



MASSACHUSETTS

| Blue MedicareRxSM (PDP)

Blue MedicareRxSM (PDP) 3 Tier Select 2026 Formulary (List of Covered Drugs or “Drug List”)

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

This formulary was updated on 09/05/2025. For more recent information or other questions, please contact Blue MedicareRx at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal (rxmedicareplans.memberdoc.com).

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Blue MedicareRxSM (PDP). When it refers to “plan” or “our plan,” it means Blue MedicareRx.

This document includes a Drug List (formulary) for our plan which is current as of January 1, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Blue MedicareRx Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Blue MedicareRx in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the formulary change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx may add or remove drugs on the formulary during the year, move them to different cost sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our Document Portal here: rxmedicareplans.memberdoc.com.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug on our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Blue MedicareRx formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 5, 2025. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages. If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier), we will notify you by mail. You may also access our formulary on our Document Portal (rxmedicareplans.memberdoc.com) to get information showing changes, additions, and/or deletions of medications contained in our formulary.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

Blue MedicareRx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue MedicareRx requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for simvastatin 80 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask Blue MedicareRx to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Blue MedicareRx formulary?" on page V for information about how to request an exception.

What if my drug is not on the formulary?

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

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

- You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask Blue MedicareRx to make an exception and cover your drug. See below for information about how to request an exception.

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

How do I request an exception to the Blue MedicareRx formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- You can ask us to waive coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

For more information

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

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

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

Blue MedicareRx formulary

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

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

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 Covered under Medicare B or D. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- QL Quantity Limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for simvastatin 80 mg tablets.
- PA Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- ST Step Therapy. In some cases, our plan 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, we 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.
- NM Not Available at Mail Order. Drugs with this abbreviation are not typically available at CVS Caremark Mail Service Pharmacy. Maintenance medications (drugs you take on a regular basis for a chronic or long-term condition) without this abbreviation are typically available at CVS Caremark Mail Service Pharmacy. Actual availability may vary.

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
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 2	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 2	
<i>probenecid</i> TABS 500mg	Tier 2	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	Tier 2	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 2	B/D
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 2	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
<i>diclofenac sodium</i> TB24 100mg	Tier 2	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	Tier 1	
<i>flurbiprofen</i> TABS 100mg	Tier 2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1	
<i>nabumetone</i> TABS 500mg, 750mg	Tier 1	
<i>naproxen</i> TABS 250mg, 375mg	Tier 1	
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulindac</i> TABS 150mg, 200mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 3	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>morphine sulfate</i> TBCR 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	Tier 1	QL
<i>endocet tab</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>endocet tab 5-325mg</i> (generic of PERCO CET) QL (360 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCO CET) QL (240 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>endocet tab 10-325mg</i> (generic of PERCO CET) QL (180 tabs / 30 days)	Tier 2	QL	<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 3	QL
<i>hydrocodone- acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 3	QL	<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone- acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	Tier 2	QL	<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone- acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCO CET) QL (360 tabs / 30 days)	Tier 2	QL
<i>hydrocodone- acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL	<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCO CET) QL (360 tabs / 30 days)	Tier 2	QL
<i>hydrocodone- acetaminophen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 2	QL	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCO CET) QL (240 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>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCO CET) QL (180 tabs / 30 days)	Tier 2	QL
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D	<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL	ANTI-INFECTIVES ANTI-INFECTIVES - MISCELLANEOUS		
			<i>albendazole</i> TABS 200mg QL (672 tabs / year)	Tier 3	QL PA
			<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
ARIKAYCE SUSP 590mg/8.4ml	Tier 2	NM PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 3	QL PA
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	Tier 3	
CAYSTON SOLR 75mg	Tier 2	NM 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	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> SOLR 500mg	Tier 1	
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 1	QL
<i>ertapenem sodium</i> SOLR 1gm	Tier 2	
<i>fosfomycin tromethamine</i> PACK 3gm	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	
<i>imipenem-cilastatin</i> <i>intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	Tier 3	
IMPAVIDO CAPS 50mg	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (20 tabs / 90 days)	Tier 2	QL PA
<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	Tier 2	QL PA
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	Tier 3	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	Tier 3	QL
LINEZOLID INJ 2MG/ML	Tier 3	
<i>meropenem</i> SOLR 1gm, 500mg	Tier 3	
<i>meropenem</i> (generic of MEROPENEM) SOLR 2gm	Tier 3	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	Tier 2	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 2	
<i>metronidazole</i> TABS 250mg, 500mg	Tier 1	
<i>neomycin sulfate</i> TABS 500mg	Tier 1	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	Tier 1	QL
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 2	
<i>nitrofurantoin monohydrate</i> <i>macro</i> (generic of MACROBID) CAPS 100mg	Tier 2	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	Tier 3	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	Tier 3	
<i>praziquantel</i> TABS 600mg	Tier 3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>streptomycin sulfate</i> SOLR 1gm	Tier 3		<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	Tier 1	B/D
<i>sulfadiazine</i> TABS 500mg	Tier 3		<i>caspofungin acetate</i> SOLR 50mg	Tier 3	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	Tier 3		<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 70mg	Tier 3	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	Tier 2		CRESEMBA CAPS 74.5mg, 186mg	Tier 2	PA
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	Tier 1		<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	Tier 2	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	Tier 1		<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml	Tier 2	
<i>tinidazole</i> TABS 250mg, 500mg	Tier 2		<i>fluconazole</i> TABS 100mg, 200mg	Tier 1	
TOBI PODHALER CAPS 28mg	Tier 2	NM PA	<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 1	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 1	NM PA	<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 2	
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 2		<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 2	
<i>trimethoprim</i> TABS 100mg	Tier 2		<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	Tier 1	PA
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 3	QL	<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 3	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 3	QL	<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 3	
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	Tier 3		<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	Tier 3	QL
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	Tier 3		<i>ketoconazole</i> TABS 200mg	Tier 2	PA
VANCOMYCIN INJ 1 GM	Tier 3		<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	Tier 3	
VANCOMYCIN INJ 500MG	Tier 3		<i>nystatin</i> TABS 500000unit	Tier 2	
VANCOMYCIN INJ 750MG	Tier 3		<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL PA
ANTIFUNGALS			<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days)	Tier 1	QL PA
ABELCET SUSP 5mg/ml	Tier 3	B/D	PA applies after a 90 day supply in a calendar year		
<i>amphotericin b</i> SOLR 50mg	Tier 3	B/D			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	Tier 3	PA	<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 3	QL NM
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	Tier 1	QL PA	EDURANT TABS 25mg	Tier 2	NM
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	Tier 3	QL	EDURANT PED TBSO 2.5mg	Tier 2	NM
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL	<i>efavirenz</i> TABS 600mg	Tier 3	NM
ANTIMALARIALS			<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Tier 3	NM
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg (generic of MALARONE)	Tier 3		EMTRIVA SOLN 10mg/ml	Tier 3	NM
<i>atovaquone-proguanil hcl</i> tab 250-100 mg (generic of MALARONE)	Tier 3		<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	Tier 1	NM
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 3		<i>fosamprenavir calcium</i> TABS 700mg	Tier 1	NM
COARTEM TAB 20-120MG	Tier 3		INTELENCE TABS 25mg	Tier 3	NM
<i>mefloquine hcl</i> TABS 250mg	Tier 2		ISENTRESS CHEW 25mg	Tier 3	NM
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2		ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NM
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 2		ISENTRESS HD TABS 600mg	Tier 2	NM
<i>quinine sulfate</i> CAPS 324mg	Tier 3	PA	<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM
ANTIRETROVIRAL AGENTS			<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	Tier 1	NM
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	Tier 3	NM	<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	Tier 3	NM
<i>abacavir sulfate</i> TABS 300mg	Tier 3	NM	<i>nevirapine</i> TABS 200mg	Tier 1	NM
APTIVUS CAPS 250mg	Tier 2	NM	NORVIR PACK 100mg	Tier 3	NM
<i>atazanavir sulfate</i> CAPS 150mg	Tier 3	NM	PIFELTRO TABS 100mg	Tier 2	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	Tier 3	NM	PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 3	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
			REYATAZ PACK 50mg	Tier 2	NM
			<i>ritonavir</i> (generic of NORVIR) TABS 100mg	Tier 2	NM
			RUKOBIA TB12 600mg	Tier 2	NM
			SELZENTRY SOLN 20mg/ml	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
SUNLENCA TABS 300mg; TBPk 300mg	Tier 2	NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 3	NM
TIVICAY TABS 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	Tier 3	NM
<i>zidovudine</i> (generic of RETROVIR) SYRP 50mg/5ml	Tier 2	NM
<i>zidovudine</i> TABS 300mg	Tier 2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 3	NM
BIKTARVY TAB 30-120-15 MG	Tier 2	NM
BIKTARVY TAB 50-200-25 MG	Tier 2	NM
CIMDUO TAB 300-300	Tier 2	NM
DELSTRIGO TAB	Tier 2	NM
DESCOVY TAB 120-15MG	Tier 2	NM
DESCOVY TAB 200/25MG	Tier 2	NM
DOVATO TAB 50-300MG	Tier 2	NM
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i>	Tier 3	NM
<i>efavirenz-lamivudine- tenofovir df tab 400-300-300 mg</i>	Tier 1	NM
<i>efavirenz-lamivudine- tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	Tier 1	NM
<i>emtricitabine-rilpivirine- tenofovir df tab 200-25-300 mg</i> (generic of COMPLERA)	Tier 1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg</i> (generic of TRUVADA)	Tier 3	NM

Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg</i> (generic of TRUVADA)	Tier 1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg</i> (generic of TRUVADA)	Tier 3	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg</i> (generic of TRUVADA)	Tier 3	NM
EVOTAZ TAB 300-150	Tier 2	NM
GENVOYA TAB	Tier 2	NM
JULUCA TAB 50-25MG	Tier 2	NM
KALETRA SOL	Tier 3	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	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
TRIUMEQ PD TAB	Tier 3	NM
TRIUMEQ TAB	Tier 2	NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	Tier 1	
<i>ethambutol hcl</i> TABS 100mg, 400mg	Tier 2	
<i>isoniazid</i> TABS 100mg, 300mg	Tier 1	
PRIFTIN TABS 150mg	Tier 3	
<i>pyrazinamide</i> TABS 500mg	Tier 3	
<i>rifabutin</i> CAPS 150mg	Tier 3	
<i>rifampin</i> CAPS 150mg, 300mg	Tier 2	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	Tier 3	
SIRTURO TABS 20mg, 100mg	Tier 2	NM PA
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir sodium</i> SOLN 50mg/ml	Tier 3	B/D
<i>adefovir dipivoxil</i> TABS 10mg	Tier 3	NM
BARACLUDE SOLN .05mg/ml	Tier 2	NM ST
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	Tier 3	NM
EPCLUSA PAK 150-37.5	Tier 2	NM PA
EPCLUSA PAK 200-50MG	Tier 2	NM PA
EPCLUSA TAB 200-50MG	Tier 2	NM PA
EPCLUSA TAB 400-100	Tier 2	NM PA
<i>ganciclovir sodium</i> SOLR 500mg	Tier 3	B/D
<i>lamivudine (hbv)</i> TABS 100mg	Tier 2	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 2	QL NM PA
MAVYRET PAK 50-20MG	Tier 2	NM PA
MAVYRET TAB 100-40MG	Tier 2	NM PA
<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
PAXLOVID PAK QL (22 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	Tier 2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	Tier 3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	Tier 2	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	Tier 1	
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	Tier 2	
VOSEVI TAB	Tier 2	NM PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	Tier 2	
<i>cefadroxil</i> CAPS 500mg	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 3	
CEFAZOLIN INJ 1GM/50ML	Tier 3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 2	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 3	
<i>cefdinir</i> CAPS 300mg	Tier 1	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 3	
<i>cefixime</i> CAPS 400mg	Tier 3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 3	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	Tier 2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 3		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3		<i>ciprofloxacin hcl</i> TABS 750mg	Tier 1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 1		<i>levofloxacin</i> SOLN 25mg/ml	Tier 3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 2		<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1		<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 2	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2		<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 3		<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 2	
TEFLARO SOLR 400mg, 600mg	Tier 2		<i>moxifloxacin hcl</i> TABS 400mg	Tier 2	
ERYTHROMYCINS/MACROLIDES			<i>moxifloxacin hcl 400</i> mg/250ml in sodium chloride 0.8% inj	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2		PENICILLINS		
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1		<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
<i>azithromycin</i> TABS 600mg	Tier 1		<i>amoxicillin & k clavulanate</i> for susp 200-28.5 mg/5ml	Tier 2	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3		<i>amoxicillin & k clavulanate</i> for susp 250-62.5 mg/5ml	Tier 3	
<i>clarithromycin</i> TABS 250mg, 500mg	Tier 2		<i>amoxicillin & k clavulanate</i> for susp 400-57 mg/5ml	Tier 2	
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2		<i>amoxicillin & k clavulanate</i> for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Tier 2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 3		<i>amoxicillin & k clavulanate</i> tab 250-125 mg	Tier 2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 3		<i>amoxicillin & k clavulanate</i> tab 500-125 mg	Tier 1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 3		<i>amoxicillin & k clavulanate</i> tab 875-125 mg	Tier 1	
FLUOROQUINOLONES			<i>ampicillin</i> CAPS 500mg	Tier 1	
<i>ciprofloxacin 200 mg/100ml</i> in d5w	Tier 2		<i>ampicillin & sulbactam</i> sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	Tier 3	
<i>ciprofloxacin 400 mg/200ml</i> in d5w	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> (generic of UNASYN)	Tier 3		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 3	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 3		TETRACYCLINES		
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 3		<i>doxy 100 SOLR 100mg</i>	Tier 3	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)	Tier 3		<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	Tier 1	
<i>ampicillin sodium 1gm, 2gm, 10gm, 250mg, 500mg</i>	SOLR Tier 3		<i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	Tier 2	
BICILLIN L-A	SUSY Tier 3		<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	Tier 2	
600000unit/ml, 1200000unit/2ml, 2400000unit/4ml			<i>doxycycline hyclate SOLR 100mg</i>	Tier 3	
<i>dicloxacillin sodium 250mg, 500mg</i>	CAPS Tier 2		<i>minocycline hcl 50mg, 75mg, 100mg</i>	CAPS Tier 2	
<i>nafcillin sodium 2gm</i>	SOLR 1gm, Tier 3		<i>tetracycline hcl 250mg, 500mg</i>	CAPS Tier 3	
<i>nafcillin sodium 10gm</i>	SOLR Tier 1		<i>tigecycline (generic of TYGACIL) SOLR 50mg</i>	Tier 3	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	Tier 3		ANTINEOPLASTIC AGENTS		
<i>penicillin g sodium 5000000unit</i>	SOLR Tier 3		ALKYLATING AGENTS		
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	Tier 1		<i>cyclophosphamide 25mg, 50mg</i>	CAPS Tier 2	B/D
<i>pfizerpen 5000000unit, 20000000unit</i>	SOLR Tier 3		CYCLOPHOSPHAMIDE	Tier 3	B/D
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 3		TABS 25mg, 50mg		
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 3		GLEOSTINE	CAPS 10mg, 40mg	Tier 3 NM
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 3		GLEOSTINE	CAPS 100mg	Tier 2 NM
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 3		LEUKERAN	TABS 2mg	Tier 2 PA
			ANTIMETABOLITES		
			INQOVI	TAB 35-100MG QL (5 tabs / 28 days)	Tier 2 QL NM PA
			LONSURF	TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2 QL NM PA
			LONSURF	TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2 QL NM PA
			<i>mercaptopurine (generic of PURIXAN) SUSP 2000mg/100ml</i>	Tier 1	NM
			<i>mercaptopurine 50mg</i>	TABS Tier 2	
			<i>methotrexate sodium 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm</i>	SOLN Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2	QL NM PA	<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	Tier 1	
TABLOID TABS 40mg	Tier 2	PA	NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
HORMONAL ANTINEOPLASTIC AGENTS					
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA	ORGOVYX TABS 120mg	Tier 2	NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA	ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 3	QL NM PA	ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 2	QL NM PA	SOLTAMOX SOLN 10mg/5ml	Tier 2	
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 2	QL NM PA	<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 1	
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Tier 1		<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	Tier 3	PA
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Tier 1		XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2	QL NM PA
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 3	NM PA	XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	YONSA TABS 125mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
EULEXIN CAPS 125mg	Tier 1		IMMUNOMODULATORS		
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Tier 3		<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM PA
FIRMAGON SOLR 80mg	Tier 3	NM PA	<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	QL NM PA
FIRMAGON SOLR 120mg/vial	Tier 2	NM PA	POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 1		THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	QL NM PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 3	NM PA	THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	QL NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2	NM PA			
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2	NM PA			
LYSODREN TABS 500mg	Tier 2	NM			
<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 2				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS					
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 2	QL NM PA	BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 1	QL NM PA	BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	Tier 1		BOSULIF CAPS 50mg QL (30 caps / 30 days)	Tier 2	QL NM PA
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 2	QL NM PA	BOSULIF CAPS 100mg QL (300 caps / 30 days)	Tier 2	QL NM PA
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 2		BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
MATULANE CAPS 50mg	Tier 2	NM	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>mesna</i> (generic of MESNEX) TABS 400mg	Tier 1		BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 2	QL NM PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 1		BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM PA
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
MOLECULAR TARGET AGENTS					
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 2	QL NM PA	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 2	QL NM PA	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 2	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 2	QL NM PA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 2	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	Tier 2	QL NM PA	COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 2	QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	Tier 2	QL NM PA	COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 2	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 2	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 2	QL NM PA	DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	GOMEKLI CAPS 1mg QL (168 caps / 28 days)	Tier 2	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	GOMEKLI CAPS 2mg QL (84 caps / 28 days)	Tier 2	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	Tier 2	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 2	QL NM PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 2	QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 2	QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>erlotinib hcl</i> TABS 150mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 3	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days)	Tier 1	QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2	QL NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 2	QL NM PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 2	QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 2	QL NM PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA	IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	Tier 2	QL NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	Tier 1	QL NM PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
			INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA	LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	Tier 2	QL NM PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 2	QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	Tier 2	QL NM PA	LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 2	QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 2	QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 2	QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 2	QL NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 2	QL NM PA	LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 2	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 2	QL NM PA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 2	QL NM PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 2	QL NM PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 2	QL NM PA	LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 2	QL NM PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 2	QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 2	QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	Tier 1	QL NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 2	QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 2	QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 2	QL NM PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 2	QL NM PA	QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 2	QL NM PA	RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 2	QL NM PA	RETEVMO TABS 80mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
<i>nilotinib hcl</i> CAPS 50mg QL (120 caps / 30 days)	Tier 1	QL NM PA	RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 1	QL NM PA	REVUFORJ TABS 25mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2	QL NM PA	REVUFORJ TABS 110mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 2	QL NM PA	REVUFORJ TABS 160mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 2	QL NM PA	REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA	ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	Tier 2	QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 2	QL NM PA	ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 2	QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 2	QL NM PA	ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 2	QL NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 2	QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 2	QL NM PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 2	QL NM PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	TRUQAP TBPB 160mg, 200mg QL (4 packs / 28 days)	Tier 2	QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA	TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 2	QL NM PA	TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 2	QL NM PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 1	QL NM PA	VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 2	QL NM PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 2	QL NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	Tier 2	QL NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2	QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 2	QL NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2	QL NM PA	VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2	QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 2	QL NM PA	VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2	QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 2	QL NM PA	VORANIGO TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
			VORANIGO TABS 40mg QL (30 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	Tier 2	QL NM PA	ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 2	QL NM PA	ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA	ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPB 10mg QL (16 tabs / 28 days)	Tier 2	QL NM PA	CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
XPOVIO PAK (40 MG ONCE WEEKLY) TBPB 40mg QL (4 tabs / 28 days)	Tier 2	QL NM PA	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	Tier 1	QL
XPOVIO PAK (40 MG TWICE WEEKLY) TBPB 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
XPOVIO PAK (60 MG ONCE WEEKLY) TBPB 60mg QL (4 tabs / 28 days)	Tier 2	QL NM PA	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
XPOVIO PAK (60 MG TWICE WEEKLY) TBPB 20mg QL (24 tabs / 28 days)	Tier 2	QL NM PA	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL
XPOVIO PAK (80 MG ONCE WEEKLY) TBPB 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
XPOVIO PAK (80 MG TWICE WEEKLY) TBPB 20mg QL (32 tabs / 28 days)	Tier 2	QL NM PA	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
XPOVIO PAK (100 MG ONCE WEEKLY) TBPB 50mg QL (8 tabs / 28 days)	Tier 2	QL NM PA	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	Tier 2	
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of LOTENSIN HCT)	Tier 2	
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2	QL NM PA	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	Tier 2	
			<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	Tier 2	

