

# Blue MedicareRx<sup>SM</sup> Premier (PDP) 2026 Formulary

(List of Covered Drugs or “Drug List”)

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

This formulary was updated on 3/1/2026. For more recent information or other questions, please contact Blue MedicareRx Premier, at:

<b>Connecticut</b>	1-888-620-1747	<b>Rhode Island</b>	1-888-620-1748
<b>Massachusetts</b>	1-888-543-4917	<b>Vermont</b>	1-888-620-1746

or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com).

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

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

This document includes a Drug List (formulary) for our plan which is current as of 3/1/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

## What is the Blue MedicareRx Premier formulary?

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

## Can the formulary change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx Premier may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com).

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of 3/1/2026. To get updated information about the drugs covered by Blue MedicareRx Premier, please contact us. Our contact information appears on the front and back cover pages. If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. You may also access our formulary on our website at [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com) to get information showing changes, additions, and/or deletions of medications contained in our formulary.

## **How do I use the formulary?**

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

### **Medical Condition**

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

## Alphabetical Listing

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

## What are generic drugs?

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

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

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

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

## Are there any restrictions on my coverage?

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

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

condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

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

### **What if my drug is not on the formulary?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## For more information

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

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

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

## Blue MedicareRx Premier formulary

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

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

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

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



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANALGESICS</b>			<b>ANALGESICS</b>		
<b>GOUT</b>			<b>GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1		<i>nabumetone</i> TABS 500mg, 750mg	Tier 2	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 3	QL	<i>naproxen</i> TABS 250mg, 375mg, 500mg	Tier 1	
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 3		<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	Tier 2	QL
<i>probenecid</i> TABS 500mg	Tier 3		<i>naproxen sodium</i> TABS 275mg, 550mg	Tier 3	
<b>MISCELLANEOUS</b>			<b>MISCELLANEOUS</b>		
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE- MPF) SOLN .5%, 1%, 1.5%	Tier 3	B/D	<i>piroxicam</i> CAPS 10mg, 20mg	Tier 3	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 3	B/D	<i>sulindac</i> TABS 150mg, 200mg	Tier 2	
<b>NSAIDS</b>			<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 3	QL	<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 4	QL PA
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 3	QL	<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	Tier 4	QL PA
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	Tier 2	QL	<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	Tier 5	QL PA
<i>diclofenac sodium</i> TB24 100mg	Tier 3		<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 3	QL PA
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	Tier 2		<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>diflunisal</i> TABS 500mg	Tier 3		<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	Tier 3	QL PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	Tier 3		<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>etodolac</i> (generic of LODINE) TABS 400mg	Tier 3		<i>morphine sulfate</i> TBCR 100mg, 200mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>flurbiprofen</i> TABS 100mg	Tier 3				
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1				
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 3				
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1				
<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>OPIOID ANALGESICS, SHORT-ACTING</b>					
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 3	QL	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 3	QL
QL (2700 mL / 30 days)			QL (180 tabs / 30 days)		
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 2	QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 3	QL
QL (400 tabs / 30 days)			QL (150 tabs / 30 days)		
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 2	QL	<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i>	Tier 4	QL
QL (360 tabs / 30 days)			QL (600 mL / 30 days)		
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 2	QL	<i>hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg</i>	Tier 3	QL
QL (180 tabs / 30 days)			QL (180 tabs / 30 days)		
<i>butorphanol tartrate 1mg/ml, 2mg/ml</i>	SOLN Tier 4		<i>morphine sulfate 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	SOLN Tier 4	B/D
			QL (900 mL / 30 days)		
<i>endocet tab 2.5-325mg</i>	Tier 3	QL	<i>morphine sulfate 100mg/5ml</i>	SOLN Tier 3	QL
QL (360 tabs / 30 days)			QL (180 mL / 30 days)		
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	Tier 3	QL	<i>morphine sulfate 15mg, 30mg</i>	TABS Tier 3	QL
QL (360 tabs / 30 days)			QL (180 tabs / 30 days)		
<i>endocet tab 7.5-325mg (generic of PERCOCET)</i>	Tier 3	QL	<i>oxycodone hcl 100mg/5ml</i>	CONC Tier 4	QL
QL (240 tabs / 30 days)			QL (180 mL / 30 days)		
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	Tier 3	QL	<i>oxycodone hcl 5mg/5ml</i>	SOLN Tier 4	QL
QL (180 tabs / 30 days)			QL (900 mL / 30 days)		
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 4	QL	<i>oxycodone hcl 10mg, 20mg</i>	TABS Tier 3	QL
QL (2700 mL / 30 days)			QL (180 tabs / 30 days)		
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 3	QL	<i>oxycodone hcl (generic of ROXICODONE) 15mg, 30mg</i>	TABS Tier 3	QL
QL (240 tabs / 30 days)			QL (180 tabs / 30 days)		
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 3	QL			
QL (180 tabs / 30 days)					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	Tier 3	QL	clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	Tier 4	
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL	clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	Tier 3	
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 3	QL	clindamycin phosphate in d5w iv soln 300 mg/50ml	Tier 4	
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 3	QL	clindamycin phosphate in d5w iv soln 600 mg/50ml	Tier 4	
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	Tier 2	QL	clindamycin phosphate in d5w iv soln 900 mg/50ml	Tier 4	
tramadol-acetaminophen tab 37.5-325 mg QL (240 tabs / 30 days)	Tier 2	QL	CLINDMYC/NAC INJ 300/50ML	Tier 4	
<b>ANTI-INFECTIVES</b>			CLINDMYC/NAC INJ 600/50ML	Tier 4	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>			CLINDMYC/NAC INJ 900/50ML	Tier 4	
albendazole TABS 200mg QL (672 tabs / year)	Tier 4	QL PA	colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg	Tier 4	
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	Tier 4		dapsone TABS 25mg, 100mg	Tier 3	
ARIKAYCE SUSP 590mg/8.4ml	Tier 5	NM PA	DAPTOMYCIN SOLR 350mg	Tier 5	
atovaquone (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 4	QL PA	daptomycin (generic of DAPTOMYCIN) SOLR 350mg	Tier 5	
aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	Tier 4		daptomycin SOLR 500mg	Tier 5	
BLUJEPa TABS 750mg	Tier 3		EMVERM CHEW 100mg QL (12 tabs / year)	Tier 5	QL
CAYSTON SOLR 75mg	Tier 5	NM PA	ertapenem sodium SOLR 1gm	Tier 3	
clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 2		fosfomycin tromethamine PACK 3gm	Tier 4	
			gentamicin in saline inj 0.8 mg/ml	Tier 3	
			gentamicin in saline inj 1 mg/ml	Tier 3	
			gentamicin in saline inj 1.2 mg/ml	Tier 3	
			gentamicin in saline inj 1.6 mg/ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin in saline inj 2 mg/ml</i>	Tier 3		<i>pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg</i>	Tier 4	B/D
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	Tier 3		<i>pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg</i>	Tier 4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 4		<i>polymyxin b sulfate SOLR 500000unit</i>	Tier 4	
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	Tier 4		<i>praziquantel TABS 600mg</i>	Tier 4	
IMPAVIDO CAPS 50mg	Tier 5	PA	<i>pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)</i>	Tier 5	QL PA
<i>ivermectin (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days)</i>	Tier 3	QL PA	<i>streptomycin sulfate SOLR 1gm</i>	Tier 5	
<i>ivermectin TABS 6mg QL (10 tabs / 90 days)</i>	Tier 3	QL PA	<i>sulfadiazine TABS 500mg</i>	Tier 5	
<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>	Tier 4		<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 4	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)</i>	Tier 5	QL	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 3	
<i>linezolid TABS 600mg QL (60 tabs / 30 days)</i>	Tier 4	QL	<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	Tier 1	
LINEZOLID INJ 2MG/ML	Tier 4		<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	Tier 1	
<i>meropenem SOLR 1gm, 500mg</i>	Tier 4		<i>tinidazole TABS 250mg, 500mg</i>	Tier 3	
<i>meropenem (generic of MEROPENEM) SOLR 2gm</i>	Tier 4		TOBI PODHALER CAPS 28mg	Tier 5	NM PA
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	Tier 3		<i>tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml</i>	Tier 5	NM PA
<i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>	Tier 3		<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml</i>	Tier 3	
<i>metronidazole TABS 250mg, 500mg</i>	Tier 1		<i>trimethoprim TABS 100mg</i>	Tier 3	
<i>neomycin sulfate TABS 500mg</i>	Tier 2		<i>vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)</i>	Tier 4	QL
<i>nitazoxanide TABS 500mg QL (6 tabs / 30 days)</i>	Tier 5	QL	<i>vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)</i>	Tier 4	QL
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg</i>	Tier 3				
<i>nitrofurantoin monohydrate (generic of MACROBID) CAPS 100mg</i>	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	Tier 4		<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	Tier 5	QL PA
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	Tier 4		<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	Tier 2	QL PA
VANCOMYCIN INJ 1 GM	Tier 4		<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	Tier 4	PA
VANCOMYCIN INJ 500MG	Tier 4		<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	Tier 5	QL PA
VANCOMYCIN INJ 750MG	Tier 4		<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	Tier 4	QL
<b>ANTIFUNGALS</b>			<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	Tier 4	QL
<i>amphotericin b</i> SOLR 50mg	Tier 4	B/D	<b>ANTIMALARIALS</b>		
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	Tier 5	B/D	<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	Tier 4	
<i>casprofungin acetate</i> SOLR 50mg, 70mg	Tier 4		<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	Tier 4	
CRESEMBA CAPS 74.5mg, 186mg	Tier 5	PA	<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 4	
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	Tier 3		COARTEM TAB 20-120MG	Tier 4	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml	Tier 3		<i>mefloquine hcl</i> TABS 250mg	Tier 3	
<i>fluconazole</i> TABS 100mg, 200mg	Tier 2		PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 2		<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 3	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 3		<i>quinine sulfate</i> CAPS 324mg	Tier 4	PA
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 3		<b>ANTI-RETROVIRAL AGENTS</b>		
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	Tier 5	PA	<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	Tier 4	NM
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 4		<i>abacavir sulfate</i> TABS 300mg	Tier 4	NM
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 4		APTIVUS CAPS 250mg	Tier 5	NM
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	Tier 4	QL	<i>atazanavir sulfate</i> CAPS 150mg	Tier 4	NM
<i>ketoconazole</i> TABS 200mg	Tier 3	PA			
<i>micafungin sodium</i> SOLR 50mg, 100mg	Tier 4				
<i>nystatin</i> TABS 500000unit	Tier 3				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	Tier 4	NM	REYATAZ PACK 50mg	Tier 5	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 4	QL NM	<i>ritonavir</i> (generic of NORVIR) TABS 100mg	Tier 3	NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 4	QL NM	RUKOBIA TB12 600mg	Tier 5	NM
EDURANT TABS 25mg	Tier 5	NM	SELZENTRY SOLN 20mg/ml	Tier 5	NM
EDURANT PED TBSO 2.5mg	Tier 5	NM	SUNLENCA TABS 300mg; TBPK 300mg	Tier 5	NM
<i>efavirenz</i> TABS 600mg	Tier 4	NM	<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 4	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Tier 4	NM	TIVICAY TABS 50mg	Tier 5	NM
EMTRIVA SOLN 10mg/ml	Tier 4	NM	TIVICAY PD TBSO 5mg	Tier 5	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	Tier 5	NM	TROGARZO SOLN 200mg/1.33ml	Tier 5	NM
<i>fosamprenavir calcium</i> TABS 700mg	Tier 5	NM	TYBOST TABS 150mg	Tier 3	NM
INTELENCE TABS 25mg	Tier 4	NM	VIRACEPT TABS 250mg, 625mg	Tier 5	NM
ISENTRESS CHEW 25mg	Tier 4	NM	VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 5	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 5	NM	<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg	Tier 4	NM
ISENTRESS HD TABS 600mg	Tier 5	NM	<i>zidovudine</i> (generic of RETROVIR) SYRP 50mg/5ml	Tier 3	NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 3	NM	<i>zidovudine</i> TABS 300mg	Tier 3	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	Tier 5	NM	<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	Tier 4	NM	<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 4	NM
<i>nevirapine</i> TABS 200mg	Tier 2	NM	BIKTARVY TAB 30-120-15 MG	Tier 5	NM
NORVIR PACK 100mg	Tier 4	NM	BIKTARVY TAB 50-200-25 MG	Tier 5	NM
PIFELTRO TABS 100mg	Tier 5	NM	CIMDUO TAB 300-300	Tier 5	NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 5	QL NM	DELSTRIGO TAB	Tier 5	NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 4	QL NM	DESCOVY TAB 120-15MG	Tier 5	NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 5	QL NM	DESCOVY TAB 200/25MG	Tier 5	NM
			DOVATO TAB 50-300MG	Tier 5	NM
			<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 4	NM
			<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 5	NM

Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)</i>	Tier 5	NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (generic of COMPLERA)</i>	Tier 5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)</i>	Tier 4	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)</i>	Tier 5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)</i>	Tier 4	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	Tier 4	NM
EVOTAZ TAB 300-150	Tier 5	NM
GENVOYA TAB	Tier 5	NM
JULUCA TAB 50-25MG	Tier 5	NM
KALETRA SOL	Tier 4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 4	NM
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	Tier 4	NM
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	Tier 4	NM
ODEFSEY TAB	Tier 5	NM
PREZCOBIX TAB 675/150	Tier 5	NM
PREZCOBIX TAB 800-150	Tier 5	NM
STRIBILD TAB	Tier 5	NM
SYMTUZA TAB	Tier 5	NM
TRIUMEQ PD TAB	Tier 4	NM
TRIUMEQ TAB	Tier 5	NM
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine CAPS 250mg</i>	Tier 5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	Tier 3	
<i>isoniazid SYRP 50mg/5ml</i>	Tier 4	
<i>isoniazid TABS 100mg, 300mg</i>	Tier 1	
PRIFTIN TABS 150mg	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>pyrazinamide TABS 500mg</i>	Tier 4	
<i>rifabutin CAPS 150mg</i>	Tier 4	
<i>rifampin CAPS 150mg, 300mg</i>	Tier 3	
<i>rifampin (generic of RIFADIN) SOLR 600mg</i>	Tier 4	
SIRTURO TABS 20mg, 100mg	Tier 5	NM PA
<b>ANTIVIRALS</b>		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	Tier 2	
<i>acyclovir SUSP 200mg/5ml</i>	Tier 4	
<i>acyclovir sodium SOLN 50mg/ml</i>	Tier 4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	Tier 4	NM
BARACLUDGE SOLN .05mg/ml	Tier 5	NM ST
<i>entecavir (generic of BARACLUDGE) TABS .5mg, 1mg</i>	Tier 4	NM
EPCLUSA PAK 150-37.5	Tier 5	NM PA
EPCLUSA PAK 200-50MG	Tier 5	NM PA
EPCLUSA TAB 200-50MG	Tier 5	NM PA
EPCLUSA TAB 400-100	Tier 5	NM PA
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	Tier 3	
<i>ganciclovir sodium SOLR 500mg</i>	Tier 4	B/D
<i>lamivudine (hbv) TABS 100mg</i>	Tier 3	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 5	QL NM PA
MAVYRET PAK 50-20MG	Tier 5	NM PA
MAVYRET TAB 100-40MG	Tier 5	NM PA
<i>oseltamivir phosphate CAPS 30mg</i> QL (168 caps / year)	Tier 3	QL
<i>oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg</i> QL (84 caps / year)	Tier 3	QL
<i>oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml</i> QL (1080 mL / year)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID PAK QL (22 tabs / 90 days)	Tier 2	QL	CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 4	
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 2	QL	<i>cefdinir</i> CAPS 300mg	Tier 2	
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 2	QL	<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3	
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 5	NM PA	<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 4	
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 5	QL PA	<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 4	
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 3	QL	<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	Tier 4	
<i>ribavirin</i> (hepatitis c) CAPS 200mg; TABS 200mg	Tier 3	NM	<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 4	
<i>rimantadine hydrochloride</i> TABS 100mg	Tier 4		<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	Tier 4	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	Tier 3		<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	Tier 3	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	Tier 5		<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 3	
<i>valganciclovir hcl</i> TABS 450mg	Tier 3		<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 4	
VOSEVI TAB	Tier 5	NM PA	<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 4	
<b>CEPHALOSPORINS</b>			<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 2	
<i>cefaclor</i> CAPS 250mg, 500mg	Tier 3		<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 3	
<i>cefadroxil</i> CAPS 500mg	Tier 2		<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	Tier 3		<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3	
CEFAZOLIN SOLR 2gm, 3gm	Tier 4		<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 4	
CEFAZOLIN INJ 1GM/50ML	Tier 4		TEFLARO SOLR 400mg, 600mg	Tier 5	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 3		<b>ERYTHROMYCINS/MACROLIDES</b>		
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 4		<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 200mg/5ml	Tier 3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 4		<i>azithromycin</i> SUSR 100mg/5ml	Tier 3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 4		<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 4				

Drug Name	Drug Requirements/ Tier Limits
<i>azithromycin</i> TABS 600mg	Tier 1
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 4
<i>clarithromycin</i> TABS 250mg, 500mg	Tier 3
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	Tier 4
DIFICID SUSR 40mg/ml	Tier 5
e.e.s. 400 TABS 400mg	Tier 4
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 4
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 4
<i>erythromycin ethylsuccinate</i> TABS 400mg	Tier 4
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 4
<i>fidaxomicin</i> (generic of DIFICID) TABS 200mg	Tier 5
<b>FLUOROQUINOLONES</b>	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	Tier 3
<i>ciprofloxacin</i> 400 mg/200ml in d5w	Tier 3
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 1
<i>ciprofloxacin hcl</i> TABS 750mg	Tier 1
<i>levofloxacin</i> SOLN 25mg/ml	Tier 4
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 1
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 3
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 3
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 3
<i>moxifloxacin hcl</i> TABS 400mg	Tier 3
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	Tier 4

Drug Name	Drug Requirements/ Tier Limits
<b>PENICILLINS</b>	
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1
<i>amoxicillin</i> CHEW 125mg, 250mg	Tier 2
<i>amoxicillin &amp; k clavulanate</i> for susp 200-28.5 mg/5ml	Tier 3
<i>amoxicillin &amp; k clavulanate</i> for susp 250-62.5 mg/5ml	Tier 4
<i>amoxicillin &amp; k clavulanate</i> for susp 400-57 mg/5ml	Tier 3
<i>amoxicillin &amp; k clavulanate</i> for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Tier 3
<i>amoxicillin &amp; k clavulanate</i> tab 250-125 mg	Tier 3
<i>amoxicillin &amp; k clavulanate</i> tab 500-125 mg	Tier 2
<i>amoxicillin &amp; k clavulanate</i> tab 875-125 mg	Tier 2
<i>ampicillin</i> CAPS 500mg	Tier 2
<i>ampicillin &amp; sulbactam</i> sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	Tier 4
<i>ampicillin &amp; sulbactam</i> sodium for inj 3 (2-1) gm (generic of UNASYN)	Tier 4
<i>ampicillin &amp; sulbactam</i> sodium for iv soln 1.5 (1-0.5) gm	Tier 4
<i>ampicillin &amp; sulbactam</i> sodium for iv soln 3 (2-1) gm	Tier 4
<i>ampicillin &amp; sulbactam</i> sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	Tier 4
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 4
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 4

Drug Name	Drug Tier	Requirements/ Limits
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	Tier 3	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	Tier 4	
<i>nafcillin sodium</i> SOLR 10gm	Tier 5	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 4	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	Tier 4	
<i>penicillin g sodium</i> SOLR 5000000unit	Tier 4	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	Tier 2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	Tier 1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	Tier 4	
<i>piperacillin sod-tazobactam</i> na for inj 3.375 gm (3-0.375 gm)	Tier 4	
<i>piperacillin sod-tazobactam</i> sod for inj 2.25 gm (2-0.25 gm)	Tier 4	
<i>piperacillin sod-tazobactam</i> sod for inj 4.5 gm (4-0.5 gm)	Tier 4	
<i>piperacillin sod-tazobactam</i> sod for inj 13.5 gm (12-1.5 gm)	Tier 4	
<i>piperacillin sod-tazobactam</i> sod for inj 40.5 gm (36-4.5 gm)	Tier 4	
<b>TETRACYCLINES</b>		
<i>doxy 100</i> SOLR 100mg	Tier 4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	Tier 2	
<i>doxycycline (monohydrate)</i> SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 3	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	Tier 3	
<i>doxycycline hyclate</i> SOLR 100mg	Tier 4	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
NUZYRA SOLR 100mg	Tier 5	NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	Tier 5	QL NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	Tier 4	
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	Tier 4	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	Tier 5	B/D NM
BENDEKA SOLN 100mg/4ml	Tier 5	B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 3	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml	Tier 3	B/D
<i>cisplatin</i> (generic of CISPLATIN) SOLN 200mg/200ml	Tier 3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	Tier 5	B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	Tier 5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	Tier 4	B/D
<i>cyclophosphamide</i> SOLR 2gm	Tier 5	B/D
CYCLOPHOSPHAMIDE TABs 25mg, 50mg	Tier 4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 5	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	Tier 5	B/D NM
GLEOSTINE CAPS 10mg, 40mg	Tier 4	NM
GLEOSTINE CAPS 100mg	Tier 5	NM
LEUKERAN TABS 2mg	Tier 5	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>lomustine</i> (generic of GLEOSTINE) CAPS 10mg, 40mg	Tier 4	NM
<i>lomustine</i> (generic of GLEOSTINE) CAPS 100mg	Tier 5	NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	Tier 4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	Tier 5	B/D
VIVIMUSTA SOLN 100mg/4ml	Tier 5	B/D NM
<b>ANTIMETABOLITES</b>		
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	Tier 5	B/D NM
<i>cytarabine</i> SOLN 20mg/ml	Tier 3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 3	B/D
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	Tier 4	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	Tier 4	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 5	QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 5	QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 5	QL NM PA
<i>mercaptopurine</i> (generic of PURIXAN) SUSP 2000mg/100ml	Tier 5	NM
<i>mercaptopurine</i> TABS 50mg	Tier 3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 2	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 5	QL NM PA
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	Tier 5	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	Tier 5	B/D
TABLOID TABS 40mg	Tier 5	PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 4	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 5	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Tier 2	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Tier 2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 4	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
EULEXIN CAPS 125mg	Tier 5	
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Tier 4	
FIRMAGON SOLR 80mg	Tier 4	NM PA
FIRMAGON SOLR 120mg/vial	Tier 5	NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	Tier 5	B/D
INLURIYO TABS 200mg QL (56 tabs / 28 days)	Tier 5	QL NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 4	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 5	NM PA

