



Blue MedicareRxSM Value Plus (PDP) 2024 Formulary (List of Covered Drugs)

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

This formulary was updated on 04/01/2024. For more recent information or other questions, please contact Blue MedicareRx Value Plus, at:

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

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

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Care for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us," or "our," it means Blue MedicareRxSM (PDP). When it refers to "plan" or "our plan," it means Blue MedicareRx Value Plus.

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

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

What is the Blue MedicareRx Value Plus Formulary?

A formulary is a list of covered drugs selected by Blue MedicareRx Value Plus 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 Value Plus 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 Value Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

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

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

New generic drugs. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Blue MedicareRx Value Plus Formulary?”

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of April 1, 2024. To get updated information about the drugs covered by Blue MedicareRx Value Plus, please contact us. Our contact information appears on the front and back cover pages. If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. You may also access our formulary on our website at www.RxMedicarePlans.com to get information showing changes to, additions, and/or deletions of medications contained in our formulary.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

Blue MedicareRx Value Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

Prior Authorization: Blue MedicareRx Value Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

Quantity Limits: For certain drugs, Blue MedicareRx Value Plus limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for ATROVENT HFA. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, Blue MedicareRx Value Plus 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 Value Plus 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 Value Plus formulary?" on page III for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Blue MedicareRx Value Plus 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 Value Plus. 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 Value Plus 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 Value Plus Formulary?

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

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

You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue MedicareRx Value Plus limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Blue MedicareRx Value Plus will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

For more information

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

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

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

Blue MedicareRx Value Plus Formulary

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

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

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

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

Explanation of Tiers and Copayments/Coinsurance:

Blue MedicareRx Value Plus Initial Coverage Stage

Tier Label	Retail Cost-Sharing or Out-of-Network (OON) Cost-Sharing* 30-day supply/ Long-term Care (LTC)** 31-day supply		Mail Order Cost-Sharing 90-day supply
	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing/ OON/LTC	
Tier 1: Preferred Generic Certain generic drugs that are available at the lowest copayment	\$2	\$8	\$2
Tier 2: Generic Higher cost generic drugs available at a higher copayment than Tier 1 generic drugs	\$13	\$20	\$26
Tier 3: Preferred Brand Many common brand name drugs and some higher cost generic drugs , many of which may have lower cost options available on Tier 1 or Tier 2***	\$42	\$47	\$84
Tier 4: Non-Preferred Drug Higher cost generic and non-preferred drugs , many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3***	46%	46%	46%
Tier 5: Specialty Tier Unique and/or very high-cost brand and some generic drugs of which you pay a percentage of the total drug cost which may require special handling and/or close monitoring***	25%	25%	Not Applicable†

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

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

*** You pay the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.

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

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
ANALGESICS		OPIOID ANALGESICS, LONG-ACTING	
GOUT		<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)	
<i>allopurinol</i> TABS 100mg, 300mg	1	<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3 QL PA
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	4 QL	<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3 QL PA
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	3	<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	3 QL PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3 QL	<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3 QL PA
<i>probenecid</i> TABS 500mg	3	OPIOID ANALGESICS, SHORT-ACTING	
NSAIDS		<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	2 QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3 QL	<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	2 QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	3 QL	<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	2 QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	3 QL	<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	2 QL
<i>diclofenac sodium</i> TB24 100mg	3	<i>endocet tab</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3 QL
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	<i>endocet tab</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3 QL
<i>flurbiprofen</i> TABS 100mg	3	<i>endocet tab</i> 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	3 QL
<i>ibu</i> TABS 400mg, 600mg, 800mg	2	<i>endocet tab</i> 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	3 QL
<i>ibuprofen</i> SUSP 100mg/5ml	3		
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	2		
<i>meloxicam</i> TABS 7.5mg, 15mg	1		
<i>nabumetone</i> TABS 500mg, 750mg	2		
<i>naproxen</i> TABS 250mg, 375mg	1		
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1		
<i>sulindac</i> TABS 150mg, 200mg	2		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	4	QL PA	<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	4	QL
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	5	QL PA	<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	3	QL
<i>hydrocodone-acetaminophen</i> <i>soln</i> 7.5-325 mg/15ml QL (2700 mL / 30 days)	4	QL	<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>hydrocodone-acetaminophen</i> <i>tab</i> 5-325 mg QL (240 tabs / 30 days)	3	QL	<i>oxycodone w/ acetaminophen</i> <i>tab</i> 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>hydrocodone-acetaminophen</i> <i>tab</i> 7.5-325 mg QL (180 tabs / 30 days)	3	QL	<i>oxycodone w/ acetaminophen</i> <i>tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>hydrocodone-acetaminophen</i> <i>tab</i> 10-325 mg QL (180 tabs / 30 days)	3	QL	<i>oxycodone w/ acetaminophen</i> <i>tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	3	QL
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg QL (150 tabs / 30 days)	3	QL	<i>oxycodone w/ acetaminophen</i> <i>tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	3	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	3	QL	<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	2	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	4	B/D	ANESTHETICS		
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D	LOCAL ANESTHETICS		
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	3	QL	<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	3	B/D
<i>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	3	QL	<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	3	B/D
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL	ANTI-INFECTIVES		
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D	ANTI-INFECTIVES - MISCELLANEOUS		
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4		<i>albendazole</i> TABS 200mg QL (672 tabs / year)	5	QL PA
			<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
			<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	4	
			<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	4	
			CAYSTON SOLR 75mg	5	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	2		<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	4	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	3		<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	4		<i>metronidazole</i> TABS 250mg, 500mg	2	
<i>dapsone</i> TABS 25mg, 100mg	3		<i>neomycin sulfate</i> TABS 500mg	2	
DAPTOMYCIN SOLR 350mg	5		<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)	5	QL
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	5		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg	3	
<i>daptomycin</i> SOLR 500mg	5		<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	3	
EMVERM CHEW 100mg QL (12 tabs / year)	5	QL	<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	4	B/D
<i>ertapenem sodium</i> SOLR 1gm	4		<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	3		<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	4	
<i>gentamicin in saline inj 2 mg/ml</i>	3		<i>streptomycin sulfate</i> SOLR 1gm	4	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3		<i>sulfadiazine</i> TABS 500mg	5	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4		<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	4		<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	3	QL PA	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	2	
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	4		<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	2	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	5	QL	<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	5	NM PA
<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	4	QL	<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
LINEZOLID INJ 2MG/ML	4				
<i>meropenem</i> SOLR 1gm, 500mg	4				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>trimethoprim</i> TABS 100mg	3		<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	4	QL	<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	5	QL PA
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	4	QL	<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	2	QL
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4		<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	4	PA
VANCOMYCIN INJ 1 GM	4		<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	5	PA
VANCOMYCIN INJ 500MG	4		<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	4	QL PA
VANCOMYCIN INJ 750MG	4		<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	4	QL PA
ANTIFUNGALS			ANTIMALARIALS		
ABELCET SUSP 5mg/ml	4	B/D	<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	4	
<i>amphotericin b</i> SOLR 50mg	4	B/D	<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	4	
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	5	B/D	<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	4		COARTEM TAB 20-120MG	4	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 200mg	3		<i>mefloquine hcl</i> TABS 250mg	3	
<i>fluconazole</i> TABS 50mg	3		PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	2		<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	3	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	3		<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	4	PA
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	3		ANTIRETROVIRAL AGENTS		
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	5	PA	<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	4	NM
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4		<i>abacavir sulfate</i> TABS 300mg	3	NM
<i>griseofulvin ultramicronsize</i> TABS 125mg, 250mg	4		APTIVUS CAPS 250mg	5	NM
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	4	PA	<i>atazanavir sulfate</i> CAPS 150mg	4	NM
<i>ketoconazole</i> TABS 200mg	3	PA	<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	4	NM
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	5				
<i>nystatin</i> TABS 500000unit	3				

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	5	QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	5	QL NM
EDURANT TABS 25mg	5	NM
<i>efavirenz</i> CAPS 50mg, 200mg	4	NM
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	4	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	3	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	5	NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	5	NM
FUZEON SOLR 90mg	5	NM LA
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
LEXIVA SUSP 50mg/ml	4	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	NM
<i>nevirapine</i> TABS 200mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	QL NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	3	NM

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	NM
SELZENTRY TABS 25mg	4	NM
SUNLENCA TBPK 300mg	5	NM LA
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	3	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	4	NM
<i>zidovudine</i> TABS 300mg	3	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	3	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	5	QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	5	QL NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	5	NM

