



Blue MedicareRxSM Premier (PDP) 2024 Formulary (List of Covered Drugs)

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

This formulary was updated on 03/01/2024. 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.

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 MedicareRxSM (PDP). When it refers to "plan" or "our plan," it means Blue MedicareRx Premier.

This document includes a list of the drugs (formulary) for our plan which is current as of March 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Blue MedicareRx Premier Formulary?

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 (drug list) change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx Premier may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

New generic drugs. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Blue MedicareRx Premier Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. 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 entitled “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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of March 1, 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 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 cost less than brand name drugs.

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 physician 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 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.

You can ask us to waive coverage restrictions or limits 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.

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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, 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. 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.
- **GC** stands for Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

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		
Tier 1: Preferred Generic Certain generic drugs that are available at the lowest copayment	\$1	\$6	\$1
Tier 2: Generic Higher cost generic drugs available at a higher copayment than Tier 1 generic drugs	\$7	\$12	\$14
Tier 3: Preferred Brand Many common brand name drugs and some higher cost generic drugs , many of which may have lower cost options available on Tier 1 or Tier 2	\$30	\$40	\$60
Tier 4: Non-Preferred Drug Higher cost generic and non-preferred drugs , many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3	35%	44%	35%
Tier 5: Specialty Tier 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
ANALGESICS			ANALGESICS		
GOUT			GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1	GC	<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	GC
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 4	QL	<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1	GC
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 3		<i>nabumetone</i> TABS 500mg, 750mg	Tier 2	GC
MITIGARE CAPS .6mg QL (60 caps / 30 days)	Tier 3	QL	<i>naproxen</i> TABS 250mg, 375mg	Tier 1	GC
<i>probenecid</i> TABS 500mg	Tier 3		<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	Tier 1	GC
NSAIDS			NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 3	QL	<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	Tier 2	GC QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 3	QL	<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	Tier 4	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL	<i>naproxen sodium</i> TABS 275mg	Tier 3	
<i>diclofenac sodium</i> TB24 100mg	Tier 3		<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	Tier 3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	Tier 2	GC	<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	Tier 3	
<i>diflunisal</i> TABS 500mg	Tier 3		<i>sulindac</i> TABS 150mg, 200mg	Tier 2	GC
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	Tier 2	GC QL	OPIOID ANALGESICS, LONG-ACTING		
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	Tier 4	QL	<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>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	Tier 3		<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>etodolac</i> (generic of LODINE) TABS 400mg	Tier 3		HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>flurbiprofen</i> TABS 100mg	Tier 3				
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1	GC			
<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 **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 3	QL PA	<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 3	QL
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 3	QL PA	<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	Tier 4	QL PA
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	Tier 3	QL PA	<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	Tier 5	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	<i>hydrocodone- acetaminophen soln 7.5-325</i> mg/15ml QL (2700 mL / 30 days)	Tier 4	QL
OPIOID ANALGESICS, SHORT-ACTING			<i>hydrocodone- acetaminophen tab 5-325</i> mg QL (240 tabs / 30 days)	Tier 3	QL
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	Tier 2	GC QL	<i>hydrocodone- acetaminophen tab 7.5-325</i> mg QL (180 tabs / 30 days)	Tier 3	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-15 mg</i> QL (400 tabs / 30 days)	Tier 2	GC QL	<i>hydrocodone- acetaminophen tab 10-325</i> mg QL (180 tabs / 30 days)	Tier 3	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-30 mg</i> QL (360 tabs / 30 days)	Tier 2	GC QL	<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg QL (150 tabs / 30 days)	Tier 3	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-60 mg</i> QL (180 tabs / 30 days)	Tier 2	GC QL	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	Tier 4	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	Tier 4		<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 3	QL
<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			

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	Tier 4	B/D	<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 4	B/D	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 3	QL
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 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>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	Tier 3	QL	<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	Tier 2	GC QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 3	QL	<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	Tier 3	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	Tier 4	B/D	ANESTHETICS		
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 4		LOCAL ANESTHETICS		
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	Tier 4	QL	<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	Tier 3	B/D
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	Tier 4	QL	<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 3	B/D
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 4	QL	ANTI-INFECTIVES		
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 3	QL	ANTI-INFECTIVES - MISCELLANEOUS		
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 3	QL	<i>albendazole</i> TABS 200mg QL (672 tabs / year)	Tier 5	QL PA
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL	<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	Tier 4	
			<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	Tier 4	
			<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	Tier 4	
			CAYSTON SOLR 75mg	Tier 5	NM LA PA
			<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 2	GC

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	Tier 4		<i>gentamicin in saline inj 2 mg/ml</i>	Tier 3	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	Tier 3		<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	Tier 3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 4		<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 4		<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	Tier 4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 4		<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	Tier 3	QL PA
CLINDMYC/NAC INJ 300/50ML	Tier 4		<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	Tier 4	
CLINDMYC/NAC INJ 600/50ML	Tier 4		<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 5	QL
CLINDMYC/NAC INJ 900/50ML	Tier 4		<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	Tier 4	QL
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	Tier 4		LINEZOLID INJ 2MG/ML	Tier 4	
<i>dapsone</i> TABS 25mg, 100mg	Tier 3		<i>meropenem</i> SOLR 1gm, 500mg	Tier 4	
DAPTOMYCIN SOLR 350mg	Tier 5		<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	Tier 4	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	Tier 5		<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 3	
<i>daptomycin</i> SOLR 500mg	Tier 5		<i>metronidazole</i> TABS 250mg, 500mg	Tier 1	GC
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 5	QL	<i>neomycin sulfate</i> TABS 500mg	Tier 2	GC
<i>ertapenem sodium</i> SOLR 1gm	Tier 4		<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)	Tier 5	QL
<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 3		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 3	
<i>gentamicin in saline inj 1 mg/ml</i>	Tier 3		<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	Tier 3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	Tier 3		<i>paromomycin sulfate</i> CAPS 250mg	Tier 4	
<i>gentamicin in saline inj 1.6 mg/ml</i>	Tier 3				

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Drug Name	Drug Tier	Requirements/ Limits
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	Tier 4	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	Tier 4	
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	Tier 4	
SIVEXTRO SOLR 200mg; TABS 200mg	Tier 5	
<i>streptomycin sulfate</i> SOLR 1gm	Tier 5	
<i>sulfadiazine</i> TABS 500mg	Tier 5	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	Tier 1	GC
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	Tier 1	GC
<i>tinidazole</i> TABS 250mg, 500mg	Tier 3	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 5	NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 3	
<i>trimethoprim</i> TABS 100mg	Tier 3	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 4	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 4	QL
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	Tier 4	
VANCOMYCIN INJ 1 GM	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN INJ 500MG	Tier 4	
VANCOMYCIN INJ 750MG	Tier 4	
ANTIFUNGALS		
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> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 200mg	Tier 3	
<i>fluconazole</i> TABS 50mg	Tier 3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 2	GC
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Tier 3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	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	
<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 5	
<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 (90 tabs / year)	Tier 1	GC QL

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	Tier 4	PA	<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 5	QL NM
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	Tier 5	PA	<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 5	QL NM
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 4	QL PA	EDURANT TABS 25mg	Tier 5	NM
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	Tier 4	QL PA	<i>efavirenz</i> CAPS 50mg, 200mg	Tier 4	NM
ANTIMALARIALS			<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	Tier 4	NM
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	Tier 4		<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Tier 3	NM
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (generic of MALARONE)	Tier 4		EMTRIVA SOLN 10mg/ml	Tier 4	NM
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 4		<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	Tier 5	NM
COARTEM TAB 20-120MG	Tier 4		<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	Tier 5	NM
<i>mefloquine hcl</i> TABS 250mg	Tier 3		FUZEON SOLR 90mg	Tier 5	NM LA
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 3		INTELENCE TABS 25mg	Tier 4	NM
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 3		ISENTRESS CHEW 25mg	Tier 4	NM
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	Tier 4	PA	ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 5	NM
ANTIRETROVIRAL AGENTS			ISENTRESS HD TABS 600mg	Tier 5	NM
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	Tier 4	NM	<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 3	NM
<i>abacavir sulfate</i> TABS 300mg	Tier 3	NM	LEXIVA SUSP 50mg/ml	Tier 4	NM
APTIVUS CAPS 250mg	Tier 5	NM	<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	Tier 5	NM
<i>atazanavir sulfate</i> CAPS 150mg	Tier 4	NM	<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	Tier 4	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	Tier 4	NM	<i>nevirapine</i> TABS 200mg	Tier 2	GC NM
			NORVIR PACK 100mg	Tier 4	NM
			PIFELTRO TABS 100mg	Tier 5	NM
			PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 5	QL NM
			PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 4	QL NM

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Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 5	QL NM
REYATAZ PACK 50mg <i>ritonavir</i> (generic of NORVIR) TABS 100mg	Tier 5 Tier 3	NM NM
RUKOBIA TB12 600mg	Tier 5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 5	NM
SELZENTRY TABS 25mg	Tier 4	NM
SUNLENCA TBPk 300mg <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 5 Tier 3	NM LA NM
TIVICAY TABS 10mg	Tier 3	NM
TIVICAY TABS 25mg, 50mg	Tier 5	NM
TIVICAY PD TBSO 5mg	Tier 5	NM
TROGARZO SOLN 200mg/1.33ml	Tier 5	NM LA
TYBOST TABS 150mg	Tier 3	NM
VIRACEPT TABS 250mg, 625mg	Tier 5	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
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	Tier 3	NM
BIKTARVY TAB 30-120-15 MG	Tier 5	NM
BIKTARVY TAB 50-200-25 MG	Tier 5	NM
CIMDUO TAB 300-300	Tier 5	NM
COMPLERA TAB	Tier 5	NM
DELSTRIGO TAB	Tier 5	NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	Tier 5	QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	Tier 5	QL NM

Drug Name	Drug Tier	Requirements/ Limits
DOVATO TAB 50-300MG	Tier 5	NM
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	Tier 5	NM
<i>efavirenz-lamivudine- tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	Tier 5	NM
<i>efavirenz-lamivudine- tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	Tier 5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 5	QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 5	QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 5	QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 4	QL NM
EVOTAZ TAB 300-150	Tier 5	NM
GENVOYA TAB	Tier 5	NM
JULUCA TAB 50-25MG	Tier 5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 4	NM
<i>lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	Tier 4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	Tier 4	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	Tier 4	NM
ODEFSEY TAB	Tier 5	NM
PREZCOBIX TAB 800-150	Tier 5	NM
STRIBILD TAB	Tier 5	NM
SYM TUZA TAB	Tier 5	NM

