

Blue MedicareRxSM Value Plus (PDP) 2026 Formulary

(List of Covered Drugs or “Drug List”)

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

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

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

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

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

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

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

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

What is the Blue MedicareRx Value Plus 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 Value Plus in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue MedicareRx Value Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx Value Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the formulary change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx Value Plus 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.

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 Value Plus formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately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

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

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

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

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

Blue MedicareRx Value Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs 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 Value Plus 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 Value Plus limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for simvastatin 80 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue MedicareRx Value Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical

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

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

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

What if my drug is not on the formulary?

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

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

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

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

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue MedicareRx Value Plus limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- 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 Value Plus will only approve your request for an exception if the alternative drug is included on the plan’s formulary, the lower cost-sharing drug or 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 Value Plus prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

Blue MedicareRx Value Plus formulary

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS			OPIOID ANALGESICS, LONG-ACTING		
GOUT			<i>fentanyl</i> PT72 12mcg/hr, Tier 4 QL PA 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)		
<i>allopurinol</i> TABS 100mg, Tier 1 300mg			<i>hydrocodone bitartrate</i> Tier 4 QL PA T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)		
<i>colchicine</i> TABS .6mg Tier 3 QL QL (120 tabs / 30 days)			<i>hydrocodone bitartrate</i> Tier 5 QL PA T24A 100mg, 120mg QL (30 tabs / 30 days)		
<i>colchicine w/ probenecid tab</i> Tier 3 0.5-500 mg			<i>methadone hcl</i> TABS 5mg, Tier 3 QL PA 10mg QL (90 tabs / 30 days)		
<i>probenecid</i> TABS 500mg Tier 3			<i>morphine sulfate</i> (generic of Tier 3 QL PA MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)		
MISCELLANEOUS			OPIOID ANALGESICS, SHORT-ACTING		
<i>lidocaine hcl (local anesth.)</i> Tier 3 B/D (generic of XYLOCAINE- MPF) SOLN .5%, 1%, 1.5%			<i>acetaminophen w/ codeine</i> Tier 3 QL <i>soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)		
<i>lidocaine hcl (local anesth.)</i> Tier 3 B/D (generic of XYLOCAINE) SOLN .5%, 1%, 2%			<i>acetaminophen w/ codeine</i> Tier 2 QL <i>tab</i> 300-15 mg QL (400 tabs / 30 days)		
NSAIDS			<i>acetaminophen w/ codeine</i> Tier 2 QL <i>tab</i> 300-30 mg QL (360 tabs / 30 days)		
<i>celecoxib</i> (generic of Tier 3 QL CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)			<i>acetaminophen w/ codeine</i> Tier 2 QL <i>tab</i> 300-60 mg QL (180 tabs / 30 days)		
<i>celecoxib</i> (generic of Tier 3 QL CELEBREX) CAPS 400mg QL (30 caps / 30 days)			<i>acetaminophen w/ codeine</i> Tier 2 QL <i>tab</i> 300-325mg QL (360 tabs / 30 days)		
<i>diclofenac potassium</i> TABS Tier 2 QL 50mg QL (120 tabs / 30 days)			<i>endocet tab</i> 5-325mg Tier 3 QL (generic of PERCOCET) QL (360 tabs / 30 days)		
<i>diclofenac sodium</i> TB24 Tier 3 100mg					
<i>diclofenac sodium</i> TBEC Tier 2 25mg, 50mg, 75mg					
<i>flurbiprofen</i> TABS 100mg Tier 3					
<i>ibu</i> TABS 400mg, 600mg, Tier 2 800mg					
<i>ibuprofen</i> SUSP 100mg/5ml Tier 3					
<i>ibuprofen</i> TABS 400mg, Tier 2 600mg, 800mg					
<i>meloxicam</i> TABS 7.5mg, Tier 1 15mg					
<i>nabumetone</i> TABS 500mg, Tier 2 750mg					
<i>naproxen</i> TABS 250mg, Tier 1 375mg, 500mg					
<i>sulindac</i> TABS 150mg, Tier 2 200mg					

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 3	QL	<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 3	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 3	QL	<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 4	QL
<i>hydrocodone- acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 4	QL	<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 3	QL
<i>hydrocodone- acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	Tier 3	QL	<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 3	QL
<i>hydrocodone- acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	Tier 3	QL	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	Tier 3	QL
<i>hydrocodone- acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 3	QL	<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 3	QL	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 3	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 3	QL	<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 3	QL
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	Tier 4	B/D	<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	Tier 2	QL
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 3	QL	ANTI-INFECTIVES		
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 3	QL	ANTI-INFECTIVES - MISCELLANEOUS		
			<i>albendazole</i> TABS 200mg QL (672 tabs / year)	Tier 4	QL PA
			<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	Tier 4	
			ARIKAYCE SUSP 590mg/8.4ml	Tier 5	NM PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (20 tabs / 90 days)	Tier 3	QL PA
<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	Tier 3	QL PA
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	Tier 4	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 5	QL
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	Tier 4	QL
LINEZOLID INJ 2MG/ML	Tier 4	
<i>meropenem</i> SOLR 1gm, 500mg	Tier 4	
<i>meropenem</i> (generic of MEROPENEM) SOLR 2gm	Tier 4	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	Tier 3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 3	
<i>metronidazole</i> TABS 250mg, 500mg	Tier 2	
<i>neomycin sulfate</i> TABS 500mg	Tier 2	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	Tier 5	QL
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 3	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	Tier 3	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	Tier 4	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	Tier 4	
<i>praziquantel</i> TABS 600mg	Tier 4	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	Tier 5	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>streptomycin sulfate</i> SOLR 1gm	Tier 4		<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	Tier 5	B/D
<i>sulfadiazine</i> TABS 500mg	Tier 4		<i>caspofungin acetate</i> SOLR 50mg, 70mg	Tier 4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	Tier 4		CRESEMBA CAPS 74.5mg, 186mg	Tier 5	PA
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	Tier 3		<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	Tier 3	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	Tier 2		<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml	Tier 3	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	Tier 2		<i>fluconazole</i> TABS 100mg, 200mg	Tier 2	
<i>tinidazole</i> TABS 250mg, 500mg	Tier 3		<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 2	
TOBI PODHALER CAPS 28mg	Tier 5	NM PA	<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 3	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 5	NM PA	<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 3	
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	Tier 3		<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	Tier 5	PA
<i>trimethoprim</i> TABS 100mg	Tier 3		<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 4	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 4	QL	<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 4	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 4	QL	<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	Tier 4	QL
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	Tier 4		<i>ketoconazole</i> TABS 200mg	Tier 3	PA
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	Tier 4		<i>miconazole sodium</i> SOLR 50mg, 100mg	Tier 4	
VANCOMYCIN INJ 1 GM	Tier 4		<i>nystatin</i> TABS 500000unit	Tier 3	
VANCOMYCIN INJ 500MG	Tier 4		<i>posaconazole</i> 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 2	QL PA
ANTIFUNGALS			<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	Tier 4	PA
<i>amphotericin b</i> SOLR 50mg	Tier 4	B/D			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	Tier 5	QL PA	EDURANT PED TBSO 2.5mg	Tier 5	NM
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	Tier 4	QL	<i>efavirenz</i> TABS 600mg	Tier 4	NM
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	Tier 4	QL	<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Tier 4	NM
ANTIMALARIALS			EMTRIVA SOLN 10mg/ml	Tier 4	NM
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg (generic of MALARONE)	Tier 4		<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	Tier 5	NM
<i>atovaquone-proguanil hcl</i> tab 250-100 mg (generic of MALARONE)	Tier 4		<i>fosamprenavir calcium</i> TABS 700mg	Tier 5	NM
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 4		INTELENCE TABS 25mg	Tier 4	NM
COARTEM TAB 20-120MG	Tier 4		ISENTRESS CHEW 25mg	Tier 4	NM
<i>mefloquine hcl</i> TABS 250mg	Tier 3		ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 5	NM
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 3		ISENTRESS HD TABS 600mg	Tier 5	NM
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 3		<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 3	NM
<i>quinine sulfate</i> CAPS 324mg	Tier 4	PA	<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	Tier 5	NM
ANTIRETROVIRAL AGENTS			<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	Tier 4	NM
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	Tier 4	NM	<i>nevirapine</i> TABS 200mg	Tier 2	NM
<i>abacavir sulfate</i> TABS 300mg	Tier 4	NM	NORVIR PACK 100mg	Tier 4	NM
APTIVUS CAPS 250mg	Tier 5	NM	PIFELTRO TABS 100mg	Tier 5	NM
<i>atazanavir sulfate</i> CAPS 150mg	Tier 4	NM	PREZISTA SUSP 100mg/ml	Tier 5	QL NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	Tier 4	NM	QL (400 mL / 30 days)		
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 4	QL NM	PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 4	QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 4	QL NM	PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 5	QL NM
EDURANT TABS 25mg	Tier 5	NM	REYATAZ PACK 50mg	Tier 5	NM
			<i>ritonavir</i> (generic of NORVIR) TABS 100mg	Tier 3	NM
			RUKOBIA TB12 600mg	Tier 5	NM
			SELZENTRY SOLN 20mg/ml	Tier 5	NM
			SUNLENCA TABS 300mg; TBPK 300mg	Tier 5	NM

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Drug Name	Drug Tier	Requirements/ Limits
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 4	NM
TIVICAY TABS 50mg	Tier 5	NM
TIVICAY PD TBSO 5mg	Tier 5	NM
TYBOST TABS 150mg	Tier 3	NM
VIRACEPT TABS 250mg, 625mg	Tier 5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 5	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg	Tier 4	NM
<i>zidovudine</i> (generic of RETROVIR) SYRP 50mg/5ml	Tier 3	NM
<i>zidovudine</i> TABS 300mg	Tier 3	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 4	NM
BIKTARVY TAB 30-120-15 MG	Tier 5	NM
BIKTARVY TAB 50-200-25 MG	Tier 5	NM
CIMDUO TAB 300-300	Tier 5	NM
DELSTRIGO TAB	Tier 5	NM
DESCOVY TAB 120-15MG	Tier 5	NM
DESCOVY TAB 200/25MG	Tier 5	NM
DOVATO TAB 50-300MG	Tier 5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 4	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	Tier 5	NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i> (generic of COMPLERA)	Tier 5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	Tier 4	NM

Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	Tier 5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	Tier 4	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	Tier 4	NM
EVOTAZ TAB 300-150	Tier 5	NM
GENVOYA TAB	Tier 5	NM
JULUCA TAB 50-25MG	Tier 5	NM
KALETRA SOL	Tier 4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	Tier 4	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	Tier 4	NM
ODEFSEY TAB	Tier 5	NM
PREZCOBIX TAB 675/150	Tier 5	NM
PREZCOBIX TAB 800-150	Tier 5	NM
STRIBILD TAB	Tier 5	NM
SYMTUZA TAB	Tier 5	NM
TRIUMEQ PD TAB	Tier 4	NM
TRIUMEQ TAB	Tier 5	NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	Tier 5	
<i>ethambutol hcl</i> TABS 100mg, 400mg	Tier 3	
<i>isoniazid</i> TABS 100mg, 300mg	Tier 2	
PRIFTIN TABS 150mg	Tier 4	
<i>pyrazinamide</i> TABS 500mg	Tier 4	
<i>rifabutin</i> CAPS 150mg	Tier 4	
<i>rifampin</i> CAPS 150mg, 300mg	Tier 3	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	Tier 4	
SIRTURO TABS 20mg, 100mg	Tier 5	NM PA
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir sodium</i> SOLN 50mg/ml	Tier 4	B/D	<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	Tier 3	NM
<i>adefovir dipivoxil</i> TABS 10mg	Tier 4	NM	<i>rimantadine hydrochloride</i> TABS 100mg	Tier 4	
BARACLUDE SOLN .05mg/ml	Tier 5	NM ST	<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	Tier 3	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	Tier 4	NM	<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	Tier 5	
EPCLUSIA PAK 150-37.5	Tier 5	NM PA	<i>valganciclovir hcl</i> TABS 450mg	Tier 3	
EPCLUSIA PAK 200-50MG	Tier 5	NM PA	VOSEVI TAB	Tier 5	NM PA
EPCLUSIA TAB 200-50MG	Tier 5	NM PA	CEPHALOSPORINS		
EPCLUSIA TAB 400-100	Tier 5	NM PA	<i>cefaclor</i> CAPS 250mg, 500mg	Tier 3	
<i>ganciclovir sodium</i> SOLR 500mg	Tier 4	B/D	<i>cefadroxil</i> CAPS 500mg	Tier 2	
<i>lamivudine (hbv)</i> TABS 100mg	Tier 3	NM	CEFAZOLIN SOLR 2gm, 3gm	Tier 4	
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 5	QL NM PA	CEFAZOLIN INJ 1GM/50ML	Tier 4	
MAVYRET PAK 50-20MG	Tier 5	NM PA	<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 3	
MAVYRET TAB 100-40MG	Tier 5	NM PA	CEFAZOLIN SOLN 2GM/100ML-4%	Tier 4	
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	Tier 3	QL	CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 4	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 3	QL	CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 4	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 3	QL	CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 4	
PAXLOVID PAK QL (22 tabs / 90 days)	Tier 2	QL	CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 4	
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 2	QL	<i>cefdinir</i> CAPS 300mg	Tier 2	
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 2	QL	<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3	
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 5	NM PA	<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 4	
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 5	QL PA	<i>cefixime</i> CAPS 400mg	Tier 4	
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 3	QL	<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 4	
			<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	Tier 3	
			<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 3	
			<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 4	

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<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 4		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 2		<i>ciprofloxacin hcl</i> TABS 750mg	Tier 2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 3		<i>levofloxacin</i> SOLN 25mg/ml	Tier 4	
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 2		<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 2	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3		<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 4		<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 3	
TEFLARO SOLR 400mg, 600mg	Tier 5		<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 3	
ERYTHROMYCINS/MACROLIDES			<i>moxifloxacin hcl</i> TABS 400mg	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 200mg/5ml	Tier 3		<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	Tier 4	
<i>azithromycin</i> SUSR 100mg/5ml	Tier 3		PENICILLINS		
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 2		<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 2	
<i>azithromycin</i> TABS 600mg	Tier 2		<i>amoxicillin & k clavulanate</i> for susp 200-28.5 mg/5ml	Tier 3	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 4		<i>amoxicillin & k clavulanate</i> for susp 250-62.5 mg/5ml	Tier 4	
<i>clarithromycin</i> TABS 250mg, 500mg	Tier 3		<i>amoxicillin & k clavulanate</i> for susp 400-57 mg/5ml	Tier 3	
DIFICID SUSR 40mg/ml	Tier 5		<i>amoxicillin & k clavulanate</i> for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Tier 3	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 4		<i>amoxicillin & k clavulanate</i> tab 250-125 mg	Tier 3	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 4		<i>amoxicillin & k clavulanate</i> tab 500-125 mg	Tier 2	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 4		<i>amoxicillin & k clavulanate</i> tab 875-125 mg	Tier 2	
<i>fidaxomicin</i> (generic of DIFICID) TABS 200mg	Tier 5		<i>ampicillin</i> CAPS 500mg	Tier 2	
FLUOROQUINOLONES			<i>ampicillin & sulbactam</i> sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	Tier 4	
<i>ciprofloxacin 200 mg/100ml</i> in d5w	Tier 3				
<i>ciprofloxacin 400 mg/200ml</i> in d5w	Tier 3				

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

Drug Name	Drug Tier	Requirements/ Limits
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 4	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	Tier 4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	Tier 2	
<i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	Tier 3	
<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	Tier 3	
<i>doxycycline hyclate SOLR 100mg</i>	Tier 4	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	Tier 3	
<i>tetracycline hcl CAPS 250mg, 500mg</i>	Tier 4	
<i>tigecycline (generic of TYGACIL) SOLR 50mg</i>	Tier 4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide CAPS 25mg, 50mg</i>	Tier 3	B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	Tier 4	B/D
<i>GLEOSTINE CAPS 10mg, 40mg</i>	Tier 4	NM
<i>GLEOSTINE CAPS 100mg</i>	Tier 5	NM
<i>LEUKERAN TABS 2mg</i>	Tier 5	PA
<i>lomustine (generic of GLEOSTINE) CAPS 10mg, 40mg</i>	Tier 4	NM
<i>lomustine (generic of GLEOSTINE) CAPS 100mg</i>	Tier 5	NM
ANTIMETABOLITES		
<i>INQOVI TAB 35-100MG QL (5 tabs / 28 days)</i>	Tier 5	QL NM PA
<i>LONSURF TAB 15-6.14 QL (100 tabs / 28 days)</i>	Tier 5	QL NM PA
<i>LONSURF TAB 20-8.19 QL (80 tabs / 28 days)</i>	Tier 5	QL NM PA
<i>mercaptopurine (generic of PURIXAN) SUSP 2000mg/100ml</i>	Tier 5	NM

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mercaptopurine</i> TABS 50mg	Tier 3		LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 5	NM PA
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 2	B/D	LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 5	NM PA
ONUREG TABS 200mg, 300mg	Tier 5	QL NM PA	LYSODREN TABS 500mg	Tier 5	NM
QL (14 tabs / 28 days)			<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 3	
TABLOID TABS 40mg	Tier 5	PA	<i>nilutamide</i> TABS 150mg	Tier 5	
HORMONAL ANTINEOPLASTIC AGENTS			NUBEQA TABS 300mg	Tier 5	QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg	Tier 5	QL NM PA	QL (120 tabs / 30 days)		
QL (120 tabs / 30 days)			ORGOVYX TABS 120mg	Tier 5	NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg	Tier 5	QL NM PA	ORSERDU TABS 86mg	Tier 5	QL NM PA
QL (60 tabs / 30 days)			QL (90 tabs / 30 days)		
<i>abirtega</i> (generic of ZYTIGA) TABS 250mg	Tier 4	QL NM PA	ORSERDU TABS 345mg	Tier 5	QL NM PA
QL (120 tabs / 30 days)			QL (30 tabs / 30 days)		
AKEEGA TAB 50/500MG	Tier 5	QL NM PA	SOLTAMOX SOLN 10mg/5ml	Tier 5	
QL (60 tabs / 30 days)			<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 2	
AKEEGA TAB 100/500	Tier 5	QL NM PA	<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	Tier 4	PA
QL (60 tabs / 30 days)			XTANDI CAPS 40mg	Tier 5	QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Tier 2		QL (120 caps / 30 days)		
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Tier 2		XTANDI TABS 40mg	Tier 5	QL NM PA
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 4	NM PA	QL (120 tabs / 30 days)		
ERLEADA TABS 60mg	Tier 5	QL NM PA	XTANDI TABS 80mg	Tier 5	QL NM PA
QL (120 tabs / 30 days)			QL (60 tabs / 30 days)		
ERLEADA TABS 240mg	Tier 5	QL NM PA	YONSA TABS 125mg	Tier 5	QL NM PA
QL (30 tabs / 30 days)			QL (120 tabs / 30 days)		
EULEXIN CAPS 125mg	Tier 5		IMMUNOMODULATORS		
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Tier 4		<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 5	QL NM PA
FIRMAGON SOLR 80mg	Tier 4	NM PA	QL (28 caps / 28 days)		
FIRMAGON SOLR 120mg/vial	Tier 5	NM PA	<i>lenalidomide</i> CAPS 20mg, 25mg	Tier 5	QL NM PA
INLURIYO TABS 200mg	Tier 5	QL NM PA	QL (21 caps / 28 days)		
QL (56 tabs / 28 days)			POMALYST CAPS 1mg, 2mg, 3mg, 4mg	Tier 5	QL NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 2		QL (21 caps / 28 days)		
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 4	NM PA	THALOMID CAPS 50mg	Tier 5	QL NM PA
			QL (84 caps / 28 days)		