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	5	QL NM	<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	5	QL NM	<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	5	QL NM	<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	QL NM	SIRTURO TABS 20mg, 100mg	5	NM LA PA
EVOTAZ TAB 300-150	5	NM	TRECTOR TABS 250mg	4	
GENVOYA TAB	5	NM	ANTIVIRALS		
JULUCA TAB 50-25MG	5	NM	<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM	<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	4	NM	<i>adefovir dipivoxil</i> TABS 10mg	4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	4	NM	BARACLUDE SOLN .05mg/ml	5	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	4	NM	<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	4	NM
ODEFSEY TAB	5	NM	EPCLUSA PAK 150-37.5	5	NM PA
PREZCOBIX TAB 800-150	5	NM	EPCLUSA PAK 200-50MG	5	NM PA
STRIBILD TAB	5	NM	EPCLUSA TAB 200-50MG	5	NM PA
SYMTUZA TAB	5	NM	EPCLUSA TAB 400-100	5	NM PA
TRIUMEQ PD TAB	5	NM	<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
TRIUMEQ TAB	5	NM	HARVONI PAK 33.75-150MG	5	NM PA
TRIZIVIR TAB	5	NM	HARVONI PAK 45-200MG	5	NM PA
ANTITUBERCULAR AGENTS			HARVONI TAB 45-200MG	5	NM PA
<i>cycloserine</i> CAPS 250mg	5		HARVONI TAB 90-400MG	5	NM PA
<i>ethambutol hcl</i> TABS 100mg	3		<i>lamivudine (hbv)</i> TABS 100mg	4	NM
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	3		MAVYRET PAK 50-20MG	5	NM PA
<i>isoniazid</i> TABS 100mg, 300mg	2		MAVYRET TAB 100-40MG	5	NM PA
PRIFTIN TABS 150mg	4		<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	3	QL
<i>pyrazinamide</i> TABS 500mg	4		<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	3	QL
			<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PAXLOVID TAB 150-100 QL (40 tabs / 30 days) \$0 Cost Share	3	QL	<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
PAXLOVID TAB 300-100 QL (60 tabs / 30 days) \$0 Cost Share	3	QL	<i>cefprozil</i> TABS 250mg, 500mg	3	
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM PA	<i>ceftazidime</i> SOLR 1gm, 2gm, 4 6gm	4	
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	5	QL PA	<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	3	QL	<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
<i>ribavirin (hepatitis c)</i> CAPS 200mg	3	NM	<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	NM	<i>cephalexin</i> CAPS 250mg, 500mg	2	
<i>rimantadine hydrochloride</i> TABS 100mg	4		<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	3		<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	5		TEFLARO SOLR 400mg, 600mg	5	
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	3		ERYTHROMYCINS/MACROLIDES		
VEMLIDY TABS 25mg	5	NM	<i>azithromycin</i> PACK 1gm	3	
VOSEVI TAB	5	NM PA	<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
CEPHALOSPORINS			<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	2	
<i>cefaclor</i> CAPS 250mg, 500mg	3		<i>azithromycin</i> TABS 600mg	2	
<i>cefadroxil</i> CAPS 500mg	2		<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
CEFAZOLIN SOLR 2gm, 3gm	4		<i>clarithromycin</i> TABS 250mg, 500mg	3	
CEFAZOLIN INJ 1GM/50ML	4		DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	3		<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
CEFAZOLIN SOLN 2GM/100ML-4%	4		ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>cefdinir</i> CAPS 300mg	2		<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3		<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	4	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4				
<i>cefixime</i> CAPS 400mg	4				
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4				

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
FLUOROQUINOLONES			
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	2
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2
<i>ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg</i>	2	<i>ampicillin CAPS 500mg</i>	2
<i>ciprofloxacin hcl TABS 750mg</i>	2	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	4
<i>levofloxacin SOLN 25mg/ml</i>	4	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	4
<i>levofloxacin TABS 250mg, 500mg, 750mg</i>	2	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	4
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	<i>ampicillin sodium SOLR 1gm, 4 2gm, 10gm, 125mg, 250mg, 500mg</i>	4
<i>moxifloxacin hcl TABS 400mg</i>	4	<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3
PENICILLINS		<i>nafcillin sodium SOLR 1gm, 2gm</i>	4
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	2	<i>nafcillin sodium SOLR 10gm</i>	5
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	4	<i>PEN GK/DEXTR INJ 40000/ML</i>	4
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	4	<i>PEN GK/DEXTR INJ 60000/ML</i>	4
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	4
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	<i>penicillin g sodium SOLR 5000000unit</i>	4
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	2
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	3	<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	4
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4		LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	5	QL NM LA PA
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4		<i>mercaptopurine</i> TABS 50mg	3	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4		<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4		ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	5	QL NM LA PA
TETRACYCLINES			PURIXAN SUSP 2000mg/100ml	5	NM LA
<i>doxy 100</i> SOLR 100mg	4		TABLOID TABS 40mg	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2		HORMONAL ANTINEOPLASTIC AGENTS		
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	3		<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	5	QL NM PA
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	3		<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	5	QL NM PA
<i>doxycycline hyclate</i> CAPS 50mg; TABS 20mg, 100mg	3		AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	5	QL NM LA PA
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	3		AKEEGA TAB 100/500 QL (60 tabs / 30 days)	5	QL NM LA PA
<i>doxycycline hyclate</i> SOLR 100mg	4		<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	2	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3		<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	2	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	PA	ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM PA
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	5		EMCYT CAPS 140mg	5	
ANTINEOPLASTIC AGENTS			ERLEADA TABS 60mg QL (120 tabs / 30 days)	5	QL NM LA PA
ALKYLATING AGENTS			ERLEADA TABS 240mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D	EULEXIN CAPS 125mg	5	
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D	<i>exemestane</i> (generic of AROMASIN) TABS 25mg	4	
GLEOSTINE CAPS 10mg, 40mg	4	NM	FIRMAGON SOLR 80mg	4	NM PA
GLEOSTINE CAPS 100mg	5	NM	FIRMAGON SOLR 120mg/vial	5	NM PA
LEUKERAN TABS 2mg	5		<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	2	
ANTIMETABOLITES			<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM PA
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	5	QL NM LA PA	LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	5	QL NM LA PA	LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
LYSODREN TABS 500mg	5	NM LA
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	5	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	5	QL NM LA PA
ORGOVYX TABS 120mg	5	NM LA PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	5	QL NM LA PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	5	QL NM LA PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	4	
XTANDI CAPS 40mg QL (120 caps / 30 days)	5	QL NM LA PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	5	QL NM LA PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	5	QL NM LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	5	QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	5	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	5	QL NM LA PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	5	QL NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	2	
IWILFIN TABS 192mg QL (240 tabs / 30 days)	5	QL NM LA PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	5	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	5	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	5	QL NM PA
MATULANE CAPS 50mg <i>retinoin (chemotherapy)</i> CAPS 10mg	5	NM LA
WELIREG TABS 40mg QL (90 tabs / 30 days)	5	QL NM LA PA
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	5	QL NM LA PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	5	QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	5	QL NM LA PA
ALUNBRIG PAK QL (30 tabs / 30 days)	5	QL NM LA PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	5	QL NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM LA PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	5	QL NM LA PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	5	QL NM LA PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	5	QL NM LA PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	5	QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
BOSULIF TABS 100mg QL (180 tabs / 30 days)	5 QL NM PA	<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5 QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	5 QL NM PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	5 QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	5 QL NM LA PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	5 QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	5 QL NM LA PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	5 QL NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5 QL NM LA PA	EXKIVITY CAPS 40mg QL (120 caps / 30 days)	5 QL NM LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	5 QL NM LA PA	FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5 QL NM LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5 QL NM LA PA	FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	5 QL NM LA PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	5 QL NM LA PA	FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	5 QL NM LA PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	5 QL NM LA PA	GAVRETO CAPS 100mg QL (120 caps / 30 days)	5 QL NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	5 QL NM LA PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (30 tabs / 30 days)	5 QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	5 QL NM LA PA	GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	5 QL NM LA PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	5 QL NM LA PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5 QL NM LA PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	5 QL NM LA PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5 QL NM LA PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	5 QL NM LA PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5 QL NM LA PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	5 QL NM LA PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5 QL NM LA PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	5 QL NM LA PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	5 QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	5 QL NM LA PA		
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	5 QL NM PA		
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	5 QL NM PA		

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	5 QL NM PA	LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5 QL NM LA PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5 QL NM LA PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5 QL NM LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5 QL NM LA PA	LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5 QL NM LA PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	5 QL NM LA PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5 QL NM LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	5 QL NM LA PA	LENVIMA CAP 14 MG QL (60 caps / 30 days)	5 QL NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	5 QL NM LA PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	5 QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	5 QL NM LA PA	LENVIMA CAP 24 MG QL (90 caps / 30 days)	5 QL NM LA PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	5 QL NM LA PA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	5 QL NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5 QL NM LA PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	5 QL NM LA PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	5 QL NM LA PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	5 QL NM LA PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	5 QL NM LA PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	5 QL NM LA PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5 QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5 QL NM LA PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5 QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	5 QL NM LA PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5 QL NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	5 QL NM LA PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	5 QL NM LA PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	5 QL NM LA PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	5 QL NM LA PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	5 QL NM LA PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	5 QL NM LA PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	5 QL NM LA PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	5 QL NM PA	MEKINIST TABS .5mg QL (90 tabs / 30 days)	5 QL NM LA PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5 QL NM LA PA	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	5 QL NM LA PA
		NERLYNX TABS 40mg QL (180 tabs / 30 days)	5 QL NM LA PA