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 5	NM PA
LYSODREN TABS 500mg	Tier 5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 3	
<i>nilutamide</i> TABS 150mg	Tier 5	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
ORGOVYX TABS 120mg	Tier 5	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
SOLTAMOX SOLN 10mg/5ml	Tier 5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 2	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	Tier 4	PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 5	QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 5	QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 5	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 5	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 5	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 5	QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 5	QL NM PA
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	Tier 4	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	Tier 5	B/D
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	Tier 2	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	Tier 4	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	Tier 4	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 5	QL NM PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 3	
MATULANE CAPS 50mg	Tier 5	NM
<i>mesna</i> (generic of MESNEX) TABS 400mg	Tier 5	
MODEYSO CAPS 125mg QL (20 caps / 28 days)	Tier 5	QL NM PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 5	
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
<b>MITOTIC INHIBITORS</b>		
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	Tier 4	B/D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D	BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 5	QL NM PA
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D	BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 5	QL NM PA
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D NM	BORTEZOMIB SOLR 1mg, 2.5mg	Tier 4	NM PA
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	Tier 3	B/D	<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	Tier 5	NM PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 4	B/D	BOSULIF CAPS 50mg QL (30 caps / 30 days)	Tier 5	QL NM PA
<i>paclitaxel inj 100mg</i> (generic of ABRAXANE)	Tier 5	B/D NM	BOSULIF CAPS 100mg QL (300 caps / 30 days)	Tier 5	QL NM PA
<i>vincristine sulfate</i> SOLN 1mg/ml	Tier 2	B/D	BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	Tier 4	B/D	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<b>MOLECULAR TARGET AGENTS</b>					
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 5	QL NM PA	BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 5	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 5	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	BRUKINSA TABS 160mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 5	QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 5	QL NM PA	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	Tier 5	QL NM PA	CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	Tier 5	QL NM PA	CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 5	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 5	QL NM PA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 5	QL NM PA
			COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 5	QL NM PA
			COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 5	QL NM PA	FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 5	QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	Tier 5	QL NM PA	GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 5	QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	GOMEKLI CAPS 1mg QL (168 caps / 28 days)	Tier 5	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	GOMEKLI CAPS 2mg QL (84 caps / 28 days)	Tier 5	QL NM PA
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	Tier 5	QL NM PA	GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	Tier 5	QL NM PA
ENSACOVE CAPS 100mg QL (60 caps / 30 days)	Tier 5	QL NM PA	HERCEP HYLEC SOL 60- 10000	Tier 5	NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 5	QL NM PA	HERCEPTIN SOLR 150mg HERCESSI SOLR 150mg, 420mg	Tier 5	NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	HERZUMA SOLR 150mg, 420mg	Tier 5	NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 5	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 5	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	IBTROZI CAPS 200mg QL (90 caps / 30 days)	Tier 5	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 5	QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 5	QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
			<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 4	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 5	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 5	QL NM PA	KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 5	QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 5	QL NM PA	KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 5	QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 5	QL NM PA	KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 5	QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 5	QL NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	Tier 5	QL NM PA	KOMZIFTI CAPS 200mg QL (90 caps / 30 days)	Tier 5	QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 5	QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 5	QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 5	QL NM PA	KOSELUGO CPSP 5mg QL (600 caps / 30 days)	Tier 5	QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	Tier 5	QL NM PA	KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	Tier 5	QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	Tier 5	QL NM PA	KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
KADCYLA SOLR 100mg, 160mg	Tier 5	B/D NM	LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 5	QL NM PA
KANJINTI SOLR 150mg, 420mg	Tier 5	NM PA	LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 5	QL NM PA
KEYTRUDA SOLN 100mg/4ml	Tier 5	NM PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 5	QL NM PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML QL (1 vial / 21 days)	Tier 5	QL NM PA			
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML QL (1 vial / 42 days)	Tier 5	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 5	QL NM PA	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 5	QL NM PA	MONJUVI SOLR 200mg	Tier 5	NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 5	QL NM PA	NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 5	QL NM PA	<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 50mg QL (120 caps / 30 days)	Tier 5	QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 5	QL NM PA	<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 5	QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 5	QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 5	QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 5	QL NM PA	OGIVRI SOLR 150mg, 420mg	Tier 5	NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 5	QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 5	QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 5	QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 5	QL NM PA	OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 5	QL NM PA	ONTRUZANT SOLR 150mg, 420mg	Tier 5	NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 5	QL NM PA	<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 5	QL NM PA	<i>pazopanib hcl</i> TABS 400mg QL (60 tabs / 30 days)	Tier 5	QL PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 5	QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	PHESGO SOL	Tier 5	NM PA
			PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 5	QL NM PA	SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 5	QL NM PA	<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 5	QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 5	QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 5	QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 5	QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	Tier 5	QL NM PA	TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	Tier 5	QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 5	QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 5	QL NM PA	TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 5	QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	Tier 5	QL NM PA	TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 5	QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 5	QL NM PA	TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 5	NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 5	QL NM PA	TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	Tier 5	QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 5	QL NM PA	TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 5	QL NM PA	<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 5	QL NM PA			
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 5	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRAZIMERA SOLR 150mg, 420mg	Tier 5	NM PA	VORANIGO TABS 10mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 5	QL NM PA	VORANIGO TABS 40mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	Tier 5	QL NM PA	XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	Tier 5	QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 5	NM PA	XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 5	QL NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 5	QL NM PA	XPOVIO PAK (40 MG ONCE WEEKLY) TBPK QL (16 tabs / 28 days)	Tier 5	QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 5	QL NM PA	XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	Tier 5	QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 3	QL NM PA	XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 5	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 5	QL NM PA	XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 5	QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 5	QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 5	QL NM PA	XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 5	QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 5	QL NM PA	XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days)	Tier 5	QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 5	QL NM PA	XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	Tier 5	QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 5	QL NM PA	XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	Tier 5	QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 5	QL NM PA			
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5	QL NM PA			
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 5	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	<i>benazepril &amp; hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)</i>	Tier 1	
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 5	QL NM PA	<i>benazepril &amp; hydrochlorothiazide tab 20- 25 mg (generic of LOTENSIN HCT)</i>	Tier 1	
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 5	NM PA	<i>captopril &amp; hydrochlorothiazide tab 25- 15 mg</i>	Tier 1	
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 5	QL NM PA	<i>captopril &amp; hydrochlorothiazide tab 25- 25 mg</i>	Tier 1	
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	<i>captopril &amp; hydrochlorothiazide tab 50- 15 mg</i>	Tier 1	
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 5	QL NM PA	<i>captopril &amp; hydrochlorothiazide tab 50- 25 mg</i>	Tier 1	
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>			<i>enalapril maleate &amp; hydrochlorothiazide tab 5- 12.5 mg</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	Tier 1	QL	<i>enalapril maleate &amp; hydrochlorothiazide tab 10- 25 mg (generic of VASERETIC)</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL	<i>fosinopril sodium &amp; hydrochlorothiazide tab 10- 12.5 mg</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL	<i>fosinopril sodium &amp; hydrochlorothiazide tab 20- 12.5 mg</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL	<i>lisinopril &amp; hydrochlorothiazide tab 10- 12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL	<i>lisinopril &amp; hydrochlorothiazide tab 20- 12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL	<i>lisinopril &amp; hydrochlorothiazide tab 20- 25 mg (generic of ZESTORETIC)</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 5- 6.25mg</i>	Tier 1		<b>ACE INHIBITORS</b>		
<i>benazepril &amp; hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)</i>	Tier 1		<i>benazepril hcl TABS 5mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	Tier 1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	Tier 1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	Tier 1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	Tier 1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	Tier 1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i> TABS 25mg, 50mg	Tier 3	
KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	Tier 1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 2	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	Tier 3	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED)	Tier 1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg (generic of AMLODIPINE/OLMESARTAN MED)	Tier 1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg (generic of AMLODIPINE/OLMESARTAN MED)	Tier 1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg (generic of AMLODIPINE/OLMESARTAN MED)	Tier 1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab</i> 5-160 mg (generic of EXFORGE)	Tier 1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab</i> 5-320 mg (generic of EXFORGE)	Tier 1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab</i> 10-160 mg (generic of EXFORGE)	Tier 1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab</i> 10-320 mg (generic of EXFORGE)	Tier 1	QL
QL (30 tabs / 30 days)		
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	Tier 3	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	Tier 1	QL
<i>sacubitril-valsartan tab 24-26 mg</i> (generic of ENTRESTO) QL (60 tabs / 30 days)	Tier 3	QL
<i>sacubitril-valsartan tab 49-51 mg</i> (generic of ENTRESTO) QL (60 tabs / 30 days)	Tier 3	QL
<i>sacubitril-valsartan tab 97-103 mg</i> (generic of ENTRESTO) QL (60 tabs / 30 days)	Tier 3	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 1	QL
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 1	QL
<i>irbesartan</i> TABS 75mg QL (30 tabs / 30 days)	Tier 1	QL
<i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>telmisartan</i> TABS 20mg QL (30 tabs / 30 days)	Tier 1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	Tier 4	
<i>amiodarone hcl</i> TABS 200mg	Tier 1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	Tier 4	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 4	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 3	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 4	QL
<i>pacerone</i> TABS 100mg, 400mg	Tier 4	
<i>pacerone</i> TABS 200mg	Tier 1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	Tier 4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	Tier 3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 4	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 2	
<i>sotalol hcl</i> TABS 240mg	Tier 2	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 3	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate</i> TABS 48mg, 54mg, 160mg	Tier 2	
<i>fenofibrate</i> (generic of TRICOR) TABS 145mg	Tier 2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 3	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>					
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	<i>ezetimibe-simvastatin tab</i> 10-20 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL	<i>ezetimibe-simvastatin tab</i> 10-40 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	<i>ezetimibe-simvastatin tab</i> 10-80 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL	NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 3	QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 3	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL	<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 3	QL
<b>ANTILIPEMICS, MISCELLANEOUS</b>			<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA) Tier 3 PA		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 3		<i>prevalite</i> PACK 4gm Tier 3		
<i>cholestyramine light</i> PACK 4gm	Tier 3		<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 3	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 3		REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	Tier 3	QL NM PA
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	Tier 4		REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	Tier 3	QL NM PA
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm	Tier 4		VASCEPA CAPS .5gm, 1gm	Tier 3	
<i>colestipol hcl</i> PACK 5gm	Tier 4		<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	Tier 3		<i>atenolol &amp; chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	Tier 2	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	Tier 2	QL	<i>atenolol &amp; chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	Tier 2	
<i>ezetimibe-simvastatin tab</i> 10-10 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	QL	<i>bisoprolol &amp; hydrochlorothiazide tab</i> 2.5-6.25 mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 2		<i>pindolol TABS 5mg, 10mg</i>	Tier 3	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Tier 2		<i>propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg</i>	Tier 3	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Tier 3		<i>propranolol hcl SOLN 20mg/5ml, 40mg/5ml</i>	Tier 3	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 3		<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	Tier 2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	Tier 3		<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	Tier 3	
<b>BETA-BLOCKERS</b>			<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	Tier 3		<i>amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg</i>	Tier 1		<i>cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg</i>	Tier 2	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	Tier 2		<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	Tier 2	
<i>carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Tier 1		<i>diltiazem hcl CP12 60mg, 90mg, 120mg</i>	Tier 4	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	Tier 2		<i>diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	Tier 3	
<i>metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg</i>	Tier 1		<i>diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg</i>	Tier 2	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	Tier 4		<i>diltiazem hcl TABS 90mg</i>	Tier 2	
<i>metoprolol tartrate TABS 25mg</i>	Tier 1		<i>diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg</i>	Tier 2	
<i>metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg</i>	Tier 1		<i>diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 360mg</i>	Tier 4	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	Tier 3		<i>diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Tier 2	
<i>nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg</i> QL (30 tabs / 30 days)	Tier 3	QL	<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	Tier 2	
<i>nebivolol hcl (generic of BYSTOLIC) TABS 20mg</i> QL (60 tabs / 30 days)	Tier 3	QL	<i>nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg</i>	Tier 3	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 3	<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 2
<i>nimodipine</i> CAPS 30mg	Tier 4	<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 2
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	Tier 4	<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	Tier 3	<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	Tier 1	<b>MISCELLANEOUS</b>	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	Tier 2	<i>aliskiren fumarate</i> (generic of TEKURNA) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 1 QL
<b>DIURETICS</b>		<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 3
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 3	<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 3
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 2	<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 3
<i>amiloride hcl</i> TABS 5mg	Tier 2	<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	Tier 3	CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 4 QL
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 3	<i>digoxin</i> SOLN .05mg/ml	Tier 4
<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 2	<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 4
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	Tier 2	<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 2 QL
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1	<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 4 QL NM PA
<i>furosemide inj</i> SOLN 10mg/ml	Tier 3	<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 5 QL NM PA
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1		
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1		
<i>methazolamide</i> TABS 25mg, 50mg	Tier 4		
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 2		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis)</i> (generic of ADRENALIN) SOLN 1mg/ml	Tier 4		<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 65 years and older	Tier 3	PA	<i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 4		OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1		<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 3	QL NM PA
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 4	QL	<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 4	QL NM PA
<i>metirosine</i> CAPS 250mg	Tier 5	NM PA	<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 5	NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	Tier 3		UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	Tier 5	QL NM PA
<i>midodrine hcl</i> TABS 10mg	Tier 4		UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 2		UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	Tier 5	QL NM PA
<i>ranolazine</i> TB12 500mg, 1000mg	Tier 4		WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	Tier 5	QL NM PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL PA	WINREVAIR INJ 45MG QL (2 vials / 21 days)	Tier 5	QL NM PA
<b>NITRATES</b>			WINREVAIR INJ 60MG QL (2 vials / 21 days)	Tier 5	QL NM PA
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	Tier 3		YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	Tier 5	QL NM PA
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	Tier 1		YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	Tier 5	QL NM PA
NITRO-BID OINT 2%	Tier 3				
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 3				
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 2				
<b>PULMONARY ARTERIAL HYPERTENSION</b>					
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 5	QL NM PA			
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 5	QL NM PA			
<i>ambisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>CENTRAL NERVOUS SYSTEM ANTI-ANXIETY</b>					
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2	QL	<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA applies if 29 years and younger	Tier 4	PA
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1		<i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger	Tier 3	PA
<i>bupirone hcl</i> TABS 7.5mg, 30mg	Tier 3		<i>memantine hcl-donepezil hcl</i> cap er 24hr 14-10 mg (generic of NAMZARIC)	Tier 4	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 3		<i>memantine hcl-donepezil hcl</i> cap er 24hr 21-10 mg (generic of NAMZARIC)	Tier 4	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 3	QL	<i>memantine hcl-donepezil hcl</i> cap er 24hr 28-10 mg (generic of NAMZARIC)	Tier 4	
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	Tier 2		NAMZARIC CAP 7-10MG	Tier 4	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2	QL	<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 4	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 3	QL	<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 3	QL
<b>ANTIDEMENTIA</b>			<b>ANTIDEPRESSANTS</b>		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL	<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 3	PA
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 2		<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	Tier 3	PA
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 2	QL	AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 4	QL PA
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 2		<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 3	QL	<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 4	QL			
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 2	QL	<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 2	QL	EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	Tier 5	QL PA
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 3		EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	Tier 5	QL PA
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1		FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 4	QL PA
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 4	PA	FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 4	QL PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	Tier 4	PA	FETZIMA CAP TITRATION QL (2 packs / year)	Tier 4	QL PA
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 4	PA	<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	Tier 1	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL	<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 3	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	Tier 3	PA	<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	Tier 2	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 4	QL PA	MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 4	QL
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 3	QL	<i>mirtazapine</i> TABS 7.5mg	Tier 3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 5	QL PA	<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 2	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 4		<i>mirtazapine</i> TABS 45mg	Tier 2	
			<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 3	
			<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 4	
			<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 2	
			<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 4	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 4	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	Tier 2	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Tier 3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 4	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	Tier 4	QL PA
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	Tier 3	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	Tier 4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 4	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 4	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 4	QL PA
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 3	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 5	QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 5	QL NM PA
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 3	QL
<i>amantadine hcl</i> SOLN 50mg/5ml	Tier 3	
<i>amantadine hcl</i> TABS 100mg	Tier 4	
<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older	Tier 2	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	Tier 4	
<i>carb/levo orally disintegrating tab 10-100mg</i>	Tier 3	
<i>carb/levo orally disintegrating tab 25-100mg</i>	Tier 3	
<i>carb/levo orally disintegrating tab 25-250mg</i>	Tier 3	
<i>carbidopa &amp; levodopa tab 10-100 mg</i> (generic of SINEMET)	Tier 2	
<i>carbidopa &amp; levodopa tab 25-100 mg</i> (generic of SINEMET)	Tier 2	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 2	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 3	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 4		<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 4	QL
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 4		<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 4	QL ST
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 4		ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 5	QL
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 4		ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 5	QL
<i>entacapone</i> TABS 200mg	Tier 4		ARISTADA INITIO PRSY 675mg/2.4ml	Tier 5	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 5	QL NM PA	<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 4	QL
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 2		CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 5	QL
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 4	QL	<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 4	
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 2		<i>clozapine</i> (generic of CLOZARIL) TABS 25mg	Tier 3	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 3		<i>clozapine</i> TABS 50mg	Tier 3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	Tier 3		<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 3	QL
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	Tier 2		<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL
<b>ANTIPSYCHOTICS</b>			<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 4	PA
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	Tier 5	QL	<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 4	QL PA
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 5	QL	<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 4	QL PA
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	Tier 5	QL			
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	Tier 4	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 4	QL PA	INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 5	QL
COBENFY CAP 50-20MG QL (60 caps / 30 days)	Tier 5	QL PA	INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 4	QL
COBENFY CAP 100-20MG QL (60 caps / 30 days)	Tier 5	QL PA	INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 5	QL
COBENFY CAP 125-30MG QL (60 caps / 30 days)	Tier 5	QL PA	INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 5	QL
COBENFY STRT CAP PACK QL (2 packs / year)	Tier 5	QL PA	<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 3	
ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 4	QL	<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 4	QL
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 5	QL	<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 4	QL
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	Tier 5	QL	LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	Tier 5	QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 5	QL PA	LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	Tier 5	QL
FANAPT PAK PACK A QL (2 packs / year)	Tier 4	QL PA	LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	Tier 5	QL
FANAPT PAK PACK B QL (2 packs / year)	Tier 4	QL PA	LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 5	QL
FANAPT PAK PACK C QL (2 packs / year)	Tier 4	QL PA	<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 4	
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 4		NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 5	QL NM PA
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 4		NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 3		<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 4	QL
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	Tier 3				
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days)	Tier 2	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days)	Tier 2	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 4	QL PA
<i>olanzapine</i> TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL	REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 5	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	Tier 2	QL	REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 5	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 4	QL ST	<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 3	QL
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	Tier 4	QL ST	<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 2	
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	Tier 5	QL PA	<i>risperidone</i> TABS .25mg	Tier 2	
OPIPZA FILM 10mg QL (90 films / 30 days)	Tier 5	QL PA	<i>risperidone</i> TBDP 1mg, 2mg, 3mg	Tier 4	QL ST
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	Tier 4	QL	QL (60 tabs / 30 days)		
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	Tier 4	QL	<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 4	QL ST
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 4	QL	<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 4	QL ST
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 3		<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	Tier 4	QL
<i>pimozide</i> TABS 1mg, 2mg	Tier 4		<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	Tier 5	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	Tier 2	QL	SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 5	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL	<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 3	
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	Tier 2	QL			
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 2	QL			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 4		<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 3		<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	Tier 4	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 5	QL PA	<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	Tier 3	
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 5	QL	<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 4	
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 5	QL	<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 4	QL PA
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 4	QL	<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 4	QL	<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 2	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	Tier 4	QL NM PA	<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	Tier 5	QL NM PA	<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 3	QL
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 5	QL NM PA	<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 3	QL
<b>ANTISEIZURE AGENTS</b>			<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 4	QL PA
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 5	QL	DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 5	QL NM PA
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 5	QL	DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 5	QL NM PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 5	QL PA	DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 5	QL NM PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 5	QL PA	DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA
<i>carbamazepine</i> CHEW 100mg	Tier 3				
<i>carbamazepine</i> CHEW 200mg	Tier 4				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 3	QL PA	<i>felbamate</i> SUSP 600mg/5ml	Tier 4	
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA	<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 4	
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 4		FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 5	QL NM PA
<i>diazepam inj</i> SOLN 5mg/ml	Tier 4		FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	Tier 5	QL PA
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 3	QL PA	FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 4	QL PA
DILANTIN CAPS 30mg	Tier 4		FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 5	QL PA
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 4		<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 2	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 2	QL
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 2		<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 3	QL
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 5	QL NM PA	<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 4	QL	<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 4	QL	<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	Tier 4	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Tier 3		<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 4	QL	<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	Tier 4	
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 4	QL	NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	Tier 4	QL
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 3		<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 4	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1		<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 3	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 4	ST	<i>perampanel</i> (generic of FYCOMPA) SUSP .5mg/ml QL (680 mL / 28 days)	Tier 5	QL PA
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml	Tier 3		<i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 4		<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 4	QL PA
<i>levetiracetam</i> (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	Tier 2		<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	Tier 4	QL PA
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	Tier 4	QL	<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	Tier 3		<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	Tier 4	PA
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 4		<i>phenytek</i> CAPS 200mg, 300mg	Tier 3	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 4		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 3	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 4		<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 4		SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 4	QL
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 3		SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 4	QL
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	Tier 3		SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 4	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA	SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 4	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA	SUBVENITE SUSP 10mg/ml	Tier 5	ST
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA	<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 4	QL PA	SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 5	QL PA
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 2		<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 4	
<i>primidone</i> TABS 125mg	Tier 2		<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 3	
<i>roovepra</i> (generic of KEPPRA) TABS 500mg	Tier 2		<i>topiramate</i> CPSP 50mg	Tier 4	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 5	QL PA	<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	Tier 4	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 4	QL PA	<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 2	
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 5	QL PA	<i>valproate sodium</i> SOLN 100mg/ml	Tier 4	
			<i>valproate sodium</i> SOLN 250mg/5ml	Tier 3	
			<i>valproic acid</i> CAPS 250mg	Tier 2	
			VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	Tier 4	QL
			VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 4	QL

