



Connecticut | Massachusetts | Rhode Island | Vermont

# Blue MedicareRx<sup>SM</sup> Premier (PDP) 2025 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 5/1/2025. 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).

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.

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

**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 5/1/2025. 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 it be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 5/1/2025. 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 to, additions, and/or deletions of medications contained in our formulary.

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

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

### **Medical Condition**

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

## **Alphabetical Listing**

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

## **What are generic drugs?**

Blue MedicareRx 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 2 units per prescription for ATROVENT HFA. This may be in addition to a standard one-month or three-month supply.

**Step Therapy:** In some cases, Blue MedicareRx 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., ADVAIR HFA) and generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

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

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

## Explanation of Tiers and Copayments/Coinsurance:

### Blue MedicareRx Premier Initial Coverage Stage

Tier Label	Retail Cost-Sharing or Out-of-Network (OON) Cost-Sharing*	Mail Order Cost-Sharing 90-day supply
	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing/ OON/LTC
<b>Tier 1: Preferred Generic</b> Certain generic drugs that are available at the lowest copayment	\$1	\$6
<b>Tier 2: Generic</b> Higher cost generic drugs available at a higher copayment than Tier 1 generic drugs	\$7	\$12
<b>Tier 3: Preferred Brand</b> Many common brand name drugs and some higher cost generic drugs, many of which may have lower cost options available on Tier 1 or Tier 2	\$30	\$40
<b>Tier 4: Non-Preferred Drug</b> Higher cost generic and non-preferred drugs, many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3	35%	44%
<b>Tier 5: Specialty Tier</b> Unique and/or very high-cost brand and some generic drugs of which you pay a percentage of the total drug cost which may require special handling and/or close monitoring	33%	33%
		Not Applicable†

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

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

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

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>methadone hydrochloride i (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)</i>	Tier 3	QL PA	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)</i>	Tier 4	QL
<i>morphine sulfate (generic of Tier 3 MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)</i>	Tier 3	QL PA	<i>hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)</i>	Tier 3	QL
<i>morphine sulfate TBCR 100mg, 200mg QL (90 tabs / 30 days)</i>	Tier 3	QL PA	<i>hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)</i>	Tier 3	QL
<b><i>OPIOID ANALGESICS, SHORT-ACTING</i></b>			<i>hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)</i>	Tier 3	QL
<i>acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)</i>	Tier 2	QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)</i>	Tier 3	QL
<i>acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)</i>	Tier 2	QL	<i>hydromorphone hcl (generic Tier 4 of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)</i>		QL
<i>acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)</i>	Tier 2	QL	<i>hydromorphone hcl (generic Tier 3 of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)</i>		QL
<i>acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)</i>	Tier 2	QL	<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	Tier 4	B/D
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	Tier 4		<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)</i>	Tier 3	QL
<i>endocet tab 2.5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)</i>	Tier 3	QL	<i>morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)</i>	Tier 3	QL
<i>endocet tab 5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)</i>	Tier 3	QL	<i>morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)</i>	Tier 3	QL
<i>endocet tab 7.5-325mg (generic of PERCO CET) QL (240 tabs / 30 days)</i>	Tier 3	QL	<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	Tier 4	
<i>endocet tab 10-325mg (generic of PERCO CET) QL (180 tabs / 30 days)</i>	Tier 3	QL	<i>oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)</i>	Tier 4	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 4	QL	atovaquone (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 4	QL PA
oxycodone hcl TABS 5mg, Tier 3 10mg, 20mg QL (180 tabs / 30 days)	QL		aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	Tier 4	
oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 3	QL	CAYSTON SOLR 75mg	Tier 5	NM PA
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)	Tier 3	QL	clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 2	
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCO CET) 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 7.5-325 mg (generic of PERCO CET) QL (240 tabs / 30 days)	Tier 3	QL	clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml	Tier 3	
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCO CET) QL (180 tabs / 30 days)	Tier 3	QL	clindamycin phosphate in d5w iv soln 300 mg/50ml	Tier 4	
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	Tier 2	QL	clindamycin phosphate in d5w iv soln 600 mg/50ml	Tier 4	
tramadol-acetaminophen tab 37.5-325 mg QL (240 tabs / 30 days)	Tier 2	QL	clindamycin phosphate in d5w iv soln 900 mg/50ml	Tier 4	
<b>ANTI-INFECTIVES</b>			CLINDMYC/NAC INJ 300/50ML	Tier 4	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>			CLINDMYC/NAC INJ 600/50ML	Tier 4	
albendazole TABS 200mg QL (672 tabs / year)	Tier 5	QL PA	CLINDMYC/NAC INJ 900/50ML	Tier 4	
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	Tier 4		colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg	Tier 4	
ARIKAYCE SUSP 590mg/8.4ml	Tier 5	NM PA	dapsone TABS 25mg, 100mg	Tier 3	
			DAPTOMYCIN SOLR 350mg	Tier 5	
			daptomycin (generic of DAPTOMYCIN) SOLR 350mg	Tier 5	
			daptomycin SOLR 500mg	Tier 5	
			EMVERM CHEW 100mg QL (12 tabs / year)	Tier 5	QL
			ertapenem sodium SOLR 1gm	Tier 3	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
gentamicin in saline inj 0.8 mg/ml	Tier 3		nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 3	
gentamicin in saline inj 1 mg/ml	Tier 3		nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg	Tier 3	
gentamicin in saline inj 1.2 mg/ml	Tier 3		pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg	Tier 4	B/D
gentamicin in saline inj 1.6 mg/ml	Tier 3		pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg	Tier 4	
gentamicin in saline inj 2 mg/ml	Tier 3		polymyxin b sulfate SOLR 500000unit	Tier 4	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	Tier 3		praziquantel TABS 600mg	Tier 4	
imipenem-cilastatin intravenous for soln 250 mg	Tier 3		pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	Tier 5	QL PA
imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)	Tier 3		streptomycin sulfate SOLR 1gm	Tier 5	
IMPAVIDO CAPS 50mg	Tier 5	PA	sulfadiazine TABS 500mg	Tier 5	
ivermectin (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	Tier 3	QL PA	sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 4	
linezolid (generic of ZYVOX) SOLN 600mg/300ml	Tier 4		sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 3	
linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 5	QL	sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	Tier 1	
linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	Tier 4	QL	sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	Tier 1	
LINEZOLID INJ 2MG/ML	Tier 4		tinidazole TABS 250mg, 500mg	Tier 3	
meropenem SOLR 1gm, 500mg	Tier 4		TOBI PODHALER CAPS 28mg	Tier 5	NM PA
methenamine hippurate (generic of HIPREX) TABS 1gm	Tier 3		tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 5	NM PA
metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 3		tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 3	
metronidazole TABS 250mg, 500mg	Tier 1		trimethoprim TABS 100mg	Tier 3	
neomycin sulfate TABS 500mg	Tier 2				
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	Tier 5	QL			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 4	QL	<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	Tier 4	PA
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 4	QL	<i>ketoconazole</i> TABS 200mg	Tier 3	PA
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	Tier 4		<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	Tier 4	
<i>vancomycin hcl</i> SOLR 1gm, Tier 4 1.5gm, 5gm, 10gm, 500mg, 750mg			<i>nystatin</i> TABS 500000unit	Tier 3	
VANCOMYCIN INJ 1 GM	Tier 4		<i>posaconazole</i> (generic of NOXAFL) SUSP 40mg/ml QL (630 mL / 30 days)	Tier 5	QL PA
VANCOMYCIN INJ 500MG	Tier 4		<i>posaconazole</i> (generic of NOXAFL) TBEC 100mg QL (93 tabs / 30 days)	Tier 5	QL PA
VANCOMYCIN INJ 750MG	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 1	QL PA
<b>ANTIFUNGALS</b>			<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	Tier 4	PA
ABELCET SUSP 5mg/ml	Tier 4	B/D	<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	Tier 5	QL PA
<i>amphotericin b</i> SOLR 50mg	Tier 4	B/D	<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 4	QL
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	Tier 5	B/D	<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	Tier 4	QL
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	Tier 4		<b>ANTIMALARIALS</b>		
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	Tier 3		<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg (generic of MALARONE)	Tier 4	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml	Tier 3		<i>atovaquone-proguanil hcl</i> tab 250-100 mg (generic of MALARONE)	Tier 4	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 100mg, 150mg, 200mg	Tier 2		<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 4	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 3		<i>COARTEM TAB 20-120MG</i>	Tier 4	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 3		<i>mefloquine hcl</i> TABS 250mg	Tier 3	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	Tier 5	PA	<i>PRIMAQUINE PHOSPHATE TABS</i> 26.3mg	Tier 3	
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 4				
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 4				

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 3		<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	Tier 4	NM
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	Tier 4	PA	<i>nevirapine</i> TABS 200mg	Tier 2	NM
			<i>NORVIR</i> PACK 100mg	Tier 4	NM
			<i>PIFELTRO</i> TABS 100mg	Tier 5	NM
			<i>PREZISTA</i> SUSP 100mg/ml QL (400 mL / 30 days)	Tier 5	QL NM
			<i>PREZISTA</i> TABS 75mg QL (480 tabs / 30 days)	Tier 4	QL NM
			<i>PREZISTA</i> TABS 150mg QL (240 tabs / 30 days)	Tier 5	QL NM
			<i>REYATAZ</i> PACK 50mg	Tier 5	NM
			<i>ritonavir</i> (generic of <i>NORVIR</i> ) TABS 100mg	Tier 3	NM
			<i>RUKOBIA</i> TB12 600mg	Tier 5	NM
			<i>SELZENTRY</i> SOLN 20mg/ml	Tier 5	NM
			<i>SUNLENCA</i> TBPK 300mg	Tier 5	NM
			<i>tenofovir disoproxil fumarate</i> TABS 300mg	Tier 3	NM
			<i>TIVICAY</i> TABS 10mg	Tier 3	NM
			<i>TIVICAY</i> TABS 25mg, 50mg	Tier 5	NM
			<i>TIVICAY PD</i> TBSO 5mg	Tier 5	NM
			<i>TROGARZO</i> SOLN 200mg/1.33ml	Tier 5	NM
			<i>TYBOST</i> TABS 150mg	Tier 3	NM
			<i>VIRACEPT</i> TABS 250mg, 625mg	Tier 5	NM
			<i>VIREAD</i> POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 5	NM
			<i>zidovudine</i> (generic of <i>RETROVIR</i> ) CAPS 100mg; SYRP 50mg/5ml	Tier 4	NM
			<i>zidovudine</i> TABS 300mg	Tier 3	NM
					<b>ANTIRETROVIRAL COMBINATION AGENTS</b>
			<i>abacavir sulfate-lamivudine</i> tab 600-300 mg	Tier 3	NM
			<i>BIKTARVY</i> TAB 30-120-15 MG	Tier 5	NM
			<i>BIKTARVY</i> TAB 50-200-25 MG	Tier 5	NM

