



Connecticut | Massachusetts | Rhode Island | Vermont

# Blue MedicareRx<sup>SM</sup> Value Plus (PDP) 2025 Formulary

## (List of Covered Drugs or “Drug List”)

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

This formulary was updated on 5/1/2025. For more recent information or other questions, please contact Blue MedicareRx Value Plus, at:

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

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

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

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

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

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means Blue MedicareRx<sup>SM</sup> (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 5/1/2025. For an updated Drug List (Formulary), please contact us. Our contact information, along with the date we last updated the Drug List (Formulary), appears on the front and back cover pages.

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

## **What is the Blue MedicareRx 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](http://www.RxMedicarePlans.com).

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Blue MedicareRx 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 it be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find the information in the section below titled “How do I request an exception to the Blue MedicareRx 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 5/1/2025. To get updated information about the drugs covered by Blue MedicareRx 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](http://www.RxMedicarePlans.com) to get information showing changes to, additions, and/or deletions of medications contained in our formulary.

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

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

### **Medical Condition**

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

## **Alphabetical Listing**

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

## **What are generic drugs?**

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

**Step Therapy:** In some cases, Blue MedicareRx Value Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical

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

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

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

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

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

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

You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx Value Plus. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

You can ask Blue MedicareRx Value Plus to make an exception and cover your drug. See below for information about how to request an exception.

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

### **How do I request an exception to the Blue MedicareRx Value Plus Formulary?**

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

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

You can ask us to 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., ADVAIR HFA) and generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

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

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

## Explanation of Tiers and Copayments/Coinsurance:

### Blue MedicareRx Value Plus Initial Coverage Stage

Tier Label	Retail Cost-Sharing or Out-of-Network (OON) Cost-Sharing*	Mail Order Cost-Sharing 90-day supply
	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing/ OON/LTC
<b>Tier 1: Preferred Generic</b> Certain generic drugs that are available at the lowest copayment	\$1	\$6
<b>Tier 2: Generic</b> Higher cost generic drugs available at a higher copayment than Tier 1 generic drugs	\$5	\$10
<b>Tier 3: Preferred Brand</b> Many common brand name drugs and some higher cost generic drugs, many of which may have lower cost options available on Tier 1 or Tier 2***	22%	25%
<b>Tier 4: Non-Preferred Drug</b> Higher cost generic and non-preferred drugs, many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3***	35%	35%
<b>Tier 5: Specialty Tier</b> Unique and/or very high-cost brand and some generic drugs of which you pay a percentage of the total drug cost which may require special handling and/or close monitoring***	25%	25%
		Not Applicable†

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

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

\*\*\* You pay the full cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.