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THALOMID CAPS 100mg QL (112 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
MISCELLANEOUS			BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 5	QL NM PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 5	QL NM PA	BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 5	QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 5	QL NM PA	BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 5	QL NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	Tier 2		BOSULIF CAPS 50mg QL (30 caps / 30 days)	Tier 5	QL NM PA
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 5	QL NM PA	BOSULIF CAPS 100mg QL (300 caps / 30 days)	Tier 5	QL NM PA
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 3		BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
MATULANE CAPS 50mg	Tier 5	NM	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>mesna</i> (generic of MESNEX) TABS 400mg	Tier 5		BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 5	QL NM PA
MODEYSO CAPS 125mg QL (20 caps / 28 days)	Tier 5	QL NM PA	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 5	QL NM PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 5		BRUKINSA TABS 160mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
MOLECULAR TARGET AGENTS			CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 5	QL NM PA	CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 5	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 5	QL NM PA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 5	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 5	QL NM PA	COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 5	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	Tier 5	QL NM PA			
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	Tier 5	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 5	QL NM PA	FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 5	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 5	QL NM PA	FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 5	QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	Tier 5	QL NM PA	GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 5	QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	GOMEKLI CAPS 1mg QL (168 caps / 28 days)	Tier 5	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	GOMEKLI CAPS 2mg QL (84 caps / 28 days)	Tier 5	QL NM PA
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	Tier 5	QL NM PA	GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	Tier 5	QL NM PA
ENSACOVE CAPS 100mg QL (60 caps / 30 days)	Tier 5	QL NM PA	HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 5	QL NM PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 5	QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 5	QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	IBTROZI CAPS 200mg QL (90 caps / 30 days)	Tier 5	QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 4	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 5	QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
			IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 5	QL NM PA	KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 5	QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 5	QL NM PA	KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 5	QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	KOSELUGO CPSP 5mg QL (600 caps / 30 days)	Tier 5	QL NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	Tier 5	QL NM PA	KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	Tier 5	QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
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
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 5	QL NM PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 5	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 5	QL NM PA	LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 5	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 5	QL NM PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 5	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 5	QL NM PA	LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 5	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 5	QL NM PA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
KOMZIFTI CAPS 200mg QL (90 caps / 30 days)	Tier 5	QL NM PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 5	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 5	QL NM PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 5	QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 5	QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 5	QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 5	QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 5	QL NM PA	OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 5	QL NM PA	<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 5	QL NM PA	<i>pazopanib hcl</i> TABS 400mg QL (60 tabs / 30 days)	Tier 5	QL PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 5	QL NM PA	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 5	QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 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 .5mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 5	QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 5	QL NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 50mg QL (120 caps / 30 days)	Tier 5	QL NM PA	RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 5	QL NM PA	RETEVMO TABS 80mg QL (120 tabs / 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 120mg, 160mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
			REVUFORJ TABS 25mg QL (240 tabs / 30 days)	Tier 5	QL NM PA
			REVUFORJ TABS 110mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
			REVUFORJ TABS 160mg QL (60 tabs / 30 days)	Tier 5	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 5	QL NM PA	TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	Tier 5	QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	Tier 5	QL NM PA	TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 5	QL NM PA	TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 5	QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 5	QL NM PA	TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 5	QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 5	QL NM PA	TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 5	QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 5	QL NM PA	TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 5	QL NM PA	TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 5	QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	Tier 5	QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 5	QL NM PA	TURALIO CAPS 125mg QL (120 caps / 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	VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 5	QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 5	QL NM PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 3	QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 5	QL NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 5	QL NM PA
			VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 5	QL NM PA	XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 5	QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 5	QL NM PA	XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 5	QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 5	QL NM PA	XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days)	Tier 5	QL NM PA
VITRAKVI CAPS 100mg QL (60 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 SOLN 20mg/ml QL (300 mL / 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
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 5	QL NM PA	ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 5	QL 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 20mg, 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 150mg QL (180 caps / 30 days)	Tier 5	QL NM PA			
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	CARDIOVASCULAR		
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	Tier 5	QL NM PA	ACE INHIBITOR COMBINATIONS		
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	Tier 5	QL NM PA	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	Tier 2	QL
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 5	QL NM PA	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 2	QL
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 5	QL NM PA	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	Tier 2	QL	<i>lisinopril & hydrochlorothiazide tab 20- 25 mg (generic of ZESTORETIC)</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 2	QL	ACE INHIBITORS		
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 2	QL	<i>benazepril hcl TABS 5mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	Tier 3		<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)</i>	Tier 3		<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	Tier 2	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)</i>	Tier 3		<i>fosinopril sodium TABS</i>	Tier 2	
<i>benazepril & hydrochlorothiazide tab 20- 25 mg (generic of LOTENSIN HCT)</i>	Tier 3		<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg</i>	Tier 2		<i>moexipril hcl TABS 7.5mg, 15mg</i>	Tier 3	
<i>enalapril maleate & hydrochlorothiazide tab 10- 25 mg (generic of VASERETIC)</i>	Tier 2		<i>perindopril erbumine TABS</i>	Tier 3	
<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	Tier 3		<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	Tier 2	
<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	Tier 3		<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 10- 12.5 mg (generic of ZESTORETIC)</i>	Tier 1		<i>trandolapril TABS 1mg, 2mg, 4mg</i>	Tier 2	
<i>lisinopril & hydrochlorothiazide tab 20- 12.5 mg (generic of ZESTORETIC)</i>	Tier 1		ALDOSTERONE RECEPTOR ANTAGONISTS		
			<i>eplerenone TABS 25mg,</i>	Tier 3	
			<i>KERENDIA TABS 10mg,</i>	Tier 3	QL
			<i>20mg, 40mg</i> QL (30 tabs / 30 days)		
			<i>spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg</i>	Tier 1	
			ALPHA BLOCKERS		
			<i>doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg</i>	Tier 2	
			<i>prazosin hcl CAPS 1mg,</i>	Tier 3	
			<i>2mg, 5mg</i>		
			<i>terazosin hcl CAPS 1mg,</i>	Tier 2	
			<i>2mg, 5mg, 10mg</i>		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS					
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 3	QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 3	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 3	QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 3	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 3	QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 3	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 3	QL	<i>sacubitril-valsartan tab 24-26 mg</i> (generic of ENTRESTO) QL (60 tabs / 30 days)	Tier 3	QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	Tier 3	QL	<i>sacubitril-valsartan tab 49-51 mg</i> (generic of ENTRESTO) QL (60 tabs / 30 days)	Tier 3	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	Tier 3	QL	<i>sacubitril-valsartan tab 97-103 mg</i> (generic of ENTRESTO) QL (60 tabs / 30 days)	Tier 3	QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 2	QL	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 3	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 2	QL	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 3	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 2		<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 3	QL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 2		<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 3	QL
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 3	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 3	QL
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 3	QL
<i>irbesartan</i> TABS 75mg QL (30 tabs / 30 days)	Tier 2	QL
<i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 3	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL
<i>telmisartan</i> TABS 20mg QL (30 tabs / 30 days)	Tier 3	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 3	QL
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 2	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 2	QL

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS			ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 3	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL	<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	Tier 3	PA
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL	<i>prevalite</i> PACK 4gm	Tier 3	
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL	<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 3	
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	Tier 3	QL NM PA
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL	REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	Tier 3	QL NM PA
ANTILIPEMICS, MISCELLANEOUS			BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 3		<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	Tier 2	
<i>cholestyramine light</i> PACK 4gm	Tier 3		<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	Tier 2	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 3		<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 2	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm	Tier 4		<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 2	
<i>colestipol hcl</i> PACK 5gm	Tier 4		<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 2	
<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	Tier 3		BETA-BLOCKERS		
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	Tier 2	QL	<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 3	
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 3	QL	<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1	
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 3	QL	<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1		<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 3	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 3		<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 2	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 2		<i>diltiazem hcl</i> TABS 90mg	Tier 2	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	Tier 4		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 2	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	Tier 4	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1		<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 3	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 3	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL	<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg	Tier 3	
<i>pindolol</i> TABS 5mg, 10mg	Tier 3		<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 3	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 3		<i>nimodipine</i> CAPS 30mg	Tier 4	
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	Tier 3		<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 2		<i>verapamil hcl</i> SOLN 2.5mg/ml	Tier 4	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	Tier 3		<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 2	
CALCIUM CHANNEL BLOCKERS					
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Tier 1		DIURETICS		
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 2		<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 3	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 2		<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	Tier 4		<i>amiloride hcl</i> TABS 5mg	Tier 2	
			<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	Tier 3	
			<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 2		CORLANOR SOLN 5mg/5ml	Tier 4	QL
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	Tier 2		QL (450 mL / 30 days)		
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1		<i>digoxin</i> SOLN .05mg/ml	Tier 4	
<i>furosemide inj</i> SOLN 10mg/ml	Tier 3		<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 4	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1		<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg	Tier 2	QL
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 2		QL (30 tabs / 30 days)		
<i>methazolamide</i> TABS 25mg, 50mg	Tier 4		<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg	Tier 4	QL NM PA
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 2		QL (90 caps / 30 days)		
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 2		<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg	Tier 5	QL NM PA
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 2		QL (180 caps / 30 days)		
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1		<i>epinephrine (anaphylaxis)</i> (generic of ADRENALIN) SOLN 1mg/ml	Tier 4	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1		<i>guanfacine hcl</i> TABS 1mg, 2mg	Tier 3	PA
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1		PA applies if 65 years and older		
MISCELLANEOUS			<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 4	
<i>aliskiren fumarate</i> (generic of TEKTRUNA) TABS 150mg, 300mg	Tier 4	QL	<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 2	
QL (30 tabs / 30 days)			<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg	Tier 4	QL
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 3		QL (60 tabs / 30 days)		
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 3		<i>metirosine</i> CAPS 250mg	Tier 5	NM PA
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 3		<i>midodrine hcl</i> TABS 2.5mg, 5mg	Tier 3	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1		<i>midodrine hcl</i> TABS 10mg	Tier 4	
			<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 2	
			<i>ranolazine</i> TB12 500mg, 1000mg	Tier 4	
			VERQUVO TABS 2.5mg, 5mg, 10mg	Tier 3	QL PA
			QL (30 tabs / 30 days)		
			NITRATES		
			<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	Tier 2	
NITRO-BID OINT 2%	Tier 3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 3	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>sildenafil citrate</i> (pulmonary <i>hypertension</i>) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 3	QL NM PA
<i>tadalafil</i> (pulmonary <i>hypertension</i>) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 4	QL NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	Tier 5	QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	Tier 5	QL NM PA
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	Tier 5	QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	Tier 5	QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	Tier 5	QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	Tier 5	QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	Tier 5	QL NM PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2	QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 2	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	Tier 3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 3	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 3	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	Tier 2	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 3	QL
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 2	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 2	QL
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 3	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 4	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA applies if 29 years and younger	Tier 4	PA
<i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger	Tier 3	PA
<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	
<i>memantine hcl-donepezil hcl</i> cap er 24hr 28-10 mg (generic of NAMZARIC)	Tier 4	
NAMZARIC CAP 7-10MG	Tier 4	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 4	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 3	PA
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	Tier 3	PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 4	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 2	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 2	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 2	QL
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 3	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 4	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	Tier 4	PA
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 4	PA
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	Tier 3	PA	<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 2	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 4	QL PA	<i>mirtazapine</i> TABS 45mg	Tier 2	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 3	QL	<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 5	QL PA	<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 4	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 4		<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 2	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 2		<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 4	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	Tier 5	QL PA	<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 4	QL PA
EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	Tier 5	QL PA	<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	Tier 2	PA
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 4	QL PA	<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Tier 3	
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 4	QL PA	<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 4	
FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 4	QL PA	RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	Tier 4	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	Tier 1		<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	Tier 3	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 3		<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	Tier 2	PA	<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	Tier 4	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 4	QL	<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 2	
<i>mirtazapine</i> TABS 7.5mg	Tier 3		<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 4	QL	<i>carbidopa & levodopa tab</i> 25-100 mg (generic of SINEMET)	Tier 2	
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 4	QL PA	<i>carbidopa & levodopa tab</i> 25-250 mg	Tier 2	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 2		<i>carbidopa & levodopa tab er</i> 25-100 mg	Tier 3	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 3		<i>carbidopa & levodopa tab er</i> 50-200 mg	Tier 3	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 4	QL	<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	Tier 4	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 5	QL NM PA	<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	Tier 4	
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 5	QL NM PA	<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	Tier 4	
ANTIPARKINSONIAN AGENTS			<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	Tier 4	
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 3	QL	<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	Tier 4	
<i>amantadine hcl</i> SOLN 50mg/5ml	Tier 3		<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	Tier 4	
<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 4		<i>entacapone</i> TABS 200mg	Tier 4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older	Tier 2	PA	INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 5	QL NM PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) TABS 2.5mg	Tier 4		<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 2	
<i>carb/levo orally disintegrating tab</i> 10-100mg	Tier 3		<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 4	QL
<i>carb/levo orally disintegrating tab</i> 25-100mg	Tier 3		<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 2	
<i>carb/levo orally disintegrating tab</i> 25-250mg	Tier 3		<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 3	
<i>carbidopa & levodopa tab</i> 10-100 mg (generic of SINEMET)	Tier 2		<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	Tier 3	
			<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTIPSYCHOTICS					
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	Tier 4	QL	<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 3	QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 4	QL	<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	Tier 4	QL	<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 4	PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	Tier 4	QL	<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 4	QL PA
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 4	QL	<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 4	QL PA
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 4	QL ST	<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 4	QL PA
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 4	QL	COBENFY CAP 50-20MG QL (60 caps / 30 days)	Tier 4	QL PA
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 4	QL	COBENFY CAP 100-20MG QL (60 caps / 30 days)	Tier 4	QL PA
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 4	QL	COBENFY CAP 125-30MG QL (60 caps / 30 days)	Tier 4	QL PA
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 4	QL	COBENFY STRT CAP PACK QL (2 packs / year)	Tier 4	QL PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 4	QL	ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 4	QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 4		ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	Tier 4	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg	Tier 3		FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>clozapine</i> TABS 50mg	Tier 3		FANAPT PAK PACK A QL (2 packs / year)	Tier 4	QL PA
			FANAPT PAK PACK B QL (2 packs / year)	Tier 4	QL PA
			FANAPT PAK PACK C QL (2 packs / year)	Tier 4	QL PA
			<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 4		NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 4	QL NM PA
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 3		<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 4	QL
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	Tier 3		<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days)	Tier 3	QL
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 3		<i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days)	Tier 3	QL
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 4	QL	<i>olanzapine</i> TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 4	QL	<i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	Tier 3	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 4	QL	<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 4	QL ST
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 3		<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	Tier 4	QL ST
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 4	QL	OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	Tier 4	QL PA
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 4	QL	OPIPZA FILM 10mg QL (90 films / 30 days)	Tier 4	QL PA
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	Tier 4	QL	<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	Tier 4	QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	Tier 4	QL	<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	Tier 4	QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	Tier 4	QL	<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 4	QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 4	QL	<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 3	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 4		<i>pimozide</i> TABS 1mg, 2mg	Tier 4	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 4	QL NM PA	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	Tier 3	QL
			<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 3	QL