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

Drug Name	Drug Tier	Requirements/ Limits
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	Tier 2	QL
<i>irbesartan-</i> <i>hydrochlorothiazide tab 150-</i> <i>12.5 mg (generic of</i> <i>AVALIDE)</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>irbesartan-</i> <i>hydrochlorothiazide tab 300-</i> <i>12.5 mg (generic of</i> <i>AVALIDE)</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-</i> <i>12.5 mg (generic of</i> <i>HYZAAR)</i>	Tier 1	
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-</i> <i>12.5 mg (generic of</i> <i>HYZAAR)</i>	Tier 1	
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-</i> <i>25 mg (generic of HYZAAR)</i>	Tier 1	
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-</i> <i>12.5 mg (generic of</i> <i>BENICAR HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-</i> <i>12.5 mg (generic of</i> <i>BENICAR HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-</i> <i>25 mg (generic of BENICAR</i> <i>HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan-</i> <i>hydrochlorothiazide tab 80-</i> <i>12.5 mg (generic of</i> <i>DIOVAN HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-</i> <i>hydrochlorothiazide tab 160-</i> <i>12.5 mg (generic of</i> <i>DIOVAN HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan-</i> <i>hydrochlorothiazide tab 160-</i> <i>25 mg (generic of DIOVAN</i> <i>HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan-</i> <i>hydrochlorothiazide tab 320-</i> <i>12.5 mg (generic of</i> <i>DIOVAN HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan-</i> <i>hydrochlorothiazide tab 320-</i> <i>25 mg (generic of DIOVAN</i> <i>HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 2	QL
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 2	QL
<i>irbesartan</i> TABS 75mg QL (30 tabs / 30 days)	Tier 1	QL
<i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	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 2	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
<i>telmisartan</i> TABS 20mg QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL	<i>fenofibrate</i> TABS 54mg, 160mg	Tier 2	
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL	<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 2	
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL	<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	Tier 1	
ANTIARRHYTHMICS			ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	Tier 3		<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>amiodarone hcl</i> TABS 200mg	Tier 1		<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	Tier 3		<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 3	NM	<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 2		<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 3	QL	<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>pacerone</i> TABS 100mg, 400mg	Tier 3		ANTILIPEMICS, MISCELLANEOUS		
<i>pacerone</i> TABS 200mg	Tier 1		<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 2	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	Tier 3		<i>cholestyramine light</i> PACK 4gm	Tier 2	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	Tier 2		<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 3		<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm	Tier 3	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1		<i>colestipol hcl</i> PACK 5gm	Tier 3	
<i>sotalol hcl</i> TABS 240mg	Tier 1		<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	Tier 2	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 2		<i>ezetimibe</i> (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, FIBRATES					
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 2	QL	<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 1	
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 2	QL	<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
<i>niacin</i> (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 2	QL	<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 2	
<i>omega-3-acid ethyl esters</i> <i>cap 1 gm</i> (generic of LOVAZA)	Tier 2	PA	<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>prevalite</i> PACK 4gm	Tier 2		<i>metoprolol tartrate</i> SOLN 5mg/5ml	Tier 3	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2		<i>metoprolol tartrate</i> TABS 25mg	Tier 1	
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	Tier 2	QL NM PA	<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	Tier 2	QL NM PA	<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
VASCEPA CAPS .5gm, 1gm	Tier 2		<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL
BETA-BLOCKER/DIURETIC COMBINATIONS			<i>pindolol</i> TABS 5mg, 10mg	Tier 2	
<i>atenolol & chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	Tier 1		<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 2	
<i>atenolol & chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	Tier 1		<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	Tier 2	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> 2.5- 6.25 mg	Tier 1		<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> 5- 6.25 mg	Tier 1		<i>timolol maleate</i> TABS 5mg, Tier 2 10mg, 20mg	Tier 2	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> 10- 6.25 mg	Tier 1		CALCIUM CHANNEL BLOCKERS		
BETA-BLOCKERS			<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 2		<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1		<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 1	
			<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 2		<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1		<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	Tier 1	
<i>diltiazem hcl</i> TABS 90mg	Tier 1		<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1		<i>furosemide inj</i> SOLN 10mg/ml	Tier 2	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	Tier 3		<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2		<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 2		<i>methazolamide</i> TABS 25mg, 50mg	Tier 3	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 2		<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 2		<i>spironolactone & hydrochlorothiazide tab 25- 25 mg</i>	Tier 1	
<i>nimodipine</i> CAPS 30mg	Tier 3		<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2		<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<i>verapamil hcl</i> SOLN 2.5mg/ml	Tier 3		<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1		<i>triamterene & hydrochlorothiazide tab 75- 50 mg</i>	Tier 1	
DIURETICS			MISCELLANEOUS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 2		<i>aliskiren fumarate</i> (generic of TEKTRUNA) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 3	QL
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1		<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 2	
<i>amiloride hcl</i> TABS 5mg	Tier 1		<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 2	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	Tier 2		<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 2	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 2		<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 3	QL	<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	Tier 2	
<i>digoxin</i> SOLN .05mg/ml	Tier 3		<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	Tier 1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 3		NITRO-BID OINT 2%	Tier 2	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL	<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 2	
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 3	QL NM PA	<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 1	
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA	PULMONARY ARTERIAL HYPERTENSION		
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	Tier 3		ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 65 years and older	Tier 2	PA	<i>alyq</i> (generic of ADCIRCA) TABs 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 3		<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1		<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 3	QL	OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	Tier 1	NM PA	<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 2	QL NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	Tier 2		<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL NM PA
<i>midodrine hcl</i> TABS 10mg	Tier 3		UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	Tier 2	QL NM PA
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1		UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>ranolazine</i> TB12 500mg, 1000mg	Tier 3		UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	Tier 2	QL NM PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL PA			
NITRATES					
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABs 5mg	Tier 2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	Tier 2	QL NM PA	<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
WINREVAIR INJ 45MG QL (2 vials / 21 days)	Tier 2	QL NM PA	<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1	
WINREVAIR INJ 60MG QL (2 vials / 21 days)	Tier 2	QL NM PA	<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	Tier 2	QL NM PA	<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 3	QL
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	Tier 2	QL NM PA	<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL
CENTRAL NERVOUS SYSTEM					
ANTI-ANXIETY					
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL	<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA applies if 29 years and younger	Tier 3	PA
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1		<i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger	Tier 2	PA
<i>bupirone hcl</i> TABS 7.5mg, 30mg	Tier 2		<i>memantine hcl-donepezil hcl</i> cap er 24hr 14-10 mg (generic of NAMZARIC)	Tier 3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 2		<i>memantine hcl-donepezil hcl</i> cap er 24hr 21-10 mg (generic of NAMZARIC)	Tier 3	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL	<i>memantine hcl-donepezil hcl</i> cap er 24hr 28-10 mg (generic of NAMZARIC)	Tier 3	
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	Tier 1		NAMZARIC CAP 7-10MG	Tier 3	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	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>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL	<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	QL
ANTIDEMENTIA					
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL	ANTIDEPRESSANTS		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 1		<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA	DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 3	QL PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 3	QL PA	<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL
<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 1		EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	QL PA
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL	<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 3	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 1	QL	<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL	FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL PA
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 2		FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1		FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 3	QL PA
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 3	PA	<i>fluoxetine hcl</i> CAPS 10mg, 40mg	Tier 1	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	Tier 3	PA	<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 20mg	Tier 1	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 3	PA	<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 2	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL	<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	Tier 1	PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	Tier 2	PA	MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL
			<i>mirtazapine</i> TABS 7.5mg	Tier 2	
			<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1	
			<i>mirtazapine</i> TABS 45mg	Tier 1	
			<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 2	
			<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 1		<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 3		ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 2	QL NM PA
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA	ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 2	QL NM PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	Tier 1	PA	ANTIPARKINSONIAN AGENTS		
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Tier 2		<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL
<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 3		<i>amantadine hcl</i> SOLN 50mg/5ml	Tier 2	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	Tier 3	QL PA	<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	Tier 2		<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older	Tier 1	PA
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1		<i>bromocriptine mesylate</i> (generic of PARLODEL) TABS 2.5mg	Tier 3	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	Tier 3		<i>carb/levo orally disintegrating tab 10-100mg</i>	Tier 2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1		<i>carb/levo orally disintegrating tab 25-100mg</i>	Tier 2	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 3	QL	<i>carb/levo orally disintegrating tab 25-250mg</i>	Tier 2	
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL	<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	Tier 1	
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL PA	<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	Tier 1	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 1		<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2		<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 2	
			<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 2	
			<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 3		<i>aripiprazole SOLN 1mg/ml</i>	Tier 3	QL
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 3		QL (900 mL / 30 days)		
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 3		<i>aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	Tier 3	QL
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 3		QL (30 tabs / 30 days)		
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 3		<i>aripiprazole TBDP 10mg, 15mg</i>	Tier 3	QL ST
<i>entacapone TABS 200mg</i>	Tier 3		QL (60 tabs / 30 days)		
INBRIJA CAPS 42mg	Tier 2	QL NM PA	ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	Tier 3	QL
QL (300 caps / 30 days)			QL (1 syringe / 28 days)		
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	Tier 1		ARISTADA PRSY 1064mg/3.9ml	Tier 3	QL
<i>rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg</i>	Tier 3	QL	QL (1 syringe / 56 days)		
QL (30 tabs / 30 days)			ARISTADA INITIO PRSY 675mg/2.4ml	Tier 3	
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	Tier 1		<i>asenapine maleate (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg</i>	Tier 3	QL
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	Tier 2		QL (60 tabs / 30 days)		
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	Tier 2		CAPLYTA CAPS 10.5mg, 21mg, 42mg	Tier 3	QL
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	Tier 1		QL (30 caps / 30 days)		
ANTIPSYCHOTICS			<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	Tier 3	
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	Tier 3	QL	<i>clozapine (generic of CLOZARIL) TABS 25mg</i>	Tier 2	
QL (1 syringe / 56 days)			<i>clozapine TABS 50mg</i>	Tier 2	
ABILIFY MAINTENA PRSY 300mg, 400mg	Tier 3	QL	<i>clozapine (generic of CLOZARIL) TABS 100mg</i>	Tier 2	QL
QL (1 syringe / 28 days)			QL (270 tabs / 30 days)		
ABILIFY MAINTENA SRER 300mg, 400mg	Tier 3	QL	<i>clozapine TABS 200mg</i>	Tier 2	QL
QL (1 injection / 28 days)			QL (120 tabs / 30 days)		
			<i>clozapine TBDP 12.5mg, 25mg</i>	Tier 3	PA
			<i>clozapine TBDP 100mg</i>	Tier 3	QL PA
			QL (270 tabs / 30 days)		