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

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>endocet tab 2.5-325mg (generic of PERCO CET)</i> QL (360 tabs / 30 days)	Tier 3	QL	<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)</i>	Tier 3	QL
<i>endocet tab 5-325mg (generic of PERCO CET)</i> QL (360 tabs / 30 days)	Tier 3	QL	<i>morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)</i>	Tier 3	QL
<i>endocet tab 7.5-325mg (generic of PERCO CET)</i> QL (240 tabs / 30 days)	Tier 3	QL	<i>morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)</i>	Tier 3	QL
<i>endocet tab 10-325mg (generic of PERCO CET)</i> QL (180 tabs / 30 days)	Tier 3	QL	<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	Tier 4	
<i>hydrocodone- acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)</i>	Tier 4	QL	<i>oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)</i>	Tier 4	QL
<i>hydrocodone- acetaminophen tab 5-325 mg QL (240 tabs / 30 days)</i>	Tier 3	QL	<i>oxycodone hcl TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)</i>	Tier 3	QL
<i>hydrocodone- acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)</i>	Tier 3	QL	<i>oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)</i>	Tier 3	QL
<i>hydrocodone- acetaminophen tab 10-325 mg QL (180 tabs / 30 days)</i>	Tier 3	QL	<i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)</i>	Tier 3	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)</i>	Tier 3	QL	<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)</i>	Tier 3	QL
<i>hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)</i>	Tier 3	QL	<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCO CET) QL (240 tabs / 30 days)</i>	Tier 3	QL
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	Tier 4	B/D	<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCO CET) QL (180 tabs / 30 days)</i>	Tier 3	QL
			<i>tramadol hcl TABS 50mg QL (240 tabs / 30 days)</i>	Tier 2	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>ANTI-INFECTIVES</b>					
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>					
albendazole TABS 200mg QL (672 tabs / year)	Tier 5	QL PA	<i>imipenem-cilastatin</i> <i>intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	Tier 3	
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	Tier 4		IMPAVIDO CAPS 50mg	Tier 5	PA
ARIKAYCE SUSP 590mg/8.4ml	Tier 5	NM PA	<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	Tier 3	QL PA
atovaquone (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 4	QL PA	<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	Tier 4	
aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	Tier 4		<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 5	QL
CAYSTON SOLR 75mg	Tier 5	NM PA	<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	Tier 4	QL
clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 2		LINEZOLID INJ 2MG/ML	Tier 4	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml	Tier 3		meropenem SOLR 1gm, 500mg	Tier 4	
colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg	Tier 4		<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	Tier 3	
dapsone TABS 25mg, 100mg	Tier 3		metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 3	
DAPTOMYCIN SOLR 350mg	Tier 5		metronidazole TABS 250mg, 500mg	Tier 2	
daptomycin (generic of DAPTOMYCIN) SOLR 350mg	Tier 5		<i>neomycin sulfate</i> TABS 500mg	Tier 2	
daptomycin SOLR 500mg	Tier 5		nitazoxanide TABS 500mg QL (6 tabs / 30 days)	Tier 5	QL
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 5	QL	<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 3	
ertapenem sodium SOLR 1gm	Tier 3		<i>nitrofurantoin monohyd</i> <i>macro</i> (generic of MACROBID) CAPS 100mg	Tier 3	
gentamicin in saline inj 0.8 mg/ml	Tier 3		pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg	Tier 4	B/D
gentamicin in saline inj 2 mg/ml	Tier 3		pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg	Tier 4	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	Tier 3		praziquantel TABS 600mg	Tier 4	
imipenem-cilastatin <i>intravenous for soln 250 mg</i>	Tier 3		pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	Tier 5	QL PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
streptomycin sulfate SOLR 1gm	Tier 4		amphotericin b liposome (generic of AMBISOME) SUSR 50mg	Tier 5	B/D