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	Tier 3	QL	<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 3	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL	<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 4	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 4	QL PA	<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 3	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 4	QL PA	VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 4	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 4	QL	VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 4	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 4	QL	VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 4	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 3	QL	<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 4	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 2		<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 4	QL
<i>risperidone</i> TABS .25mg	Tier 2		ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 4	QL NM PA
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 4	QL ST	ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 4	QL NM PA
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 4	QL ST	ANTISEIZURE AGENTS		
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 4	QL ST	APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 4	QL
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	Tier 4	QL	APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 4	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 4	QL	BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 4	QL PA
			BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 4	QL PA
			<i>carbamazepine</i> CHEW 100mg	Tier 3	
			<i>carbamazepine</i> CHEW 200mg	Tier 4	
			<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	Tier 4		<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days)	Tier 3	QL PA
<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	Tier 3		PA applies if 65 years and older when greater than 5 day supply		
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 4		<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg	Tier 2	QL PA
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml	Tier 4	QL PA	QL (120 tabs / 30 days)		
QL (480 mL / 30 days)			PA applies if 65 years and older when greater than 5 day supply		
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg	Tier 4	QL PA	<i>diazepam</i> (<i>anticonvulsant</i>) GEL 2.5mg, 10mg, 20mg	Tier 4	
QL (60 tabs / 30 days)			<i>diazepam inj</i> SOLN 5mg/ml	Tier 4	
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg	Tier 2	QL	<i>diazepam intensol</i> CONC 5mg/ml	Tier 3	QL PA
QL (300 tabs / 30 days)			QL (240 mL / 30 days)		
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg	Tier 2	QL	PA applies if 65 years and older when greater than 5 day supply		
QL (90 tabs / 30 days)			DILANTIN CAPS 30mg	Tier 4	
<i>clonazepam</i> TBDP 2mg	Tier 3	QL	<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 4	
QL (300 tabs / 30 days)			<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 3	
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	Tier 3	QL	<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 2	
QL (90 tabs / 30 days)			EPIDIOLEX SOLN 100mg/ml	Tier 4	QL NM PA
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	Tier 4	QL PA	QL (600 mL / 30 days)		
QL (180 tabs / 30 days)			<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg	Tier 4	QL
PA applies if 65 years and older			QL (30 tabs / 30 days)		
DIACOMIT CAPS 250mg	Tier 4	QL NM PA	<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg	Tier 4	QL
QL (360 caps / 30 days)			QL (60 tabs / 30 days)		
DIACOMIT CAPS 500mg	Tier 4	QL NM PA	<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Tier 3	
QL (180 caps / 30 days)					
DIACOMIT PACK 250mg	Tier 4	QL NM PA			
QL (360 packets / 30 days)					
DIACOMIT PACK 500mg	Tier 4	QL NM PA			
QL (180 packets / 30 days)					