Blue MedicareRx 3-Tier Select 2026 Comprehensive Drug List effective 01/01/2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 3	QL PA	INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 3	QL PA	INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 3	QL
COBENFY CAP 50-20MG QL (60 caps / 30 days)	Tier 3	QL PA	<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 2	
COBENFY CAP 100-20MG QL (60 caps / 30 days)	Tier 3	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
COBENFY CAP 125-30MG QL (60 caps / 30 days)	Tier 3	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 3	QL
COBENFY STRT CAP PACK QL (2 packs / year)	Tier 3	QL PA	LYBALVI TAB 5-10MG 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	LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	Tier 3	QL
FANAPT PAK PACK A QL (2 packs / year)	Tier 3	QL PA	LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	Tier 3	QL
FANAPT PAK PACK C QL (2 packs / year)	Tier 3	QL PA	LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 3	QL
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 3		<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 3	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 3		NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 3	QL NM PA
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2		NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 3	QL NM PA
<i>haloperidol decanoate</i> SOLN 50mg/ml	Tier 2		<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 3	QL
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 2		<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days)	Tier 2	QL
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 2		<i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days)	Tier 2	QL
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 3	QL	<i>olanzapine</i> TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 3	QL	<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 3	QL	<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
ANTISEIZURE AGENTS			<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 3	QL	<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 3	QL PA
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL	DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 3	QL NM PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 3	QL PA	DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 3	QL NM PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 3	QL PA	DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 3	QL NM PA
<i>carbamazepine</i> CHEW 100mg	Tier 2		DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 3	QL NM PA
<i>carbamazepine</i> CHEW 200mg	Tier 3		<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 3		<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	Tier 3		<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	Tier 2		<i>diazepam inj</i> SOLN 5mg/ml	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 3				
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 3	QL PA			
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 3	QL PA			
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA	<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 1	QL
DILANTIN CAPS 30mg	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 2	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 2		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 1		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 3	QL NM PA	<i>iacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	Tier 3	
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	Tier 2		<i>iacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA	<i>iacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 3	QL	<i>iacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL	<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 2	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Tier 2		<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>felbamate</i> SUSP 600mg/5ml	Tier 3		<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml	Tier 2	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 3				
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 3	QL NM PA			
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	Tier 3	QL PA			
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA			
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 3		<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>levetiracetam</i> (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	Tier 1		<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL	<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	Tier 3	PA
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3		<i>phenytek</i> CAPS 200mg, 300mg	Tier 2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3		<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 2	
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	Tier 3		<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 3	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	Tier 3	QL	<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 2	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 3		<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	Tier 2	
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 2		<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	Tier 2	QL PA
<i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	Tier 2	QL PA
<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	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) PA applies if 65 years and older	Tier 3	QL PA	<i>topiramate</i> CPSP 50mg	Tier 3	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 1		<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
<i>primidone</i> TABS 125mg	Tier 1		<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	Tier 1		<i>valproate sodium</i> SOLN 100mg/ml	Tier 3	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 3	QL PA	<i>valproate sodium</i> SOLN 250mg/5ml	Tier 2	
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 3	QL PA	<i>valproic acid</i> CAPS 250mg	Tier 1	
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 3	QL PA	VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL	VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 3	QL	VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 3	QL	VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 3	QL	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1		<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 3	QL PA	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 3		<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 2	QL NM PA	<i>amphetamine- dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA
<i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA	<i>amphetamine- dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL	<i>amphetamine- dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL	<i>amphetamine- dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 3	QL	<i>amphetamine- dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 3	QL	<i>amphetamine- dextroamphetamine tab 5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 3	QL	<i>amphetamine- dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 3	QL	<i>amphetamine- dextroamphetamine tab 10 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 3	QL	<i>amphetamine- dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>amphetamine- dextroamphetamine tab 15 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2		<i>amphetamine- dextroamphetamine tab 20 mg (generic of ADDERALL)</i> QL (90 tabs / 30 days)	Tier 2	QL PA
<i>zonisamide</i> CAPS 50mg	Tier 2		<i>amphetamine- dextroamphetamine tab 30 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 3	QL NM PA			
ATTENTION DEFICIT HYPERACTIVITY DISORDER					
<i>amphetamine- dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA			
<i>amphetamine- dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL	<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	Tier 3	QL	HYPNOTICS		
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL	DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL PA	<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL PA	<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	Tier 2	QL
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA	<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 1	QL NM PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA	MIGRAINE		
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA	AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA
			<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	QL PA
			EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 2	QL NM PA
			EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 2	QL NM PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL NM PA	<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 2	QL PA	UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 2	QL PA
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA	MISCELLANEOUS		
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL PA	AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 2	QL	AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL	AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL	AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 3	QL	AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 3	QL	AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL	AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 2	QL NM PA
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>lithium</i> SOLN 8meq/5ml Tier 3		
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg Tier 1		
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg Tier 1		
			NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 3	QL PA
			<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg Tier 2		
			<i>riluzole</i> TABS 50mg Tier 3		
			<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 3	QL NM PA
			<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE SCLEROSIS AGENTS					
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2	QL NM PA	<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
BETASERON KIT .3mg QL (14 kits / 28 days)	Tier 2	QL NM PA	<i>tizanidine hcl</i> TABS 2mg	Tier 1	
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2	QL NM PA	<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1	
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2	QL NM PA	NARCOLEPSY/CATAPLEXY		
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL NM PA	<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA	<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA	<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	Tier 2	QL PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA	SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA	PSYCHOTHERAPEUTIC-MISC		
OCREVUS SOLN 300mg/10ml	Tier 2	NM PA	<i>acamprosate calcium</i> TBEC 333mg	Tier 3	
MUSCULOSKELETAL THERAPY AGENTS					
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 2	QL	<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	Tier 2	QL
<i>baclofen</i> TABS 10mg, 20mg	Tier 2		<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	Tier 2	QL
			<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 2-0.5 mg (base</i> <i>equiv)</i> (generic of SUBOXONE) QL (180 films / 30 days)	Tier 3	QL
			<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 4-1 mg (base</i> <i>equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (120 films / 30 days)	Tier 3	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	Tier 1	QL
<i>disulfiram</i> TABS 250mg, 500mg	Tier 2	
<i>KLOXXADO</i> LIQD 8mg/0.1ml	Tier 2	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	Tier 2	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1	
<i>naltrexone hcl</i> TABS 50mg	Tier 2	
<i>NICOTROL</i> NS SOLN 10mg/ml	Tier 3	
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 3	QL
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	Tier 3	QL
<i>VIVITROL</i> SUSR 380mg	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
ENDOCRINE AND METABOLIC ANDROGENS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 3	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 2	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 2	PA
<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	Tier 3	QL PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 2	
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>FARXIGA</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL	MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL	<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 2	QL	OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL	OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 2	QL	OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL	<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL ST	<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL	RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 2	QL PA
JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 2	QL			
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL			
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 2	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL	CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	Tier 3	QL PA
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	FIASP SOLN 100unit/ml	Tier 2	B/D
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL	FIASP FLEXTOUCH SOPN 100unit/ml	Tier 2	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	FIASP PENFILL SOCT 100unit/ml	Tier 2	
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL	FIASP PUMPCART SOCT 100unit/ml	Tier 2	B/D
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA	GAUZE PADS 2" X 2"	Tier 2	PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL	HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	Tier 2	B/D
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL	HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	
XIGDUO XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL	INSULIN PEN NEEDLES: EMBECTA-BD	Tier 2	PA
XIGDUO XR TAB 10- 500MG QL (30 tabs / 30 days)	Tier 2	QL	INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 2	PA
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL	INSULIN SYRINGES: EMBECTA-BD	Tier 2	PA
ANTIDIABETICS, INSULINS			LANTUS SOLN 100unit/ml	Tier 2	
ADMELOG SOLN 100unit/ml	Tier 2	B/D	LANTUS SOLOSTAR SOPN 100unit/ml	Tier 2	
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2		NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
ALCOHOL SWABS: EMBECTA- BD/MHC/RUGBY	Tier 2	PA	NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	Tier 3	QL PA	NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	Tier 3	QL PA	NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	
			NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	B/D
			NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG SOLN 100unit/ml	Tier 2	B/D	BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	Tier 2	QL NM PA
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 2		<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 2	B/D
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	Tier 2		<i>ibandronate sodium</i> TABS 150mg	Tier 2	B/D
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2		PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2		<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 2	B/D
NOVOLOG PENFILL SOCT 100unit/ml	Tier 2		PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
NOVOLOG RELION SOLN 100unit/ml	Tier 2	B/D	TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	Tier 2	QL NM PA
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 3	QL PA	WYOST SOLN 120mg/1.7ml	Tier 2	NM PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 3	QL PA	<i>zoledronic acid</i> CONC 4mg/5ml	Tier 3	B/D NM
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	Tier 3	QL PA	<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 3	B/D NM
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	Tier 3	QL PA	CHELATING AGENTS		
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 3	QL PA	CHEMET CAPS 100mg	Tier 2	
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA	<i>deferasirox</i> (generic of JADENU) TABS 90mg	Tier 2	NM PA
SOLQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL	<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	Tier 3	NM PA
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2		<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	Tier 3	NM PA
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2		<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	Tier 1	NM PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL	<i>kionex</i> SUSP 15gm/60ml	Tier 3	
CALCIUM REGULATORS			LOKELMA PACK 5gm, 10gm	Tier 2	
<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1		<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	Tier 1	NM
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1		<i>sodium polystyrene sulfonate powder</i> sps SUSP 15gm/60ml	Tier 2	
				Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sps rectal</i> SUSP 15gm/60ml	Tier 3		<i>enskyce</i>	Tier 2	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	Tier 1	NM PA	<i>errin</i> TABS .35mg	Tier 2	
CONTRACEPTIVES			<i>estarylla</i>	Tier 2	
<i>afirmelle</i>	Tier 2		<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	Tier 2	
<i>altavera</i>	Tier 2		<i>falmina</i>	Tier 2	
<i>alyacen 1/35</i>	Tier 2		<i>feirza 1.5/30</i>	Tier 2	