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Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ PD TAB	Tier 5	NM
TRIUMEQ TAB	Tier 5	NM
TRIZIVIR TAB	Tier 5	NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	Tier 5	
<i>ethambutol hcl</i> TABS 100mg	Tier 3	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	Tier 3	
<i>isoniazid</i> SYRP 50mg/5ml	Tier 4	
<i>isoniazid</i> TABS 100mg, 300mg	Tier 1	GC
PRIFTIN TABS 150mg	Tier 4	
<i>pyrazinamide</i> TABS 500mg	Tier 4	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	Tier 4	
<i>rifampin</i> CAPS 150mg, 300mg	Tier 3	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	Tier 4	
SIRTURO TABS 20mg, 100mg	Tier 5	NM LA PA
TRECTOR TABS 250mg	Tier 4	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	Tier 2	GC
<i>acyclovir</i> SUSP 200mg/5ml	Tier 4	
<i>acyclovir sodium</i> SOLN 50mg/ml	Tier 4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	Tier 4	NM
BARACLUDE SOLN .05mg/ml	Tier 5	NM
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	Tier 4	NM
EPCLUSA PAK 150-37.5	Tier 5	NM PA
EPCLUSA PAK 200-50MG	Tier 5	NM PA
EPCLUSA TAB 200-50MG	Tier 5	NM PA
EPCLUSA TAB 400-100	Tier 5	NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
<i>ganciclovir sodium</i> SOLR 500mg	Tier 4	B/D
HARVONI PAK 33.75-150MG	Tier 5	NM PA
HARVONI PAK 45-200MG	Tier 5	NM PA
HARVONI TAB 45-200MG	Tier 5	NM PA
HARVONI TAB 90-400MG	Tier 5	NM PA
<i>lamivudine (hbv)</i> TABS 100mg	Tier 4	NM
MAVYRET PAK 50-20MG	Tier 5	NM PA
MAVYRET TAB 100-40MG	Tier 5	NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 3	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 3	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 3	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 5	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 5	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 3	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg	Tier 3	NM
<i>ribavirin (hepatitis c)</i> TABS 200mg	Tier 4	NM
<i>rimantadine hydrochloride</i> TABS 100mg	Tier 4	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	Tier 3	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	Tier 5	
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	Tier 3	
VEMLIDY TABS 25mg	Tier 5	NM

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VOSEVI TAB	Tier 5	NM PA	<i>cephalexin</i> SUSR	Tier 3	
CEPHALOSPORINS			125mg/5ml, 250mg/5ml		
<i>cefaclor</i> CAPS 250mg, 500mg	Tier 3		<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 4	
<i>cefaclor</i> SUSR 250mg/5ml	Tier 4		TEFLARO SOLR 400mg, 600mg	Tier 5	
CEFACLOR ER TB12 500mg	Tier 4		ERYTHROMYCINS/MACROLIDES		
<i>cefadroxil</i> CAPS 500mg	Tier 2	GC	<i>azithromycin</i> PACK 1gm	Tier 3	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	Tier 3		<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 3	
CEFAZOLIN SOLR 2gm, 3gm	Tier 4		<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1	GC
CEFAZOLIN INJ 1GM/50ML	Tier 4		<i>azithromycin</i> TABS 600mg	Tier 1	GC
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	Tier 3		<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 4	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 4		<i>clarithromycin</i> TABS 250mg, 500mg	Tier 3	
<i>cefdinir</i> CAPS 300mg	Tier 2	GC	<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	Tier 4	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3		DIFICID SUSR 40mg/ml; TABS 200mg	Tier 5	
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 4		<i>e.e.s. 400</i> TABS 400mg	Tier 4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 4		<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 4		ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	Tier 4		<i>erythrocine stearate</i> TABS 250mg	Tier 4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	Tier 3		<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 4	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 3		<i>erythromycin ethylsuccinate</i> TABS 400mg	Tier 4	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 4		<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 4		FLUOROQUINOLONES		
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 3		CIPRO SUSR 500mg/5ml	Tier 4	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 3		<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 3	
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1	GC			

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Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 3	
<i>ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg</i>	Tier 1	GC
<i>ciprofloxacin hcl TABS 750mg</i>	Tier 1	GC
<i>levofloxacin SOLN 25mg/ml</i>	Tier 4	
<i>levofloxacin TABS 250mg, 500mg, 750mg</i>	Tier 1	GC
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Tier 3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Tier 3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Tier 3	
<i>moxifloxacin hcl TABS 400mg</i>	Tier 4	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Tier 4	
PENICILLINS		
<i>amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	Tier 1	GC
<i>amoxicillin CHEW 125mg, 250mg</i>	Tier 2	GC
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 4	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 4	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	Tier 3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	Tier 2	GC
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 2	GC
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 4	
<i>ampicillin CAPS 500mg</i>	Tier 2	GC
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	Tier 4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	Tier 4	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	Tier 4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	Tier 4	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	Tier 4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	Tier 3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	Tier 4	
<i>nafcillin sodium SOLR 10gm</i>	Tier 5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	Tier 4	
<i>PEN GK/DEXTR INJ 40000/ML</i>	Tier 4	
<i>PEN GK/DEXTR INJ 60000/ML</i>	Tier 4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	Tier 4	

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<i>penicillin g sodium</i> SOLR 5000000unit	Tier 4		<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	Tier 5	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	Tier 2	GC	ANTINEOPLASTIC AGENTS		
<i>penicillin v potassium</i> TABS 250mg, 500mg	Tier 1	GC	ALKYLATING AGENTS		
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	Tier 4		BENDEKA SOLN 100mg/4ml	Tier 5	B/D NM LA
<i>piperacillin sod-tazobactam</i> na for inj 3.375 gm (3-0.375 gm)	Tier 4		<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 3	B/D
<i>piperacillin sod-tazobactam</i> sod for inj 2.25 gm (2-0.25 gm)	Tier 4		<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 3	B/D
<i>piperacillin sod-tazobactam</i> sod for inj 4.5 gm (4-0.5 gm)	Tier 4		<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 3	B/D
<i>piperacillin sod-tazobactam</i> sod for inj 13.5 gm (12-1.5 gm)	Tier 4		CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	Tier 5	B/D
<i>piperacillin sod-tazobactam</i> sod for inj 40.5 gm (36-4.5 gm)	Tier 4		<i>cyclophosphamide</i> SOLR 1gm, 500mg	Tier 4	B/D
TETRACYCLINES			<i>cyclophosphamide</i> SOLR 2gm	Tier 5	B/D
<i>doxy 100</i> SOLR 100mg	Tier 4		CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 4	B/D
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	Tier 2	GC	CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 5	B/D
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	Tier 3		GLEOSTINE CAPS 10mg, 40mg	Tier 4	NM
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	Tier 3		GLEOSTINE CAPS 100mg	Tier 5	NM
<i>doxycycline hyclate</i> CAPS 50mg; TABS 20mg, 100mg	Tier 3		LEUKERAN TABS 2mg	Tier 5	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 3		<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	Tier 4	B/D
<i>doxycycline hyclate</i> SOLR 100mg	Tier 4		<i>oxaliplatin</i> SOLR 100mg	Tier 5	B/D
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	Tier 3		<i>paraplatin</i> SOLN 1000mg/100ml	Tier 3	B/D
NUZYRA SOLR 100mg; TABS 150mg	Tier 5	NM LA	ANTIBIOTICS		
<i>tetracycline hcl</i> CAPS 250mg, 500mg	Tier 4	PA	<i>doxorubicin hcl</i> SOLN 2mg/ml	Tier 4	B/D
			<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	Tier 5	B/D
			ELLECE SOLN 50mg/25ml, 200mg/100ml	Tier 4	B/D
			ANTIMETABOLITES		
			<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	Tier 5	B/D NM

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cytarabine</i> SOLN 20mg/ml	Tier 3	B/D	<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Tier 2	GC
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 3	B/D	<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Tier 2	GC
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	Tier 4	B/D	ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 4	NM PA
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	Tier 4	B/D	EMCYT CAPS 140mg	Tier 5	
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 5	QL NM LA PA	ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 5	QL NM LA PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 5	QL NM LA PA	ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 5	QL NM LA PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 5	QL NM LA PA	EULEXIN CAPS 125mg	Tier 5	
<i>mercaptopurine</i> TABS 50mg	Tier 3		<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Tier 4	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 3	B/D	FIRMAGON SOLR 80mg	Tier 4	NM PA
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 5	QL NM LA PA	FIRMAGON SOLR 120mg/vial	Tier 5	NM PA
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	Tier 5	B/D	<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	Tier 5	B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	Tier 5	B/D	<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 2	GC
PURIXAN SUSP 2000mg/100ml	Tier 5	NM LA	<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 4	NM PA
TABLOID TABS 40mg	Tier 4		LUPRON DEPOT (1- MONTH) KIT 3.75mg	Tier 5	NM PA
HORMONAL ANTINEOPLASTIC AGENTS			LUPRON DEPOT (3- MONTH) KIT 11.25mg	Tier 5	NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	LYSODREN TABS 500mg	Tier 5	NM LA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 3	
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 5	QL NM LA PA	<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	Tier 5	
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 5	QL NM LA PA	NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 5	QL NM LA PA
			ORGOVYX TABS 120mg	Tier 5	NM LA PA
			ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 5	QL NM LA PA
			ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 5	QL NM LA PA
			SOLTAMOX SOLN 10mg/5ml	Tier 5	

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Drug Name	Drug Requirements/ Tier	Limits
<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 2	GC
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	Tier 4	
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 5 QL NM LA PA	
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 5 QL NM LA PA	
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 5 QL NM LA PA	
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 5 QL NM LA PA	
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 5 QL NM LA PA	
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 5 QL NM LA PA	
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 5 QL NM LA PA	
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 5 QL NM LA PA	
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	Tier 5 QL NM LA PA	
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 5 QL NM LA PA	
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 5 QL NM LA PA	
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 5 QL NM PA	
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	Tier 2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	Tier 4	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	Tier 4	B/D
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 5 QL NM PA	
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 5 QL NM PA	
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 5 QL NM PA	
MATULANE CAPS 50mg <i>tretinoin</i> (chemotherapy) CAPS 10mg	Tier 5	NM LA
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 5 QL NM LA PA	
MITOTIC INHIBITORS		
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	Tier 4	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	Tier 3	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 4	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	Tier 5	B/D NM
<i>vincristine sulfate</i> SOLN 1mg/ml	Tier 2	GC B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	Tier 4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 5 QL NM LA PA	

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Blue MedicareRx Premier 2024 Comprehensive Drug List effective 03/01/2024

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 5 QL NM LA PA	CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 5 QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA	CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 5 QL NM LA PA	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 5 QL NM LA PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 5 QL NM LA PA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 5 QL NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA	COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 5 QL NM LA PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 5 QL NM LA PA	COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 5 QL NM LA PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 5 QL NM LA PA	COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 5 QL NM LA PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 5 QL NM LA PA	DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 5 QL NM LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg <i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	Tier 5 NM PA	DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 5 QL NM PA	ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 5 QL NM LA PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 5 QL NM LA PA	<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 5 QL NM LA PA	<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	Tier 5 QL NM PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 5 QL NM LA PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 5 QL NM LA PA		

