodium</i> <i>chloride 0.8% inj</i>	Tier 4	
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	Tier 1	
<i>amoxicillin</i> CHEW 125mg, 250mg	Tier 2	
<i>amoxicillin</i> (generic of AMOXICILLIN) SUSR 400mg/5ml	Tier 1	
<i>amoxicillin &amp; k clavulanate</i> <i>chew tab 400-57 mg</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate</i> <i>for susp 200-28.5 mg/5ml</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate</i> <i>for susp 250-62.5 mg/5ml</i>	Tier 4	
<i>amoxicillin &amp; k clavulanate</i> <i>for susp 400-57 mg/5ml</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES-600)	Tier 3		<i>penicillin g sodium</i> SOLR 5000000unit	Tier 4	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 3		<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	Tier 2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> (generic of AUGMENTIN)	Tier 2		<i>penicillin v potassium</i> TABS 250mg, 500mg	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 2		<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	Tier 4	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 4		<i>piperacillin sod-tazobactam na for inj 3.375 gm</i> (3-0.375 gm)	Tier 4	
<i>ampicillin</i> CAPS 500mg	Tier 2		<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i> (2-0.25 gm)	Tier 4	
<i>ampicillin &amp; sulbactam sodium for inj 1.5</i> (1-0.5) gm (generic of UNASYN)	Tier 4		<i>piperacillin sod-tazobactam sod for inj 4.5 gm</i> (4-0.5 gm)	Tier 4	
<i>ampicillin &amp; sulbactam sodium for inj 3</i> (2-1) gm (generic of UNASYN)	Tier 4		<i>piperacillin sod-tazobactam sod for inj 13.5 gm</i> (12-1.5 gm)	Tier 4	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5</i> (1-0.5) gm	Tier 4		<i>piperacillin sod-tazobactam sod for inj 40.5 gm</i> (36-4.5 gm)	Tier 4	
<i>ampicillin &amp; sulbactam sodium for iv soln 3</i> (2-1) gm	Tier 4		<b>TETRACYCLINES</b>		
<i>ampicillin &amp; sulbactam sodium for iv soln 15</i> (10-5) gm (generic of UNASYN BULK PACK)	Tier 4		<i>doxy 100</i> SOLR 100mg	Tier 4	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	Tier 4		<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	Tier 2	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 4		<i>doxycycline (monohydrate)</i> SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 3	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	Tier 3		<i>doxycycline hyclate</i> CAPS 50mg; TABS 20mg, 100mg	Tier 3	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	Tier 4		<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 3	
<i>nafcillin sodium</i> SOLR 10gm	Tier 5		<i>doxycycline hyclate</i> SOLR 100mg	Tier 4	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 4		<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	Tier 3	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	Tier 4		NUZYRA SOLR 100mg	Tier 5	NM
			NUZYRA TABS 150mg	Tier 5	QL NM
			QL (30 tabs / 14 days)		
			<i>tetracycline hcl</i> CAPS 250mg, 500mg	Tier 4	
			<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	Tier 5	

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>		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	Tier 5	B/D NM	INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 5	QL NM PA
BENDEKA SOLN 100mg/4ml	Tier 5	B/D NM	LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 5	QL NM PA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 3	B/D	LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 5	QL NM PA
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 3	B/D	<i>mercaptopurine</i> TABS 50mg	Tier 3	
<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 3	B/D	<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	Tier 5	B/D	ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 5	QL NM PA
<i>cyclophosphamide</i> SOLR 1gm, 500mg	Tier 4	B/D	<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	Tier 5	B/D
<i>cyclophosphamide</i> SOLR 2gm	Tier 5	B/D	<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	Tier 5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 4	B/D	PURIXAN SUSP 2000mg/100ml	Tier 5	NM
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 5	B/D	<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
GLEOSTINE CAPS 10mg, 40mg	Tier 4	NM	<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
GLEOSTINE CAPS 100mg	Tier 5	NM	<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	Tier 4	B/D	AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>oxaliplatin</i> SOLR 100mg	Tier 5	B/D	AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 5	QL NM PA
<b>ANTIMETABOLITES</b>			<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Tier 2	
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	Tier 5	B/D NM	<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Tier 2	
<i>cytarabine</i> SOLN 20mg/ml	Tier 3	B/D	ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 4	NM PA
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 3	B/D	ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	Tier 4	B/D	ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	Tier 4	B/D	EULEXIN CAPS 125mg	Tier 5	
			<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Tier 4	

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
FIRMAGON SOLR 80mg	Tier 4	NM PA	<i>lenalidomide</i> CAPS 20mg,	Tier 5	QL NM PA
FIRMAGON SOLR 120mg/vial	Tier 5	NM PA	25mg QL (21 caps / 28 days)		
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	Tier 5	B/D	POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 5	QL NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 2		THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 5	QL NM PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 4	NM PA	THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 5	QL NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 5	NM PA	THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 5	QL NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 5	NM PA	<b>MISCELLANEOUS</b>		
LYSODREN TABS 500mg	Tier 5	NM	BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 5	QL NM PA
<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 3		<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 5	QL NM PA
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	Tier 5		<i>doxorubicin hcl</i> (generic of DOXORUBICIN HCL) SOLN 2mg/ml	Tier 4	B/D
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	Tier 5	B/D
ORGOVYX TABS 120mg	Tier 5	NM PA	<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	Tier 2	
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	Tier 4	B/D
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	<i>irinotecan hcl</i> SOLN 500mg/25ml	Tier 4	B/D
SOLTAMOX SOLN 10mg/5ml	Tier 5		IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 5	QL NM PA
<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 2		MATULANE CAPS 50mg	Tier 5	NM
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	Tier 4	PA	<i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 5	
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 5	QL NM PA	WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 5	QL NM PA			
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 5	QL NM PA			
<b>IMMUNOMODULATORS</b>					
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 5	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>MITOTIC INHIBITORS</b>					
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	Tier 4	B/D	BORTEZOMIB SOLR 1mg, 2.5mg	Tier 4	NM PA
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D	<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	Tier 5	NM PA
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D	BOSULIF CAPS 50mg QL (360 caps / 30 days)	Tier 5	QL NM PA
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	Tier 3	B/D	BOSULIF CAPS 100mg QL (150 caps / 25 days)	Tier 5	QL NM PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 4	B/D	BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
<i>vincristine sulfate</i> SOLN 1mg/ml	Tier 2	B/D	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	Tier 4	B/D	BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 5	QL NM PA
<b>MOLECULAR TARGET AGENTS</b>					
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 5	QL NM PA	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 5	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 5	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 5	QL NM PA	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 5	QL NM PA	CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 5	QL NM PA	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 5	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 5	QL NM PA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 5	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 5	QL NM PA	COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 5	QL NM PA
			COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 5	QL NM PA
			COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 5	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	HERZUMA SOLR 150mg, 420mg	Tier 5	NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 5	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 5	QL NM PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 5	QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	Tier 5	QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 5	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 5	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 5	QL NM PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 5	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 5	QL NM PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 5	QL NM PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 5	QL NM PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 5	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
HERCEP HYLEC SOL 60- 10000	Tier 5	NM PA	JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
HERCEPTIN SOLR 150mg	Tier 5	NM PA	JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 5	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
KADCYLA SOLR 100mg, 160mg	Tier 5	B/D NM	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 5	QL NM PA
KANJINTI SOLR 150mg, 420mg	Tier 5	NM PA	LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 5	QL NM PA
KEYTRUDA SOLN 100mg/4ml	Tier 5	NM PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 5	QL NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 5	QL NM PA	LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 5	QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 5	QL NM PA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 5	QL NM PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 5	QL NM PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 5	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 5	QL NM PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 5	QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 5	QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 5	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 5	QL NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 5	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 5	QL NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 5	QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 5	QL NM PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 5	QL NM PA	MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 5	QL NM PA	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 5	QL NM PA	MONJUVI SOLR 200mg	Tier 5	NM PA
			NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 5	QL NM PA

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NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 5	QL NM PA	RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 5	QL NM PA	REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 5	QL NM PA
OGIVRI SOLR 150mg, 420mg	Tier 5	NM PA	ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 5	QL NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 5	QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 5	QL NM PA	ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 5	QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 5	QL NM PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 5	QL NM PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 5	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
ONTRUZANT SOLR 150mg, 420mg	Tier 5	NM PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 5	QL NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 5	QL NM PA	<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
PHESGO SOL	Tier 5	NM PA	SPRYCEL TABS 20mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 5	QL NM PA	SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 5	QL NM PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 5	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 5	QL NM PA	<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 5	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 5	QL NM PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 5	QL NM PA			
RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 5	QL NM PA			
RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 5	QL NM PA			