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	5 QL NM LA PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	5 QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5 QL NM PA	<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	5 QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	5 QL NM LA PA	SPRYCEL TABS 20mg QL (90 tabs / 30 days)	5 QL NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	5 QL NM LA PA	SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5 QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	5 QL NM LA PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	5 QL NM LA PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	5 QL NM PA	<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5 QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	5 QL NM LA PA	TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	5 QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	5 QL NM PA	TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	5 QL NM LA PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	5 QL NM PA	TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	5 QL NM LA PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	5 QL NM PA	TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	5 QL NM LA PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	5 QL NM LA PA	TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	5 QL NM LA PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	5 QL NM LA PA	TALZENNA CAPS .25mg QL (90 caps / 30 days)	5 QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	5 QL NM LA PA	TASIGNA CAPS 50mg QL (120 caps / 30 days)	5 QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	5 QL NM LA PA	TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	5 QL NM PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	5 QL NM LA PA	TAZVERIK TABS 200mg QL (240 tabs / 30 days)	5 QL NM LA PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	5 QL NM LA PA	TEPMETKO TABS 225mg QL (60 tabs / 30 days)	5 QL NM LA PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	5 QL NM LA PA	TIBSOVO TABS 250mg QL (60 tabs / 30 days)	5 QL NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5 QL NM LA PA	TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	5 QL NM LA PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	5 QL NM PA		
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	5 QL NM PA		

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	5 QL NM LA PA	XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	5 QL NM LA PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	5 QL NM LA PA	XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	5 QL NM LA PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	5 QL NM LA PA	XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	5 QL NM LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	4 QL NM LA PA	XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	5 QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5 QL NM LA PA	XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	5 QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5 QL NM LA PA	ZEJULA CAPS 100mg QL (90 caps / 30 days)	5 QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5 QL NM LA PA	ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5 QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5 QL NM LA PA	ZELBORAF TABS 240mg QL (240 tabs / 30 days)	5 QL NM LA PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	5 QL NM LA PA	ZOLINZA CAPS 100mg QL (120 caps / 30 days)	5 QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	5 QL NM LA PA	ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	5 QL NM LA PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	5 QL NM LA PA	ZYKADIA TABS 150mg QL (84 tabs / 28 days)	5 QL NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5 QL NM LA PA	PROTECTIVE AGENTS	
VONJO CAPS 100mg QL (120 caps / 30 days)	5 QL NM LA PA	<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	3
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	5 QL NM LA PA	MESNEX TABS 400mg	5
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	5 QL NM LA PA	CARDIOVASCULAR	
XALKORI CPSP 20mg QL (240 caps / 30 days)	5 QL NM LA PA	ACE INHIBITOR COMBINATIONS	
XALKORI CPSP 150mg QL (180 caps / 30 days)	5 QL NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	2 QL
XOSPATA TABS 40mg QL (90 tabs / 30 days)	5 QL NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	2 QL
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	5 QL NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	2 QL
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	5 QL NM LA PA		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	2	QL	<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	2	
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	2	QL	<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	2	
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	2	QL	<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	3		<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	3	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	3		<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	2	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	3		<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	3		<i>trandolapril</i> TABS 1mg, 2mg, 4mg	2	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1		ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	1		<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	3	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	1		<i>KERENDIA</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	1		<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	1		ALPHA BLOCKERS		
ACE INHIBITORS			<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	2	
<i>benazepril hcl</i> TABS 5mg	1		<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	3	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1		<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
			ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
			<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	3	QL
			<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i> QL (30 tabs / 30 days)	3	QL	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	3	QL
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i> QL (30 tabs / 30 days)	3	QL	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	3	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	3	QL	<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	3	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	3	QL	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	3	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	3	QL	<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	3	QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i> QL (60 tabs / 30 days)	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i> QL (30 tabs / 30 days)	2	QL	<i>candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	4	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i> QL (30 tabs / 30 days)	2		<i>candesartan cilexetil (generic of ATACAND) TABS 32mg</i> QL (30 tabs / 30 days)	4	QL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i> QL (30 tabs / 30 days)	2		<i>irbesartan (generic of AVAPRO) TABS 75mg, 150mg, 300mg</i> QL (30 tabs / 30 days)	2	QL
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i> QL (30 tabs / 30 days)	2		<i>losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg</i> QL (60 tabs / 30 days)	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	3	QL	<i>olmesartan medoxomil (generic of BENICAR) TABS 5mg</i> QL (60 tabs / 30 days)	2	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	3	QL	<i>olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg</i> QL (30 tabs / 30 days)	2	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i> QL (30 tabs / 30 days)	3	QL	<i>telmisartan (generic of MICARDIS) TABS 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	3	QL	<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	2	
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	3	QL	ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ANTIARRHYTHMICS			<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	4		<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>amiodarone hcl</i> TABS 200mg	2		<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	2	QL
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	4		<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	4	NM	<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3		<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
MULTAQ TABS 400mg	4		ANTILIPEMICS, MISCELLANEOUS		
<i>pacerone</i> TABS 100mg, 400mg	4		<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	3	
<i>pacerone</i> TABS 200mg	2		<i>cholestyramine light</i> PACK 4gm	3	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4		<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	3	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3		<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	4	
<i>quinidine sulfate</i> TABS 200mg, 300mg	3		<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm	4	
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	2		<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	3	
<i>sorine</i> TABS 240mg	2		<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	3	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	2		<i>niacin</i> (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	3	QL
<i>sotalol hcl</i> TABS 240mg	2		ANTILIPEMICS, FIBRATES		
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	3		<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	3	
ANTILIPEMICS, FIBRATES			<i>fenofibrate</i> TABS 54mg, 160mg	3	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	3		<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>fenofibrate</i> TABS 54mg, 160mg	3				
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>omega-3-acid ethyl esters cap</i> 1 gm (generic of LOVAZA)	3	PA	<i>metoprolol tartrate</i> TABS 25mg	1	
<i>prevalite</i> PACK 4gm	3		<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	3		<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg	3	QL
REPATHA SOSY 140mg/ml	3	NM PA	QL (30 tabs / 30 days)		
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	NM PA	<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg	3	QL
REPATHA SURECLICK SOAJ 140mg/ml	3	NM PA	QL (60 tabs / 30 days)		
VASCEPA CAPS .5gm, 1gm	3		<i>pindolol</i> TABS 5mg, 10mg	3	
BETA-BLOCKER/DIURETIC COMBINATIONS			<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	3	
<i>atenolol & chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	2		<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	3	
<i>atenolol & chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	2		<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg	2		<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	3	
<i>bisoprolol & hydrochlorothiazide tab</i> 5-6.25 mg	2		CALCIUM CHANNEL BLOCKERS		
<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg	2		<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
BETA-BLOCKERS			<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	2	
<i>acebutolol hcl</i> CAPS 200mg, 400mg	3		<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	3	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1		<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	4	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	2		<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1		<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	2	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	3		<i>diltiazem hcl</i> TABS 90mg	2	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	2		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	2	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	4	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3		<i>indapamide</i> TABS 1.25mg, 2.5mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	3		<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3		<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	3		<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>nimodipine</i> CAPS 30mg	4		<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
NYMALIZE SOLN 6mg/ml	5		<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	3		<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3		<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	1	
<i>verapamil hcl</i> SOLN 2.5mg/ml	4		MISCELLANEOUS		
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	2		<i>aliskiren fumarate</i> (generic of TEKTURNIA) TABS 150mg, 300mg	4	
DIURETICS			<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	3	
<i>acetazolamide</i> CP12 500mg	4		<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	3	
<i>acetazolamide</i> TABS 125mg, 250mg	3		<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2		<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>amiloride hcl</i> TABS 5mg	2		CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	4	QL
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	3		CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	4	QL
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	3		<i>digoxin</i> SOLN .05mg/ml	4	
<i>chlorthalidone</i> TABS 25mg, 50mg	2		<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	4	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2		<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	QL
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1				
<i>furosemide inj</i> SOLN 10mg/ml	3				
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1				

Drug Name	Drug Requirements/ Tier	Limits
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	5	QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	3	PA
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
NITRATES		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	3	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	2	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	QL NM LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	3	QL NM PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM LA PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	2	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	2	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	2	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	2	QL	<i>bupropion hcl</i> TABS 75mg, 100mg	3	
<i>donepezil hydrochloride</i> TBDP 10mg	2		<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	QL
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	3	QL	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	3	QL
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	3	QL	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	3	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	4	QL	<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	3	QL	<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>memantine hcl</i> CP24 7mg; SOLN 2mg/ml PA applies if 29 years and younger	4	PA	<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	4	PA
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	4	PA	<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	4	
<i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger	3	PA	<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	4	
NAMZARIC CAP 7-10MG	4		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL PA
NAMZARIC CAP 14-10MG	4		<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
NAMZARIC CAP 21-10MG	4		<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
NAMZARIC CAP 28-10MG	4		EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	QL PA
NAMZARIC CAP PACK	4		<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	3	QL	<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	2	
ANTIDEPRESSANTS			FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3				
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3				
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	4	QL PA			