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everolimus (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 5 QL NM LA PA
EXKIVITY CAPS 40mg QL (120 caps / 30 days)	Tier 5 QL NM LA PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 5 QL NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 5 QL NM LA PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 5 QL NM LA PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 5 QL NM LA PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 5 QL NM LA PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 5 QL NM LA PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM LA PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 5 QL NM LA PA
gefitinib (generic of IRESSA) TABS 250mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 5 QL NM LA PA
HERCEP HYLEC SOL 60-10000	Tier 5 NM LA PA	JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA
HERCEPTIN SOLR 150mg	Tier 5 NM LA PA	JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 5 QL NM LA PA
HERZUMA SOLR 150mg, 420mg	Tier 5 NM PA	KADCYLA SOLR 100mg, 160mg	Tier 5 B/D NM LA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 5 QL NM LA PA	KANJINTI SOLR 150mg, 420mg	Tier 5 NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 5 QL NM LA PA	KEYTRUDA SOLN 100mg/4ml	Tier 5 NM LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA	KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 5 QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA	KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 5 QL NM PA
imatinib mesylate (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 5 QL NM PA
imatinib mesylate (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 5 QL NM LA PA

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KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 5 QL NM LA PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 5 QL NM LA PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 5 QL NM LA PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 5 QL NM LA PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg 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 LA PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 5 QL NM LA PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 5 QL NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 5 QL NM LA PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 5 QL NM LA PA	MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 5 QL NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 5 QL NM LA PA	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 5 QL NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 5 QL NM LA PA	MONJUVI SOLR 200mg	Tier 5 NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 5 QL NM LA PA	NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 5 QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 5 QL NM LA PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	Tier 5 QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 5 QL NM LA PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 5 QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 5 QL NM LA PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 5 QL NM LA PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA	OGIVRI SOLR 150mg	Tier 5 NM LA PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 5 QL NM LA PA	OGIVRI INJ 420MG	Tier 5 NM LA PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 5 QL NM LA PA	OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 5 QL NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 5 QL NM LA PA	OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA
		ONTRUZANT SOLR 150mg, 420mg	Tier 5 NM LA PA

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<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg 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 LA PA
PHESGO SOL	Tier 5	NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 5	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 5	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 5	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 5	QL NM LA PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 5	QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 5	QL NM LA PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 5	QL NM LA PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	Tier 5	QL NM LA PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 5	QL NM LA PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 5	QL NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 5	QL NM LA PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 5	QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 5	QL NM LA 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
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 5	QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 5	QL NM LA PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	Tier 5	QL NM LA PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 5	QL NM LA PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 5	QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 5	QL NM LA PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	Tier 5	QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 5	QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 5	QL NM LA PA

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 5 NM LA PA	VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5 QL NM LA PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 5 QL NM LA PA	VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM LA PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 5 QL NM LA PA	VOTRIENT TABS 200mg QL (120 tabs / 30 days)	Tier 5 QL NM LA PA
TRAZIMERA SOLR 150mg, 420mg	Tier 5 NM PA	XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	Tier 5 QL NM LA PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 5 QL NM LA PA	XALKORI CPSP 20mg QL (240 caps / 30 days)	Tier 5 QL NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 5 NM PA	XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 5 QL NM LA PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 5 QL NM LA PA	XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 5 QL NM LA PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 5 QL NM LA PA	XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	Tier 5 QL NM LA PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 5 QL NM LA PA	XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 5 QL NM LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 4 QL NM LA PA	XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	Tier 5 QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 5 QL NM LA PA	XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	Tier 5 QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 5 QL NM LA PA	XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 5 QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 5 QL NM LA PA	XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	Tier 5 QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 5 QL NM LA PA	XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	Tier 5 QL NM LA PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 5 QL NM LA PA	ZEJULA CAPS 100mg QL (90 caps / 30 days)	Tier 5 QL NM LA PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 5 QL NM LA PA		
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 5 QL NM LA PA		

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ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5	QL NM LA PA	<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	GC QL
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 5	QL NM LA PA	<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	Tier 1	GC
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 5	NM LA PA	<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	Tier 1	GC
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 5	QL NM PA	<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	Tier 1	GC
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 5	QL NM LA PA	<i>benazepril & hydrochlorothiazide tab 20- 25 mg</i> (generic of LOTENSIN HCT)	Tier 1	GC
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 5	QL NM LA PA	<i>benazepril & hydrochlorothiazide tab 20- 25 mg</i> (generic of LOTENSIN HCT)	Tier 1	GC
PROTECTIVE AGENTS					
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 4	B/D	<i>captopril & hydrochlorothiazide tab 25- 15 mg</i>	Tier 1	GC
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 3		<i>captopril & hydrochlorothiazide tab 25- 25 mg</i>	Tier 1	GC
MESNEX TABS 400mg	Tier 5		<i>captopril & hydrochlorothiazide tab 50- 15 mg</i>	Tier 1	GC
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS					
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	Tier 1	GC QL	<i>captopril & hydrochlorothiazide tab 50- 25 mg</i>	Tier 1	GC
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	GC QL	<i>enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg</i>	Tier 1	GC
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	GC QL	<i>enalapril maleate & hydrochlorothiazide tab 10- 25 mg</i> (generic of VASERETIC)	Tier 1	GC
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	Tier 1	GC QL	<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	Tier 1	GC
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	GC QL	<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	Tier 1	GC

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<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	Tier 1	GC	KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	Tier 1	GC	<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	Tier 1	GC
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	Tier 1	GC	ALPHA BLOCKERS		
ACE INHIBITORS			<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 2	GC
<i>benazepril hcl</i> TABS 5mg	Tier 1	GC	<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	Tier 3	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	GC	<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	GC
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	Tier 1	GC	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	GC	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	Tier 1	GC	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	GC	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>moexipril hcl</i> TABS 7.5mg, 15mg	Tier 1	GC	<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	Tier 1	GC	<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	GC	<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1	GC	<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	Tier 1	GC			
ALDOSTERONE RECEPTOR ANTAGONISTS					
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	Tier 3				

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<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	GC QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	GC QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	Tier 3	QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	GC QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	Tier 3	QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	GC QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	Tier 3	QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	GC QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	GC QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 1	GC	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 1	GC	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	Tier 1	GC	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	GC QL	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	GC QL			
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	GC QL			

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<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	GC QL	<i>amiodarone hcl</i> TABS 200mg	Tier 1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS			<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	Tier 4	
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 1	GC QL	<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 4	NM
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 1	GC QL	<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 3	
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	GC QL	MULTAQ TABS 400mg	Tier 4	
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1	GC	NORPACE CR CP12 100mg, 150mg	Tier 4	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 1	GC QL	<i>pacerone</i> TABS 100mg, 400mg	Tier 4	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	GC QL	<i>pacerone</i> TABS 200mg	Tier 1	GC
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	GC QL	<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	Tier 4	
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	GC QL	<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	Tier 3	
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 1	GC QL	<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 3	
ANTIARRHYTHMICS			<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 2	GC
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 4		<i>sorine</i> TABS 240mg	Tier 2	GC
			<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 2	GC
			<i>sotalol hcl</i> TABS 240mg	Tier 2	GC
			<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 3	
			ANTILIPEMICS, FIBRATES		
			<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2	GC
			<i>fenofibrate</i> TABS 54mg, 160mg	Tier 2	GC
			<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 3	
			<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	Tier 1	GC

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ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS					
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	GC QL	<i>ezetimibe-simvastatin tab</i> 10-10 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	GC QL	<i>ezetimibe-simvastatin tab</i> 10-20 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	GC QL	<i>ezetimibe-simvastatin tab</i> 10-40 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	GC QL	<i>ezetimibe-simvastatin tab</i> 10-80 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	GC QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	Tier 1	GC QL	<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 3	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	GC QL	<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	Tier 3	PA
ANTILIPEMICS, MISCELLANEOUS					
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 3		<i>prevalite</i> PACK 4gm	Tier 3	
<i>cholestyramine light</i> PACK 4gm	Tier 3		<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 3	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 3		REPATHA SOSY 140mg/ml	Tier 3	NM PA
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABs 625mg	Tier 4		REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Tier 3	NM PA
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm	Tier 4		REPATHA SURECLICK SOAJ 140mg/ml	Tier 3	NM PA
<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	Tier 3		VASCEPA CAPS .5gm, 1gm	Tier 3	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	Tier 3		BETA-BLOCKER/DIURETIC COMBINATIONS		
			<i>atenolol & chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	Tier 2	GC
			<i>atenolol & chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	Tier 2	GC

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<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 2	GC	<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 2	GC	<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 2	GC	<i>pindolol</i> TABS 5mg, 10mg	Tier 3	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 3		<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 3		<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	Tier 3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 3		<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 2	GC
BETA-BLOCKERS			<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	Tier 3	
<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 3		CALCIUM CHANNEL BLOCKERS		
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1	GC	<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Tier 1	GC
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 2	GC	<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 2	GC
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	GC	<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 3	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 3		<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	Tier 4	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 2	GC	<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 3	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	Tier 4		<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 2	GC
<i>metoprolol tartrate</i> TABS 25mg	Tier 1	GC	<i>diltiazem hcl</i> TABS 90mg	Tier 2	GC
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	GC	<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 2	GC
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	Tier 3		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	Tier 4	
<i>nadolol</i> TABS 80mg	Tier 3				

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<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	GC	<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 2	GC
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 2	GC	<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	Tier 2	GC
<i>nicardipine hcl</i> CAPS 20mg, 30mg	Tier 4		<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1	GC
<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	GC
<i>nimodipine</i> CAPS 30mg	Tier 4		<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1	GC
NYMALIZE SOLN 6mg/ml	Tier 5		<i>methazolamide</i> TABS 25mg, 50mg	Tier 4	
<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 2	GC	<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 3	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	GC	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 3	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	Tier 4		<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 2	GC
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	Tier 3		<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	GC
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	Tier 1	GC	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	Tier 1	GC
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	Tier 2	GC	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	Tier 1	GC
DIURETICS			MISCELLANEOUS		
<i>acetazolamide</i> CP12 500mg	Tier 4		<i>aliskiren fumarate</i> (generic of TEKTURN) TABS 150mg, 300mg	Tier 1	GC
<i>acetazolamide</i> TABS 125mg, 250mg	Tier 3		<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 2	GC	<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 3	
<i>amiloride hcl</i> TABS 5mg	Tier 2	GC			
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	Tier 3				
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 3				