<i>alyacen 7/7/7</i>	Tier 2		<i>feirza 1/20</i>	Tier 2	
<i>apri</i>	Tier 2		<i>hailey 1.5/30</i>	Tier 2	
<i>aranelle</i>	Tier 2		<i>haloette</i> (generic of NUVARING)	Tier 2	
<i>aubra eq</i>	Tier 2		<i>heather</i> TABS .35mg	Tier 2	
<i>aurovela 1/20</i>	Tier 2		<i>iclevia</i>	Tier 2	
<i>aurovela fe 1.5/30</i>	Tier 2		<i>incassia</i> TABS .35mg	Tier 2	
<i>aurovela fe 1/20</i>	Tier 2		<i>introvale</i>	Tier 2	
<i>aviane</i>	Tier 2		<i>isibloom</i>	Tier 2	
<i>ayuna</i>	Tier 2		<i>jasmiel</i> (generic of YAZ)	Tier 2	
<i>azurette</i>	Tier 2		<i>jolessa</i>	Tier 2	
<i>balziva</i>	Tier 2		<i>juleber</i>	Tier 2	
<i>blisovi fe 1.5/30</i>	Tier 2		<i>junel 1.5/30</i>	Tier 2	
<i>briellyn</i>	Tier 2		<i>junel 1/20</i>	Tier 2	
<i>camila</i> TABS .35mg	Tier 2		<i>junel fe 1.5/30</i>	Tier 2	
<i>chateal eq</i>	Tier 2		<i>junel fe 1/20</i>	Tier 2	
<i>cryselle-28</i>	Tier 2		<i>kariva</i>	Tier 2	
<i>cyred eq</i>	Tier 2		<i>kelnor 1/35</i>	Tier 2	
<i>dasetta 1/35</i>	Tier 2		<i>kelnor 1/50</i>	Tier 2	
<i>dasetta 7/7/7</i>	Tier 2		<i>kurvelo</i>	Tier 2	
<i>deblitane</i> TABS .35mg	Tier 2		<i>larin 1.5/30</i>	Tier 2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 2		<i>larin 1/20</i>	Tier 2	
<i>desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 2		<i>larin fe 1.5/30</i>	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	Tier 2		<i>larin fe 1/20</i>	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	Tier 2		<i>lessina</i>	Tier 2	
<i>elinest</i>	Tier 2		<i>levonest</i>	Tier 2	
<i>eluryng</i> (generic of NUVARING)	Tier 2		<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	Tier 2	
<i>emzahn</i> TABS .35mg	Tier 2		<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 2	
<i>enilloring</i> (generic of NUVARING)	Tier 2		<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	Tier 2	
			<i>levora 0.15/30-28</i>	Tier 2	
			LILETTA IUD 20.1mcg/day	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
loestrin 1.5/30-21	Tier 2		norlyroc TABS .35mg	Tier 2	
loestrin 1/20-21	Tier 2		nortrel 0.5/35 (28)	Tier 2	
loestrin fe 1.5/30	Tier 2		nortrel 1/35 (21)	Tier 2	
loestrin fe 1/20	Tier 2		nortrel 1/35 (28)	Tier 2	
loryna (generic of YAZ)	Tier 2		nortrel 7/7/7	Tier 2	
low-ogestrel	Tier 2		nylia 1/35	Tier 2	
luteru	Tier 2		nylia 7/7/7	Tier 2	
lyleq TABS .35mg	Tier 2		ocella (generic of YASMIN 28)	Tier 2	
lyza TABS .35mg	Tier 2		orquidea TABS .35mg	Tier 2	
marlissa	Tier 2		philith	Tier 2	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	Tier 2		pimtrea	Tier 2	
meleya TABS .35mg	Tier 2		portia-28	Tier 2	
microgestin 1.5/30	Tier 2		reclipsen	Tier 2	
microgestin 1/20	Tier 2		setlakin	Tier 2	
microgestin fe 1.5/30	Tier 2		sharobel TABS .35mg	Tier 2	
microgestin fe 1/20	Tier 2		simliya	Tier 2	
mili	Tier 2		sprintec 28	Tier 2	
mono-lynyah	Tier 2		sronyx	Tier 2	
necon 0.5/35-28	Tier 2		syeda (generic of YASMIN 28)	Tier 2	
NEXPLANON IMPL 68mg	Tier 2	NM	tarina fe 1/20 eq	Tier 2	
nikki (generic of YAZ)	Tier 2		tilia fe	Tier 2	
nora-be TABS .35mg	Tier 2		tri-estarylla	Tier 2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	Tier 2		tri-legest fe	Tier 2	
norethindrone (contraceptive) TABS .35mg	Tier 2		tri-lynyah	Tier 2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 2		tri-lo-estarylla	Tier 2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 2		tri-lo-marzia	Tier 2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 2		tri-lo-mili	Tier 2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 2		tri-lo-sprintec	Tier 2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 2		tri-mili	Tier 2	
			tri-sprintec	Tier 2	
			tri-vylibra	Tier 2	
			tri-vylibra lo	Tier 2	
			turqoz	Tier 2	
			valtya 1/50	Tier 2	
			velivet	Tier 2	
			vestura (generic of YAZ)	Tier 2	
			vienva	Tier 2	
			viorele	Tier 2	
			vyfemla	Tier 2	
			vylibra	Tier 2	
			wera	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>xarah fe</i>	Tier 2		<i>lyllana</i> (generic of MINIVELLE) PTTW	Tier 2	
<i>xulane</i>	Tier 2		.025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr		
<i>zafemy</i>	Tier 2		<i>mimvey</i> (generic of ACTIVELLA)	Tier 2	
<i>zovia 1/35</i>	Tier 2		<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2	
<i>zumandimine</i> (generic of YASMIN 28)	Tier 2		<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2	
ESTROGENS			<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	Tier 3	
<i>abigale</i> (generic of ACTIVELLA)	Tier 2		GLUCOCORTICOIDS		
<i>abigale lo</i>	Tier 2		<i>dexamethasone</i> ELIX	Tier 2	
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2		.5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg		
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2		<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	Tier 2	
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2		<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	Tier 1		<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 2		<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	Tier 3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	Tier 2		<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	Tier 2	B/D
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Tier 2		<i>methylprednisolone</i> TABS 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 10mg/ml, 20mg/ml	Tier 3		<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 2	B/D
<i>estradiol valerate</i> OIL 40mg/ml	Tier 3		<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	Tier 2	B/D
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 2				
<i>fyavolv tab 1mg-5mcg</i>	Tier 2				
<i>jinteli</i>	Tier 2				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NM PA	<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 2	
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 2		THYROID AGENTS		
REVCOVI SOLN 2.4mg/1.5ml	Tier 2	NM PA	<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA	<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM PA	<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 1	NM PA	<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	Tier 2	NM PA	<i>propylthiouracil</i> TABS 50mg	Tier 2	
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM PA	SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 3	
SYNAREL SOLN 2mg/ml	Tier 2	PA	<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	Tier 1	NM PA	VITAMIN D ANALOGS		
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	Tier 1	NM PA	<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 1	B/D
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	Tier 1	NM PA	<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	Tier 3	B/D
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	Tier 1	NM PA			
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	Tier 1	NM PA			
PROGESTINS					
<i>gallifrey</i> TABS 5mg	Tier 2				
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1				
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 2				
<i>norethindrone acetate</i> TABS 5mg	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
<i>paricalcitol</i> CAPS 4mcg	Tier 3	B/D
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 125mg	Tier 3	B/D
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	Tier 3	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 3	B/D
<i>compro</i> SUPP 25mg	Tier 3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	Tier 3	B/D QL
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	Tier 3	B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 1	PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 2	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	Tier 1	
<i>ondansetron</i> TBP 4mg, 8mg	Tier 2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 2	
<i>ondansetron hcl</i> TABS 4mg, 8mg	Tier 2	B/D
<i>prochlorperazine</i> SUPP 25mg	Tier 3	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 3	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days)	Tier 3	QL
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older	Tier 2	PA
<i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older	Tier 3	PA
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	Tier 2	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	Tier 2	QL
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 2	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 2	
<i>nizatidine</i> CAPS 150mg, 300mg	Tier 3	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	Tier 2	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	Tier 1	QL PA	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 1	
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	Tier 3		<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 3	QL	PLENVU SOL	Tier 3	
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	Tier 3	QL	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	Tier 2	
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	Tier 3	QL	MISCELLANEOUS		
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 3	QL	<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL	<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 3	QL	CREON CAP 3000UNIT	Tier 2	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 1		CREON CAP 6000UNIT	Tier 2	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2		CREON CAP 12000UNT	Tier 2	
LAXATIVES			CREON CAP 24000UNT	Tier 2	
<i>constulose</i> SOLN 10gm/15ml	Tier 2		CREON CAP 36000UNT	Tier 2	
<i>enulose</i> SOLN 10gm/15ml	Tier 2		<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	Tier 3	
<i>gavilyte-c</i>	Tier 1		<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	Tier 3	
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1		GATTEX KIT 5mg	Tier 2	NM PA
<i>gavilyte-n/flavor pack</i>	Tier 1		LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL
<i>generlac</i> SOLN 10gm/15ml	Tier 2		<i>loperamide hcl</i> CAPS 2mg	Tier 1	
<i>lactulose</i> SOLN 10gm/15ml	Tier 2		<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 2		MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
			RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 2	QL PA
			RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	Tier 2		<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	Tier 1	QL
<i>ursodiol</i> CAPS 300mg	Tier 3		MISCELLANEOUS		
<i>ursodiol</i> TABS 250mg	Tier 2		<i>acetic acid</i> SOLN .25%	Tier 1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 2		<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 2	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	Tier 2	QL PA	<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 2	
VOQUEZNA PAK TRIP PK QL (2 kits / year)	Tier 2	QL PA	<i>potassium citrate</i> (alkalinizer) TBCR 540mg	Tier 2	
VOWST CAP QL (12 caps / 30 days)	Tier 2	QL NM PA	<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 2	
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 2	QL NM PA	URINARY ANTISPASMODICS		
XIFAXAN TABS 550mg	Tier 2	PA	GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 3	QL
ZENPEP CAP 3000UNIT	Tier 3		<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 2	QL
ZENPEP CAP 5000UNIT	Tier 3		<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL
ZENPEP CAP 10000UNT	Tier 3		<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL
ZENPEP CAP 15000UNT	Tier 3		<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 2	QL
ZENPEP CAP 20000UNT	Tier 3		<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
ZENPEP CAP 25000UNT	Tier 3		<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 3	QL
ZENPEP CAP 40000UNT	Tier 3		<i>tolterodine tartrate</i> TABS 1mg QL (60 tabs / 30 days)	Tier 3	QL
ZENPEP CAP 60000UNT	Tier 3		<i>tolterodine tartrate</i> (generic of DETROL) TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL
PROTON PUMP INHIBITORS			<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1				
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg	Tier 3				
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1				
GENITOURINARY					
BENIGN PROSTATIC HYPERPLASIA					
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	Tier 1	QL			
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	Tier 2	QL			
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL			
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL PA			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VAGINAL ANTI-INFECTIVES					
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	Tier 2		<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
<i>metronidazole vaginal</i> GEL .75%	Tier 2		<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
<i>terconazole vaginal</i> CREA .4%, .8%	Tier 2		XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 2	QL
HEMATOLOGIC ANTICOAGULANTS					
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 2	QL	XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	Tier 2	QL	XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL	XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 2	QL	HEMATOPOIETIC GROWTH FACTORS		
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 2	QL	FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 3		PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 3		PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NM PA
HEP SOD/NAACL INJ 25000UNT	Tier 2		ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D	MISCELLANEOUS		
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
			ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
			<i>anagrelide hcl</i> CAPS 1mg	Tier 3	
			<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	Tier 3	
			BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2	QL NM PA
			<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
			DOPTELET TABS 20mg	Tier 2	NM PA
			HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	QL NM PA	BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA	DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	Tier 1	NM PA	DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
<i>pentoxifylline</i> TBCR 400mg	Tier 1		ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 2	QL NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA	ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	QL NM PA
SIKLOS TABS 100mg	Tier 3		ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
SIKLOS TABS 1000mg	Tier 2		ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 2	QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 2	QL NM PA	ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 3		HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
<i>tranexamic acid</i> TABS 650mg	Tier 2		HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	Tier 2	QL NM PA
PLATELET AGGREGATION INHIBITORS			HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 3		HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Tier 1		HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 years and older	Tier 2	PA			
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	Tier 2				
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	Tier 2				
IMMUNOLOGIC AGENTS					
AUTOIMMUNE AGENTS					
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	Tier 2	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA	STELARA SOLN 130mg/26ml	Tier 2	NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 2	QL NM PA	TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 2	QL NM PA	TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 2	QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	Tier 2	QL NM PA	TREMFYA SOLN 200mg/20ml	Tier 2	NM PA
PYZCHIVA SOLN 130mg/26ml	Tier 2	NM PA	TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA	TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA	TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 2	QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 2	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2	QL NM PA	TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 2	NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 2	QL NM PA	TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2	QL NM PA	USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
SKYRIZI SOLN 600mg/10ml	Tier 2	NM PA	USTEKINUMAB SOLN 130mg/26ml	Tier 2	NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 2	QL NM PA	USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 2	QL NM PA	VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2	QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA	GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
YESINTEK SOLN 130mg/26ml	Tier 2	NM PA	OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA	PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)					
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	Tier 2		IMMUNOMODULATORS		
JYLAMVO SOLN 2mg/ml	Tier 3	B/D	ACTIMMUNE SOLN 100mcg/0.5ml	Tier 2	NM PA
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL	ARCALYST SOLR 220mg	Tier 2	NM PA
<i>methotrexate sodium</i> TABS 2.5mg	Tier 2		IMMUNOSUPPRESSANTS		
XATMEP SOLN 2.5mg/ml	Tier 3	B/D	ASTAGRAF XL CP24 5mg	Tier 2	B/D NM
IMMUNOGLOBULINS					
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA	ASTAGRAF XL CP24 .5mg, 1mg	Tier 3	B/D NM
BIVIGAM SOLN 5gm/50ml, 10%	Tier 2	NM PA	<i>azathioprine</i> (generic of IMURAN) TABS 50mg	Tier 2	B/D
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NM PA	BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
GAMASTAN INJ	Tier 3	B/D NM	BENLYSTA SOLR 120mg, 400mg	Tier 2	NM PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA	BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NM PA	<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 3	B/D NM