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TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 5	QL NM PA	TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 5	QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	Tier 5	QL NM PA	VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 5	QL NM PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 3	QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 5	QL NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 5	QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 5	QL NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	Tier 5	QL NM PA	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 5	QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 5	QL NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 5	QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 5	QL NM PA	VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 5	QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 5	NM PA	VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 5	QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 5	QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 5	QL NM PA
TRAZIMERA SOLR 150mg, 420mg	Tier 5	NM PA	XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	Tier 5	QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 5	QL NM PA	XALKORI CPSP 20mg QL (240 caps / 30 days)	Tier 5	QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 5	NM PA	XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 5	QL NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	Tier 5	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 5	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 5	QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 5	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 5	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	Tier 5	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	Tier 5	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 5	QL NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 5	NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 5	QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 5	QL NM PA
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 4	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 3	
MESNEX TABS 400mg	Tier 5	
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>		
<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
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> (generic of LOTENSIN HCT)	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	Tier 1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1		<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	Tier 1		<i>moexipril hcl</i> TABS 7.5mg, 15mg	Tier 1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	Tier 1		<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1		<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	Tier 1		<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1		<i>trandolapril</i> TABS 1mg, 2mg, 4mg	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1		<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	Tier 1		<i>epplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	Tier 3	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	Tier 1		KERENDIA TABS 10mg, 20mg	Tier 3	QL
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	Tier 1		QL (30 tabs / 30 days)		
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	Tier 1		<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	Tier 1	
<b>ACE INHIBITORS</b>			<b>ALPHA BLOCKERS</b>		
<i>benazepril hcl</i> TABS 5mg	Tier 1		<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 2	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1		<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	Tier 3	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	Tier 1		<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1		<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	Tier 1		<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	Tier 1	QL
			QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	Tier 1	QL	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	Tier 1	QL	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	Tier 1	QL	<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL	<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL	<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	Tier 1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	Tier 3	QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	Tier 3	QL	<i>olmesartan-aamlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	Tier 3	QL	<i>olmesartan-aamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	Tier 3	QL			
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	Tier 3	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	QL	<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	QL	<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	QL	<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL	<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL	<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL	<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL	<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL	<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>			<b>ANTIARRHYTHMICS</b>		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 1	QL	<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 4	
			<i>amiodarone hcl</i> TABS 200mg	Tier 1	
			<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	Tier 4	
			<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 4	NM
			<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 3	
			MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 4	QL
			<i>pacerone</i> TABS 100mg, 400mg	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>pacerone</i> TABS 200mg	Tier 1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	Tier 4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	Tier 3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 4	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 2	
<i>sotalol hcl</i> TABS 240mg	Tier 2	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 3	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2	
<i>fenofibrate</i> TABS 54mg, 160mg	Tier 2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 3	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	Tier 1	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 3	
<i>cholestyramine light</i> PACK 4gm	Tier 3	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 3	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	Tier 4	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm	Tier 4	
<i>colestipol hcl</i> PACK 5gm	Tier 4	
<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	Tier 3	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	Tier 3	
<i>ezetimibe-simvastatin tab</i> 10-10 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-20 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-40 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-80 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 3	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 3	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	Tier 3	PA
<i>prevalite</i> PACK 4gm	Tier 3	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 3	
REPATHA SOSY 140mg/ml	Tier 3	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Tier 3	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	Tier 3	NM PA
VASCEPA CAPS .5gm, 1gm	Tier 3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	Tier 2	
<i>atenolol &amp; chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	Tier 2	
<i>bisoprolol &amp; hydrochlorothiazide tab</i> 2.5-6.25 mg	Tier 2	
<i>bisoprolol &amp; hydrochlorothiazide tab</i> 5-6.25 mg	Tier 2	
<i>bisoprolol &amp; hydrochlorothiazide tab</i> 10-6.25 mg	Tier 2	
<i>metoprolol &amp; hydrochlorothiazide tab</i> 50-25 mg	Tier 3	
<i>metoprolol &amp; hydrochlorothiazide tab</i> 100-25 mg	Tier 3	
<i>metoprolol &amp; hydrochlorothiazide tab</i> 100-50 mg	Tier 3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 3	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 2	
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 3	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	Tier 4	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	Tier 3	
<i>nadolol</i> TABS 80mg	Tier 3	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL
<i>pindolol</i> TABS 5mg, 10mg	Tier 3	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 3	
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	Tier 3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	Tier 3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg	Tier 1	
<i>amlodipine besylate</i> TABS 10mg	Tier 1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 2	<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	Tier 1
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 2	<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	Tier 2
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	Tier 4	<b>DIURETICS</b>	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 3	<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 3
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 2	<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 2
<i>diltiazem hcl</i> TABS 90mg	Tier 2	<i>amiloride hcl</i> TABS 5mg	Tier 2
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 2	<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	Tier 3
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	Tier 4	<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 3
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 2
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 2	<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	Tier 2
<i>nicardipine hcl</i> CAPS 20mg, 30mg	Tier 4	<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 3	<i>furosemide inj</i> SOLN 10mg/ml	Tier 3
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 3	<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1
<i>nimodipine</i> CAPS 30mg	Tier 4	<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	<i>methazolamide</i> TABS 25mg, 50mg	Tier 4
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	Tier 4	<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 2
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	Tier 3	<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 2
		<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 2
		<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1
		<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1
		<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>MISCELLANEOUS</b>					
<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg	Tier 1		<i>metirosine</i> (generic of DEMSER) CAPS 250mg	Tier 5	NM PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 3		<i>midodrine hcl</i> TABS 2.5mg, 5mg	Tier 3	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 3		<i>midodrine hcl</i> TABS 10mg	Tier 4	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 3		<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1		<i>ranolazine</i> TB12 500mg, 1000mg	Tier 4	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 4	QL	VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>digoxin</i> SOLN .05mg/ml	Tier 4		<b>NITRATES</b>		
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 4		<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 3	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 2	QL	<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	Tier 3	
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 5	QL NM PA	<i>isosorbide mononitrate</i> TABS 10mg, 20mg	Tier 2	
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 5	QL NM PA	<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	Tier 1	
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	Tier 4		NITRO-BID OINT 2%	Tier 3	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 70 years and older	Tier 3	PA	<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 3	
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 4		<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 2	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1		<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 4	QL	<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
			<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
			<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
			<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 3	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 3	QL
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 5	NM PA	<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 4	QL
<b>CENTRAL NERVOUS SYSTEM</b>					
<b>ANTI-ANXIETY</b>					
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2	QL	<i>memantine hcl</i> CP24 7mg; SOLN 2mg/ml PA applies if 29 years and younger	Tier 4	PA
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1		<i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	Tier 4	PA
<i>bupirone hcl</i> TABS 7.5mg, 30mg	Tier 3		<i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger	Tier 3	PA
<i>flvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 3		NAMZARIC CAP 7-10MG	Tier 4	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 3	QL	NAMZARIC CAP 14-10MG	Tier 4	
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	Tier 2		NAMZARIC CAP 21-10MG	Tier 4	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2	QL	NAMZARIC CAP 28-10MG	Tier 4	
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 3	QL	NAMZARIC CAP PACK	Tier 4	
<b>ANTIDEMENTIA</b>					
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL	<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 4	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 2		<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 3	QL
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 2	QL	<b>ANTIDEPRESSANTS</b>		
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 2		<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 3	
			<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 3	
			AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 4	QL PA
			<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL	<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 2	QL	FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 4	QL PA
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 2	QL	FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 4	QL PA
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 3		FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 4	QL PA
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1		<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	Tier 1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 4	PA	<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 3	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 4		<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	Tier 2	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 4		MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 4	QL
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL	<i>mirtazapine</i> TABS 7.5mg <i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 3 Tier 2	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 3		<i>mirtazapine</i> TABS 45mg <i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 2 Tier 3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 4	QL PA	<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 4	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 3	QL	<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 2	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 5	QL PA	<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 4	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 4		<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	Tier 4	QL PA
			<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	Tier 2	
			<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Tier 3	
			<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	Tier 3		<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	Tier 2	PA
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1		PA applies if 70 years and older		
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	Tier 4		<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	Tier 4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1		<i>carb/levo orally disintegrating tab 10-100mg</i>	Tier 3	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 4	QL	<i>carb/levo orally disintegrating tab 25-100mg</i>	Tier 3	
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 4	QL	<i>carb/levo orally disintegrating tab 25-250mg</i>	Tier 3	
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 4	QL PA	<i>carbidopa &amp; levodopa tab 10-100 mg</i> (generic of SINEMET)	Tier 2	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 2		<i>carbidopa &amp; levodopa tab 25-100 mg</i> (generic of SINEMET)	Tier 2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 3		<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 2	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 4	QL	<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 3	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 5	QL NM PA	<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 3	
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 5	QL NM PA	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 4	
<b>ANTIPARKINSONIAN AGENTS</b>			<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 4	
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 3	QL	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 4	
<i>amantadine hcl</i> SOLN 50mg/5ml	Tier 3		<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 4	
<i>amantadine hcl</i> TABS 100mg	Tier 4		<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 4	
<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 4		<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 4	
			<i>entacapone</i> TABS 200mg	Tier 4	
			INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 2		<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 4	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 4	QL	<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	Tier 3	
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 2		<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 3	QL
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 3		<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older	Tier 3	PA	<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 4	PA
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	Tier 2	PA	<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 4	QL PA
<b>ANTIPSYCHOTICS</b>			<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 4	QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	Tier 4	QL	<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 4	QL PA
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 4	QL	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 5	QL PA
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 4	QL ST	FANAPT PAK QL (2 packs / year)	Tier 4	QL PA
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 5	QL	<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 4	
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 5	QL	<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 4	
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 5		<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 3	
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 4	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 3	
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 5	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 3		<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 3		<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 4	QL ST
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 5	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 4	QL ST
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 4	QL	<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	Tier 4	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 5	QL	<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	Tier 4	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 5	QL	<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 4	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 3		<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 3	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 4	QL	<i>pimozide</i> TABS 1mg, 2mg	Tier 4	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 4	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	Tier 2	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 4		<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 5	QL NM PA	<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	Tier 2	QL
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 4	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 4	QL PA
			REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 5	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
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 5	QL	VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 5	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 3	QL	VRAYLAR CAP 1.5-3MG QL (2 packs / year)	Tier 4	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 2		<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 4	QL
<i>risperidone</i> TABS .25mg	Tier 2		<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 4	QL
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 4	QL ST	ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	Tier 4	QL NM PA
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 4	QL ST	ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	Tier 5	QL NM PA
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 4	QL ST	ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 5	QL NM PA
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	Tier 4	QL	<b>ANTISEIZURE AGENTS</b>		
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	Tier 5	QL	APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 5	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 5	QL	APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 5	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 3		BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 5	QL PA
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 4		BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 5	QL PA
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 3		<i>carbamazepine</i> CHEW 100mg	Tier 3	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 5	QL PA	<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 4	
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 5	QL	<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	Tier 4	
			<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	Tier 3	
			<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 4	QL PA	<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 4	QL PA	<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 4	
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 2	QL	<i>diazepam inj</i> SOLN 5mg/ml	Tier 4	
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL	<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 3	QL PA
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 3	QL	DILANTIN CAPS 30mg	Tier 4	
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 3	QL	<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 4	
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 4	QL PA	<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 3	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 5	QL NM PA	<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 2	
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 5	QL NM PA	EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 5	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 5	QL NM PA	<i>epitol</i> (generic of TEGRETOL) TABS 200mg	Tier 3	
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA	EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 4	QL PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 3	QL PA	<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Tier 3	
			<i>felbamate</i> SUSP 600mg/5ml	Tier 4	
			<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 4	
			FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 5	QL NM PA
			FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 5	QL PA
			FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 4	QL PA



