



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 10/09/2025. 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 October 9, 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, 500mg	Tier 1	
<i>sulindac</i> TABS 150mg, 200mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
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
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone- acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 3	QL
<i>hydrocodone- acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	Tier 2	QL
<i>hydrocodone- acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone- acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 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>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 3	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	Tier 1	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
atovaquone (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 3	QL PA
aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	Tier 3	
CAYSTON SOLR 75mg	Tier 2	NM PA
clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 1	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	Tier 2	
colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg	Tier 3	
dapsone TABS 25mg, 100mg	Tier 2	
DAPTOMYCIN SOLR 350mg	Tier 2	
daptomycin (generic of DAPTOMYCIN) SOLR 350mg	Tier 1	
daptomycin SOLR 500mg	Tier 1	
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 1	QL
ertapenem sodium SOLR 1gm	Tier 2	
fosfomycin tromethamine PACK 3gm	Tier 3	
gentamicin in saline inj 0.8 mg/ml	Tier 2	
gentamicin in saline inj 2 mg/ml	Tier 2	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	Tier 2	
imipenem-cilastatin intravenous for soln 250 mg	Tier 3	
imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)	Tier 3	
IMPAVIDO CAPS 50mg	Tier 2	PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>streptomycin sulfate</i> SOLR 1gm	Tier 3	
<i>sulfadiazine</i> TABS 500mg	Tier 3	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	Tier 3	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	Tier 2	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	Tier 1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	Tier 1	
<i>tinidazole</i> TABS 250mg, 500mg	Tier 2	
TOBI PODHALER CAPS 28mg	Tier 2	NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 1	NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 2	
<i>trimethoprim</i> TABS 100mg	Tier 2	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 3	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 3	QL
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	Tier 3	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	Tier 3	
VANCOMYCIN INJ 1 GM	Tier 3	
VANCOMYCIN INJ 500MG	Tier 3	
VANCOMYCIN INJ 750MG	Tier 3	
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	Tier 1	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	Tier 3	
CRESEMBA CAPS 74.5mg, 186mg	Tier 2	PA
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	Tier 2	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml	Tier 2	
<i>fluconazole</i> TABS 100mg, 200mg	Tier 1	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 2	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 2	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	Tier 1	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 3	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 3	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	Tier 3	QL
<i>ketoconazole</i> TABS 200mg	Tier 2	PA
<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	Tier 3	
<i>nystatin</i> TABS 500000unit	Tier 2	
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL PA
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days)	Tier 1	QL PA
PA applies after a 90 day supply in a calendar year		
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
voriconazole (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	Tier 1	QL PA
voriconazole TABS 50mg QL (480 tabs / 30 days)	Tier 3	QL
voriconazole TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	Tier 3	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	Tier 3	
chloroquine phosphate TABS 250mg, 500mg	Tier 3	
COARTEM TAB 20-120MG	Tier 3	
mefloquine hcl TABS 250mg	Tier 2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 2	
quinine sulfate CAPS 324mg	Tier 3	PA
ANTI-RETROVIRAL AGENTS		
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	Tier 3	NM
abacavir sulfate TABS 300mg	Tier 3	NM
APTIVUS CAPS 250mg	Tier 2	NM
atazanavir sulfate CAPS 150mg	Tier 3	NM
atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg	Tier 3	NM
darunavir (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 3	QL NM
darunavir (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 3	QL NM
EDURANT TABS 25mg	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
EDURANT PED TBSO 2.5mg	Tier 2	NM
efavirenz TABS 600mg	Tier 3	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	Tier 3	NM
EMTRIVA SOLN 10mg/ml	Tier 3	NM
etravirine (generic of INTELENCE) TABS 100mg, 200mg	Tier 1	NM
fosamprenavir calcium TABS 700mg	Tier 1	NM
INTELENCE TABS 25mg	Tier 3	NM
ISENTRESS CHEW 25mg	Tier 3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NM
ISENTRESS HD TABS 600mg	Tier 2	NM
lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM
maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	Tier 1	NM
nevirapine SUSP 50mg/5ml; TB24 400mg	Tier 3	NM
nevirapine TABS 200mg	Tier 1	NM
NORVIR PACK 100mg	Tier 3	NM
PIFELTRO TABS 100mg	Tier 2	NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NM
REYATAZ PACK 50mg	Tier 2	NM
ritonavir (generic of NORVIR) TABS 100mg	Tier 2	NM
RUKOBIA TB12 600mg	Tier 2	NM
SELZENTRY SOLN 20mg/ml	Tier 2	NM
SUNLENCA TABS 300mg; TBPK 300mg	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
<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 675/150	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 Requirements/ Tier Limits
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 3
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 1
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 2
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 3
TEFLARO SOLR 400mg, 600mg	Tier 2
ERYTHROMYCINS/MACROLIDES	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1
<i>azithromycin</i> TABS 600mg	Tier 1
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3
<i>clarithromycin</i> TABS 250mg, 500mg	Tier 2
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 3
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 3
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 3
<i>fidaxomicin</i> (generic of DIFICID) TABS 200mg	Tier 1
FLUOROQUINOLONES	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	Tier 2

Drug Name	Drug Requirements/ Tier Limits
<i>ciprofloxacin</i> 400 mg/200ml in d5w	Tier 2
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 1
<i>ciprofloxacin hcl</i> TABS 750mg	Tier 1
<i>levofloxacin</i> SOLN 25mg/ml	Tier 3
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 1
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 2
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 2
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 2
<i>moxifloxacin hcl</i> TABS 400mg	Tier 2
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	Tier 3
PENICILLINS	
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	Tier 2
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	Tier 3
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	Tier 2
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Tier 2
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	Tier 2
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	Tier 1
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	Tier 1
<i>ampicillin</i> CAPS 500mg	Tier 1
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm (generic of UNASYN)	Tier 3

Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	Tier 3	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 3	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 3	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	Tier 3	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 3	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	Tier 2	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	Tier 3	
<i>nafcillin sodium</i> SOLR 10gm	Tier 1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	Tier 3	
<i>penicillin g sodium</i> SOLR 5000000unit	Tier 3	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	Tier 3	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 3	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 3	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 3	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 3	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	Tier 3	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	Tier 1	
<i>doxycycline (monohydrate)</i> SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 2	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	Tier 2	
<i>doxycycline hyclate</i> SOLR 100mg	Tier 3	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	Tier 2	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	Tier 3	
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	Tier 3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 2	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 3	B/D
GLEOSTINE CAPS 10mg, 40mg	Tier 3	NM
GLEOSTINE CAPS 100mg	Tier 2	NM
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</i> (generic of PURIXAN) SUSP 2000mg/100ml	Tier 1	NM
<i>mercaptopurine</i> TABS 50mg	Tier 2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2	QL NM PA
TABLOID TABS 40mg	Tier 2	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 3	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 2	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Tier 1	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 3	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
EULEXIN CAPS 125mg	Tier 1	
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Tier 3	
FIRMAGON SOLR 80mg	Tier 3	NM PA
FIRMAGON SOLR 120mg/vial	Tier 2	NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 3	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	Tier 1	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ORGOVYX TABS 120mg	Tier 2	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
SOLTAMOX SOLN 10mg/5ml	Tier 2	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	Tier 3	PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 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
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	Tier 1	
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 2	
MATULANE CAPS 50mg	Tier 2	NM
<i>mesna</i> (generic of MESNEX) TABS 400mg	Tier 1	
MODEYSO CAPS 125mg QL (20 caps / 28 days)	Tier 2	QL NM PA
<i>tretinoin</i> (chemotherapy) CAPS 10mg	Tier 1	
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 2	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 2	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	Tier 2	QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	Tier 2	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	Tier 2	QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	Tier 2	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 2	QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 2	QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 2	QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 2	QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 2	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	Tier 1	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
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 2	QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>erlotinib hcl</i> TABS 150mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg 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
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 2	QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 2	QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	Tier 2	QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	Tier 2	QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	Tier 2	QL NM PA
HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 2	QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 2	QL NM PA
IBTROZI CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 3	QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2	QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2	QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 2	QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	Tier 2	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
INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 200 DOSE TBPK QL (21 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 400 DOSE TBPK QL (42 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 600 DOSE TBPK QL (63 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 2	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 2	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 2	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 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

Drug Name	Drug Tier	Requirements/ Limits
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 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
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 2	QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 2	QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 2	QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 2	QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 2	QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 2	QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 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
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 2	QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 2	QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
<i>nilotinib hcl</i> CAPS 50mg QL (120 caps / 30 days)	Tier 1	QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 1	QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 2	QL NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 2	QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 2	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 2	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	Tier 2	QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 2	QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 2	QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 2	QL NM PA
SCSEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2	QL NM PA
SCSEMBLIX TABS 100mg QL (120 tabs / 30 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
STIVARGA TABS 40mg QL (84 tabs / 28 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
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 2	QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	Tier 2	QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 2	QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2	QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 2	QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	Tier 2	QL NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 2	QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2	QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2	QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2	QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
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
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 2	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPB 10mg QL (16 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPB 40mg QL (4 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPB 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPB 60mg QL (4 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPB 20mg QL (24 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPB 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPB 20mg QL (32 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPB 50mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)</i>	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)</i>	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL) QL (30 caps / 30 days)</i>	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)</i>	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL) QL (30 caps / 30 days)</i>	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg (generic of LOTREL) QL (30 caps / 30 days)</i>	Tier 1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	Tier 2	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)</i>	Tier 2	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)</i>	Tier 2	

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

Drug Name	Drug Tier	Requirements/ Limits
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	Tier 2	QL
<i>irbesartan- hydrochlorothiazide tab 150- 12.5 mg (generic of AVALIDE)</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>irbesartan- hydrochlorothiazide tab 300- 12.5 mg (generic of AVALIDE)</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium & hydrochlorothiazide tab 50- 12.5 mg (generic of HYZAAR)</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100- 12.5 mg (generic of HYZAAR)</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100- 25 mg (generic of HYZAAR)</i>	Tier 1	
<i>olmesartan medoxomil- hydrochlorothiazide tab 20- 12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>olmesartan medoxomil- hydrochlorothiazide tab 40- 12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>olmesartan medoxomil- hydrochlorothiazide tab 40- 25 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>sacubitril-valsartan tab 24- 26 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days)	Tier 2	QL
<i>sacubitril-valsartan tab 49- 51 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>sacubitril-valsartan tab 97- 103 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days)	Tier 2	QL
<i>valsartan- hydrochlorothiazide tab 80- 12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan- hydrochlorothiazide tab 160- 12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan- hydrochlorothiazide tab 160- 25 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan- hydrochlorothiazide tab 320- 12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan- hydrochlorothiazide tab 320- 25 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	Tier 2	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	Tier 2	QL
<i>candesartan cilexetil (generic of ATACAND) TABS 32mg</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>irbesartan TABS 75mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>irbesartan (generic of AVAPRO) TABS 150mg, 300mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	Tier 3	
<i>amiodarone hcl</i> TABS 200mg	Tier 1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	Tier 3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 3	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 2	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 3	QL
<i>pacerone</i> TABS 100mg, 400mg	Tier 3	
<i>pacerone</i> TABS 200mg	Tier 1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	Tier 3	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	Tier 2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1	
<i>sotalol hcl</i> TABS 240mg	Tier 1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2	
<i>fenofibrate</i> TABS 54mg, 160mg	Tier 2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 2	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 2	
<i>cholestyramine light</i> PACK 4gm	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2		<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm	Tier 3		<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	
<i>colestipol hcl</i> PACK 5gm	Tier 3		BETA-BLOCKERS		
<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	Tier 2		<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 2	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	Tier 1	QL	<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1	
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 (antihyperlipidemic)</i> 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 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 50-25 mg</i> (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 100-25 mg</i> (generic of TENORETIC 100)	Tier 1		<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	Tier 2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1		<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	
			<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	Tier 3	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 2	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
<i>diltiazem hcl</i> TABS 90mg	Tier 1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	Tier 3	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 2	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 2	
<i>nimodipine</i> CAPS 30mg	Tier 3	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
<i>verapamil hcl</i> SOLN 2.5mg/ml	Tier 3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	
<i>amiloride hcl</i> TABS 5mg	Tier 1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	Tier 2	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 2	
<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	Tier 1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1	
<i>furosemide inj</i> SOLN 10mg/ml	Tier 2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1	
<i>methazolamide</i> TABS 25mg, 50mg	Tier 3	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>spironolactone & hydrochlorothiazide tab 25- 25 mg</i>	Tier 1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 75- 50 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS					
<i>aliskiren fumarate</i> (generic of TEKTURN) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 3	QL	<i>metirosine</i> (generic of DEMSER) CAPS 250mg	Tier 1	NM PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 2		<i>midodrine hcl</i> TABS 2.5mg, 5mg	Tier 2	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 2		<i>midodrine hcl</i> TABS 10mg	Tier 3	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 2		<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1		<i>ranolazine</i> TB12 500mg, 1000mg	Tier 3	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 3	QL	VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>digoxin</i> SOLN .05mg/ml	Tier 3		NITRATES		
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 3		<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 2	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL	<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	Tier 2	
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 3	QL NM PA	<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	Tier 1	
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA	NITRO-BID OINT 2%	Tier 2	
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	Tier 3		<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 2	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 65 years and older	Tier 2	PA	<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 1	
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 3		PULMONARY ARTERIAL HYPERTENSION		
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1		ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 3	QL	<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
			<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
			<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
			<i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
			OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 2	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	Tier 2	QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	Tier 2	QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	Tier 2	QL NM PA
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	Tier 2	QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	Tier 2	QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	Tier 2	QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	Tier 2	QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	Tier 2	QL NM PA