sulfadiazine TABS 500mg	Tier 5		caspofungin acetate (generic of CANCIDAS) SOLR 50mg, 70mg	Tier 4	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 4		fluconazole SUSR 10mg/ml; TABS 50mg	Tier 3	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 3		fluconazole (generic of DIFLUCAN) SUSR 40mg/ml	Tier 3	
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	Tier 2		fluconazole (generic of DIFLUCAN) TABS 100mg, 150mg, 200mg	Tier 2	
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	Tier 2		fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 3	
tinidazole TABS 250mg, 500mg	Tier 3		fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 3	
TOBI PODHALER CAPS 28mg	Tier 5	NM PA	flucytosine (generic of ANCOPON) CAPS 250mg, 500mg	Tier 5	PA
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 5	NM PA	griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	Tier 4	
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 3		griseofulvin ultramicrosize TABS 125mg, 250mg	Tier 4	
trimethoprim TABS 100mg	Tier 3		itraconazole (generic of SPORANOX) CAPS 100mg	Tier 4	PA
vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 4	QL	ketoconazole TABS 200mg	Tier 3	PA
vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 4	QL	micafungin sodium (generic of MYCAMINE) SOLR 50mg, 100mg	Tier 4	
vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	Tier 4		nystatin TABS 500000unit	Tier 3	
vancomycin hcl SOLR 1gm, Tier 4 1.5gm, 5gm, 10gm, 500mg, 750mg	Tier 4		posaconazole (generic of NOXAFL) SUSP 40mg/ml QL (630 mL / 30 days)	Tier 5	QL PA
VANCOMYCIN INJ 1 GM	Tier 4		posaconazole (generic of NOXAFL) TBEC 100mg QL (93 tabs / 30 days)	Tier 5	QL PA
VANCOMYCIN INJ 500MG	Tier 4		terbinafine hcl TABS 250mg QL (30 tabs / 30 days)	Tier 2	QL PA
VANCOMYCIN INJ 750MG	Tier 4		PA applies after a 90 day supply in a calendar year		
<b>ANTIFUNGALS</b>			voriconazole (generic of VFEND IV) SOLR 200mg	Tier 4	PA
ABELCET SUSP 5mg/ml	Tier 4	B/D			
amphotericin b SOLR 50mg	Tier 4	B/D			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
voriconazole (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	Tier 5	QL PA	darunavir (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 5	QL NM
voriconazole (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 4	QL	EDURANT TABS 25mg	Tier 5	NM
voriconazole TABS 200mg QL (120 tabs / 30 days)	Tier 4	QL	efavirenz TABS 600mg	Tier 4	NM
<b>ANTIMALARIALS</b>			emtricitabine (generic of EMTRIVA) CAPS 200mg	Tier 3	NM
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	Tier 4		EMTRIVA SOLN 10mg/ml	Tier 4	NM
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	Tier 4		etravirine (generic of INTELENCE) TABS 100mg, 200mg	Tier 5	NM
chloroquine phosphate TABS 250mg, 500mg	Tier 4		fosamprenavir calcium TABS 700mg	Tier 5	NM
COARTEM TAB 20-120MG	Tier 4		FUZEON SOLR 90mg	Tier 5	NM
mefloquine hcl TABS 250mg	Tier 3		INTELENCE TABS 25mg	Tier 4	NM
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 3		ISENTRESS CHEW 25mg	Tier 4	NM
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 3		ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 5	NM
quinine sulfate (generic of QUALAQUIN) CAPS 324mg	Tier 4	PA	ISENTRESS HD TABS 600mg	Tier 5	NM
<b>ANTIRETROVIRAL AGENTS</b>			lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 3	NM
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	Tier 4	NM	maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	Tier 5	NM
abacavir sulfate TABS 300mg	Tier 3	NM	nevirapine SUSP 50mg/5ml; TB24 400mg	Tier 4	NM
APTIVUS CAPS 250mg	Tier 5	NM	nevirapine TABS 200mg	Tier 2	NM
atazanavir sulfate CAPS 150mg	Tier 4	NM	NORVIR PACK 100mg	Tier 4	NM
atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg	Tier 4	NM	PIFELTRO TABS 100mg	Tier 5	NM
darunavir (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 5	QL NM	PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 5	QL NM
			PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 4	QL NM
			PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 5	QL NM
			REYATAZ PACK 50mg	Tier 5	NM
			ritonavir (generic of NORVIR) TABS 100mg	Tier 3	NM
			RUKOBIA TB12 600mg	Tier 5	NM
			SELZENTRY SOLN 20mg/ml	Tier 5	NM
			SUNLENCA TBPK 300mg	Tier 5	NM