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 5	QL PA	<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 2	QL	<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 4	ST
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 2	QL	<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 3	QL	<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 4	
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL	<i>levetiracetam</i> (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	Tier 2	
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL	<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	Tier 3	
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	Tier 4		<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 4	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 4	QL	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 4	
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 4	QL	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 4	
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 4	QL	LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days)	Tier 4	QL
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 3		<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	Tier 4	
			NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	Tier 4	QL
			<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 4	
			<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	Tier 4	QL PA	<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 2	
<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 3	QL PA	<i>primidone</i> TABS 125mg	Tier 2	
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	Tier 4	PA	<i>roweepra</i> (generic of KEPPRA) TABS 500mg	Tier 2	
<i>phenytek</i> CAPS 200mg, 300mg	Tier 3		<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 5	QL PA
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 3		<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 4	QL PA
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 3		<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 5	QL PA
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 3		SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 4	QL
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 3		SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 4	QL
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	Tier 3		SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 4	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 3	QL PA	SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 4	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 3	QL PA	<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 3	QL PA	SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 5	QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	Tier 4	QL PA	<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 4	
			<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 3	
			<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 2	
			<i>valproate sodium</i> SOLN 100mg/ml	Tier 4	
			<i>valproate sodium</i> SOLN 250mg/5ml	Tier 3	
			<i>valproic acid</i> CAPS 250mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days)	Tier 4	QL	XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 5	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	Tier 4	QL	XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 5	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	Tier 4	QL	XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 5	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	Tier 4	QL	ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 5	QL PA
<i>vigabatin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA	<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2	
<i>vigabatin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	<i>zonisamide</i> CAPS 50mg	Tier 2	
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA	ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 5	QL NM PA
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 5	QL NM PA	<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
<i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA	<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 5	QL	<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 5	QL	<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 4	QL	<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 5	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>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<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 3	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	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 3	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 4	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 4	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 4	QL	<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 4	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	Tier 4	QL	<b>HYPNOTICS</b>		
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 4	QL	DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 3	QL	<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	Tier 3	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 5	QL NM PA	NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 3	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 4	QL PA	QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 4	QL PA	<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 3	QL
<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 2	QL PA	<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 3	QL
<b>MIGRAINE</b>			<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 3	QL
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 3	QL NM PA	<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 4	QL
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	Tier 5		<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 4	QL
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	Tier 5	QL PA	<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 4	QL
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 3	QL NM PA	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 3	QL NM PA	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 3	QL NM PA	<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 3	QL PA	<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 3	QL PA
<b>MISCELLANEOUS</b>		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 5	QL NM PA
<i>lithium</i> SOLN 8meq/5ml	Tier 4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	Tier 1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	Tier 2	
<i>lithium carbonate</i> TBCR 450mg	Tier 2	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 5	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	Tier 3	
<i>riluzole</i> TABS 50mg	Tier 4	
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 5	QL NM PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 5	QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 3	QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 5	QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	Tier 5	QL NM PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>baclofen</i> TABS 10mg, 20mg	Tier 2		<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE)	Tier 4	QL
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	Tier 3	QL PA QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE)	Tier 4	QL
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	Tier 4		<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE)	Tier 4	QL
<i>dantrolene sodium</i> CAPS 50mg, 100mg	Tier 4		<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 2	QL
<i>tizanidine hcl</i> TABS 2mg	Tier 2		<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 2	QL
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 2		<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	Tier 2	QL
<b>NARCOLEPSY/CATAPLEXY</b>			<i>disulfiram</i> TABS 250mg, 500mg	Tier 3	
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg	Tier 4	QL PA QL (60 tabs / 30 days)	<i>naloxone hcl</i> LIQD 4mg/0.1ml	Tier 3	
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg	Tier 4	QL PA QL (30 tabs / 30 days)	<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 2	
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg	Tier 3	QL PA QL (30 tabs / 30 days)	<i>naltrexone hcl</i> TABS 50mg	Tier 3	
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg	Tier 3	QL PA QL (60 tabs / 30 days)	NICOTROL INHALER INHA 10mg	Tier 4	
SODIUM OXYBATE SOLN 500mg/ml	Tier 5	QL NM PA QL (540 mL / 30 days)	NICOTROL NS SOLN 10mg/ml	Tier 4	
<b>PSYCHOTHERAPEUTIC-MISC</b>			<i>varenicline tartrate</i> TABS .5mg, 1mg	Tier 4	QL
<i>acamprosate calcium</i> TBEC 333mg	Tier 4		<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	Tier 4	QL
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	Tier 3	QL QL (90 tabs / 30 days)	<i>VIVITROL</i> SUSR 380mg	Tier 5	NM
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE)	Tier 4	QL QL (90 films / 30 days)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>					
<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 4		<i>glipizide xl</i> TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 3	PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	Tier 5	QL PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 4	QL PA	<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	Tier 1	QL
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	Tier 4	QL PA	<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	Tier 1	QL
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 3	PA	<i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days)	Tier 1	QL
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 3	PA	GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 3	QL
<b>ANTIDIABETICS</b>			GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 3	QL
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 3		JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 3	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL	JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL	JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 3	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 3	QL