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA	<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	4	
FETZIMA CAP TITRATIO QL (2 packs / year)	4	QL PA	<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	2	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg	1		<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	4	QL
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 40mg	2		<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	4	QL
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3		TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2		<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	2	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL	<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>mirtazapine</i> TABS 7.5mg	3		<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	2		ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	5	QL NM LA PA
<i>mirtazapine</i> TABS 45mg	2		ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	5	QL NM LA PA
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	3		ANTIPARKINSONIAN AGENTS		
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4		<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	2		<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4		<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA	<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	2	PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	2		<i>bromocriptine mesylate</i> (generic of PARLODEL) TABS 2.5mg	4	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	3		<i>carb/levo orally disintegrating tab 10-100mg</i>	4	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4		<i>carb/levo orally disintegrating tab 25-100mg</i>	4	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	3		<i>carb/levo orally disintegrating tab 25-250mg</i>	4	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	1				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	2		<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	PA
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	2		PA if 70 years and older		
<i>carbidopa & levodopa tab 25-250 mg</i>	2		<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	PA
<i>carbidopa & levodopa tab er 25-100 mg</i>	3		PA if 70 years and older		
<i>carbidopa & levodopa tab er 50-200 mg</i>	3		ANTIPSYCHOTICS		
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4		ABILIFY MAINTENA PRSY 300mg, 400mg	4	QL
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4		QL (1 syringe / 28 days)		
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4		ABILIFY MAINTENA SRER 300mg, 400mg	4	QL
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4		QL (1 injection / 28 days)		
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	4		<i>aripiprazole SOLN 1mg/ml</i>	4	QL
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4		QL (900 mL / 30 days)		
<i>INBRIJA CAPS 42mg</i>	5	QL NM LA PA	<i>aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	4	QL
QL (300 caps / 30 days)			QL (30 tabs / 30 days)		
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	4		<i>aripiprazole TBDP 10mg, 15mg</i>	4	QL
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2		QL (60 tabs / 30 days)		
<i>rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg</i>	4	QL	ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	4	QL
QL (30 tabs / 30 days)			QL (1 syringe / 28 days)		
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2		ARISTADA PRSY 1064mg/3.9ml	4	QL
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3		QL (1 syringe / 56 days)		
			ARISTADA INITIO PRSY 675mg/2.4ml	4	
			<i>asenapine maleate (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg</i>	4	QL
			QL (60 tabs / 30 days)		
			CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL
			QL (30 caps / 30 days)		
			<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	4	
			<i>clozapine (generic of CLOZARIL) TABS 25mg, 50mg</i>	3	

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Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	4	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	4	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	4	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	4	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	4	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	QL PA
FANAPT PAK QL (2 packs / year)	4	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	3	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	4	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	QL NM LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	QL NM LA PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	4	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	4	QL
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	4	QL
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	4	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	4	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	QL	<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	4	QL
<i>pimozide</i> TABS 1mg, 2mg	4		<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	4	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	3	QL	SECUADO PT24 3.8mg/24hr, 4 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL	<i>thioridazine hcl</i> TABS 10mg, 3 25mg, 50mg, 100mg	3	
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	3	QL	<i>thiothixene</i> CAPS 1mg, 2mg, 4 5mg, 10mg	4	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	3	QL	<i>trifluoperazine hcl</i> TABS 1mg, 3 2mg, 5mg, 10mg	3	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA	VERSACLOZ SUSP 50mg/ml 4 QL (600 mL / 30 days)	4	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA	VRAYLAR CAPS 1.5mg 4 QL (60 caps / 30 days)	4	QL
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	QL	VRAYLAR CAPS 3mg, 4 4.5mg, 6mg QL (30 caps / 30 days)	4	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	QL	VRAYLAR CAP 1.5-3MG 4 QL (2 packs / year)	4	QL
RISPERDAL CONSTA SRER 4 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	4	QL	<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	3	QL	<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	4	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	2		ZYPREXA RELPREVV 4 SUSR 210mg, 300mg QL (2 vials / 28 days)	4	QL NM PA
<i>risperidone</i> TABS .25mg	2		ZYPREXA RELPREVV 4 SUSR 405mg QL (1 vial / 28 days)	4	QL NM PA
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	4	QL	ANTISEIZURE AGENTS		
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	4	QL	APTIOM TABS 200mg, 4 400mg QL (30 tabs / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	QL PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	QL PA
carbamazepine CHEW 100mg	3	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	4	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml	4	
carbamazepine (generic of TEGRETOL) TABS 200mg	3	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	4	
clobazam (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	4	QL PA
clobazam (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	4	QL PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	2	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	2	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	3	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	4	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	QL NM LA PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	3	QL PA
diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	2	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam inj SOLN 5mg/ml	4	
diazepam intensol CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	3	QL PA
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	4	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	3	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	QL NM LA PA
epitol (generic of TEGRETOL) TABS 200mg	3	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg	4	<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	2
<i>ethosuximide</i> (generic of ZARONTIN) SOLN 250mg/5ml	3	<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	3
<i>felbamate</i> SUSP 600mg/5ml	4	<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	4
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	4	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	4
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4 QL NM LA PA	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	4
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	4 QL PA	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	4
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4 QL PA	<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	4
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4 QL PA	NAYZILAM SOLN 5mg/0.1ml	4
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	2 QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	4
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	3 QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	3
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	3 QL	<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older	4 QL PA
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	3 QL	<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older	3 QL PA
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	4	<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	4 PA
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	4 QL	<i>phenytek</i> CAPS 200mg, 300mg	4
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4 QL	<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	3
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	4 QL		
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	3		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	3		<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	3		SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	QL PA
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	3		<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	3		<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	3	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA	<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	2	
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	3	QL PA	<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA	<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	4	QL PA	<i>valproic acid</i> CAPS 250mg	3	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	2		VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
<i>primidone</i> TABS 125mg	2		VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
<i>roovepra</i> (generic of KEPPRA) TABS 500mg	3		VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	QL PA	VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	4	QL PA	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	QL PA	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	5	QL NM LA PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	4	QL	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	4	QL	<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	5	QL NM LA PA
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	4	QL	XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	4	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	4	QL	XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	QL
			XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	QL	<i>amphetamine- dextroamphetamine cap er</i> 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	QL	<i>amphetamine- dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	QL	<i>amphetamine- dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	QL	<i>amphetamine- dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	QL PA	<i>amphetamine- dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	3		<i>amphetamine- dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
<i>zonisamide</i> CAPS 50mg	3		<i>amphetamine- dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL PA
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	4	QL NM LA PA	<i>amphetamine- dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER					
<i>amphetamine- dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA	<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
<i>amphetamine- dextroamphetamine cap er</i> 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA	<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	4	QL
<i>amphetamine- dextroamphetamine cap er</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA	<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
<i>amphetamine- dextroamphetamine cap er</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
<i>amphetamine- dextroamphetamine cap er</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	3	QL PA	<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA	MIGRAINE		
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	3	QL PA	AIMOVIQ SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL NM PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	4	QL PA	<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	4	QL PA	<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	5	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA	<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	3	QL PA	NURTEC TBDP 75mg QL (16 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	4	QL PA	QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	3	QL PA
HYPNOTICS			<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	3	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL	<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	3	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBCR 10mg, 20mg QL (90 tabs / 30 days)	4	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	5	QL NM PA	<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	4	QL
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	4	QL PA	<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	4	QL
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	4	QL PA	<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	QL
			<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	QL	<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	5	QL NM PA
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	4	QL	MULTIPLE SCLEROSIS AGENTS		
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	QL	AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	5	QL NM LA PA
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	3	QL PA	BETASERON KIT .3mg QL (14 syringes / 28 days)	5	QL NM PA
MISCELLANEOUS			COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	QL NM LA PA	COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL NM LA PA	<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	3	QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	5	QL NM PA	<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	5	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	5	QL NM PA	OCREVUS SOLN 300mg/10ml	5	NM LA PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	5	QL NM PA	TECFIDERA CPDR 120mg QL (14 caps / 7 days)	5	QL NM LA PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	5	QL NM PA	TECFIDERA CPDR 240mg QL (60 caps / 30 days)	5	QL NM LA PA
LITHIUM SOLN 8meq/5ml	4		TECFIDERA CAP STARTER QL (2 packs / year)	5	QL NM LA PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	2		VUMERITY CPDR 231mg QL (120 caps / 30 days)	5	QL NM LA PA
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	2		MUSCULOSKELETAL THERAPY AGENTS		
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	QL PA	<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	3	QL
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	3		<i>baclofen</i> TABS 10mg, 20mg	3	
<i>riluzole</i> (generic of RILUTEK) TABS 50mg	4		<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	5	QL NM PA	<i>tizanidine hcl</i> TABS 2mg	2	
			<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	2	
			NARCOLEPSY/CATAPLEXY		
			<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	QL PA	<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	3	QL PA	<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	3	QL PA	<i>naltrexone hcl</i> TABS 50mg	3	
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	5	QL NM LA PA	NICOTROL INHALER INHA 10mg	4	
PSYCHOTHERAPEUTIC-MISC			NICOTROL NS SOLN 10mg/ml	4	
<i>acamprosate calcium</i> TBEC 333mg	4		<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	4	QL PA
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	3	QL PA	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	4	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	4	QL	VIVITROL SUSR 380mg	5	NM
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	4	QL	ENDOCRINE AND METABOLIC ANDROGENS		
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	4	QL	<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	4	QL	<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	5	QL PA
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	2	QL	<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	4	QL PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	2	QL	<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	4	QL PA
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	3	QL	<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>disulfiram</i> TABS 250mg, 500mg	3		<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA
			ANTIDIABETICS		
			<i>acarbose</i> TABS 25mg, 50mg, 100mg	3	
			BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	3	QL PA
			BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	4	QL PA
			FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
			<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL	JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL	JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	3	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	2	QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	2	QL	JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	2	QL	JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	3	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	2	QL	JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	3	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	3	QL	<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	3	QL	<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days)	3	QL	<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL	<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL	<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL	MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	3	QL PA
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL	<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	3	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	3	QL PA
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL	OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	3	QL PA
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL PA	TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	3	QL PA	TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL PA
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	2	QL	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	2	QL	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	2	QL	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL PA	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL	ANTIDIABETICS, INSULINS		
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	3	QL	ADMELOG SOLN 100unit/ml	3	
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	3	QL	ADMELOG SOLOSTAR SOPN 100unit/ml	3	
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	3	QL	BASAGLAR KWIKPEN SOPN 100unit/ml	3	
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL	BD ALCOHOL SWABS	3	
SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	3	QL	FIASP SOLN 100unit/ml	3	
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL	FIASP FLEXTOUCH SOPN 100unit/ml	3	
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL	FIASP PENFILL SOCT 100unit/ml	3	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL	FIASP PUMPCART SOCT 100unit/ml	3	B/D
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL	GAUZE PADS 2" X 2"	3	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL	HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	5	B/D
			HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
			INSULIN PEN NEEDLES: BD/NOVO	3	
			INSULIN SAFETY NEEDLES	3	
			INSULIN SYRINGES: BD	3	
			NOVOLIN INJ 70/30 (brand RELION not covered)	3	
			NOVOLIN INJ 70/30 FP (brand RELION not covered)	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	3		OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	4	QL PA
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	3		OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	4	QL PA
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	3		OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	4	QL PA
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	3		OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	4	QL PA
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	3		SOLIQUA INJ 100/33 QL (5 pens / 25 days)	3	QL
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	3		TRESIBA SOLN 100unit/ml	3	
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	4	QL PA	TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	4	QL PA	V-GO 20 KIT QL (30 devices / 30 days)	4	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	4	QL PA	V-GO 30 KIT QL (30 devices / 30 days)	4	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	4	QL PA	V-GO 40 KIT QL (30 devices / 30 days)	4	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA	XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	3	QL
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA	CALCIUM REGULATORS		
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	4	QL PA	<i>alendronate sodium</i> TABS 10mg, 35mg	1	
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	4	QL PA	<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	4	QL PA	<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	4	QL PA	<i>ibandronate sodium</i> TABS 150mg	3	B/D
			NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA PA
			PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
			<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
			PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
			TERIPARATIDE SOPN 620mcg/2.48ml	5	NM PA
			XGEVA SOLN 120mg/1.7ml	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml	4	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	4	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
deferasirox (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	5	NM PA
deferasirox (generic of JADENU) TABS 90mg	3	NM PA
deferasirox (generic of JADENU) TABS 180mg, 360mg	5	NM PA
LOKELMA PACK 5gm, 10gm	3	
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	5	NM
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	3	
trientine hcl (generic of SYPRINE) CAPS 250mg	5	NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
afirmelle	3	
altavera	3	
alyacen 1/35	3	
alyacen 7/7/7	3	
apri	3	
aranelle	3	
aubra eq	3	
aurovela 1/20	3	
aurovela fe 1.5/30	3	
aurovela fe 1/20	3	
aviane	3	
ayuna	3	
azurette	3	
balziva	3	
blisovi fe 1.5/30	3	
briellyn	3	
camila TABS .35mg	3	
chateal eq	3	
cryselle-28	3	

