



MASSACHUSETTS

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

# Blue MedicareRx<sup>SM</sup> (PDP) 3 Tier Select MIA 2022 Formulary (List of Covered Drugs)

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

This formulary was updated on 09/14/2021. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit [Groups.RxMedicarePlans.com](http://Groups.RxMedicarePlans.com).

**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. **Please note:** Your former employer provides enhanced coverage for some select drugs. If you are unsure about which drugs may or may not be covered, please call Customer Care to verify drug coverage.

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

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2022. 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, 2023, and from time to time during the year.



## What is the Blue MedicareRx Formulary?

A formulary is a list of covered drugs selected by Blue MedicareRx in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. Please note that the formulary is being supplemented by your former employer/union health plan and those drugs are not listed in the formulary.

## Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx 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 the 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 you may take 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 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 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. The enclosed formulary is current as of January 1, 2022.

- 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 Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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.

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 [Groups.RxMedicarePlans.com](https://Groups.RxMedicarePlans.com) to get information showing changes to, additions, and/or deletions of medications contained in our formulary. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages.

## How do I use the Formulary?

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

### Medical Condition

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

### Alphabetical Listing

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

## What are generic drugs?

Blue MedicareRx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs 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 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 limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for FLOVENT HFA. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Blue MedicareRx to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Blue MedicareRx formulary?" on page 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 does not cover your drug, you have two options:

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

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

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

Please note that the formulary is being supplemented by your former employer/union health plan and those drugs are not listed in the formulary.

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

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

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

You can ask us to 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 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 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

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

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

## For more information

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

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

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

## Blue MedicareRx Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx. Please note that the formulary is being supplemented by your former employer/union health plan and those drugs are not listed in the formulary. If you have trouble finding your drug on the list, turn to the Index that begins at the back of this document.

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

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

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

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





Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANALGESICS</b>			<b>ibuprofen</b> TABS 400mg, 600mg, 800mg		
<b>GOUT</b>			Tier 1		
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	Tier 1		<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	Tier 1	
<i>colchicine</i> (generic of COLCRYS) TABS .6mg QL (120 tabs / 30 days)	Tier 3	QL	<i>nabumetone</i> TABS 500mg, 750mg	Tier 1	
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 2		<i>naproxen</i> TABS 250mg, 375mg	Tier 1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	Tier 2	QL	<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	Tier 1	
<i>probenecid</i> TABS 500mg	Tier 2		<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	Tier 1	QL
<b>NSAIDS</b>			<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	Tier 3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	Tier 2	QL	<i>sulindac</i> TABS 150mg, 200mg	Tier 1	
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL	<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	Tier 2	QL	<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 3	QL PA
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL	<i>hydrocodone bitartrate</i> (generic of HYSINGLA ER) T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	Tier 2	QL	HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>diclofenac sodium</i> TB24 100mg	Tier 2		<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 2	QL PA
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	Tier 1		<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	Tier 1	QL	<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	Tier 2	QL PA
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	Tier 3	QL			
<i>flurbiprofen</i> TABS 100mg	Tier 2				
<i>ibu</i> TABS 600mg, 800mg	Tier 1				
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL PA	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 3	QL
<b>OPIOID ANALGESICS, SHORT-ACTING</b>			<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	Tier 2	QL	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	Tier 2	QL	<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	Tier 2	QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	Tier 2	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	Tier 3	QL
<i>endocet tab 2.5-325mg</i> (generic of PERCOSET) QL (360 tabs / 30 days)	Tier 2	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 2	QL
<i>endocet tab 5-325mg</i> (generic of PERCOSET) QL (360 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate SOLN 1mg/ml</i>	Tier 3	B/D
<i>endocet tab 7.5-325mg</i> (generic of PERCOSET) QL (240 tabs / 30 days)	Tier 2	QL	MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>endocet tab 10-325mg</i> (generic of PERCOSET) QL (180 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 200mcg QL (120 lozenges / 30 days)	Tier 3	QL PA	<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i> QL (900 mL / 30 days)	Tier 2	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	Tier 1	QL PA	<i>morphine sulfate SOLN 100mg/5ml</i> QL (180 mL / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 3	
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 3	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
<i>tramadol hcl</i> (generic of ULTRAM) TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE- MPF) SOLN .5%, 1%, 1.5%	Tier 2	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 2	B/D
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole</i> (generic of ALBENZA) TABS 200mg	Tier 1	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	Tier 3	
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	Tier 3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	Tier 3	
CAYSTON SOLR 75mg	Tier 2	NM LA PA
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	Tier 2	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	Tier 3	
<i>dapsone</i> TABS 25mg, 100mg	Tier 2	
DAPTOMYCIN SOLR 350mg	Tier 2	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	Tier 1	
<i>daptomycin</i> (generic of CUBICIN) SOLR 500mg	Tier 1	
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 1	QL
<i>ertapenem sodium</i> (generic of INVANZ) SOLR 1gm	Tier 3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 2	
<i>gentamicin in saline inj 2 mg/ml</i>	Tier 2	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	Tier 2	
<i>imipenem-cilastatin</i> <i>intravenous for soln 250 mg</i>	Tier 3	

Blue MedicareRx 3-Tier Select MIIA 2022 Comprehensive Drug List effective 01/01/2022

Drug Name	Drug Tier	Requirements/ Limits
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	Tier 3	
<i>ivermectin (generic of STROMEKTOL) TABS 3mg</i>	Tier 2	
<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>	Tier 3	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml</i>	Tier 1	QL
		QL (1800 mL / 30 days)
<i>linezolid (generic of ZYVOX) TABS 600mg</i>	Tier 3	QL
		QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	Tier 3	
<i>meropenem SOLR 1gm, 500mg</i>	Tier 3	
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	Tier 3	
<i>metronidazole TABS 250mg</i>	Tier 1	
<i>metronidazole (generic of FLAGYL) TABS 500mg</i>	Tier 1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	Tier 2	
<i>neomycin sulfate TABS 500mg</i>	Tier 1	
<i>nitazoxanide (generic of ALINIA) TABS 500mg</i>	Tier 1	QL
		QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg</i>	Tier 2	
<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	Tier 2	
<i>paromomycin sulfate (generic of HUMATIN) CAPS 250mg</i>	Tier 3	
<i>pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg</i>	Tier 3	B/D
<i>pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>praziquantel (generic of BILTRICIDE) TABS 600mg</i>	Tier 3	
<i>streptomycin sulfate SOLR 1gm</i>	Tier 3	
<i>SULFADIAZINE TABS 500mg</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	Tier 1	
<i>SYNERCID INJ 500MG</i>	Tier 2	
<i>tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml</i>	Tier 1	NM PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	Tier 2	
<i>trimethoprim TABS 100mg</i>	Tier 1	
<i>vancomycin hcl (generic of VANCOGIN HCL) CAPS 125mg</i>	Tier 3	QL
		QL (80 caps / 180 days)
<i>vancomycin hcl (generic of VANCOGIN) CAPS 250mg</i>	Tier 3	QL
		QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	Tier 3	
<i>VANCOMYCIN INJ 1 GM</i>	Tier 3	
<i>VANCOMYCIN INJ 500MG</i>	Tier 3	
<i>VANCOMYCIN INJ 750MG</i>	Tier 3	
<b>ANTIFUNGALS</b>		
<i>ABELCET SUSP 5mg/ml</i>	Tier 3	B/D
<i>AMBISOME SUSR 50mg</i>	Tier 2	B/D
<i>amphotericin b SOLR 50mg</i>	Tier 3	B/D
<i>caspofungin acetate (generic of CANCIDAS) SOLR 50mg, 70mg</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	Tier 2	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 2	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 2	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	Tier 1	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 3	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 3	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	Tier 3	PA
<i>ketoconazole</i> TABS 200mg	Tier 2	PA
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	Tier 1	
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	Tier 2	QL PA
<i>nystatin</i> TABS 500000unit	Tier 2	
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL PA
<i>terbinafine hcl</i> (generic of LAMISIL) TABS 250mg QL (90 tabs / year)	Tier 1	QL
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	Tier 1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	Tier 1	PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 3	QL PA
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg (generic of MALARONE)	Tier 3	
<i>atovaquone-proguanil hcl</i> tab 250-100 mg (generic of MALARONE)	Tier 3	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 3	
COARTEM TAB 20-120MG	Tier 3	
<i>mefloquine hcl</i> TABS 250mg	Tier 2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 2	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	Tier 3	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	Tier 3	NM
<i>abacavir sulfate</i> (generic of ZIAGEN) TABS 300mg	Tier 2	NM
APTIVUS CAPS 250mg	Tier 2	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 150mg, 200mg, 300mg	Tier 3	NM
EDURANT TABS 25mg	Tier 2	NM
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	Tier 3	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Tier 2	NM
EMTRIVA SOLN 10mg/ml	Tier 3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	Tier 1	NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	Tier 1	NM
FUZEON SOLR 90mg	Tier 2	NM
INTELENCE TABS 25mg	Tier 3	NM
INTELENCE TABS 100mg, 200mg	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
INVIRASE TABS 500mg	Tier 2	NM
ISENTRESS CHEW 25mg; PACK 100mg	Tier 2	NM
ISENTRESS CHEW 100mg; TABS 400mg	Tier 2	NM
ISENTRESS HD TABS 600mg	Tier 2	NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM
LEXIVA SUSP 50mg/ml	Tier 3	NM
<i>nevirapine</i> (generic of VIRAMUNE) SUSP 50mg/5ml	Tier 3	NM
<i>nevirapine</i> TABS 200mg	Tier 1	NM
<i>nevirapine</i> TB24 100mg	Tier 3	NM
<i>nevirapine</i> (generic of VIRAMUNE XR) TB24 400mg	Tier 3	NM
NORVIR PACK 100mg; SOLN 80mg/ml	Tier 3	NM
PIFELTRO TABS 100mg	Tier 2	NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL NM
REYATAZ PACK 50mg <i>ritonavir</i> (generic of NORVIR) TABS 100mg	Tier 2	NM
RUKOBIA TB12 600mg	Tier 2	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	Tier 2	NM
SELZENTRY TABS 25mg <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 2	NM
TIVICAY TABS 10mg	Tier 2	NM

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

Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 1	QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 1	QL NM
EVOTAZ TAB 300-150	Tier 2	NM
GENVOYA TAB	Tier 2	NM
JULUCA TAB 50-25MG	Tier 2	NM
KALETRA TAB 100-25MG	Tier 3	NM
KALETRA TAB 200-50MG	Tier 3	NM
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	Tier 3	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	Tier 3	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	Tier 3	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	Tier 3	NM
ODEFSEY TAB	Tier 2	NM
PREZCOBIX TAB 800-150	Tier 2	NM
STRIBILD TAB	Tier 2	NM
SYMTUZA TAB	Tier 2	NM
TEMIXYS TAB 300-300	Tier 2	NM
TRIUMEQ TAB	Tier 2	NM
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS 250mg	Tier 1	
<i>ethambutol hcl</i> TABS 100mg	Tier 2	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	Tier 2	
<i>isoniazid</i> TABS 100mg, 300mg	Tier 1	
PASER PACK 4gm	Tier 3	
PRIFTIN TABS 150mg	Tier 3	
<i>pyrazinamide</i> TABS 500mg	Tier 3	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>rifampin</i> CAPS 150mg, 300mg	Tier 2	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	Tier 3	
SIRTURO TABS 20mg, 100mg	Tier 2	LA PA
TRECTOR TABS 250mg	Tier 3	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	Tier 1	
<i>acyclovir sodium</i> SOLN 50mg/ml	Tier 3	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA) TABS 10mg	Tier 3	NM
BARACLUDE SOLN .05mg/ml	Tier 2	NM
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	Tier 3	NM
EPCLUSA TAB 200-50MG	Tier 2	NM PA
EPCLUSA TAB 400-100	Tier 2	NM PA
EPIVIR HBV SOLN 5mg/ml	Tier 3	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	Tier 2	
<i>ganciclovir sodium</i> SOLR 500mg	Tier 3	B/D
HARVONI PAK 33.75-150MG	Tier 2	NM PA
HARVONI PAK 45-200MG	Tier 2	NM PA
HARVONI TAB 45-200MG	Tier 2	NM PA
HARVONI TAB 90-400MG	Tier 2	NM PA
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV) TABS 100mg	Tier 3	NM
MAVYRET TAB 100-40MG	Tier 2	NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 2	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 2	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 2	QL
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	QL PA	<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL	<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 2	
<i>ribavirin (hepatitis c)</i> CAPS 200mg	Tier 2	NM	<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	Tier 2	
<i>ribavirin (hepatitis c)</i> TABS 200mg	Tier 3	NM	<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1	
<i>rimantadine hydrochloride</i> TABS 100mg	Tier 3		<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	Tier 2		<i>tazicef</i> (generic of FORTAZ) SOLR 1gm	Tier 3	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	Tier 1		<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 3	
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	Tier 2		TEFLARO SOLR 400mg, 600mg	Tier 2	
VOSEVI TAB	Tier 2	NM PA	<b>ERYTHROMYCINS/MACROLIDES</b>		
<b>CEPHALOSPORINS</b>			<i>azithromycin</i> PACK 1gm	Tier 2	
<i>cefaclor</i> CAPS 250mg, 500mg	Tier 2		<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2	
<i>cefadroxil</i> CAPS 500mg	Tier 1		<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	Tier 2		<i>azithromycin</i> TABS 600mg	Tier 1	
CEFAZOLIN INJ 1GM/50ML	Tier 3		<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	Tier 2		<i>clarithromycin</i> TABS 250mg, 500mg	Tier 2	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3		<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 3	
<i>cefdinir</i> CAPS 300mg	Tier 1		ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2		<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 3		<b>FLUOROQUINOLONES</b>		
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 3		<i>ciprofloxacin 200 mg/100ml</i> <i>in d5w</i>	Tier 2	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	Tier 2		<i>ciprofloxacin 400 mg/200ml</i> <i>in d5w</i>	Tier 2	
<i>cefprozil</i> TABS 250mg, 500mg	Tier 2		<i>ciprofloxacin hcl</i> TABS 100mg	Tier 3	
<i>ceftazidime</i> (generic of FORTAZ) SOLR 1gm	Tier 3				
<i>ceftazidime</i> SOLR 2gm, 6gm	Tier 3				