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate</i> SUSP 600mg/5ml	Tier 4	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 4	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 4	QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	Tier 4	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 4	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 4	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 2	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 2	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 3	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	Tier 4	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 4	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 4	QL
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 3	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 2	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml	Tier 3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 4	
<i>levetiracetam</i> (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	Tier 2	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	Tier 4	QL
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 4	
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	Tier 4	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 4		<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg	Tier 3	QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 3		QL (120 caps / 30 days)		
<i>perampanel</i> (generic of FYCOMPA) SUSP .5mg/ml	Tier 4	QL PA	PA applies if 65 years and older		
QL (680 mL / 28 days)			<i>pregabalin</i> (generic of LYRICA) CAPS 200mg	Tier 3	QL PA
<i>perampanel</i> (generic of FYCOMPA) TABS 2mg	Tier 4	QL PA	QL (90 caps / 30 days)		
QL (60 tabs / 30 days)			PA applies if 65 years and older		
<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg	Tier 4	QL PA	<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg	Tier 3	QL PA
QL (30 tabs / 30 days)			QL (60 caps / 30 days)		
<i>phenobarbital</i> ELIX 20mg/5ml	Tier 4	QL PA	PA applies if 65 years and older		
QL (1500 mL / 30 days)			<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml	Tier 4	QL PA
PA applies if 65 years and older			QL (900 mL / 30 days)		
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	Tier 3	QL PA	PA applies if 65 years and older		
QL (120 tabs / 30 days)			<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 2	
PA applies if 65 years and older			<i>primidone</i> TABS 125mg	Tier 2	
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	Tier 4	PA	<i>roweepra</i> (generic of KEPPRA) TABS 500mg	Tier 2	
PA applies if 65 years and older			<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml	Tier 4	QL PA
<i>phenytek</i> CAPS 200mg, 300mg	Tier 3		QL (2400 mL / 30 days)		
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 3		<i>rufinamide</i> (generic of BANZEL) TABS 200mg	Tier 4	QL PA
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 3		QL (480 tabs / 30 days)		
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 4		<i>rufinamide</i> (generic of BANZEL) TABS 400mg	Tier 4	QL PA
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 3		QL (240 tabs / 30 days)		
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 200mg, 300mg	Tier 3		SPRITAM TB3D 250mg	Tier 4	QL
			QL (360 tabs / 30 days)		
			SPRITAM TB3D 500mg	Tier 4	QL
			QL (180 tabs / 30 days)		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 4	QL	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 4	QL	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
SUBVENITE SUSP 10mg/ml	Tier 5	ST	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 2		<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 4	QL PA	<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 4		VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 5	QL NM PA
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 3		XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 4	QL
<i>topiramate</i> CPSP 50mg	Tier 4		XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 4	QL
<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	Tier 4	QL PA	XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 4	QL
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 2		XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 4	QL
<i>valproate sodium</i> SOLN 100mg/ml	Tier 4		XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 4	QL
<i>valproate sodium</i> SOLN 250mg/5ml	Tier 3		XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 4	QL
<i>valproic acid</i> CAPS 250mg	Tier 2		XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 4	QL
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	Tier 4	QL	ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 4	QL PA
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 4	QL	<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 3	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	Tier 4	QL	<i>zonisamide</i> CAPS 50mg	Tier 3	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 4	QL	ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 4	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER					
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>atomoxetine hcl CAPS 40mg</i> QL (60 caps / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA	<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL PA	<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	Tier 3	QL PA
			<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 4	QL PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 4	QL PA	MIGRAINE		
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 3	QL PA	AIMOVIG 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 4mg/ml QL (8 mL / 30 days)	Tier 5	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 4	QL PA	EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 3	QL NM PA
HYPNOTICS			EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 3	QL NM PA
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 3	QL NM PA
<i>doxepin hcl</i> (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 3	QL	<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 3	QL PA
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	Tier 3	QL	NURTEC TBDP 75mg QL (16 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	QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	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>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 3	QL
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 4	QL PA	<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 3	QL
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 2	QL PA	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 3	QL
			<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 4	QL
			<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 4	QL
			<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL	<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 2	QL	MULTIPLE SCLEROSIS AGENTS		
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 3	QL PA	BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 5	QL NM PA
MISCELLANEOUS			BETASERON KIT .3mg QL (14 kits / 28 days)	Tier 5	QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 3	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 5	QL NM PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 5	QL NM PA	<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	QL NM PA
<i>lithium</i> SOLN 8meq/5ml	Tier 4		<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	QL NM PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 2		<i>OCREVUS</i> SOLN 300mg/10ml	Tier 5	NM PA
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	Tier 2				
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 4	QL PA			
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	Tier 3				
<i>riluzole</i> TABS 50mg	Tier 4				
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 4	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MUSCULOSKELETAL THERAPY AGENTS					
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 3	QL	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 4	QL
<i>baclofen</i> TABS 10mg, 20mg	Tier 3		<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (120 films / 30 days)	Tier 4	QL
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	QL PA	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 4	QL
<i>tizanidine hcl</i> TABS 2mg	Tier 2		<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 2		<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days)	Tier 2	QL
NARCOLEPSY/CATAPLEXY					
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 4	QL PA	<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	Tier 2	QL
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 4	QL PA	<i>disulfiram</i> TABS 250mg, 500mg	Tier 3	
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	Tier 3	QL PA	KLOXXADO LIQD 8mg/0.1ml	Tier 3	
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>naloxone hcl</i> LIQD 4mg/0.1ml	Tier 3	
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 5	QL NM PA	<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 2	
PSYCHOTHERAPEUTIC-MISC					
<i>acamprosate calcium</i> TBEC 333mg	Tier 4		<i>naltrexone hcl</i> TABS 50mg	Tier 3	
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	Tier 3	QL	NICOTROL NS SOLN 10mg/ml	Tier 4	
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	Tier 3	QL	<i>varenicline tartrate</i> (generic of CHANTIX) TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 4	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (180 films / 30 days)	Tier 4	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	Tier 4	QL	<i>glipizide TB24 10mg</i> QL (60 tabs / 30 days)	Tier 2	QL
VIVITROL SUSR 380mg	Tier 5	NM	<i>glipizide-metformin hcl tab 2.5-250 mg</i> QL (240 tabs / 30 days)	Tier 3	QL
ENDOCRINE AND METABOLIC ANDROGENS			<i>glipizide-metformin hcl tab 2.5-500 mg</i> QL (120 tabs / 30 days)	Tier 3	QL
<i>danazol CAPS 50mg, 100mg, 200mg</i>	Tier 4		<i>glipizide-metformin hcl tab 5-500 mg</i> QL (120 tabs / 30 days)	Tier 3	QL
<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	Tier 3	PA	GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 3	QL
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i> QL (300 gm / 30 days)	Tier 4	QL PA	GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 3	QL
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	Tier 3	PA	JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL
<i>testosterone enanthate SOLN 200mg/ml</i>	Tier 3	PA	JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL
<i>testosterone pump (generic of ANDROGEL PUMP) GEL 1.62%</i> QL (150 gm / 30 days)	Tier 4	QL PA	JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL
ANTIDIABETICS			JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL
<i>acarbose TABS 25mg, 50mg, 100mg</i>	Tier 3		JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL
<i>dapagliflozin propanediol TABS 5mg, 10mg</i> QL (30 tabs / 30 days)	Tier 3	QL	JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 3	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
<i>glimepiride TABS 1mg, 2mg</i> QL (90 tabs / 30 days)	Tier 1	QL	JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL
<i>glimepiride TABS 4mg</i> QL (60 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 3	QL
<i>glipizide TABS 5mg</i> QL (240 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 3	QL
<i>glipizide TABS 10mg</i> QL (120 tabs / 30 days)	Tier 1	QL	JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 3	QL
<i>glipizide TB24 2.5mg</i> QL (90 tabs / 30 days)	Tier 2	QL	JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
<i>glipizide (generic of GLUCOTROL XL) TB24 5mg</i> QL (90 tabs / 30 days)	Tier 2	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	Tier 3	QL	RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 3	QL PA
metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL	TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 3	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL	TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 3	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL	TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 3	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 3	QL PA	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
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 3	QL	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 3	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 3	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 3	QL
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 3	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	Tier 2	QL	ANTIDIABETICS, INSULINS		
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 2	QL	ADMELOG SOLN 100unit/ml	Tier 3	B/D
			ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 3	
			ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 3	PA
			CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	Tier 4	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	Tier 4	QL PA	NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 3	
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	Tier 4	QL PA	NOVOLOG SOLN 100unit/ml	Tier 3	B/D
FIASP SOLN 100unit/ml	Tier 3	B/D	NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 3	
FIASP FLEXTOUCH 100unit/ml	Tier 3		NOVOLOG FLEXPEN RELION SOPN 100unit/ml	Tier 3	
FIASP PENFILL 100unit/ml	Tier 3		NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 3	
FIASP PUMPCART 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	Tier 3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	Tier 5	B/D	NOVOLOG RELION SOLN 100unit/ml	Tier 3	B/D
HUMULIN R U-500 KWIKPEN 500unit/ml	Tier 5		OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 4	QL PA
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 3	PA	OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 4	QL PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 3	PA	OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	Tier 4	QL PA
INSULIN SYRINGES: EMBECTA-BD	Tier 3	PA	OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	Tier 4	QL PA
LANTUS SOLN 100unit/ml	Tier 3		OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 4	QL PA
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 3		OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 4	QL PA
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 3		SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 3	QL
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 3		TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 3	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 3		TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 3	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 3		XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 3	QL
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 3	B/D			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CALCIUM REGULATORS					
<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1		<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	Tier 4	NM PA
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1		<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	Tier 4	NM PA
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 4	QL NM	<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	Tier 5	NM PA
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	Tier 5	QL NM PA	<i>kionex</i> SUSP 15gm/60ml	Tier 4	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 3	B/D	LOKELMA PACK 5gm, 10gm	Tier 3	
<i>ibandronate sodium</i> TABS 150mg	Tier 3	B/D	<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	Tier 5	NM
OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 4	QL NM	<i>sodium polystyrene sulfonate powder</i>	Tier 3	
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 3	B/D	<i>sps</i> SUSP 15gm/60ml	Tier 4	
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 3	B/D	<i>sps rectal</i> SUSP 15gm/60ml	Tier 4	
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 4	QL NM	<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	Tier 5	NM PA
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	Tier 5	QL NM PA	CONTRACEPTIVES		
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days)	Tier 5	QL NM PA	<i>afirmelle</i>	Tier 3	
WYOST SOLN 120mg/1.7ml	Tier 5	NM PA	<i>altavera</i>	Tier 3	
XTRENBO SOLN 120mg/1.7ml	Tier 4	PA	<i>alyacen 1/35</i>	Tier 3	
<i>zoledronic acid</i> CONC 4mg/5ml	Tier 4	B/D NM	<i>alyacen 7/7/7</i>	Tier 3	
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 4	B/D NM	<i>apri</i>	Tier 3	
CHELATING AGENTS			<i>aranelle</i>	Tier 3	
CHEMET CAPS 100mg	Tier 5		<i>aubra eq</i>	Tier 3	
<i>deferasirox</i> (generic of JADENU) TABS 90mg	Tier 3	NM PA	<i>aurovela 1/20</i>	Tier 3	
			<i>aurovela fe 1.5/30</i>	Tier 3	
			<i>aurovela fe 1/20</i>	Tier 3	
			<i>aviane</i>	Tier 3	
			<i>ayuna</i>	Tier 3	
			<i>azurette</i>	Tier 3	
			<i>balziva</i>	Tier 3	
			<i>blisovi fe 1.5/30</i>	Tier 3	
			<i>briellyn</i>	Tier 3	
			<i>camila</i> TABS .35mg	Tier 3	
			<i>chateal eq</i>	Tier 3	
			<i>cryselle</i>	Tier 3	
			<i>cyred eq</i>	Tier 3	
			<i>dasetta 1/35</i>	Tier 3	
			<i>dasetta 7/7/7</i>	Tier 3	
			<i>deblitane</i> TABS .35mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 3		<i>kelnor</i> 1/35	Tier 3	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 3		<i>kurvelo</i>	Tier 3	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	Tier 3		<i>larin</i> 1.5/30	Tier 3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	Tier 3		<i>larin</i> 1/20	Tier 3	
<i>elinest</i>	Tier 3		<i>larin fe</i> 1.5/30	Tier 3	
<i>eluryng</i> (generic of NUVARING)	Tier 3		<i>larin fe</i> 1/20	Tier 3	
<i>emzahh</i> TABS .35mg	Tier 3		<i>lessina</i>	Tier 3	
<i>enilloring</i> (generic of NUVARING)	Tier 3		<i>levonest</i>	Tier 3	
<i>enskyce</i>	Tier 3		<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	Tier 3	
<i>errin</i> TABS .35mg	Tier 3		<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 3	
<i>estarylla</i>	Tier 3		<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	Tier 3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 3		<i>levora</i> 0.15/30-28	Tier 3	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	Tier 3		LILETTA IUD 20.1mcg/day	Tier 3	NM
<i>falmina</i>	Tier 3		<i>loestrin</i> 1.5/30-21	Tier 3	
<i>feirza</i> 1.5/30	Tier 3		<i>loestrin</i> 1/20-21	Tier 3	
<i>feirza</i> 1/20	Tier 3		<i>loestrin fe</i> 1.5/30	Tier 3	
<i>hailey</i> 1.5/30	Tier 3		<i>loestrin fe</i> 1/20	Tier 3	
<i>haloette</i> (generic of NUVARING)	Tier 3		<i>loryna</i> (generic of YAZ)	Tier 3	
<i>heather</i> TABS .35mg	Tier 3		<i>low-ogestrel</i>	Tier 3	
<i>iclevia</i>	Tier 3		<i>luizza</i> 1.5/30	Tier 3	
<i>incassia</i> TABS .35mg	Tier 3		<i>luizza</i> 1/20	Tier 3	
<i>introvale</i>	Tier 3		<i>luter</i>	Tier 3	
<i>isibloom</i>	Tier 3		<i>lyleq</i> TABS .35mg	Tier 3	
<i>jasmiel</i> (generic of YAZ)	Tier 3		<i>lyza</i> TABS .35mg	Tier 3	
<i>jolessa</i>	Tier 3		<i>marlissa</i>	Tier 3	
<i>juleber</i>	Tier 3		<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO- PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	Tier 3	
<i>junel</i> 1.5/30	Tier 3		<i>meleya</i> TABS .35mg	Tier 3	
<i>junel</i> 1/20	Tier 3		<i>microgestin</i> 1.5/30	Tier 3	
<i>junel fe</i> 1.5/30	Tier 3		<i>microgestin</i> 1/20	Tier 3	
<i>junel fe</i> 1/20	Tier 3		<i>microgestin fe</i> 1.5/30	Tier 3	
<i>kariva</i>	Tier 3		<i>microgestin fe</i> 1/20	Tier 3	
			<i>mili</i>	Tier 3	
			<i>mono-linyah</i>	Tier 3	
			<i>necon</i> 0.5/35-28	Tier 3	
			NEXPLANON IMPL 68mg	Tier 3	NM