Drug Name	Drug Requirements/ Tier	Limits
cyred eq	3	
dasetta 1/35	3	
dasetta 7/7/7	3	
deblitane TABS .35mg	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	4	
desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	3	
elinest	3	
eluryng (generic of NUVARING)	4	
enilloring (generic of NUVARING)	4	
enpresse-28	3	
enskyce	3	
errin TABS .35mg	3	
estarylla	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)	4	
falmina	3	
hailey 1.5/30	3	
haloette (generic of NUVARING)	4	
heather TABS .35mg	3	
iclevia	3	
incassia TABS .35mg	3	
introvale	3	
isibloom	3	
jasmiel (generic of YAZ)	3	
jolessa	3	
juleber	3	
junel 1.5/30	3	

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Drug Name	Drug Requirements/ Tier Limits
<i>junel 1/20</i>	3
<i>junel fe 1.5/30</i>	3
<i>junel fe 1/20</i>	3
<i>kariva</i>	3
<i>kelnor 1/35</i>	3
<i>kelnor 1/50</i>	3
<i>kurvelo</i>	3
<i>larin 1.5/30</i>	3
<i>larin 1/20</i>	3
<i>larin fe 1.5/30</i>	3
<i>larin fe 1/20</i>	3
<i>leena</i>	3
<i>lessina</i>	3
<i>levonest</i>	3
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	3
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	3
<i>levora 0.15/30-28</i>	3
<i>loestrin 1.5/30-21</i>	3
<i>loestrin 1/20-21</i>	3
<i>loestrin fe 1.5/30</i>	3
<i>loestrin fe 1/20</i>	3
<i>loryna (generic of YAZ)</i>	3
<i>low-ogestrel</i>	3
<i>lutra</i>	3
<i>lyleq TABS .35mg</i>	3
<i>lyza TABS .35mg</i>	3
<i>marlissa</i>	3
<i>medroxyprogesterone acetate 3 (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	3
<i>microgestin 1.5/30</i>	3
<i>microgestin 1/20</i>	3
<i>microgestin fe 1.5/30</i>	3
<i>microgestin fe 1/20</i>	3
<i>mili</i>	3

Drug Name	Drug Requirements/ Tier Limits
<i>mono-lynah</i>	3
<i>necon 0.5/35-28</i>	3
<i>nikki (generic of YAZ)</i>	3
<i>nora-be TABS .35mg</i>	3
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	4
<i>norethindrone (contraceptive) TABS .35mg</i>	3
<i>norethindrone ac-ethinyl estradiol tab 1-20/1-30/1-35 mg-mcg</i>	3
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	3
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg (generic of ORTHO TRI- CYCLEN LO)</i>	3
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg</i>	3
<i>norlyroc TABS .35mg</i>	3
<i>nortrel 0.5/35 (28)</i>	3
<i>nortrel 1/35 (21)</i>	3
<i>nortrel 1/35 (28)</i>	3
<i>nortrel 7/7/7</i>	3
<i>nylia 1/35</i>	3
<i>nylia 7/7/7</i>	3
<i>nymyo</i>	3
<i>ocella (generic of YASMIN 28)</i>	3
<i>philith</i>	3
<i>pimtrea</i>	3
<i>portia-28</i>	3
<i>reclipsen</i>	3
<i>setlakin</i>	3
<i>sharobel TABS .35mg</i>	3
<i>simliya</i>	3
<i>sprintec 28</i>	3
<i>sronyx</i>	3
<i>syeda (generic of YASMIN 28)</i>	3

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>tarina fe 1/20 eq</i>	3		<i>estradiol (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	
<i>tilia fe</i>	3		<i>estradiol (generic of CLIMARA) PTWK</i>	3	
<i>tri-estarylla</i>	3		<i>.025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>		
<i>tri-legest fe</i>	3		<i>estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg</i>	2	
<i>tri-linyah</i>	3		<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)</i>	3		<i>estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)</i>	3	
<i>tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)</i>	3		<i>estradiol vaginal (generic of ESTRACE) CREA .1mg/gm</i>	3	
<i>tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)</i>	3		<i>estradiol vaginal (generic of VAGIFEM) TABS 10mcg</i>	4	
<i>tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	3		<i>estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	4	
<i>tri-mili</i>	3		<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>tri-nymyo</i>	3		<i>fyavolv tab 1mg-5mcg</i>	3	
<i>tri-sprintec</i>	3		<i>jinteli</i>	3	
<i>tri-vylibra</i>	3		<i>lyllana (generic of MINIVELLE) PTTW</i>	3	
<i>tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)</i>	3		<i>.025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>		
<i>trivora-28</i>	3		<i>mimvey (generic of ACTIVELLA)</i>	3	
<i>turqoz</i>	3		<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>velivet</i>	3		<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>vestura (generic of YAZ)</i>	3		<i>yuvaferm (generic of VAGIFEM) TABS 10mcg</i>	4	
<i>vienva</i>	3		GLUCOCORTICOIDS		
<i>viorele</i>	3		<i>dexamethasone ELIX</i>	3	B/D
<i>vyfemla</i>	3		<i>.5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>		
<i>vylibra</i>	3				
<i>wera</i>	3				
<i>xulane</i>	4				
<i>zafemy</i>	4				
<i>zovia 1/35</i>	3				
<i>zumandimine (generic of YASMIN 28)</i>	3				
ENDOMETRIOSIS					
<i>danazol CAPS 50mg, 100mg, 4 200mg</i>	4				
<i>SYNAREL SOLN 2mg/ml</i>	5	PA			
ESTROGENS					
<i>amabelz tab 0.5-0.1mg</i>	3				
<i>dotti (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3				