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>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	Tier 2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 2	

<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	Tier 1	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 1	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 3	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA applies if 29 years and younger	Tier 3	PA
<i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger	Tier 2	PA
<i>memantine hcl-donepezil hcl</i> cap er 24hr 14-10 mg (generic of NAMZARIC)	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl-donepezil hcl</i> Tier 3 cap er 24hr 21-10 mg (generic of NAMZARIC)			<i>clomipramine hcl</i> (generic of Tier 3 ANAFRANIL) CAPS 25mg, 50mg, 75mg		PA
<i>memantine hcl-donepezil hcl</i> Tier 3 cap er 24hr 28-10 mg (generic of NAMZARIC)			<i>desipramine hcl</i> (generic of Tier 3 NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older		PA
NAMZARIC CAP 7-10MG Tier 3			<i>desipramine hcl</i> TABS Tier 3 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older		PA
<i>rivastigmine</i> (generic of Tier 3 EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)		QL	<i>desvenlafaxine succinate</i> Tier 2 (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)		QL
<i>rivastigmine tartrate</i> CAPS Tier 2 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)		QL	<i>doxepin hcl</i> CAPS 10mg, Tier 2 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older		PA
ANTIDEPRESSANTS			DRIZALMA SPRINKLE Tier 3 CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)		QL PA
<i>amitriptyline hcl</i> TABS Tier 2 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older		PA	<i>duloxetine hcl</i> CPEP 20mg, Tier 2 30mg, 60mg QL (60 caps / 30 days)		QL
<i>amoxapine</i> TABS 25mg, Tier 2 50mg, 100mg, 150mg PA applies if 65 years and older		PA	EMSAM PT24 6mg/24hr, Tier 2 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)		QL PA
AUVELITY TAB 45-105MG Tier 3 QL (60 tabs / 30 days)		QL PA	<i>escitalopram oxalate</i> SOLN Tier 3 5mg/5ml		
<i>bupropion hcl</i> TABS 75mg, Tier 1 100mg			<i>escitalopram oxalate</i> Tier 1 (generic of LEXAPRO) TABS 5mg, 10mg, 20mg		
<i>bupropion hcl</i> (generic of Tier 1 WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)		QL	FETZIMA CP24 20mg, Tier 3 40mg QL (60 caps / 30 days)		QL PA
<i>bupropion hcl</i> (generic of Tier 1 WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)		QL	FETZIMA CP24 80mg, Tier 3 120mg QL (30 caps / 30 days)		QL PA
<i>bupropion hcl</i> (generic of Tier 1 WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)		QL	FETZIMA CAP TITRATIO Tier 3 QL (2 packs / year)		QL PA
<i>citalopram hydrobromide</i> Tier 2 SOLN 10mg/5ml			<i>fluoxetine hcl</i> CAPS 10mg, Tier 1 40mg		
<i>citalopram hydrobromide</i> Tier 1 (generic of CELEXA) TABS 10mg, 20mg, 40mg					

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 20mg	Tier 1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	Tier 1	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	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 3	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	Tier 1	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Tier 2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	Tier 3	QL PA
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	Tier 3	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 3	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 2	QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 2	QL NM PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL
<i>amantadine hcl</i> SOLN 50mg/5ml	Tier 2	
<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 3	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older	Tier 1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine mesylate</i> (generic of PARLODEL) TABS 2.5mg	Tier 3	
<i>carb/levo orally disintegrating tab 10-100mg</i>	Tier 2	
<i>carb/levo orally disintegrating tab 25-100mg</i>	Tier 2	
<i>carb/levo orally disintegrating tab 25-250mg</i>	Tier 2	
<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	Tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	Tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	
<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	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 3	
<i>entacapone</i> TABS 200mg	Tier 3	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 2	QL NM PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 3	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 2	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	Tier 2	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	Tier 1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFI PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	Tier 3	QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 3	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	Tier 3	QL
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	Tier 3	QL
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 3	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 3	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 3	QL
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 3	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 3	QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 3	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg	Tier 2	
<i>clozapine</i> TABS 50mg	Tier 2	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 2	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 3	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 3	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 3	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 3	QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	Tier 3	QL PA
COBENFY CAP 100-20MG QL (60 caps / 30 days)	Tier 3	QL PA
COBENFY CAP 125-30MG QL (60 caps / 30 days)	Tier 3	QL PA
COBENFY STRT CAP PACK QL (2 packs / year)	Tier 3	QL PA
ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	Tier 3	QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL PA
FANAPT PAK PACK A QL (2 packs / year)	Tier 3	QL PA
FANAPT PAK PACK B QL (2 packs / year)	Tier 3	QL PA
FANAPT PAK PACK C QL (2 packs / year)	Tier 3	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	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	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	Tier 2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 3	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 3	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 2	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 3	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 3	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 3	QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 3	QL NM PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days)	Tier 2	QL
<i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days)	Tier 2	QL
<i>olanzapine</i> TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	Tier 2	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL ST
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	Tier 3	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	Tier 3	QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	Tier 3	QL PA
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	Tier 3	QL
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 3	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 2	
<i>pimozide</i> TABS 1mg, 2mg	Tier 3	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	Tier 2	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	Tier 2	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 2	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 2	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
<i>risperidone</i> TABS .25mg	Tier 1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 3	QL ST