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nikki</i> (generic of YAZ)	Tier 3		<i>tarina fe 1/20 eq</i>	Tier 3	
<i>nora-be</i> TABS .35mg	Tier 3		<i>tilia fe</i>	Tier 3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 3		<i>tri-estarylla</i>	Tier 3	
<i>norethindrone</i> (contraceptive) TABS .35mg	Tier 3		<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 & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 3		<i>tri-lo-estarylla</i>	Tier 3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 3		<i>tri-lo-marzia</i>	Tier 3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 3		<i>tri-lo-mili</i>	Tier 3	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 3		<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-sprintec</i>	Tier 3	
<i>norlyroc</i> TABS .35mg	Tier 3		<i>tri-vylibra</i>	Tier 3	
<i>nortrel 0.5/35 (28)</i>	Tier 3		<i>tri-vylibra lo</i>	Tier 3	
<i>nortrel 1/35 (21)</i>	Tier 3		<i>turqoz</i>	Tier 3	
<i>nortrel 1/35 (28)</i>	Tier 3		<i>valtya 1/35</i>	Tier 3	
<i>nortrel 7/7/7</i>	Tier 3		<i>valtya 1/50</i>	Tier 3	
<i>nylia 1/35</i>	Tier 3		<i>velivet</i>	Tier 3	
<i>nylia 7/7/7</i>	Tier 3		<i>vestura</i> (generic of YAZ)	Tier 3	
<i>orquidea</i> TABS .35mg	Tier 3		<i>vienna</i>	Tier 3	
<i>philith</i>	Tier 3		<i>viorele</i>	Tier 3	
<i>pimtrea</i>	Tier 3		<i>vyfemla</i>	Tier 3	
<i>portia-28</i>	Tier 3		<i>vylibra</i>	Tier 3	
<i>reclipsen</i>	Tier 3		<i>wera</i>	Tier 3	
<i>setlakin</i>	Tier 3		<i>xarah fe</i>	Tier 3	
<i>sharobel</i> TABS .35mg	Tier 3		<i>xulane</i>	Tier 3	
<i>simliya</i>	Tier 3		<i>zafemy</i>	Tier 3	
<i>sprintec 28</i>	Tier 3		<i>zovia 1/35</i>	Tier 3	
<i>sronyx</i>	Tier 3		<i>zumandimine</i> (generic of YASMIN 28)	Tier 3	
<i>syeda</i> (generic of YASMIN 28)	Tier 3				

ESTROGENS

<i>abigale</i> (generic of ACTIVELLA)	Tier 3
<i>abigale lo</i>	Tier 3
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 3		<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	Tier 3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	Tier 2		<i>fludrocortisone acetate</i> TABS .1mg	Tier 2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 3		<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	Tier 3		<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	Tier 4	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Tier 3		<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	Tier 3	B/D
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	Tier 4		<i>methylprednisolone</i> TABS 32mg	Tier 3	B/D
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	Tier 4		<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 2	
<i>estradiol valerate</i> OIL 40mg/ml	Tier 4		<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 3	B/D
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 3		<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	Tier 3	B/D
<i>fyavolv tab 1mg-5mcg</i>	Tier 3		<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	Tier 3	B/D
<i>jinteli</i>	Tier 3		<i>prednisolone</i> SOLN 15mg/5ml	Tier 2	B/D
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3		<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	Tier 4	B/D
<i>mimvey</i> (generic of ACTIVELLA)	Tier 3		<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 2	B/D
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 3		<i>prednisone</i> SOLN 5mg/5ml	Tier 4	B/D
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 3		<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	Tier 4		<i>prednisone</i> TBPK 5mg, 10mg	Tier 2	
GLUCOCORTICOIDS			SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	Tier 4	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Tier 5	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 3	
MISCELLANEOUS		
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	Tier 5	NM
<i>cabergoline</i> TABS .5mg	Tier 3	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	Tier 5	NM PA
CERDELGA CAPS 84mg	Tier 5	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 4	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 4	B/D QL NM
CYTAGON 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 refrigerated</i> SOLN .01%	Tier 4	
GENOTROPIN CART 5mg, 12mg	Tier 5	NM PA
GENOTROPIN MINIQUICK PRSY .2mg	Tier 3	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 5	NM PA
INCRELEX SOLN 40mg/4ml	Tier 5	NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 5	NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 5	NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 4	B/D
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	Tier 5	NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	Tier 5	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 4	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 4	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 5	NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 5	NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 3	
REVCIVI SOLN 2.4mg/1.5ml	Tier 5	NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 5	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 5	NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 5	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	Tier 5	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 5	NM PA
SYNAREL SOLN 2mg/ml	Tier 5	PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	Tier 4	B/D QL
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	Tier 4	B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 3	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	Tier 2	
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 3	
<i>ondansetron hcl</i> TABS 4mg, 8mg	Tier 3	B/D
<i>prochlorperazine</i> SUPP 25mg	Tier 4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA
<i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older	Tier 3	PA
<i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older	Tier 4	PA
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	Tier 3	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	Tier 3	QL
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 3	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 3	
<i>nizatidine</i> CAPS 150mg, 300mg	Tier 4	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	Tier 3	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 4	QL
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	Tier 5	QL PA
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	Tier 4	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 4	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	Tier 4	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 4	QL	CREON CAP 3000UNIT	Tier 3	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 4	QL	CREON CAP 6000UNIT	Tier 3	
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 4	QL	CREON CAP 12000UNIT	Tier 3	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 2		CREON CAP 24000UNIT	Tier 3	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 3		CREON CAP 36000UNIT	Tier 3	
LAXATIVES			<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM) CONC 100mg/5ml	Tier 4	
<i>constulose</i> SOLN 10gm/15ml	Tier 3		<i>diphenoxylate w/ atropine</i> tab 2.5-0.025 mg (generic of LOMOTIL)	Tier 4	
<i>enulose</i> SOLN 10gm/15ml	Tier 3		GATTEX KIT 5mg	Tier 5	NM PA
<i>gavilyte-c</i>	Tier 2		LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 3	QL
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 2		<i>loperamide hcl</i> CAPS 2mg	Tier 2	
<i>gavilyte-n/ flavor pack</i>	Tier 2		<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 3	
<i>generlac</i> SOLN 10gm/15ml	Tier 3		MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL
<i>lactulose</i> SOLN 10gm/15ml	Tier 3		RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	Tier 5	QL PA
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 3		RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 5	QL PA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 2		<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	Tier 3	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 2		<i>ursodiol</i> CAPS 300mg	Tier 4	
PLENVU SOL	Tier 4		<i>ursodiol</i> TABS 250mg	Tier 3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	Tier 3		<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 3	
MISCELLANEOUS			VOQUEZNA PAK DUAL PAK QL (2 kits / year)	Tier 3	QL PA
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	Tier 5	QL PA	VOQUEZNA PAK TRIP PK QL (2 kits / year)	Tier 3	QL PA
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	Tier 4	QL PA	VOWST CAP QL (12 caps / 30 days)	Tier 5	QL NM PA
			XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 5	QL NM PA
			XIFAXAN TABS 550mg	Tier 5	PA
			ZENPEP CAP 3000UNIT	Tier 4	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CAP 5000UNIT	Tier 4		URINARY ANTISPASMODICS		
ZENPEP CAP 10000UNT	Tier 4		GEMTESA TABS 75mg	Tier 3	QL
ZENPEP CAP 15000UNT	Tier 4		QL (30 tabs / 30 days)		
ZENPEP CAP 20000UNT	Tier 4		MYRBETRIQ SRER	Tier 3	QL
ZENPEP CAP 25000UNT	Tier 4		8mg/ml		
ZENPEP CAP 40000UNT	Tier 4		QL (300 mL / 28 days)		
ZENPEP CAP 60000UNT	Tier 4		MYRBETRIQ TB24 25mg,	Tier 3	QL
PROTON PUMP INHIBITORS			50mg		
<i>omeprazole</i> CPDR 10mg,	Tier 2		QL (30 tabs / 30 days)		
20mg, 40mg			<i>oxybutynin chloride</i> SOLN	Tier 3	QL
<i>pantoprazole sodium</i>	Tier 4		5mg/5ml		
(generic of			QL (600 mL / 30 days)		
PANTOPRAZOLE			<i>oxybutynin chloride</i> TABS	Tier 3	QL
SODIUM) SOLR 40mg			5mg		
<i>pantoprazole sodium</i>	Tier 2		QL (120 tabs / 30		
(generic of PROTONIX)			days)		
TBEC 20mg, 40mg			<i>oxybutynin chloride</i> TB24	Tier 3	QL
GENITOURINARY			5mg		
BENIGN PROSTATIC HYPERPLASIA			QL (30 tabs / 30 days)		
<i>alfuzosin hcl</i> (generic of	Tier 2	QL	<i>oxybutynin chloride</i> TB24	Tier 3	QL
UROXATRAL) TB24 10mg			10mg, 15mg		
QL (30 tabs / 30 days)			QL (60 tabs / 30 days)		
<i>dutasteride</i> (generic of	Tier 3	QL	<i>solifenacin succinate</i>	Tier 4	QL
AVODART) CAPS .5mg			(generic of VESICARE)		
QL (30 caps / 30 days)			TABS 5mg, 10mg		
<i>finasteride</i> (generic of	Tier 2	QL	QL (30 tabs / 30 days)		
PROSCAR) TABS 5mg			<i>tolterodine tartrate</i> CP24	Tier 4	QL
QL (30 tabs / 30 days)			2mg, 4mg		
<i>tadalafil</i> (generic of CIALIS)	Tier 3	QL PA	QL (30 caps / 30 days)		
TABS 5mg			<i>tolterodine tartrate</i> TABS	Tier 4	QL
QL (30 tabs / 30 days)			1mg, 2mg		
<i>tamsulosin hcl</i> CAPS .4mg	Tier 2	QL	QL (60 tabs / 30 days)		
QL (60 caps / 30 days)			<i>trosipium chloride</i> TABS	Tier 3	QL
MISCELLANEOUS			20mg		
<i>acetic acid</i> SOLN .25%	Tier 2		QL (60 tabs / 30 days)		
<i>bethanechol chloride</i> TABS	Tier 3		VAGINAL ANTI-INFECTIVES		
5mg, 10mg, 25mg, 50mg			<i>clindamycin phosphate</i>	Tier 3	
<i>potassium citrate</i>	Tier 3		<i>vaginal</i> (generic of		
(alkalinizer) (generic of			CLEOCIN) CREA 2%		
UROCIT-K 15) TBCR			<i>metronidazole vaginal</i> GEL	Tier 3	
15meq			.75%		
<i>potassium citrate</i>	Tier 3		<i>terconazole vaginal</i> CREA	Tier 3	
(alkalinizer) TBCR 540mg			.4%, .8%		
<i>potassium citrate</i>	Tier 3				
(alkalinizer) (generic of					
UROCIT-K 10) TBCR					
1080mg					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEMATOLOGIC ANTICOAGULANTS			HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 3	QL	<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 3	B/D
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	Tier 3	QL	<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
ELIQUIS CPSP .15mg QL (56 caps / 21 days)	Tier 3	QL	<i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	Tier 3	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL	<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 3	QL	<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	Tier 3	QL	XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	Tier 3	QL	XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	Tier 3	QL	XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 3	QL	HEMATOPOIETIC GROWTH FACTORS		
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 4		FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 5	QL NM PA
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 4		PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	NM PA
HEP SOD/NACL INJ 25000UNT	Tier 3		PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 5	NM PA
			ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 5	NM PA
			MISCELLANEOUS		
			ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
			ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
			<i>anagrelide hcl</i> CAPS 1mg	Tier 4	
			<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 5	QL NM PA	<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	Tier 3	
<i>cilostazol</i> TABS 50mg, 100mg	Tier 2		<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	Tier 3	
DOPTELET TABS 20mg	Tier 5	NM PA	IMMUNOLOGIC AGENTS		
DOPTELET SPRINKLE CPSP 10mg	Tier 5	NM PA	AUTOIMMUNE AGENTS		
DROXIA CAPS 200mg, 300mg, 400mg	Tier 4		ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 autoinjectors / 28 days)	Tier 5	QL NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 5	QL NM PA	ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	Tier 5	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 5	QL NM PA	BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 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	BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	Tier 5	QL NM PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	Tier 5	NM PA	DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 5	QL NM PA
<i>pentoxifylline</i> TBCR 400mg	Tier 2		DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 5	QL NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5	QL NM PA	ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 5	QL NM PA
SIKLOS TABS 100mg	Tier 4		ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 5	QL NM PA
SIKLOS TABS 1000mg	Tier 5		ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 5	QL NM PA	ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 5	QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 4		ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 5	QL NM PA
<i>tranexamic acid</i> TABS 650mg	Tier 3				
PLATELET AGGREGATION INHIBITORS					
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 4				
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Tier 1				
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 years and older	Tier 3	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 5	QL NM PA	PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	Tier 5	QL NM PA	RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 5	QL NM PA	RINVOQ TB24 45mg QL (168 tabs / year)	Tier 5	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 5	QL NM PA	RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 5	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 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 PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 5	QL NM PA	SKYRIZI SOLN 600mg/10ml	Tier 5	NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5	QL NM PA	SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 5	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 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-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 5	QL NM PA	SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	Tier 5	QL NM PA	STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 5	QL NM PA
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	Tier 3	QL NM PA	STELARA SOLN 130mg/26ml	Tier 5	NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	Tier 5	QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 3	QL NM PA	TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 5	QL NM PA
PYZCHIVA SOLN 130mg/26ml	Tier 5	NM PA	TREMFYA SOLN 200mg/20ml	Tier 5	NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 3	QL NM PA	TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	Tier 5	QL NM PA
			TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	Tier 5	QL NM PA	YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 5	QL NM PA	DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days)	Tier 5	QL NM PA	<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	Tier 3	
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 5	QL NM PA	JYLAMVO SOLN 2mg/ml	Tier 4	B/D
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 5	NM PA	<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 5	QL NM PA	<i>methotrexate sodium</i> TABS 2.5mg	Tier 3	
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 5	QL NM PA	XATMEP SOLN 2.5mg/ml	Tier 4	B/D
USTEKINUMAB SOLN 130mg/26ml	Tier 5	NM PA	IMMUNOGLOBULINS		
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA	ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	BIVIGAM SOLN 5gm/50ml, 10%	Tier 5	NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 5	QL NM PA	FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 5	NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	GAMASTAN INJ	Tier 4	B/D NM
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 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
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 3	QL NM PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 5	NM PA
YESINTEK SOLN 130mg/26ml	Tier 3	NM PA	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 3	QL NM PA	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 5	NM PA
			GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NM PA