Drug Name	Drug Requirements/ Tier	Limits
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	3	B/D
<i>methylprednisolone</i> TABS 32mg	3	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	2	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	3	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	5	NM LA
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	5	NM LA PA
CERDELGA CAPS 84mg	5	NM LA PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	4	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	5	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	4	NM LA PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
GENOTROPIN CART 5mg, 12mg	5	NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM PA
INCRELEX SOLN 40mg/4ml	5	NM LA PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	5	NM LA PA
KORLYM TABS 300mg	5	NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	4	B/D
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	5	NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	4	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	5	NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	5	NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	3	
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	5	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	5	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM LA PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	3	QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	3	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	4	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	4	QL
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	4	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	5	QL

Drug Name	Drug Requirements/ Tier	Limits
PROGESTINS		
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	2	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>norethindrone acetate</i> TABS 5mg	3	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	3	
THYROID AGENTS		
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	2	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2		<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
VITAMIN D ANALOGS			<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	2	B/D	<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	3	PA
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	4	B/D	<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	4	QL PA
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	4	B/D	ANTISPASMODICS		
<i>paricalcitol</i> CAPS 4mcg	4	B/D	<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
RAYALDEE CPCR 30mcg	5		<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
GASTROINTESTINAL ANTIEMETICS			<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	3	QL
<i>aprepitant</i> CAPS 40mg, 125mg	4	B/D	<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	3	QL
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	4	B/D	H2-RECEPTOR ANTAGONISTS		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D	<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>compro</i> SUPP 25mg	4		<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	2	QL
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	4	B/D QL	<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	2	QL
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	4	B/D QL	<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	3	
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2		<i>nizatidine</i> CAPS 150mg, 300mg	4	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3		INFLAMMATORY BOWEL DISEASE		
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	2		<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	3	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D	<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	4	QL PA
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3				
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D			
<i>prochlorperazine</i> SUPP 25mg	4				
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4				

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

Drug Name	Drug Requirements/ Tier	Limits
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	5	QL PA
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	4	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	4	QL
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	4	QL
<i>mesalamine</i> ENEM 4gm	4	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	4	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	4	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	2	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i> (generic of GOLYTELY)	2	
<i>generlac</i> SOLN 10gm/15ml	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	3	

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	5	QL PA
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	3	
GATTEX KIT 5mg	5	NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	4	QL
<i>loperamide hcl</i> CAPS 2mg	3	
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	3	
MOVANTI TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	5	QL PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	4	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	4	
XERMELO TABS 250mg QL (84 tabs / 28 days)	5	QL NM LA PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ZENPEP CAP 20000UNT	4		MYRBETRIQ SRER 8mg/ml	4	QL
ZENPEP CAP 25000UNT	4		QL (300 mL / 28 days)		
ZENPEP CAP 40000UNT	4		MYRBETRIQ TB24 25mg,	4	QL
ZENPEP CAP 60000UNT	4		50mg		
PROTON PUMP INHIBITORS			QL (30 tabs / 30 days)		
<i>lansoprazole</i> CPDR 15mg	3	QL	<i>oxybutynin chloride</i> SOLN	3	QL
QL (60 caps / 30 days)			5mg/5ml		
<i>lansoprazole</i> (generic of	3	QL	QL (600 mL / 30 days)		
PREVACID) CPDR 30mg			<i>oxybutynin chloride</i> TABS	3	QL
QL (60 caps / 30 days)			5mg		
<i>omeprazole</i> CPDR 10mg,	2		QL (120 tabs / 30 days)		
20mg, 40mg			<i>oxybutynin chloride</i> TB24	3	QL
<i>pantoprazole sodium</i> (generic	4		5mg		
of PROTONIX) SOLR 40mg			QL (30 tabs / 30 days)		
<i>pantoprazole sodium</i> (generic	2		<i>oxybutynin chloride</i> TB24	3	QL
of PROTONIX) TBEC 20mg,			10mg, 15mg		
40mg			QL (60 tabs / 30 days)		
GENITOURINARY			<i>solifenacin succinate</i> (generic	4	QL
BENIGN PROSTATIC HYPERPLASIA			of VESICARE) TABS 5mg,		
<i>alfuzosin hcl</i> (generic of	2	QL	10mg		
UROXATRAL) TB24 10mg			QL (30 tabs / 30 days)		
QL (30 tabs / 30 days)			<i>tolterodine tartrate</i> (generic of	4	QL ST
<i>dutasteride</i> (generic of	3	QL	DETROL LA) CP24 2mg,		
AVODART) CAPS .5mg			4mg		
QL (30 caps / 30 days)			QL (30 caps / 30 days)		
<i>finasteride</i> (generic of	2	QL	<i>tolterodine tartrate</i> (generic of	4	QL
PROSCAR) TABS 5mg			DETROL) TABS 1mg, 2mg		
QL (30 tabs / 30 days)			QL (60 tabs / 30 days)		
<i>tamsulosin hcl</i> (generic of	2	QL	<i>tropium chloride</i> TABS	3	QL
FLOMAX) CAPS .4mg			20mg		
QL (60 caps / 30 days)			QL (60 tabs / 30 days)		
MISCELLANEOUS			VAGINAL ANTI-INFECTIVES		
<i>acetic acid</i> SOLN .25%	2		<i>clindamycin phosphate</i>	3	
<i>bethanechol chloride</i> TABS	3		<i>vaginal</i> (generic of CLEOCIN)		
5mg, 10mg, 25mg, 50mg			CREA 2%		
<i>potassium citrate</i> (alkalinizer)	4		<i>metronidazole vaginal</i> GEL	3	
(generic of UROCIT-K 15)			.75%		
TBCR 15meq			<i>terconazole vaginal</i> CREA	3	
<i>potassium citrate</i> (alkalinizer)	4		.4%, .8%		
(generic of UROCIT-K 5)			HEMATOLOGIC		
TBCR 540mg			ANTICOAGULANTS		
<i>potassium citrate</i> (alkalinizer)	4		<i>dabigatran etexilate mesylate</i>	4	QL
(generic of UROCIT-K 10)			CAPS 75mg		
TBCR 1080mg			QL (60 caps / 30 days)		
URINARY ANTISPASMODICS			<i>dabigatran etexilate mesylate</i>	4	QL
GEMTESA TABS 75mg	4	QL	(generic of PRADAXA) CAPS		
QL (30 tabs / 30 days)			110mg		
			QL (120 caps / 30 days)		

Drug Name	Drug Requirements/		Drug Name	Drug Requirements/	
	Tier	Limits		Tier	Limits
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg QL (60 caps / 30 days)	4	QL	XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL	XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL	XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL	XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4		HEMATOPOIETIC GROWTH FACTORS		
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	4		PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5		PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM PA
HEP SOD/D5W INJ 20000UNT	4		ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
HEP SOD/D5W INJ 25000UNT	4		MISCELLANEOUS		
HEP SOD/NACL INJ 12500UNT	3		<i>anagrelide hcl</i> CAPS 1mg	4	
HEP SOD/NACL INJ 25000UNT	3		<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	4	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D	BERINERT KIT 500unit QL (24 boxes / 30 days)	5	QL NM LA PA
HEPARIN/NACL INJ 25000UNT	3		<i>cilostazol</i> TABS 50mg, 100mg	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		DOPTELET TABS 20mg	5	NM LA PA
PRADAXA CAPS 110mg QL (120 caps / 30 days)	4	QL	DROXIA CAPS 200mg, 300mg, 400mg	3	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		ENDARI PACK 5gm	5	NM LA PA
			HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	QL NM LA PA
			HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	QL NM LA PA
			<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
			<i>pentoxifylline</i> TBCR 400mg	2	
			PROMACTA PACK 12.5mg QL (360 packets / 30 days)	5	QL NM LA PA
			PROMACTA PACK 25mg QL (180 packets / 30 days)	5	QL NM LA PA
			PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	5	QL NM LA PA	HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	5	QL NM PA
sajazir (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM LA PA	HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL NM PA
tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml	4		HUMIRA PEDIA INJ CROHNS QL (2 syringes / 28 days)	5	QL NM PA
tranexamic acid TABS 650mg	3		HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml QL (3 syringes / 28 days)	5	QL NM PA
PLATELET AGGREGATION INHIBITORS			HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL NM PA
aspirin-dipyridamole cap er 12hr 25-200 mg	4		HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
BRILINTA TABS 60mg, 90mg	3		HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	5	QL NM PA
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	1		HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	5	QL NM PA
dipyridamole TABS 25mg, 50mg, 75mg PA if 70 years and older	3	PA	HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	3		HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
IMMUNOLOGIC AGENTS			IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	5	QL NM PA
AUTOIMMUNE AGENTS			IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	5	QL NM PA
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	5	QL NM PA	IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	5	QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM PA	IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	5	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	5	QL NM PA			
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL NM PA			
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL NM PA			
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	QL NM PA			
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	QL NM PA			