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 3	QL	<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	Tier 1	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 3	QL	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL	<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL	<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL	RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL	SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 3	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL	SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	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 3	QL PA	SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	Tier 3	QL
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL	SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	Tier 3	QL PA	SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA	SYNJARDY XR TAB 10- 1000 QL (60 tabs / 30 days)	Tier 3	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA	SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	Tier 3	QL
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA	SYNJARDY XR TAB 25- 1000 QL (30 tabs / 30 days)	Tier 3	QL
			TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 3	QL
			TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 3	QL	INSULIN PEN NEEDLES: BD-EMBECTA	Tier 3	PA
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL	INSULIN SAFETY NEEDLES: BD-EMBECTA	Tier 3	PA
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 3	QL	INSULIN SYRINGES: BD- EMBECTA	Tier 3	PA
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 3	QL PA	NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 3	
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 3	QL	NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 3	
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 3	QL	NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 3	
XIGDUO XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL	NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 3	
XIGDUO XR TAB 10- 500MG QL (30 tabs / 30 days)	Tier 3	QL	NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 3	
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 3	QL	NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 3	
<b>ANTIDIABETICS, INSULINS</b>			NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 3	
ADMELOG SOLN 100unit/ml	Tier 3		NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 3	
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 3		OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 4	QL PA
ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	Tier 3	PA	OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 4	QL PA
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 3		OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	Tier 4	QL PA
FIASP SOLN 100unit/ml	Tier 3		OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	Tier 4	QL PA
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 3		OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 4	QL PA
FIASP PENFILL SOCT 100unit/ml	Tier 3				
FIASP PUMPCART SOCT 100unit/ml	Tier 3	B/D			
GAUZE PADS 2" X 2"	Tier 3	PA			
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	Tier 5	B/D			
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 5				

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 4	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 3	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 3	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 3	
TRESIBA SOLN 100unit/ml	Tier 3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 3	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 3	QL
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 3	B/D
<i>ibandronate sodium</i> TABS 150mg	Tier 2	B/D

Drug Name	Drug Tier	Requirements/ Limits
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 3	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 4	QL NM
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 5	NM PA
XGEVA SOLN 120mg/1.7ml	Tier 5	NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	Tier 4	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 4	B/D NM
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	Tier 5	
<i>deferasirox</i> (generic of JADENU) TABS 90mg	Tier 3	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	Tier 4	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	Tier 4	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	Tier 5	NM PA
<i>kionex</i> SUSP 15gm/60ml	Tier 3	
LOKELMA PACK 5gm, 10gm	Tier 3	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	Tier 5	NM
<i>sodium polystyrene sulfonate powder</i> sps SUSP 15gm/60ml	Tier 3	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	Tier 5	NM PA
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	Tier 2	
<i>altavera</i>	Tier 3	
<i>alyacen 1/35</i>	Tier 3	
<i>alyacen 7/7/7</i>	Tier 3	
<i>apri</i>	Tier 2	
<i>aranelle</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aubra eq</i>	Tier 2		<i>etonogestrel-ethinyl</i>	Tier 3	
<i>aurovela 1/20</i>	Tier 3		<i>estradiol va ring 0.12-0.015</i>		
<i>aurovela fe 1.5/30</i>	Tier 2		<i>mg/24hr (generic of</i>		
<i>aurovela fe 1/20</i>	Tier 2		<i>NUVARING)</i>		
<i>aviane</i>	Tier 2		<i>falmina</i>	Tier 2	
<i>ayuna</i>	Tier 3		<i>hailey 1.5/30</i>	Tier 3	
<i>azurette</i>	Tier 3		<i>haloette (generic of</i>	Tier 3	
<i>balziva</i>	Tier 3		<i>NUVARING)</i>		
<i>blisovi fe 1.5/30</i>	Tier 2		<i>heather TABS .35mg</i>	Tier 2	
<i>briellyn</i>	Tier 3		<i>iclevia</i>	Tier 3	
<i>camila TABS .35mg</i>	Tier 2		<i>incassia TABS .35mg</i>	Tier 2	
<i>chateal eq</i>	Tier 3		<i>introvale</i>	Tier 3	
<i>cryselle-28</i>	Tier 3		<i>isibloom</i>	Tier 2	
<i>cyred eq</i>	Tier 2		<i>jasmiel (generic of YAZ)</i>	Tier 3	
<i>dasetta 1/35</i>	Tier 3		<i>jolessa</i>	Tier 3	
<i>dasetta 7/7/7</i>	Tier 3		<i>juleber</i>	Tier 2	
<i>deblitane TABS .35mg</i>	Tier 2		<i>junel 1.5/30</i>	Tier 3	
DEPO-SUBQ PROVERA	Tier 3		<i>junel 1/20</i>	Tier 3	
104 SUSY 104mg/0.65ml			<i>junel fe 1.5/30</i>	Tier 2	
<i>desogest-eth estrad &amp; eth</i>	Tier 3		<i>junel fe 1/20</i>	Tier 2	
<i>estrad tab 0.15-0.02/0.01</i>			<i>kariva</i>	Tier 3	
<i>mg(21/5)</i>			<i>kelnor 1/35</i>	Tier 2	
<i>drospirenone-ethinyl</i>	Tier 3		<i>kelnor 1/50</i>	Tier 3	
<i>estradiol tab 3-0.02 mg</i>			<i>kurvelo</i>	Tier 3	
<i>(generic of YAZ)</i>			<i>larin 1.5/30</i>	Tier 3	
<i>drospirenone-ethinyl</i>	Tier 3		<i>larin 1/20</i>	Tier 3	
<i>estradiol tab 3-0.03 mg</i>			<i>larin fe 1.5/30</i>	Tier 2	
<i>(generic of YASMIN 28)</i>			<i>larin fe 1/20</i>	Tier 2	
<i>elinest</i>	Tier 3		<i>leena</i>	Tier 3	
<i>eluryng (generic of</i>	Tier 3		<i>lessina</i>	Tier 2	
<i>NUVARING)</i>			<i>levonest</i>	Tier 2	
<i>emzahh TABS .35mg</i>	Tier 2		<i>levonorgestrel &amp; ethinyl</i>	Tier 3	
<i>enilloring (generic of</i>	Tier 3		<i>estradiol (91-day) tab 0.15-</i>		
<i>NUVARING)</i>			<i>0.03 mg</i>		
<i>enpresse-28</i>	Tier 2		<i>levonorgestrel &amp; ethinyl</i>	Tier 2	