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>			
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 3	NM	<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 167-250 mg (generic of TRUVADA)	Tier 5	NM			
TIVICAY TABS 10mg	Tier 3	NM	<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 200-300 mg (generic of TRUVADA)	Tier 4	NM			
TIVICAY TABS 25mg, 50mg	Tier 5	NM	EVOTAZ TAB 300-150	Tier 5	NM			
TIVICAY PD TBSO 5mg	Tier 5	NM	GENVOYA TAB	Tier 5	NM			
TYBOST TABS 150mg	Tier 3	NM	JULUCA TAB 50-25MG	Tier 5	NM			
VIRACEPT TABS 250mg, 625mg	Tier 5	NM	<i>lamivudine-zidovudine</i> tab 150-300 mg	Tier 4	NM			
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 5	NM	<i>lopinavir-ritonavir</i> soln 400-100 mg/5ml (80-20 mg/ml)	Tier 4	NM			
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	Tier 4	NM	<i>lopinavir-ritonavir</i> tab 100-250mg (generic of KALETRA)	Tier 4	NM			
<i>zidovudine</i> TABS 300mg	Tier 3	NM	<i>lopinavir-ritonavir</i> tab 200-500mg (generic of KALETRA)	Tier 4	NM			
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>								
<i>abacavir sulfate-lamivudine</i> tab 600-300 mg	Tier 3	NM	ODEFSEY TAB	Tier 5	NM			
BIKTARVY TAB 30-120-15 MG	Tier 5	NM	PREZCOBIX TAB 800-150	Tier 5	NM			
BIKTARVY TAB 50-200-25 MG	Tier 5	NM	STRIBILD TAB	Tier 5	NM			
CIMDUO TAB 300-300	Tier 5	NM	SYMTUZA TAB	Tier 5	NM			
COMPLERA TAB	Tier 5	NM	TRIUMEQ PD TAB	Tier 3	NM			
DELSTRIGO TAB	Tier 5	NM	TRIUMEQ TAB	Tier 5	NM			
DESCOVY TAB 120-15MG	Tier 5	NM	<b>ANTITUBERCULAR AGENTS</b>					
DESCOVY TAB 200/25MG	Tier 5	NM	cycloserine CAPS 250mg	Tier 5				
DOVATO TAB 50-300MG	Tier 5	NM	ethambutol hcl TABS 100mg, 400mg	Tier 3				
<i>efavirenz-emtricitabine-tenofovir</i> df tab 600-200-300 mg	Tier 5	NM	isoniazid TABS 100mg, 300mg	Tier 2				
<i>efavirenz-lamivudine-tenofovir</i> df tab 400-300-300 mg (generic of SYMFI LO)	Tier 5	NM	PRIFTIN TABS 150mg	Tier 4				
<i>efavirenz-lamivudine-tenofovir</i> df tab 600-300-300 mg (generic of SYMFI)	Tier 5	NM	pyrazinamide TABS 500mg	Tier 4				
<i>emtricitabine-tenofovir</i> disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	Tier 5	NM	rifabutin CAPS 150mg	Tier 4				
<i>emtricitabine-tenofovir</i> disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	Tier 5	NM	rifampin CAPS 150mg, 300mg	Tier 3				
<b>ANTIVIRALS</b>								
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg								
<i>acyclovir sodium</i> SOLN 50mg/ml								