Drug Name	Drug Requirements/ Tier	Limits
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	5	QL NM PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	5	QL NM PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	5	QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	5	QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	5	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	5	QL NM PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	5	QL NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	5	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	5	QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	QL NM LA PA
STELARA SOLN 130mg/26ml	5	NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	5	QL NM LA PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	5	QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	5	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	3	
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>methotrexate sodium</i> TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	5	NM LA PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NM PA
GAMASTAN INJ	4	B/D NM LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM LA PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
IMMUNOMODULATORS					
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM LA PA	<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	4	B/D NM
ARCALYST SOLR 220mg	5	NM LA PA	<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	4	B/D NM
IMMUNOSUPPRESSANTS			VACCINES		
ASTAGRAF XL CP24 5mg	5	B/D NM	ABRYSVO SOLR 120mcg/0.5ml	1	
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D NM	ACTHIB INJ	1	
<i>azathioprine</i> (generic of IMURAN) TABS 50mg	3	B/D	ADACEL INJ	1	
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	5	QL NM LA PA	AREXVY SUSR 120mcg/0.5ml	1	
BENLYSTA SOLR 120mg, 400mg	5	NM LA PA	BCG VACCINE SOLR 50mg	1	
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	4	B/D NM	BEXSERO INJ	1	
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D NM	BOOSTRIX INJ	1	
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	4	B/D NM	DAPTACEL INJ	1	
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABs .25mg, .5mg, .75mg, 1mg	5	B/D NM	DENG VAXIA SUS	1	
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D NM	DIP/TET PED INJ 25-5LFU	1	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	3	B/D NM	ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	5	B/D NM	GARDASIL 9 INJ	1	
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	4	B/D NM	HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
PROGRAF PACK .2mg, 1mg	4	B/D NM	HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
REZUROCK TABS 200mg	5	NM LA PA	HIBERIX SOLR 10mcg	1	
SANDIMMUNE SOLN 100mg/ml	4	B/D NM	IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	5	B/D NM	INFANRIX INJ	1	
			IPOLE INJ INACTIVE	1	
			IXIARO INJ	1	
			JYNNEOS SUSP .5ml	1	B/D
			KINRIX INJ	1	
			M-M-R II INJ	1	
			MENACTRA INJ	1	
			MENQUADFI INJ	1	
			MENVEO INJ	1	
			MENVEO SOL	1	
			PEDIARIX INJ 0.5ML	1	
			PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
			PENBRAYA INJ	1	
			PENTACEL INJ	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
PREHEVBRIO SUSP 10mcg/ml	1 B/D	dextrose 5% w/ sodium chloride 0.9%	3
PRIORIX INJ	1	dextrose 5% w/ sodium chloride 0.45%	3
PROQUAD INJ	1	dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	3
QUADRACEL INJ	1	dextrose 10% w/ sodium chloride 0.45%	3
QUADRACEL INJ 0.5ML	1	ISOLYTE-P INJ /D5W	4
RBAVERT INJ	1 B/D	ISOLYTE-S INJ	4
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1 B/D	ISOLYTE-S INJ PH 7.4	4
ROTARIX SUS	1	kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3
ROTATEQ SOL	1	kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1 QL	kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3
TDVAX INJ 2-2 LF	1 B/D	kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3
TENIVAC INJ 5-2LF	1 B/D	kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3
TRUMENBA INJ	1	kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	3
TWINRIX INJ	1	kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	3
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	kcl 20 meq/l (0.149%) in nacl 0.45% inj	3
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3
VARIVAX INJ 1350pfu/0.5ml	1	kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	3
YF-VAX INJ	1	kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3
NUTRITIONAL/SUPPLEMENTS			
ELECTROLYTES/MINERALS, INJECTABLE			
D2.5W/NACL INJ 0.45%	4	kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	3
D5W/LYTES INJ #48	4	KCL/D5W/NACL INJ 0.3/0.9% lactated ringer's solution	4
D10W/NACL INJ 0.2%	3		
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NACL 0.45%)	3		
dextrose 5% in lactated ringers	3		
dextrose 5% w/ sodium chloride 0.2%	3		
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NACL 0.3%)	3		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3		<i>klor-con m10</i> TBCR 10meq	2	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3		<i>klor-con m15</i> TBCR 15meq	3	
<i>magnesium sulfate</i> SOLN 50%	3		<i>klor-con m20</i> TBCR 20meq	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	3		M-NATAL PLUS TAB	3	
MG SO4/D5W INJ 10MG/ML	3		<i>potassium chloride</i> CPCR 8meq, 10meq	3	
<i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE-148)	4		<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A)	4		<i>potassium chloride</i> TBCR 8meq, 10meq	2	
PLASMA-LYTE INJ -148	4		<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	2	
PLASMA-LYTE INJ -A	4		<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	2	
POT CHL 20MEQ/L IN NAACL 0.9% INJ	4		<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	3	
POT CHL 20MEQ/L IN NAACL 0.45% INJ	4		PRENATAL TAB 27-1MG	3	
POT CHL 40MEQ/L IN NAACL 0.9% INJ	4		PRENATAL TAB PLUS	3	
<i>potassium chloride</i> SOLN 2meq/ml	3		<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
POTASSIUM CHLORIDE SOLN 10meq/50ml	4		IV NUTRITION		
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3		CLINIMIX INJ 4.25/D5W	4	B/D
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3		CLINIMIX INJ 4.25/D10	4	B/D
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%	3		CLINIMIX INJ 5%/D15W	4	B/D
TPN ELECTROL INJ	4	B/D	CLINIMIX INJ 5%/D20W	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL			CLINIMIX INJ 6/5	4	B/D
<i>klor-con 8</i> TBCR 8meq	2		CLINIMIX INJ 8/10	4	B/D
<i>klor-con 10</i> TBCR 10meq	2		CLINIMIX INJ 8/14	4	B/D
			<i>clinisol sf 15%</i>	4	B/D
			CLINOLIPID EMU 20%	4	B/D
			<i>dextrose</i> SOLN 5%, 10%	3	
			<i>dextrose</i> SOLN 50%, 70%	3	B/D
			INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
			NUTRILIPID EMUL 20gm/100ml	4	B/D
			<i>plenamine</i>	4	B/D
			PREMASOL SOL 10%	5	B/D
			PROSOL INJ 20%	4	B/D
			TRAVASOL INJ 10%	4	B/D
			TROPHAMINE INJ 10%	4	B/D
			OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
			<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	

Drug Name	Drug Requirements/ Tier Limits
<i>neo-polycin hc ophth oint 1%</i>	3
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	2
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	2
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2
TOBRADEX OIN 0.3-0.1%	3
TOBRADEX ST SUS 0.3-0.05	3
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4
ZYLET SUS 0.5-0.3%	3
ANTI-INFECTIVES	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3
<i>bacitracin-polymyxin b ophth oint</i>	2
BESIVANCE SUSP .6%	3
CILOXAN OINT .3%	3
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2
<i>erythromycin (ophth) OINT 5mg/gm</i>	2
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	3
NATACYN SUSP 5%	4
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	3
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	2
<i>polycin ophth oint</i>	2
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3

Drug Name	Drug Requirements/ Tier Limits
<i>tobramycin (ophth) SOLN .3%</i>	1
<i>trifluridine SOLN 1%</i>	4
ZIRGAN GEL .15%	4
ANTI-INFLAMMATORIES	
ALREX SUSP .2%	3
<i>bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%</i>	3
<i>bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%</i>	4
BROMSITE SOLN .075%	4
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3
<i>diclofenac sodium (ophth) SOLN .1%</i>	2
EYSUVIS SUSP .25%	4
FLAREX SUSP .1%	4
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i>	3
<i>flurbiprofen sodium SOLN .03%</i>	3
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	3
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	2
LOTEMAX OINT .5%	3
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	3
PROLENSA SOLN .07%	3
ANTIALLERGICS	
<i>azelastine hcl (ophth) SOLN .05%</i>	3
<i>cromolyn sodium (ophth) SOLN 4%</i>	2
ZERVIATE SOLN .24%	4
ANTI GLAUCOMA	
AZOPT SUSP 1%	3
<i>betaxolol hcl (ophth) SOLN .5%</i>	3
BETOPTIC-S SUSP .25%	4