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
CIMDUO TAB 300-300	Tier 5	NM	<b>ANTITUBERCULAR AGENTS</b>		
COMPLERA TAB	Tier 5	NM	cycloserine CAPS 250mg	Tier 5	
DELSTRIGO TAB	Tier 5	NM	ethambutol hcl TABS 100mg, 400mg	Tier 3	
DESCOVY TAB 120-15MG	Tier 5	NM	isoniazid SYRP 50mg/5ml	Tier 4	
DESCOVY TAB 200/25MG	Tier 5	NM	isoniazid TABS 100mg, 300mg	Tier 1	
DOVATO TAB 50-300MG	Tier 5	NM	PRIFTIN TABS 150mg	Tier 4	
efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg	Tier 5	NM	pyrazinamide TABS 500mg	Tier 4	
efavirenz-lamivudine- tenofovir df tab 400-300-300 mg (generic of SYMFLO)	Tier 5	NM	rifabutin CAPS 150mg	Tier 4	
efavirenz-lamivudine- tenofovir df tab 600-300-300 mg (generic of SYMFLO)	Tier 5	NM	rifampin CAPS 150mg, 300mg	Tier 3	
emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg (generic of TRUVADA)	Tier 5	NM	rifampin (generic of RIFADIN) SOLR 600mg	Tier 4	
emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg (generic of TRUVADA)	Tier 5	NM	SIRTURO TABS 20mg, 100mg	Tier 5	NM PA
emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg (generic of TRUVADA)	Tier 5	NM	TRECATOR TABS 250mg	Tier 4	
emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg (generic of TRUVADA)	Tier 4	NM	<b>ANTIVIRALS</b>		
EVOTAZ TAB 300-150	Tier 5	NM	acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 2	
GENVOYA TAB	Tier 5	NM	acyclovir SUSP 200mg/5ml	Tier 4	
JULUCA TAB 50-25MG	Tier 5	NM	acyclovir sodium SOLN 50mg/ml	Tier 4	B/D
lamivudine-zidovudine tab 150-300 mg	Tier 4	NM	adefovir dipivoxil TABS 10mg	Tier 4	NM
lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml)	Tier 4	NM	BARACLUDE SOLN .05mg/ml	Tier 5	NM ST
lopinavir-ritonavir tab 100-25mg (generic of KALETRA)	Tier 4	NM	entecavir (generic of BARACLUDE) TABS .5mg, 1mg	Tier 4	NM
lopinavir-ritonavir tab 200-50mg (generic of KALETRA)	Tier 4	NM	EPCLUSIA PAK 150-37.5	Tier 5	NM PA
ODEFSEY TAB	Tier 5	NM	EPCLUSIA PAK 200-50MG	Tier 5	NM PA
PREZCOBIX TAB 800-150	Tier 5	NM	EPCLUSIA TAB 200-50MG	Tier 5	NM PA
STRIBILD TAB	Tier 5	NM	EPCLUSIA TAB 400-100	Tier 5	NM PA
SYMTUZA TAB	Tier 5	NM	famciclovir TABS 125mg, 250mg, 500mg	Tier 3	
TRIUMEQ PD TAB	Tier 3	NM	ganciclovir sodium SOLR 500mg	Tier 4	B/D
TRIUMEQ TAB	Tier 5	NM	HARVONI PAK 33.75-150MG	Tier 5	NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 5	QL NM PA	CEFAZOLIN SOLR 2gm, 3gm	Tier 4	
MAVYRET PAK 50-20MG	Tier 5	NM PA	CEFAZOLIN INJ 1GM/50ML	Tier 4	
MAVYRET TAB 100-40MG	Tier 5	NM PA	<i>cefaezolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 3	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 3	QL	CEFAZOLIN SOLN 2GM/100ML-4%	Tier 4	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 3	QL	CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 4	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 3	QL	CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 4	
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 2	QL	CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 4	
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 2	QL	<i>cefdinir</i> CAPS 300mg <i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2	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 (hepatitis c)</i> 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 Tier 5 VALCYTE) SOLR 50mg/ml			<i>ceprozil</i> SUSR 125mg/5ml, Tier 3 250mg/5ml; TABS 250mg, 500mg	Tier 3	
<i>valganciclovir hcl</i> (generic of Tier 3 VALCYTE) TABS 450mg			<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>cefaclor</i> CAPS 250mg, 500mg	Tier 3		<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 2	
<i>cefadroxil</i> CAPS 500mg	Tier 2		<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 3	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	Tier 3		<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1	
			<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
tazicef SOLR 1gm, 2gm, 6gm	Tier 4	levofloxacin SOLN 25mg/ml Tier 4	
TEFLARO SOLR 400mg, 600mg	Tier 5	levofloxacin TABS 250mg, Tier 1 500mg, 750mg	
<b>ERYTHROMYCINS/MACROLIDES</b>		levofloxacin in d5w iv soln 250 mg/50ml	Tier 3
azithromycin PACK 1gm	Tier 3	levofloxacin in d5w iv soln 500 mg/100ml	Tier 3
azithromycin (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 3	levofloxacin in d5w iv soln 750 mg/150ml	Tier 3
azithromycin (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1	moxifloxacin hcl TABS 400mg	Tier 3
azithromycin TABS 600mg	Tier 1	moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Tier 4
clarithromycin SUSR 125mg/5ml, 250mg/5ml	Tier 4	<b>PENICILLINS</b>	
clarithromycin TABS 250mg, 500mg	Tier 3	amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	Tier 1
clarithromycin (generic of BIAXIN XL) TB24 500mg	Tier 4	amoxicillin CHEW 125mg, 250mg	Tier 2
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 5	amoxicillin (generic of AMOXICILLIN) SUSR 400mg/5ml	Tier 1
e.e.s. 400 TABS 400mg	Tier 4	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 3
ery-tab TBEC 250mg, 333mg, 500mg	Tier 4	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 4
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 4	amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 3
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 4	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Tier 3
erythromycin ethylsuccinate TABS 400mg	Tier 4	amoxicillin & k clavulanate tab 250-125 mg	Tier 3
erythromycin lactobionate (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 4	amoxicillin & k clavulanate tab 500-125 mg	Tier 2
<b>FLUOROQUINOLONES</b>		amoxicillin & k clavulanate tab 875-125 mg	Tier 2
ciprofloxacin 200 mg/100ml in d5w	Tier 3	amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	Tier 4
ciprofloxacin 400 mg/200ml in d5w	Tier 3	ampicillin CAPS 500mg	Tier 2
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	Tier 1	ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	Tier 4
ciprofloxacin hcl TABS 750mg	Tier 1		

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	Tier 4	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 4
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 4	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 4
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 4	<b>TETRACYCLINES</b>	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	Tier 4	<i>doxy 100 SOLR 100mg</i>	Tier 4
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	Tier 4	<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	Tier 2
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	Tier 4	<i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	Tier 3
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	Tier 3	<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	Tier 3
<i>nafcillin sodium SOLR 1gm, Tier 4 2gm</i>		<i>doxycycline hyclate SOLR 100mg</i>	Tier 4
<i>nafcillin sodium SOLR 10gm</i>	Tier 5	<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	Tier 3
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	Tier 4	<i>NUZYRA SOLR 100mg</i>	Tier 5 NM
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	Tier 4	<i>NUZYRA TABS 150mg</i>	Tier 5 QL NM
<i>penicillin g sodium SOLR 5000000unit</i>	Tier 4	<i>QL (30 tabs / 14 days)</i>	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	Tier 2	<i>tetracycline hcl CAPS 250mg, 500mg</i>	Tier 4
<i>penicillin v potassium TABS Tier 1 250mg, 500mg</i>		<i>tigecycline (generic of TYGACIL) SOLR 50mg</i>	Tier 5
<i>pfsizerpen SOLR 5000000unit, 200000000unit</i>	Tier 4	<b>ANTINEOPLASTIC AGENTS</b>	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 4	<b>ALKYLATING AGENTS</b>	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 4	<i>BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml</i>	Tier 5 B/D NM
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 4	<i>BENDEKA SOLN 100mg/4ml</i>	Tier 5 B/D NM
		<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	Tier 3 B/D
		<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	Tier 3 B/D
		<i>cyclophosphamide CAPS 25mg, 50mg</i>	Tier 3 B/D
		<i>CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml</i>	Tier 5 B/D NM
		<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml</i>	Tier 5 B/D

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	
cyclophosphamide SOLR 1gm, 500mg	Tier 4	B/D	methotrexate sodium SOLN Tier 2 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm		B/D	
cyclophosphamide SOLR 2gm	Tier 5	B/D	ONUREG TABS 200mg, 300mg	Tier 5	QL NM PA QL (14 tabs / 28 days)	
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 4	B/D	pemetrexed disodium (generic of ALIMTA) SOLR 100mg, 500mg	Tier 5	B/D	
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 5	B/D	pemetrexed disodium SOLR 750mg, 1000mg	Tier 5	B/D	
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	Tier 5	B/D NM	PURIXAN SUSP 2000mg/100ml	Tier 5	NM	
GLEOSTINE CAPS 10mg, 40mg	Tier 4	NM	TABLOID TABS 40mg	Tier 5		
GLEOSTINE CAPS 100mg	Tier 5	NM	<b>HORMONAL ANTINEOPLASTIC AGENTS</b>			
LEUKERAN TABS 2mg	Tier 5		abiraterone acetate (generic Tier 5 of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)		NM PA	
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	Tier 4	B/D	abiraterone acetate (generic Tier 5 of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)		NM PA	
oxaliplatin SOLR 100mg	Tier 5	B/D	AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 5	QL NM PA	
<b>ANTIMETABOLITES</b>			AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 5	QL NM PA	
azacitidine (generic of VIDAZA) SUSR 100mg	Tier 5	B/D NM	anastrozole (generic of ARIMIDEX) TABS 1mg	Tier 2		
cytarabine SOLN 20mg/ml	Tier 3	B/D	bicalutamide (generic of CASODEX) TABS 50mg	Tier 2		
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 3	B/D	ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 4	NM PA	
gemcitabine hcl (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	Tier 4	B/D	ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	
gemcitabine hcl SOLR 1gm, 2gm, 200mg	Tier 4	B/D	ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 5	QL NM PA	EULEXIN CAPS 125mg	Tier 5		
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 5	QL NM PA	exemestane (generic of AROMASIN) TABS 25mg	Tier 4		
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 5	QL NM PA	FIRMAGON SOLR 80mg	Tier 4	NM PA	
mercaptopurine (generic of PURIXAN) SUSP 2000mg/100ml	Tier 5	NM	FIRMAGON SOLR 120mg/vial	Tier 5	NM PA	
mercaptopurine TABS 50mg	Tier 3		fulvestrant (generic of FASLODEX) SOSY 250mg/5ml	Tier 5	B/D	
<i>PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D</i>						
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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
leuprolide acetate KIT 1mg/0.2ml	Tier 4	NM PA	THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 5	QL NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 5	NM PA	THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 5	QL NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 5	NM PA	<b>MISCELLANEOUS</b>		
LYSODREN TABS 500mg	Tier 5	NM	BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 5	QL NM PA
megestrol acetate TABS 20mg, 40mg	Tier 3		bexarotene (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 5	QL NM PA
nilutamide (generic of NILANDRON) TABS 150mg	Tier 5		doxorubicin hcl (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	Tier 4	B/D
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	doxorubicin hcl liposomal (generic of DOXIL) SUSP 2mg/ml	Tier 5	B/D
ORGOVYX TABS 120mg	Tier 5	NM PA	hydroxyurea (generic of HYDREA) CAPS 500mg	Tier 2	
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	irinotecan hcl (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	Tier 4	B/D
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	irinotecan hcl SOLN 500mg/25ml	Tier 4	B/D
SOLTAMOX SOLN 10mg/5ml	Tier 5		IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 5	QL NM PA
tamoxifen citrate TABS 10mg, 20mg	Tier 2		MATULANE CAPS 50mg tretinoin (chemotherapy) CAPS 10mg	Tier 5	NM
toremifene citrate (generic of FARESTON) TABS 60mg	Tier 4	PA	WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 5	QL NM PA	<b>IMMUNOMODULATORS</b>		
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	docetaxel (generic of DOCETAXEL) CONC 20mg/ml	Tier 4	B/D
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D
<b>IMMUNOMODULATORS</b>					
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 5	QL NM PA			
lenalidomide 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			
<b>MITOTIC INHIBITORS</b>					

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D	<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	Tier 5	NM PA
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D NM QL (150 caps / 25 days)	BOSULIF CAPS 50mg QL (360 caps / 30 days)	Tier 5	QL NM PA
etoposide SOLN 1gm/50ml, Tier 3 100mg/5ml, 500mg/25ml	B/D		BOSULIF CAPS 100mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 4	B/D	BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
<i>paclitaxel inj</i> 100mg (generic of ABRAXANE)	Tier 5	B/D NM QL (30 tabs / 30 days)	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>vincristine sulfate</i> SOLN 1mg/ml	Tier 2	B/D	BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 5	QL NM PA
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	Tier 4	B/D	BRUKINSA CAPS 80mg QL (120 caps / 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	CABOMETYX TABS 20mg, Tier 5 40mg, 60mg QL (30 tabs / 30 days)	QL NM PA	
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 5	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 5	QL NM PA	CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 5	QL NM PA	CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	Tier 5	QL NM PA	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 5	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 5	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 5	QL NM PA	COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 5	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 5	QL NM PA	COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 5	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 5	QL NM PA	COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 5	QL NM PA
BORTEZOMIB SOLR 1mg, Tier 4 2.5mg	NM PA				

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
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
dasatinib (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	gefitinib (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
dasatinib (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	GILOTTRIF 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	HERCEP HYLEC SOL 60- 10000	Tier 5 NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	HERCEPTIN SOLR 150mg	Tier 5 NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 5 QL NM PA	HERZUMA SOLR 150mg, 420mg	Tier 5 NM PA
erlotinib hcl TABS 25mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 5 QL NM PA
erlotinib hcl (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 5 QL NM PA
erlotinib hcl TABS 150mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	Tier 5 QL NM PA	imatinib mesylate (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	imatinib mesylate (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 5 QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 5 QL NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 5 QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 5 QL NM PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 5 QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 5 QL NM PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
		IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	Tier 5 QL NM PA
		INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 5 QL NM PA

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
INLYTA TABS 5mg QL (120 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
INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM PA	LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	Tier 5 QL NM PA	LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	Tier 5 QL NM PA	LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 5 QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 5 QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 5 QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 5 QL NM PA
KADCYLA SOLR 100mg, 160mg	Tier 5 B/D NM	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 5 QL NM PA
KANJINTI SOLR 150mg, 420mg	Tier 5 NM PA	LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 5 QL NM PA
KEYTRUDA SOLN 100mg/4ml	Tier 5 NM PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 5 QL NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 5 QL NM PA	LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 5 QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 5 QL NM PA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 5 QL NM PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 5 QL NM PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 5 QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 5 QL NM PA	LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 5 QL NM PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 5 QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 5 QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 5 QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 5 QL NM PA		