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 3	QL ST
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL ST
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	Tier 3	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 3	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 3	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 2	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 3	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 3	QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 3	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 3	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 3	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 3	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 3	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>carbamazepine</i> CHEW 100mg	Tier 2	
<i>carbamazepine</i> CHEW 200mg	Tier 3	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	Tier 2	
<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
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<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
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 3	QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 3	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 3	QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 3	QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 3	
<i>diazepam inj</i> SOLN 5mg/ml	Tier 3	
<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
DILANTIN CAPS 30mg	Tier 3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 3	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 3	QL NM PA
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 3	QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Tier 2	
<i>felbamate</i> SUSP 600mg/5ml	Tier 3	
<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
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3	
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	Tier 3		<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	Tier 3	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL	NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	Tier 3	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 3	
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 2	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 2		<i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1		<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml	Tier 2		<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) SOLN 500mg/5ml	Tier 3		<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
<i>levetiracetam</i> (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	Tier 1		<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	Tier 3	PA
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL	<i>phenytek</i> CAPS 200mg, 300mg	Tier 2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3				

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

Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 2	QL NM PA
<i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 3	QL

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA	<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>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL 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>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA	<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL	HYPNOTICS		
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	Tier 3	QL	DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL	<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 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL PA	<i>ramelteon</i> (generic of ROZEREM) TABS 8mg 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>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBP 10mg QL (18 tabs / 30 days)	Tier 2	QL
<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>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 3	QL
<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>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 3	QL
MIGRAINE			<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	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>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	QL PA	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 2	QL NM PA	<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL
EMGALITY SOSY 100mg/ml QL (3 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
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL NM PA	UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 2	QL PA
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 2	QL PA	MISCELLANEOUS		
NURTEC TBP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA	AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL PA	AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
<i>rizatriptan benzoate</i> TABS 5mg; TBP 5mg 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) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL	AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 2	QL NM PA
<i>lithium</i> SOLN 8meq/5ml	Tier 3	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	Tier 1	
NUDEXTA 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
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2	QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	Tier 2	QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2	QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
OCREVUS SOLN 300mg/10ml	Tier 2	NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 2	QL
<i>baclofen</i> TABS 10mg, 20mg	Tier 2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
<i>tizanidine hcl</i> TABS 2mg	Tier 1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	Tier 2	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBECT 333mg	Tier 3	
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	Tier 2	QL
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	Tier 2	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (180 films / 30 days)	Tier 3	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i>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

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	Tier 1	QL
<i>disulfiram</i> TABS 250mg, 500mg	Tier 2	
KLOXXADO 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	
NICOTROL 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
VIVITROL SUSR 380mg	Tier 2	NM
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

Drug Name	Drug Tier	Requirements/ Limits
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 2	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL ST
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL
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
metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	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
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 2	QL

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

Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 2	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	Tier 3	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	Tier 3	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	Tier 3	QL PA
FIASP SOLN 100unit/ml	Tier 2	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 2	
FIASP PENFILL SOCT 100unit/ml	Tier 2	
FIASP PUMPCART SOCT 100unit/ml	Tier 2	B/D
GAUZE PADS 2" X 2"	Tier 2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	Tier 2	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 2	PA
LANTUS SOLN 100unit/ml	Tier 2	
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	
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	
NOVOLOG SOLN 100unit/ml	Tier 2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	Tier 2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	
NOVOLOG PENFILL SOCT 100unit/ml	Tier 2	
NOVOLOG RELION SOLN 100unit/ml	Tier 2	B/D
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	Tier 2	QL NM PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 2	B/D
<i>ibandronate sodium</i> TABS 150mg	Tier 2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 2	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	Tier 2	QL NM PA
WYOST SOLN 120mg/1.7ml	Tier 2	NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	Tier 3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 3	B/D NM

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHELATING AGENTS			<i>cyred eq</i>	Tier 2	
CHEMET CAPS 100mg	Tier 2		<i>dasetta 1/35</i>	Tier 2	
<i>deferasirox</i> (generic of JADENU) TABS 90mg	Tier 2	NM PA	<i>dasetta 7/7/7</i>	Tier 2	
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	Tier 3	NM PA	<i>deblitane</i> TABS .35mg	Tier 2	
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	Tier 3	NM PA	DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 2	
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	Tier 1	NM PA	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 2	
<i>kionex</i> SUSP 15gm/60ml	Tier 3		<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	Tier 2	
LOKELMA PACK 5gm, 10gm	Tier 2		<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	Tier 2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	Tier 1	NM	<i>elimest</i>	Tier 2	
<i>sodium polystyrene sulfonate powder</i>	Tier 2		<i>eluryng</i> (generic of NUVARING)	Tier 2	
<i>sps</i> SUSP 15gm/60ml	Tier 3		<i>emzakh</i> TABS .35mg	Tier 2	
<i>sps rectal</i> SUSP 15gm/60ml	Tier 3		<i>enilloring</i> (generic of NUVARING)	Tier 2	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	Tier 1	NM PA	<i>enskyce</i>	Tier 2	
CONTRACEPTIVES			<i>errin</i> TABS .35mg	Tier 2	
<i>afirmelle</i>	Tier 2		<i>estarylla</i>	Tier 2	
<i>altavera</i>	Tier 2		<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	Tier 2	
<i>alyacen 1/35</i>	Tier 2		<i>falmina</i>	Tier 2	
<i>alyacen 7/7/7</i>	Tier 2		<i>feirza 1.5/30</i>	Tier 2	
<i>apri</i>	Tier 2		<i>feirza 1/20</i>	Tier 2	
<i>aranelle</i>	Tier 2		<i>hailey 1.5/30</i>	Tier 2	
<i>aubra eq</i>	Tier 2		<i>haloette</i> (generic of NUVARING)	Tier 2	
<i>aurovela 1/20</i>	Tier 2		<i>heather</i> TABS .35mg	Tier 2	
<i>aurovela fe 1.5/30</i>	Tier 2		<i>iclevia</i>	Tier 2	
<i>aurovela fe 1/20</i>	Tier 2		<i>incassia</i> TABS .35mg	Tier 2	
<i>aviane</i>	Tier 2		<i>introvale</i>	Tier 2	
<i>ayuna</i>	Tier 2		<i>isibloom</i>	Tier 2	
<i>azurette</i>	Tier 2		<i>jasmiel</i> (generic of YAZ)	Tier 2	
<i>balziva</i>	Tier 2		<i>jolessa</i>	Tier 2	
<i>blisovi fe 1.5/30</i>	Tier 2		<i>juleber</i>	Tier 2	
<i>briellyn</i>	Tier 2		<i>june1 1.5/30</i>	Tier 2	
<i>camila</i> TABS .35mg	Tier 2		<i>june1 1/20</i>	Tier 2	
<i>chateal eq</i>	Tier 2		<i>june1 fe 1.5/30</i>	Tier 2	
<i>cryselle-28</i>	Tier 2				