<i>enskyce</i>	Tier 2		<i>estradiol tab 0.1 mg-20 mcg</i>		
<i>errin TABS .35mg</i>	Tier 2		<i>levonorgestrel &amp; ethinyl</i>	Tier 3	
<i>estarylla</i>	Tier 2		<i>estradiol tab 0.15 mg-30</i>		
<i>ethynodiol diacetate &amp;</i>	Tier 2		<i>mcg</i>		
<i>ethinyl estradiol tab 1 mg-35</i>			<i>levonorgestrel-eth estra tab</i>	Tier 2	
<i>mcg</i>			<i>0.05-30/0.075-40/0.125-</i>		
<i>ethynodiol diacetate &amp;</i>	Tier 3		<i>30mg-mcg</i>		
<i>ethinyl estradiol tab 1 mg-50</i>			<i>levora 0.15/30-28</i>	Tier 3	
<i>mcg</i>			LILETTA IUD 20.1mcg/day	Tier 3	NM
			<i>loestrin 1.5/30-21</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loestrin 1/20-21</i>	Tier 3		<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
<i>loestrin fe 1.5/30</i>	Tier 2		<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 3	
<i>loestrin fe 1/20</i>	Tier 2		<i>norlyroc TABS .35mg</i>	Tier 2	
<i>loryna</i> (generic of YAZ)	Tier 3		<i>nortrel 0.5/35 (28)</i>	Tier 3	
<i>low-ogestrel</i>	Tier 3		<i>nortrel 1/35 (21)</i>	Tier 3	
<i>lutea</i>	Tier 2		<i>nortrel 1/35 (28)</i>	Tier 3	
<i>lyleq TABS .35mg</i>	Tier 2		<i>nortrel 7/7/7</i>	Tier 3	
<i>lyza TABS .35mg</i>	Tier 2		<i>nylia 1/35</i>	Tier 3	
<i>marlissa</i>	Tier 3		<i>nylia 7/7/7</i>	Tier 3	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	Tier 3		<i>nymyo</i>	Tier 2	
<i>microgestin 1.5/30</i>	Tier 3		<i>ocella</i> (generic of YASMIN 28)	Tier 3	
<i>microgestin 1/20</i>	Tier 3		<i>philith</i>	Tier 3	
<i>microgestin fe 1.5/30</i>	Tier 2		<i>pimtrea</i>	Tier 3	
<i>microgestin fe 1/20</i>	Tier 2		<i>portia-28</i>	Tier 3	
<i>mili</i>	Tier 2		<i>reclipsen</i>	Tier 2	
<i>mono-linyah</i>	Tier 2		<i>setlakin</i>	Tier 3	
<i>necon 0.5/35-28</i>	Tier 3		<i>sharobel TABS .35mg</i>	Tier 2	
NEXPLANON IMPL 68mg	Tier 3	NM	<i>simliya</i>	Tier 3	
<i>nikki</i> (generic of YAZ)	Tier 3		<i>sprintec 28</i>	Tier 2	
<i>nora-be TABS .35mg</i>	Tier 2		<i>sronyx</i>	Tier 2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 3		<i>syeda</i> (generic of YASMIN 28)	Tier 3	
<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 2		<i>tarina fe 1/20 eq</i>	Tier 2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 3		<i>tilia fe</i>	Tier 3	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 3		<i>tri-estarylla</i>	Tier 3	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 3		<i>tri-legest fe</i>	Tier 3	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 2		<i>tri-linyah</i>	Tier 3	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 2		<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
			<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
			<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
			<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
			<i>tri-mili</i>	Tier 3	
			<i>tri-nymyo</i>	Tier 3	
			<i>tri-sprintec</i>	Tier 3	
			<i>tri-vylibra</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3		<i>fyavolv tab 1mg-5mcg</i>	Tier 3	
<i>trivora-28</i>	Tier 2		<i>jinteli</i>	Tier 3	
<i>turqoz</i>	Tier 3		<i>lyllana</i> (generic of MINIVELLE) PTTW	Tier 3	
<i>velivet</i>	Tier 3		.025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr		
<i>vestura</i> (generic of YAZ)	Tier 3		<i>mimvey</i> (generic of ACTIVEVELLA)	Tier 3	
<i>vienva</i>	Tier 2		<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 3	
<i>viorele</i>	Tier 3		<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 3	
<i>vyfemla</i>	Tier 3		<i>yuvaferm</i> (generic of VAGIFEM) TABS 10mcg	Tier 4	
<i>vylibra</i>	Tier 2		<b>GLUCOCORTICOIDS</b>		
<i>wera</i>	Tier 3		<i>dexamethasone ELIX</i>	Tier 3	
<i>xulane</i>	Tier 3		.5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg		
<i>zafemy</i>	Tier 3		DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 4	
<i>zovia 1/35</i>	Tier 2		<i>dexamethasone sodium phosphate SOLN</i> 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	Tier 3	
<i>zumandimine</i> (generic of YASMIN 28)	Tier 3		<i>fludrocortisone acetate TABS</i> .1mg	Tier 2	
<b>ESTROGENS</b>			<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 3	
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3		<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	Tier 3	B/D
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3		<i>methylprednisolone TABS</i> 32mg	Tier 3	B/D
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 3		<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 2	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	Tier 2		<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 3	B/D
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 3		<i>methylprednisolone sod succ SOLR</i> 40mg, 125mg	Tier 3	B/D
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVEVELLA)	Tier 3				
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Tier 3				
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	Tier 4				
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 4				
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 1000mg	Tier 3	B/D	<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 5	B/D QL NM
<i>prednisolone</i> SOLN 15mg/5ml	Tier 2	B/D	CYSTAGON CAPS 50mg, 150mg	Tier 4	NM PA
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	Tier 4	B/D	<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	Tier 5	
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 2	B/D	<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Tier 3	
<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	Tier 4	B/D	<i>desmopressin acetate spray</i> SOLN .01%	Tier 4	
<i>prednisone</i> SOLN 5mg/5ml	Tier 4	B/D	<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 4	
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D	FABRAZYME SOLR 5mg, 35mg	Tier 5	NM PA
<i>prednisone</i> TBPK 5mg, 10mg	Tier 3		GENOTROPIN CART 5mg, 12mg	Tier 5	NM PA
PREDNISON INTENSOL CONC 5mg/ml	Tier 4	B/D	GENOTROPIN MINIQUICK PRSY .2mg	Tier 3	NM PA
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 4		GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 5	NM PA
<b>GLUCOSE ELEVATING AGENTS</b>			INCRELEX SOLN 40mg/4ml	Tier 5	NM PA
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Tier 5		<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 5	NM PA
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 3		<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 5	NM PA
<b>MISCELLANEOUS</b>			<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 4	B/D
ALDURAZYME SOLN 2.9mg/5ml	Tier 5	NM PA	LUMIZYME SOLR 50mg	Tier 5	NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	Tier 5	NM	LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	Tier 5	NM PA
<i>cabergoline</i> TABS .5mg	Tier 3		LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	Tier 5	NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	Tier 5	NM PA	LUPRON DEPOT-PED (6-MONTH KIT 45mg)	Tier 5	NM PA
CERDELGA CAPS 84mg	Tier 5	NM PA			
CEREZYME SOLR 400unit	Tier 5	NM PA			
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 4	B/D QL NM			