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 1		<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> (generic of UNASYN)	Tier 3	
<i>ciprofloxacin hcl</i> TABS 750mg	Tier 1		<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 3	
<i>levofloxacin</i> SOLN 25mg/ml	Tier 3		<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 3	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 500mg, 750mg	Tier 1		<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)	Tier 3	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Tier 2		<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	Tier 3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Tier 2		BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Tier 2		<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	Tier 2	
<b>PENICILLINS</b>			<i>nafcillin sodium</i> SOLR 1gm, 2gm	Tier 3	
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1		<i>nafcillin sodium</i> SOLR 10gm	Tier 1	
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Tier 3		PEN GK/DEXTR INJ 40000/ML	Tier 3	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Tier 3		PEN GK/DEXTR INJ 60000/ML	Tier 3	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 2		<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	Tier 3	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> (generic of AUGMENTIN)	Tier 3		PENICILLIN G PROCAINE SUSP 600000unit/ml	Tier 3	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 2		<i>penicillin g sodium</i> SOLR 5000000unit	Tier 3	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES-600)	Tier 2		<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 2		<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> (generic of AUGMENTIN)	Tier 1		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 3	
<i>ampicillin</i> CAPS 500mg	Tier 1				
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 3		<i>methotrexate sodium SOLN</i>	Tier 2	B/D
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 3		1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm		
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 3		ONUREG TABS 200mg, 300mg	Tier 2	NM LA PA
<b>TETRACYCLINES</b>			PURIXAN SUSP 2000mg/100ml	Tier 2	NM
<i>doxy 100 SOLR 100mg</i>	Tier 3		TABLOID TABS 40mg	Tier 3	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	Tier 1		<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>doxycycline (monohydrate) TABS 50mg, 75mg, 100mg</i>	Tier 2		<i>abiraterone acetate (generic of ZYTIGA) TABS 250mg, 500mg</i>	Tier 1	NM PA
<i>doxycycline hyclate CAPS 50mg; TABS 20mg, 100mg</i>	Tier 2		<i>anastrozole (generic of ARIMIDEX) TABS 1mg</i>	Tier 1	
<i>doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg</i>	Tier 2		<i>bicalutamide (generic of CASODEX) TABS 50mg</i>	Tier 1	
<i>doxycycline hyclate SOLR 100mg</i>	Tier 3		EMCYT CAPS 140mg	Tier 2	
<i>minocycline hcl CAPS 50mg, 75mg</i>	Tier 2		ERLEADA TABS 60mg	Tier 2	NM LA PA
<i>minocycline hcl (generic of MINOCIN) CAPS 100mg</i>	Tier 2		<i>exemestane (generic of AROMASIN) TABS 25mg</i>	Tier 3	
<i>mondoxylene nl CAPS 100mg</i>	Tier 1		<i>flutamide CAPS 125mg</i>	Tier 2	
<i>tetracycline hcl CAPS 250mg, 500mg</i>	Tier 3	PA	<i>letrozole (generic of FEMARA) TABS 2.5mg</i>	Tier 1	
TIGECYCLINE SOLR 50mg	Tier 2		<i>leuprolide acetate KIT 1mg/0.2ml</i>	Tier 3	NM PA
<i>tigecycline (generic of TYGACIL) SOLR 50mg</i>	Tier 3		LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2	NM PA
<b>ANTINEOPLASTIC AGENTS</b>			LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2	NM PA
<b>ALKYLATING AGENTS</b>			LYSODREN TABS 500mg	Tier 2	
<i>cyclophosphamide CAPS 25mg, 50mg</i>	Tier 2	B/D	<i>megestrol acetate TABS 20mg, 40mg</i>	Tier 2	
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 3	B/D	<i>nilutamide (generic of NILANDRON) TABS 150mg</i>	Tier 1	
LEUKERAN TABS 2mg	Tier 3		NUBEQA TABS 300mg	Tier 2	NM LA PA
<b>ANTIMETABOLITES</b>			ORGOVYX TABS 120mg	Tier 2	NM LA PA
INQOVI TAB 35-100MG	Tier 2	NM LA PA	SOLTAMOX SOLN 10mg/5ml	Tier 2	
LONSURF TAB 15-6.14	Tier 2	NM PA	<i>tamoxifen citrate TABS 10mg, 20mg</i>	Tier 1	
LONSURF TAB 20-8.19	Tier 2	NM PA	<i>toremifene citrate (generic of FARESTON) TABS 60mg</i>	Tier 1	
<i>mercaptopurine TABS 50mg</i>	Tier 2		TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	Tier 2	NM PA
			XTANDI CAPS 40mg; TABS 40mg, 80mg	Tier 2	NM LA PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>IMMUNOMODULATORS</b>					
POMALYST CAPS 1mg, 2mg	Tier 2	QL NM LA PA	ALUNBRIG TABS 30mg, 90mg, 180mg	Tier 2	NM LA PA
QL (21 caps / 21 days)			ALUNBRIG PAK	Tier 2	NM LA PA
POMALYST CAPS 3mg, 4mg	Tier 2	QL NM LA PA	AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	Tier 2	QL NM LA PA
QL (21 caps / 28 days)			QL (30 tabs / 30 days)		
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 2	QL NM LA PA	BALVERSA TABS 3mg, 4mg, 5mg	Tier 2	NM LA PA
QL (28 caps / 28 days)			BOSULIF TABS 100mg, 400mg, 500mg	Tier 2	NM PA
REVLIMID CAPS 20mg, 25mg	Tier 2	QL NM LA PA	BRAFTOVI CAPS 75mg	Tier 2	NM LA PA
QL (21 caps / 28 days)			BRUKINSA CAPS 80mg	Tier 2	NM LA PA
THALOMID CAPS 50mg, 100mg	Tier 2	QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg	Tier 2	QL NM LA PA
QL (28 caps / 28 days)			QL (30 tabs / 30 days)		
THALOMID CAPS 150mg, 200mg	Tier 2	QL NM PA	CALQUENCE CAPS 100mg	Tier 2	QL NM LA PA
QL (56 caps / 28 days)			QL (60 caps / 30 days)		
<b>MISCELLANEOUS</b>					
bexarotene (generic of TARGRETIN) CAPS 75mg	Tier 1	NM PA	CAPRELSA TABS 100mg, 300mg	Tier 2	NM LA PA
hydroxyurea (generic of HYDREA) CAPS 500mg	Tier 1		COMETRIQ (60MG DOSE) KIT 20mg	Tier 2	NM LA PA
KISQALI 200 PAK FEMARA	Tier 2	QL NM PA	COMETRIQ KIT 100MG	Tier 2	NM LA PA
QL (49 tabs / 28 days)			COMETRIQ KIT 140MG	Tier 2	NM LA PA
KISQALI 400 PAK FEMARA	Tier 2	QL NM PA	COPIKTRA CAPS 15mg, 25mg	Tier 2	NM LA PA
QL (70 tabs / 28 days)			COTELLIC TABS 20mg	Tier 2	NM LA PA
KISQALI 600 PAK FEMARA	Tier 2	QL NM PA	DAURISMO TABS 25mg, 100mg	Tier 2	NM LA PA
QL (91 tabs / 28 days)			ERIVEDGE CAPS 150mg	Tier 2	NM LA PA
MATULANE CAPS 50mg	Tier 2	NM LA	erlotinib hcl (generic of TARCEVA) TABS 25mg	Tier 1	QL NM PA
SYNRIBO SOLR 3.5mg	Tier 2	NM PA	QL (90 tabs / 30 days)		
tretinoin (chemotherapy) CAPS 10mg	Tier 1		erlotinib hcl (generic of TARCEVA) TABS 100mg, 150mg	Tier 1	QL NM PA
<b>MOLECULAR TARGET AGENTS</b>					
AFINITOR TABS 10mg	Tier 2	QL NM PA	QL (30 tabs / 30 days)		
AFINITOR DISPERZ TBSO 2mg	Tier 2	QL NM PA	everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg	Tier 1	QL NM PA
QL (150 tabs / 30 days)			QL (30 tabs / 30 days)		
AFINITOR DISPERZ TBSO 3mg	Tier 2	QL NM PA	FARYDAK CAPS 10mg, 15mg, 20mg	Tier 2	NM LA PA
QL (90 tabs / 30 days)			FOTIVDA CAPS .89mg, 1.34mg	Tier 2	QL NM LA PA
AFINITOR DISPERZ TBSO 5mg	Tier 2	QL NM PA	QL (21 caps / 28 days)		
QL (60 tabs / 30 days)			GAVRETO CAPS 100mg	Tier 2	NM LA PA
ALECENSA CAPS 150mg	Tier 2	NM LA PA			

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
GILOTRIF TABS 20mg, 30mg, 40mg	Tier 2 NM LA PA	KISQALI 600 DOSE TBPK 200mg	Tier 2 QL NM PA
IBRANCE CAPS 75mg, 100mg, 125mg	Tier 2 QL NM LA PA	QL (63 tabs / 28 days)	
IBRANCE TABS 75mg, 100mg, 125mg	Tier 2 QL NM LA PA	<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	Tier 1 NM PA
ICLUSIG TABS 10mg	Tier 2 QL NM LA PA	LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 2 QL NM LA PA
ICLUSIG TABS 15mg, 30mg, 45mg	Tier 2 QL NM LA PA	QL (30 caps / 30 days)	
IDHIFA TABS 50mg, 100mg	Tier 2 QL NM LA PA	LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 2 QL NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg	Tier 1 QL NM PA	QL (60 caps / 30 days)	
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg	Tier 1 QL NM PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 2 QL NM LA PA
IMBRUVICA CAPS 70mg	Tier 2 QL NM LA PA	QL (30 caps / 30 days)	
IMBRUVICA CAPS 140mg	Tier 2 QL NM LA PA	LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 2 QL NM LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	Tier 2 QL NM LA PA	QL (90 caps / 30 days)	
INLYTA TABS 1mg	Tier 2 QL NM LA PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 2 QL NM LA PA
INLYTA TABS 5mg	Tier 2 QL NM LA PA	QL (60 caps / 30 days)	
INREBIC CAPS 100mg	Tier 2 NM LA PA	LENVIMA CAP 14 MG	Tier 2 QL NM LA PA
IRESSA TABS 250mg	Tier 2 NM LA PA	QL (60 caps / 30 days)	
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	Tier 2 QL NM LA PA	LENVIMA CAP 18 MG	Tier 2 QL NM LA PA
KISQALI 200 DOSE TBPK 200mg	Tier 2 QL NM PA	QL (90 caps / 30 days)	
KISQALI 400 DOSE TBPK 200mg	Tier 2 QL NM PA	LENVIMA CAP 24 MG	Tier 2 QL NM LA PA
		QL (90 caps / 30 days)	
		LORBRENA TABS 25mg, 100mg	Tier 2 NM LA PA
		LUMAKRAS TABS 120mg	Tier 2 NM LA PA
		LYNPARZA TABS 100mg, 150mg	Tier 2 QL NM LA PA
		QL (120 tabs / 30 days)	
		MEKINIST TABS .5mg, 2mg	Tier 2 NM LA PA
		MEKTOVI TABS 15mg	Tier 2 NM LA PA
		NERLYNX TABS 40mg	Tier 2 NM LA PA
		NEXAVAR TABS 200mg	Tier 2 QL NM LA PA
		QL (120 tabs / 30 days)	
		NINLARO CAPS 2.3mg, 3mg, 4mg	Tier 2 QL NM PA
		QL (3 caps / 28 days)	
		ODOMZO CAPS 200mg	Tier 2 NM LA PA
		PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 2 NM LA PA
		PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 2 NM PA