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

Drug Name	Drug Requirements/ Tier Limits
<i>tri-lynyah</i>	Tier 2
<i>tri-lo-estarylla</i>	Tier 2
<i>tri-lo-marzia</i>	Tier 2
<i>tri-lo-mili</i>	Tier 2
<i>tri-lo-sprintec</i>	Tier 2
<i>tri-mili</i>	Tier 2
<i>tri-sprintec</i>	Tier 2
<i>tri-vylibra</i>	Tier 2
<i>tri-vylibra lo</i>	Tier 2
<i>turqoz</i>	Tier 2
<i>valtya 1/50</i>	Tier 2
<i>velivet</i>	Tier 2
<i>vestura</i> (generic of YAZ)	Tier 2
<i>vienva</i>	Tier 2
<i>viorele</i>	Tier 2
<i>vyfemla</i>	Tier 2
<i>vylibra</i>	Tier 2
<i>wera</i>	Tier 2
<i>xarah fe</i>	Tier 2
<i>xulane</i>	Tier 2
<i>zafemy</i>	Tier 2
<i>zovia 1/35</i>	Tier 2
<i>zumandimine</i> (generic of YASMIN 28)	Tier 2
ESTROGENS	
<i>abigale</i> (generic of ACTIVELLA)	Tier 2
<i>abigale lo</i>	Tier 2
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2
<i>estradiol</i> TABS .5mg, 1mg, 2mg	Tier 1

Drug Name	Drug Requirements/ Tier Limits
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 2
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	Tier 2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Tier 2
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	Tier 3
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	Tier 3
<i>estradiol valerate</i> OIL 40mg/ml	Tier 3
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 2
<i>fyavolv tab 1mg-5mcg</i>	Tier 2
<i>jinteli</i>	Tier 2
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2
<i>mimvey</i> (generic of ACTIVELLA)	Tier 2
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	Tier 3
GLUCOCORTICOIDS	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	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>fludrocortisone acetate</i> TABS .1mg	Tier 1
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 2