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<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 3		VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	GC	NITRATES		
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 4	QL	<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 3	
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 4	QL	<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	Tier 3	
<i>digoxin</i> SOLN .05mg/ml	Tier 4		<i>isosorbide mononitrate</i> TABS 10mg, 20mg	Tier 2	GC
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 4		<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	Tier 1	GC
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 2	GC QL	NITRO-BID OINT 2%	Tier 3	
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 5	QL NM PA	<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 3	
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 5	QL NM PA	<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 3	
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	Tier 4		PULMONARY ARTERIAL HYPERTENSION		
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	Tier 3	PA	ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 5	QL NM LA PA
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 4		<i>ambriasantan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 5	QL NM LA PA
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 2	GC	<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 5	QL NM LA PA
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	Tier 5	PA	OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 5	QL NM LA PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	Tier 3		<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 3	QL NM PA
<i>midodrine hcl</i> TABS 10mg	Tier 4		<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 5	NM LA PA
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 2	GC	VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Tier 5	NM LA PA
<i>ranolazine</i> TB12 500mg, 1000mg	Tier 4				

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CENTRAL NERVOUS SYSTEM ANTI-ANXIETY					
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2	GC QL	<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1	GC	<i>memantine hcl</i> CP24 7mg; SOLN 2mg/ml PA applies if 29 years and younger	Tier 4	PA
<i>bupirone hcl</i> TABS 7.5mg, 30mg	Tier 3		<i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	Tier 4	PA
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 3		<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg PA applies if 29 years and younger	Tier 3	PA
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 3	QL	<i>memantine hcl</i> TABS 10mg PA applies if 29 years and younger	Tier 3	PA
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	Tier 2	GC	NAMZARIC CAP 7-10MG	Tier 4	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2	GC QL	NAMZARIC CAP 14-10MG	Tier 4	
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 3	QL	NAMZARIC CAP 21-10MG	Tier 4	
ANTIDEMENTIA			NAMZARIC CAP 28-10MG	Tier 4	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 2	GC QL	NAMZARIC CAP PACK	Tier 4	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 2	GC	<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> TBDP 5mg QL (30 tabs / 30 days)	Tier 2	GC QL	<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 3	QL
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 2	GC	ANTIDEPRESSANTS		
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 3	QL	<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 3	
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 4	QL	<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 3	

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<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL	FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 4	QL PA
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 3	QL	FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 4	QL PA
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 3	QL	FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 4	QL PA
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 3		<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg	Tier 1	GC
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1	GC	<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 40mg	Tier 2	GC
<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	GC
<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 4	QL PA	<i>mirtazapine</i> TABS 7.5mg	Tier 3	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 3		<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 2	GC
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 3	QL	<i>mirtazapine</i> TABS 45mg	Tier 2	GC
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 5	QL PA	<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 3	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 4		<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 4	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1	GC	<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 2	GC
			<i>nortriptyline hcl</i> SOLN 10mg/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	GC
			<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Tier 3	
			<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 4	

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

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<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	Tier 4		<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 4	QL
<i>entacapone</i> (generic of COMTAN) TABS 200mg	Tier 4		ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 5	QL
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 5	QL NM LA PA	ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 5	QL
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Tier 4		ARISTADA INITIO PRSY 675mg/2.4ml	Tier 5	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 2	GC	<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 4	QL
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 4	QL	CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 4	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 2	GC	<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 4	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 3		<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	Tier 3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA if 70 years and older	Tier 3	PA	<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 4	QL
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA if 70 years and older	Tier 2	GC PA	<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	Tier 4	QL
ANTIPSYCHOTICS			<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 4	PA
ABILIFY MAINTENA 300mg, 400mg QL (1 syringe / 28 days)	PRSY Tier 5	QL	<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 4	QL PA
ABILIFY MAINTENA 300mg, 400mg QL (1 injection / 28 days)	SRER Tier 5	QL	<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>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 4	QL			

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<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 5	QL PA	INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 5	QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 4	QL PA	<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 3	
FANAPT PAK QL (2 packs / year)	Tier 4	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 4	QL
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 4		<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 4	QL
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 4		<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 3		NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 4	QL NM LA PA
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 3		NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 4	QL NM LA PA
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 3		<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 4	QL
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 3		<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	GC QL
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 5	QL	<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	GC QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 4	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg 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>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 4	QL
			<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	Tier 4	QL
			<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	Tier 4	QL

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

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<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 4	QL	<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 2	GC QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 5	QL NM PA	<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	GC QL
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 5	QL NM PA	<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 3	QL
ANTIEPILEPTIC AGENTS			<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 3	QL
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 5	QL	<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 3	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 5	QL	<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 4	QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 5	QL PA	DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 5	QL NM LA PA
BRIVIACT SOLN 50mg/5ml	Tier 4	PA	DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 5	QL NM LA PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 5	QL PA	DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 5	QL NM LA PA
<i>carbamazepine</i> CHEW 100mg	Tier 3		DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM LA PA
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 4		<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	Tier 3	QL PA
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	Tier 4		<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	Tier 2	GC QL PA
<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	Tier 3		<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 4	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 4				
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 4	QL PA			
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 4	QL PA			

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<i>diazepam inj</i> SOLN 5mg/ml	Tier 4	
<i>diazepam intensol</i> CONC 5mg/ml	Tier 3	QL PA QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	Tier 4	
DILANTIN INFATABS CHEW 50mg	Tier 4	
DILANTIN-125 SUSP 125mg/5ml	Tier 4	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 4	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 3	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 2	GC
EPIDIOLEX SOLN 100mg/ml	Tier 5	QL NM LA PA QL (600 mL / 30 days)
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	Tier 3	
EPRONTIA SOLN 25mg/ml	Tier 4	QL PA QL (480 mL / 30 days)
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg	Tier 4	
<i>ethosuximide</i> (generic of ZARONTIN) SOLN 250mg/5ml	Tier 3	
<i>felbamate</i> SUSP 600mg/5ml	Tier 5	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 4	
FINTEPLA SOLN 2.2mg/ml	Tier 5	QL NM LA PA QL (360 mL / 30 days)
FYCOMPA SUSP .5mg/ml	Tier 5	QL PA QL (720 mL / 30 days)
FYCOMPA TABS 2mg	Tier 4	QL PA QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	Tier 5	QL PA QL (30 tabs / 30 days)
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg	Tier 2	GC QL QL (180 caps / 30 days)
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml	Tier 3	QL QL (2160 mL / 30 days)
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg	Tier 3	QL QL (180 tabs / 30 days)
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg	Tier 3	QL QL (120 tabs / 30 days)
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	Tier 4	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg	Tier 4	QL QL (120 tabs / 30 days)
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg	Tier 4	QL QL (60 tabs / 30 days)
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml	Tier 4	QL QL (1200 mL / 30 days)
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 3	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	GC

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<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 4		<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	Tier 3	QL PA
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	Tier 3		QL (120 tabs / 30 days) PA if 70 years and older		
<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 4		<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	Tier 4	PA
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	Tier 3		<i>phenytek</i> CAPS 200mg, 300mg	Tier 4	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 4		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 3	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 4		<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 3	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 4		<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 3	
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	Tier 4		<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 3	
NAYZILAM SOLN 5mg/0.1ml	Tier 4		<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	Tier 3	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 4		<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg	Tier 3	QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 3		QL (120 caps / 30 days)		
<i>phenobarbital</i> ELIX 20mg/5ml	Tier 4	QL PA	<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 3	QL PA
QL (1500 mL / 30 days) PA if 70 years and older			<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 3	QL PA
			<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	Tier 4	QL PA
			<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 2	GC
			<i>primidone</i> TABS 125mg	Tier 2	GC
			<i>roweepra</i> (generic of KEPPRA) TABS 500mg	Tier 3	

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<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 5	QL PA	VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 4	
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 4	QL PA	VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 4	
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 5	QL PA	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM LA PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 4	QL	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM LA PA
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 4	QL	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM LA PA
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 4	QL	<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM LA PA
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 4	QL	XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 5	QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	GC	XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 5	QL
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 5	QL PA	XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 4	QL
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 4		XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 5	QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 3		XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 5	QL
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 2	GC	XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 5	QL
<i>valproate sodium</i> SOLN 100mg/ml	Tier 4		XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 5	QL
<i>valproate sodium</i> SOLN 250mg/5ml	Tier 3		ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 5	QL PA
<i>valproic acid</i> CAPS 250mg	Tier 3		<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2	GC
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 4		<i>zonisamide</i> CAPS 50mg	Tier 2	GC
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 4				

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ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 5	QL NM LA PA	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER			<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 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>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 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	<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 4	QL
<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 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			

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<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	Tier 3	QL PA	<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 2	GC QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 4	QL PA	MIGRAINE AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 3	QL NM PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 4	QL PA	<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	Tier 5	
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 3	QL PA	<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	Tier 5	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 3	QL PA	<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 4	QL PA	<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	Tier 3	QL
HYPNOTICS DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 3	QL PA
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 3	QL	QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 5	QL NM PA	<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 3	QL
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	Tier 4	QL PA	<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 3	QL
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	Tier 4	QL PA	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 3	QL
			<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 4	QL
			<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 4	QL

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<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 4	QL	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	Tier 1	GC
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL	<i>lithium carbonate</i> TABS 300mg; TBCR 450mg	Tier 2	GC
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL	<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	Tier 2	GC
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL	NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 4	QL PA
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 2	GC QL	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	Tier 3	
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 3	QL PA	<i>riluzole</i> (generic of RILUTEK) TABS 50mg	Tier 4	
MISCELLANEOUS			<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 5	QL NM LA PA	<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 5	QL NM LA PA	MULTIPLE SCLEROSIS AGENTS		
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 5	QL NM LA PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 5	QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 3	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 5	QL NM PA	<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 5	QL NM PA
LITHIUM SOLN 8meq/5ml	Tier 4		<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

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<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	QL NM PA	SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 5	QL NM LA PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	QL NM PA	PSYCHOTHERAPEUTIC-MISC		
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	Tier 5	QL NM LA PA	<i>acamprosate calcium</i> TBEC 333mg	Tier 4	
MUSCULOSKELETAL THERAPY AGENTS			<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 3	QL	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 4	QL
<i>baclofen</i> TABS 10mg, 20mg	Tier 3		<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 4	QL
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 3	QL PA	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	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) QL (60 films / 30 days)	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> QL (90 tabs / 30 days)	Tier 2	GC QL
<i>tizanidine hcl</i> TABS 2mg	Tier 2	GC	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 2	GC QL
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 2	GC	<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	Tier 3	QL
NARCOLEPSY/CATAPLEXY			<i>disulfiram</i> TABS 250mg, 500mg	Tier 3	
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 4	QL PA	<i>naloxone hcl</i> LIQD 4mg/0.1ml	Tier 3	
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 4	QL PA			
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	Tier 3	QL PA			
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	Tier 3	QL PA			