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 5 QL NM PA	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 5 QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 5 QL NM PA	PHESGO SOL	Tier 5 NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 5 QL NM PA	PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 5 QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	PIQRAY 250MG TAB DOSE Tier 5 QL (56 tabs / 28 days)	QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 5 QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 5 QL NM PA	QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
MONJUVI SOLR 200mg	Tier 5 NM PA	RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 5 QL NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 5 QL NM PA	RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 5 QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 5 QL NM PA	RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 5 QL NM PA	RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
OGIVRI SOLR 150mg, 420mg	Tier 5 NM PA	REVUFORJ TABS 110mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 5 QL NM PA	REVUFORJ TABS 160mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 5 QL NM PA	REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 5 QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 5 QL NM PA	ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 5 QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 5 QL NM PA	ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 5 QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 5 QL NM PA
ONTRUZANT SOLR 150mg, 420mg	Tier 5 NM PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
pazopanib hcl (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	Tier 5 QL NM PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 5 QL NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 5 NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 5 QL NM PA	TECENTRIQ INJ HYBREZA Tier 5 QL NM PA QL (1 vial / 21 days)	
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 5 QL NM PA	TEPMETKO TABS 225mg QL (60 tabs / 30 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	TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 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
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 5 QL NM PA	TRAZIMERA SOLR 150mg, 420mg	Tier 5 NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 5 QL NM PA	TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 5 QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 5 QL NM PA	TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	Tier 5 QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	Tier 5 QL NM PA	TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 5 NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	TUKYSA TABS 50mg, 150mg QL (120 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	TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 5 QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 5 QL NM PA	VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 5 QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	Tier 5 QL NM PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 3 QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 5 QL NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 5 QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 5 QL NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 5 QL NM PA
		VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 5 QL NM PA
		VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 5 QL NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
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	ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 5 QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM PA	ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 5 NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	Tier 5 QL NM PA	ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 5 QL NM PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	Tier 5 QL NM PA	<b>PROTECTIVE AGENTS</b>	
XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 5 QL NM PA	<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 4 B/D
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 3
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	Tier 5 QL NM PA	<i>mesna</i> (generic of MESNEX) TABS 400mg	Tier 5
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 5 QL NM PA	MESNEX TABS 400mg	Tier 5
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 5 QL NM PA	<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>	
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 5 QL NM PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	Tier 1 QL
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 5 QL NM PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1 QL
		<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1 QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	Tier 1	QL	fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg	Tier 1	
amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL	lisinopril & hydrochlorothiazide tab 10- 12.5 mg (generic of ZESTORETIC)	Tier 1	
amlodipine besylate- benazepril hcl cap 10-40 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL	lisinopril & hydrochlorothiazide tab 20- 12.5 mg (generic of ZESTORETIC)	Tier 1	
benazepril & hydrochlorothiazide tab 5- 6.25mg	Tier 1		lisinopril & hydrochlorothiazide tab 20- 25 mg (generic of ZESTORETIC)	Tier 1	
benazepril & hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)	Tier 1		<b>ACE INHIBITORS</b>		
benazepril & hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)	Tier 1		benazepril hcl TABS 5mg	Tier 1	
benazepril & hydrochlorothiazide tab 20- 25 mg (generic of LOTENSIN HCT)	Tier 1		benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
captopril & hydrochlorothiazide tab 25- 15 mg	Tier 1		captopril TABS 12.5mg, 25mg, 50mg, 100mg	Tier 1	
captopril & hydrochlorothiazide tab 25- 25 mg	Tier 1		enalapril maleate (generic of Tier 1 VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	
captopril & hydrochlorothiazide tab 50- 15 mg	Tier 1		fosinopril sodium TABS 10mg, 20mg, 40mg	Tier 1	
captopril & hydrochlorothiazide tab 50- 25 mg	Tier 1		lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg	Tier 1		moexipril hcl TABS 7.5mg, 15mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 10- 25 mg (generic of VASERETIC)	Tier 1		perindopril erbumine TABS Tier 1 2mg, 4mg, 8mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg	Tier 1		quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
			ramipril CAPS 1.25mg, 5mg	Tier 1	
			ramipril (generic of ALTACE) CAPS 2.5mg, 10mg	Tier 1	
			trandolapril TABS 1mg, 2mg, 4mg	Tier 1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>					
eplerenone (generic of INSPRA) TABS 25mg, 50mg	Tier 3		amlodipine besylate- valsartan tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL
KERENDIA TABS 10mg, 20mg	Tier 3	QL QL (30 tabs / 30 days)	amlodipine besylate- valsartan tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL
spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	Tier 1		amlodipine besylate- valsartan tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL
<b>ALPHA BLOCKERS</b>					
doxazosin mesylate (generic Tier 2 of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 2		amlodipine besylate- valsartan tab 10-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL
prazosin hcl CAPS 1mg, 2mg, 5mg	Tier 3		ENTRESTO CAP 6-6MG	Tier 3	QL
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	Tier 1		QL (240 caps / 30 days)		
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>					
amlodipine besylate- olmesartan medoxomil tab 5-20 mg (generic of AMLODIPINE/OLMESARTA N MED) QL (30 tabs / 30 days)	Tier 1	QL	ENTRESTO CAP 15-16MG	Tier 3	QL
amlodipine besylate- olmesartan medoxomil tab 5-40 mg (generic of AMLODIPINE/OLMESARTA N MED) QL (30 tabs / 30 days)	Tier 1	QL	QL (240 caps / 30 days)		
amlodipine besylate- olmesartan medoxomil tab 10-20 mg (generic of AMLODIPINE/OLMESARTA N MED) QL (30 tabs / 30 days)	Tier 1	QL	ENTRESTO TAB 24-26MG	Tier 3	QL
amlodipine besylate- olmesartan medoxomil tab 10-40 mg (generic of AMLODIPINE/OLMESARTA N MED) QL (30 tabs / 30 days)	Tier 1	QL	QL (60 tabs / 30 days)		
amlodipine besylate- olmesartan medoxomil tab 12.5 mg (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL	ENTRESTO TAB 49-51MG	Tier 3	QL
amlodipine besylate- olmesartan medoxomil tab 12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL	QL (60 tabs / 30 days)		
amlodipine besylate- olmesartan medoxomil tab 12.5 mg (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL	ENTRESTO TAB 97-103MG	Tier 3	QL
amlodipine besylate- olmesartan medoxomil tab 12.5 mg (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL	QL (60 tabs / 30 days)		
amlodipine besylate- olmesartan medoxomil tab 12.5 mg (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL	irbesartan- hydrochlorothiazide tab 150- 12.5 mg (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL
amlodipine besylate- olmesartan medoxomil tab 12.5 mg (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL	irbesartan- hydrochlorothiazide tab 300- 12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
amlodipine besylate- olmesartan medoxomil tab 12.5 mg (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL	losartan potassium & hydrochlorothiazide tab 50- 12.5 mg (generic of HYZAAR)	Tier 1	
amlodipine besylate- olmesartan medoxomil tab 12.5 mg (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL	losartan potassium & hydrochlorothiazide tab 100- 12.5 mg (generic of HYZAAR)	Tier 1	
amlodipine besylate- olmesartan medoxomil tab 12.5 mg (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL	losartan potassium & hydrochlorothiazide tab 100- 25 mg (generic of HYZAAR)	Tier 1	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	Tier 1	QL  QL (30 tabs / 30 days)	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	QL  QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	Tier 1	QL  QL (30 tabs / 30 days)	<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	Tier 1	QL  QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	Tier 1	QL  QL (30 tabs / 30 days)	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	QL  QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>	Tier 1	QL  QL (30 tabs / 30 days)	<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	Tier 1	QL  QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>	Tier 1	QL  QL (30 tabs / 30 days)	<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>	Tier 1	QL  QL (30 tabs / 30 days)	<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg	Tier 1	QL  QL (60 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i>	Tier 1	QL  QL (30 tabs / 30 days)	<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg	Tier 1	QL  QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>	Tier 1	QL  QL (30 tabs / 30 days)	<i>irbesartan</i> TABS 75mg	Tier 1	QL  QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>	Tier 1	QL  QL (30 tabs / 30 days)	<i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg	Tier 1	QL  QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	QL  QL (30 tabs / 30 days)	<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1	QL  QL (30 tabs / 30 days)
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg	Tier 1	QL  QL (60 tabs / 30 days)	<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg	Tier 1	QL  QL (30 tabs / 30 days)

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
ezetimibe (generic of ZETIA) TABS 10mg	Tier 3		atenolol & chlorthalidone tab	Tier 2	
ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	QL	100-25 mg (generic of TENORETIC 100)		
ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	QL	bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg	Tier 2	
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	QL	bisoprolol & hydrochlorothiazide tab 5- 6.25 mg	Tier 2	
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN) QL (30 tabs / 30 days)	Tier 1	QL	bisoprolol & hydrochlorothiazide tab 10- 6.25 mg	Tier 2	
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 3	QL	metoprolol & hydrochlorothiazide tab 50- 25 mg	Tier 3	
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 3	QL	metoprolol & hydrochlorothiazide tab 100- 25 mg	Tier 3	
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 3	QL	metoprolol & hydrochlorothiazide tab 100- 50 mg	Tier 3	
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	Tier 3	PA	<b>BETA-BLOCKERS</b>		
prevalte PACK 4gm	Tier 3		acebutolol hcl CAPS 200mg, 400mg	Tier 3	
prevalte (generic of QUESTRAN LIGHT)	Tier 3		atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1	
POWD 4gm/dose			bisoprolol fumarate TABS 5mg, 10mg	Tier 2	
REPATHA SOSY 140mg/ml	Tier 3	NM PA	carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Tier 3	NM PA	labetalol hcl TABS 100mg, 200mg, 300mg	Tier 3	
REPATHA SURECLICK SOAJ 140mg/ml	Tier 3	NM PA	metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
VASCEPA CAPS .5gm, 1gm	Tier 3		metoprolol tartrate SOLN 5mg/5ml	Tier 4	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>			metoprolol tartrate TABS 25mg	Tier 1	
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	Tier 2		metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
			nadolol TABS 20mg, 40mg, Tier 3 80mg	Tier 3	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL	<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 2	
<i>pindolol</i> TABS 5mg, 10mg	Tier 3		<i>nicardipine hcl</i> CAPS 20mg, 30mg	Tier 4	
<i>propranolol hcl</i> (generic of Inderal LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 3		<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 3	
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	Tier 3		<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 2		<i>nimodipine</i> CAPS 30mg	Tier 4	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	Tier 3		<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
<b>CALCIUM CHANNEL BLOCKERS</b>					
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Tier 1		<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	Tier 4	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 2		<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	Tier 3	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 2		<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	Tier 1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	Tier 4		<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	Tier 2	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 3		<b>DIURETICS</b>		
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 2		<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 3	
<i>diltiazem hcl</i> TABS 90mg	Tier 2		<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 2	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 2		<i>amiloride hcl</i> TABS 5mg	Tier 2	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	Tier 4		<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	Tier 3	
			<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 3	
			<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 2	
			<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	Tier 2	
			<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
furosemide inj SOLN 10mg/ml	Tier 3		digoxin (generic of LANOXIN) TABS 125mcg, 250mcg	Tier 2	QL QL (30 tabs / 30 days)
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1		droxidopa (generic of NORTHERA) CAPS 100mg	Tier 5	QL NM PA QL (90 caps / 30 days)
indapamide TABS 1.25mg, Tier 1 2.5mg			droxidopa (generic of NORTHERA) CAPS 200mg, 300mg	Tier 5	QL NM PA QL (180 caps / 30 days)
methazolamide TABS 25mg, 50mg	Tier 4		epinephrine (anaphylaxis) SOLN 1mg/ml	Tier 4	
metolazone TABS 2.5mg, 5mg, 10mg	Tier 2		guanfacine hcl TABS 1mg, 2mg	Tier 3	PA PA applies if 70 years and older
spironolactone & hydrochlorothiazide tab 25- 25 mg	Tier 2		hydralazine hcl SOLN 20mg/ml	Tier 4	
torsemide TABS 5mg, 10mg, 20mg, 100mg	Tier 2		hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1		ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg	Tier 4	QL QL (60 tabs / 30 days)
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1		metyrosine (generic of DEMSER) CAPS 250mg	Tier 5	NM PA
triamterene & hydrochlorothiazide tab 75- 50 mg	Tier 1		midodrine hcl TABS 2.5mg, 5mg	Tier 3	
<b>MISCELLANEOUS</b>			midodrine hcl TABS 10mg	Tier 4	
aliskiren fumarate (generic of TEKURNA) TABS 150mg, 300mg	Tier 1		minoxidil TABS 2.5mg, 10mg	Tier 2	
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 3		ranolazine TB12 500mg, 1000mg	Tier 4	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 3		VERQUVO TABS 2.5mg, 5mg, 10mg	Tier 3	QL PA QL (30 tabs / 30 days)
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 3				
clonidine hcl TABS .1mg, .2mg, .3mg	Tier 1		<b>NITRATES</b>		
CORLANOR SOLN 5mg/5ml	Tier 4	QL QL (450 mL / 30 days)	isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 3	
digoxin SOLN .05mg/ml	Tier 4		isosorbide dinitrate TABS 10mg, 20mg, 30mg	Tier 3	
digoxin (generic of LANOXIN) SOLN .25mg/ml	Tier 4		isosorbide mononitrate TB24 30mg, 60mg, 120mg	Tier 1	
			NITRO-BID OINT 2%	Tier 3	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 3		<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	Tier 2	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 2		<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg	Tier 2	QL
<b>PULMONARY ARTERIAL HYPERTENSION</b>					
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	Tier 5	QL NM PA QL (60 tabs / 30 days)	<i>lorazepam intensol</i> CONC 2mg/ml	Tier 3	QL QL (150 mL / 30 days)
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg	Tier 5	QL NM PA QL (30 tabs / 30 days)	<b>ANTIDEMENTIA</b>		
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	Tier 5	QL NM PA QL (60 tabs / 30 days)	<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg	Tier 2	QL QL (30 tabs / 30 days)
<i>OPSUMIT</i> TABS 10mg	Tier 5	QL NM PA QL (30 tabs / 30 days)	<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 2	
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg	Tier 3	QL NM PA QL (360 tabs / 30 days)	<i>donepezil hydrochloride</i> TBDP 5mg	Tier 2	QL QL (30 tabs / 30 days)
<i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg	Tier 5	QL NM PA QL (60 tabs / 30 days)	<i>donepezil hydrochloride</i> TBDP 10mg	Tier 2	
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 5	NM PA	<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	Tier 3	QL QL (30 caps / 30 days)
<b>CENTRAL NERVOUS SYSTEM</b>					
<b>ANTIANXIETY</b>					
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg	Tier 2	QL QL (150 tabs / 30 days)	<i>galantamine hydrobromide</i> SOLN 4mg/ml	Tier 4	QL QL (200 mL / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1		<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	Tier 3	QL QL (60 tabs / 30 days)
<i>buspirone hcl</i> TABS 7.5mg, 30mg	Tier 3		<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	Tier 4	PA PA applies if 29 years and younger
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 3		<i>memantine hcl</i> TABS 5mg, 10mg	Tier 3	PA PA applies if 29 years and younger
<i>lorazepam</i> CONC 2mg/ml	Tier 3	QL QL (150 mL / 30 days)	<i>memantine hcl-donepezil hcl</i> cap er 24hr 14-10 mg (generic of NAMZARIC)	Tier 4	
			<i>memantine hcl-donepezil hcl</i> cap er 24hr 21-10 mg (generic of NAMZARIC)	Tier 4	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>memantine hcl-donepezil hcl</i> Tier 4 <i>cap er 24hr 28-10 mg</i> (generic of NAMZARIC)			<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 4	
NAMZARIC CAP 7-10MG	Tier 4		<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 4	
NAMZARIC CAP 14-10MG	Tier 4		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	Tier 3	QL
NAMZARIC CAP 21-10MG	Tier 4				
NAMZARIC CAP 28-10MG	Tier 4		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	Tier 3	QL
NAMZARIC CAP PACK	Tier 4				
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	Tier 4	QL (30 patches / 30 days)	<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 3	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	Tier 3	QL (60 caps / 30 days)	DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	Tier 4	QL PA
<b>ANTIDEPRESSANTS</b>					
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 3		<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	Tier 3	QL
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 3				
AUVELITY TAB 45-105MG	Tier 4	QL PA (60 tabs / 30 days)	<i>EMSAM</i> PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	Tier 5	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 2				
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	Tier 2	QL (60 tabs / 30 days)	<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 4	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg	Tier 2	QL (60 tabs / 30 days)	<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg	Tier 2	QL (30 tabs / 30 days)	FETZIMA CP24 20mg, 40mg	Tier 4	QL PA
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 3				
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1		<i>FETZIMA</i> CP24 80mg, 120mg	Tier 4	QL PA
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 4	PA			
			<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	Tier 4	QL PA
			<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 3	
			<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	Tier 3	
			MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 4	QL