Blue MedicareRx 3-Tier Select MIIA 2022 Comprehensive Drug List effective 01/01/2022

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG TAB DOSE	Tier 2	NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	Tier 2	NM PA
QINLOCK TABS 50mg	Tier 2	NM LA PA
RETEVMO CAPS 40mg, 80mg	Tier 2	NM LA PA
ROZLYTREK CAPS 100mg, 200mg	Tier 2	NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2 QL	NM LA PA
RYDAPT CAPS 25mg	Tier 2	NM PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	Tier 2	NM PA
STIVARGA TABS 40mg	Tier 2	NM LA PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 2	QL NM PA
TABRECTA TABS 150mg, 200mg	Tier 2	NM PA
TAFINLAR CAPS 50mg, 75mg	Tier 2	NM LA PA
TAGRISO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2 QL	NM LA PA
TALZENNA CAPS 1mg QL (30 caps / 30 days)	Tier 2 QL	NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2 QL	NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	Tier 2	NM PA
TAZVERIK TABS 200mg	Tier 2	NM LA PA
TEPMETKO TABS 225mg	Tier 2	NM LA PA
TIBSOVO TABS 250mg	Tier 2	NM LA PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	Tier 2	NM LA PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	Tier 2	NM LA PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	Tier 2	NM LA PA
TRUSELTIQ 125 MG DAILY DOSE	Tier 2	NM LA PA
TUKYSA TABS 50mg, 150mg	Tier 2	NM LA PA
TURALIO CAPS 200mg	Tier 2	NM LA PA
UKONIQ TABS 200mg	Tier 2	NM LA PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 3 QL	NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2 QL	NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2 QL	NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2 QL	NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2 QL	NM LA PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	Tier 2	NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 2	NM LA PA
VOTRIENT TABS 200mg	Tier 2	NM LA PA
XALKORI CAPS 200mg, 250mg	Tier 2	NM LA PA
XOSPATA TABS 40mg	Tier 2	NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg, 40mg	Tier 2	NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg, 40mg	Tier 2	NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg, 60mg	Tier 2	NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	Tier 2	NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg, 40mg	Tier 2	NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	Tier 2	NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg, 50mg	Tier 2	NM LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	Tier 2 QL	NM LA PA
ZELBORAF TABS 240mg	Tier 2	NM LA PA
ZOLINZA CAPS 100mg	Tier 2	NM PA
ZYDELIG TABS 100mg, 150mg	Tier 2	NM LA PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYKADIA TABS 150mg	Tier 2	NM LA PA	<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<b>PROTECTIVE AGENTS</b>			<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Tier 1	
<i>leucovorin calcium TABS 5mg, 10mg</i>	Tier 2		<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 2	
<i>leucovorin calcium TABS 15mg, 25mg</i>	Tier 3		<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 2	
MESNEX TABS 400mg	Tier 2		<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
<b>CARDIOVASCULAR</b>			<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
<b>ACE INHIBITOR COMBINATIONS</b>			<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL	<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	Tier 1	
QL (30 caps / 30 days)			<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	Tier 1	QL	<i>quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)</i>	Tier 1	
QL (30 caps / 30 days)			<b>ACE INHIBITORS</b>		
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	Tier 1	QL	<i>benazepril hcl TABS 5mg</i>	Tier 1	
QL (30 caps / 30 days)			<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL	<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	Tier 1	
QL (30 caps / 30 days)			<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	Tier 1	QL			
QL (30 caps / 30 days)					
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Tier 1	QL			
QL (30 caps / 30 days)					
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 2				
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	Tier 2				
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	Tier 2				
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 30mg, 40mg	Tier 1		<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
<i>lisinopril</i> (generic of PRINIVIL) TABS 20mg	Tier 1		<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
<i>moexipril hcl</i> TABS 7.5mg, 15mg	Tier 2		ENTRESTO TAB 24-26MG	Tier 2	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	Tier 2		ENTRESTO TAB 49-51MG	Tier 2	
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	Tier 1		ENTRESTO TAB 97-103MG	Tier 2	
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1		<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
<i>trandolapril</i> TABS 1mg, 2mg	Tier 1		<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
<i>trandolapril</i> (generic of MAVIK) TABS 4mg	Tier 1		<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 2	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>			<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 2	
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	Tier 2		<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	Tier 2	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg	Tier 1		<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 50mg, 100mg	Tier 1		<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
<b>ALPHA BLOCKERS</b>			<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 1				
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	Tier 2				
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1				
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>					
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL			
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL			

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 2	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 2	QL
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 3	
<i>amiodarone hcl</i> TABS 200mg	Tier 1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	Tier 3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 3	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 2	
MULTAQ TABS 400mg	Tier 3	
<i>pacerone</i> TABS 100mg, 400mg	Tier 3	
<i>pacerone</i> TABS 200mg	Tier 1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	Tier 3	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	Tier 2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 1	
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1	
<i>sorine</i> TABS 240mg	Tier 1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1	
<i>sotalol hcl</i> TABS 240mg	Tier 1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 2	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2	



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate</i> TABS 54mg, 160mg	Tier 2		<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm	Tier 3	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 2		<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	Tier 2	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	Tier 1		<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	Tier 2	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>			<i>niacin</i> ( <i>antihyperlipidemic</i> ) (generic of NIASPAN) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 2	QL
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	PRALUENT SOAJ 75mg/ml, 150mg/ml	Tier 2	NM PA
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL	<i>prevalite</i> PACK 4gm	Tier 2	
<i>pravastatin sodium</i> TABS 10mg, 20mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
<i>pravastatin sodium</i> (generic of PRAVACHOL) TABS 40mg QL (30 tabs / 30 days)	Tier 1	QL	VASCEPA CAPS .5gm, 1gm	Tier 3	
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL	<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>simvastatin</i> TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL	<i>atenolol &amp; chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	Tier 1	
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	<i>atenolol &amp; chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	Tier 1	
<b>ANTILIPEMICS, MISCELLANEOUS</b>			<i>bisoprolol &amp; hydrochlorothiazide tab</i> 2.5-6.25 mg (generic of ZIAC)	Tier 1	
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 2		<i>bisoprolol &amp; hydrochlorothiazide tab</i> 5-6.25 mg (generic of ZIAC)	Tier 1	
<i>cholestyramine light</i> PACK 4gm	Tier 2		<i>bisoprolol &amp; hydrochlorothiazide tab</i> 10-6.25 mg (generic of ZIAC)	Tier 1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2		<i>metoprolol &amp; hydrochlorothiazide tab</i> 50-25 mg	Tier 2	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	Tier 3		<i>metoprolol &amp; hydrochlorothiazide tab</i> 100-25 mg	Tier 2	
			<i>metoprolol &amp; hydrochlorothiazide tab</i> 100-50 mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>BETA-BLOCKERS</b>					
<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 2		<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 2	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1		<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	Tier 3	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 1		<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 2	
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL	<i>diltiazem hcl</i> TABS 90mg	Tier 1	
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 2		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	Tier 3	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 1		<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	Tier 3		<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 1	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1		<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 2	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1		<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 2	
<i>pindolol</i> TABS 5mg, 10mg	Tier 2		<i>nimodipine</i> CAPS 30mg	Tier 3	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 2		NYMALIZE SOLN 6mg/ml	Tier 2	
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	Tier 2		<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1		<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	Tier 3		<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg	Tier 3	
<b>CALCIUM CHANNEL BLOCKERS</b>					
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Tier 1		<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	Tier 2	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1		<i>verapamil hcl</i> CP24 300mg, 360mg; SOLN 2.5mg/ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 180mg	Tier 1		<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	Tier 1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	Tier 1		<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	Tier 1	
<b>DIURETICS</b>			<b>MISCELLANEOUS</b>		
<i>acetazolamide</i> CP12 500mg	Tier 3		ADRENALIN SOLN 1mg/ml	Tier 3	
<i>acetazolamide</i> TABS 125mg, 250mg	Tier 2		<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg	Tier 3	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1		<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 3	
<i>amiloride hcl</i> TABS 5mg	Tier 1		<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 3	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	Tier 2		<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 3	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 2		<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	
<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 1		CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	Tier 3	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml	Tier 1		<i>digitek</i> (generic of LANOXIN) TABS .125mg, .25mg QL (30 tabs / 30 days)	Tier 1	QL
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1		<i>digox</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>furosemide inj</i> SOLN 10mg/ml	Tier 2		<i>digoxin</i> SOLN .05mg/ml	Tier 3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1		<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 3	
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1		<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>methazolamide</i> TABS 25mg, 50mg	Tier 3		<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 1	QL NM PA
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 2		<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> (generic of ALDACTAZIDE)	Tier 2				
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1				
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	Tier 2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 3	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>methyldopa</i> TABS 250mg, 500mg PA if 70 years and older	Tier 1	PA
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	Tier 1	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	Tier 2	
<i>midodrine hcl</i> TABS 10mg	Tier 3	
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1	
<i>ranolazine</i> (generic of RANEXA) TB12 500mg, 1000mg	Tier 3	
<b>NITRATES</b>		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 2	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	Tier 2	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	Tier 1	
<i>minitran</i> (generic of NITRO-DUR) PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr NITRO-BID OINT 2%	Tier 2	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 2	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 2	QL NM LA PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM LA PA

Drug Name	Drug Tier	Requirements/ Limits
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg QL (120 tabs / 30 days)	Tier 1	QL NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 125mg QL (60 tabs / 30 days)	Tier 1	QL NM LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Tier 2	NM PA
<b>CENTRAL NERVOUS SYSTEM ANTI-ANXIETY</b>		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	Tier 2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 2	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	Tier 1	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
<b>ANTICONVULSANTS</b>		
APTiom TABS 200mg, 400mg, 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
BRIVIACT SOLN 50mg/5ml	Tier 3	PA

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Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 3	QL PA
carbamazepine CHEW 100mg	Tier 2	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 3	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml	Tier 3	
carbamazepine (generic of TEGRETOL) TABS 200mg	Tier 2	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 3	
CELONTIN CAPS 300mg	Tier 3	
clobazam (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
clobazam (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 3	QL PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 3	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 3	QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 3	QL NM LA PA