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<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	Tier 2	GC	FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
<i>naltrexone hcl</i> TABS 50mg	Tier 3		<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	GC QL
NICOTROL INHALER INHA 10mg	Tier 4		<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	Tier 1	GC QL
NICOTROL NS SOLN 10mg/ml	Tier 4		<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	GC QL
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 4	QL PA	<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	GC QL
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	Tier 4	QL PA	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	GC QL
VIVITROL SUSR 380mg	Tier 5	NM	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	GC QL
ENDOCRINE AND METABOLIC ANDROGENS					
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 3	PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	GC 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	GC 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 2.5-250 mg</i> QL (240 tabs / 30 days)	Tier 1	GC 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 2.5-500 mg</i> QL (120 tabs / 30 days)	Tier 1	GC QL
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 3	PA	<i>glipizide-metformin hcl tab 5-500 mg</i> QL (120 tabs / 30 days)	Tier 1	GC QL
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 3	PA	GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 3	QL
ANTIDIABETICS					
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 3		GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 3	QL
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	Tier 3	QL PA			
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	Tier 4	QL PA			

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JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL
JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 3	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 3	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 3	QL
JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 3	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 3	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	Tier 1	GC QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	Tier 1	GC QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	Tier 1	GC QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	GC QL

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

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SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 3	QL	XIGDUO XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL	XIGDUO XR TAB 10- 500MG QL (30 tabs / 30 days)	Tier 3	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	Tier 3	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 3	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL	ANTIDIABETICS, INSULINS		
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL	ADMELOG SOLN 100unit/ml	Tier 3	
SYNJARDY XR TAB 10- 1000 QL (60 tabs / 30 days)	Tier 3	QL	ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 3	
SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	Tier 3	QL	BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 3	
SYNJARDY XR TAB 25- 1000 QL (30 tabs / 30 days)	Tier 3	QL	BD ALCOHOL SWABS	Tier 3	
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 3	QL	FIASP SOLN 100unit/ml	Tier 3	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL	FIASP FLEXTOUCH SOPN 100unit/ml	Tier 3	
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 3	QL	FIASP PENFILL SOCT 100unit/ml	Tier 3	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL	FIASP PUMPCART SOCT 100unit/ml	Tier 3	B/D
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 3	QL	GAUZE PADS 2" X 2"	Tier 3	
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	HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	Tier 5	B/D
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 3	QL	HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 5	
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 3	QL	INSULIN PEN NEEDLES: BD/NOVO	Tier 3	
			INSULIN SAFETY NEEDLES	Tier 3	
			INSULIN SYRINGES: BD	Tier 3	
			LANTUS SOLN 100unit/ml	Tier 3	
			LANTUS SOLOSTAR SOPN 100unit/ml	Tier 3	
			NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 3	
			NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 3	

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NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 3		SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 3	QL
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 3		TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 3	
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 4	QL PA	TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 3	
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 4	QL PA	TRESIBA SOLN 100unit/ml	Tier 3	
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 4	QL PA	TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 3	
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 4	QL PA	V-GO 20 KIT QL (30 devices / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA	V-GO 30 KIT QL (30 devices / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA	V-GO 40 KIT QL (30 devices / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA	XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 3	QL
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA	CALCIUM REGULATORS		
			<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1	GC
			<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	GC
			<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 3	B/D
			<i>ibandronate sodium</i> TABS 150mg	Tier 3	B/D
			NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 5	LA PA
			PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 3	B/D

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<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 3	B/D	<i>aubra eq</i>	Tier 2	GC
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 4	QL NM	<i>aurovela 1/20</i>	Tier 3	
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 5	NM PA	<i>aurovela fe 1.5/30</i>	Tier 2	GC
XGEVA SOLN 120mg/1.7ml	Tier 5	NM PA	<i>aurovela fe 1/20</i>	Tier 2	GC
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	Tier 4	B/D NM	<i>aviane</i>	Tier 2	GC
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 4	B/D NM	<i>ayuna</i>	Tier 3	
CHELATING AGENTS			<i>azurette</i>	Tier 3	
CHEMET CAPS 100mg	Tier 5		<i>balziva</i>	Tier 3	
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	Tier 5	NM PA	<i>blisovi fe 1.5/30</i>	Tier 2	GC
<i>deferasirox</i> (generic of JADENU) TABS 90mg	Tier 3	NM PA	<i>briellyn</i>	Tier 3	
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	Tier 5	NM PA	<i>camila</i> TABS .35mg	Tier 2	GC
LOKELMA PACK 5gm, 10gm	Tier 3		<i>chateal</i>	Tier 3	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	Tier 5	NM	<i>cryselle-28</i>	Tier 3	
<i>sodium polystyrene sulfonate powder</i>	Tier 3		<i>cyred eq</i>	Tier 2	GC
<i>sps</i> SUSP 15gm/60ml	Tier 3		<i>dasetta 1/35</i>	Tier 3	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	Tier 5	NM PA	<i>dasetta 7/7/7</i>	Tier 3	
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 3		<i>deblitane</i> TABS .35mg	Tier 2	GC
CONTRACEPTIVES			DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 4	
<i>afirmelle</i>	Tier 2	GC	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 3	
<i>altavera</i>	Tier 3		<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2	GC
<i>alyacen 1/35</i>	Tier 3		<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	Tier 3	
<i>alyacen 7/7/7</i>	Tier 3		<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	Tier 3	
<i>apri</i>	Tier 2	GC	<i>elinest</i>	Tier 3	
<i>aranelle</i>	Tier 3		<i>eluryng</i> (generic of NUVARING)	Tier 4	
			<i>enilloring</i> (generic of NUVARING)	Tier 4	
			<i>enpresse-28</i>	Tier 2	GC
			<i>enskyce</i>	Tier 2	GC
			<i>errin</i> TABS .35mg	Tier 2	GC
			<i>estarylla</i>	Tier 2	GC
			<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 2	GC

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<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 3		<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 2	GC
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)</i>	Tier 4		<i>levora 0.15/30-28</i>	Tier 3	
<i>falmina</i>	Tier 2	GC	<i>loestrin 1.5/30-21</i>	Tier 3	
<i>hailey 1.5/30</i>	Tier 3		<i>loestrin 1/20-21</i>	Tier 3	
<i>haloette (generic of NUVARING)</i>	Tier 4		<i>loestrin fe 1.5/30</i>	Tier 2	GC
<i>heather TABS .35mg</i>	Tier 2	GC	<i>loestrin fe 1/20</i>	Tier 2	GC
<i>iclevia</i>	Tier 3		<i>loryna (generic of YAZ)</i>	Tier 3	
<i>incassia TABS .35mg</i>	Tier 2	GC	<i>low-ogestrel</i>	Tier 3	
<i>introvale</i>	Tier 3		<i>lutera</i>	Tier 2	GC
<i>isibloom</i>	Tier 2	GC	<i>lyleq TABS .35mg</i>	Tier 2	GC
<i>jasmiel (generic of YAZ)</i>	Tier 3		<i>lyza TABS .35mg</i>	Tier 2	GC
<i>jolessa</i>	Tier 3		<i>marlissa</i>	Tier 3	
<i>juleber</i>	Tier 2	GC	<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	Tier 3	
<i>junel 1.5/30</i>	Tier 3		<i>microgestin 1.5/30</i>	Tier 3	
<i>junel 1/20</i>	Tier 3		<i>microgestin 1/20</i>	Tier 3	
<i>junel fe 1.5/30</i>	Tier 2	GC	<i>microgestin fe 1.5/30</i>	Tier 2	GC
<i>junel fe 1/20</i>	Tier 2	GC	<i>microgestin fe 1/20</i>	Tier 2	GC
<i>kariva</i>	Tier 3		<i>mili</i>	Tier 2	GC
<i>kelnor 1/35</i>	Tier 2	GC	<i>mono-lynyah</i>	Tier 2	GC
<i>kelnor 1/50</i>	Tier 3		<i>necon 0.5/35-28</i>	Tier 3	
<i>kurvelo</i>	Tier 3		<i>nikki (generic of YAZ)</i>	Tier 3	
<i>larin 1.5/30</i>	Tier 3		<i>nora-be TABS .35mg</i>	Tier 2	GC
<i>larin 1/20</i>	Tier 3		<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 4	
<i>larin fe 1.5/30</i>	Tier 2	GC	<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 2	GC
<i>larin fe 1/20</i>	Tier 2	GC	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 3	
<i>leena</i>	Tier 3		<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 3	
<i>lessina</i>	Tier 2	GC	<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 3	
<i>levonest</i>	Tier 2	GC	<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 2	GC
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 3				
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 2	GC			
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 3				

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<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 2	GC	<i>tri-mili</i>	Tier 3	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 3		<i>tri-nymyo</i>	Tier 3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 3		<i>tri-sprintec</i>	Tier 3	
<i>norlyroc TABS .35mg</i>	Tier 2	GC	<i>tri-vylibra</i>	Tier 3	
<i>nortrel 0.5/35 (28)</i>	Tier 3		<i>tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 3	
<i>nortrel 1/35 (21)</i>	Tier 3		<i>trivora-28</i>	Tier 2	GC
<i>nortrel 1/35 (28)</i>	Tier 3		<i>turqoz</i>	Tier 3	
<i>nortrel 7/7/7</i>	Tier 3		<i>velivet</i>	Tier 3	
<i>nylia 1/35</i>	Tier 3		<i>vestura (generic of YAZ)</i>	Tier 3	
<i>nylia 7/7/7</i>	Tier 3		<i>vienna</i>	Tier 2	GC
<i>nymyo</i>	Tier 2	GC	<i>viorele</i>	Tier 3	
<i>ocella (generic of YASMIN 28)</i>	Tier 3		<i>vyfemla</i>	Tier 3	
<i>philith</i>	Tier 3		<i>vylibra</i>	Tier 2	GC
<i>pimtrea</i>	Tier 3		<i>wera</i>	Tier 3	
<i>portia-28</i>	Tier 3		<i>xulane</i>	Tier 4	
<i>reclipsen</i>	Tier 2	GC	<i>zafemy</i>	Tier 4	
<i>setlakin</i>	Tier 3		<i>zovia 1/35</i>	Tier 2	GC
<i>sharobel TABS .35mg</i>	Tier 2	GC	<i>zumandimine (generic of YASMIN 28)</i>	Tier 3	
<i>simliya</i>	Tier 3		ENDOMETRIOSIS		
<i>sprintec 28</i>	Tier 2	GC	<i>danazol CAPS 50mg, 100mg, 200mg</i>	Tier 4	
<i>sronyx</i>	Tier 2	GC	<i>SYNAREL SOLN 2mg/ml</i>	Tier 5	PA
<i>syeda (generic of YASMIN 28)</i>	Tier 3		ESTROGENS		
<i>tarina fe 1/20 eq</i>	Tier 2	GC	<i>amabelz tab 0.5-0.1mg</i>	Tier 3	
<i>tilia fe</i>	Tier 3		<i>dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Tier 3	
<i>tri-estarylla</i>	Tier 3		<i>estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Tier 3	
<i>tri-legest fe</i>	Tier 3		<i>estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	Tier 3	
<i>tri-linyah</i>	Tier 3		<i>estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg</i>	Tier 2	GC
<i>tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 3				
<i>tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 3				
<i>tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 3				
<i>tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 3				