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM	DENGVAXIA SUS	Tier 1	
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 3	B/D NM	ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
<i>everolimus (immunosuppressant)</i> (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	Tier 1	B/D NM	GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1	
<i>everolimus (immunosuppressant)</i> (generic of ZORTRESS) TABS .25mg	Tier 3	B/D NM	HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	Tier 1	
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	B/D NM	HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM	HIBERIX SOLR 10mcg	Tier 1	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	Tier 1	B/D NM	IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 3	B/D NM	INFANRIX INJ	Tier 1	
PROGRAF PACK .2mg, 1mg	Tier 3	B/D NM	IPOLE INJ INACTIVE	Tier 1	
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	IXCHIQ INJ	Tier 1	
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 3	B/D NM	IXIARO INJ	Tier 1	
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 3	B/D NM	JYNNEOS SUSP .5ml	Tier 1	B/D
VACCINES			KINRIX INJ	Tier 1	
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	PA	M-M-R II INJ	Tier 1	
ACTHIB INJ	Tier 1		MENQUADFI SOLN .5ml	Tier 1	
ADACEL INJ	Tier 1		MENVEO INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	PA	MENVEO SOL	Tier 1	
BCG VACCINE SOLR 50mg	Tier 1		MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA
BEXSERO SUSY .5ml	Tier 1		PEDIARIX INJ 0.5ML	Tier 1	
BOOSTRIX INJ	Tier 1		PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
DAPTACEL INJ	Tier 1		PENBRAYA INJ	Tier 1	
			PENTACEL INJ	Tier 1	
			PRIORIX INJ	Tier 1	
			PROQUAD INJ	Tier 1	
			QUADRACEL INJ 0.5ML	Tier 1	
			RABAVERT INJ	Tier 1	B/D
			RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
			ROTARIX SUS	Tier 1	
			ROTATEQ SOL	Tier 1	
			SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
			TENIVAC INJ 5-2LF	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1		<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	Tier 2	
TRUMENBA SUSY .5ml	Tier 1		<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	Tier 2	
TWINRIX INJ	Tier 1		<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	Tier 2	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1		<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	Tier 2	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1		<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 2	
VARIVAX SUSR 1350pfu/0.5ml	Tier 1		<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 2	
VAXCHORA SUS	Tier 1		<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 2	
VIMKUNYA SUSY 40mcg/0.8ml	Tier 1		<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	Tier 2	
VIVOTIF CAP EC	Tier 1		<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>	Tier 2	
YF-VAX INJ	Tier 1		<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	Tier 2	
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE			<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 2	
D2.5W/NACL INJ 0.45%	Tier 3		KCL/D5W/NACL INJ 0.3/0.9%	Tier 3	
D10W/NACL INJ 0.2%	Tier 2		<i>lactated ringer's solution</i>	Tier 2	
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i>	Tier 2		MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
<i>dextrose 5% in lactated ringers</i>	Tier 2		<i>magnesium sulfate (generic of MAGNESIUM SULFATE)</i>	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 2		SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	Tier 2		<i>magnesium sulfate SOLN</i>	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 2		50%		
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 2				
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	Tier 2				
<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 2				
ISOLYTE-P INJ /D5W	Tier 3				
ISOLYTE-S INJ PH 7.4	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 2		<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1	
<i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE A)	Tier 3		WESTAB PLUS TAB 27-1MG	Tier 2	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 3		IV NUTRITION		
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 3		CLINIMIX INJ 4.25/D5W	Tier 3	B/D
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 3		CLINIMIX INJ 4.25/D10	Tier 3	B/D
<i>potassium chloride</i> SOLN 2meq/ml	Tier 2		CLINIMIX INJ 5%/D15W	Tier 3	B/D
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 2		CLINIMIX INJ 5%/D20W	Tier 3	B/D
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 2		CLINIMIX INJ 6/5	Tier 3	B/D
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%	Tier 2		CLINIMIX INJ 8/10	Tier 3	B/D
TPN ELECTROL INJ	Tier 3	B/D	CLINIMIX INJ 8/14	Tier 3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL			<i>clinisol sf 15%</i>	Tier 3	B/D
<i>klor-con</i> PACK 20meq	Tier 3		CLINOLIPID EMU 20%	Tier 3	B/D
<i>klor-con 8</i> TBCR 8meq	Tier 1		<i>dextrose</i> SOLN 5%, 10%	Tier 2	
<i>klor-con 10</i> TBCR 10meq	Tier 1		<i>dextrose</i> SOLN 50%, 70%	Tier 2	B/D
<i>klor-con m10</i> TBCR 10meq	Tier 1		INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	B/D
<i>klor-con m15</i> TBCR 15meq	Tier 1		NUTRILIPID EMUL 20gm/100ml	Tier 3	B/D
<i>klor-con m20</i> TBCR 20meq	Tier 1		<i>plenamine</i>	Tier 3	B/D
M-NATAL PLUS TAB	Tier 2		PREMASOL SOL 10%	Tier 1	B/D
<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	Tier 1		PROSOL INJ 20%	Tier 3	B/D
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	Tier 3		TRAVASOL INJ 10%	Tier 3	B/D
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq	Tier 1		TROPHAMINE INJ 10%	Tier 3	B/D
PRENATAL TAB 27-1MG	Tier 2		OPHTHALMIC		
PRENATAL TAB PLUS	Tier 2		ANTI-INFECTIVE/ANTI-INFLAMMATORY		
			<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 2	
			<i>neo-polycin hc ophth oint 1%</i>	Tier 2	
			<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> (generic of MAXITROL)	Tier 1	
			<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> (generic of MAXITROL)	Tier 1	
			<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
			TOBRADEX OIN 0.3-0.1%	Tier 2	
			<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 2	
			ZYLET SUS 0.5-0.3%	Tier 2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES			ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	Tier 2		<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	Tier 2	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1		<i>flurbiprofen sodium SOLN</i>	Tier 2	.03%
BESIVANCE SUSP .6%	Tier 2		<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	Tier 2	
CILOXAN OINT .3%	Tier 2		<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	Tier 1	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	Tier 1		LOTEMAX OINT .5%	Tier 2	
<i>erythromycin (ophth)</i> OINT 5mg/gm	Tier 1		<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	Tier 2	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	Tier 1		ANTIALLERGICS		
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	Tier 2	QL	<i>azelastine hcl (ophth)</i> SOLN .05%	Tier 1	
QL (12 mL / 30 days)			<i>cromolyn sodium (ophth)</i> SOLN 4%	Tier 1	
NATACYN SUSP 5%	Tier 3		ZERVIATE SOLN .24%	Tier 3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	Tier 2		ANTI GLAUCOMA		
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 2		<i>betaxolol hcl (ophth)</i> SOLN .5%	Tier 2	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 2		<i>brimonidine tartrate SOLN</i>	Tier 1	.2%
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	Tier 1		<i>carteolol hcl (ophth)</i> SOLN 1%	Tier 1	
<i>polycin ophth oint</i>	Tier 1		COMBIGAN SOL 0.2/0.5%	Tier 2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1		<i>dorzolamide hcl SOLN</i>	Tier 1	2%
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	Tier 2		<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	Tier 1	
<i>tobramycin (ophth)</i> SOLN .3%	Tier 1		<i>latanoprost</i> (generic of XALATAN) SOLN .005%	Tier 1	
<i>trifluridine SOLN</i>	Tier 3		<i>levobunolol hcl SOLN</i>	Tier 1	.5%
XDEMYVY SOLN .25%	Tier 2	NM PA	<i>pilocarpine hcl SOLN</i>	Tier 2	1%, 2%, 4%
ZIRGAN GEL .15%	Tier 3		RHOPRESSA SOLN .02%	Tier 3	
ANTI-INFLAMMATORIES			ROCKLATAN DRO	Tier 3	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	Tier 2		SIMBRINZA SUS 1-0.2%	Tier 3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	Tier 1		<i>timolol maleate (ophth)</i> SOLG .25%, .5%	Tier 2	
			<i>timolol maleate (ophth)</i> SOLN .25%, .5%	Tier 1	
			VYZULTA SOLN .024%	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS			MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2		BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	Tier 2	QL
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 2		BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	Tier 2	QL
CYSTADROPS SOLN .37%	Tier 2	NM PA	COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	Tier 3	QL
CYSTARAN SOLN .44%	Tier 2	NM PA	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 2	B/D
EYSUVIS SUSP .25%	Tier 3		TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL
MIEBO SOLN 1.338gm/ml	Tier 2		TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	Tier 2		ANTICHOLINERGICS		
RESTASIS EMUL .05%	Tier 2		ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
RESTASIS MULTIDOSE EMUL .05%	Tier 2		INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 2	QL
XIIDRA SOLN 5%	Tier 2		<i>ipratropium bromide</i> SOLN .02%	Tier 1	B/D
OTIC			<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 2	
OTIC AGENTS			SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)	Tier 3	QL
<i>acetic acid (otic)</i> SOLN 2%	Tier 2		ANTI-HISTAMINES		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 3		<i>azelastine hcl</i> SOLN .1%	Tier 2	
<i>flac</i> (generic of DERMOTIC) OIL .01%	Tier 2		<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	Tier 1	QL
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	Tier 2				
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 3				
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 2				
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 2				
<i>ofloxacin (otic)</i> SOLN .3%	Tier 3				
RESPIRATORY					
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS					
ANORO ELLIPT AER 62.5-25	Tier 2	QL QL (60 blisters / 30 days)			
BEVESPI AER 9-4.8MCG	Tier 2	QL QL (1 inhaler / 30 days)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA	<i>albuterol sulfate</i> TABS 2mg, 4mg	Tier 3	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 2		<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL ST
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	Tier 3	PA	SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA	<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 3	
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA	VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL	VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL
BETA AGONISTS			LEUKOTRIENE MODULATORS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL	<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 1	
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 2	QL	<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 3	
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL	<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	Tier 2	
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D	MISCELLANEOUS		
<i>albuterol sulfate</i> NEBU .083%	Tier 1	B/D	<i>acetylcysteine</i> SOLN 10%, 20%	Tier 3	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	Tier 2		ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	Tier 2	QL NM PA
			ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	Tier 2	QL NM PA
			ARALAST NP SOLR 500mg, 1000mg	Tier 2	NM PA
			<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 2	B/D
			<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine</i> (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 2		<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>epinephrine</i> (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2		PROLASTIN-C SOLN 1000mg/20ml	Tier 2	NM PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA	PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA	<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 3	QL
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 2	QL NM PA	<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 3	QL
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA	SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2	QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 2	QL NM PA	<i>theophylline</i> TB12 100mg, 200mg, 300mg, 450mg	Tier 3	
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 2	QL NM PA	<i>theophylline</i> TB24 400mg, 600mg	Tier 2	
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 2	QL NM PA	TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA	TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA	TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	Tier 1	QL NM PA	TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 1	QL NM PA	XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
			XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 2	QL NM PA
			XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
			XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 2	NM PA	BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL
NASAL STEROIDS			BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL	<i>brey-na</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL	<i>budesonide-formoterol fumarate dihyd aerosol 80- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA	<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
STEROID INHALANTS			DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 3	QL	DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 3	QL	DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 3	B/D	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
STEROID/BETA-AGONIST COMBINATIONS					
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL			
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL			
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL			
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	Tier 2	QL			
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	Tier 2	QL			