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>
<i>carbidopa &amp; levodopa tab er</i>	Tier 3				
<i>25-100 mg</i>			<b>ANTIPSYCHOTICS</b>		
<i>carbidopa &amp; levodopa tab er</i>	Tier 3		<b>ABILIFY ASIMTUFII PRSY</b>	Tier 5	QL
<i>50-200 mg</i>			<i>720mg/2.4ml, 960mg/3.2ml</i>		
<i>carbidopa-levodopa-entacapone tabs</i>	Tier 4	<i>12.5-50-200 mg</i>	<i>QL (1 syringe / 56 days)</i>		
<i>carbidopa-levodopa-entacapone tabs</i>	Tier 4	<i>18.75-75-200 mg</i>	<b>ABILIFY MAINTENA PRSY</b>	Tier 5	QL
<i>carbidopa-levodopa-entacapone tabs</i>	Tier 4	<i>25-100-200 mg</i>	<i>300mg, 400mg</i>		
<i>carbidopa-levodopa-entacapone tabs</i>	Tier 4	<i>31.25-125-200 mg</i>	<i>QL (1 syringe / 28 days)</i>		
<i>carbidopa-levodopa-entacapone tabs</i>	Tier 4	<i>37.5-150-200 mg</i>	<b>ABILIFY MAINTENA SRER</b>	Tier 5	QL
<i>carbidopa-levodopa-entacapone tabs</i>	Tier 4	<i>50-200-200 mg</i>	<i>300mg, 400mg</i>		
<i>carbidopa-levodopa-entacapone TABS</i>	Tier 4	<i>200mg</i>	<i>QL (1 injection / 28 days)</i>		
<i>INBRIJA CAPS</i>	Tier 5	<i>42mg QL (300 caps / 30 days)</i>	<b>aripiprazole SOLN</b>	1mg/ml Tier 4	QL
<i>pramipexole dihydrochloride TABS</i>	Tier 2	<i>.125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	<i>QL (900 mL / 30 days)</i>		
<i>rasagiline mesylate (generic of AZILECT) TABS</i>	Tier 4	<i>.5mg, 1mg</i>	<b>aripiprazole (generic of ABILIFY) TABS</b>	2mg, 5mg, 10mg, 15mg, 20mg, 30mg	QL
		<i>QL (30 tabs / 30 days)</i>		<i>QL (30 tabs / 30 days)</i>	
<i>ropinirole hydrochloride TABS</i>	Tier 2	<i>.25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	<b>ARISTADA PRSY</b>	Tier 5	QL
<i>selegiline hcl CAPS</i>	Tier 3	<i>5mg; TABS 5mg</i>	<i>441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml</i>		
<i>trihexyphenidyl hcl SOLN</i>	Tier 3	<i>.4mg/ml PA applies if 70 years and older</i>	<i>QL (1 syringe / 28 days)</i>		
<i>trihexyphenidyl hcl TABS</i>	Tier 2	<i>2mg, 5mg PA applies if 70 years and older</i>	<b>ARISTADA INITIO PRSY</b>	Tier 5	QL
			<i>675mg/2.4ml</i>		
			<b>asenapine maleate (generic of SAPHRIS) SUBL</b>	2.5mg, 5mg, 10mg	QL
			<i>QL (60 tabs / 30 days)</i>		
			<b>CAPLYTA CAPS</b>	10.5mg, 21mg, 42mg	QL
			<i>QL (30 caps / 30 days)</i>		
			<b>chlorpromazine hcl CONC</b>	Tier 4	
			<i>30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>		
			<b>clozapine (generic of CLOZARIL) TABS</b>	25mg	QL
			<b>clozapine TABS</b>	50mg	Tier 3

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 3	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 3	
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL	<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 3	
<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 4	PA	<i>INVEGA HAFYERA</i> SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 5	QL
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 4	QL PA	<i>INVEGA SUSTENNA</i> SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 4	QL
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 4	QL PA	<i>INVEGA SUSTENNA</i> SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 5	QL
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 4	QL PA	<i>INVEGA TRINZA</i> SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 5	QL
COBENFY CAP 50-20MG QL (60 caps / 30 days)	Tier 5	QL PA	<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 3	
COBENFY CAP 100-20MG QL (60 caps / 30 days)	Tier 5	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 4	QL
COBENFY CAP 125-30MG QL (60 caps / 30 days)	Tier 5	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 4	QL
COBENFY STRT CAP PACK QL (2 packs / year)	Tier 5	QL PA	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 QL (2 packs / year)	Tier 4	QL PA	LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	Tier 5	QL
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 4		LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 5	QL
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 4		<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 3		NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 5	QL NM PA
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 3				

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 4	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 2.5mg, 5mg, 10mg QL (60 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 7.5mg, 15mg QL (30 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
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	Tier 5	QL PA	<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 2	
OPIPZA FILM 10mg QL (90 films / 30 days)	Tier 5	QL PA	<i>risperidone</i> TABS .25mg	Tier 2	
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	Tier 4	QL	<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 4	QL ST
<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
perphenazine TABS 2mg, 4mg, 8mg, 16mg	Tier 3		<i>risperidone</i> microspheres (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	Tier 4	QL
pimozide TABS 1mg, 2mg	Tier 4		<i>risperidone</i> microspheres (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			
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL			
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	Tier 2	QL			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 5	QL	<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	Tier 4	
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 3		<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	Tier 3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 4		<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 3		<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 4	QL PA
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 5	QL PA	<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 4	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 5	QL	<i>clonazepam</i> (generic of KLOONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 2	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 5	QL	<i>clonazepam</i> (generic of KLOONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 4	QL	<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 3	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 4	QL	<i>clonazepam</i> TBDP .125mg, Tier 3 .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 3	QL
<b>ANTISEIZURE AGENTS</b>					
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 5	QL	<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days)	Tier 4	QL PA
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 5	QL	PA applies if 65 years and older		
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 5	QL PA	DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 5	QL NM PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 5	QL PA	DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 5	QL NM PA
<i>carbamazepine</i> CHEW 100mg	Tier 3		DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 5	QL NM PA
<i>carbamazepine</i> CHEW 200mg	Tier 4		DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 4				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	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>FINTEPLA</i> SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 5	QL NM PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA	<i>FYCOMPA</i> SUSP .5mg/ml QL (720 mL / 30 days)	Tier 5	QL PA
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 4		<i>FYCOMPA</i> TABS 2mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>diazepam inj</i> SOLN 5mg/ml	Tier 4		<i>FYCOMPA</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 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	<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 2	QL
DILANTIN CAPS 30mg	Tier 4		<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 2	QL
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 4		<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 3	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 2		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 5	QL NM PA	<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	Tier 4	
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	Tier 3		<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 4	QL
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 4	QL PA	<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 4	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Tier 3		<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 4	QL
<i>felbamate</i> SUSP 600mg/5ml	Tier 4				
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 4				

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<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>phenobarbital</i> ELIX 20mg/5ml	Tier 4	QL PA QL (1500 mL / 30 days) PA applies if 70 years and older
<i>levetiracetam</i> (generic of KEPPTRA) SOLN 100mg/ml	Tier 3		<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	Tier 3	QL PA QL (120 tabs / 30 days) PA applies if 70 years and older
<i>levetiracetam</i> (generic of KEPPTRA) SOLN 500mg/5ml	Tier 4		<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	Tier 4	PA PA applies if 70 years and older
<i>levetiracetam</i> (generic of KEPPTRA) TABS 250mg, 500mg, 750mg, 1000mg	Tier 2		<i>phenytek</i> CAPS 200mg, 300mg	Tier 3	
LEVETIRACETAM TB3D 250mg	Tier 4	QL QL (360 tabs / 30 days)	<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 3	
<i>levetiracetam</i> (generic of KEPPTRA XR) TB24 500mg, 750mg	Tier 3		<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 3	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 4		<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 3	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 4		<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 3	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 4		<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	Tier 3	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	Tier 4	QL QL (10 buccal films / 30 days)	<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg	Tier 3	QL PA QL (120 caps / 30 days)
<i>methylsuximide</i> (generic of CELONTIN) CAPS 300mg	Tier 4		<i>pregabalin</i> (generic of LYRICA) CAPS 200mg	Tier 3	QL PA QL (90 caps / 30 days)
NAYZILAM SOLN 5mg/0.1ml	Tier 4	QL QL (10 nasal units per 30 days)			