Drug Name	Drug Tier	Requirements/ Limits
<i>mifepristone</i> ( <i>hyperglycemia</i> ) (generic of KORLYM) TABS 300mg	Tier 5	NM PA
NAGLAZYME SOLN 1mg/ml	Tier 5	NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	Tier 5	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 4	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 4	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 5	NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 5	NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 3	
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 5	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 5	NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 5	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 5	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 5	NM PA
SYNAREL SOLN 2mg/ml	Tier 5	PA
VEOZAH TABS 45mg	Tier 4	PA
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	Tier 4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate</i> TABS 5mg	Tier 3	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 3	
<b>THYROID AGENTS</b>		
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 3	
<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
<i>propylthiouracil</i> TABS 50mg	Tier 3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 4	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>VITAMIN D ANALOGS</b>			<b>VITAMIN D ANALOGS</b>		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 2	B/D	<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 2	
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	Tier 4	B/D	<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 3	PA
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 4	B/D	<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 3	PA
<i>paricalcitol</i> CAPS 4mcg	Tier 4	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 4	QL PA
<b>GASTROINTESTINAL ANTIEMETICS</b>			<b>ANTISPASMODICS</b>		
<i>aprepitant</i> CAPS 40mg, 125mg	Tier 4	B/D	<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 3	
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	Tier 4	B/D	<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 4	
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 4	B/D	<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	Tier 3	QL
<i>compro</i> SUPP 25mg	Tier 4		<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	Tier 3	QL
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 4	B/D QL	<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	Tier 4		<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 3	
<i>granisetron hcl</i> TABS 1mg	Tier 4	B/D	<i>famotidine</i> SUSR 40mg/5ml	Tier 4	
<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 2		<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 3		<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 3	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	Tier 1		<i>nizatidine</i> CAPS 150mg, 300mg	Tier 4	
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 3	B/D			
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 3				
<i>ondansetron hcl</i> SOLN 4mg/5ml	Tier 4	B/D			
<i>ondansetron hcl</i> TABS 4mg, 8mg	Tier 3	B/D			
<i>prochlorperazine</i> SUPP 25mg	Tier 4				
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 4				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>INFLAMMATORY BOWEL DISEASE</b>			<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	Tier 3		<i>gavilyte-n/ flavor pack</i>	Tier 2	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 4	QL PA	<i>generlac</i> SOLN 10gm/15ml	Tier 3	
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	Tier 5	QL PA	<i>lactulose</i> SOLN 10gm/15ml	Tier 3	
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	Tier 4		<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 3	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 4	QL	<i>peg 3350-kcl-na bicarb-nacl-</i> <i>na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 2	
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	Tier 4	QL	<i>peg 3350-kcl-sod bicarb-</i> <i>nacl for soln 420 gm</i>	Tier 2	
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	Tier 4	QL	PLENVU SOL	Tier 4	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 4	QL	<i>sod sulfate-pot sulf-mg sulf</i> <i>oral sol 17.5-3.13-1.6</i> <i>gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	Tier 3	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 4	QL	<b>MISCELLANEOUS</b>		
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 4	QL	<i>alose tron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	Tier 5	QL PA
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 2		<i>alose tron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 3		CREON CAP 3000UNIT	Tier 3	
<b>LAXATIVES</b>			CREON CAP 6000UNIT	Tier 3	
<i>constulose</i> SOLN 10gm/15ml	Tier 3		CREON CAP 12000UNT	Tier 3	
<i>enulose</i> SOLN 10gm/15ml	Tier 3		CREON CAP 24000UNT	Tier 3	
<i>gavilyte-c</i>	Tier 2		CREON CAP 36000UNT	Tier 3	
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 2		<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) (generic of GASTROCROM) CONC 100mg/5ml	Tier 4	
			<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	Tier 4	
			<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	Tier 3	
			GATTEX KIT 5mg	Tier 5	NM PA
			LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 3	QL
			<i>loperamide hcl</i> CAPS 2mg	Tier 3	
			<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 5	QL PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	Tier 3	
<i>ursodiol</i> CAPS 300mg	Tier 3	
<i>ursodiol</i> TABS 250mg	Tier 4	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 4	
VOWST CAP QL (12 caps / 30 days)	Tier 5	QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 5	QL NM PA
XIFAXAN TABS 550mg	Tier 5	PA
ZENPEP CAP 3000UNIT	Tier 4	
ZENPEP CAP 5000UNIT	Tier 4	
ZENPEP CAP 10000UNT	Tier 4	
ZENPEP CAP 15000UNT	Tier 4	
ZENPEP CAP 20000UNT	Tier 4	
ZENPEP CAP 25000UNT	Tier 4	
ZENPEP CAP 40000UNT	Tier 4	
ZENPEP CAP 60000UNT	Tier 4	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	Tier 3	QL ST
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	Tier 3	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	Tier 3	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg	Tier 4	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	Tier 3	QL
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> QL (30 caps / 30 days)	Tier 3	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg QL (60 caps / 30 days)	Tier 1	QL
<b>MISCELLANEOUS</b>		
<i>acetic acid</i> SOLN .25%	Tier 2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 3	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 3	
<i>potassium citrate</i> (alkalinizer) TBCR 540mg	Tier 3	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 3	
<b>URINARY ANTISPASMODICS</b>		
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	Tier 4	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 4	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 3	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	Tier 3	QL	<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 4	
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL	<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	Tier 4	
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 4	QL	<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 5	
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 4	QL ST	HEP SOD/NAACL INJ 25000UNT	Tier 3	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 4	QL	<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 3	B/D
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL	<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
<b>VAGINAL ANTI-INFECTIVES</b>			<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
<i>clindamycin phosphate</i> vaginal (generic of CLEOCIN) CREA 2%	Tier 3		XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 3	QL
<i>metronidazole vaginal</i> GEL .75%	Tier 3		XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	Tier 3		XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
<b>HEMATOLOGIC ANTICOAGULANTS</b>			XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 3	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 4	QL	<b>HEMATOPOIETIC GROWTH FACTORS</b>		
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	Tier 4	QL	FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 5	QL NM PA
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL	PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	NM PA
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 3	QL	PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 5	NM PA
ELIQUIS STARTER PACK TBP 5mg QL (74 tabs / 30 days)	Tier 3	QL			