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>adefovir dipivoxil</i> TABS 10mg	Tier 4	NM	<b>RELENZA DISKHALER</b>	Tier 3	QL
<b>BARACLUDE</b> SOLN .05mg/ml	Tier 5	NM ST	<i>AEPB</i> 5mg/blister		
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	Tier 4	NM	QL (6 inhalers / year)		
<b>EPCLUSA</b> PAK 150-37.5	Tier 5	NM PA	<i>ribavirin</i> ( <i>hepatitis c</i> ) CAPS 200mg; TABS 200mg	Tier 3	NM
<b>EPCLUSA</b> PAK 200-50MG	Tier 5	NM PA	<i>rimantadine hydrochloride</i> TABS 100mg	Tier 4	
<b>EPCLUSA</b> TAB 200-50MG	Tier 5	NM PA	<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	Tier 3	
<b>EPCLUSA</b> TAB 400-100	Tier 5	NM PA	<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	Tier 5	
<i>ganciclovir sodium</i> SOLR 500mg	Tier 4	B/D	<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	Tier 3	
<b>HARVONI</b> PAK 33.75-150MG	Tier 5	NM PA	<b>VOSEVI</b> TAB	Tier 5	NM PA
<b>HARVONI</b> PAK 45-200MG	Tier 5	NM PA	<b>CEPHALOSPORINS</b>		
<b>HARVONI</b> TAB 45-200MG	Tier 5	NM PA	<i>cefaclor</i> CAPS 250mg, 500mg	Tier 3	
<b>HARVONI</b> TAB 90-400MG	Tier 5	NM PA	<i>cefadroxil</i> CAPS 500mg	Tier 2	
<i>lamivudine (hbv)</i> TABS 100mg	Tier 4	NM	<b>CEFAZOLIN</b> SOLR 2gm, 3gm	Tier 4	
<b>LIVTENCITY</b> TABS 200mg	Tier 5	QL NM PA	<b>CEFAZOLIN</b> INJ 1GM/50ML	Tier 4	
QL (336 tabs / 28 days)			<i>cefaezolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 3	
<b>MAVYRET</b> PAK 50-20MG	Tier 5	NM PA	<b>CEFAZOLIN</b> SOLN 2GM/100ML-4%	Tier 4	
<b>MAVYRET</b> TAB 100-40MG	Tier 5	NM PA	<b>CEFAZOLIN/DEX</b> SOL 1GM/50ML-4%	Tier 4	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg	Tier 3	QL	<b>CEFAZOLIN/DEX</b> SOL 2GM/50ML-3%	Tier 4	
QL (168 caps / year)			<b>CEFAZOLIN/DEX</b> SOL 3GM/150ML-4%	Tier 4	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg	Tier 3	QL	<i>cefdinir</i> CAPS 300mg	Tier 2	
QL (84 caps / year)			<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml	Tier 3	QL	<i>cefepeime hcl</i> SOLR 1gm, 2gm	Tier 4	
QL (1080 mL / year)			<i>cefixime</i> CAPS 400mg	Tier 4	
<b>PAXLOVID</b> TAB 150-100	Tier 2	QL	<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 4	
QL (40 tabs / 90 days)			<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	Tier 3	
<b>PAXLOVID</b> TAB 300-100	Tier 2	QL	<i>ceprozil</i> TABS 250mg, 500mg	Tier 3	
QL (60 tabs / 90 days)			<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 4	
<b>PEGASYS</b> SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 5	NM PA			
<b>PREVYMIS</b> TABS 240mg, 480mg	Tier 5	QL PA			
QL (28 tabs / 28 days)					