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
pregabalin (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 3	QL PA	topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 2	
pregabalin (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	Tier 4	QL PA	valproate sodium SOLN 100mg/ml	Tier 4	
primidone (generic of MYSOLINE) TABS 50mg, 250mg	Tier 2		valproate sodium SOLN 250mg/5ml	Tier 3	
primidone TABS 125mg	Tier 2		valproic acid CAPS 250mg VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 3	
roweepra (generic of KEPPIRA) TABS 500mg	Tier 2		VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 4	QL
rufinamide (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 5	QL PA	VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 4	QL
rufinamide (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 4	QL PA	VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 4	QL
rufinamide (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 5	QL PA	VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 4	QL
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 4	QL	VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 4	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 4	QL	vigabatrin (generic of SABRIL) PACK 500mg	Tier 5	QL NM PA
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 4	QL	vigabatrin (generic of SABRIL) TABS 500mg	Tier 5	QL NM PA
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 4	QL	vigadron (generic of SABRIL) PACK 500mg	Tier 5	QL NM PA
subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1		vigadron (generic of SABRIL) TABS 500mg	Tier 5	QL NM PA
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 5	QL PA	VIGAFYDE SOLN 100mg/ml	Tier 5	QL NM PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	Tier 4		VIGAFYDE SOLN 100mg/ml	Tier 5	QL NM PA
topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 3		vigpoder (generic of SABRIL) PACK 500mg	Tier 5	QL NM PA
topiramate CPSP 50mg	Tier 4		vigpoder (generic of SABRIL) PACK 500mg	Tier 5	QL NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 5	QL	<i>amphetamine-</i> <i>dextroamphetamine cap er</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 5	QL	<i>amphetamine-</i> <i>dextroamphetamine cap er</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 4	QL	<i>amphetamine-</i> <i>dextroamphetamine cap er</i> 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 5	QL	<i>amphetamine-</i> <i>dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR) QL (60 tabs / 30 days)	Tier 3	QL PA
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 5	QL	<i>amphetamine-</i> <i>dextroamphetamine tab 5</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 5	QL	<i>amphetamine-</i> <i>dextroamphetamine tab 7.5</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 5	QL	<i>amphetamine-</i> <i>dextroamphetamine tab 10</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 5	QL PA	<i>amphetamine-</i> <i>dextroamphetamine tab 12.5</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2		<i>amphetamine-</i> <i>dextroamphetamine tab 15</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
zonisamide CAPS 50mg	Tier 2		<i>amphetamine-</i> <i>dextroamphetamine tab 20</i> mg (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 3	QL PA
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 5	QL NM PA	<i>amphetamine-</i> <i>dextroamphetamine tab 30</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>					
amphetamine- <i>dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>amphetamine-</i> <i>dextroamphetamine tab 15</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
amphetamine- <i>dextroamphetamine cap er</i> 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>amphetamine-</i> <i>dextroamphetamine tab 20</i> mg (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 3	QL PA
amphetamine- <i>dextroamphetamine cap er</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>amphetamine-</i> <i>dextroamphetamine tab 30</i> mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
amphetamine- <i>dextroamphetamine cap er</i> 24hr 18 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 4	QL

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	Tier 3	QL PA	<i>sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg</i> QL (12 tabs / 30 days)	Tier 2	QL
<i>naratriptan hcl TABS 1mg, 2.5mg</i> QL (12 tabs / 30 days)	Tier 3	QL	<i>UBRELVY TABS 50mg, 100mg</i> QL (16 tabs / 30 days)	Tier 3	QL PA
<i>NURTEC TBDP 75mg</i> QL (16 tabs / 30 days)	Tier 3	QL PA	<b>MISCELLANEOUS</b>		
<i>QULIPTA TABS 10mg, 30mg, 60mg</i> QL (30 tabs / 30 days)	Tier 3	QL PA	<i>AUSTEDO TABS 6mg</i> QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>rizatriptan benzoate TABS 5mg; TBDP 5mg</i> QL (18 tabs / 30 days)	Tier 3	QL	<i>AUSTEDO TABS 9mg, 12mg</i> QL (120 tabs / 30 days)	Tier 5	QL NM PA
<i>rizatriptan benzoate (generic of MAXALT) TABS 10mg</i> QL (18 tabs / 30 days)	Tier 3	QL	<i>AUSTEDO XR TB24 6mg</i> QL (90 tabs / 30 days)	Tier 5	QL NM PA
<i>rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg</i> QL (18 tabs / 30 days)	Tier 3	QL	<i>AUSTEDO XR TB24 12mg</i> QL (120 tabs / 30 days)	Tier 5	QL NM PA
<i>sumatriptan SOLN 5mg/act</i> QL (24 units / 30 days)	Tier 4	QL	<i>AUSTEDO XR TB24 18mg, 24mg</i> QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>sumatriptan SOLN 20mg/act</i> QL (12 units / 30 days)	Tier 4	QL	<i>AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg</i> QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml</i> QL (18 injections / 30 days)	Tier 4	QL	<i>AUSTEDO XR TAB TITR KIT</i> QL (2 packs / year)	Tier 5	QL NM PA
<i>sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml</i> QL (12 injections / 30 days)	Tier 4	QL	<i>lithium SOLN 8meq/5ml</i> Tier 4		
<i>sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml</i> QL (12 injections / 30 days)	Tier 4	QL	<i>lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg</i> Tier 1		
<i>sumatriptan succinate SOLN 6mg/0.5ml</i> QL (12 injections / 30 days)	Tier 4	QL	<i>lithium carbonate (generic of LITHOBID) TBCR 300mg</i> Tier 2		
			<i>lithium carbonate TBCR 450mg</i> Tier 2		
			<i>NUEDEXTA CAP 20-10MG</i> QL (60 caps / 30 days)	Tier 5	QL PA
			<i>pyridostigmine bromide (generic of MESTINON) TABS 60mg</i> Tier 3		
			<i>riluzole TABS 50mg</i> Tier 4		
			<i>tetrabenazine (generic of XENAZINE) TABS 12.5mg</i> QL (90 tabs / 30 days)	Tier 5	QL NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
tetrabenazine (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 5 QL NM PA	<b>MUSCULOSKELETAL THERAPY AGENTS</b>	
<b>MULTIPLE SCLEROSIS AGENTS</b>			
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 5 QL NM PA	baclofen TABS 5mg QL (90 tabs / 30 days)	Tier 2 QL
BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 5 QL NM PA	baclofen TABS 10mg, 20mg	Tier 2
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5 QL NM PA	cyclobenzaprine hcl TABS 5mg, 10mg	Tier 3 QL PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5 QL NM PA	dantrolene sodium (generic of DANTRIUM) CAPS 25mg	Tier 4
dalfampridine (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 3 QL NM PA	dantrolene sodium CAPS 50mg	Tier 4
fingolimod hcl (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 5 QL NM PA	tizanidine hcl TABS 2mg	Tier 2
glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5 QL NM PA	tizanidine hcl (generic of ZANAFLEX) TABS 4mg	Tier 2
glatiramer acetate (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5 QL NM PA	<b>NARCOLEPSY/CATAPLEXY</b>	
glatopa (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5 QL NM PA	armodafinil (generic of NUVIGIL) TABS 50mg	Tier 4 QL PA
glatopa (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5 QL NM PA	armodafinil (generic of NUVIGIL) TABS 150mg, 200mg, 250mg	Tier 4 QL PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	Tier 5 QL NM PA	modafinil (generic of PROVIGIL) TABS 100mg	Tier 3 QL PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		modafinil (generic of PROVIGIL) TABS 200mg	Tier 3 QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)		modafinil (generic of PROVIGIL) TABS 200mg	Tier 3 QL PA
<b>PSYCHOTHERAPEUTIC-MISC</b>			
acamprosate calcium TBEC 333mg	Tier 4	buprenorphine hcl SUBL 2mg, 8mg	Tier 3 QL
buprenorphine hcl-haloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)	Tier 4	QL (90 tabs / 30 days)	QL
QL (90 films / 30 days)			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 4	QL	<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 4	QL	danazol CAPS 50mg, 100mg, 200mg	Tier 4	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (60 films / 30 days)	Tier 4	QL	depo-testosterone SOLN 100mg/ml, 200mg/ml	Tier 3	PA
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	Tier 2	QL	methyltestosterone CAPS 10mg QL (600 caps / 30 days)	Tier 5	QL PA
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	Tier 2	QL	testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 4	QL PA
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	Tier 2	QL	testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 3	PA
disulfiram TABS 250mg, 500mg	Tier 3		testosterone enanthate SOLN 200mg/ml	Tier 3	PA
naloxone hcl LIQD 4mg/0.1ml	Tier 3		testosterone pump (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	Tier 4	QL PA
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 2		<b>ANTIDIABETICS</b>		
naltrexone hcl TABS 50mg	Tier 3		acarbose TABS 25mg, 50mg, 100mg	Tier 3	
NICOTROL INHALER INHA 10mg	Tier 4		FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
NICOTROL NS SOLN 10mg/ml	Tier 4		glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 4	QL	glimepiride TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	Tier 4	QL	glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
VIVITROL SUSR 380mg	Tier 5	NM	glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
			glipizide TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
			glipizide (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
			glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
glipizide xl TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB 2.5- 1000	Tier 3	QL
glipizide xl (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL	QL (60 tabs / 30 days)		
glipizide xl (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB XR 2.5- Tier 3 1000MG	QL	
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 1	QL	QL (60 tabs / 30 days)		
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB XR 5- Tier 3 1000MG	QL	
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 1	QL	QL (30 tabs / 30 days)		
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 3	QL	metformin hcl TABS 500mg Tier 1 QL (150 tabs / 30 days)	QL	
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 3	QL	metformin hcl TABS 850mg Tier 1 QL (90 tabs / 30 days)	QL	
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL	metformin hcl TABS 1000mg	Tier 1	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL	QL (75 tabs / 30 days)		
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 3	QL	metformin hcl TB24 500mg Tier 1 QL (120 tabs / 30 days)	QL	
JANUMET XR TAB 50- 1000 QL (30 tabs / 30 days)	Tier 3	QL	(generic of GLUCOPHAGE XR)		
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL	metformin hcl TB24 750mg Tier 1 QL (60 tabs / 30 days)	QL	
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL	(generic of GLUCOPHAGE XR)		
JENTADUETO TAB 2.5-500 Tier 3 QL (60 tabs / 30 days)	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
JENTADUETO TAB 2.5-850 Tier 3 QL (60 tabs / 30 days)	QL		nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL
			OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 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
			OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA
			OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL	TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 3	QL
pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days)	Tier 1	QL	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	Tier 1	QL	TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 3	QL
repaglinide TABS 2mg QL (240 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
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 3	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 3	QL PA	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 3	QL	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 3	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL	<b>ANTIDIABETICS, INSULINS</b>		
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL	ADMELOG SOLN 100unit/ml Tier 3		
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	Tier 3	QL	ADMELOG SOLOSTAR SOPN 100unit/ml Tier 3		
SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days)	Tier 3	QL	ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY Tier 3 PA		
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	Tier 3	QL	BASAGLAR KWIKPEN SOPN 100unit/ml Tier 3		
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
			CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	Tier 4	QL PA
			FIASP SOLN 100unit/ml Tier 3		
			FIASP FLEXTOUCH SOPN 100unit/ml Tier 3		

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>
FIASP PENFILL SOCT 100unit/ml	Tier 3		NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 3	
FIASP PUMPCART SOCT 100unit/ml	Tier 3	B/D	NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 3	
GAUZE PADS 2" X 2"	Tier 3	PA	NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	Tier 3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 5	B/D	OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 4	QL PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml			OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 4	QL PA
INSULIN PEN NEEDLES: BD-EMBECTA	Tier 3	PA	OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	Tier 4	QL PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	Tier 3	PA	OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	Tier 4	QL PA
INSULIN SYRINGES: BD- EMBECTA	Tier 3	PA	OMNIPOD 5 LB KIT INTRO G6 QL (1 kit / year)	Tier 4	QL PA
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 3		OMNIPOD 5 LB MIS PODS G6 QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 3		OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 4	QL PA
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>			
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA	deferasirox (generic of JADENU) TABS 90mg	Tier 3	NM PA			
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA	deferasirox (generic of JADENU) TABS 180mg, 360mg	Tier 4	NM PA			
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 4	QL PA	deferasirox (generic of EXJADE) TBSO 125mg	Tier 4	NM PA			
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 3	QL	deferasirox (generic of EXJADE) TBSO 250mg, 500mg	Tier 5	NM PA			
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 3		kionex SUSP 15gm/60ml	Tier 3				
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 3		LOKELMA PACK 5gm, 10gm	Tier 3				
TRESIBA SOLN 100unit/ml	Tier 3		penicillamine (generic of DEPEN TITRATABS) TABS 250mg	Tier 5	NM			
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 3		sodium polystyrene sulfonate powder	Tier 3				
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 3	QL	sps SUSP 15gm/60ml	Tier 3				
<b>CALCIUM REGULATORS</b>								
alendronate sodium TABS 10mg, 35mg	Tier 1		sps rectal SUSP 15gm/60ml	Tier 3				
alendronate sodium (generic of FOSAMAX) TABS 70mg	Tier 1		trientine hcl (generic of SYPRINE) CAPS 250mg	Tier 5	NM PA			
calcitonin (salmon) spray SOLN 200unit/act	Tier 3	B/D	<b>CONTRACEPTIVES</b>					
ibandronate sodium TABS 150mg	Tier 2	B/D	afirmelle	Tier 2				
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 3	B/D	altavera	Tier 3				
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	Tier 3	B/D	alyacen 1/35	Tier 3				
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 4	QL NM	alyacen 7/7/7	Tier 3				
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 5	NM PA	apri	Tier 2				
XGEVA SOLN 120mg/1.7ml	Tier 5	NM PA	aranelle	Tier 3				
zoledronic acid CONC 4mg/5ml	Tier 4	B/D NM	aubra eq	Tier 2				
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	Tier 4	B/D NM	aurovela 1/20	Tier 3				
<b>CHELATING AGENTS</b>								
CHEMET CAPS 100mg	Tier 5		aurovela fe 1.5/30	Tier 2				