Drug Name	Drug Tier	Requirements/ Limits
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 3	QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 3	QL NM LA PA
diazepam CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	Tier 2	QL PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	Tier 2	QL PA
diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 3	
diazepam inj SOLN 5mg/ml	Tier 3	
DILANTIN CAPS 30mg, 100mg	Tier 3	
DILANTIN INFATABS CHEW 50mg	Tier 3	
DILANTIN-125 SUSP 125mg/5ml	Tier 3	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 3	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 2	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 2	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 3	QL NM LA PA
epitol (generic of TEGRETOL) TABS 200mg	Tier 2	
ethosuximide (generic of ZARONTIN) CAPS 250mg	Tier 3	
ethosuximide (generic of ZARONTIN) SOLN 250mg/5ml	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	Tier 1		<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 2	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 3		<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 3	QL NM LA PA	<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	Tier 2	
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 3	QL PA	<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 3	
FYCOMPA TABS 2mg, 4mg, 6mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 3	
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	Tier 1	QL	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	Tier 1	QL	NAYZILAM SOLN 5mg/0.1ml	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml QL (2160 mL / 30 days)	Tier 2	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 2	
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL	<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	Tier 3	PA
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL	<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	Tier 2	PA
			<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	Tier 3	PA
			PHENYTEK CAPS 200mg, 300mg	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 2		SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 2		SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 3	QL
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 2		SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 3	QL
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 2		SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 3	QL
<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	Tier 2		<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL PA	SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 3	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL PA	<i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	Tier 3	
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL PA	<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 2	
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 1		<i>valproate sodium</i> SOLN 100mg/ml	Tier 3	
<i>roweepira</i> (generic of KEPPRA) TABS 500mg	Tier 2		<i>valproate sodium</i> SOLN 250mg/5ml	Tier 2	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2300 mL / 28 days)	Tier 3	QL PA	<i>valproic acid</i> CAPS 250mg	Tier 2	
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 3	QL PA	VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	Tier 3	
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 3	QL PA	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM LA PA
			<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM LA PA
			<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM LA PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL	<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL
VIMPAT SOLN 200mg/20ml	Tier 3		<i>galantamine hydrobromide</i> SOLN 4mg/ml	Tier 3	
VIMPAT TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL	<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL	<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	Tier 3	PA
XCOPRI TABS 50mg QL (90 tabs / 30 days)	Tier 3	QL	<i>memantine hcl</i> SOLN 2mg/ml PA if < 30 yrs	Tier 3	PA
XCOPRI TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL	<i>memantine hcl</i> TABS 5mg, 10mg PA if < 30 yrs	Tier 2	PA
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 3	QL	NAMZARIC CAP 7-10MG	Tier 3	
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 3	QL	NAMZARIC CAP 14-10MG	Tier 3	
XCOPRI PAK 50-200MG QL (56 tabs / 28 days)	Tier 3	QL	NAMZARIC CAP 21-10MG	Tier 3	
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 3	QL	NAMZARIC CAP 28-10MG	Tier 3	
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 3	QL	NAMZARIC CAP PACK	Tier 3	
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 3	QL	<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 3	QL
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 1		<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg QL (90 caps / 30 days)	Tier 2	QL
<i>zonisamide</i> CAPS 50mg	Tier 1		<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	QL
<b>ANTIDEMENTIA</b>			<b>ANTIDEPRESSANTS</b>		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL	<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 2	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 1		<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 2	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL	<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 2	
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1		<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	Tier 2	



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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate</i> CAPS 25mg QL (240 caps / 30 days)	Tier 3	QL	<i>carbidopa &amp; levodopa orally disintegrating tab</i> 25-250 mg	Tier 3	
<i>trimipramine maleate</i> CAPS 50mg QL (120 caps / 30 days)	Tier 3	QL	<i>carbidopa &amp; levodopa tab</i> 10-100 mg (generic of SINEMET)	Tier 1	
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL	<i>carbidopa &amp; levodopa tab</i> 25-100 mg (generic of SINEMET)	Tier 1	
TRINTELLIX TABS 5mg QL (120 tabs / 30 days)	Tier 3	QL	<i>carbidopa &amp; levodopa tab</i> 25-250 mg	Tier 1	
TRINTELLIX TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL	<i>carbidopa &amp; levodopa tab er</i> 25-100 mg	Tier 2	
TRINTELLIX TABS 20mg QL (30 tabs / 30 days)	Tier 3	QL	<i>carbidopa &amp; levodopa tab er</i> 50-200 mg	Tier 2	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 1		<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg (generic of STALEVO 50)	Tier 3	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2		<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg (generic of STALEVO 75)	Tier 3	
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL	<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg (generic of STALEVO 100)	Tier 3	
VIIBRYD KIT STARTER	Tier 3		<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg (generic of STALEVO 125)	Tier 3	
<b>ANTIPARKINSONIAN AGENTS</b>					
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL	<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg (generic of STALEVO 150)	Tier 3	
<i>amantadine hcl</i> SYRP 50mg/5ml	Tier 2		<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	Tier 3	
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN 1mg/ml	Tier 3		<i>entacapone</i> (generic of COMTAN) TABS 200mg	Tier 3	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	Tier 2	PA	KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)	Tier 2	QL NM PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	Tier 3		NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Tier 3	
<i>carbidopa &amp; levodopa orally disintegrating tab</i> 10-100 mg	Tier 3		<i>pramipexole dihydrochloride</i> TABS .25mg, 1.5mg	Tier 1	
<i>carbidopa &amp; levodopa orally disintegrating tab</i> 25-100 mg	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX) TABS .125mg, .5mg, .75mg, 1mg	Tier 1		<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 3	QL
<i>rasagiline mesylate</i> (generic of AZILECT) TABS 1mg QL (30 tabs / 30 days)	Tier 3	QL	CAPLYTA CAPS 42mg QL (30 caps / 30 days)	Tier 3	QL PA
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg QL (60 tabs / 30 days)	Tier 3	QL	<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 3	
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1		<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	Tier 2	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 2		<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 3	QL
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	Tier 2	PA	<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (135 tabs / 30 days)	Tier 3	QL
<b>ANTIPSYCHOTICS</b>			<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 3	PA
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 3	QL	<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 3	QL PA
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	Tier 3	QL	<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 3	QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	Tier 3	QL	<i>clozapine</i> TBDP 200mg QL (135 tabs / 30 days)	Tier 3	QL PA
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 3	QL	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL	FANAPT PAK	Tier 3	PA
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 3	QL	<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 3	
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 3	QL	<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 3	
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 3		<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2	

Blue MedicareRx 3-Tier Select MIIA 2022 Comprehensive Drug List effective 01/01/2022

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 2		<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 2		<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 3	QL
<i>haloperidol lactate</i> CONC 2mg/ml	Tier 2		<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL
<i>haloperidol lactate</i> (generic of HALDOL) SOLN 5mg/ml	Tier 2		<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 3	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL	<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 2	
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml QL (1 syringe / 90 days)	Tier 3	QL	PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	Tier 3	QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL	<i>pimozide</i> TABS 1mg, 2mg	Tier 3	
LATUDA TABS 80mg QL (60 tabs / 30 days)	Tier 3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	Tier 2	
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 2		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 3		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL PA
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 3	QL NM LA PA	REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 3	QL NM LA PA	REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 3	QL	RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	QL	<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL			

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Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
<i>risperidone</i> TABS .25mg	Tier 1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 3	QL
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 3	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 3	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 2	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 3	QL PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 3	QL PA
VRAYLAR CAP 1.5-3MG	Tier 3	PA
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 3	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 3	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 3	QL PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	Tier 3	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	Tier 2	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 30mg QL (30 caps / 30 days) PA if 65 years and older	Tier 3	QL PA
<i>metadate er</i> TBCR 20mg QL (90 tabs / 30 days)	Tier 3	QL PA	<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL PA	<b>MIGRAINE</b>		
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA	<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) SOLN 1mg/ml	Tier 1	
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA	<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL PA	<i>ergotamine w/ caffeine tab</i> 1-100 mg (generic of CAFERGOT) QL (40 tabs / 28 days)	Tier 2	QL PA
<b>HYPNOTICS</b>			<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 2	QL
<i>BELSOMRA</i> TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL	<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL
<i>HETLIOZ</i> CAPS 20mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA	<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 units / 30 days)	Tier 3	QL
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	QL PA	<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 units / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>lithium carbonate</i> (generic of Tier 1 LITHOBID) TBCR 300mg		
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL	NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 3	QL PA
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>sumatriptan succinate</i> (generic of IMITREX) SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	Tier 2	
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL	<i>riluzole</i> (generic of RILUTEK) TABS 50mg	Tier 3	
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 3	QL PA	<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<b>MISCELLANEOUS</b>			<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 2	QL NM PA
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA	<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	Tier 2	NM PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	Tier 2	QL NM LA PA	GILENYA CAPS .5mg QL (28 caps / 28 days)	Tier 2	QL NM PA
LITHIUM SOLN 8meq/5ml	Tier 3		<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
			<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
			<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i> (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<b>MUSCULOSKELETAL THERAPY AGENTS</b>			<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i> (base equiv) (generic of SUBOXONE) QL (60 films / 30 days)	Tier 3	QL
<i>baclofen</i> TABS 10mg, 20mg	Tier 2		<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> (base equiv) QL (90 tabs / 30 days)	Tier 1	QL
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	Tier 2	PA	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i> (base equiv) QL (90 tabs / 30 days)	Tier 1	QL
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	Tier 3		<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	Tier 2	
<i>dantrolene sodium</i> CAPS 100mg	Tier 3		CHANTIX TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 3	QL PA
<i>tizanidine hcl</i> TABS 2mg	Tier 1		CHANTIX CONTINUING MONTH TABS 1mg QL (56 tabs / 28 days)	Tier 3	QL PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1		CHANTIX PAK 0.5& 1MG QL (106 tabs / year)	Tier 3	QL PA
<b>NARCOLEPSY/CATAPLEXY</b>			<i>disulfiram</i> TABS 250mg, 500mg	Tier 2	
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (90 tabs / 30 days)	Tier 2	QL PA	<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	Tier 1	
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 2	QL PA	<i>naltrexone hcl</i> TABS 50mg	Tier 2	
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	QL NM LA PA	NARCAN LIQD 4mg/0.1ml	Tier 2	
<b>PSYCHOTHERAPEUTIC-MISC</b>			NICOTROL INHALER INHA 10mg	Tier 3	
<i>acamprosate calcium</i> TBECT 333mg	Tier 3		NICOTROL NS SOLN 10mg/ml	Tier 3	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 2	QL PA	VIVITROL SUSR 380mg	Tier 2	NM
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL	<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i> (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL	ANDRODERM PT24 2mg/24hr, 4mg/24hr QL (30 patches / 30 days)	Tier 3	QL PA
			<i>oxandrolone</i> TABS 2.5mg QL (120 tabs / 30 days)	Tier 2	QL PA



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxandrolone</i> TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>testosterone</i> GEL 1% QL (300 gm / 30 days)	Tier 3	QL PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL PA	<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	Tier 2	QL
<i>testosterone cypionate</i> (generic of DEPO- TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	Tier 2	PA	<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 2	PA	<i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
<b>ANTIDIABETICS</b>			GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL
<i>acarbose</i> (generic of PRECOSE) TABS 25mg, 50mg, 100mg	Tier 2		GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	Tier 2	QL	JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	Tier 3	QL	JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL	JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 2	QL
<i>glimepiride</i> (generic of AMARYL) TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
<i>glimepiride</i> (generic of AMARYL) TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 2	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL	JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL	JARDIANCE TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL	JARDIANCE TABS 25mg QL (30 tabs / 30 days)	Tier 2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL
			JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TAB 2.5-1000	Tier 2	QL	<i>repaglinide</i> TABS .5mg, 1mg	Tier 2	QL
QL (60 tabs / 30 days)			QL (120 tabs / 30 days)		
JENTADUETO TAB XR 2.5-1000MG	Tier 2	QL	RYBELSUS TABS 3mg, 7mg, 14mg	Tier 2	QL
QL (60 tabs / 30 days)			QL (30 tabs / 30 days)		
JENTADUETO TAB XR 5-1000MG	Tier 2	QL	SYNJARDY TAB 5-500MG	Tier 2	QL
QL (30 tabs / 30 days)			QL (120 tabs / 30 days)		
<i>metformin hcl</i> TABS 500mg	Tier 1	QL	SYNJARDY TAB 5-1000MG	Tier 2	QL
QL (150 tabs / 30 days)			QL (60 tabs / 30 days)		
<i>metformin hcl</i> TABS 850mg	Tier 1	QL	SYNJARDY TAB 12.5-500	Tier 2	QL
QL (90 tabs / 30 days)			QL (60 tabs / 30 days)		
<i>metformin hcl</i> TABS 1000mg	Tier 1	QL	SYNJARDY TAB 12.5-1000MG	Tier 2	QL
QL (75 tabs / 30 days)			QL (60 tabs / 30 days)		
<i>metformin hcl</i> TB24 500mg	Tier 1	QL	SYNJARDY XR TAB 5-1000MG	Tier 2	QL
QL (120 tabs / 30 days)			QL (60 tabs / 30 days)		
(generic of GLUCOPHAGE XR)			SYNJARDY XR TAB 10-1000	Tier 2	QL
<i>metformin hcl</i> TB24 750mg	Tier 1	QL	QL (60 tabs / 30 days)		
QL (60 tabs / 30 days)			SYNJARDY XR TAB 12.5-1000MG	Tier 2	QL
(generic of GLUCOPHAGE XR)			QL (60 tabs / 30 days)		
<i>nateglinide</i> TABS 60mg, 120mg	Tier 2	QL	SYNJARDY XR TAB 25-1000	Tier 2	QL
QL (90 tabs / 30 days)			QL (30 tabs / 30 days)		
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	Tier 2	QL	TRADJENTA TABS 5mg	Tier 2	QL
QL (1 pen / 28 days)			QL (30 tabs / 30 days)		
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	Tier 2	QL	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	Tier 2	QL
QL (2 pens / 28 days)			QL (60 tabs / 30 days)		
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	Tier 2	QL	TRIJARDY XR TAB ER 24HR 10-5-1000MG	Tier 2	QL
QL (1 pen / 28 days)			QL (30 tabs / 30 days)		
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg	Tier 1	QL	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	Tier 2	QL
QL (30 tabs / 30 days)			QL (60 tabs / 30 days)		
<i>repaglinide</i> TABS 2mg	Tier 2	QL	TRIJARDY XR TAB ER 24HR 25-5-1000MG	Tier 2	QL
QL (240 tabs / 30 days)			QL (30 tabs / 30 days)		
			TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Tier 2	QL
			QL (4 pens / 28 days)		