Drug Name	Drug Requirements/ Tier	Limits
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5% (generic of COSOPT)	2	
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM LA PA
CYSTARAN SOLN .44%	5	NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	3	
CIPRODEX SUS 0.3-0.1%	3	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>flac</i> (generic of DERMOTIC) OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln</i> 1%	3	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	3	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	3	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	4	QL
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	3	QL
<i>ipratropium bromide</i> SOLN .02%	2	B/D

Drug Name	Drug Requirements/ Tier Limits	
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml QL (300 mL / 30 days)	2	QL
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	3	PA
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	4	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	3	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg PA if 70 years and older	3	PA
<i>hydroxyzine pamoate</i> CAPS 50mg PA if 70 years and older	3	PA
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	3	QL
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	3	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	3	QL
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	3	QL
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	

Drug Name	Drug Requirements/ Tier Limits	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	2	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	4	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM LA PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	5	QL NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	3	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	3	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	

Drug Name	Drug Requirements/ Tier Limits
FASENRA SOSY 30mg/ml	5 NM LA PA
FASENRA PEN SOAJ 30mg/ml	5 NM LA PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	5 QL NM LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	5 QL NM LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5 QL NM LA PA
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	5 QL NM LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	5 QL NM LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	5 QL NM LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5 QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5 QL NM LA PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	5 QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	5 QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	5 QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	5 QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5 NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	5 NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	3 QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	3 QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5 QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5 QL NM LA PA
<i>theophylline</i> TB12 100mg, 200mg, 300mg, 450mg	4

Drug Name	Drug Requirements/ Tier Limits
<i>theophylline</i> TB24 400mg, 600mg	3
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	5 QL NM LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	5 QL NM LA PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	5 QL NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5 QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5 NM LA PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5 NM LA PA
NASAL STEROIDS	
<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	3 QL
<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	2 QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	4 QL PA
STEROID INHALANTS	
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3 QL
<i>budesonide</i> (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	4 B/D
STEROID/BETA-AGONIST COMBINATIONS	
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3 QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3 QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3 QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	3 QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL	<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL	<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	3	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	4	QL	<i>erythromycin (acne aid) SOLN</i> 2% QL (60 mL / 30 days)	3	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	4	QL	<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	4	QL	<i>sulfacetamide sodium (acne) (generic of KLARON)</i> LOTN 10% QL (118 mL / 30 days)	4	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	3	QL	<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	4	QL PA
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	3	QL	<i>zenatane</i> CAPS 10mg, 20mg, 4 30mg, 40mg	4	PA
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	3	QL	DERMATOLOGY, ANTIBIOTICS		
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	3	QL	<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	3	QL
TOPICAL DERMATOLOGY, ACNE			<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	2	QL
<i>accutane</i> CAPS 10mg, 20mg, 4 30mg, 40mg	4	PA	<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	2	
<i>amnesteam</i> CAPS 10mg, 20mg, 40mg	4	PA	<i>ssd</i> (generic of SILVADENE) CREA 1%	2	
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA	DERMATOLOGY, ANTIFUNGALS		
			<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	3	QL
			<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	3	QL
			<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	2	QL
			<i>clotrimazole (topical)</i> SOLN 1% QL (30 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	3	QL	<i>betamethasone dipropionate (topical) OINT .05%</i>	4	QL
QL (45 gm / 30 days)			QL (120 gm / 30 days)		
<i>ketoconazole (topical) 2%</i>	CREA 3	QL	<i>betamethasone dipropionate augmented CREA .05%</i>	3	QL
QL (60 gm / 30 days)			QL (120 gm / 30 days)		
<i>klayesta POWD 100000unit/gm</i>	3	QL	<i>betamethasone dipropionate augmented GEL .05%</i>	4	QL
QL (60 gm / 30 days)			QL (120 gm / 30 days)		
<i>nyamyc POWD 100000unit/gm</i>	3	QL	<i>betamethasone dipropionate augmented LOTN .05%</i>	4	QL
QL (60 gm / 30 days)			QL (120 mL / 30 days)		
<i>nystatin (topical) 100000unit/gm; OINT 100000unit/gm</i>	CREA 2	QL	<i>betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%</i>	4	QL
QL (30 gm / 30 days)			QL (120 gm / 30 days)		
<i>nystatin (topical) 100000unit/gm</i>	POWD 3	QL	<i>betamethasone valerate CREA .1%; OINT .1%</i>	3	QL
QL (60 gm / 30 days)			QL (120 gm / 30 days)		
<i>nystop POWD 100000unit/gm</i>	3	QL	<i>betamethasone valerate LOTN .1%</i>	3	QL
QL (60 gm / 30 days)			QL (120 mL / 30 days)		
DERMATOLOGY, ANTIPSORIATICS					
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	4	PA	<i>clobetasol propionate CREA .05%; GEL .05%; OINT .05%</i>	4	QL
			QL (60 gm / 30 days)		
<i>calcipotriene SOLN .005%</i>	4	QL PA	<i>clobetasol propionate SOLN .05%</i>	4	QL
QL (120 mL / 30 days)			QL (50 mL / 30 days)		
<i>tazarotene (generic of TAZORAC) CREA .1%</i>	3	QL PA	<i>clobetasol propionate e CREA .05%</i>	4	QL
QL (60 gm / 30 days)			QL (60 gm / 30 days)		
<i>TAZORAC CREA .05%</i>	4	QL PA	<i>ENSTILAR AER</i>	4	QL PA
QL (60 gm / 30 days)			QL (120 gm / 30 days)		
DERMATOLOGY, ANTISEBORRHEICS					
<i>ketoconazole (topical) 2%</i>	SHAM 2	QL	<i>fluocinolone acetonide CREA .01%</i>	4	QL
QL (120 mL / 30 days)			QL (60 gm / 30 days)		
<i>selenium sulfide LOTN 2.5%</i>	2		<i>fluocinolone acetonide (generic of SYNALAR) CREA .025%</i>	4	QL
			QL (120 gm / 30 days)		
DERMATOLOGY, CORTICOSTEROIDS					
<i>ala-cort CREA 1%, 2.5%</i>	2		<i>fluocinolone acetonide (generic of DERMA- SMOOTHE/FS BODY) OIL .01%</i>	3	QL
<i>alclometasone dipropionate CREA .05%; OINT .05%</i>	3	QL	QL (118.28 mL / 30 days)		
QL (60 gm / 30 days)					
<i>betamethasone dipropionate (topical) CREA .05%</i>	3	QL			
QL (120 gm / 30 days)					
<i>betamethasone dipropionate (topical) LOTN .05%</i>	3	QL			
QL (120 mL / 30 days)					

Drug Name	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Limits	
	Tier	Limits		Tier	Limits
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	3	QL	<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	3	QL	<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	3	QL PA
<i>fluocinolone acetonide</i> SOLN .01% QL (90 mL / 30 days)	4	QL	<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	3	B/D QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	3	QL	<i>lidocan iii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL	DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	3	QL	<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	5	QL NM PA
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	3	QL	<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	3	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3		<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	4	QL
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL	<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	3	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	2		<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) CREA 1%	3	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3		<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	3	
<i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	2	QL	<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	3	QL
<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%	3		<i>lactic acid (ammonium lactate)</i> CREA 12%	2	
<i>triamcinolone acetonide</i> (topical) OINT .025%, .1%, .5%	2		<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
DERMATOLOGY, LOCAL ANESTHETICS			<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	4	QL
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	4	QL PA	<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	3	QL
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	4	QL PA	PANRETIN GEL .1% QL (60 gm / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	3	QL	<i>triamcinolone acetonide</i> (<i>mouth</i>) PSTE .1%	3	
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	3				
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	3				
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	3				
RECTIV OINT .4% QL (30 gm / 30 days)	4	QL			
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	4	QL			
VALCHLOR GEL .016% QL (60 gm / 30 days)	5	QL NM LA PA			
DERMATOLOGY, SCABICIDES AND PEDICULIDES					
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	4	QL			
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	3	QL			
DERMATOLOGY, WOUND CARE AGENTS					
REGRANEX GEL .01% QL (30 gm / 30 days)	5	QL PA			
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL			
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3				
<i>water for irrigation, sterile</i> <i>irrigation soln</i>	2				
MOUTH/THROAT/DENTAL AGENTS					
<i>chlorhexidine gluconate</i> (<i>mouth-throat</i>) (generic of PERIDEX) SOLN .12%	2				
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	3	QL			
<i>kourzeq</i> PSTE .1%	3				
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2				
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	3				
<i>periogard</i> (generic of PERIDEX) SOLN .12%	2				
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Blue MedicareRx (PDP)

Connecticut | Massachusetts | Rhode Island | Vermont

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

This formulary was updated on 04/01/2024. For more recent information or other questions, please contact Blue MedicareRx Value Plus, at:

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

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

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