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
dasetta 7/7/7	Tier 3	juleber	Tier 2
deblitane TABS .35mg	Tier 2	junel 1.5/30	Tier 3
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 3	junel 1/20	Tier 3
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 3	junel fe 1.5/30	Tier 2
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	Tier 3	junel fe 1/20	Tier 2
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	Tier 3	kariva	Tier 3
elinest	Tier 3	kelnor 1/35	Tier 2
eluryng (generic of NUVARING)	Tier 3	kelnor 1/50	Tier 3
emzahh TABS .35mg	Tier 2	kurvelo	Tier 3
enilloring (generic of NUVARING)	Tier 3	larin 1.5/30	Tier 3
enpresse-28	Tier 2	larin 1/20	Tier 3
enskyce	Tier 2	larin fe 1.5/30	Tier 2
errin TABS .35mg	Tier 2	larin fe 1/20	Tier 2
estarrylla	Tier 2	lessina	Tier 2
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 2	levonest	Tier 2
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Tier 3	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 3
etonogetrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)	Tier 3	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 2
falmina	Tier 2	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 3
feirza 1.5/30	Tier 2	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 2
feirza 1/20	Tier 2	levora 0.15/30-28	Tier 3
hailey 1.5/30	Tier 3	LILETTA IUD 20.1mcg/day	Tier 3 NM
haloette (generic of NUVARING)	Tier 3	loestrin 1.5/30-21	Tier 3
heather TABS .35mg	Tier 2	loestrin 1/20-21	Tier 3
iclevia	Tier 3	loestrin fe 1.5/30	Tier 2
incassia TABS .35mg	Tier 2	loestrin fe 1/20	Tier 2
introvale	Tier 3	loryna (generic of YAZ)	Tier 3
isibloom	Tier 2	low-ogestrel	Tier 3
jasmiel (generic of YAZ)	Tier 3	lutera	Tier 2
jolessa	Tier 3	lyleq TABS .35mg	Tier 2
		lyza TABS .35mg	Tier 2
		marlissa	Tier 3
		medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	Tier 3
		microgestin 1.5/30	Tier 3

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>microgestin 1/20</i>	Tier 3		<i>reclipsen</i>	Tier 2	
<i>microgestin fe 1.5/30</i>	Tier 2		<i>setlakin</i>	Tier 3	
<i>microgestin fe 1/20</i>	Tier 2		<i>sharobel TABS .35mg</i>	Tier 2	
<i>mihi</i>	Tier 2		<i>similiya</i>	Tier 3	
<i>mono-linyah</i>	Tier 2		<i>sprintec 28</i>	Tier 2	
<i>necon 0.5/35-28</i>	Tier 3		<i>sronyx</i>	Tier 2	
<b>NEXPLANON IMPL 68mg</b>	Tier 3	NM	<b>syeda (generic of YASMIN 28)</b>	Tier 3	
<i>nikki (generic of YAZ)</i>	Tier 3		<i>tarina fe 1/20 eq</i>	Tier 2	
<i>nora-be TABS .35mg</i>	Tier 2		<i>tilia fe</i>	Tier 3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 3		<i>tri-estarrylla</i>	Tier 3	
<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 2		<i>tri-legest fe</i>	Tier 3	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 3		<i>tri-linyah</i>	Tier 3	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 3		<i>tri-lo-estarrylla</i>	Tier 3	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 3		<i>tri-lo-marzia</i>	Tier 3	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 2		<i>tri-lo-mili</i>	Tier 3	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 2		<i>tri-lo-sprintec</i>	Tier 3	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 3		<i>tri-mili</i>	Tier 3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 3		<i>tri-nymyo</i>	Tier 3	
<i>norlyroc TABS .35mg</i>	Tier 2		<i>tri-sprintec</i>	Tier 3	
<i>nortrel 0.5/35 (28)</i>	Tier 3		<i>tri-vylibra</i>	Tier 3	
<i>nortrel 1/35 (21)</i>	Tier 3		<i>tri-vylibra lo</i>	Tier 3	
<i>nortrel 1/35 (28)</i>	Tier 3		<i>trivora-28</i>	Tier 2	
<i>nortrel 7/7/7</i>	Tier 3		<i>turqoz</i>	Tier 3	
<i>nylia 1/35</i>	Tier 3		<i>valtya 1/50</i>	Tier 3	
<i>nylia 7/7/7</i>	Tier 3		<i>velvet</i>	Tier 3	
<i>ocella (generic of YASMIN 28)</i>	Tier 3		<i>vestura (generic of YAZ)</i>	Tier 3	
<i>philith</i>	Tier 3		<i>vienva</i>	Tier 2	
<i>pimtrea</i>	Tier 3		<i>viorele</i>	Tier 3	
<i>portia-28</i>	Tier 3		<i>vyfemla</i>	Tier 3	
			<i>vylibra</i>	Tier 2	
			<i>wera</i>	Tier 3	
			<i>xarah fe</i>	Tier 3	
			<i>xulane</i>	Tier 3	
			<i>zafemy</i>	Tier 3	
			<i>zovia 1/35</i>	Tier 2	
			<i>zumandimine (generic of YASMIN 28)</i>	Tier 3	
			<b>ESTROGENS</b>		
			<i>dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Tier 3	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3	<b>GLUCOCORTICOIDS</b>	
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 3	<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 3
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	Tier 2	<i>DEXAMETHASONE</i> INTENSOL CONC 1mg/ml	Tier 4
<i>estradiol &amp; norethindrone acetate</i> tab 0.5-0.1 mg	Tier 3	<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	Tier 3
<i>estradiol &amp; norethindrone acetate</i> tab 1-0.5 mg (generic of ACTIVELLA)	Tier 3	<i>fludrocortisone acetate</i> TABS .1mg	Tier 2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Tier 3	<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 3
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	Tier 4	<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	Tier 4
<i>estradiol valerate</i> (generic of DElestrogen) OIL 10mg/ml, 20mg/ml	Tier 4	<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	B/D
<i>estradiol valerate</i> OIL 40mg/ml	Tier 4	<i>methylprednisolone</i> TABS 32mg	B/D
<i>fyavolv</i> tab 0.5mg-2.5mcg	Tier 3	<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 2
<i>fyavolv</i> tab 1mg-5mcg	Tier 3	<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	B/D
<i>jinteli</i>	Tier 3	<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	Tier 3
<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 1000mg	B/D
<i>mimvey</i> (generic of ACTIVELLA)	Tier 3	<i>prednisolone</i> SOLN 15mg/5ml	Tier 2
<i>norethindrone acetate-ethinyl estradiol</i> tab 0.5 mg-2.5 mcg	Tier 3	<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	Tier 4
<i>norethindrone acetate-ethinyl estradiol</i> tab 1 mg-5 mcg	Tier 3	<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	B/D
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	Tier 4	<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	Tier 4
		<i>prednisone</i> SOLN 5mg/5ml	B/D

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D	FABRAZYME SOLR 5mg, 35mg	Tier 5	NM PA
<i>prednisone</i> TBPK 5mg, 10mg	Tier 3		GENOTROPIN CART 5mg, Tier 5 12mg	NM PA	
PREDNISONE INTENSOL CONC 5mg/ml	Tier 4	B/D	GENOTROPIN MINIQUICK Tier 3 PRSY .2mg	NM PA	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 4		GENOTROPIN MINIQUICK Tier 5 PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	NM PA	
<b>GLUCOSE ELEVATING AGENTS</b>			INCRELEX SOLN 40mg/4ml	Tier 5	NM PA
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Tier 5		<i>javygtor</i> (generic of KUVAN) Tier 5 PACK 100mg, 500mg; TABS 100mg	NM PA	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 3		<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 5	NM PA
<b>MISCELLANEOUS</b>			<i>levocarnitine</i> (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 4	B/D
ALDURAZYME SOLN 2.9mg/5ml	Tier 5	NM PA	LUMIZYME SOLR 50mg	Tier 5	NM PA
<i>betaine</i> powder for oral solution (generic of CYSTADANE)	Tier 5	NM	LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	Tier 5	NM PA
<i>cabergoline</i> TABS .5mg	Tier 3		LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	Tier 5	NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	Tier 5	NM PA	LUPRON DEPOT-PED (6- MONTH KIT 45mg	Tier 5	NM PA
CERDELGA CAPS 84mg	Tier 5	NM PA	<i>mifepristone</i> (hyperglycemia) (generic of KORLYM) TABS 300mg	Tier 5	NM PA
CEREZYME SOLR 400unit	Tier 5	NM PA	NAGLAZYME SOLN 1mg/ml	Tier 5	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg	Tier 4	B/D QL NM	<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	Tier 5	NM PA
QL (60 tabs / 30 days)			<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 4	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg	Tier 5	B/D QL NM	<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 4	NM PA
QL (120 tabs / 30 days)			<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 5	NM PA
CYSTAGON CAPS 50mg, 150mg	Tier 4	NM PA			
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	Tier 5				
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Tier 3				
<i>desmopressin acetate spray</i> SOLN .01%	Tier 4				
<i>desmopressin acetate spray</i> refrigerated SOLN .01%	Tier 4				

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 5	NM PA	<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 3		<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 5	NM PA	<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2	
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 5	NM PA	<i>liothyronine sodium</i> (generic of CYTOMEL) POWD 3gm/tsp; TABS 500mg	Tier 3	
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 5	NM PA	<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 5	NM PA	<i>propylthiouracil</i> TABS 50mg SYNTHROID TABS 25mcg, Tier 4 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 3	
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	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	
SYNAREL SOLN 2mg/ml	Tier 5	PA	<b>VITAMIN D ANALOGS</b>		
VEOZAH TABS 45mg	Tier 4	PA	<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 2	B/D
<b>PROGESTINS</b>			<i>calcitriol</i> (oral) (generic of ROCALTROL) SOLN 1mcg/ml	Tier 4	B/D
<i>gallifrey</i> TABS 5mg	Tier 3		<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 4	B/D
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1		<i>paricalcitol</i> CAPS 4mcg	Tier 4	B/D
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 3				
<i>megestrol acetate</i> (appetite) SUSP 625mg/5ml	Tier 4	PA			
<i>norethindrone acetate</i> TABS 5mg	Tier 3				
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 3				
<b>THYROID AGENTS</b>					
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>GASTROINTESTINAL ANTIEMETICS</b>					
aprepitant CAPS 40mg, 125mg	Tier 4	B/D	<i>promethazine hcl</i> (generic of Tier 3 PHENERGAN) SOLN 25mg/ml, 50mg/ml		PA
aprepitant (generic of EMEND BIPACK) CAPS 80mg	Tier 4	B/D	PA applies if 70 years and older after a 30 day supply in a calendar year		
aprepitant capsule therapy pack 80 & 125 mg	Tier 4	B/D			
compro SUPP 25mg	Tier 4		scopolamine PT72 1mg/3days	Tier 4	QL PA
dronabinol (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	Tier 4	B/D QL	QL (10 patches / 30 days)		
dronabinol CAPS 5mg, 10mg	Tier 4	B/D QL	PA applies if 70 years and older after a 30 day supply in a calendar year		
QL (60 caps / 30 days)					
granisetron hcl SOLN 1mg/ml, 4mg/4ml	Tier 4		<b>ANTISPASMODICS</b>		
granisetron hcl TABS 1mg	Tier 4	B/D	<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 3	
meclizine hcl TABS 12.5mg, 25mg	Tier 2		<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 4	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	Tier 3		<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	Tier 3	QL
metoclopramide hcl (generic Tier 1 of REGLAN) TABS 5mg, 10mg			<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	Tier 3	QL
ondansetron TBDP 4mg, 8mg	Tier 3	B/D			
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 3		<b>H2-RECEPTOR ANTAGONISTS</b>		
ondansetron hcl SOLN 4mg/5ml	Tier 4	B/D	<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 3	
ondansetron hcl TABS 4mg, 8mg	Tier 3	B/D	<i>famotidine</i> SUSR 40mg/5ml	Tier 4	
prochlorperazine SUPP 25mg	Tier 4		<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
prochlorperazine edisylate SOLN 10mg/2ml	Tier 4		<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	Tier 3	
prochlorperazine maleate TABS 5mg, 10mg	Tier 2		<i>nizatidine</i> CAPS 150mg, 300mg	Tier 4	
promethazine hcl SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	Tier 3	PA			
PA applies if 70 years and older after a 30 day supply in a calendar year			<b>INFLAMMATORY BOWEL DISEASE</b>		
			<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	Tier 3	
			<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 4	QL 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	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 4	QL	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	Tier 3	
mesalamine CPDR 400mg QL (180 caps / 30 days)	Tier 4	QL			
mesalamine ENEM 4gm QL (1680 mL / 28 days)	Tier 4	QL			
mesalamine (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 4	QL			
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 4	QL			
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 4	QL			
sulfasalazine (generic of AZULFIDINE) TABS 500mg	Tier 2		cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Tier 4	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 3		diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Tier 4	
<b>LAXATIVES</b>			diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	Tier 3	
constulose SOLN 10gm/15ml	Tier 3		GATTEX KIT 5mg	Tier 5	NM PA
enulose SOLN 10gm/15ml	Tier 3		LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 3	QL
gavilyte-c	Tier 2		loperamide hcl CAPS 2mg	Tier 3	
gavilyte-g (generic of GOLYTELY)	Tier 2		misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 3	
gavilyte-n/flavor pack	Tier 2		MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL
generlac SOLN 10gm/15ml	Tier 3		RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 5	QL PA
lactulose SOLN 10gm/15ml	Tier 3		sucralfate (generic of CARAFATE) TABS 1gm	Tier 3	
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 3		ursodiol CAPS 300mg	Tier 3	
peg 3350-kcl-na bicarb-nacl-Tier 2 na sulfate for soln 236 gm (generic of GOLYTELY)			ursodiol TABS 250mg	Tier 4	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 2		ursodiol (generic of URSO FORTE) TABS 500mg	Tier 4	
PLENVU SOL	Tier 4				