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

Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	Tier 4	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 4	QL
<i>vigabatin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA
<i>vigabatin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 5	QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 5	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 5	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 5	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 5	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 5	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 5	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 5	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2	
<i>zonisamide</i> CAPS 50mg	Tier 2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 5	QL NM PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 4	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 4	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 4	QL	<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 4	QL PA
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	Tier 4	QL	<b>HYPNOTICS</b>		
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 4	QL	DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 3	QL PA	<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 3	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	Tier 3	QL
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	Tier 3	QL PA	<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 5	QL NM PA
			<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 4	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 4	QL PA	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 3	QL
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 2	QL PA	<i>sumatriptan SOLN</i> 5mg/act QL (24 units / 30 days)	Tier 4	QL
<b>MIGRAINE</b>			<i>sumatriptan SOLN</i> 20mg/act QL (12 units / 30 days)	Tier 4	QL
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 3	QL NM PA	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	Tier 5	QL PA	<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 3	QL NM PA	<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 2	QL
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 3	QL NM PA	UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 3	QL PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 3	QL NM PA	<b>MISCELLANEOUS</b>		
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 3	QL PA	AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	Tier 3	QL	AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 3	QL PA	AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 3	QL PA	AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 3	QL	AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 3	QL	AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
			AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 5	QL NM PA
			<i>lithium</i> SOLN 8meq/5ml	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	Tier 1		<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	QL NM PA
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	Tier 2		<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	QL NM PA
<i>lithium carbonate</i> TBCR 450mg	Tier 2		<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	QL NM PA
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 5	QL PA	KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	Tier 5	QL NM PA
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	Tier 3		<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>riluzole</i> TABS 50mg	Tier 4		<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 2	QL
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 4	QL NM PA	<i>baclofen</i> TABS 10mg, 20mg	Tier 2	
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	QL PA
<b>MULTIPLE SCLEROSIS AGENTS</b>			<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	Tier 4	
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 5	QL NM PA	<i>dantrolene sodium</i> CAPS 50mg, 100mg	Tier 4	
BETASERON KIT .3mg QL (14 kits / 28 days)	Tier 5	QL NM PA	<i>tizanidine hcl</i> TABS 2mg Tier 2	Tier 2	
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	QL NM PA	<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 2	
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	QL NM PA	<b>NARCOLEPSY/CATAPLEXY</b>		
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 3	QL NM PA	<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 5	QL NM PA	<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 4	QL PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	Tier 3	QL PA	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days)	Tier 2	QL
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	Tier 2	QL
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 5	QL NM PA	<i>disulfiram</i> TABS 250mg, 500mg	Tier 3	
<b>PSYCHOTHERAPEUTIC-MISC</b>			KLOXXADO LIQD 8mg/0.1ml	Tier 3	
<i>acamprosate calcium</i> TBEC 333mg	Tier 4		<i>naloxone hcl</i> LIQD 4mg/0.1ml	Tier 3	
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	Tier 3	QL	<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 2	
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	Tier 3	QL	<i>naltrexone hcl</i> TABS 50mg	Tier 3	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (180 films / 30 days)	Tier 4	QL	NICOTROL NS SOLN 10mg/ml	Tier 4	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 4	QL	<i>varenicline tartrate</i> (generic of CHANTIX) TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 4	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (120 films / 30 days)	Tier 4	QL	<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> QL (2 packs / year)	Tier 4	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 4	QL	VIVITROL SUSR 380mg	Tier 5	NM
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days)	Tier 2	QL	<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
			<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 4	
			<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 3	PA
			<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 4	QL PA
			<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 3	PA
			<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 3	PA
			<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	Tier 4	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANTIDIABETICS</b>					
acarbose TABS 25mg, 50mg, 100mg	Tier 2		JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 3	QL
dapagliflozin propanediol TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 3	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL	JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL	JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 3	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 3	QL
glipizide TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 3	QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL
glipizide TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 3	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 1	QL	metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 1	QL	metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 1	QL	metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 3	QL	metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 3	QL	metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL	MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 3	QL PA
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL			