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 5	NM PA
ARCALYST SOLR 220mg	Tier 5	NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	Tier 5	B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 4	B/D NM
azathioprine (generic of IMURAN) TABS 50mg	Tier 3	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	Tier 5	QL NM PA
BENLYSTA SOLR 120mg, 400mg	Tier 5	NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 4	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 4	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	Tier 4	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	Tier 5	B/D NM

Drug Name	Drug Tier	Requirements/Limits
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	Tier 4	B/D NM
engraf (generic of NEORAL) CAPS 25mg, 100mg	Tier 4	B/D NM
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 3	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	Tier 5	B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 4	B/D NM
PROGRAF PACK .2mg, 1mg	Tier 4	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 4	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 4	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	PA
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO SUSY .5ml	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENGVAXIA SUS	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI SOLN .5ml	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENMENVY INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RBAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA SUSY .5ml	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA SUSY 40mcg/0.8ml	Tier 1	
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	

**NUTRITIONAL/SUPPLEMENTS
ELECTROLYTES/MINERALS,
INJECTABLE**

D2.5W/NACL INJ 0.45%	Tier 4	
D5W/NACL INJ 0.2%	Tier 3	
D5W/NACL INJ 0.45%	Tier 3	
D10W/NACL INJ 0.2%	Tier 3	
D10W/NACL INJ 0.45%	Tier 3	
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i>	Tier 3	
<i>dextrose 5% in lactated ringers</i>	Tier 3	
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	Tier 3	
<i>dextrose 5% w/ sodium chloride 0.9% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	Tier 3	
<i>dextrose 5% w/ sodium chloride 0.45% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	Tier 3	
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	Tier 3	
ISOLYTE-P INJ /D5W	Tier 4	
ISOLYTE-S INJ PH 7.4	Tier 4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.075%/D5W/NACL 0.45%)</i>	Tier 3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	Tier 3		<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	Tier 3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 3		<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	Tier 3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 3		<i>multiple electrolytes ph 5.5 (generic of PLASMA-LYTE A)</i>	Tier 4	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	Tier 3		POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 4	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 3		POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj (generic of POTASSIUM CHLORIDE/DEXTRO)</i>	Tier 3		POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>	Tier 3		<i>potassium chloride SOLN 2meq/ml</i>	Tier 3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.3%/D5W/NACL 0.45%)</i>	Tier 3		<i>potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	Tier 3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 3		<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj (generic of POTASSIUM CHLORIDE/DEXTRO)</i>	Tier 3	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	Tier 3		<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%</i>	Tier 3	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 4		TPN ELECTROL INJ	Tier 4	B/D
KCL/D5W/NACL INJ 0.15/0.2	Tier 3		ELECTROLYTES/MINERALS/VITAMINS, ORAL		
LACTATED RIN INJ	Tier 4		<i>klor-con PACK 20meq</i>	Tier 4	
<i>lactated ringer's solution</i>	Tier 3		KLOR-CON 8 TBCR 8meq	Tier 2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3		<i>klor-con 10 TBCR 10meq</i>	Tier 2	
			KLOR-CON 10 TBCR 10meq	Tier 2	
			<i>klor-con m10 TBCR 10meq</i>	Tier 2	
			<i>klor-con m15 TBCR 15meq</i>	Tier 2	
			<i>klor-con m20 TBCR 20meq</i>	Tier 2	
			M-NATAL PLUS TAB	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 10meq, 20meq	Tier 2	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	Tier 4	
<i>potassium chloride</i> (generic of Klor-Con 8) TBCR 8meq	Tier 2	
<i>potassium chloride</i> <i>microencapsulated crystals</i> <i>er</i> TBCR 10meq, 15meq, 20meq	Tier 2	
PRENATAL TAB 27-1MG	Tier 3	
PRENATAL TAB PLUS	Tier 3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 2	
WESTAB PLUS TAB 27- 1MG	Tier 3	
IV NUTRITION		
<i>aminosyn ii soln</i> 15%	Tier 4	B/D
AMINOSYN INJ 10%	Tier 4	B/D
AMINOSYN-PF INJ 10%	Tier 4	B/D
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
<i>clinisol sf</i> 15%	Tier 4	B/D
CLINOLIPID EMU 20%	Tier 4	B/D
<i>dextrose</i> (generic of DEXTROSE 5%) SOLN 5%	Tier 3	
<i>dextrose</i> (generic of DEXTROSE 10%) SOLN 10%	Tier 3	
<i>dextrose</i> SOLN 50%	Tier 3	B/D
DEXTROSE 10% SOLN 10%	Tier 3	
DEXTROSE 70% SOLN 70%	Tier 3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 4	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 4	B/D
<i>plenamine</i>	Tier 4	B/D
PREMASOL SOL 10%	Tier 5	B/D