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<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVEVELLA)</i>	Tier 3	
<i>estradiol vaginal (generic of ESTRACE) CREA .1mg/gm</i>	Tier 3	
<i>estradiol vaginal (generic of VAGIFEM) TABS 10mcg</i>	Tier 4	
<i>estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	Tier 4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 3	
<i>fyavolv tab 1mg-5mcg</i>	Tier 3	
<i>jinteli</i>	Tier 3	
<i>lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Tier 3	
<i>mimvey (generic of ACTIVEVELLA)</i>	Tier 3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 3	
<i>yuvafem (generic of VAGIFEM) TABS 10mcg</i>	Tier 4	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	Tier 3	B/D
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	Tier 4	B/D
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	Tier 3	
<i>fludrocortisone acetate TABS .1mg</i>	Tier 2	GC
<i>hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg</i>	Tier 3	B/D
<i>methylprednisolone TABS 32mg</i>	Tier 3	B/D
<i>methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg</i>	Tier 2	GC
<i>methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml</i>	Tier 3	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg</i>	Tier 3	B/D
<i>methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 1000mg</i>	Tier 3	B/D
<i>prednisolone SOLN 15mg/5ml</i>	Tier 2	GC B/D
<i>prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml</i>	Tier 4	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	Tier 2	GC B/D
<i>prednisolone sodium phosphate SOLN 25mg/5ml</i>	Tier 4	B/D
<i>prednisone SOLN 5mg/5ml</i>	Tier 4	B/D
<i>prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	Tier 2	GC B/D
<i>prednisone TBPK 5mg, 10mg</i>	Tier 3	
<i>PREDNISONE INTENSOL CONC 5mg/ml</i>	Tier 4	B/D
<i>SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg</i>	Tier 4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide (generic of PROGLYCEM) SUSP 50mg/ml</i>	Tier 5	
<i>GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml</i>	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
GVOKE KIT SOLN 1mg/0.2ml	Tier 3	
GVOKE PFS SOSY 1mg/0.2ml	Tier 3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 5	NM LA PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	Tier 5	NM LA
<i>cabergoline</i> TABS .5mg	Tier 3	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	Tier 5	NM LA PA
CERDELGA CAPS 84mg	Tier 5	NM LA PA
CEREZYME SOLR 400unit	Tier 5	NM LA PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 4	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 5	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	Tier 4	NM LA PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	Tier 5	
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Tier 3	
<i>desmopressin acetate spray</i> SOLN .01%	Tier 4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 4	
FABRAZYME SOLR 5mg, 35mg	Tier 5	NM LA PA
GENOTROPIN CART 5mg, 12mg	Tier 5	NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 5	NM PA
INCRELEX SOLN 40mg/4ml	Tier 5	NM LA PA

Drug Name	Drug Tier	Requirements/ Limits
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 5	NM LA PA
KORLYM TABS 300mg	Tier 5	NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 4	B/D
LUMIZYME SOLR 50mg	Tier 5	NM LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	Tier 5	NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	Tier 5	NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	Tier 5	NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	Tier 5	QL NM PA
NAGLAZYME SOLN 1mg/ml	Tier 5	NM LA 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 LA PA

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<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 LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 5	NM LA PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	Tier 5	QL NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	Tier 3	QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	Tier 3	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	Tier 4	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	Tier 4	QL
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	Tier 4	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	Tier 5	QL
PROGESTINS		
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1	GC
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	Tier 4	PA
<i>norethindrone acetate</i> TABS 5mg	Tier 3	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 3	
THYROID AGENTS		
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2	GC
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	GC
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	GC
<i>levoxyf</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2	GC
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 3	
<i>methimazole</i> TABS 5mg, 10mg	Tier 1	GC
<i>propylthiouracil</i> TABS 50mg	Tier 3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 4	

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<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	GC	<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 3	
VITAMIN D ANALOGS			<i>ondansetron hcl</i> SOLN 4mg/5ml	Tier 4	B/D
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 2	GC B/D	<i>ondansetron hcl</i> TABS 4mg, 8mg	Tier 3	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	Tier 4	B/D	<i>prochlorperazine</i> SUPP 25mg	Tier 4	
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 4	B/D	<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 4	
<i>paricalcitol</i> CAPS 4mcg	Tier 4	B/D	<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 2	GC
RAYALDEE CPCR 30mcg	Tier 5		<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 3	PA
GASTROINTESTINAL ANTIEMETICS			<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	Tier 3	PA
<i>aprepitant</i> CAPS 40mg, 125mg	Tier 4	B/D	<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	Tier 4	QL PA
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	Tier 4	B/D	ANTISPASMODICS		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 4	B/D	<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 3	
<i>compro</i> SUPP 25mg	Tier 4		<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 4	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	Tier 4	B/D QL	<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	Tier 3	QL
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	Tier 4	B/D QL	<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	Tier 3	QL
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	Tier 4		H2-RECEPTOR ANTAGONISTS		
<i>granisetron hcl</i> TABS 1mg	Tier 4	B/D	<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 3	
<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 2	GC	<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	Tier 4	QL
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 3				
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	Tier 1	GC			
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 3	B/D			

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<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	Tier 1	GC QL	LAXATIVES		
<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	Tier 1	GC QL	<i>constulose</i> SOLN 10gm/15ml	Tier 3	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 3		<i>enulose</i> SOLN 10gm/15ml	Tier 3	
<i>nizatidine</i> CAPS 150mg, 300mg	Tier 4		<i>gavilyte-c</i>	Tier 2	GC
INFLAMMATORY BOWEL DISEASE			<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 2	GC
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	Tier 3		<i>generlac</i> SOLN 10gm/15ml	Tier 3	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 4	QL PA	<i>lactulose</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 (encephalopathy)</i> SOLN 10gm/15ml	Tier 3	
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	Tier 4		<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 2	GC
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 4	QL	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 2	GC
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	Tier 4	QL	PLENVU SOL	Tier 4	
<i>mesalamine</i> ENEM 4gm	Tier 4		<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	Tier 3	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	Tier 4		MISCELLANEOUS		
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 4	QL	<i>alose tron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	Tier 5	QL PA
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	Tier 4		<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Tier 4	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 2	GC	<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	Tier 4	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 3		<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	Tier 3	
			GATTEX KIT 5mg	Tier 5	NM LA PA
			LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 4	QL
			<i>loperamide hcl</i> CAPS 2mg	Tier 3	
			<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL	<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg	Tier 4	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 5	QL PA	<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1	GC
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	Tier 3		GENITOURINARY		
<i>ursodiol</i> CAPS 300mg	Tier 3		BENIGN PROSTATIC HYPERPLASIA		
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 4		<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	Tier 2	GC QL
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 4		<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	Tier 3	QL
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 5	QL NM LA PA	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> (generic of JALYN) QL (30 caps / 30 days)	Tier 4	QL
XIFAXAN TABS 550mg	Tier 5	PA	<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	Tier 1	GC QL
PANCREATIC ENZYMES			<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg QL (60 caps / 30 days)	Tier 2	GC QL
CREON CAP 3000UNIT	Tier 3		MISCELLANEOUS		
CREON CAP 6000UNIT	Tier 3		<i>acetic acid</i> SOLN .25%	Tier 2	GC
CREON CAP 12000UNT	Tier 3		<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 3	
CREON CAP 24000UNT	Tier 3		<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 4	
CREON CAP 36000UNT	Tier 3		<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 5) TBCR 540mg	Tier 4	
ZENPEP CAP 3000UNIT	Tier 4		<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 4	
ZENPEP CAP 5000UNIT	Tier 4		URINARY ANTISPASMODICS		
ZENPEP CAP 10000UNT	Tier 4		GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 4	QL
ZENPEP CAP 15000UNT	Tier 4		MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	Tier 4	QL
ZENPEP CAP 20000UNT	Tier 4				
ZENPEP CAP 25000UNT	Tier 4				
ZENPEP CAP 40000UNT	Tier 4				
PROTON PUMP INHIBITORS					
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	Tier 4	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	GC			

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MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 4	QL	<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg QL (60 caps / 30 days)	Tier 4	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 3	QL	ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	Tier 3	QL	ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 3	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	Tier 3	QL	ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 3	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 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>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 2.5mg/0.5ml	Tier 4	
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 4	QL ST	<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) TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 4	QL	HEP SOD/D5W INJ 20000UNT	Tier 4	
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL	HEP SOD/D5W INJ 25000UNT	Tier 4	
VAGINAL ANTI-INFECTIVES			HEP SOD/NACL INJ 12500UNT	Tier 3	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	Tier 3		HEP SOD/NACL INJ 25000UNT	Tier 3	
<i>metronidazole vaginal</i> GEL .75%	Tier 3		<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 3	B/D
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	Tier 3		HEPARIN/NACL INJ 25000UNT	Tier 3	
HEMATOLOGIC ANTICOAGULANTS			<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	GC
<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days)	Tier 4	QL	PRADAXA CAPS 110mg QL (120 caps / 30 days)	Tier 4	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	GC
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 3	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 5	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 5	NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 5	QL NM PA
MISCELLANEOUS		
<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 LA PA
<i>cilostazol</i> TABS 50mg, 100mg	Tier 2	GC
DOPTELET TABS 20mg	Tier 5	NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 3	
ENDARI PACK 5gm	Tier 5	NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 5	QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 5	QL NM LA PA

Drug Name	Drug Tier	Requirements/ Limits
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5	QL NM PA
<i>pentoxifylline</i> TBCR 400mg	Tier 2	GC
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	Tier 5	QL NM LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	Tier 5	QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 5	QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 5	QL NM LA PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5	QL NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 4	
<i>tranexamic acid</i> TABS 650mg	Tier 3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 4	
BRILINTA TABS 60mg, 90mg	Tier 3	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Tier 1	GC
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	Tier 3	PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	Tier 3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 5	QL NM PA

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DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	Tier 5	NM PA	HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml QL (6 pens / 28 days)	Tier 5	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 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
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 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
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA	HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml QL (4 pens / 28 days)	Tier 5	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 5	QL NM PA	IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 5	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 5	QL NM PA	IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 5	QL NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	Tier 5	QL NM PA	IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 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
HUMIRA PEDIA INJ CROHNS QL (2 syringes / 28 days)	Tier 5	QL NM PA	INFLIXIMAB SOLR 100mg KEVZARA SOAJ Tier 5 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	Tier 5	NM LA PA QL NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml QL (3 syringes / 28 days)	Tier 5	QL NM PA	KEVZARA SOSY Tier 5 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	Tier 5	QL NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 5	QL NM PA	OTEZLA TABS 30mg Tier 5 QL (60 tabs / 30 days)	Tier 5	QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5	QL NM PA	OTEZLA TAB 10/20/30 Tier 5 QL (110 tabs / year)	Tier 5	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 5	QL NM PA	REMICADE SOLR 100mg Tier 5 RENFLEXIS SOLR 100mg Tier 5 NM LA PA NM LA PA	Tier 5	NM LA PA NM LA PA