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	Tier 3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	Tier 2	B/D
<i>methylprednisolone</i> TABS 32mg	Tier 2	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 2	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	Tier 2	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	Tier 2	B/D
<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	Tier 3	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 1	B/D
<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	Tier 3	B/D
<i>prednisone</i> SOLN 5mg/5ml	Tier 3	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	Tier 1	
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	Tier 3	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Tier 1	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS		
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	Tier 1	NM
<i>cabergoline</i> TABS .5mg	Tier 2	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	Tier 1	NM PA
CERDELGA CAPS 84mg	Tier 2	NM PA
<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
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	Tier 1	
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Tier 2	
<i>desmopressin acetate spray</i> SOLN .01%	Tier 3	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 3	
GENOTROPIN CART 5mg, 12mg	Tier 2	NM PA
GENOTROPIN MINISQUICK PRSY .2mg	Tier 2	NM PA
GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NM PA
INCRELEX SOLN 40mg/4ml	Tier 2	NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 1	NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>mifepristone</i> (generic of KORLYM) TABS 300mg	Tier 1	NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 3	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 3	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 1	NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 2	
REVCIVI SOLN 2.4mg/1.5ml	Tier 2	NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 1	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	Tier 2	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM PA
SYNAREL SOLN 2mg/ml	Tier 2	PA
<i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	Tier 1	NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	Tier 1	NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	Tier 1	NM PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	Tier 1	NM PA
<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	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 2	
THYROID AGENTS		
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>levoxy</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
<i>propylthiouracil</i> TABS 50mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYNTHROID TABS 25mcg, Tier 3 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg			<i>ondansetron</i> TBDP 4mg, Tier 2 8mg B/D		
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1		<i>ondansetron hcl</i> SOLN Tier 2 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml		
VITAMIN D ANALOGS			<i>ondansetron hcl</i> TABS Tier 2 4mg, 8mg B/D		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 1	B/D	<i>prochlorperazine</i> SUPP Tier 3 25mg		
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	Tier 3	B/D	<i>prochlorperazine edisylate</i> Tier 3 SOLN 10mg/2ml		
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D	<i>prochlorperazine maleate</i> Tier 1 TABS 5mg, 10mg		
<i>paricalcitol</i> CAPS 4mcg	Tier 3	B/D	<i>promethazine hcl</i> SOLN Tier 2 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA PA applies if 65 years and older after a 30 day supply in a calendar year		PA
GASTROINTESTINAL ANTIEMETICS			<i>promethazine hcl</i> (generic of Tier 2 PHENERGAN) SOLN 25mg/ml, 50mg/ml PA PA applies if 65 years and older after a 30 day supply in a calendar year		PA
<i>aprepitant</i> CAPS 40mg, 125mg	Tier 3	B/D	<i>scopolamine</i> PT72 Tier 3 1mg/3days QL QL (10 patches / 30 days)		QL
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	Tier 3	B/D	ANTISPASMODICS		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 3	B/D	<i>dicyclomine hcl</i> CAPS Tier 2 10mg; TABS 20mg PA PA applies if 65 years and older		PA
<i>compro</i> SUPP 25mg	Tier 3		<i>dicyclomine hcl</i> SOLN Tier 3 10mg/5ml PA PA applies if 65 years and older		PA
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	Tier 3	B/D QL	<i>glycopyrrolate</i> TABS 1mg Tier 2 QL (90 tabs / 30 days) QL		QL
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	Tier 3	B/D QL	<i>glycopyrrolate</i> TABS 2mg Tier 2 QL (120 tabs / 30 days) QL		QL
<i>meclizine hcl</i> TABS Tier 1 12.5mg, 25mg PA PA applies if 65 years and older after a 30 day supply in a calendar year		PA	H2-RECEPTOR ANTAGONISTS		
<i>metoclopramide hcl</i> SOLN Tier 2 5mg/5ml, 5mg/ml			<i>famotidine</i> SOLN Tier 2 20mg/2ml, 40mg/4ml, 200mg/20ml		
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	Tier 3	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 3	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	Tier 3	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	Tier 3	QL
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 3	QL
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 3	QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	Tier 2	
<i>enulose</i> SOLN 10gm/15ml	Tier 2	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1	
<i>gavilyte-n/ flavor pack</i>	Tier 1	
<i>generlac</i> SOLN 10gm/15ml	Tier 2	
<i>lactulose</i> SOLN 10gm/15ml	Tier 2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
PLENVU SOL	Tier 3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	Tier 2	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	Tier 3	QL PA
CREON CAP 3000UNIT	Tier 2	
CREON CAP 6000UNIT	Tier 2	
CREON CAP 12000UNIT	Tier 2	
CREON CAP 24000UNIT	Tier 2	
CREON CAP 36000UNIT	Tier 2	
<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Tier 3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	Tier 3	
GATTEX KIT 5mg	Tier 2	NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL
<i>loperamide hcl</i> CAPS 2mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2	
MOVANTIK TABS 12.5mg, 25mg	Tier 2	QL
QL (30 tabs / 30 days)		
RELISTOR SOLN 12mg/0.6ml	Tier 2	QL PA
QL (28 vials / 28 days)		
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	Tier 2	QL PA
QL (28 syringes / 28 days)		
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	Tier 2	
<i>ursodiol</i> CAPS 300mg	Tier 3	
<i>ursodiol</i> TABS 250mg	Tier 2	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 2	
VOQUEZNA PAK DUAL PAK	Tier 2	QL PA
QL (2 kits / year)		
VOQUEZNA PAK TRIP PK	Tier 2	QL PA
QL (2 kits / year)		
VOWST CAP	Tier 2	QL NM PA
QL (12 caps / 30 days)		
XERMELO TABS 250mg	Tier 2	QL NM PA
QL (84 tabs / 28 days)		
XIFAXAN TABS 550mg	Tier 2	PA
ZENPEP CAP 3000UNIT	Tier 3	
ZENPEP CAP 5000UNIT	Tier 3	
ZENPEP CAP 10000UNT	Tier 3	
ZENPEP CAP 15000UNT	Tier 3	
ZENPEP CAP 20000UNT	Tier 3	
ZENPEP CAP 25000UNT	Tier 3	
ZENPEP CAP 40000UNT	Tier 3	
ZENPEP CAP 60000UNT	Tier 3	
PROTON PUMP INHIBITORS		
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1	
<i>pantoprazole sodium</i> (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	Tier 3	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	Tier 2	QL
QL (30 caps / 30 days)		
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>tadalafil</i> (generic of CIALIS) TABS 5mg	Tier 2	QL PA
QL (30 tabs / 30 days)		
<i>tamsulosin hcl</i> CAPS .4mg	Tier 1	QL
QL (60 caps / 30 days)		
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	Tier 1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 2	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 2	
<i>potassium citrate</i> (alkalinizer) TBCR 540mg	Tier 2	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 2	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg	Tier 2	QL
QL (30 tabs / 30 days)		
MYRBETRIQ SRER 8mg/ml	Tier 2	QL
QL (300 mL / 28 days)		
MYRBETRIQ TB24 25mg, 50mg	Tier 2	QL
QL (30 tabs / 30 days)		
<i>oxybutynin chloride</i> SOLN 5mg/5ml	Tier 2	QL
QL (600 mL / 30 days)		
<i>oxybutynin chloride</i> TABS 5mg	Tier 2	QL
QL (120 tabs / 30 days)		

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

Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA
MISCELLANEOUS		
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
anagrelide hcl CAPS 1mg	Tier 3	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	Tier 3	
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2	QL NM PA
cilostazol TABS 50mg, 100mg	Tier 1	
DOPTLET TABS 20mg	Tier 2	NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	QL NM PA
icatibant acetate (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
l-glutamine (sickle cell) (generic of ENDARI) PACK 5gm	Tier 1	NM PA
pentoxifylline TBCR 400mg	Tier 1	
sajazir (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
SIKLOS TABS 100mg	Tier 3	
SIKLOS TABS 1000mg	Tier 2	
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 2	QL NM PA
tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
tranexamic acid TABS 650mg	Tier 2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 3	
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 65 years and older	Tier 2	PA
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	Tier 2	
ticagrelor (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
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 2	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 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
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOLN 130mg/26ml	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 2	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2	QL NM PA
SKYRIZI SOLN 600mg/10ml	Tier 2	NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 2	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 2	QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
STELARA SOLN 130mg/26ml	Tier 2	NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 2	QL NM PA
TREMFYA SOLN 200mg/20ml	Tier 2	NM PA
TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 2	QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 2	QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 2	NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
USTEKINUMAB SOLN 130mg/26ml	Tier 2	NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2	QL NM PA
XELJANZ TABS 5mg, QL (60 tabs / 30 days)	Tier 2	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
YESINTEK SOLN 130mg/26ml	Tier 2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	Tier 2	
JYLAMVO SOLN 2mg/ml	Tier 3	B/D
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
<i>methotrexate sodium</i> TABS 2.5mg	Tier 2	
XATMEP SOLN 2.5mg/ml	Tier 3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	Tier 2	NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NM PA
GAMASTAN INJ	Tier 3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
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
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 2	NM PA
ARCALYST SOLR 220mg	Tier 2	NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	Tier 2	B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 3	B/D NM
azathioprine (generic of IMURAN) TABS 50mg	Tier 2	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
BENLYSTA SOLR 120mg, 400mg	Tier 2	NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 3	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	Tier 3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	Tier 1	B/D NM