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	Tier 2	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	Tier 2	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	Tier 2	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	Tier 2	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
<i>neufac</i> QL (45 gm / 30 days)	Tier 2	QL
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 3	QL
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 3	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 2	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	Tier 1	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	Tier 1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	Tier 1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	Tier 2	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	Tier 2	QL
<i>clotrimazole (topical)</i> 1% QL (45 gm / 30 days)	Tier 1	QL
<i>clotrimazole (topical)</i> 1% QL (60 mL / 30 days)	Tier 2	QL
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days)	Tier 2	QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	Tier 2	QL
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	Tier 1	QL
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>nystatin (topical)</i> 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL
<i>nystatin (topical)</i> 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL	<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	Tier 2	QL
<i>selenium sulfide</i> LOTN 2.5%	Tier 1		<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	Tier 3	QL
DERMATOLOGY, ANTIPSORIATICS			<i>clobetasol propionate</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	Tier 3	QL
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 3	PA	<i>clobetasol propionate</i> SOLN .05% QL (100 mL / 30 days)	Tier 3	QL
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 2	QL PA	<i>clobetasol propionate e</i> CREA .05% QL (120 gm / 30 days)	Tier 3	QL
ENSTILAR AER QL (120 gm / 30 days)	Tier 3	QL PA	<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	Tier 3	QL
<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	Tier 2	QL PA	<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	Tier 3	QL
DERMATOLOGY, CORTICOSTEROIDS			<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	Tier 3	QL
<i>ala-cort</i> CREA 1%	Tier 1		<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL	<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL
<i>betamethasone dipropionate</i> (topical) CREA .05% QL (120 gm / 30 days)	Tier 2	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 mL / 30 days)	Tier 2	QL	<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	Tier 3	QL
<i>betamethasone dipropionate</i> (topical) OINT .05% QL (120 gm / 30 days)	Tier 3	QL	<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone dipropionate</i> <i>augmented</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL			
<i>betamethasone dipropionate</i> <i>augmented</i> GEL .05% QL (120 gm / 30 days)	Tier 3	QL			
<i>betamethasone dipropionate</i> <i>augmented</i> LOTN .05% QL (120 mL / 30 days)	Tier 3	QL			
<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	Tier 3	QL			
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 2	QL			