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 3 QL
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 5 QL NM PA	<i>methotrexate sodium</i> TABS 2.5mg	Tier 3
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 5 QL NM PA	XATMEP SOLN 2.5mg/ml	Tier 4 B/D
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	Tier 5 QL NM PA	IMMUNOGLOBULINS	
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 5 QL NM PA	BIVIGAM SOLN 5gm/50ml, 10%	Tier 5 NM LA PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 5 QL NM PA	FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 5 NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 5 QL NM LA PA	GAMASTAN INJ	Tier 4 B/D NM LA
STELARA SOLN 130mg/26ml	Tier 5 NM LA PA	GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5 NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 5 QL NM PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 5 NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	Tier 5 QL NM LA PA	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5 NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 5 QL NM PA	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 5 NM LA PA
XELJANZ TABS 5mg, 10mg QL (60 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 XR TB24 11mg, 22mg QL (30 tabs / 30 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
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5 NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	Tier 3	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5 NM PA

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IMMUNOMODULATORS					
ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 5	NM LA PA	PROGRAF PACK .2mg, 1mg	Tier 4	B/D NM
ARCALYST SOLR 220mg	Tier 5	NM LA PA	REZUROCK TABS 200mg	Tier 5	NM LA PA
IMMUNOSUPPRESSANTS					
ASTAGRAF XL CP24 5mg	Tier 5	B/D NM	SANDIMMUNE SOLN 100mg/ml	Tier 4	B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 4	B/D NM	<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	Tier 5	B/D NM
<i>azathioprine</i> (generic of IMURAN) TABS 50mg	Tier 3	B/D	<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	Tier 4	B/D NM
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 5 QL	NM LA PA	<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 4	B/D NM
BENLYSTA SOLR 120mg, 400mg	Tier 5	NM LA PA	VACCINES		
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	Tier 4	B/D NM	ABRYSVO SOLR 120mcg/0.5ml	Tier 1	GC
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 4	B/D NM	ACTHIB INJ	Tier 1	GC
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 4	B/D NM	ADACEL INJ	Tier 1	GC
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	Tier 5	B/D NM	AREXVY SUSR 120mcg/0.5ml	Tier 1	GC
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 4	B/D NM	BCG VACCINE SOLR 50mg	Tier 1	GC
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 3	B/D NM	BEXSERO INJ	Tier 1	GC
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	Tier 5	B/D NM	BOOSTRIX INJ	Tier 1	GC
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 4	B/D NM	DAPTACEL INJ	Tier 1	GC
NULOJIX SOLR 250mg	Tier 5	B/D NM	DENG VAXIA SUS	Tier 1	GC
			DIP/TET PED INJ 25-5LFU	Tier 1	GC B/D
			ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	GC B/D
			GARDASIL 9 INJ	Tier 1	GC
			HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	GC
			HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	GC B/D
			HIBERIX SOLR 10mcg	Tier 1	GC
			IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	GC B/D
			INFANRIX INJ	Tier 1	GC
			IPOL INJ INACTIVE	Tier 1	GC
			IXIARO INJ	Tier 1	GC
			JYNNEOS SUSP .5ml	Tier 1	GC B/D
			KINRIX INJ	Tier 1	GC
			M-M-R II INJ	Tier 1	GC
			MENACTRA INJ	Tier 1	GC

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MENQUADFI INJ	Tier 1	GC	D10W/NACL INJ 0.2%	Tier 3	
MENVEO INJ	Tier 1	GC	<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NACL 0.45%)</i>	Tier 3	
MENVEO SOL	Tier 1	GC	<i>dextrose 5% in lactated ringers</i>	Tier 3	
PEDIARIX INJ 0.5ML	Tier 1	GC	<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	GC	<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NACL 0.3%)</i>	Tier 3	
PENBRAYA INJ	Tier 1	GC	<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 3	
PENTACEL INJ	Tier 1	GC	<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 3	
PREHEVBRIO SUSP 10mcg/ml	Tier 1	GC B/D	<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	Tier 3	
PRIORIX INJ	Tier 1	GC	<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 3	
PROQUAD INJ	Tier 1	GC	ISOLYTE-P INJ /D5W	Tier 4	
QUADRACEL INJ	Tier 1	GC	ISOLYTE-S INJ	Tier 4	
QUADRACEL INJ 0.5ML	Tier 1	GC	ISOLYTE-S INJ PH 7.4	Tier 4	
RABAVERT INJ	Tier 1	GC B/D	<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	Tier 3	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	GC B/D	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	Tier 3	
ROTARIX SUS	Tier 1	GC	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	Tier 3	
ROTATEQ SOL	Tier 1	GC	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	Tier 3	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	GC QL	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 3	
TDVAX INJ 2-2 LF	Tier 1	GC B/D	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 3	
TENIVAC INJ 5-2LF	Tier 1	GC B/D	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 3	
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	GC			
TRUMENBA INJ	Tier 1	GC			
TWINRIX INJ	Tier 1	GC			
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	GC			
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	GC			
VARIVAX INJ 1350pfu/0.5ml	Tier 1	GC			
YF-VAX INJ	Tier 1	GC			
NUTRITIONAL/SUPPLEMENTS					
ELECTROLYTES/MINERALS, INJECTABLE					
D2.5W/NACL INJ 0.45%	Tier 4				
D5W/LYTES INJ #48	Tier 4				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	Tier 3		POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>	Tier 3		POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	Tier 3		<i>potassium chloride SOLN 2meq/ml</i>	Tier 3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 3		POTASSIUM CHLORIDE SOLN 10meq/50ml	Tier 4	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 4		<i>potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	Tier 3	
<i>lactated ringer's solution</i>	Tier 3		<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3		<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	Tier 3	
<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	Tier 3		TPN ELECTROL INJ	Tier 4	B/D
<i>magnesium sulfate SOLN 50%</i>	Tier 3		ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	Tier 3		<i>klor-con PACK 20meq</i>	Tier 4	
MG SO4/D5W INJ 10MG/ML	Tier 3		<i>klor-con 8 TBCR 8meq</i>	Tier 2	GC
<i>multiple electrolytes ph 5.5 (generic of PLASMA-LYTE-148)</i>	Tier 4		<i>klor-con 10 TBCR 10meq</i>	Tier 2	GC
<i>multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)</i>	Tier 4		<i>klor-con m10 TBCR 10meq</i>	Tier 2	GC
PLASMA-LYTE INJ -148	Tier 4		<i>klor-con m15 TBCR 15meq</i>	Tier 3	
PLASMA-LYTE INJ -A	Tier 4		<i>klor-con m20 TBCR 20meq</i>	Tier 2	GC
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 4		M-NATAL PLUS TAB	Tier 3	
			<i>potassium chloride CPCR 8meq, 10meq</i>	Tier 3	
			<i>potassium chloride PACK 20meq; SOLN 10%, 20%</i>	Tier 4	
			<i>potassium chloride TBCR 8meq, 10meq</i>	Tier 2	GC
			<i>potassium chloride (generic of K-TAB) TBCR 20meq</i>	Tier 2	GC
			<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	Tier 2	GC
			<i>potassium chloride microencapsulated crystals er TBCR 15meq</i>	Tier 3	
			PRENATAL TAB 27-1MG	Tier 3	
			PRENATAL TAB PLUS	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 2	GC
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	Tier 4	B/D
CLINIMIX INJ 4.25/D10	Tier 4	B/D
CLINIMIX INJ 5%/D15W	Tier 4	B/D
CLINIMIX INJ 5%/D20W	Tier 4	B/D
CLINIMIX INJ 6/5	Tier 4	B/D
CLINIMIX INJ 8/10	Tier 4	B/D
CLINIMIX INJ 8/14	Tier 4	B/D
clinisol sf 15%	Tier 4	B/D
CLINOLIPID EMU 20%	Tier 4	B/D
dextrose SOLN 5%, 10%	Tier 3	
dextrose 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
plenamine	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
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin- neomycin-hc ophth oint 1%	Tier 3	
neo-polycin hc ophth oint 1%	Tier 3	
neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)	Tier 2	GC
neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)	Tier 2	GC
neomycin-polymyxin-hc ophth susp	Tier 4	
sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%	Tier 2	GC
TOBRADEX OIN 0.3-0.1%	Tier 3	
TOBRADEX ST SUS 0.3- 0.05	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 4	
ZYLET SUS 0.5-0.3%	Tier 3	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	Tier 3	
bacitracin-polymyxin b ophth oint	Tier 2	GC
BESIVANCE SUSP .6%	Tier 3	
CILOXAN OINT .3%	Tier 3	
ciprofloxacin hcl (ophth) SOLN .3%	Tier 2	GC
erythromycin (ophth) OINT 5mg/gm	Tier 2	GC
gatifloxacin (ophth) SOLN .5%	Tier 3	
gentamicin sulfate (ophth) SOLN .3%	Tier 2	GC
moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%	Tier 3	
NATACYN SUSP 5%	Tier 4	
neo-polycin 5(3.5)mg- 400unt-10000unt op oin	Tier 3	
neomycin-bacitrac polymyx 5(3.5)mg-400unt- 10000unt op oin	Tier 3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg- unt-mg/ml	Tier 3	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	Tier 2	GC
polycin ophth oint	Tier 2	GC
polymyxin b-trimethoprim ophth soln 10000 unit/ml- 0.1%	Tier 1	GC
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	Tier 3	
tobramycin (ophth) SOLN .3%	Tier 1	GC
trifluridine SOLN 1%	Tier 4	
ZIRGAN GEL .15%	Tier 4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	Tier 3		<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	Tier 4	
BROMSITE SOLN .075%	Tier 4		<i>carteolol hcl (ophth)</i> SOLN 1%	Tier 2	GC
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	Tier 3		COMBIGAN SOL 0.2/0.5%	Tier 3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	Tier 2	GC	<i>dorzolamide hcl</i> SOLN 2%	Tier 2	GC
EYSUVIS SUSP .25%	Tier 4		<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	Tier 2	GC
FLAREX SUSP .1%	Tier 4		<i>latanoprost</i> (generic of XALATAN) SOLN .005%	Tier 1	GC
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	Tier 3		<i>levobunolol hcl</i> SOLN .5%	Tier 2	GC
<i>flurbiprofen sodium</i> SOLN .03%	Tier 3		LUMIGAN SOLN .01%	Tier 3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	Tier 3		<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	Tier 2	GC	RHOPRESSA SOLN .02%	Tier 4	
LOTEMAX OINT .5%	Tier 3		ROCKLATAN DRO	Tier 4	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	Tier 3		SIMBRINZA SUS 1-0.2%	Tier 4	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 3		<i>timolol maleate (ophth)</i> SOLG .25%, .5%	Tier 4	
PROLENSA SOLN .07%	Tier 3		<i>timolol maleate (ophth)</i> SOLN .25%, .5%	Tier 1	GC
ANTIALLERGICS			VYZULTA SOLN .024%	Tier 4	
<i>azelastine hcl (ophth)</i> SOLN .05%	Tier 3		MISCELLANEOUS		
<i>cromolyn sodium (ophth)</i> SOLN 4%	Tier 2	GC	ATROPINE SULFATE SOLN 1%	Tier 3	
ZERVIATE SOLN .24%	Tier 4		<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 3	
ANTI GLAUCOMA			CYSTADROPS SOLN .37%	Tier 5	NM LA PA
<i>betaxolol hcl (ophth)</i> SOLN .5%	Tier 3		CYSTARAN SOLN .44%	Tier 5	NM LA PA
BETOPTIC-S SUSP .25%	Tier 4		<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	Tier 3	
<i>brimonidine tartrate</i> SOLN .2%	Tier 1	GC	RESTASIS EMUL .05%	Tier 3	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	Tier 4		RESTASIS MULTIDOSE EMUL .05%	Tier 3	
			TYRVAYA SOLN .03mg/act	Tier 4	
			XIIDRA SOLN 5%	Tier 3	
			OTIC		
			OTIC AGENTS		
			<i>acetic acid (otic)</i> SOLN 2%	Tier 3	
			<i>ciprofloxacin- dexamethasone otic susp</i> 0.3-0.1%	Tier 4	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
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
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 3	QL QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 3	QL QL (60 blisters / 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	Tier 4	QL QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 3	QL QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	Tier 2	GC B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 3	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	Tier 3	
<i>cetirizine hcl</i> SOLN 1mg/ml	Tier 2	GC QL QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	Tier 3	PA PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	Tier 4	PA PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 3	PA PA if 70 years and older
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg	Tier 3	PA PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 50mg	Tier 3	PA PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	Tier 4	QL QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	Tier 3	QL QL (30 tabs / 30 days)