Drug Name	Drug Tier	Requirements/ Limits
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 5	NM PA
<b>MISCELLANEOUS</b>		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
<i>anagrelide hcl</i> CAPS 1mg	Tier 4	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	Tier 4	
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 5	QL NM PA
<i>cilostazol</i> TABS 50mg, 100mg	Tier 2	
DOPTELET TABS 20mg	Tier 5	NM PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 3	
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 5	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 5	QL NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5	QL NM PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	Tier 5	NM PA
<i>pentoxifylline</i> TBCR 400mg	Tier 2	
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5	QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 5	QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 4	
<i>tranexamic acid</i> TABS 650mg	Tier 3	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
BRILINTA TABS 60mg, 90mg	Tier 3	
<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 3	PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	Tier 3	
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 5	QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 5	QL NM PA
COSENTYX SOLN 125mg/5ml	Tier 5	NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	Tier 5	QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	Tier 5	QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	Tier 5	QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	Tier 5	QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 5	QL NM PA
DUPIXENT SOSY 100mg/0.67ml	Tier 5	NM PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 5	QL NM PA	IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 5	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 5	QL NM PA	IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 5	QL NM PA	IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA	INFLIXIMAB SOLR 100mg REMICADE SOLR 100mg RENFLEXIS SOLR 100mg	Tier 5	NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 5	QL NM PA	RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 5	QL NM PA	RINVOQ TB24 45mg QL (168 tabs / year)	Tier 5	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 5	QL NM PA	RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 5	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 5	QL NM PA	SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 5	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 5	QL NM PA	SKYRIZI SOLN 600mg/10ml	Tier 5	NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 5	QL NM PA	SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 5	QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5	QL NM PA	SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 5	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 5	QL NM PA	SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 5	QL NM PA	STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 5	QL NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5	QL NM PA	STELARA SOLN 130mg/26ml	Tier 5	NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 5	QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA
			TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA	GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 5	QL NM PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 5	NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 5	NM PA	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 5	QL NM PA	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 5	NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 5	QL NM PA	OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NM PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>					
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	Tier 3		<b>IMMUNOMODULATORS</b>		
JYLAMVO SOLN 2mg/ml	Tier 4	B/D	ACTIMMUNE SOLN 100mcg/0.5ml	Tier 5	NM PA
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL	ARCALYST SOLR 220mg	Tier 5	NM PA
<i>methotrexate sodium</i> TABS 2.5mg	Tier 3		<b>IMMUNOSUPPRESSANTS</b>		
XATMEP SOLN 2.5mg/ml	Tier 4	B/D	ASTAGRAF XL CP24 5mg	Tier 5	B/D NM
<b>IMMUNOGLOBULINS</b>					
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	PA	ASTAGRAF XL CP24 .5mg, 1mg	Tier 4	B/D NM
BIVIGAM SOLN 5gm/50ml, 10%	Tier 5	NM PA	<i>azathioprine</i> (generic of IMURAN) TABS 50mg	Tier 3	B/D
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 5	NM PA	BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA
GAMASTAN INJ	Tier 4	B/D NM	BENLYSTA SOLR 120mg, 400mg	Tier 5	NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 4	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 4	B/D NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 4	B/D NM
<i>everolimus</i> ( <i>immunosuppressant</i> ) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	Tier 5	B/D NM
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 4	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 3	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	Tier 5	B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 4	B/D NM
NULOJIX SOLR 250mg	Tier 5	B/D NM
PROGRAF PACK .2mg, 1mg	Tier 4	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	Tier 5	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	Tier 4	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 4	B/D NM
<b>VACCINES</b>		
ABRYSCO SOLR 120mcg/0.5ml	Tier 1	
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO INJ	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENGVAXIA SUS	Tier 1	
DIP/TET PED INJ 25-5LFU	Tier 1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 INJ	Tier 1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXCHIQ INJ	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENACTRA INJ	Tier 1	
MENQUADFI INJ	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
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	
PENTACEL INJ	Tier 1	
PREHEVBRIO SUSP 10mcg/ml	Tier 1	B/D
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D	<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	Tier 3	
ROTARIX SUS	Tier 1		<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 3	
ROTATEQ SOL	Tier 1		ISOLYTE-P INJ /D5W	Tier 4	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL	ISOLYTE-S INJ PH 7.4	Tier 4	
TDVAX INJ 2-2 LF	Tier 1	B/D	<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 3	
TENIVAC INJ 5-2LF	Tier 1	B/D	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	Tier 3	
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1		<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	Tier 3	
TRUMENBA INJ	Tier 1		<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 3	
TWINRIX INJ	Tier 1		<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1		<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1		<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 3	
VARIVAX INJ 1350pfu/0.5ml	Tier 1		<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 3	
YF-VAX INJ	Tier 1		<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>	Tier 3	
<b>NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE</b>			<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 3	
D2.5W/NACL INJ 0.45%	Tier 4		<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 3	
D10W/NACL INJ 0.2%	Tier 3		KCL/D5W/NACL INJ 0.3/0.9%	Tier 4	
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i>	Tier 3		<i>lactated ringer's solution</i>	Tier 3	
<i>dextrose 5% in lactated ringers</i>	Tier 3				
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 3				
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	Tier 3				
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 3				
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3		<i>klor-con m20</i> TBCR 20meq	Tier 2	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3		M-NATAL PLUS TAB	Tier 3	
<i>magnesium sulfate</i> SOLN 50%	Tier 3		<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq	Tier 2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 3		<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	Tier 4	
<i>multiple electrolytes ph 5.5</i>	Tier 4		<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	Tier 2	
<i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A)	Tier 4		<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq	Tier 2	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 4		PRENATAL TAB 27-1MG	Tier 3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 4		PRENATAL TAB PLUS	Tier 3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 4		<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 2	
<i>potassium chloride</i> SOLN 2meq/ml	Tier 3		WESTAB PLUS TAB 27-1MG	Tier 3	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 3		<b>IV NUTRITION</b>		
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 3		CLINIMIX INJ 4.25/D5W	Tier 4	B/D
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	Tier 3		CLINIMIX INJ 4.25/D10	Tier 4	B/D
TPN ELECTROL INJ	Tier 4	B/D	CLINIMIX INJ 5%/D15W	Tier 4	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>			CLINIMIX INJ 5%/D20W	Tier 4	B/D
<i>klor-con</i> PACK 20meq	Tier 4		CLINIMIX INJ 6/5	Tier 4	B/D
<i>klor-con 8</i> TBCR 8meq	Tier 2		CLINIMIX INJ 8/10	Tier 4	B/D
<i>klor-con 10</i> TBCR 10meq	Tier 2		CLINIMIX INJ 8/14	Tier 4	B/D
<i>klor-con m10</i> TBCR 10meq	Tier 2		<i>clinisol sf 15%</i>	Tier 4	B/D
<i>klor-con m15</i> TBCR 15meq	Tier 2		CLINOLIPID EMU 20%	Tier 4	B/D
			<i>dextrose</i> SOLN 5%, 10%	Tier 3	
			<i>dextrose</i> SOLN 50%, 70%	Tier 3	B/D
			INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 4	B/D
			NUTRILIPID EMUL 20gm/100ml	Tier 4	B/D
			<i>plenamine</i>	Tier 4	B/D
			PREMASOL SOL 10%	Tier 5	B/D
			PROSOL INJ 20%	Tier 4	B/D
			TRAVASOL INJ 10%	Tier 4	B/D
			TROPHAMINE INJ 10%	Tier 4	B/D
			<b>OPHTHALMIC</b>		
			<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
			<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 3	
			<i>neo-polycin hc ophth oint 1%</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1% (generic of MAXITROL)	Tier 2		<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp</i> 0.1% (generic of MAXITROL)	Tier 2		<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	Tier 3	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 4		<i>tobramycin (ophth) SOLN .3%</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 2		<i>trifluridine SOLN 1%</i>	Tier 4	
TOBRADEX OIN 0.3-0.1%	Tier 3		XDEM VY SOLN .25%	Tier 5	NM PA
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 3		ZIRGAN GEL .15%	Tier 4	
ZYLET SUS 0.5-0.3%	Tier 3		<b>ANTI-INFLAMMATORIES</b>		
<b>ANTI-INFECTIVES</b>			<i>bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%</i>	Tier 3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	Tier 3		<i>bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%</i>	Tier 4	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 2		<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 3	
BESIVANCE SUSP .6%	Tier 3		<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 2	
CILOXAN OINT .3%	Tier 3		FLAREX SUSP .1%	Tier 4	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	Tier 2		<i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i>	Tier 3	
<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 2		<i>flurbiprofen sodium SOLN .03%</i>	Tier 3	
<i>gatifloxacin (ophth) SOLN .5%</i>	Tier 3		<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	Tier 3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 2		<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	Tier 2	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i> QL (12 mL / 30 days)	Tier 3	QL	LOTEMAX OINT .5%	Tier 3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	Tier 3		<i>loteprednol etabonate (generic of ALREX) SUSP .2%</i>	Tier 3	
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 3		<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	Tier 3	
<i>neomycin-polymyx-gramicin op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 3		PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 3	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	Tier 2		<b>ANTIALLERGICS</b>		
<i>polycin ophth oint</i>	Tier 2		<i>azelastine hcl (ophth) SOLN .05%</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn sodium (ophth)</i> SOLN 4%	Tier 2	
<b>ANTI GLAUCOMA</b>		
<i>betaxolol hcl (ophth)</i> .5%	SOLN Tier 3	
BETOPTIC-S SUSP .25%	Tier 4	
<i>brimonidine tartrate</i> .2%	SOLN Tier 1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) .15%	SOLN Tier 4	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	Tier 4	
<i>carteolol hcl (ophth)</i> 1%	SOLN Tier 2	
COMBIGAN SOL 0.2/0.5%	Tier 3	
<i>dorzolamide hcl</i> SOLN 2%	Tier 2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5% (generic of COSOPT)	Tier 2	
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	Tier 1	
<i>levobunolol hcl</i> SOLN .5%	Tier 2	
LUMIGAN SOLN .01%	Tier 3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 3	
RHOPRESSA SOLN .02%	Tier 4	
ROCKLATAN DRO	Tier 4	
SIMBRINZA SUS 1-0.2%	Tier 4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	Tier 3	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 4	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	Tier 3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 3	
CYSTADROPS SOLN .37%	Tier 5	NM PA
CYSTARAN SOLN .44%	Tier 5	NM PA
EYSUVIS SUSP .25%	Tier 4	
MIEBO SOLN 1.338gm/ml	Tier 3	
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
RESTASIS EMUL .05%	Tier 3	
RESTASIS MULTIDOSE EMUL .05%	Tier 3	
XIIDRA SOLN 5%	Tier 3	
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid (otic)</i> SOLN 2%	Tier 3	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	Tier 4	
<i>flac</i> (generic of DERMOTIC) OIL .01%	Tier 3	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	Tier 3	
<i>neomycin-polymyxin-hc otic soln</i> 1%	Tier 3	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	Tier 3	
<i>ofloxacin (otic)</i> SOLN .3%	Tier 4	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPT AER 62.5-25	Tier 3	QL
QL (60 blisters / 30 days)		
BEVESPI AER 9-4.8MCG	Tier 3	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE	Tier 3	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 3	QL
QL (4 inhalers / 28 days)		
COMBIVENT AER 20-100	Tier 4	QL
QL (2 inhalers / 30 days)		
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	Tier 3	QL	<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 3	PA
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	Tier 3	QL	<i>hydroxyzine pamoate</i> CAPS 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 3	PA
<b>ANTICHOLINERGICS</b>					
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 4	QL	<i>levocetirizine</i> <i>dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	Tier 4	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 3	QL	<i>levocetirizine</i> <i>dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
<i>ipratropium bromide</i> SOLN .02%	Tier 2	B/D	<b>BETA AGONISTS</b>		
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 3		<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 3	QL
<b>ANTI-HISTAMINES</b>			<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 3	QL
<i>azelastine hcl</i> SOLN .1%	Tier 3		<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 3	QL
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	Tier 2	QL	<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 3	B/D
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 3	PA	<i>albuterol sulfate</i> NEBU .083%	Tier 2	B/D
<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 3		<i>albuterol sulfate</i> SYRP 2mg/5ml	Tier 3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older	Tier 4	PA	<i>albuterol sulfate</i> TABS 2mg, 4mg	Tier 4	
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 3	PA	<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 3	QL ST