Drug Name	Drug Tier	Requirements/ Limits
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	Tier 3	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	B/D NM
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	Tier 1	B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 3	B/D NM
PROGRAF PACK .2mg, 1mg	Tier 3	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 3	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 3	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	PA
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO SUSY .5ml	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENG VAXIA SUS	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI SOLN .5ml	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENMENVY INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAERT 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
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA SUSY .5ml	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA SUSY 40mcg/0.8ml	Tier 1	
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	Tier 3	
D10W/NACL INJ 0.2%	Tier 2	
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	Tier 2	
dextrose 5% in lactated ringers	Tier 2	
dextrose 5% w/ sodium chloride 0.2%	Tier 2	
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	Tier 2	
dextrose 5% w/ sodium chloride 0.9%	Tier 2	
dextrose 5% w/ sodium chloride 0.45%	Tier 2	
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	Tier 2	
dextrose 10% w/ sodium chloride 0.45%	Tier 2	
ISOLYTE-P INJ /D5W	Tier 3	
ISOLYTE-S INJ PH 7.4	Tier 3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2		POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2		<i>potassium chloride</i> SOLN 2meq/ml	Tier 2	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 2		<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	Tier 2		<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%)	Tier 2		<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%	Tier 2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	Tier 2		TPN ELECTROL INJ	Tier 3	B/D
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2		ELECTROLYTES/MINERALS/VITAMINS, ORAL		
KCL/D5W/NACL INJ 0.3/0.9%	Tier 3		<i>klor-con</i> PACK 20meq	Tier 3	
<i>lactated ringer's solution</i>	Tier 2		<i>klor-con 8</i> TBCR 8meq	Tier 1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2		<i>klor-con 10</i> TBCR 10meq	Tier 1	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	Tier 2		<i>klor-con m10</i> TBCR 10meq	Tier 1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 2		<i>klor-con m15</i> TBCR 15meq	Tier 1	
<i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE A)	Tier 3		<i>klor-con m20</i> TBCR 20meq	Tier 1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 3		M-NATAL PLUS TAB	Tier 2	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 3		<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	Tier 1	
			<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	Tier 3	
			<i>potassium chloride microencapsulated crystals</i> er TBCR 10meq, 15meq, 20meq	Tier 1	
			PRENATAL TAB 27-1MG	Tier 2	
			PRENATAL TAB PLUS	Tier 2	
			<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1	
			WESTAB PLUS TAB 27-1MG	Tier 2	
			IV NUTRITION		
			CLINIMIX INJ 4.25/D5W	Tier 3	B/D
			CLINIMIX INJ 4.25/D10	Tier 3	B/D
			CLINIMIX INJ 5%/D15W	Tier 3	B/D
			CLINIMIX INJ 5%/D20W	Tier 3	B/D
			CLINIMIX INJ 6/5	Tier 3	B/D
			CLINIMIX INJ 8/10	Tier 3	B/D
			CLINIMIX INJ 8/14	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>clinisol sf 15%</i>	Tier 3	B/D
CLINOLIPID EMU 20%	Tier 3	B/D
<i>dextrose SOLN 5%, 10%</i>	Tier 2	
<i>dextrose SOLN 50%, 70%</i>	Tier 2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 3	B/D
<i>plenamine</i>	Tier 3	B/D
PREMASOL SOL 10%	Tier 1	B/D
PROSOL INJ 20%	Tier 3	B/D
TRAVASOL INJ 10%	Tier 3	B/D
TROPHAMINE INJ 10%	Tier 3	B/D

OPHTHALMIC**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% (generic of MAXITROL)</i>	Tier 1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	Tier 1	
<i>sulfacetamide sodium- prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 2	
ZYLET SUS 0.5-0.3%	Tier 2	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	Tier 2	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUSP .6%	Tier 2	
CILOXAN OINT .3%	Tier 2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	Tier 1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	Tier 2	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	Tier 3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	Tier 2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 2	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	Tier 1	
<i>polycin ophth oint</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	Tier 2	
<i>tobramycin (ophth) SOLN .3%</i>	Tier 1	
<i>trifluridine SOLN 1%</i>	Tier 3	
XDEMVEY SOLN .25%	Tier 2	NM PA
ZIRGAN GEL .15%	Tier 3	

ANTI-INFLAMMATORIES

<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 2	
<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 1	
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i>	Tier 2	
<i>flurbiprofen sodium SOLN .03%</i>	Tier 2	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	Tier 2	
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	Tier 1	
LOTEMAX OINT .5%	Tier 2	
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	Tier 1	
cromolyn sodium (ophth) SOLN 4%	Tier 1	
ZERVIAE SOLN .24%	Tier 3	
ANTI GLAUCOMA		
betaxolol hcl (ophth) .5%	SOLN Tier 2	
brimonidine tartrate .2%	SOLN Tier 1	
carteolol hcl (ophth) 1%	SOLN Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 2	
dorzolamide hcl SOLN 2%	Tier 1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	Tier 1	
latanoprost (generic of XALATAN) SOLN .005%	Tier 1	
levobunolol hcl SOLN .5%	Tier 1	
pilocarpine hcl SOLN 1%, 2%, 4%	Tier 2	
RHOPRESSA SOLN .02%	Tier 3	
ROCKLATAN DRO	Tier 3	
SIMBRINZA SUS 1-0.2%	Tier 3	
timolol maleate (ophth) SOLG .25%, .5%	Tier 2	
timolol maleate (ophth) SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
atropine sulfate (ophthalmic) SOLN 1%	Tier 2	
CYSTADROPS SOLN .37%	Tier 2	NM PA
CYSTARAN SOLN .44%	Tier 2	NM PA
EYSUVIS SUSP .25%	Tier 3	
MIEBO SOLN 1.338gm/ml	Tier 2	
proparacaine hcl (generic of ALCAINE) SOLN .5%	Tier 2	
RESTASIS EMUL .05%	Tier 2	
RESTASIS MULTIDOSE EMUL .05%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
XIIDRA SOLN 5%	Tier 2	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	Tier 2	
ciprofloxacin- dexamethasone otic susp 0.3-0.1%	Tier 3	
flac (generic of DERMOTIC) OIL .01%	Tier 2	
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	Tier 2	
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 3	
neomycin-polymyxin-hc otic soln 1%	Tier 2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 2	
ofloxacin (otic) 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 QL (1 inhaler / 30 days)	Tier 2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	Tier 2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	Tier 2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	Tier 3	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 2	QL
<i>ipratropium bromide</i> SOLN .02%	Tier 1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 2	
SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)	Tier 3	QL
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	Tier 2	
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	Tier 1	QL
<i>cycloheptadine 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>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	Tier 3	PA
<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>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