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	Tier 4	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 4
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	Tier 4	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 4
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 4		
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 4		
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	Tier 4		
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 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, Tier 4 2gm</i>			
<i>nafcillin sodium SOLR 10gm</i>	Tier 5		
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	Tier 4		
<i>penicillin g sodium SOLR 500000unit</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		
		<b>TETRACYCLINES</b>	
		<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 5
		<b>ANTINEOPLASTIC AGENTS</b>	
		<b>ALKYLATING AGENTS</b>	
		<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
		<b>ANTIMETABOLITES</b>	
		<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
		<i>mercaptopurine TABS 50mg</i>	Tier 3

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>																																	
<i>methotrexate sodium</i> SOLN	Tier 2	B/D	<i>megestrol acetate</i> TABS	Tier 3																																		
1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm			20mg, 40mg																																			
ONUREG TABS 200mg, 300mg	Tier 5	QL NM PA	<i>nilutamide</i> (generic of NILANDRON) TABS	Tier 5																																		
QL (14 tabs / 28 days)			150mg																																			
PURIXAN SUSP 2000mg/100ml	Tier 5	NM	NUBEQA TABS 300mg	Tier 5	QL NM PA																																	
TABLOID TABS 40mg	Tier 5		QL (120 tabs / 30 days)																																			
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>																																						
<i>abiraterone acetate</i> (generic Tier 5 of ZYTIGA) TABS 250mg	QL NM PA		ORGOVYX TABS 120mg	Tier 5	NM PA																																	
QL (120 tabs / 30 days)			ORSERDU TABS 86mg	Tier 5	QL NM PA																																	
<i>abiraterone acetate</i> (generic Tier 5 of ZYTIGA) TABS 500mg	QL NM PA		QL (90 tabs / 30 days)																																			
QL (60 tabs / 30 days)			ORSERDU TABS 345mg	Tier 5	QL NM PA																																	
AKEEGA TAB 50/500MG	Tier 5	QL NM PA	QL (30 tabs / 30 days)																																			
QL (60 tabs / 30 days)			SOLTAMOX SOLN	Tier 5																																		
AKEEGA TAB 100/500	Tier 5	QL NM PA	10mg/5ml																																			
QL (60 tabs / 30 days)			<i>tamoxifen citrate</i> TABS	Tier 2																																		
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Tier 2		10mg, 20mg																																			
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Tier 2		<i>toremifene citrate</i> (generic of FARESTON) TABS	Tier 4	PA																																	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 4	NM PA	60mg																																			
ERLEADA TABS 60mg	Tier 5	QL NM PA	XTANDI CAPS 40mg	Tier 5	QL NM PA																																	
QL (120 tabs / 30 days)			QL (120 caps / 30 days)																																			
ERLEADA TABS 240mg	Tier 5	QL NM PA	XTANDI TABS 40mg	Tier 5	QL NM PA																																	
QL (30 tabs / 30 days)			QL (120 tabs / 30 days)																																			
EULEXIN CAPS 125mg	Tier 5		XTANDI TABS 80mg	Tier 5	QL NM PA																																	
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Tier 4		QL (60 tabs / 30 days)																																			
FIRMAGON SOLR 80mg	Tier 4	NM PA	<b>IMMUNOMODULATORS</b>																																			
FIRMAGON SOLR 120mg/vial	Tier 5	NM PA	<i>lenalidomide</i> CAPS 2.5mg,	Tier 5	QL NM PA	<i>lenalidomide</i> CAPS 20mg,	Tier 5	QL NM PA	<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 2		5mg, 10mg, 15mg			<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 4	NM PA	QL (28 caps / 28 days)			LUPRON DEPOT (1- MONTH) KIT 3.75mg	Tier 5	NM PA	<i>lenalidomide</i> CAPS 20mg,	Tier 5	QL NM PA	LUPRON DEPOT (3- MONTH) KIT 11.25mg	Tier 5	NM PA	25mg			LYSODREN TABS 500mg	Tier 5	NM	QL (21 caps / 28 days)		
<i>lenalidomide</i> CAPS 2.5mg,	Tier 5	QL NM PA	<i>lenalidomide</i> CAPS 20mg,	Tier 5	QL NM PA																																	
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 2		5mg, 10mg, 15mg																																			
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 4	NM PA	QL (28 caps / 28 days)																																			
LUPRON DEPOT (1- MONTH) KIT 3.75mg	Tier 5	NM PA	<i>lenalidomide</i> CAPS 20mg,	Tier 5	QL NM PA																																	
LUPRON DEPOT (3- MONTH) KIT 11.25mg	Tier 5	NM PA	25mg																																			
LYSODREN TABS 500mg	Tier 5	NM	QL (21 caps / 28 days)																																			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>
<b>MISCELLANEOUS</b>					
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 5	QL NM PA	BOSULIF CAPS 50mg QL (360 caps / 30 days)	Tier 5	QL NM PA
bexarotene (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 5	QL NM PA	BOSULIF CAPS 100mg QL (150 caps / 25 days)	Tier 5	QL NM PA
hydroxyurea (generic of HYDREA) CAPS 500mg	Tier 2		BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
IWLIFIN TABS 192mg QL (240 tabs / 30 days)	Tier 5	QL NM PA	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
MATULANE CAPS 50mg tretinoin (chemotherapy) CAPS 10mg	Tier 5	NM	BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 5	QL NM PA
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 5	QL NM PA
<b>MOLECULAR TARGET AGENTS</b>					
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 5	QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 5	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 5	QL NM PA	CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 5	QL NM PA	CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	Tier 5	QL NM PA	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 5	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 5	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 5	QL NM PA	COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 5	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 5	QL NM PA	COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 5	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 5	QL NM PA	COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 5	QL NM PA
			DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	Tier 5	QL NM PA

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<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	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 5 QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 5 QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 5 QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
<i>erlotinib hcl</i> TABS 150mg QL (30 tabs / 30 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
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 5 QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	Tier 5 QL NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 5 QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 5 QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 5 QL NM PA	IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	Tier 5 QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 5 QL NM PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 5 QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 5 QL NM PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM PA	INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM PA
		ITOVEBI TABS 3mg QL (56 tabs / 28 days)	Tier 5 QL NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	Tier 5 QL NM PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg 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 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 5 QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 5 QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 5 QL NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 5 QL NM PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 5 QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 5 QL NM PA	LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 5 QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 5 QL NM PA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 5 QL NM PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 5 QL NM PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 5 QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 5 QL NM PA	LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 5 QL NM PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 5 QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 5 QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 5 QL NM PA
<i>lapatinib ditosylate (generic of TYKERB)</i> TABS 250mg QL (180 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
LAZCLUZE TABS 80mg QL (60 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
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 5 QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 5 QL NM PA	MEKINIST TABS 2mg QL (30 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		