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL	TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 3	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 3	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 3	QL
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA	XIGDUO XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL	XIGDUO XR TAB 10- 500MG QL (30 tabs / 30 days)	Tier 3	QL
<i>pioglitazone hcl-metformin</i> <i>hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	Tier 1	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 3	QL
<i>pioglitazone hcl-metformin</i> <i>hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	Tier 1	QL	<b>ANTIDIABETICS, INSULINS</b>		
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL	ADMELOG SOLN 100unit/ml Tier 3 B/D	Tier 3	B/D
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL	ADMELOG SOLOSTAR SOPN 100unit/ml Tier 3	Tier 3	
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 3	QL PA	ALCOHOL SWABS: EMBECTA- BD/MHC/RUGBY Tier 3 PA	Tier 3	PA
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 3	QL	CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	Tier 4	QL PA
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL	CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	Tier 4	QL PA
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 3	QL	CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	Tier 4	QL PA
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL	FIASP SOLN 100unit/ml Tier 3 B/D	Tier 3	B/D
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 3	QL	FIASP FLEXTOUCH SOPN 100unit/ml Tier 3	Tier 3	
			FIASP PENFILL SOCT 100unit/ml Tier 3	Tier 3	
			FIASP PUMPCART SOCT 100unit/ml Tier 3 B/D	Tier 3	B/D
			GAUZE PADS 2" X 2" Tier 3 PA	Tier 3	PA
			HUMULIN R U-500 (CONCENTR SOLN 500unit/ml) Tier 5 B/D	Tier 5	B/D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 5		NOVOLOG PENFILL SOCT 100unit/ml	Tier 3	
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 3	PA	NOVOLOG RELION SOLN 100unit/ml	Tier 3	B/D
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 3	PA	OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 4	QL PA
INSULIN SYRINGES: EMBECTA-BD	Tier 3	PA	OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 4	QL PA
LANTUS SOLN 100unit/ml	Tier 3		OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	Tier 4	QL PA
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 3		OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 3		OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 4	QL PA
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 3		OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 3		SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 3	QL
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 3		TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 3	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 3	B/D	TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 3	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 3		XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 3	QL
NOVOLOG SOLN 100unit/ml	Tier 3	B/D	<b>CALCIUM REGULATORS</b>		
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 3		<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	Tier 3		<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 3		BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 4	QL NM
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 3		BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	Tier 5	QL NM PA
			<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 3	B/D
			<i>ibandronate sodium</i> TABS 150mg	Tier 2	B/D
			OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 4	QL NM