Drug Name	Drug Tier	Requirements/ Limits
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 3	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 4	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 3	QL
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg	Tier 2	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 4	
<i>montelukast sodium</i> (generic of SINGULAIR) TABS 10mg	Tier 1	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	Tier 3	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 4	B/D
ARALAST NP SOLR 500mg, 1000mg	Tier 5	NM PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	Tier 5	QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 3	B/D
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 3	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 5	QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 5	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 5	QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 5	QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 5	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 5	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 5	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 5	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	Tier 5	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 5	QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
PROLASTIN-C SOLN 1000mg/20ml	Tier 5	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 5	NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 4	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 4	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 5	QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 5	QL NM PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	Tier 4	
<i>theophylline</i> TB24 400mg, 600mg	Tier 3	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 5	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 5	QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	Tier 5	QL NM PA
TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days)	Tier 5	QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 5	QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 5	QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 5	QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 5	QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 5	NM PA

Drug Name	Drug Tier	Requirements/ Limits
<b>NASAL STEROIDS</b>		
<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	Tier 3	QL
<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 2	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 4	QL PA
<b>STEROID INHALANTS</b>		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 4	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 4	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 3	QL
<i>budesonide</i> (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 4	B/D
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 3	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	Tier 3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>brey-na</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 3	QL	<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 3	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 3	QL	<b>TOPICAL DERMATOLOGY, ACNE</b>		
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 3	QL	<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 4	QL	<i>amnesteam</i> CAPS 10mg, 20mg, 40mg	Tier 4	PA
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 4	QL	<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	Tier 4	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 4	QL	<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 3	QL	<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	Tier 3	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 3	QL	<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	Tier 3	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 3	QL	<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	Tier 3	QL
			<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	Tier 3	QL
			<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	Tier 3	QL
			<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	Tier 3	QL
			<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
			<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 4	QL
			<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 4	QL PA



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>twice-daily clindamycin phosphate (topical) GEL</i> 1%	Tier 3	QL	<i>klayesta</i> POWD 100000unit/gm	Tier 3	QL
QL (75 gm / 30 days)			QL (60 gm / 30 days)		
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA	<i>nyamyc</i> POWD 100000unit/gm	Tier 3	QL
			QL (60 gm / 30 days)		
<b>DERMATOLOGY, ANTIBIOTICS</b>			<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	Tier 2	QL
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	Tier 3	QL	QL (30 gm / 30 days)		
QL (30 gm / 30 days)			<i>nystatin (topical)</i> POWD 100000unit/gm	Tier 3	QL
<i>mupirocin</i> OINT 2%	Tier 2	QL	QL (60 gm / 30 days)		
QL (220 gm / 30 days)			<i>nystop</i> POWD 100000unit/gm	Tier 3	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	Tier 2		QL (60 gm / 30 days)		
QL (453.6 gm / 30 days)			<i>selenium sulfide</i> LOTN 2.5%	Tier 2	
<i>ssd</i> (generic of SILVADENE) CREA 1%	Tier 2		<b>DERMATOLOGY, ANTIPSORIATICS</b>		
SULFAMYLLON CREA 85mg/gm	Tier 4	QL	<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 4	PA
QL (453.6 gm / 30 days)			<i>calcipotriene</i> CREA .005%; OINT .005%	Tier 4	QL PA
<b>DERMATOLOGY, ANTIFUNGALS</b>			QL (120 gm / 30 days)		
<i>ciclopirox</i> SHAM 1%	Tier 3	QL	<i>calcipotriene</i> SOLN .005%	Tier 3	QL PA
QL (120 mL / 30 days)			QL (120 mL / 30 days)		
<i>ciclopirox olamine</i> CREA .77%	Tier 3	QL	<i>calcitrene</i> OINT .005%	Tier 4	QL PA
QL (90 gm / 30 days)			QL (120 gm / 30 days)		
<i>ciclopirox olamine</i> SUSP .77%	Tier 3	QL	ENSTILAR AER	Tier 5	QL PA
QL (60 mL / 30 days)			QL (120 gm / 30 days)		
<i>clotrimazole (topical)</i> 1%	Tier 2	QL	<i>tazarotene</i> (generic of TAZORAC) CREA .1%	Tier 3	QL PA
QL (45 gm / 30 days)			QL (60 gm / 30 days)		
<i>clotrimazole (topical)</i> 1%	Tier 3	QL	TAZORAC CREA .05%	Tier 4	QL PA
QL (60 mL / 30 days)			QL (60 gm / 30 days)		
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	Tier 3	QL	<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
QL (45 gm / 30 days)			<i>ala-cort</i> CREA 1%	Tier 1	
<i>econazole nitrate</i> CREA 1%	Tier 3	QL	<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	Tier 3	QL
QL (85 gm / 30 days)			QL (60 gm / 30 days)		
<i>ketconazole (topical)</i> CREA 2%	Tier 3	QL	<i>betamethasone dipropionate (topical)</i> CREA .05%	Tier 3	QL
QL (60 gm / 30 days)			QL (120 gm / 30 days)		
<i>ketconazole (topical)</i> SHAM 2%	Tier 2	QL	<i>betamethasone dipropionate (topical)</i> LOTN .05%	Tier 3	QL
QL (120 mL / 30 days)			QL (120 mL / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate</i> (topical) OINT .05%	Tier 4	QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01%	Tier 3	QL
QL (120 gm / 30 days)			QL (118.28 mL / 30 days)		
<i>betamethasone dipropionate augmented</i> CREA .05%	Tier 2	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025%	Tier 3	QL
QL (120 gm / 30 days)			QL (120 gm / 30 days)		
<i>betamethasone dipropionate augmented</i> GEL .05%	Tier 4	QL	<i>fluocinolone acetonide</i> SOLN .01%	Tier 4	QL
QL (120 gm / 30 days)			QL (60 mL / 30 days)		
<i>betamethasone dipropionate augmented</i> LOTN .05%	Tier 4	QL	<i>fluocinonide</i> CREA .05%	Tier 3	QL
QL (120 mL / 30 days)			QL (120 gm / 30 days)		
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05%	Tier 4	QL	<i>fluocinonide</i> GEL .05%; OINT .05%	Tier 4	QL
QL (120 gm / 30 days)			QL (60 gm / 30 days)		
<i>betamethasone valerate</i> CREA .1%; OINT .1%	Tier 3	QL	<i>fluocinonide</i> SOLN .05%	Tier 3	QL
QL (120 gm / 30 days)			QL (60 mL / 30 days)		
<i>betamethasone valerate</i> LOTN .1%	Tier 3	QL	<i>fluocinonide emulsified base</i> CREA .05%	Tier 3	QL
QL (120 mL / 30 days)			QL (120 gm / 30 days)		
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	Tier 4	QL	<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 3	
QL (60 gm / 30 days)			<i>halobetasol propionate</i> CREA .05%; OINT .05%	Tier 4	QL
<i>clobetasol propionate</i> SOLN .05%	Tier 4	QL	QL (50 gm / 30 days)		
QL (50 mL / 30 days)			<i>hydrocortisone (topical)</i> CREA 1%	Tier 1	
<i>clobetasol propionate e</i> CREA .05%	Tier 4	QL	<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	Tier 2	
QL (60 gm / 30 days)			<i>hydrocortisone (topical)</i> OINT 1%	Tier 2	QL
<i>fluocinolone acetonide</i> CREA .01%	Tier 4	QL	QL (30 gm / 30 days)		
QL (60 gm / 30 days)			<i>hydrocortisone valerate</i> CREA .2%	Tier 3	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	Tier 4	QL	QL (60 gm / 30 days)		
QL (120 gm / 30 days)			<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 3	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01%	Tier 3	QL	<i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5%	Tier 2	QL
QL (118.28 mL / 30 days)			QL (454 gm / 30 days)		
			<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	Tier 2		<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 2	
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	Tier 2	QL	<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	Tier 3	QL
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>			<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	Tier 3	QL
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	Tier 3	QL PA	<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)	Tier 4	QL
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 4	QL PA	<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	Tier 4	QL
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 4	QL PA	PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 5	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 3	QL PA	<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	Tier 4	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 2	B/D QL	<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 3	QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 4	QL PA	<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3	
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 4	QL PA	<i>proctocort</i> CREA 1%	Tier 3	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>			<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3	
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	Tier 5	QL NM PA	<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3	
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	Tier 3	QL	<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 4	QL PA
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	Tier 4	QL	VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 5	QL NM PA
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 3	QL	<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>hydrocortisone (rectal)</i> CREA 1%	Tier 3		<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 4	QL
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3		<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	Tier 3	QL
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 3	QL	<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
			REGANEX GEL .01% QL (30 gm / 30 days)	Tier 5	QL PA
			SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 4	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 3	
<i>water for irrigation, sterile irrigation soln</i>	Tier 2	
<b>MOUTH/THROAT/DENTAL AGENTS</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 3	QL
<i>kourzeq PSTE .1%</i>	Tier 3	
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	Tier 2	
<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 3	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	Tier 3	

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# Blue MedicareRx (PDP)

Connecticut | Massachusetts | Rhode Island | Vermont

P.O. Box 30011, Pittsburgh, PA 15222-0330

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