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Drug Name	Drug Tier	Requirements/ Limits
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	Tier 2	QL
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10- 500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL
<b>ANTIDIABETICS, INSULINS</b>		
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 2	
BD ALCOHOL SWABS	Tier 2	
FIASP FLEX INJ TOUCH	Tier 2	
FIASP INJ 100/ML	Tier 2	
FIASP PENFIL INJ U-100	Tier 2	
GAUZE PADS 2" X 2"	Tier 2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	Tier 2	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	
INSULIN SAFETY NEEDLES	Tier 2	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRI VIDIA/MHC	Tier 2	
LEVEMIR SOLN 100unit/ml	Tier 2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	Tier 2	
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN N FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	Tier 2	
OMNIPOD KIT STARTER QL (1 kit / year)	Tier 3	QL PA
OMNIPOD MIS 5 PACK QL (10 pods / 30 days)	Tier 3	QL PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN /TRIVIDIA	Tier 2	
SOLIQUA INJ 100/33 QL (10 pens / 30 days)	Tier 2	QL
TRESIBA SOLN 100unit/ml	Tier 2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 2	
V-GO 20 KIT QL (1 kit / 30 days)	Tier 3	QL PA
V-GO 30 KIT QL (1 kit / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
V-GO 40 KIT QL (1 kit / 30 days)	Tier 3	QL PA	<i>sodium polystyrene sulfonate powder</i>	Tier 2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL	<i>sps SUSP 15gm/60ml</i>	Tier 2	
<b>CALCIUM REGULATORS</b>			<i>trientine hcl (generic of SYPRINE) CAPS 250mg</i>	Tier 1	NM PA
<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1		VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 3	PA
<i>alendronate sodium (generic of FOSAMAX)</i> TABS 70mg	Tier 1		<b>CONTRACEPTIVES</b>		
<i>calcitonin (salmon) spray (generic of MIACALCIN)</i> SOLN 200unit/act	Tier 2	B/D	<i>afirmelle</i>	Tier 2	
FORTEO SOPN 620mcg/2.48ml	Tier 2	NM PA	<i>altavera</i>	Tier 2	
<i>ibandronate sodium (generic of BONIVA)</i> TABS 150mg	Tier 2	B/D	<i>alyacen 1/35</i>	Tier 2	
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 2	NM PA	<i>alyacen 7/7/7</i>	Tier 2	
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D	<i>apri</i>	Tier 2	
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	Tier 2	B/D	<i>aranelle</i>	Tier 2	
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM	<i>aubra eq</i>	Tier 2	
XGEVA SOLN 120mg/1.7ml	Tier 2	NM PA	<i>aurovela 1/20</i>	Tier 2	
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	Tier 3	B/D NM	<i>aurovela fe 1.5/30</i>	Tier 2	
<i>zoledronic acid (generic of RECLAST)</i> SOLN 5mg/100ml	Tier 3	B/D NM	<i>aurovela fe 1/20</i>	Tier 2	
<b>CHELATING AGENTS</b>			<i>aviane</i>	Tier 2	
CHEMET CAPS 100mg	Tier 3		<i>ayuna</i>	Tier 2	
<i>deferasirox (generic of JADENU)</i> SPRINKLE PACK 90mg, 180mg, 360mg	Tier 1	NM PA	<i>azurette (generic of MIRCETTE)</i>	Tier 2	
<i>deferasirox (generic of JADENU)</i> TABS 90mg, 180mg, 360mg	Tier 1	NM PA	<i>balziva</i>	Tier 2	
LOKELMA PACK 5gm, 10gm	Tier 2		<i>bekyree (generic of MIRCETTE)</i>	Tier 2	
<i>penicillamine (generic of DEPEN TITRATABS)</i> TABS 250mg	Tier 1	NM	<i>blisovi fe 1.5/30</i>	Tier 2	
			<i>briellyn</i>	Tier 2	
			<i>camila</i> TABS .35mg	Tier 2	
			<i>caziant</i>	Tier 2	
			<i>chateal</i>	Tier 2	
			<i>cryselle-28</i>	Tier 2	
			<i>cyclafem 1/35</i>	Tier 2	
			<i>cyclafem 7/7/7</i>	Tier 2	
			<i>cyred eq</i>	Tier 2	
			<i>dasetta 1/35</i>	Tier 2	
			<i>dasetta 7/7/7</i>	Tier 2	
			<i>deblitane</i> TABS .35mg	Tier 2	
			<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (generic of MIRCETTE)</i>	Tier 2	
			<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	Tier 2	
<i>elinest</i>	Tier 2	
ELLA TABS 30mg	Tier 2	
<i>emoquette</i>	Tier 2	
<i>enpresse-28</i>	Tier 2	
<i>enskyce</i>	Tier 2	
errin TABS .35mg	Tier 2	
<i>estarylla</i>	Tier 2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 2	
<i>falmina</i>	Tier 2	
<i>femynor</i>	Tier 2	
<i>hailey 1.5/30</i>	Tier 2	
<i>heather</i> TABS .35mg	Tier 2	
<i>iclevia</i>	Tier 2	
<i>incassia</i> TABS .35mg	Tier 2	
<i>introvale</i>	Tier 2	
<i>isibloom</i>	Tier 2	
<i>jasmiel</i> (generic of YAZ)	Tier 2	
<i>jolessa</i>	Tier 2	
<i>juleber</i>	Tier 2	
<i>junel 1.5/30</i>	Tier 2	
<i>junel 1/20</i>	Tier 2	
<i>junel fe 1.5/30</i>	Tier 2	
<i>junel fe 1/20</i>	Tier 2	
<i>kariva</i> (generic of MIRCETTE)	Tier 2	
<i>kelnor 1/35</i>	Tier 2	
<i>kelnor 1/50</i>	Tier 2	
<i>kurvelo</i>	Tier 2	
<i>larin 1.5/30</i>	Tier 2	
<i>larin 1/20</i>	Tier 2	
<i>larin fe 1.5/30</i>	Tier 2	
<i>larin fe 1/20</i>	Tier 2	
<i>larissia</i>	Tier 2	
<i>leena</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>lessina</i>	Tier 2	
<i>levonest</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2	
<i>levonorgestrel-eth estro tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 2	
<i>levora 0.15/30-28</i>	Tier 2	
<i>lillow</i>	Tier 2	
<i>loestrin 1.5/30-21</i>	Tier 2	
<i>loestrin 1/20-21</i>	Tier 2	
<i>loestrin fe 1.5/30</i>	Tier 2	
<i>loestrin fe 1/20</i>	Tier 2	
<i>loryna</i> (generic of YAZ)	Tier 2	
<i>low-ogestrel</i>	Tier 2	
<i>lutura</i>	Tier 2	
<i>lyleq</i> TABS .35mg	Tier 2	
<i>lyza</i> TABS .35mg	Tier 2	
<i>marlissa</i>	Tier 2	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	Tier 2	
<i>microgestin 1.5/30</i>	Tier 2	
<i>microgestin 1/20</i>	Tier 2	
<i>microgestin fe 1.5/30</i>	Tier 2	
<i>microgestin fe 1/20</i>	Tier 2	
<i>mili</i>	Tier 2	
<i>mono-linyah</i>	Tier 2	
<i>necon 0.5/35-28</i>	Tier 2	
<i>nikki</i> (generic of YAZ)	Tier 2	
<i>nora-be</i> TABS .35mg	Tier 2	
<i>norethindrone</i> (contraceptive) TABS .35mg	Tier 2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 2		<i>tri-linyah</i>	Tier 2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 2		<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 2		<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 2		<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>norlyroc TABS .35mg</i>	Tier 2		<i>tri-mili</i>	Tier 2	
<i>nortrel 0.5/35 (28)</i>	Tier 2		<i>tri-nymyo</i>	Tier 2	
<i>nortrel 1/35 (21)</i>	Tier 2		<i>tri-previfem</i>	Tier 2	
<i>nortrel 1/35 (28)</i>	Tier 2		<i>tri-sprintec</i>	Tier 2	
<i>nortrel 7/7/7</i>	Tier 2		<i>tri-vylibra</i>	Tier 2	
<i>nylia 7/7/7</i>	Tier 2		<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>nymyo</i>	Tier 2		<i>trivora-28</i>	Tier 2	
<i>ocella</i> (generic of YASMIN 28)	Tier 2		<i>velivet</i>	Tier 2	
<i>orsythia</i>	Tier 2		<i>vestura</i> (generic of YAZ)	Tier 2	
<i>philith</i>	Tier 2		<i>vienva</i>	Tier 2	
<i>pimtrea</i> (generic of MIRCETTE)	Tier 2		<i>viorele</i> (generic of MIRCETTE)	Tier 2	
<i>pirmella 1/35</i>	Tier 2		<i>vyfemla</i>	Tier 2	
<i>portia-28</i>	Tier 2		<i>vylibra</i>	Tier 2	
<i>previfem</i>	Tier 2		<i>wera</i>	Tier 2	
<i>reclipsen</i>	Tier 2		<i>xulane</i>	Tier 3	
<i>setlakin</i>	Tier 2		<i>zafemy</i>	Tier 3	
<i>sharobel TABS .35mg</i>	Tier 2		<i>zarah</i> (generic of YASMIN 28)	Tier 2	
<i>simliya</i> (generic of MIRCETTE)	Tier 2		<i>zovia 1/35</i>	Tier 2	
<i>sprintec 28</i>	Tier 2		<i>zumandimine</i> (generic of YASMIN 28)	Tier 2	
<i>sronyx</i>	Tier 2		<b>ENDOMETRIOSIS</b>		
<i>syeda</i> (generic of YASMIN 28)	Tier 2		<i>danazol CAPS 50mg, 100mg, 200mg</i>	Tier 3	
<i>tarina fe 1/20 eq</i>	Tier 2		<i>SYNAREL SOLN 2mg/ml</i>	Tier 2	
<i>tilia fe</i> (generic of ESTROSTEP FE)	Tier 3		<b>ESTROGENS</b>		
<i>tri-estarylla</i>	Tier 2		<i>amabelz</i>	Tier 2	
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	Tier 3		<i>amabelz</i> (generic of ACTIVELLA)	Tier 2	
			<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2		<b>GLUCOCORTICOIDS</b>		
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2		<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 2	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	Tier 1		<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 2	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 2		<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVEVELLA)	Tier 2		<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 2	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Tier 2		<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg	Tier 2	B/D
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	Tier 3		<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 1	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	Tier 3		<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 2	B/D
<i>fyavolv tab 0.5mg-2.5mcg</i> (generic of FEMHRT)	Tier 2		<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 1000mg	Tier 2	B/D
<i>fyavolv tab 1mg-5mcg</i>	Tier 2		<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D
<i>jinteli</i>	Tier 2		<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 1	B/D
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2		<i>prednisone</i> SOLN 5mg/5ml	Tier 3	B/D
<i>mimvey</i> (generic of ACTIVEVELLA)	Tier 2		<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
<i>norethindrone acetate- ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (generic of FEMHRT)	Tier 2		<i>prednisone</i> TBPK 5mg, 10mg	Tier 2	
<i>norethindrone acetate- ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2		SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 3	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	Tier 3		<b>GLUCOSE ELEVATING AGENTS</b>		
			<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Tier 1	
			GVOKE HYPOPEN 2-PACK	Tier 2	
			SOAJ .5mg/0.1ml, 1mg/0.2ml		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	Tier 2		<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	Tier 1	QL NM PA
<b>MISCELLANEOUS</b>					
<i>cabergoline</i> TABS .5mg	Tier 2		<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	Tier 1	NM PA
CARBAGLU TABS 200mg	Tier 2	NM LA PA	<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 3	NM PA
CERDELGA CAPS 84mg	Tier 2	NM PA	<i>octreotide acetate</i> SOLN 200mcg/ml	Tier 3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg QL (120 tabs / 30 days)	Tier 3	B/D QL NM	<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 1	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 60mg QL (60 tabs / 30 days)	Tier 1	B/D QL NM	<i>octreotide acetate</i> SOLN 1000mcg/ml	Tier 1	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NM	<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 2	
CYSTADANE POW	Tier 2	NM LA	<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
CYTAGON CAPS 50mg, 150mg	Tier 3	NM LA PA	SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM LA PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	Tier 1		<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 1	NM PA
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Tier 2		SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 2	NM PA
<i>desmopressin acetate spray</i> SOLN .01%	Tier 3		SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM LA PA
<i>desmopressin acetate spray</i> <i>refrigerated</i> SOLN .01%	Tier 3		<b>PHOSPHATE BINDER AGENTS</b>		
GENOTROPIN SOLR 5mg, 12mg	Tier 2	NM PA	<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS 667mg QL (360 caps / 30 days)	Tier 2	QL
GENOTROPIN MINISQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NM PA	<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	Tier 2	QL
INCRELEX SOLN 40mg/4ml	Tier 2	NM LA PA	<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	Tier 3	QL
KORLYM TABS 300mg	Tier 2	NM LA PA			
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml	Tier 3	B/D			
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) TABS 330mg	Tier 2	B/D			