Drug Name	Drug Tier	Requirements/ Limits
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 3	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 4	QL NM
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	Tier 5	QL NM PA
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days)	Tier 5	QL NM PA
WYOST SOLN 120mg/1.7ml	Tier 5	NM PA
XTRENBO SOLN 120mg/1.7ml	Tier 4	PA
<i>zoledronic acid</i> CONC 4mg/5ml	Tier 4	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 4	B/D NM
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	Tier 5	
<i>deferasirox</i> (generic of JADENU) TABS 90mg	Tier 3	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	Tier 4	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	Tier 4	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	Tier 5	NM PA
<i>kionex</i> SUSP 15gm/60ml	Tier 4	
LOKELMA PACK 5gm, 10gm	Tier 3	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	Tier 5	NM
<i>sodium polystyrene sulfonate powder</i>	Tier 3	
<i>sps</i> SUSP 15gm/60ml	Tier 4	
<i>sps rectal</i> SUSP 15gm/60ml	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	Tier 5	NM PA
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	Tier 2	
<i>altavera</i>	Tier 2	
<i>alyacen 1/35</i>	Tier 2	
<i>alyacen 7/7/7</i>	Tier 2	
<i>apri</i>	Tier 2	
<i>aranelle</i>	Tier 2	
<i>aubra eq</i>	Tier 2	
<i>aurovela 1/20</i>	Tier 2	
<i>aurovela fe 1.5/30</i>	Tier 2	
<i>aurovela fe 1/20</i>	Tier 2	
<i>aviane</i>	Tier 2	
<i>ayuna</i>	Tier 2	
<i>azurette</i>	Tier 2	
<i>balziva</i>	Tier 2	
<i>blisovi fe 1.5/30</i>	Tier 2	
<i>briellyn</i>	Tier 2	
<i>camila</i> TABS .35mg	Tier 2	
<i>chateal eq</i>	Tier 2	
<i>cryselle</i>	Tier 2	
<i>cyred eq</i>	Tier 2	
<i>dasetta 1/35</i>	Tier 2	
<i>dasetta 7/7/7</i>	Tier 2	
<i>deblitane</i> TABS .35mg	Tier 2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 3	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	Tier 2	
<i>elinest</i>	Tier 2	
<i>eluryng</i> (generic of NUVARING)	Tier 3	
<i>emzahh</i> TABS .35mg	Tier 2	
<i>enilloring</i> (generic of NUVARING)	Tier 3	
<i>enskyce</i>	Tier 2	
<i>errin</i> TABS .35mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>estarylla</i>	Tier 2		<i>loestrin 1.5/30-21</i>	Tier 2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 2		<i>loestrin 1/20-21</i>	Tier 2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	Tier 3		<i>loestrin fe 1.5/30</i>	Tier 2	
<i>falmina</i>	Tier 2		<i>loestrin fe 1/20</i>	Tier 2	
<i>feirza 1.5/30</i>	Tier 2		<i>loryna (generic of YAZ)</i>	Tier 2	
<i>feirza 1/20</i>	Tier 2		<i>low-ogestrel</i>	Tier 2	
<i>hailey 1.5/30</i>	Tier 2		<i>luizza 1.5/30</i>	Tier 2	
<i>haloette (generic of NUVARING)</i>	Tier 3		<i>luizza 1/20</i>	Tier 2	
<i>heather TABS .35mg</i>	Tier 2		<i>lutea</i>	Tier 2	
<i>iclevia</i>	Tier 2		<i>lyleq TABS .35mg</i>	Tier 2	
<i>incassia TABS .35mg</i>	Tier 2		<i>lyza TABS .35mg</i>	Tier 2	
<i>introvale</i>	Tier 2		<i>marlissa</i>	Tier 2	
<i>isibloom</i>	Tier 2		<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	Tier 3	
<i>jasmiel (generic of YAZ)</i>	Tier 2		<i>meleya TABS .35mg</i>	Tier 2	
<i>jolessa</i>	Tier 2		<i>microgestin 1.5/30</i>	Tier 2	
<i>juleber</i>	Tier 2		<i>microgestin 1/20</i>	Tier 2	
<i>junel 1.5/30</i>	Tier 2		<i>microgestin fe 1.5/30</i>	Tier 2	
<i>junel 1/20</i>	Tier 2		<i>microgestin fe 1/20</i>	Tier 2	
<i>junel fe 1.5/30</i>	Tier 2		<i>mili</i>	Tier 2	
<i>junel fe 1/20</i>	Tier 2		<i>mono-lynyah</i>	Tier 2	
<i>kariva</i>	Tier 2		<i>necon 0.5/35-28</i>	Tier 2	
<i>kelnor 1/35</i>	Tier 2		<b>NEXPLANON IMPL 68mg</b>	Tier 3	NM
<i>kurvelo</i>	Tier 2		<i>nikki (generic of YAZ)</i>	Tier 2	
<i>larin 1.5/30</i>	Tier 2		<i>nora-be TABS .35mg</i>	Tier 2	
<i>larin 1/20</i>	Tier 2		<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 3	
<i>larin fe 1.5/30</i>	Tier 2		<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 2	
<i>larin fe 1/20</i>	Tier 2		<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 2	
<i>lessina</i>	Tier 2		<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 2	
<i>levonest</i>	Tier 2		<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 2		<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 2				
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 2				
<i>levora 0.15/30-28</i>	Tier 2				
<b>LILETTA IUD 20.1mcg/day</b>	Tier 3	NM			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 2		<i>velivet</i>	Tier 2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 2		<i>vestura</i> (generic of YAZ)	Tier 2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 2		<i>vienva</i>	Tier 2	
<i>norlyroc TABS .35mg</i>	Tier 2		<i>viorele</i>	Tier 2	
<i>nortrel 0.5/35 (28)</i>	Tier 2		<i>vyfemla</i>	Tier 2	
<i>nortrel 1/35 (21)</i>	Tier 2		<i>vylibra</i>	Tier 2	
<i>nortrel 1/35 (28)</i>	Tier 2		<i>wera</i>	Tier 2	
<i>nortrel 7/7/7</i>	Tier 2		<i>xarah fe</i>	Tier 2	
<i>nylia 1/35</i>	Tier 2		<i>xulane</i>	Tier 3	
<i>nylia 7/7/7</i>	Tier 2		<i>zafemy</i>	Tier 3	
<i>orquidea TABS .35mg</i>	Tier 2		<i>zovia 1/35</i>	Tier 2	
<i>philith</i>	Tier 2		<i>zumandimine</i> (generic of YASMIN 28)	Tier 2	
<i>pimtrea</i>	Tier 2		<b>ESTROGENS</b>		
<i>portia-28</i>	Tier 2		<i>abigale</i> (generic of ACTIVEVELLA)	Tier 3	
<i>reclipsen</i>	Tier 2		<i>abigale lo</i>	Tier 3	
<i>setlakin</i>	Tier 2		<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3	
<i>sharobel TABS .35mg</i>	Tier 2		<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3	
<i>simliya</i>	Tier 2		<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 3	
<i>sprintec 28</i>	Tier 2		<i>estradiol</i> TABS .5mg, 1mg, 2mg	Tier 2	
<i>sronyx</i>	Tier 2		<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 3	
<i>syeda</i> (generic of YASMIN 28)	Tier 2		<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVEVELLA)	Tier 3	
<i>tarina fe 1/20 eq</i>	Tier 2		<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Tier 3	
<i>tilia fe</i>	Tier 2		<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	Tier 4	
<i>tri-estarylla</i>	Tier 2		<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	Tier 4	
<i>tri-legest fe</i>	Tier 2		<i>estradiol valerate</i> OIL 40mg/ml	Tier 4	
<i>tri-linyah</i>	Tier 2				
<i>tri-lo-estarylla</i>	Tier 2				
<i>tri-lo-marzia</i>	Tier 2				
<i>tri-lo-mili</i>	Tier 2				
<i>tri-lo-sprintec</i>	Tier 2				
<i>tri-mili</i>	Tier 2				
<i>tri-sprintec</i>	Tier 2				
<i>tri-vylibra</i>	Tier 2				
<i>tri-vylibra lo</i>	Tier 2				
<i>turqoz</i>	Tier 2				
<i>valtya 1/35</i>	Tier 2				
<i>valtya 1/50</i>	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 3		<i>methylprednisolone acetate</i>	Tier 3	B/D
<i>fyavolv tab 1mg-5mcg</i>	Tier 3		(generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml		
<i>jinteli</i>	Tier 3		<i>methylprednisolone sod succ</i>	Tier 3	B/D
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3		<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	Tier 3	B/D
<i>mimvey</i> (generic of ACTIVELLA)	Tier 3		<i>prednisolone</i> SOLN 15mg/5ml	Tier 2	B/D
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 3		<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	Tier 4	B/D
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 3		<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 2	B/D
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	Tier 4		<i>prednisone</i> SOLN 5mg/5ml	Tier 4	B/D
<b>GLUCOCORTICOIDS</b>			<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 3		<i>prednisone</i> TBPK 5mg, 10mg	Tier 2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 4		PREDNISON INTENSOL CONC 5mg/ml	Tier 4	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	Tier 3		SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	Tier 4	
<i>fludrocortisone acetate</i> TABS .1mg	Tier 2		<b>GLUCOSE ELEVATING AGENTS</b>		
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 3		<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Tier 5	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	Tier 4		ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	Tier 3	B/D	<b>MISCELLANEOUS</b>		
<i>methylprednisolone</i> TABS 32mg	Tier 3	B/D	ALDURAZYME SOLN 2.9mg/5ml	Tier 5	NM PA
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 2		<i>betaine powder for oral solution</i> (generic of CYSTADANE)	Tier 5	NM
			<i>cabergoline</i> TABS .5mg	Tier 3	
			<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	Tier 5	NM PA
			CERDELGA CAPS 84mg	Tier 5	NM PA
			CEREZYME SOLR 400unit	Tier 5	NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 4	B/D QL NM	LUPRON DEPOT-PED (6-MONTH KIT 45mg	Tier 5	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 4	B/D QL NM	<i>mifepristone</i> (hyperglycemia) (generic of KORLYM) TABS 300mg	Tier 5	NM PA
CYSTAGON CAPS 50mg, 150mg	Tier 4	NM PA	NAGLAZYME SOLN 1mg/ml	Tier 5	NM PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	Tier 5		<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	Tier 5	NM PA
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Tier 3		<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 4	NM PA
<i>desmopressin acetate spray</i> SOLN .01%	Tier 4		<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 4	NM PA
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 4		<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 5	NM PA
FABRAZYME SOLR 5mg, 35mg	Tier 5	NM PA	<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 5	NM PA
GENOTROPIN CART 5mg, 12mg	Tier 5	NM PA	<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 3	
GENOTROPIN MINIQUICK PRSY .2mg	Tier 3	NM PA	REVCIVI SOLN 2.4mg/1.5ml	Tier 5	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 5	NM PA	REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
INCRELEX SOLN 40mg/4ml	Tier 5	NM PA	<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 5	NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 5	NM PA	SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 5	NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 5	NM PA	<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 5	NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 4	B/D	SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	Tier 5	NM PA
LUMIZYME SOLR 50mg	Tier 5	NM PA	SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 5	NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	Tier 5	NM PA	SYNAREL SOLN 2mg/ml	Tier 5	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	Tier 5	NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	Tier 5	NM PA	<i>levoxyI</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2	
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	Tier 5	NM PA	<i>liomny</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 3	
<i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>	Tier 5	NM PA	<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 3	
<i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>	Tier 5	NM PA	<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
<i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>	Tier 5	NM PA	<i>propylthiouracil</i> TABS 50mg	Tier 3	
<i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>	Tier 5	NM PA	SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 4	
<i>zelvysia</i> (generic of KUVAN) PACK 100mg, 500mg	Tier 5	NM PA	<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
<b>PROGESTINS</b>			<b>VITAMIN D ANALOGS</b>		
<i>gallifrey</i> TABS 5mg	Tier 3		<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 2	B/D
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1		<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	Tier 4	B/D
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 3		<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 4	B/D
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	Tier 4	PA	<i>paricalcitol</i> CAPS 4mcg	Tier 4	B/D
<i>norethindrone acetate</i> TABS 5mg	Tier 3		<b>GASTROINTESTINAL ANTIEMETICS</b>		
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 3		<i>aprepitant</i> CAPS 40mg, 125mg	Tier 4	B/D
<b>THYROID AGENTS</b>			<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	Tier 4	B/D
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2		<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 4	B/D
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2		<i>compro</i> SUPP 25mg	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	Tier 4	B/D QL	<i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days)	Tier 4	QL
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	Tier 4	B/D QL	<b>ANTISPASMODICS</b>		
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	Tier 4		<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older	Tier 3	PA
<i>granisetron hcl</i> TABS 1mg	Tier 4	B/D	<i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older	Tier 4	PA
<i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA	<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	Tier 3	QL
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 3		<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	Tier 3	QL
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	Tier 1		<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 3	B/D	<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 3	
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 3		<i>famotidine</i> SUSR 40mg/5ml	Tier 4	
<i>ondansetron hcl</i> SOLN 4mg/5ml	Tier 4	B/D	<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
<i>ondansetron hcl</i> TABS 4mg, 8mg	Tier 3	B/D	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 3	
<i>prochlorperazine</i> SUPP 25mg	Tier 4		<i>nizatidine</i> CAPS 150mg, 300mg	Tier 4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 4		<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 2		<i>balsalazide disodium</i> CAPS 750mg	Tier 3	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA	<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 4	QL
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA	<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	Tier 5	QL PA
			<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	Tier 4	
			<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	Tier 4	QL	<b>MISCELLANEOUS</b>		
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	Tier 4	QL	<i>alose tron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	Tier 5	QL PA
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 4	QL	<i>alose tron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 4	QL	CREON CAP 3000UNIT	Tier 3	
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 4	QL	CREON CAP 6000UNIT	Tier 3	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 2		CREON CAP 12000UNT	Tier 3	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 3		CREON CAP 24000UNT	Tier 3	
<b>LAXATIVES</b>			CREON CAP 36000UNT	Tier 3	
<i>constulose</i> SOLN 10gm/15ml	Tier 2		<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) (generic of GASTROCROM) CONC 100mg/5ml	Tier 4	
<i>enulose</i> SOLN 10gm/15ml	Tier 2		<i>diphenoxylate w/ atropine</i> <i>tab 2.5-0.025 mg</i> (generic of LOMOTIL)	Tier 4	
<i>gavilyte-c</i>	Tier 2		GATTEX KIT 5mg	Tier 5	NM PA
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 2		LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 3	QL
<i>gavilyte-n/ flavor pack</i>	Tier 2		<i>loperamide hcl</i> CAPS 2mg	Tier 2	
<i>generlac</i> SOLN 10gm/15ml	Tier 2		<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 3	
<i>lactulose</i> SOLN 10gm/15ml	Tier 2		MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 2		RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	Tier 5	QL PA
<i>peg 3350-kcl-na bicarb-nacl-</i> <i>na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 2		RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 5	QL PA
<i>peg 3350-kcl-sod bicarb-</i> <i>nacl for soln 420 gm</i>	Tier 2		<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	Tier 3	
PLENVU SOL	Tier 4		<i>ursodiol</i> CAPS 300mg	Tier 4	
<i>sod sulfate-pot sulf-mg sulf</i> <i>oral sol 17.5-3.13-1.6</i> <i>gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	Tier 3		<i>ursodiol</i> TABS 250mg	Tier 3	
			<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 3	
			VOQUEZNA PAK DUAL PAK QL (2 kits / year)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VOQUEZNA PAK TRIP PK QL (2 kits / year)	Tier 3	QL PA	<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
VOWST CAP QL (12 caps / 30 days)	Tier 5	QL NM PA	<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	Tier 3	QL PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 5	QL NM PA	<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	Tier 1	QL
XIFAXAN TABS 550mg	Tier 5	PA	<b>MISCELLANEOUS</b>		
ZENPEP CAP 3000UNIT	Tier 4		<i>acetic acid</i> SOLN .25%	Tier 2	
ZENPEP CAP 5000UNIT	Tier 4		<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 3	
ZENPEP CAP 10000UNIT	Tier 4		<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 3	
ZENPEP CAP 15000UNIT	Tier 4		<i>potassium citrate</i> (alkalinizer) TBCR 540mg	Tier 3	
ZENPEP CAP 20000UNIT	Tier 4		<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 3	
ZENPEP CAP 25000UNIT	Tier 4		<b>URINARY ANTISPASMODICS</b>		
ZENPEP CAP 40000UNIT	Tier 4		GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 3	QL
ZENPEP CAP 60000UNIT	Tier 4		MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	Tier 3	QL
<b>PROTON PUMP INHIBITORS</b>			MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 3	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	Tier 3	QL ST	<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 3	QL
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	Tier 3	QL	<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	Tier 3	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	Tier 3	QL	<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	Tier 3	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1		<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL
<i>pantoprazole sodium</i> (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	Tier 4		<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 4	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1				
<b>GENITOURINARY</b>					
<b>BENIGN PROSTATIC HYPERPLASIA</b>					
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	Tier 2	QL			
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	Tier 3	QL			
<i>dutasteride-tamsulosin hcl</i> cap 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	Tier 3	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 4	QL	ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 3	QL
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 4	QL	<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 4	
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL	<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	Tier 4	
<b>VAGINAL ANTI-INFECTIVES</b>			<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 5	
<i>clindamycin phosphate</i> vaginal (generic of CLEOCIN) CREA 2%	Tier 3		HEP SOD/NAACL INJ 25000UNT	Tier 3	
<i>metronidazole vaginal</i> GEL .75%	Tier 3		<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 3	B/D
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	Tier 3		<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
<b>HEMATOLOGIC ANTICOAGULANTS</b>			<i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	Tier 3	QL
<i>dabigatran etexilate</i> <i>mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 3	QL	<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL
<i>dabigatran etexilate</i> <i>mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	Tier 3	QL	<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
ELIQUIS CPSP .15mg QL (56 caps / 21 days)	Tier 3	QL	XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL	XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 3	QL	XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 3	QL
ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	Tier 3	QL	<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	Tier 3	QL	FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 5	QL NM PA
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	Tier 3	QL			

Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 5	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 5	NM PA
<b>MISCELLANEOUS</b>		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
<i>anagrelide hcl</i> CAPS 1mg	Tier 4	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	Tier 4	
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 5	QL NM PA
<i>cilostazol</i> TABS 50mg, 100mg	Tier 2	
DOPTELET TABS 20mg	Tier 5	NM PA
DOPTELET SPRINKLE CPSP 10mg	Tier 5	NM PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 4	
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 5	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 5	QL NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5	QL NM PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	Tier 5	NM PA
<i>pentoxifylline</i> TBCR 400mg	Tier 2	
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5	QL NM PA
SIKLOS TABS 100mg	Tier 4	
SIKLOS TABS 1000mg	Tier 5	