Drug Name	Drug Tier	Requirements/ Limits
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 2	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D
<i>albuterol sulfate</i> NEBU .083%	Tier 1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	Tier 2	
<i>albuterol sulfate</i> TABS 2mg, 4mg	Tier 3	
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 3	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LEUKOTRIENE MODULATORS					
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 1		OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 3		ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 2	QL NM PA
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	Tier 2		ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 2	QL NM PA
MISCELLANEOUS			ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 2	QL NM PA
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 3	B/D	ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	Tier 2	QL NM PA	ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	Tier 2	QL NM PA	<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	Tier 1	QL NM PA
ARALAST NP SOLR 500mg, 1000mg	Tier 2	NM PA	<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 1	QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 2	B/D	<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/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 (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 2		PROLASTIN-C SOLN 1000mg/20ml	Tier 2	NM PA
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2		PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NM PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA	<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 3	QL
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA	<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 3	QL
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 2	QL NM PA	SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2	QL NM PA
			<i>theophylline</i> TB12 100mg, 200mg, 300mg, 450mg	Tier 3	
			<i>theophylline</i> TB24 400mg, 600mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2	QL NM PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	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
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 2	NM PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 3	B/D
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
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL
<i>breyna</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
<i>budesonide-formoterol fumarate dihyd aerosol</i> 160-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
wixela inhub (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL
TOPICAL DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
amnestem CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% QL (45 gm / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	Tier 2	QL
clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)	Tier 2	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	Tier 2	QL
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
neuac QL (45 gm / 30 days)	Tier 2	QL
sulfacetamide sodium (acne) (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 3	QL
tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 3	QL PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 2	QL
mupirocin OINT 2% QL (220 gm / 30 days)	Tier 1	QL
silver sulfadiazine (generic of SILVADENE) CREA 1%	Tier 1	
ssd (generic of SILVADENE) CREA 1%	Tier 1	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	Tier 2	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	Tier 2	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	Tier 1	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	Tier 2	QL
QL (45 gm / 30 days)		
<i>ketoconazole (topical) CREA 2%</i>	Tier 2	QL
QL (60 gm / 30 days)		
<i>ketoconazole (topical) SHAM 2%</i>	Tier 1	QL
QL (120 mL / 30 days)		
<i>klayesta POWD 100000unit/gm</i>	Tier 2	QL
QL (60 gm / 30 days)		
<i>nyamyc POWD 100000unit/gm</i>	Tier 2	QL
QL (60 gm / 30 days)		
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	Tier 1	QL
QL (30 gm / 30 days)		
<i>nystatin (topical) POWD 100000unit/gm</i>	Tier 2	QL
QL (60 gm / 30 days)		
<i>nystop POWD 100000unit/gm</i>	Tier 2	QL
QL (60 gm / 30 days)		
<i>selenium sulfide LOTN 2.5%</i>	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	Tier 3	PA
<i>calcipotriene SOLN .005%</i>	Tier 2	QL PA
QL (120 mL / 30 days)		
<i>ENSTILAR AER</i>	Tier 3	QL PA
QL (120 gm / 30 days)		
<i>tazarotene (generic of TAZORAC) CREA .05%, .1%</i>	Tier 2	QL PA
QL (60 gm / 30 days)		
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%</i>	Tier 1	
<i>alclometasone dipropionate CREA .05%; OINT .05%</i>	Tier 2	QL
QL (60 gm / 30 days)		
<i>betamethasone dipropionate (topical) CREA .05%</i>	Tier 2	QL
QL (120 gm / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) LOTN .05%</i>	Tier 2	QL
QL (120 mL / 30 days)		
<i>betamethasone dipropionate (topical) OINT .05%</i>	Tier 3	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate augmented CREA .05%</i>	Tier 2	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate augmented GEL .05%</i>	Tier 3	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate augmented LOTN .05%</i>	Tier 3	QL
QL (120 mL / 30 days)		
<i>betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%</i>	Tier 3	QL
QL (120 gm / 30 days)		
<i>betamethasone valerate CREA .1%; OINT .1%</i>	Tier 2	QL
QL (120 gm / 30 days)		
<i>betamethasone valerate LOTN .1%</i>	Tier 2	QL
QL (120 mL / 30 days)		
<i>clobetasol propionate CREA .05%; GEL .05%; OINT .05%</i>	Tier 3	QL
QL (120 gm / 30 days)		
<i>clobetasol propionate (generic of CLOBEX) SHAM .05%</i>	Tier 3	QL
QL (236 mL / 30 days)		
<i>clobetasol propionate SOLN .05%</i>	Tier 3	QL
QL (100 mL / 30 days)		
<i>clobetasol propionate e CREA .05%</i>	Tier 3	QL
QL (120 gm / 30 days)		
<i>clodan (generic of CLOBEX) SHAM .05%</i>	Tier 3	QL
QL (236 mL / 30 days)		
<i>fluocinolone acetonide CREA .01%</i>	Tier 3	QL
QL (60 gm / 30 days)		
<i>fluocinolone acetonide (generic of SYNALAR) CREA .025%</i>	Tier 3	QL
QL (120 gm / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 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>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	Tier 2	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	Tier 3	QL
<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	Tier 2	QL
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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
<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

Drug Name	Drug Tier	Requirements/ Limits
<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
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2	QL PA
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	Tier 3	QL PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 2	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
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<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
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<i>permethrin</i> (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, WOUND CARE AGENTS		
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<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 2	
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<i>chlorhexidine gluconate</i> (mouth-throat) (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	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	Tier 1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	Tier 2	
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CAPLYTA	27	200 mg	26	<i>cefoxitin sodium</i>	7
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<i>carb/levo orally</i>		<i>see cartia xt</i>	21	<i>cefuroxime axetil</i>	8
<i>disintegrating tab 10-</i>		<i>see diltiazem hcl coated</i>		<i>cefuroxime sodium</i>	8
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<i>disintegrating tab 25-</i>		<i>see doxazosin mesylate</i>		<i>celecoxib</i>	1
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