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	Tier 1	QL	<i>methimazole</i> (generic of TAPAZOLE) TABS 5mg, 10mg	Tier 1	
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	Tier 3	QL	<i>propylthiouracil</i> TABS 50mg	Tier 2	
<b>PROGESTINS</b>			SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 3	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1		<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 2		<b>VITAMIN D ANALOGS</b>		
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS 5mg	Tier 2		<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 1	B/D
<b>THYROID AGENTS</b>			<i>calcitriol</i> SOLN 1mcg/ml	Tier 3	B/D
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1		<i>calcitriol</i> (generic of ROCALTROL) SOLN 1mcg/ml	Tier 3	B/D
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1		<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1		<i>paricalcitol</i> CAPS 4mcg	Tier 3	B/D
<i>levoxyI</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1		RAYALDEE CPCR 30mcg	Tier 2	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2		<b>GASTROINTESTINAL ANTIEMETICS</b>		
			<i>aprepitant</i> CAPS 40mg, 125mg	Tier 3	B/D
			<i>aprepitant</i> (generic of EMEND) CAPS 80mg	Tier 3	B/D
			<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 3	B/D
			<i>compro</i> SUPP 25mg	Tier 3	
			<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 3	B/D QL
			<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 1	
			<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 2	
			<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 2	B/D	<i>nizatidine</i> CAPS 150mg, 300mg	Tier 3	
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	Tier 2		<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg	Tier 2	B/D	<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	Tier 2	
<i>ondansetron hcl</i> TABS 8mg, 24mg	Tier 2	B/D	<i>budesonide</i> (generic of ENTOCORT EC) CPEP 3mg	Tier 3	PA
<i>prochlorperazine</i> SUPP 25mg	Tier 3		<i>budesonide</i> (generic of UCERIS) TB24 9mg	Tier 1	PA
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 3		<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	Tier 3	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1		<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 3	QL
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 2	PA	<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	Tier 3	QL
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	Tier 2	PA	<i>mesalamine</i> ENEM 4gm	Tier 3	
<i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	Tier 3	QL PA	<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	Tier 3	
<b>ANTISPASMODICS</b>			<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 2		<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	Tier 3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 3		<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 1	
<i>glycopyrrolate</i> TABS 1mg, 2mg	Tier 2		<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2	
<b>H2-RECEPTOR ANTAGONISTS</b>			<b>LAXATIVES</b>		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 2		<i>constulose</i> SOLN 10gm/15ml	Tier 2	
<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	Tier 1	QL	<i>enulose</i> SOLN 10gm/15ml	Tier 2	
<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	Tier 1	QL	<i>gavilyte-c</i>	Tier 1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 2		<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1	
			<i>gavilyte-n/flavor pack</i> (generic of NULYTELY)	Tier 1	
			<i>generlac</i> SOLN 10gm/15ml	Tier 2	
			<i>GOLYTELY</i> SOL	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose</i> SOLN 10gm/15ml	Tier 2		<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 2		XERMELO TABS 250mg	Tier 2	QL NM LA PA
NULYTELY SOL LMN/LIME	Tier 2		QL (90 tabs / 30 days)		
<i>peg 3350-kcl-na bicarb-nacl na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 1		XIFAXAN TABS 550mg	Tier 2	PA
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (generic of NULYTELY)	Tier 1		<b>PANCREATIC ENZYMES</b>		
PLENVU SOL	Tier 3		CREON CAP 3000UNIT	Tier 2	
SUPREP BOWEL SOL PREP KIT	Tier 3		CREON CAP 6000UNIT	Tier 2	
<i>trilyte</i> (generic of NULYTELY)	Tier 1		CREON CAP 12000UNIT	Tier 2	
<b>MISCELLANEOUS</b>			CREON CAP 24000UNIT	Tier 2	
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg	Tier 1	QL PA	CREON CAP 36000UNIT	Tier 2	
QL (60 tabs / 30 days)			ZENPEP CAP 3000UNIT	Tier 3	
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg	Tier 3	QL PA	ZENPEP CAP 5000UNIT	Tier 3	
QL (60 tabs / 30 days)			ZENPEP CAP 10000UNIT	Tier 3	
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	Tier 3		ZENPEP CAP 15000UNIT	Tier 3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	Tier 2		ZENPEP CAP 20000UNIT	Tier 3	
GATTEX KIT 5mg	Tier 2	NM LA PA	ZENPEP CAP 25000	Tier 3	
LINZESS CAPS 72mcg, 145mcg, 290mcg	Tier 3	QL	ZENPEP CAP 40000	Tier 3	
QL (30 caps / 30 days)			<b>PROTON PUMP INHIBITORS</b>		
<i>loperamide hcl</i> CAPS 2mg	Tier 2		DEXILANT CPDR 30mg, 60mg	Tier 3	QL
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2		QL (30 caps / 30 days)		
MOVANTIK TABS 12.5mg	Tier 2	QL	<i>lansoprazole</i> CPDR 15mg	Tier 2	QL
QL (60 tabs / 30 days)			QL (60 caps / 30 days)		
MOVANTIK TABS 25mg	Tier 2	QL	<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg	Tier 2	QL
QL (30 tabs / 30 days)			QL (60 caps / 30 days)		
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	Tier 2	PA	<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1	
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	Tier 2		<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg	Tier 2	
<i>ursodiol</i> CAPS 300mg	Tier 2		<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 3		<b>GENITOURINARY</b>		
			<b>BENIGN PROSTATIC HYPERPLASIA</b>		
			<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	Tier 1	QL
			QL (30 tabs / 30 days)		
			<i>dutasteride</i> (generic of AVODART) CAPS .5mg	Tier 2	QL
			QL (30 caps / 30 days)		
			<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	Tier 1		<i>trospium chloride</i> TABS 20mg	Tier 2	QL
<b>MISCELLANEOUS</b>			QL (60 tabs / 30 days)		
<i>acetic acid</i> SOLN .25%	Tier 1		<b>VAGINAL ANTI-INFECTIVES</b>		
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 2		<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	Tier 2	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 3		<i>metronidazole vaginal</i> GEL .75%	Tier 2	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 5) TBCR 540mg	Tier 3		<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	Tier 2	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 3		<i>vandazole</i> GEL .75%	Tier 2	
<b>URINARY ANTISPASMODICS</b>			<b>HEMATOLOGIC ANTICOAGULANTS</b>		
MYRBETRIQ TB24 25mg, 50mg	Tier 3	QL	ELIQUIS TABS 2.5mg	Tier 2	QL
		QL (30 tabs / 30 days)			QL (60 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	Tier 2		ELIQUIS TABS 5mg	Tier 2	QL
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg	Tier 2	QL			QL (74 tabs / 30 days)
		QL (30 tabs / 30 days)	ELIQUIS STARTER PACK TBPK 5mg	Tier 2	QL
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg	Tier 2	QL			QL (74 tabs / 30 days)
		QL (60 tabs / 30 days)	<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	Tier 3	
<i>oxybutynin chloride</i> TB24 15mg	Tier 2	QL	<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	Tier 3	
		QL (60 tabs / 30 days)	<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg	Tier 2	QL	HEP SOD/NACL INJ 25000UNT	Tier 2	
		QL (30 tabs / 30 days)	<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	Tier 3	QL ST	<i>heparin sodium (porcine)</i> 100 unit/ml in d5w	Tier 2	
		QL (30 caps / 30 days)	<i>heparin sodium (porcine)-dextrose iv sol</i> 20000 unit/500ml-5%	Tier 2	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	Tier 3	QL ST	<i>heparin sodium (porcine)-dextrose iv sol</i> 25000 unit/500ml-5%	Tier 2	
		QL (60 tabs / 30 days)			
TOVIAZ TB24 4mg, 8mg	Tier 2	QL			
		QL (30 tabs / 30 days)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEPARIN/NACL INJ 25000UNT	Tier 2		HAEGARDA SOLR 3000unit	Tier 2	QL NM LA PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		QL (20 vials / 30 days)		
PRADAXA CAPS 75mg, 150mg	Tier 3	QL	<i>icatibant acetate</i> (generic of FIRAZYR) SOLN 30mg/3ml	Tier 1	QL NM PA
QL (60 caps / 30 days)			QL (9 syringes / 30 days)		
PRADAXA CAPS 110mg	Tier 3	QL	<i>pentoxifylline</i> TBCR 400mg	Tier 1	
QL (120 caps / 30 days)			PROMACTA PACK 12.5mg	Tier 2	QL NM LA PA
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		QL (360 packets / 30 days)		
XARELTO TABS 2.5mg	Tier 2	QL	PROMACTA PACK 25mg	Tier 2	QL NM LA PA
QL (60 tabs / 30 days)			QL (180 packets / 30 days)		
XARELTO TABS 10mg, 15mg, 20mg	Tier 2	QL	PROMACTA TABS 12.5mg, 25mg	Tier 2	QL NM LA PA
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
XARELTO STAR TAB 15/20MG	Tier 2	QL	PROMACTA TABS 50mg, 75mg	Tier 2	QL NM LA PA
QL (51 tabs / 30 days)			QL (60 tabs / 30 days)		
<b>HEMATOPOIETIC GROWTH FACTORS</b>			<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 3	
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA	<i>tranexamic acid</i> (generic of LYSTEDA) TABS 650mg	Tier 2	
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NM PA	<b>PLATELET AGGREGATION INHIBITORS</b>		
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA	<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 3	
<b>MISCELLANEOUS</b>			BRILINTA TABS 60mg, 90mg	Tier 3	
<i>anagrelide hcl</i> CAPS 1mg	Tier 3		<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Tier 1	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	Tier 3		<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	Tier 2	PA
BERINERT KIT 500unit	Tier 2	QL NM LA PA	PA if 70 years and older		
QL (24 boxes / 30 days)			<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	Tier 2	
<i>cilostazol</i> TABS 50mg, 100mg	Tier 1		<b>IMMUNOLOGIC AGENTS</b>		
DOPTELET TABS 20mg	Tier 2	NM LA PA	<b>AUTOIMMUNE AGENTS</b>		
DROXIA CAPS 200mg, 300mg, 400mg	Tier 2		ENBREL SOLN 25mg/0.5ml; SOLR 25mg	Tier 2	QL NM PA
ENDARI PACK 5g	Tier 2	NM LA PA	QL (16 vials / 28 days)		
HAEGARDA SOLR 2000unit	Tier 2	QL NM LA PA	ENBREL SOSY 25mg/0.5ml	Tier 2	QL NM PA
QL (30 vials / 30 days)			QL (16 syringes / 28 days)		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA	STELARA SOLN 45mg/0.5ml QL (2 vials / 28 days)	Tier 2	QL NM LA PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 2	QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA	TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	Tier 2	QL NM LA PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	Tier 2	QL NM PA	XELJANZ SOLN 1mg/ml QL (240 mL / 24 days)	Tier 2	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
HUMIRA PEDIA INJ CROHNS	Tier 2	NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Tier 2	NM PA	<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA	<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	Tier 2	
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA	<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
HUMIRA PEN KIT PS/UV	Tier 2	NM PA	<i>methotrexate sodium</i> TABS 2.5mg	Tier 2	
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	Tier 2	NM PA	XATMEP SOLN 2.5mg/ml	Tier 3	B/D
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Tier 2	NM PA	<b>IMMUNOGLOBULINS</b>		
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Tier 2	NM PA	BIVIGAM SOLN 5gm/50ml	Tier 2	NM PA
RINVOQ TB24 15mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA
SKYRIZI PSKT 75mg/0.83ml QL (7 kits / 365 days)	Tier 2	QL NM PA	GAMASTAN INJ	Tier 3	B/D NM
SKYRIZI SOSY 150mg/ml QL (7 syringes / year)	Tier 2	QL NM PA	GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (7 pens / year)	Tier 2	QL NM PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA	<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA	<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 3	B/D NM
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA	<i>everolimus (immunosuppressant)</i> (generic of ZORTRESS) TABS .5mg, .75mg	Tier 1	B/D NM
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	Tier 2	NM PA	<i>everolimus (immunosuppressant)</i> (generic of ZORTRESS) TABS .25mg	Tier 3	B/D NM
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA	<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM
<b>IMMUNOMODULATORS</b>			<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	Tier 1	B/D NM
ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 2	NM LA PA	<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 3	B/D NM
ARCALYST SOLR 220mg	Tier 2	NM PA	PROGRAF PACK .2mg, 1mg	Tier 3	B/D NM
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 50mu	Tier 2	B/D NM	SANDIMMUNE SOLN 100mg/ml	Tier 2	B/D NM
INTRON A SOLR 10mu	Tier 2	B/D NM	<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	Tier 1	B/D NM
INTRON A SOLR 18mu	Tier 3	B/D NM	<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	Tier 3	B/D NM
<b>IMMUNOSUPPRESSANTS</b>			<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 3	B/D NM
<i>azathioprine</i> (generic of IMURAN) TABS 50mg	Tier 2	B/D	ZORTRESS TABS 1mg	Tier 2	B/D NM
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA	<b>VACCINES</b>		
BENLYSTA SOLR 120mg, 400mg	Tier 2	NM PA	ACTHIB INJ	Tier 2	
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 3	B/D NM	ADACEL INJ	Tier 2	
			BCG VACCINE INJ	Tier 3	
			BEXSERO INJ	Tier 2	
			BOOSTRIX INJ	Tier 2	
			DAPTACEL INJ	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
DIP/TET PED INJ 25-5LFU	Tier 2	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	Tier 2	B/D
GARDASIL 9 INJ	Tier 3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 2	
HIBERIX SOLR 10mcg	Tier 2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	Tier 3	B/D
INFANRIX INJ	Tier 2	
IPOL INJ INACTIVE	Tier 2	
IXIARO INJ	Tier 3	
KINRIX INJ	Tier 2	
M-M-R II INJ	Tier 2	
MENACTRA INJ	Tier 2	
MENQUADFI INJ	Tier 2	
MENVEO INJ	Tier 2	
PEDIARIX INJ 0.5ML	Tier 2	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 2	
PENTACEL INJ	Tier 3	
PROQUAD INJ	Tier 3	
QUADRACEL INJ	Tier 2	
RABAVERT INJ	Tier 3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	Tier 2	B/D
ROTARIX SUS	Tier 2	
ROTATEQ SOL	Tier 2	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 2	QL
TDVAX INJ 2-2 LF	Tier 2	B/D
TENIVAC INJ 5-2LF	Tier 2	B/D
TRUMENBA INJ	Tier 2	
TWINRIX INJ	Tier 3	
TYPHIM VI SOLN 25mcg/0.5ml	Tier 3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 2	
VARIVAX INJ 1350pfu/0.5ml	Tier 2	
YF-VAX INJ	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<b>NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE</b>		
D2.5W/NAACL INJ 0.45%	Tier 2	
D5W/LYTES INJ #48	Tier 3	
D10W/NAACL INJ 0.2%	Tier 2	
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NAACL 0.45%)	Tier 2	
dextrose 5% in lactated ringers	Tier 2	
dextrose 5% w/ sodium chloride 0.2%	Tier 2	
dextrose 5% w/ sodium chloride 0.9%	Tier 2	
dextrose 5% w/ sodium chloride 0.45%	Tier 2	
dextrose 10% w/ sodium chloride 0.45%	Tier 2	
ISOLYTE-P INJ /D5W	Tier 3	
ISOLYTE-S INJ	Tier 3	
ISOLYTE-S INJ PH 7.4	Tier 3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 2	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 2	
KCL 20 MEQ/L (0.15%) IN NAACL 0.45% INJ	Tier 3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 2	