Drug Name	Drug Tier	Requirements/Limits
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 5	QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 4	
<i>tranexamic acid</i> TABS 650mg	Tier 3	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 4	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Tier 1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 years and older	Tier 3	PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	Tier 3	
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	Tier 3	
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 autoinjectors / 28 days)	Tier 5	QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	Tier 5	QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	Tier 5	QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	Tier 5	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 5	QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 5	QL NM PA	KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	Tier 5	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 5	QL NM PA	PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	Tier 3	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA	PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	Tier 5	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 5	QL NM PA	PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 3	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 5	QL NM PA	PYZCHIVA SOLN 130mg/26ml	Tier 5	NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 5	QL NM PA	PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 3	QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	Tier 5	QL NM PA	PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 5	QL NM PA	REMICADE SOLR 100mg	Tier 5	NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 5	QL NM PA	RENFLEXIS SOLR 100mg	Tier 5	NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 5	QL NM PA	RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 5	QL NM PA	RINVOQ TB24 45mg QL (168 tabs / year)	Tier 5	QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5	QL NM PA	RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 5	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 5	QL NM PA	SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 5	QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 5	QL NM PA	SKYRIZI SOLN 600mg/10ml	Tier 5	NM PA
INFLIXIMAB SOLR 100mg	Tier 5	NM PA	SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 5	QL NM PA
			SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 5	QL NM PA
			SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
			STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STELARA SOLN 130mg/26ml	Tier 5	NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 5	QL NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 5	QL NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
TREMFYA SOLN 200mg/20ml	Tier 5	NM PA	YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 3	QL NM PA
TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	Tier 5	QL NM PA	YESINTEK SOLN 130mg/26ml	Tier 3	NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA	YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 3	QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	Tier 5	QL NM PA	YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 5	QL NM PA	<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days)	Tier 5	QL NM PA	<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	Tier 3	
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 5	QL NM PA	JYLAMVO SOLN 2mg/ml	Tier 4	B/D
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 5	NM PA	<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 5	QL NM PA	<i>methotrexate sodium</i> TABS 2.5mg	Tier 3	
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 5	QL NM PA	XATMEP SOLN 2.5mg/ml	Tier 4	B/D
USTEKINUMAB SOLN 130mg/26ml	Tier 5	NM PA	<b>IMMUNOGLOBULINS</b>		
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA	ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	BIVIGAM SOLN 5gm/50ml, 10%	Tier 5	NM PA
			FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 5	NM PA
			GAMASTAN INJ	Tier 4	B/D NM
			GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 5	NM PA	<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 4	B/D NM
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	NM PA	<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 4	B/D NM
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 5	NM PA	<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 4	B/D NM
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NM PA	<i>everolimus</i> ( <i>immunosuppressant</i> ) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	Tier 5	B/D NM
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA	<i>everolimus</i> ( <i>immunosuppressant</i> ) (generic of ZORTRESS) TABS .25mg	Tier 4	B/D NM
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA	<i>engraf</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 4	B/D NM
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 3	B/D NM
<b>IMMUNOMODULATORS</b>			<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	Tier 5	B/D NM
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 5	NM PA	<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 4	B/D NM
ARCALYST SOLR 220mg	Tier 5	NM PA	NULOJIX SOLR 250mg	Tier 5	B/D NM
<b>IMMUNOSUPPRESSANTS</b>			PROGRAF PACK .2mg, 1mg	Tier 4	B/D NM
ASTAGRAF XL CP24 5mg	Tier 5	B/D NM	REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
ASTAGRAF XL CP24 .5mg, 1mg	Tier 4	B/D NM	<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 4	B/D NM
<i>azathioprine</i> (generic of IMURAN) TABS 50mg	Tier 3	B/D	<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 4	B/D NM
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	Tier 5	QL NM PA	<b>VACCINES</b>		
BENLYSTA SOLR 120mg, 400mg	Tier 5	NM PA	ABRYSVO SOLR 120mcg/0.5ml	Tier 1	PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA	ACTHIB INJ	Tier 1	
			ADACEL INJ	Tier 1	
			AREXVY SUSR 120mcg/0.5ml	Tier 1	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BCG VACCINE SOLR 50mg	Tier 1		SHINGRIX SUSR 50mcg/0.5ml	Tier 1	QL
BEXSERO SUSY .5ml	Tier 1		QL (2 vials per lifetime)		
BOOSTRIX INJ	Tier 1		TENIVAC INJ 5-2LF	Tier 1	B/D
DAPTACEL INJ	Tier 1		TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
DENG VAXIA SUS	Tier 1		TRUMENBA SUSY .5ml	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D	TWINRIX INJ	Tier 1	
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1		TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	Tier 1		VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D	VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
HIBERIX SOLR 10mcg	Tier 1		VAXCHORA SUS	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D	VIMKUNYA SUSY 40mcg/0.8ml	Tier 1	
INFANRIX INJ	Tier 1		VIVOTIF CAP EC	Tier 1	
IPOL INJ INACTIVE	Tier 1		YF-VAX INJ	Tier 1	
IXIARO INJ	Tier 1				
JYNNEOS SUSP .5ml	Tier 1	B/D	<b>NUTRITIONAL/SUPPLEMENTS</b>		
KINRIX INJ	Tier 1		<b>ELECTROLYTES/MINERALS,</b>		
M-M-R II INJ	Tier 1		<b>INJECTABLE</b>		
MENQUADFI SOLN .5ml	Tier 1		D2.5W/NACL INJ 0.45%	Tier 4	
MENVEO INJ	Tier 1		D5W/NACL INJ 0.2%	Tier 3	
MENVEO SOL	Tier 1		D5W/NACL INJ 0.45%	Tier 3	
MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA	D10W/NACL INJ 0.2%	Tier 3	
PEDIARIX INJ 0.5ML	Tier 1		D10W/NACL INJ 0.45%	Tier 3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1		<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i>	Tier 3	
PENBRAYA INJ	Tier 1		<i>dextrose 5% in lactated ringers</i>	Tier 3	
PENMENVY INJ	Tier 1		<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	Tier 3	
PENTACEL INJ	Tier 1		<i>dextrose 5% w/ sodium chloride 0.9% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	Tier 3	
PRIORIX INJ	Tier 1				
PROQUAD INJ	Tier 1				
QUADRACEL INJ 0.5ML	Tier 1				
RABAVERT INJ	Tier 1	B/D			
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D			
ROTARIX SUS	Tier 1				
ROTATEQ SOL	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose 5% w/ sodium chloride 0.45%</i> (generic of DEXTROSE 5%/SODIUM CHLORI)	Tier 3		<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	Tier 3	
<i>dextrose 5% w/ sodium chloride 0.225%</i> (generic of DEXTROSE/SODIUM CHLORIDE)	Tier 3		KCL/D5W/NACL INJ 0.3/0.9%	Tier 4	
ISOLYTE-P INJ /D5W	Tier 4		KCL/D5W/NACL INJ 0.15/0.2	Tier 3	
ISOLYTE-S INJ PH 7.4	Tier 4		LACTATED RIN INJ	Tier 4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> (generic of KCL 0.075%/D5W/NACL 0.45%)	Tier 3		<i>lactated ringer's solution</i>	Tier 3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	Tier 3		MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 3		<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	Tier 3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 3		<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 3		<i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE A)	Tier 4	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	Tier 3		POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 4	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 3		POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/DEXTRO)	Tier 3		POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%)	Tier 3		<i>potassium chloride</i> SOLN 2meq/ml	Tier 3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> (generic of KCL 0.3%/D5W/NACL 0.45%)	Tier 3		<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 3		<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> (generic of POTASSIUM CHLORIDE/DEXTRO)	Tier 3	
			<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	Tier 3	
			TPN ELECTROL INJ	Tier 4	B/D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>			<b>OPHTHALMIC</b>		
<i>klor-con</i> PACK 20meq	Tier 4		<i>dextrose</i> SOLN 50%	Tier 3	B/D
KLOR-CON 8 TBCR 8meq	Tier 2		DEXTROSE 10% SOLN 10%	Tier 3	
<i>klor-con 10</i> TBCR 10meq	Tier 2		DEXTROSE 70% SOLN 70%	Tier 3	B/D
KLOR-CON 10 TBCR 10meq	Tier 2		INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 4	B/D
<i>klor-con m10</i> TBCR 10meq	Tier 2		NUTRILIPID EMUL 20gm/100ml	Tier 4	B/D
<i>klor-con m15</i> TBCR 15meq	Tier 2		<i>plenamine</i>	Tier 4	B/D
<i>klor-con m20</i> TBCR 20meq	Tier 2		PREMASOL SOL 10%	Tier 5	B/D
M-NATAL PLUS TAB	Tier 3		PROSOL INJ 20%	Tier 4	B/D
<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 10meq, 20meq	Tier 2		TRAVASOL INJ 10%	Tier 4	B/D
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	Tier 4		TROPHAMINE INJ 10%	Tier 4	B/D
<i>potassium chloride</i> (generic of KLOR-CON 8) TBCR 8meq	Tier 2		<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>potassium chloride microencapsulated crystals</i> er TBCR 10meq, 15meq, 20meq	Tier 2		<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 3	
PRENATAL TAB 27-1MG	Tier 3		<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	Tier 3	
PRENATAL TAB PLUS	Tier 3		<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> (generic of MAXITROL)	Tier 2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 2		<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> (generic of MAXITROL)	Tier 2	
WESTAB PLUS TAB 27-1MG	Tier 3		<i>neomycin-polymyxin-hc ophth susp</i>	Tier 4	
<b>IV NUTRITION</b>			<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 2	
<i>aminosyn ii soln 15%</i>	Tier 4	B/D	TOBRADEX OIN 0.3-0.1%	Tier 3	
AMINOSYN INJ 10%	Tier 4	B/D	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 3	
AMINOSYN-PF INJ 10%	Tier 4	B/D	ZYLET SUS 0.5-0.3%	Tier 3	
CLINIMIX INJ 4.25/D5W	Tier 4	B/D	<b>ANTI-INFECTIVES</b>		
CLINIMIX INJ 4.25/D10	Tier 4	B/D	<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	Tier 3	
CLINIMIX INJ 5%/D15W	Tier 4	B/D	<i>bacitracin-polymyxin b ophth oint</i>	Tier 2	
CLINIMIX INJ 5%/D20W	Tier 4	B/D	<i>besifloxacin hcl SUSP .6%</i>	Tier 3	
CLINIMIX INJ 6/5	Tier 4	B/D	BESIVANCE SUSP .6%	Tier 3	
CLINIMIX INJ 8/10	Tier 4	B/D	CILOXAN OINT .3%	Tier 3	
CLINIMIX INJ 8/14	Tier 4	B/D			
<i>clinisol sf 15%</i>	Tier 4	B/D			
CLINOLIPID EMU 20%	Tier 4	B/D			
<i>dextrose</i> (generic of DEXTROSE 5%) SOLN 5%	Tier 3				
<i>dextrose</i> (generic of DEXTROSE 10%) SOLN 10%	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	Tier 2		LOTEMAX OINT .5%	Tier 3	
<i>erythromycin (ophth)</i> OINT 5mg/gm	Tier 2		<i>prednisolone acetate</i> ( <i>ophth</i> ) (generic of PRED FORTE) SUSP 1%	Tier 3	
<i>gatifloxacin (ophth)</i> SOLN .5%	Tier 3		PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 3	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	Tier 2		<b>ANTIALLERGICS</b>		
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	Tier 3	QL	<i>azelastine hcl (ophth)</i> SOLN .05%	Tier 2	
QL (12 mL / 30 days)			<i>cromolyn sodium (ophth)</i> SOLN 4%	Tier 2	
NATACYN SUSP 5%	Tier 4		ZERVIATE SOLN .24%	Tier 4	
<i>neomycin-bacitrac zn-</i> <i>polymyx 5(3.5)mg-400unt-</i> <i>10000unt op oin</i>	Tier 3		<b>ANTIGLAUCOMA</b>		
<i>neomycin-polymy-gramicid</i> <i>op sol 1.75-10000-0.025mg-</i> <i>unt-mg/ml</i>	Tier 3		<i>betaxolol hcl (ophth)</i> SOLN .5%	Tier 3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	Tier 2		<i>brimonidine tartrate</i> SOLN .2%	Tier 1	
<i>polymyxin b-trimethoprim</i> <i>ophth soln 10000 unit/ml-</i> <i>0.1%</i>	Tier 1		<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	Tier 4	ST
<i>sulfacetamide sodium</i> ( <i>ophth</i> ) SOLN 10%	Tier 3		<i>carteolol hcl (ophth)</i> SOLN 1%	Tier 2	
<i>tobramycin (ophth)</i> SOLN .3%	Tier 1		COMBIGAN SOL 0.2/0.5%	Tier 3	
<i>trifluridine</i> SOLN 1%	Tier 4		<i>dorzolamide hcl</i> SOLN 2%	Tier 2	
XDEMYVY SOLN .25%	Tier 5	NM PA	<i>dorzolamide hcl-timolol</i> <i>maleate ophth soln 2-0.5%</i> (generic of COSOPT)	Tier 2	
ZIRGAN GEL .15%	Tier 4		<i>latanoprost</i> (generic of XALATAN) SOLN .005%	Tier 1	
<b>ANTI-INFLAMMATORIES</b>			<i>levobunolol hcl</i> SOLN .5%	Tier 2	
<i>dexamethasone sodium</i> <i>phosphate (ophth)</i> SOLN .1%	Tier 3		LUMIGAN SOLN .01%	Tier 3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	Tier 2		<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 3	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	Tier 3		RHOPRESSA SOLN .02%	Tier 4	
<i>flurbiprofen sodium</i> SOLN .03%	Tier 3		ROCKLATAN DRO	Tier 4	
<i>ketorolac tromethamine</i> ( <i>ophth</i> ) (generic of ACULAR LS) SOLN .4%	Tier 3		SIMBRINZA SUS 1-0.2%	Tier 4	
<i>ketorolac tromethamine</i> ( <i>ophth</i> ) (generic of ACULAR) SOLN .5%	Tier 2		<i>timolol maleate (ophth)</i> SOLG .25%, .5%	Tier 3	
			<i>timolol maleate (ophth)</i> SOLN .25%, .5%	Tier 1	
			VYZULTA SOLN .024%	Tier 4	
			<b>MISCELLANEOUS</b>		
			ATROPINE SULFATE SOLN 1%	Tier 3	
			<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 3	
			CYSTADROPS SOLN .37%	Tier 5	NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYSTARAN SOLN .44%	Tier 5	NM PA	COMBIVENT AER 20-100	Tier 4	QL
EYSUVIS SUSP .25%	Tier 4		QL (2 inhalers / 30 days)		
MIEBO SOLN 1.338gm/ml	Tier 3		<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 3	B/D
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	Tier 3		TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 3	QL
RESTASIS EMUL .05%	Tier 3		QL (60 blisters / 30 days)		
RESTASIS MULTIDOSE EMUL .05%	Tier 3		TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 3	QL
XIIDRA SOLN 5%	Tier 3		QL (60 blisters / 30 days)		
<b>OTIC</b>			<b>ANTICHOLINERGICS</b>		
<b>OTIC AGENTS</b>			<b>ATROVENT HFA AERS 17mcg/act</b>		
<i>acetic acid (otic)</i> SOLN 2%	Tier 3		QL (2 inhalers / 30 days)	Tier 4	QL
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 4		INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 3	QL
<i>flac</i> (generic of DERMOTIC) OIL .01%	Tier 3		QL (30 blisters / 30 days)		
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	Tier 3		<i>ipratropium bromide</i> SOLN .02%	Tier 2	B/D
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 4		<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 3		SPIRIVA RESPIMAT AERS 1.25mcg/act	Tier 4	QL
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 3		QL (1 inhaler / 30 days)		
<i>ofloxacin (otic)</i> SOLN .3%	Tier 4		<b>ANTI-HISTAMINES</b>		
<b>RESPIRATORY</b>			<b>azelastine hcl</b> SOLN .1%		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>			Tier 2		
ANORO ELLIPT AER 62.5-25	Tier 3	QL	<i>cetirizine hcl</i> SOLN 5mg/5ml	Tier 2	QL
QL (60 blisters / 30 days)			QL (300 mL / 30 days)		
BEVESPI AER 9-4.8MCG	Tier 3	QL	<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	Tier 3	PA
QL (1 inhaler / 30 days)			PA applies if 65 years and older after a 30 day supply in a calendar year		
BREZTRI AERO AER SPHERE	Tier 3	QL	<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 3	
QL (1 inhaler / 30 days)			<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	Tier 4	PA
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 3	QL	PA applies if 65 years and older		
QL (4 inhalers / 28 days)					