Drug Name	Drug Tier	Requirements/ Limits
PROSOL INJ 20%	Tier 4	B/D
TRAVASOL INJ 10%	Tier 4	B/D
TROPHAMINE INJ 10%	Tier 4	B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc ophth oint</i> 1%	Tier 3	
<i>loteprednol etabonate- tobramycin ophth susp</i> 0.5- 0.3%	Tier 3	
<i>neomycin-polymyxin- dexamethasone ophth oint</i> 0.1% (generic of MAXITROL)	Tier 2	
<i>neomycin-polymyxin- dexamethasone ophth susp</i> 0.1% (generic of MAXITROL)	Tier 2	
<i>sulfacetamide sodium- prednisolone ophth soln</i> 10- 0.23(0.25)%	Tier 2	
TOBRADEX OIN 0.3-0.1%	Tier 3	
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	Tier 3	
ZYLET SUS 0.5-0.3%	Tier 3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	Tier 3	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 2	
<i>besifloxacin hcl</i> SUSP .6%	Tier 3	
BESIVANCE SUSP .6%	Tier 3	
CILOXAN OINT .3%	Tier 3	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	Tier 2	
<i>erythromycin (ophth)</i> OINT 5mg/gm	Tier 2	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	Tier 2	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	Tier 3	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	Tier 4	
<i>neomycin-bacitrac zn- polymyx 5(3.5)mg-400unt- 10000unt op oin</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyx-gamicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 3		<i>carteolol hcl (ophth) SOLN 1%</i>	Tier 2	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	Tier 2		COMBIGAN SOL 0.2/0.5%	Tier 3	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1		<i>dorzolamide hcl SOLN 2%</i>	Tier 2	
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	Tier 3		<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)</i>	Tier 2	
<i>tobramycin (ophth) SOLN .3%</i>	Tier 1		<i>latanoprost (generic of XALATAN) SOLN .005%</i>	Tier 1	
<i>trifluridine SOLN 1%</i>	Tier 4		<i>levobunolol hcl SOLN .5%</i>	Tier 2	
XDEMY SOLN .25%	Tier 5	NM PA	<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	Tier 3	
ZIRGAN GEL .15%	Tier 4		RHOPRESSA SOLN .02%	Tier 4	
ANTI-INFLAMMATORIES			ROCKLATAN DRO	Tier 4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 3		SIMBRINZA SUS 1-0.2%	Tier 4	
<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 2		<i>timolol maleate (ophth) SOLG .25%, .5%</i>	Tier 3	
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i>	Tier 3		<i>timolol maleate (ophth) SOLN .25%, .5%</i>	Tier 1	
<i>flurbiprofen sodium SOLN .03%</i>	Tier 3		VYZULTA SOLN .024%	Tier 4	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	Tier 3		MISCELLANEOUS		
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	Tier 2		ATROPINE SULFATE SOLN 1%	Tier 3	
LOTEMAX OINT .5%	Tier 3		<i>atropine sulfate (ophthalmic) SOLN 1%</i>	Tier 3	
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	Tier 3		CYSTADROPS SOLN .37%	Tier 5	NM PA
ANTIALLERGICS			CYSTARAN SOLN .44%	Tier 5	NM PA
<i>azelastine hcl (ophth) SOLN .05%</i>	Tier 2		EYSUVIS SUSP .25%	Tier 4	
<i>cromolyn sodium (ophth) SOLN 4%</i>	Tier 2		MIEBO SOLN 1.338gm/ml	Tier 3	
ZERVIAE SOLN .24%	Tier 4		<i>proparacaine hcl (generic of ALCAINE) SOLN .5%</i>	Tier 3	
ANTIGLAUCOMA			RESTASIS EMUL .05%	Tier 3	
<i>betaxolol hcl (ophth) SOLN .5%</i>	Tier 3		RESTASIS MULTIDOSE EMUL .05%	Tier 3	
<i>brimonidine tartrate SOLN .2%</i>	Tier 1		XIIDRA SOLN 5%	Tier 3	
			OTIC		
			OTIC AGENTS		
			<i>acetic acid (otic) SOLN 2%</i>	Tier 3	
			<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 4	
			<i>flac (generic of DERMOTIC) OIL .01%</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	Tier 3		INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 3	QL
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 4		<i>ipratropium bromide</i> SOLN .02%	Tier 2	B/D
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 3		<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 3		SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)	Tier 4	QL
<i>ofloxacin (otic)</i> SOLN .3%	Tier 4		ANTI-HISTAMINES		
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS			<i>azelastine hcl</i> SOLN .1%	Tier 3	
ANORO ELLIPT AER 62.5- 25 QL (60 blisters / 30 days)	Tier 3	QL	<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	Tier 2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	Tier 3	QL	<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	Tier 3	QL	<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 3	
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	Tier 3	QL	<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	Tier 4	PA
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	Tier 4	QL	<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 3	B/D	<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	Tier 3	QL	<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	Tier 3	QL	BETA AGONISTS		
ANTICHOLINERGICS			<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 3	QL
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 4	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 3	QL	MISCELLANEOUS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 3	QL	<i>acetylcysteine</i> SOLN 10%, 20%	Tier 4	B/D
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 3	B/D	ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	Tier 5	QL NM PA
<i>albuterol sulfate</i> NEBU .083%	Tier 2	B/D	ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	Tier 5	QL NM PA
<i>albuterol sulfate</i> SYRP 2mg/5ml	Tier 3		ARALAST NP SOLR 500mg, 1000mg	Tier 5	NM PA
<i>albuterol sulfate</i> TABS 2mg, 4mg	Tier 4		<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 3	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 3	QL ST	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 3	
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 3	QL	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 3	
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 4		<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 3	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 3	QL	FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 3	QL	FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 5	QL NM PA
LEUKOTRIENE MODULATORS			KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 5	QL NM PA
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 2		KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 4		OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 5	QL NM PA
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	Tier 3		ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 5	QL NM PA
			ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 5	QL NM PA
			ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 5	QL NM PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 5	QL NM PA	XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 5	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 5	QL NM PA	XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 5	QL NM PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	Tier 5	QL NM PA	XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 5	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 5	QL NM PA	XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 5	QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 5	NM PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 5	NM PA	NASAL STEROIDS		
PULMOZYME SOLN 2.5mg/2.5ml	Tier 5	NM PA	<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 3	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 4	QL	<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 2	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 4	QL	XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 4	QL PA
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 5	QL NM PA	STEROID INHALANTS		
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 5	QL NM PA	ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 4	QL
<i>theophylline</i> TB12 100mg, 200mg, 300mg, 450mg	Tier 4		ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 4	QL
<i>theophylline</i> TB24 400mg, 600mg	Tier 3		ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 3	QL
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 5	QL NM PA	<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 4	B/D
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 5	QL NM PA	STEROID/BETA-AGONIST COMBINATIONS		
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	Tier 5	QL NM PA	ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 3	QL
TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days)	Tier 5	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 3	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	Tier 3	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	Tier 3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 3	QL
<i>brey-na</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 3	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 3	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 3	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 4	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 4	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits
<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
<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
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 3	QL
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 3	QL
TOPICAL DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)- 5%</i> QL (45 gm / 30 days)	Tier 3	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	Tier 3	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	Tier 3	QL	<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	Tier 2	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA	<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 3	QL
<i>neufac</i> QL (45 gm / 30 days)	Tier 3	QL	<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 3	QL
<i>sulfacetamide sodium</i> (<i>acne</i>) (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 4	QL	<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 2	QL
<i>tretinoin</i> (generic of RETIN- A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 4	QL PA	<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 3	QL
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA	<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 3	QL
DERMATOLOGY, ANTIBIOTICS			<i>selenium sulfide</i> LOTN 2.5%	Tier 2	
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 3	QL	DERMATOLOGY, ANTIPSORIATICS		
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	Tier 2	QL	<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 4	PA
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	Tier 2		<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 3	QL PA
<i>ssd</i> (generic of SILVADENE) CREA 1%	Tier 2		ENSTILAR AER QL (120 gm / 30 days)	Tier 4	QL PA
DERMATOLOGY, ANTIFUNGALS			<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	Tier 3	QL PA
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	Tier 3	QL	DERMATOLOGY, CORTICOSTEROIDS		
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	Tier 3	QL	<i>ala-cort</i> CREA 1%	Tier 2	
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	Tier 2	QL	<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	Tier 3	QL	<i>betamethasone dipropionate</i> (<i>topical</i>) CREA .05% QL (120 gm / 30 days)	Tier 3	QL
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> QL (45 gm / 30 days)	Tier 3	QL	<i>betamethasone dipropionate</i> (<i>topical</i>) LOTN .05% QL (120 mL / 30 days)	Tier 3	QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	Tier 3	QL	<i>betamethasone dipropionate</i> (<i>topical</i>) OINT .05% QL (120 gm / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented</i> CREA .05% QL (120 gm / 30 days)	Tier 3	QL
<i>betamethasone dipropionate augmented</i> GEL .05% QL (120 gm / 30 days)	Tier 4	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	Tier 4	QL
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	Tier 4	QL
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 3	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	Tier 3	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	Tier 4	QL
<i>clobetasol propionate</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	Tier 4	QL
<i>clobetasol propionate</i> SOLN .05% QL (100 mL / 30 days)	Tier 4	QL
<i>clobetasol propionate e</i> CREA .05% QL (120 gm / 30 days)	Tier 4	QL
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	Tier 4	QL
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	Tier 4	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	Tier 4	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 3	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	Tier 3	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	Tier 4	QL
<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	Tier 3	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 3	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 4	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	Tier 3	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	Tier 4	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 3	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 4	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 2	
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	Tier 2	QL
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	Tier 3	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 3	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 2	QL
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	Tier 2		<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 3	QL
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	Tier 2	QL	<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 2	
DERMATOLOGY, LOCAL ANESTHETICS			<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	Tier 3	QL
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	Tier 3	QL PA	<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	Tier 3	QL
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 4	QL PA	<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	Tier 4	QL
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 4	QL PA	PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 5	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 3	QL PA	<i>pimecrolimus</i> CREA 1% QL (100 gm / 30 days)	Tier 4	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 2	B/D QL	<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 3	QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 4	QL PA	<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3	
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 4	QL PA	<i>proctocort</i> CREA 1%	Tier 3	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE			<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3	
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	Tier 5	QL NM PA	<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3	
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	Tier 3	QL	<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 4	QL PA
<i>EUCRISA</i> OINT 2% QL (120 gm / 30 days)	Tier 4	QL PA	VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 5	QL NM PA
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	Tier 4	QL	DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 3	QL	<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 4	QL
<i>hydrocortisone (rectal)</i> CREA 1%	Tier 3		<i>permethrin</i> (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days)	Tier 3	QL
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 3		DERMATOLOGY, WOUND CARE AGENTS		
			<i>SANTYL</i> OINT 250unit/gm QL (180 gm / 30 days)	Tier 4	QL PA
			<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>water for irrigation, sterile irrigation soln</i>	Tier 2	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%</i>	Tier 2	
<i>clotrimazole TROC 10mg QL (150 lozenges / 30 days)</i>	Tier 3	QL
<i>kourzeq PSTE .1%</i>	Tier 3	
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	Tier 2	
<i>nystatin (mouth-throat) (generic of NYSTATIN) SUSP 100000unit/ml</i>	Tier 3	
<i>periogard (generic of PERIDEX) SOLN .12%</i>	Tier 2	
<i>pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg</i>	Tier 3	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	Tier 3	

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

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

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

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

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