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	Tier 2	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	Tier 3	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 2	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 3	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1	
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	Tier 1	QL
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	Tier 2	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 2	
<i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 1	QL
<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%	Tier 2	
<i>triamcinolone acetonide</i> (topical) OINT .025%, .1%, .5%	Tier 1	
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	Tier 1	QL
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	Tier 2	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 3	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 1	B/D QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	Tier 1	QL NM PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	Tier 2	QL
<i>EUCRISA</i> OINT 2% QL (120 gm / 30 days)	Tier 3	QL PA
<i>fluorouracil (topical)</i> 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> CREA 1%	Tier 2	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 2	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 1	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	Tier 2	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	Tier 2	QL
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2	QL PA	<i>periogard</i> (generic of PERIDEX) SOLN .12%	Tier 1	
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	Tier 3	QL PA	<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	Tier 2	
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 2	QL	<i>triamcinolone acetonide</i> (<i>mouth</i>) PSTE .1%	Tier 2	
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2				
<i>proctocort</i> CREA 1%	Tier 2				
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2				
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2				
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 3	QL PA			
VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 2	QL NM PA			
DERMATOLOGY, SCABICIDES AND PEDICULIDES					
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 3	QL			
<i>permethrin</i> (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)	Tier 2	QL			
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REGRANEX GEL .01% QL (30 gm / 30 days)	Tier 2	QL PA			
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 3	QL PA			
<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 2				
<i>water for irrigation, sterile</i> <i>irrigation soln</i>	Tier 1				
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<i>chlorhexidine gluconate</i> (<i>mouth-throat</i>) (generic of PERIDEX) SOLN .12%	Tier 1				
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	Tier 2	QL			
<i>kourzeq</i> PSTE .1%	Tier 2				
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	Tier 1				
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	Tier 2				

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

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<i>bupirone hcl</i>	23	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	26	<i>cefazolin sodium</i>	7
BYSTOLIC see <i>nebivolol hcl</i>	20	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	26	CEFAZOLIN SOLN 2GM/100ML-4%	7
C		<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	26	CEFAZOLIN/DEX SOL 1GM/50ML-4%	7
<i>cabergoline</i>	44	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	26	CEFAZOLIN/DEX SOL 2GM/50ML-3%	7
CABOMETYX	11	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	26	CEFAZOLIN/DEX SOL 3GM/150ML-4%	7
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<i>calcitonin (salmon) spray</i>	40	CARDIZEM CD see <i>cartia xt</i>	20	<i>cefdinir</i>	7
<i>calcitriol</i>	45	see <i>diltiazem hcl coated beads</i>	21	<i>cefepime hcl</i>	7
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