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	Tier 4	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 3	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 3	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 3	QL
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 3	B/D
<i>albuterol sulfate</i> NEBU .083%	Tier 2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	Tier 3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	Tier 4	
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 3	QL ST

Drug Name	Drug Tier	Requirements/ Limits
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 3	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 4	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 3	QL
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg	Tier 2	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 4	
<i>montelukast sodium</i> (generic of SINGULAIR) TABS 10mg	Tier 1	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	Tier 3	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 4	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	Tier 5	QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	Tier 5	QL NM PA
ARALAST NP SOLR 500mg, 1000mg	Tier 5	NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 3	B/D
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 3	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 3		PULMOZYME SOLN 2.5mg/2.5ml	Tier 5	NM PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA	<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 4	QL
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 5	QL NM PA	<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 4	QL
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 5	QL NM PA	SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 5	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 5	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 5	QL NM PA	<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	Tier 4	
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 5	QL NM PA	<i>theophylline</i> TB24 400mg, 600mg	Tier 3	
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 5	QL NM PA	TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 5	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 5	QL NM PA	TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 5	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 5	QL NM PA	TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 5	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 5	QL NM PA	TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 5	QL NM PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	Tier 5	QL NM PA	XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 5	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 5	QL NM PA	XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 5	QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 5	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 5	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 5	NM PA	XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA
			ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 5	NM PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>NASAL STEROIDS</b>			<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 3	QL	BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 3	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 2	QL	<i>breyana</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 3	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 4	QL PA	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 3	QL
<b>STEROID INHALANTS</b>			<b>STEROID INHALANTS</b>		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 4	QL	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 4	QL	DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 4	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 3	QL	DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 4	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 4	B/D	DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 4	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>			<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 3	QL	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 3	QL	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 3	QL			
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	Tier 3	QL			
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	Tier 3	QL			
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 3	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 3	QL	<i>erythromycin (acne aid) SOLN 2%</i> QL (60 mL / 30 days)	Tier 3	QL
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 3	QL	<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 4	PA
<b>TOPICAL DERMATOLOGY, ACNE</b>			<i>neuac</i> QL (45 gm / 30 days)	Tier 3	QL
<i>accutane CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 4	PA	<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 4	QL
<i>amnesteem CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 4	PA	<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 4	QL PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	Tier 4	QL	<i>twice-daily clindamycin phosphate (topical) GEL 1%</i> QL (60 gm / 30 days)	Tier 3	QL
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 4	PA	<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 4	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	Tier 3	QL	<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	Tier 3	QL PA	<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i> QL (30 gm / 30 days)	Tier 3	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	Tier 3	QL	<i>mupirocin OINT 2%</i> QL (220 gm / 30 days)	Tier 2	QL
<i>clindamycin phosphate (topical) SOLN 1%</i> QL (60 mL / 30 days)	Tier 3	QL	<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	Tier 2	
<i>ery PADS 2%</i> QL (60 pledgets / 30 days)	Tier 3	QL	<i>ssd</i> (generic of SILVADENE) CREA 1%	Tier 2	
<i>erythromycin (acne aid) GEL 2%</i> QL (60 gm / 30 days)	Tier 3	QL	SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	Tier 4	QL
			<b>DERMATOLOGY, ANTIFUNGALS</b>		
			<i>ciclopirox SHAM 1%</i> QL (120 mL / 30 days)	Tier 3	QL
			<i>ciclopirox olamine CREA .77%</i> QL (90 gm / 30 days)	Tier 3	QL
			<i>ciclopirox olamine SUSP .77%</i> QL (60 mL / 30 days)	Tier 3	QL
			<i>clotrimazole (topical) CREA 1%</i> QL (45 gm / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole (topical)</i> SOLN 1%	Tier 3	QL
QL (60 mL / 30 days)		
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 3	QL
QL (45 gm / 30 days)		
<i>econazole nitrate</i> CREA 1%	Tier 3	QL
QL (85 gm / 30 days)		
<i>ketoconazole (topical)</i> CREA 2%	Tier 3	QL
QL (60 gm / 30 days)		
<i>ketoconazole (topical)</i> SHAM 2%	Tier 2	QL
QL (120 mL / 30 days)		
<i>klayesta</i> POWD 100000unit/gm	Tier 3	QL
QL (60 gm / 30 days)		
<i>nyamyc</i> POWD 100000unit/gm	Tier 3	QL
QL (60 gm / 30 days)		
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	Tier 2	QL
QL (30 gm / 30 days)		
<i>nystatin (topical)</i> POWD 100000unit/gm	Tier 3	QL
QL (60 gm / 30 days)		
<i>nystop</i> POWD 100000unit/gm	Tier 3	QL
QL (60 gm / 30 days)		
<i>selenium sulfide</i> LOTN 2.5%	Tier 2	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 4	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	Tier 4	QL PA
QL (120 gm / 30 days)		
<i>calcipotriene</i> SOLN .005%	Tier 3	QL PA
QL (120 mL / 30 days)		
<i>calcitrene</i> OINT .005%	Tier 4	QL PA
QL (120 gm / 30 days)		
ENSTILAR AER	Tier 5	QL PA
QL (120 gm / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1%	Tier 3	QL PA
QL (60 gm / 30 days)		
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> CREA 1%	Tier 1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	Tier 3	QL
QL (60 gm / 30 days)		
<i>betamethasone dipropionate (topical)</i> CREA .05%	Tier 3	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate (topical)</i> LOTN .05%	Tier 3	QL
QL (120 mL / 30 days)		
<i>betamethasone dipropionate (topical)</i> OINT .05%	Tier 4	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate augmented</i> CREA .05%	Tier 2	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate augmented</i> GEL .05%	Tier 4	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate augmented</i> LOTN .05%	Tier 4	QL
QL (120 mL / 30 days)		
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05%	Tier 4	QL
QL (120 gm / 30 days)		
<i>betamethasone valerate</i> CREA .1%; OINT .1%	Tier 3	QL
QL (120 gm / 30 days)		
<i>betamethasone valerate</i> LOTN .1%	Tier 3	QL
QL (120 mL / 30 days)		
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	Tier 4	QL
QL (120 gm / 30 days)		
<i>clobetasol propionate</i> (generic of CLOBEX) SHAM .05%	Tier 4	QL
QL (236 mL / 30 days)		
<i>clobetasol propionate</i> SOLN .05%	Tier 4	QL
QL (100 mL / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate e</i> CREA .05% QL (120 gm / 30 days)	Tier 4	QL	<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 4	QL
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	Tier 4	QL	<i>hydrocortisone (topical)</i> CREA 1%	Tier 1	
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	Tier 4	QL	<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	Tier 2	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	Tier 4	QL	<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	Tier 2	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	Tier 3	QL	<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	Tier 3	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 3	QL	<i>mometasone furoate</i> CREA Tier 3 .1%; OINT .1%; SOLN .1%	Tier 3	
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	Tier 3	QL	<i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 2	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 3	QL	<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%	Tier 3	
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	Tier 3	QL	<i>triamcinolone acetonide</i> (topical) OINT .025%, .1%, .5%	Tier 2	
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	Tier 4	QL	<i>triderm</i> CREA .5% QL (454 gm / 30 days)	Tier 2	QL
<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	Tier 3	QL	<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 3	QL	<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	Tier 3	QL PA
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 4	QL	<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 4	QL PA
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	Tier 3	QL	<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 4	QL PA
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	Tier 4	QL	<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 3	QL PA
<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 3		<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 2	B/D QL
			<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 4	QL PA
			<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 4	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>					
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	Tier 5	QL NM PA	<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3	
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	Tier 3	QL	<i>proctocort</i> CREA 1%	Tier 3	
EUCRISA OINT 2% QL (120 gm / 30 days)	Tier 4	QL PA	<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3	
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	Tier 4	QL	<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3	
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 3	QL	<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 4	QL PA
<i>hydrocortisone (rectal)</i> CREA 1%	Tier 3		VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 5	QL NM PA
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3		<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 3	QL	<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 4	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 2		<i>permethrin</i> (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days)	Tier 3	QL
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	Tier 3	QL	<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	Tier 3	QL	SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 4	QL PA
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	Tier 4	QL	<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 3	
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	Tier 4	QL	<i>water for irrigation, sterile irrigation soln</i>	Tier 2	
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 5	QL PA	<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>pimecrolimus</i> CREA 1% QL (100 gm / 30 days)	Tier 4	QL PA	<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	Tier 1	
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 3	QL	<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	Tier 3	QL
			<i>kourzeq</i> PSTE .1%	Tier 3	
			<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	Tier 2	
			<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	Tier 2	
			<i>perio gard</i> (generic of PERIDEX) SOLN .12%	Tier 1	
			<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	Tier 3	
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