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 5 QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 5 QL NM PA	RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 5 QL NM PA	RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 5 QL NM PA	REVUFORJ TABS 110mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 5 QL NM PA	REVUFORJ TABS 160mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 5 QL NM PA	REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 5 QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 5 QL NM PA	ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 5 QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 5 QL NM PA	ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 5 QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 5 QL NM PA	ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 5 QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
pazopanib hcl (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	Tier 5 QL NM PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 5 QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 5 QL NM PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 5 QL NM PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 5 QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 5 QL NM PA	SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 5 QL NM PA	sorafenib tosylate (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 5 QL NM PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 5 QL NM PA		

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 5 QL NM PA	TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 5 QL NM PA	TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 5 QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 5 QL NM PA	VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 5 QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	Tier 5 QL NM PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 3 QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 5 QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 5 QL NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 5 QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 5 QL NM PA	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 5 QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	Tier 5 QL NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 5 QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 5 QL NM PA	VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 5 QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 5 QL NM PA	VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 5 QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 5 QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
<i>torpez</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 5 QL NM PA	VORANIGO TABS 10mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	Tier 5 QL NM PA	VORANIGO TABS 40mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
		XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	Tier 5 QL NM PA

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
XALKORI CPSP 20mg QL (240 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	<b>PROTECTIVE AGENTS</b>	
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 3
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	Tier 5 QL NM PA	<i>mesna</i> (generic of MESNEX) TABS 400mg	Tier 5
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 5 QL NM PA	MESNEX TABS 400mg	Tier 5
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 5 QL NM PA	<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>	
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 5 QL NM PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	Tier 2 QL
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 5 QL NM PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 2 QL
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	Tier 5 QL NM PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 2 QL
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	Tier 5 QL NM PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 2 QL
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 2 QL
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 5 QL NM PA	<i>benazepril &amp;</i> <i>hydrochlorothiazide tab 5-6.25mg</i>	Tier 3
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM PA	<i>benazepril &amp;</i> <i>hydrochlorothiazide tab 10-12.5 mg</i> (generic of LOTENSIN HCT)	Tier 3
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	<i>benazepril &amp;</i> <i>hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	Tier 3
		<i>benazepril &amp;</i> <i>hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	Tier 3

<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 2	<i>ramipril (generic of ALTACE) CAPS 2.5mg, 10mg</i>	Tier 1
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Tier 2	<i>trandolapril TABS 1mg, 2mg, 4mg</i>	Tier 2
<i>flosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 3	<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>	
<i>flosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 3	<i>eplerenone (generic of INSPRA) TABS 25mg, 50mg</i>	Tier 3
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	<i>KERENDIA TABS 10mg, 20mg</i>	Tier 3 QL QL (30 tabs / 30 days)
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	<i>spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg</i>	Tier 1
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	Tier 1	<b>ALPHA BLOCKERS</b>	
<b>ACE INHIBITORS</b>		<i>doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg</i>	Tier 2
<i>benazepril hcl TABS 5mg</i>	Tier 1	<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	Tier 3
<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	Tier 1	<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	Tier 2
<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	Tier 2	<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>	
<i>flosinopril sodium TABS 10mg, 20mg, 40mg</i>	Tier 2	<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	Tier 3 QL QL (30 tabs / 30 days)
<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Tier 1	<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	Tier 3 QL QL (30 tabs / 30 days)
<i>moexipril hcl TABS 7.5mg, 15mg</i>	Tier 3	<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	Tier 3 QL QL (30 tabs / 30 days)
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	Tier 3	<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	Tier 3 QL QL (30 tabs / 30 days)
<i>quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg</i>	Tier 2	<i>ENTRESTO CAP 6-6MG</i>	Tier 3 QL QL (240 caps / 30 days)
<i>ramipril CAPS 1.25mg, 5mg</i>	Tier 1	<i>ENTRESTO CAP 15-16MG</i>	Tier 3 QL QL (240 caps / 30 days)