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	Tier 3		M-NATAL PLUS TAB	Tier 2	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 3		<i>potassium chloride</i> CPCR 8meq, 10meq	Tier 2	
<i>lactated ringer's solution</i>	Tier 2		<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	Tier 3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2		<i>potassium chloride</i> TBCR 8meq	Tier 1	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE)	Tier 2		<i>potassium chloride</i> (generic of K-TAB) TBCR 10meq, 20meq	Tier 1	
SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2		<i>potassium chloride</i> <i>microencapsulated crystals</i> <i>er</i> TBCR 10meq, 20meq	Tier 1	
<i>magnesium sulfate</i> SOLN 50%	Tier 2		PRENATAL TAB 27-1MG	Tier 2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 2		PRENATAL TAB PLUS	Tier 2	
MG SO4/D5W INJ 10MG/ML	Tier 2		PRENATAL VIT TAB LOW IRON	Tier 2	
PLASMA-LYTE INJ -148	Tier 3		<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1	
PLASMA-LYTE INJ -A	Tier 3		TRICARE TAB PRENATAL	Tier 2	
<i>potassium chloride</i> SOLN 2meq/ml	Tier 2		<b>IV NUTRITION</b>		
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	Tier 3		AMINOSYN-PF INJ 7%	Tier 3	B/D
<i>potassium chloride</i> SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml	Tier 3		CLINIMIX INJ 4.25/D5W	Tier 3	B/D
<i>potassium chloride 20 meq/l</i> <i>(0.15%) in dextrose 5% inj</i>	Tier 2		CLINIMIX INJ 4.25/D10	Tier 3	B/D
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	Tier 2		CLINIMIX INJ 5%/D15W	Tier 3	B/D
TPN ELECTROL INJ	Tier 3	B/D	CLINIMIX INJ 5%/D20W	Tier 3	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>			CLINIMIX INJ 6/5	Tier 3	B/D
<i>klor-con</i> PACK 20meq	Tier 3		CLINIMIX INJ 8/10	Tier 3	B/D
<i>klor-con 8</i> TBCR 8meq	Tier 1		CLINIMIX INJ 8/14	Tier 3	B/D
<i>klor-con 10</i> TBCR 10meq	Tier 1		<i>clinisol sf 15%</i>	Tier 3	B/D
<i>klor-con m10</i> TBCR 10meq	Tier 1		CLINOLIPID EMU 20%	Tier 3	B/D
<i>klor-con m15</i> TBCR 15meq	Tier 2		<i>dextrose</i> SOLN 5%, 10%	Tier 2	
<i>klor-con m20</i> TBCR 20meq	Tier 1		<i>dextrose</i> SOLN 50%, 70%	Tier 2	B/D
			FREAMINE HBC INJ 6.9%	Tier 3	B/D
			FREAMINE III INJ 10%	Tier 3	B/D
			<i>hepatamine</i>	Tier 3	B/D
			INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	B/D
			NUTRILIPID EMUL 20gm/100ml	Tier 3	B/D
			<i>plenamine</i>	Tier 3	B/D
			PREMASOL SOL 10%	Tier 3	B/D
			PROCALAMINE INJ 3%	Tier 3	B/D
			PROSOL INJ 20%	Tier 3	B/D
			TRAVASOL INJ 10%	Tier 3	B/D
			TROPHAMINE INJ 10%	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>OPHTHALMIC</b>			<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>			<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 2		<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	Tier 1	
BLEPHAMIDE OIN S.O.P.	Tier 3		<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	Tier 1		<i>sulfacetamide sodium (ophth) OINT 10%</i>	Tier 2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	Tier 1		<i>sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN 10%</i>	Tier 2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1		<i>tobramycin (ophth) (generic of TOBREX) SOLN .3%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2		<i>trifluridine SOLN 1%</i>	Tier 3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	Tier 3		ZIRGAN GEL .15%	Tier 3	
ZYLET SUS 0.5-0.3%	Tier 2		<b>ANTI-INFLAMMATORIES</b>		
<b>ANTI-INFECTIVES</b>			ALREX SUSP .2%	Tier 2	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	Tier 2		BROMSITE SOLN .075%	Tier 3	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1		<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 2	
BESIVANCE SUSP .6%	Tier 2		<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 1	
CILOXAN OINT .3%	Tier 2		DUREZOL EMUL .05%	Tier 2	
<i>ciprofloxacin hcl (ophth) (generic of CILOXAN) SOLN .3%</i>	Tier 1		FLAREX SUSP .1%	Tier 3	
<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 1		<i>fluorometholone (ophth) SUSP .1%</i>	Tier 2	
<i>gentak OINT .3%</i>	Tier 2		<i>flurbiprofen sodium SOLN .03%</i>	Tier 2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 1		ILEVRO SUSP .3%	Tier 2	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	Tier 2		<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	Tier 2	
NATACYN SUSP 5%	Tier 3		<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	Tier 1	
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 2		LOTEMAX OINT .5%	Tier 2	
<i>neomycin-polymyx-gramicidin op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 2		<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	Tier 2	
			PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 2	
			PROLENSA SOLN .07%	Tier 2	
			<b>ANTIALLERGICS</b>		
			<i>azelastine hcl (ophth) SOLN .05%</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	Tier 2		VYZULTA SOLN .024%	Tier 3	
<b>BEPREVE</b> SOLN 1.5%	Tier 2		<b>MISCELLANEOUS</b>		
<i>cromolyn sodium (ophth)</i> SOLN 4%	Tier 1		ATROPINE SULFATE SOLN 1%	Tier 2	
LASTACAFT SOLN .25%	Tier 3		CYSTADROPS SOLN .37%	Tier 2	NM LA PA
<i>olopatadine hcl</i> SOLN .1%	Tier 2		CYSTARAN SOLN .44%	Tier 2	NM LA PA
ZERVIATE SOLN .24%	Tier 3		ISOPTO ATROPINE SOLN 1%	Tier 2	
<b>ANTIGLAUCOMA</b>			<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	Tier 2	
ALPHAGAN P SOLN .1%	Tier 2		RESTASIS EMUL .05%	Tier 2	
<i>betaxolol hcl (ophth)</i> SOLN .5%	Tier 2		RESTASIS MULTIDOSE EMUL .05%	Tier 2	
BETOPTIC-S SUSP .25%	Tier 2		<b>OTIC</b>		
<i>brimonidine tartrate</i> SOLN .2%	Tier 1		<b>OTIC AGENTS</b>		
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	Tier 3		<i>acetic acid (otic)</i> SOLN 2%	Tier 2	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	Tier 3		<i>ciprofloxacin-</i> <i>dexamethasone otic susp</i> 0.3-0.1% (generic of CIPRODEX)	Tier 3	
<i>carteolol hcl (ophth)</i> SOLN 1%	Tier 1		<i>neomycin-polymyxin-hc otic</i> <i>soln</i> 1%	Tier 2	
COMBIGAN SOL 0.2/0.5%	Tier 2		<i>neomycin-polymyxin-hc otic</i> <i>susp</i> 3.5 mg/ml-10000 <i>unit/ml</i> -1%	Tier 2	
<i>dorzolamide hcl</i> (generic of TRUSOPT) SOLN 2%	Tier 1		<i>ofloxacin (otic)</i> SOLN .3%	Tier 3	
<i>dorzolamide hcl-timolol</i> <i>maleate ophth soln</i> 22.3-6.8 <i>mg/ml</i> (generic of COSOPT)	Tier 1		<b>RESPIRATORY</b>		
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	Tier 1		<b>ANTICHOLINERGIC/BETA AGONIST</b>		
<i>levobunolol hcl</i> SOLN .5%	Tier 1		<b>COMBINATIONS</b>		
LUMIGAN SOLN .01%	Tier 2		ANORO ELLIPT AER 62.5- 25	Tier 2	QL
<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN 1%, 2%, 4%	Tier 2		QL (60 blisters / 30 days)		
RHOPRESSA SOLN .02%	Tier 2		BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	Tier 2	QL
SIMBRINZA SUS 1-0.2%	Tier 2		BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	Tier 2	QL
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC-XE) SOLG .25%, .5%	Tier 3		BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	Tier 2	QL
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC) SOLN .25%, .5%	Tier 1				
<i>timolol maleate (ophth)</i> <i>once-daily</i> (generic of ISTALOL) SOLN .5%	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	Tier 3	QL	<i>levocetirizine</i> <i>dihydrochloride</i> TABS 5mg	Tier 2	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 2	B/D	<b>BETA AGONISTS</b>		
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL	<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL	<i>albuterol sulfate</i> (generic of PROAIR HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL
<b>ANTICHOLINERGICS</b>			<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 2	QL
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 3	QL	<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 2	QL	<i>albuterol sulfate</i> NEBU .083%	Tier 1	B/D
<i>ipratropium bromide</i> SOLN .02%	Tier 1	B/D	<i>albuterol sulfate</i> SYRP 2mg/5ml	Tier 1	
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 2		<i>albuterol sulfate</i> TABS 2mg, 4mg	Tier 3	
<b>ANTI-HISTAMINES</b>			<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
<i>azelastine hcl</i> SOLN .1%, .15%	Tier 2		SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL
<i>cetirizine hcl</i> SOLN 1mg/ml	Tier 1		<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 3	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	Tier 2	PA	VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 2		VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 3	PA			
<i>hydroxyzine hcl</i> SYRP 10mg/5ml PA if 70 years and older	Tier 2	PA			
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg PA if 70 years and older	Tier 1	PA			
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	Tier 1	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>LEUKOTRIENE MODULATORS</b>					
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg	Tier 2		KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	Tier 2	QL NM PA
<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 3		KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>montelukast sodium</i> (generic of SINGULAIR) TABS 10mg	Tier 1		OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	Tier 2		ORKAMBI GRA 100-125 QL (56 packs / 28 days)	Tier 2	QL NM PA
<b>MISCELLANEOUS</b>					
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 2	B/D	ORKAMBI GRA 150-188 QL (56 packs / 28 days)	Tier 2	QL NM PA
ARALAST NP SOLR 500mg, 1000mg	Tier 2	NM LA PA	ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 2	B/D	ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
DALIRESP TABS 250mcg, 500mcg	Tier 3		PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	Tier 2	NM LA PA
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 2		PULMOZYME SOLN 1mg/ml	Tier 2	NM PA
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 2		SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2	QL NM LA PA
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2		SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2	QL NM LA PA
ESBRIET CAPS 267mg QL (270 caps / 30 days)	Tier 2	QL NM PA	SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	Tier 3	
ESBRIET TABS 267mg QL (270 tabs / 30 days)	Tier 2	QL NM PA	<i>theophylline</i> TB12 300mg, 450mg	Tier 3	
ESBRIET TABS 801mg QL (90 tabs / 30 days)	Tier 2	QL NM PA	<i>theophylline</i> TB24 400mg, 600mg	Tier 2	
FASENRA SOSY 30mg/ml	Tier 2	NM LA PA	TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	QL NM LA PA
FASENRA PEN SOAJ 30mg/ml	Tier 2	NM LA PA	TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days)	Tier 2	QL NM LA PA
			XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	Tier 2	NM LA PA
			ZEMAIRA SOLR 1000mg	Tier 2	NM LA PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>NASAL STEROIDS</b>					
<i>flunisolide (nasal)</i> SOLN .025%	Tier 2	QL	ADVAIR DISKU AER 500/50	Tier 2	QL
QL (3 bottles / 30 days)			QL (60 inhalations / 30 days)		
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	Tier 1	QL	ADVAIR HFA AER 45/21	Tier 2	QL
QL (1 bottle / 30 days)			QL (1 inhaler / 30 days)		
<b>STEROID INHALANTS</b>					
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	Tier 2	QL	ADVAIR HFA AER 115/21	Tier 2	QL
QL (30 inhalations / 30 days)			QL (1 inhaler / 30 days)		
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 3	B/D	ADVAIR HFA AER 230/21	Tier 2	QL
			QL (1 inhaler / 30 days)		
FLOVENT DISKUS AEPB 50mcg/blist	Tier 2	QL	BREO ELLIPTA INH 100-25	Tier 2	QL
QL (180 inhalations / 30 days)			QL (60 blisters / 30 days)		
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	Tier 2	QL	BREO ELLIPTA INH 200-25	Tier 2	QL
QL (240 inhalations / 30 days)			QL (60 blisters / 30 days)		
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	Tier 2	QL	SYMBICORT AER 80-4.5	Tier 2	QL
QL (2 inhalers / 30 days)			QL (1 inhaler / 30 days)		
PULMICORT FLEXHALER AEPB 90mcg/act	Tier 3	QL	SYMBICORT AER 160-4.5	Tier 2	QL
QL (3 inhalers / 30 days)			QL (1 inhaler / 30 days)		
PULMICORT FLEXHALER AEPB 180mcg/act	Tier 3	QL	<b>TOPICAL DERMATOLOGY, ACNE</b>		
QL (2 inhalers / 30 days)			<i>accutane</i> CAPS 20mg, 30mg, 40mg	Tier 3	PA
<b>STEROID/BETA-AGONIST COMBINATIONS</b>			<i>amnestem</i> CAPS 10mg, 20mg, 40mg	Tier 3	PA
ADVAIR DISKU AER 100/50	Tier 2	QL	<i>avita</i> (generic of RETIN-A) CREA .025%	Tier 3	QL PA
QL (60 inhalations / 30 days)			QL (45 gm / 30 days)		
ADVAIR DISKU AER 250/50	Tier 2	QL	<i>avita</i> GEL .025%	Tier 3	QL PA
QL (60 inhalations / 30 days)			QL (45 gm / 30 days)		
			<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
			<i>clindamycin phosphate (topical)</i> GEL 1%	Tier 3	QL
			QL (75 gm / 30 days)		
			<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1%	Tier 2	QL
			QL (60 mL / 30 days)		
			<i>clindamycin phosphate (topical)</i> SOLN 1%	Tier 2	QL
			QL (60 mL / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	Tier 2	QL	<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 2	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA	<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA	<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 3	QL	<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 3	QL PA	<i>acitretin</i> (generic of SORIATANE) CAPS 10mg, 25mg	Tier 3	PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA	<i>acitretin</i> CAPS 17.5mg	Tier 3	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>			<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 3	QL PA
<i>gentamicin sulfate (topical)</i> CREA .1% QL (30 gm / 30 days)	Tier 3	QL	<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	Tier 2	QL PA
<i>gentamicin sulfate (topical)</i> OINT .1% QL (30 gm / 30 days)	Tier 2	QL	TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 3	QL PA
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	Tier 1	QL	<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	Tier 1		<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	Tier 1	QL
<i>ssd</i> (generic of SILVADENE) CREA 1%	Tier 1		<i>selenium sulfide</i> LOTN 2.5%	Tier 1	
SULFAMYLLON CREA 85mg/gm QL (453.6 gm / 30 days)	Tier 3	QL	<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<b>DERMATOLOGY, ANTIFUNGALS</b>			<i>ala-cort</i> CREA 1%, 2.5%	Tier 1	
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	Tier 2	QL	<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days)	Tier 2	QL	<i>betamethasone dipropionate (topical)</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	Tier 2	QL	<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	Tier 2	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL	<i>betamethasone dipropionate (topical)</i> OINT .05% QL (120 gm / 30 days)	Tier 3	QL
			<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA .05% QL (120 gm / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented GEL .05%</i> QL (120 gm / 30 days)	Tier 3	QL
<i>betamethasone dipropionate augmented LOTN .05%</i> QL (120 mL / 30 days)	Tier 3	QL
<i>betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%</i> QL (120 gm / 30 days)	Tier 3	QL
<i>betamethasone valerate CREA .1%; OINT .1%</i> QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone valerate LOTN .1%</i> QL (120 mL / 30 days)	Tier 2	QL
<i>clobetasol propionate (generic of TEMOVATE) CREA .05%; OINT .05%</i> QL (60 gm / 30 days)	Tier 2	QL
<i>clobetasol propionate GEL .05%</i> QL (60 gm / 30 days)	Tier 3	QL
<i>clobetasol propionate SOLN .05%</i> QL (50 mL / 30 days)	Tier 2	QL
<i>clobetasol propionate e CREA .05%</i> QL (60 gm / 30 days)	Tier 2	QL
ENSTILAR AER QL (120 gm / 30 days)	Tier 3	QL PA
<i>fluocinolone acetonide CREA .01%</i> QL (60 gm / 30 days)	Tier 3	QL
<i>fluocinolone acetonide (generic of SYNALAR) CREA .025%</i> QL (120 gm / 30 days)	Tier 3	QL
<i>fluocinolone acetonide (generic of DERMA-SMOOTH/FS BODY) OIL .01%</i> QL (118.28 mL / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide (generic of DERMA-SMOOTH/FS SCALP) OIL .01%</i> QL (118.28 mL / 30 days)	Tier 2	QL
<i>fluocinolone acetonide (generic of SYNALAR) OINT .025%</i> QL (120 gm / 30 days)	Tier 2	QL
<i>fluocinolone acetonide (generic of SYNALAR) SOLN .01%</i> QL (90 mL / 30 days)	Tier 3	QL
<i>fluocinonide CREA .05%</i> QL (120 gm / 30 days)	Tier 2	QL
<i>fluocinonide GEL .05%; OINT .05%</i> QL (60 gm / 30 days)	Tier 3	QL
<i>fluocinonide SOLN .05%</i> QL (60 mL / 30 days)	Tier 2	QL
<i>fluocinonide emulsified base CREA .05%</i> QL (120 gm / 30 days)	Tier 2	QL
<i>fluticasone propionate CREA .05%; OINT .005%</i>	Tier 2	
<i>halobetasol propionate CREA .05%; OINT .05%</i> QL (50 gm / 30 days)	Tier 3	QL
<i>hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%</i>	Tier 1	
<i>mometasone furoate CREA .1%; OINT .1%; SOLN .1%</i>	Tier 2	
<i>triamcinolone acetonide (topical) CREA .1%</i> QL (454 gm / 30 days)	Tier 1	QL
<i>triamcinolone acetonide (topical) CREA .025%, .5%; OINT .025%, .1%, .5%</i>	Tier 1	
<i>triamcinolone acetonide (topical) LOTN .025%, .1%</i>	Tier 2	
<i>triderm CREA .5%</i>	Tier 1	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo PRSY 2%</i> QL (60 mL / 30 days)	Tier 3	QL PA
<i>lidocaine OINT 5%</i> QL (50 gm / 30 days)	Tier 3	QL PA



Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
<i>lidocaine hcl</i> GEL 2% QL (30 mL / 30 days)	Tier 3	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 2	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 2	QL PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>diclofenac sodium (topical)</i> (generic of VOLTAREN) GEL 1% QL (1000 gm / 30 days)	Tier 2	QL PA
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	Tier 3	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 2	QL
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 1	
<i>imiquimod</i> (generic of ALDARA) CREA 5% QL (24 packets / 30 days)	Tier 2	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%	Tier 1	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	Tier 2	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	Tier 3	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	Tier 2	QL
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 2	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>procto-pak</i> (generic of PROCTOCORT) CREA 1%	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
RECTIV OINT .4% QL (30 gm / 30 days)	Tier 3	QL
<i>rosadan</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	Tier 3	QL
<i>tacrolimus (topical)</i> (generic of PROTOPIC) OINT .03%, .1% QL (100 gm / 30 days)	Tier 3	QL
TARGRETIN GEL 1% QL (60 gm / 30 days)	Tier 2	QL NM PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 2	QL NM LA PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 3	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	Tier 2	QL
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGANEX GEL .01% QL (30 gm / 30 days)	Tier 2	QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 3	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 2	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) SOLN .12%	Tier 1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	Tier 3	QL
<i>lidocaine hcl</i> (mouth-throat) SOLN 2%	Tier 1	
<i>nystatin</i> (mouth-throat) SUSP 100000unit/ml	Tier 2	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	Tier 1	
<i>pilocarpine hcl</i> (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	Tier 2	

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Drug Name	Drug Requirements/ Tier Limits
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## MASSACHUSETTS

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