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
VOWST CAP QL (12 caps / 30 days)	Tier 5	QL NM PA	tadalafil (generic of CIALIS) TABS 5mg	Tier 3	QL PA QL (30 tabs / 30 days)
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 5	QL NM PA	tamsulosin hcl CAPS .4mg	Tier 1	QL QL (60 caps / 30 days)
XIFAXAN TABS 550mg	Tier 5	PA	<b>MISCELLANEOUS</b>		
ZENPEP CAP 3000UNIT	Tier 4		acetic acid SOLN .25%	Tier 2	
ZENPEP CAP 5000UNIT	Tier 4		bethanechol chloride TABS	Tier 3	
ZENPEP CAP 10000UNT	Tier 4		5mg, 10mg, 25mg, 50mg		
ZENPEP CAP 15000UNT	Tier 4		potassium citrate (alkalinizer) (generic of	Tier 3	
ZENPEP CAP 20000UNT	Tier 4		UROCIT-K 15) TBCR 15meq		
ZENPEP CAP 25000UNT	Tier 4		potassium citrate (alkalinizer) TBCR 540mg	Tier 3	
ZENPEP CAP 40000UNT	Tier 4		potassium citrate (alkalinizer) (generic of	Tier 3	
ZENPEP CAP 60000UNT	Tier 4		UROCIT-K 10) TBCR 1080mg		
<b>PROTON PUMP INHIBITORS</b>					
esomeprazole magnesium (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	Tier 3	QL ST	<b>URINARY ANTISPASMODICS</b>		
lansoprazole CPDR 15mg QL (60 caps / 30 days)	Tier 3	QL	MYRBETRIQ SRER 8mg/ml	Tier 4	QL QL (300 mL / 28 days)
lansoprazole (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	Tier 3	QL	MYRBETRIQ TB24 25mg, 50mg	Tier 4	QL QL (30 tabs / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	Tier 1		oxybutynin chloride SOLN 5mg/5ml	Tier 3	QL QL (600 mL / 30 days)
pantoprazole sodium (generic of PROTONIX) SOLR 40mg	Tier 4		oxybutynin chloride TABS 5mg	Tier 3	QL QL (120 tabs / 30 days)
pantoprazole sodium (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1		oxybutynin chloride TB24 5mg	Tier 3	QL QL (30 tabs / 30 days)
<b>GENITOURINARY</b>					
<b>BENIGN PROSTATIC HYPERPLASIA</b>					
alfuzosin hcl (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	Tier 2	QL	oxybutynin chloride TB24 10mg, 15mg	Tier 3	QL QL (60 tabs / 30 days)
dutasteride (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	Tier 3	QL	solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg	Tier 4	QL QL (30 tabs / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	Tier 3	QL	tolterodine tartrate CP24 2mg, 4mg	Tier 4	QL ST QL (30 caps / 30 days)
finasteride (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL			

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

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>anagrelide hcl</i> CAPS 1mg	Tier 4		<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	Tier 3	PA PA applies if 70 years and older
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	Tier 4		<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	Tier 3	
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			
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</i> (sickle cell) (generic of ENDARI) PACK 5gm	Tier 5	NM PA			
<i>pentoxifylline</i> TBCR 400mg	Tier 2				
sajazir (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				
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>					
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 4				
BRILINTA TABS 60mg, 90mg	Tier 3				
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Tier 1				

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 5 QL NM PA	IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5 QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 5 QL NM PA	IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5 QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 5 QL NM PA	INFLIXIMAB SOLR 100mg REMICADE SOLR 100mg RENFLEXIS SOLR 100mg RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 5 NM PA Tier 5 NM PA Tier 5 NM PA Tier 5 QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 5 QL NM PA	RINVOQ TB24 45mg QL (168 tabs / year)	Tier 5 QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 5 QL NM PA	RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 5 QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 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 PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 5 QL NM PA	SKYRIZI SOLN 600mg/10ml SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 5 NM PA Tier 5 QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 5 QL NM PA	SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 5 QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5 QL NM PA	SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 5 QL NM PA	STELARA SOLN 45mg/0.5ml QL (1 vial / 28 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	STELARA SOLN 130mg/26ml STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 5 NM PA Tier 5 QL NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5 QL NM PA	TREMFYA SOAJ 100mg/ml, 200mg/2ml QL (1 pen / 28 days)	Tier 5 QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 5 QL NM PA	TREMFYA SOLN 200mg/20ml	Tier 5 NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 5 QL NM PA		

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
TREMFYA SOSY 100mg/ml, 200mg/2ml QL (1 syringe / 28 days)	Tier 5 QL NM PA	GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5 NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 5 QL NM PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 5 NM PA
TYENNE SOLN 80mg/4ml, Tier 5 200mg/10ml, 400mg/20ml	NM PA	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 5 QL NM PA	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 5 QL NM PA	OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	NM PA
XELJANZ XR TB24 11mg, Tier 5 22mg QL (30 tabs / 30 days)	QL NM PA	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	NM PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>			
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	Tier 3		
JYlamvo SOLN 2mg/ml Ieflunomide (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 4 B/D Tier 3 QL		
methotrexate sodium TABS Tier 3 2.5mg			
XATMEP SOLN 2.5mg/ml	Tier 4 B/D		
<b>IMMUNOGLOBULINS</b>			
ALYGLO SOLN 5gm/50ml, Tier 5 10gm/100ml, 20gm/200ml	NM PA		
BIVIGAM SOLN 5gm/50ml, Tier 5 10%	NM PA		
FLEBOGAMMA DIF SOLN Tier 5 5gm/100ml, 10gm/200ml, 20gm/400ml	NM PA		
GAMASTAN INJ	Tier 4 B/D NM		
<b>IMMUNOMODULATORS</b>			
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 5 NM PA		
ARCALYST SOLR 220mg	Tier 5 NM PA		
<b>IMMUNOSUPPRESSANTS</b>			
ASTAGRAF XL CP24 5mg ASTAGRAF XL CP24 .5mg, 1mg	Tier 5 B/D NM Tier 4 B/D NM		
azathioprine (generic of IMURAN) TABS 50mg	Tier 3 B/D		
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 5 QL NM PA		
BENLYSTA SOLR 120mg, Tier 5 400mg	NM PA		

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 4	B/D NM	BOOSTRIX INJ	Tier 1	
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 4	B/D NM	DAPTACEL INJ	Tier 1	
cyclosporine modified (for microemulsion) CAPS 50mg	Tier 4	B/D NM	DENGVAXIA SUS	Tier 1	
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	Tier 5	B/D NM	DIP/TET PED INJ 25-5LFU	Tier 1	B/D
gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 4	B/D NM	ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 3	B/D NM	GARDASIL 9 INJ	Tier 1	
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	Tier 5	B/D NM	HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	Tier 1	
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 4	B/D NM	HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
NULOJIX SOLR 250mg	Tier 5	B/D NM	HIBERIX SOLR 10mcg	Tier 1	
PROGRAF PACK .2mg, 1mg	Tier 4	B/D NM	IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	INFANRIX INJ	Tier 1	
sirolimus SOLN 1mg/ml	Tier 5	B/D NM	IPOL INJ INACTIVE	Tier 1	
sirolimus TABS .5mg, 1mg, 2mg	Tier 4	B/D NM	IXCHIQ INJ	Tier 1	
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 4	B/D NM	IXIARO INJ	Tier 1	
<b>VACCINES</b>					
ABRYSVO SOLR 120mcg/0.5ml	Tier 1		JYNNEOS SUSP .5ml	Tier 1	B/D
ACTHIB INJ	Tier 1		KINRIX INJ	Tier 1	
ADACEL INJ	Tier 1		M-M-R II INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1		MENACTRA INJ	Tier 1	
BCG VACCINE SOLR 50mg	Tier 1		MENQUADFI INJ	Tier 1	
BEXSERO INJ	Tier 1		MENVEO INJ	Tier 1	
			MENVEO SOL	Tier 1	
			MRESVIA SUSY 50mcg/0.5ml	Tier 1	
			PEDIARIX INJ 0.5ML	Tier 1	
			PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
			PENBRAYA INJ	Tier 1	
			PENTACEL INJ	Tier 1	
			PRIORIX INJ	Tier 1	
			PROQUAD INJ	Tier 1	
			QUADRACEL INJ 0.5ML	Tier 1	
			RABAVERT INJ	Tier 1	B/D
			RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
			ROTARIX SUS	Tier 1	
			ROTATEQ SOL	Tier 1	

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
magnesium sulfate SOLN 50%	Tier 3		potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	Tier 2	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	Tier 3		PRENATAL TAB 27-1MG	Tier 3	
multiple electrolytes ph 5.5	Tier 4		PRENATAL TAB PLUS	Tier 3	
multiple electrolytes ph 7.4	Tier 4	(generic of PLASMA-LYTE A)	sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 2	
POT CHL 20MEQ/L IN NAACL 0.9% INJ	Tier 4		WESTAB PLUS TAB 27- 1MG	Tier 3	
POT CHL 20MEQ/L IN NAACL 0.45% INJ	Tier 4				
POT CHL 40MEQ/L IN NAACL 0.9% INJ	Tier 4				
potassium chloride SOLN 2meq/ml	Tier 3				
potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 3				
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 3				
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	Tier 3				
TPN ELECTROL INJ	Tier 4	B/D			
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>					
klor-con PACK 20meq	Tier 4				
klor-con 8 TBCR 8meq	Tier 2				
klor-con 10 TBCR 10meq	Tier 2				
klor-con m10 TBCR 10meq	Tier 2				
klor-con m15 TBCR 15meq	Tier 2				
klor-con m20 TBCR 20meq	Tier 2				
M-NATAL PLUS TAB	Tier 3				
potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	Tier 2				
potassium chloride PACK 20meq; SOLN 10%, 20%	Tier 4				
<b>IV NUTRITION</b>					
CLINIMIX INJ 4.25/D5W	Tier 4	B/D			
CLINIMIX INJ 4.25/D10	Tier 4	B/D			
CLINIMIX INJ 5%/D15W	Tier 4	B/D			
CLINIMIX INJ 5%/D20W	Tier 4	B/D			
CLINIMIX INJ 6/5	Tier 4	B/D			
CLINIMIX INJ 8/10	Tier 4	B/D			
CLINIMIX INJ 8/14	Tier 4	B/D			
clinisol sf 15%	Tier 4	B/D			
CLINOLIPID EMU 20%	Tier 4	B/D			
dextrose SOLN 5%, 10%	Tier 3				
dextrose SOLN 50%, 70%	Tier 3	B/D			
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 4	B/D			
NUTRILIPID EMUL 20gm/100ml	Tier 4	B/D			
plenamine	Tier 4	B/D			
PREMASOL SOL 10%	Tier 5	B/D			
PROSOL INJ 20%	Tier 4	B/D			
TRAVASOL INJ 10%	Tier 4	B/D			
TROPHAMINE INJ 10%	Tier 4	B/D			
<b>OPHTHALMIC</b>					
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>					
bacitracin-polymyxin-	Tier 3				
neomycin-hc ophth oint 1%					
neo-polycin hc ophth oint 1%	Tier 3				
neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)	Tier 2				
neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)	Tier 2				
neomycin-polymyxin-hc ophth susp	Tier 4				