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BETA AGONISTS			LEUKOTRIENE MODULATORS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 3	QL	<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg	Tier 2	GC
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 3	QL	<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 4	
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 3	QL	<i>montelukast sodium</i> (generic of SINGULAIR) TABS 10mg	Tier 1	GC
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 3	B/D	<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	Tier 3	
<i>albuterol sulfate</i> NEBU .083%	Tier 2	GC B/D	MISCELLANEOUS		
<i>albuterol sulfate</i> SYRP 2mg/5ml	Tier 3		<i>acetylcysteine</i> SOLN 10%, 20%	Tier 4	B/D
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml, 1.25mg/3ml	Tier 4	B/D	ARALAST NP SOLR 500mg, 1000mg	Tier 5	NM LA PA
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 3	QL ST	BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	Tier 5	QL NM LA PA
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 3	QL	<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 3	B/D
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 4		<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 3	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 3	QL	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 3	
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 3	QL	<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 3	
			FASENRA SOSY 30mg/ml	Tier 5	NM LA PA
			FASENRA PEN SOAJ 30mg/ml	Tier 5	NM LA PA
			KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	Tier 5	QL NM LA PA
			KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 5	QL NM LA PA

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OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 5 QL NM LA PA	<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	Tier 4
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	Tier 5 QL NM LA PA	<i>theophylline</i> TB24 400mg, 600mg	Tier 3
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	Tier 5 QL NM LA PA	TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 5 QL NM LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	Tier 5 QL NM LA PA	TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 5 QL NM LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 5 QL NM LA PA	TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	Tier 5 QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 5 QL NM LA PA	TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days)	Tier 5 QL NM LA PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	Tier 5 QL NM PA	XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	Tier 5 NM LA PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 5 QL NM PA	ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 5 NM LA PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	NASAL STEROIDS	
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	Tier 3 QL
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	Tier 5 NM LA PA	<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 2 GC QL
PULMOZYME SOLN 2.5mg/2.5ml	Tier 5 NM PA	XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 4 QL PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 3 QL	STEROID INHALANTS	
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 3 QL	ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 3 QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 5 QL NM LA PA	<i>budesonide</i> (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 4 B/D
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 5 QL NM LA PA		

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STEROID/BETA-AGONIST COMBINATIONS			fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)		
ADVAIR HFA AER 45/21	Tier 3	QL QL (1 inhaler / 30 days)		Tier 3	QL QL (60 inhalations / 30 days) (generic PRASCO not covered)
ADVAIR HFA AER 115/21	Tier 3	QL QL (1 inhaler / 30 days)			
ADVAIR HFA AER 230/21	Tier 3	QL QL (1 inhaler / 30 days)	wixela inhub (generic of ADVAIR DISKUS)	Tier 3	QL QL (60 inhalations / 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 3	QL QL (60 blisters / 30 days)	TOPICAL DERMATOLOGY, ACNE		
BREO ELLIPTA INH 100-25	Tier 3	QL QL (60 blisters / 30 days)	accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
BREO ELLIPTA INH 200-25	Tier 3	QL QL (60 blisters / 30 days)	amnestem CAPS 10mg, 20mg, 40mg	Tier 4	PA
DULERA AER 50-5MCG	Tier 4	QL QL (1 inhaler / 30 days)	benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)	Tier 4	QL QL (46.6 gm / 30 days)
DULERA AER 100-5MCG	Tier 4	QL QL (1 inhaler / 30 days)	claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
DULERA AER 200-5MCG	Tier 4	QL QL (1 inhaler / 30 days)	clindamycin phosphate (topical) GEL 1%	Tier 3	QL QL (75 gm / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)	Tier 3	QL QL (60 inhalations / 30 days) (generic PRASCO not covered)	clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1%	Tier 3	QL QL (60 mL / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)	Tier 3	QL QL (60 inhalations / 30 days) (generic PRASCO not covered)	clindamycin phosphate (topical) SOLN 1%	Tier 3	QL QL (60 mL / 30 days)
			ery PADS 2%	Tier 3	QL QL (60 pledgets / 30 days)
			erythromycin (acne aid) (generic of ERYGEL) GEL 2%	Tier 3	QL QL (60 gm / 30 days)
			erythromycin (acne aid) SOLN 2%	Tier 3	QL QL (60 mL / 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 mL / 30 days)	Tier 3	QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days)	Tier 3	QL
<i>betamethasone dipropionate</i> (topical) OINT .05% QL (120 gm / 30 days)	Tier 4	QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 3	QL
<i>betamethasone dipropionate augmented</i> CREA .05% QL (120 gm / 30 days)	Tier 2	GC QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	Tier 3	QL
<i>betamethasone dipropionate augmented</i> GEL .05% QL (120 gm / 30 days)	Tier 4	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01% QL (90 mL / 30 days)	Tier 4	QL
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	Tier 4	QL	<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 3	QL
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 3	QL	<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 4	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	Tier 3	QL	<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	Tier 3	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 4	QL	<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	Tier 3	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	Tier 4	QL	<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 3	
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	Tier 4	QL	<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 4	QL
ENSTILAR AER QL (120 gm / 30 days)	Tier 4	QL PA	<i>hydrocortisone (topical)</i> CREA 1%	Tier 1	GC
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	Tier 4	QL	<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	Tier 2	GC
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	Tier 4	QL	<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 3	
			<i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 2	GC QL
			<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%	Tier 3	

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<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	Tier 2	GC	<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%	Tier 4	QL
DERMATOLOGY, LOCAL ANESTHETICS			QL (45 gm / 30 days)		
<i>glydo</i> PRSY 2%	Tier 4	QL PA	<i>metronidazole (topical)</i> GEL .75%	Tier 3	QL
QL (60 mL / 30 days)			QL (45 gm / 30 days)		
<i>lidocaine</i> OINT 5%	Tier 4	QL PA	<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%	Tier 4	QL
QL (50 gm / 30 days)			QL (59 mL / 30 days)		
<i>lidocaine</i> (generic of LIDODERM) PTCH 5%	Tier 4	QL PA	PANRETIN GEL .1%	Tier 5	QL PA
QL (3 patches / 1 day)			QL (60 gm / 30 days)		
<i>lidocaine hcl</i> SOLN 4%	Tier 3	QL PA	<i>podofilox</i> SOLN .5%	Tier 3	QL
QL (50 mL / 30 days)			QL (7 mL / 28 days)		
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	Tier 3	B/D QL	<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3	
QL (30 gm / 30 days)			Tier 3		
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE			<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3	
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%	Tier 5	QL NM PA	Tier 3		
QL (60 gm / 30 days)			<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3	
<i>diclofenac sodium (topical)</i> GEL 1%	Tier 3	QL	Tier 3		
QL (1000 gm / 30 days)			RECTIV OINT .4%	Tier 4	QL
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	Tier 4	QL	QL (30 gm / 30 days)		
QL (40 gm / 30 days)			<i>tacrolimus (topical)</i> OINT .03%, .1%	Tier 4	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5%	Tier 3	QL	QL (100 gm / 30 days)		
QL (10 mL / 30 days)			VALCHLOR GEL .016%	Tier 5	QL NM LA PA
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) CREA 1%	Tier 3		QL (60 gm / 30 days)		
DERMATOLOGY, SCABICIDES AND PEDICULIDES			DERMATOLOGY, WOUND CARE AGENTS		
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3		<i>malathion</i> LOTN .5%	Tier 4	QL
QL (24 packets / 30 days)			QL (59 mL / 30 days)		
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QL (24 packets / 30 days)			QL (60 gm / 30 days)		
<i>lactic acid (ammonium lactate)</i> CREA 12%	Tier 2	GC	REGRANEX GEL .01%	Tier 5	QL PA
QL (24 packets / 30 days)			QL (30 gm / 30 days)		
<i>lactic acid (ammonium lactate)</i> LOTN 12%	Tier 3		SANTYL OINT 250unit/gm	Tier 4	QL
			QL (180 gm / 30 days)		
			<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 3	
			Tier 3		
			<i>water for irrigation, sterile irrigation soln</i>	Tier 2	GC
			Tier 2		

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Drug Name	Drug Tier	Requirements/ Limits
<i>MOUTH/THROAT/DENTAL AGENTS</i>		
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%</i>	Tier 1	GC
<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	GC
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	Tier 2	GC
<i>periogard (generic of PERIDEX) SOLN .12%</i>	Tier 1	GC
<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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see <i>topiramate</i>	36	<i>hydrochlorothiazide tab</i>		see <i>oxcarbazepine</i>
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Blue MedicareRx (PDP)

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