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%	Tier 2		ZIRGAN GEL .15%	Tier 4	
TOBRADEX OIN 0.3-0.1%	Tier 3		<b>ANTI-INFLAMMATORIES</b>		
tobramycin-dexamethasone	Tier 3		bromfenac sodium (ophth)	Tier 3	
ophth susp 0.3-0.1%			(generic of PROLENSA) SOLN .07%		
ZYLET SUS 0.5-0.3%	Tier 3		bromfenac sodium (ophth)	Tier 4	
<b>ANTI-INFECTIVES</b>			(generic of BROMSITE) SOLN .075%		
bacitracin (ophthalmic)	Tier 3		dexamethasone sodium phosphate (ophth) SOLN .1%	Tier 3	
OINT 500unit/gm			diclofenac sodium (ophth)	Tier 2	
bacitracin-polymyxin b ophth oint	Tier 2		SOLN .1%		
BESIVANCE SUSP .6%	Tier 3		FLAREX SUSP .1%	Tier 4	
CILOXAN OINT .3%	Tier 3		fluorometholone (ophth)	Tier 3	
ciprofloxacin hcl (ophth)	Tier 2		(generic of FML LIQUIFILM) SUSP .1%		
SOLN .3%			flurbiprofen sodium SOLN .03%	Tier 3	
erythromycin (ophth) OINT 5mg/gm	Tier 2		ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	Tier 3	
gatifloxacin (ophth) SOLN .5%	Tier 3		ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	Tier 2	
gentamicin sulfate (ophth)	Tier 2		LOTEMAX OINT .5%	Tier 3	
SOLN .3%			loteprednol etabonate (generic of ALREX) SUSP .2%	Tier 3	
moxifloxacin hcl (ophth) (generic of VIGAMOX)	Tier 3	QL	prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	Tier 3	
SOLN .5%			PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 3	
QL (12 mL / 30 days)			<b>ANTIALLERGICS</b>		
neo-polycin 5(3.5)mg- 400unt-10000unt op oin	Tier 3		azelastine hcl (ophth)	Tier 2	
neomycin-bacitrac zn- polymyx 5(3.5)mg-400unt- 10000unt op oin	Tier 3		SOLN .05%		
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg- unt-mg/ml	Tier 3		cromolyn sodium (ophth)	Tier 2	
ofloxacin (ophth) (generic of OCUFLUX) SOLN .3%	Tier 2		SOLN 4%		
polycin ophth oint	Tier 2		<b>ANTIGLAUCOMA</b>		
polymyxin b-trimethoprim ophth soln 10000 unit/ml- 0.1%	Tier 1		betaxolol hcl (ophth)	SOLN Tier 3	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	Tier 3		.5%		
tobramycin (ophth) SOLN .3%	Tier 1		BETOPTIC-S SUSP .25%	Tier 4	
trifluridine SOLN 1%	Tier 4		brimonidine tartrate SOLN .2%	Tier 1	
XDEMVY SOLN .25%	Tier 5	NM PA	brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%		

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	Tier 4		<i>flac</i> (generic of DERMOTIC)	Tier 3	
<i>carteolol hcl</i> (ophth) SOLN 1%	Tier 2		OIL .01%		
COMBIGAN SOLN 0.2/0.5%	Tier 3		<i>fluocinolone acetonide</i> (otic) Tier 3 (generic of DERMOTIC)		
<i>dorzolamide hcl</i> SOLN 2%	Tier 2		OIL .01%		
<i>dorzolamide hcl-timolol maleate</i> ophth soln 2-0.5% (generic of COSOPT)	Tier 2		<i>neomycin-polymyxin-hc</i> otic Tier 3 soln 1%		
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	Tier 1		<i>neomycin-polymyxin-hc</i> otic Tier 3 susp 3.5 mg/ml-10000 unit/ml-1%		
<i>levobunolol hcl</i> SOLN .5%	Tier 2		<i>ofloxacin</i> (otic) SOLN .3%	Tier 4	
LUMIGAN SOLN .01%	Tier 3				
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 3				
RHOPRESSA SOLN .02%	Tier 4				
ROCKLATAN DRO	Tier 4				
SIMBRINZA SUS 1-0.2%	Tier 4				
<i>timolol maleate</i> (ophth) SOLG .25%, .5%	Tier 3				
<i>timolol maleate</i> (ophth) SOLN .25%, .5%	Tier 1				
VYZULTA SOLN .024%	Tier 4				
<b>MISCELLANEOUS</b>					
ATROPINE SULFATE SOLN 1%	Tier 3				
<i>atropine sulfate</i> (ophthalmic)	Tier 3				
SOLN 1%					
CYSTADROPS SOLN .37%	Tier 5	NM PA			
CYSTARAN SOLN .44%	Tier 5	NM PA			
EYSUVIS SUSP .25%	Tier 4				
MIEBO SOLN 1.338gm/ml	Tier 3				
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	Tier 3				
RESTASIS EMUL .05%	Tier 3				
RESTASIS MULTIDOSE EMUL .05%	Tier 3				
XIIDRA SOLN 5%	Tier 3				
<b>OTIC</b>					
<b>OTIC AGENTS</b>					
<i>acetic acid</i> (otic)	SOLN 2%	Tier 3			
<i>ciprofloxacin-dexamethasone</i> otic susp 0.3-0.1%					
<b>ANTICHOLINERGICS</b>					
ATROVENT HFA AERS 17mcg/act	Tier 4				
		QL (2 inhalers / 30 days)			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 3	QL	<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 3	QL
<i>ipratropium bromide</i> SOLN .02%	Tier 2	B/D	<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 3	QL
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 3		<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 3	B/D
<b>ANTIHISTAMINES</b>			<i>albuterol sulfate</i> NEBU .083%	Tier 2	B/D
<i>azelastine hcl</i> SOLN .1%	Tier 3		<i>albuterol sulfate</i> SYRP 2mg/5ml	Tier 3	
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	Tier 2	QL	<i>albuterol sulfate</i> TABS 2mg, 4mg	Tier 4	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 3	PA	<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 3	QL ST
<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 3		SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 3	QL
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older	Tier 4	PA	<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 4	
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 3	PA	VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 3	PA	VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 3	QL
<i>levocetirizine</i> dihydrochloride SOLN 2.5mg/5ml QL (300 mL / 30 days)	Tier 4	QL	<b>LEUKOTRIENE MODULATORS</b>		
<i>levocetirizine</i> dihydrochloride TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL	<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg	Tier 2	
<b>BETA AGONISTS</b>			<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 4	
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 3	QL	<i>montelukast sodium</i> (generic of SINGULAIR) TABS 10mg	Tier 1	

<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>
zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg	Tier 3	ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 5 QL NM PA
<b>MISCELLANEOUS</b>			
acetylcysteine SOLN 10%, 20%	Tier 4 B/D	ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 5 QL NM PA
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	Tier 5 QL NM PA	ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 5 QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	Tier 5 QL NM PA	ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 5 QL NM PA
ARALAST NP SOLR 500mg, 1000mg	Tier 5 NM PA	pirfenidone (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	Tier 5 QL NM PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	Tier 5 QL NM PA	pirfenidone (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 5 QL NM PA
cromolyn sodium NEBU 20mg/2ml	Tier 3 B/D	pirfenidone TABS 534mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 3	pirfenidone (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 3	PROLASTIN-C SOLN 1000mg/20ml	Tier 5 NM PA
epinephrine (anaphylaxis) 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	roflumilast (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	roflumilast (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	theophylline 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	theophylline TB24 400mg, 600mg	Tier 3
		TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 5 QL NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 5	QL NM PA	ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 3	QL
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	Tier 5	QL NM PA	<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 4	B/D
TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days)	Tier 5	QL NM PA	<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 5	QL NM PA	ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 3	QL
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 5	QL NM PA	ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 3	QL
XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 5	QL NM PA	ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 3	QL
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 5	QL NM PA	AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	Tier 3	QL
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA	BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	Tier 3	QL
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 5	NM PA	BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 3	QL
<b>NASAL STEROIDS</b>			BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 3	QL
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 3	QL	<i>breyna</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 3	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 2	QL	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</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 160-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 3	QL
<b>STEROID INHALANTS</b>					
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 4	QL			
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 4	QL			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 4	QL	claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 4	QL	clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	Tier 3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 4	QL	clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 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	clindamycin phosphate (topical) SOLN 1% QL (60 mL / 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	ery PADS 2% QL (60 pledges / 30 days)	Tier 3	QL
<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	erythromycin (acne aid) (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	Tier 3	QL
wixela inhba (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 3	QL	erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	Tier 3	QL
<b>TOPICAL DERMATOLOGY, ACNE</b>			isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA	sulfacetamide sodium (acne) (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 4	QL
amnesteem CAPS 10mg, 20mg, 40mg	Tier 4	PA	tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 4	QL PA
benzoyl peroxide- erythromycin gel 5-3% (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	Tier 4	QL	twice-daily clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)	Tier 3	QL
<b>DERMATOLOGY, ANTIBIOTICS</b>			zenatane CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 3	QL	<b>SILVADENE)</b> CREA 1%	Tier 2	QL
mupirocin OINT 2% QL (220 gm / 30 days)	Tier 2	QL	silver sulfadiazine (generic of SILVADENE) CREA 1%	Tier 2	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>			
ssd (generic of SILVADENE) CREA 1%	Tier 2		nystop POWD 100000unit/gm	Tier 3	QL			
SULFAMYLYON CREA 85mg/gm QL (453.6 gm / 30 days)	Tier 4	QL	QL (60 gm / 30 days)					
			selenium sulfide LOTN 2.5%	Tier 2				
<b>DERMATOLOGY, ANTIFUNGALS</b>								
ciclopirox SHAM 1% QL (120 mL / 30 days)	Tier 3	QL	acitretin CAPS 10mg, 17.5mg, 25mg	Tier 4	PA			
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	Tier 3	QL	calcipotriene CREA .005%; Tier 4 OINT .005% QL (120 gm / 30 days)	QL PA				
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	Tier 3	QL	calcipotriene SOLN .005% QL (120 mL / 30 days)	Tier 3	QL PA			
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	Tier 2	QL	calcitrene OINT .005% QL (120 gm / 30 days)	Tier 4	QL PA			
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	Tier 3	QL	ENSTILAR AER QL (120 gm / 30 days)	Tier 5	QL PA			
clotrimazole w/ betamethasone cream 1- 0.05% QL (45 gm / 30 days)	Tier 3	QL	tazarotene (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	Tier 3	QL PA			
econazole nitrate CREA 1% QL (85 gm / 30 days)	Tier 3	QL	TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 4	QL PA			
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	Tier 3	QL	<b>DERMATOLOGY, CORTICOSTEROIDS</b>					
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	Tier 2	QL	ala-cort CREA 1% Tier 1					
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	Tier 3	QL	alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL			
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	Tier 3	QL	betamethasone dipropionate (topical) CREA .05% QL (120 gm / 30 days)	Tier 3	QL			
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 2	QL	betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	Tier 3	QL			
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	Tier 3	QL	betamethasone dipropionate (topical) OINT .05% QL (120 gm / 30 days)	Tier 4	QL			
			betamethasone dipropionate augmented CREA .05% QL (120 gm / 30 days)	Tier 2	QL			
			betamethasone dipropionate augmented GEL .05% QL (120 gm / 30 days)	Tier 4	QL			
			betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	Tier 4	QL			

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>			
<i>lidocaine-prilocaine cream 2.5-2.5%</i> QL (30 gm / 30 days)	Tier 2	B/D QL	<i>nitroglycerin (intra-anal) (generic of RECTIV) OINT .4%</i> QL (30 gm / 30 days)	Tier 4	QL			
<i>lidocan (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)</i>	Tier 4	QL PA	<i>PANRETIN GEL .1% QL (60 gm / 30 days)</i>	Tier 5	QL PA			
<i>tridacaine ii (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)</i>	Tier 4	QL PA	<i>pimecrolimus (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)</i>	Tier 4	QL PA			
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>								
<i>bexarotene (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)</i>	Tier 5	QL NM PA	<i>podofilox SOLN .5% QL (7 mL / 28 days)</i>	Tier 3	QL			
<i>diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days)</i>	Tier 3	QL	<i>procto-med hc (generic of ANUSOL-HC) CREA 2.5%</i>	Tier 3				
<i>fluorouracil (topical) CREA 5% QL (40 gm / 30 days)</i>	Tier 4	QL	<i>proctocort CREA 1% proctosol hc (generic of ANUSOL-HC) CREA 2.5%</i>	Tier 3				
<i>fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)</i>	Tier 3	QL	<i>proctozone-hc (generic of ANUSOL-HC) CREA 2.5%</i>	Tier 3				
<i>hydrocortisone (rectal) CREA 1% hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5% imiquimod CREA 5% QL (24 packets / 30 days)</i>	Tier 3	QL	<i>tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)</i>	Tier 4	QL PA			
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12% metronidazole (topical) (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)</i>	Tier 2		<i>VALCHLOR GEL .016% QL (60 gm / 30 days)</i>	Tier 5	QL NM PA			
<i>metronidazole (topical) GEL .75% QL (45 gm / 30 days)</i>	Tier 3	QL	<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>					
<i>metronidazole (topical) (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)</i>	Tier 4	QL	<i>malathion LOTN .5% QL (59 mL / 30 days)</i>	Tier 4	QL			
<b>DERMATOLOGY, WOUND CARE AGENTS</b>								
<i>REGRANEX GEL .01% QL (30 gm / 30 days)</i>	Tier 5	QL PA	<i>permethrin (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)</i>	Tier 3	QL			
<i>SANTYL OINT 250unit/gm QL (180 gm / 30 days)</i>	Tier 4	QL	<b>DERMATOLOGY, WOUND CARE AGENTS</b>					
<i>sodium chloride (gu irrigant) SOLN .9% water for irrigation, sterile irrigation soln</i>	Tier 3		<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12% clotrimazole TROC 10mg QL (150 lozenges / 30 days)</i>	Tier 1				
<b>MOUTH/THROAT/DENTAL AGENTS</b>								
<i>kourzeq PSTE .1% Tier 3</i>								

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	Tier 2	
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	Tier 2	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	Tier 1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	Tier 3	
<i>triamcinolone acetonide</i> (mouth) PSTE .1%	Tier 3	

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