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

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 3	QL	bisoprolol fumarate TABS 5mg, 10mg	Tier 2		
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 3	QL	carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1		
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 3	QL	labetalol hcl TABS 100mg, 200mg, 300mg	Tier 3		
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	Tier 3	PA	metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 2		
prevalite PACK 4gm	Tier 3		metoprolol tartrate SOLN 5mg/5ml	Tier 4		
prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 3		metoprolol tartrate TABS 25mg	Tier 1		
REPATHA SOSY 140mg/ml	Tier 3	NM PA	metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1		
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Tier 3	NM PA	nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	
REPATHA SURECLICK SOAJ 140mg/ml	Tier 3	NM PA	nebivolol hcl (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL	
VASCEPA CAPS .5gm, 1gm	Tier 3		pindolol TABS 5mg, 10mg	Tier 3		
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>						
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	Tier 2		propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 3		
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	Tier 2		propranolol hcl SOLN 20mg/5ml, 40mg/5ml	Tier 3		
bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg	Tier 2		propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 2		
bisoprolol & hydrochlorothiazide tab 5- 6.25 mg	Tier 2		timolol maleate TABS 5mg, 10mg, 20mg	Tier 3		
bisoprolol & hydrochlorothiazide tab 10- 6.25 mg	Tier 2		<b>CALCIUM CHANNEL BLOCKERS</b>			
<b>BETA-BLOCKERS</b>						
acebutolol hcl CAPS 200mg, 400mg	Tier 3		amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Tier 1		
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1		cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 2		
<b>PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D</b>						
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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 3	chlorthalidone TABS 25mg, Tier 2 50mg	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 2	furosemide SOLN 10mg/ml, Tier 2 40mg/5ml	
diltiazem hcl TABS 90mg	Tier 2	furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 2	furosemide inj SOLN 10mg/ml	Tier 3
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 360mg	Tier 4	hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1
diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 3	indapamide TABS 1.25mg, Tier 2 2.5mg	
felodipine TB24 2.5mg, 5mg, 10mg	Tier 3	methazolamide TABS 25mg, 50mg	Tier 4
nifedipine TB24 30mg, 60mg, 90mg	Tier 3	metolazone TABS 2.5mg, Tier 2 5mg, 10mg	
nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 3	spironolactone & hydrochlorothiazide tab 25- 25 mg	Tier 2
nimodipine CAPS 30mg	Tier 4	torsemide TABS 5mg, 10mg, 20mg, 100mg	Tier 2
tiadylt er (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 3	triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1
verapamil hcl SOLN 2.5mg/ml	Tier 4	triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1
verapamil hcl TABS 40mg, Tier 2 80mg, 120mg; TBCR 120mg, 180mg, 240mg		triamterene & hydrochlorothiazide tab 75- 50 mg	Tier 1
<b>DIURETICS</b>			
acetazolamide CP12 500mg; TABS 125mg, 250mg	Tier 3	<b>MISCELLANEOUS</b>	
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 2	aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg	Tier 4
amiloride hcl TABS 5mg	Tier 2	clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 3
bumetanide SOLN .25mg/ml; TABS 1mg, 2mg	Tier 3	clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 3
bumetanide (generic of BUMEX) TABS .5mg	Tier 3	clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 3
		clonidine hcl TABS .1mg, .2mg, .3mg	Tier 1

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 4	QL	isosorbide dinitrate TABS 10mg, 20mg, 30mg	Tier 3	
digoxin SOLN .05mg/ml digoxin (generic of LANOXIN) SOLN .25mg/ml	Tier 4		isosorbide mononitrate TB24 30mg, 60mg, 120mg	Tier 2	
digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 2	QL	NITRO-BID OINT 2%	Tier 3	
droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 5	QL NM PA	nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr nitroglycerin (generic of NITROSTAT) SUBL .3mg,.4mg, .6mg	Tier 3 Tier 2	
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 5	QL NM PA	<b>PULMONARY ARTERIAL HYPERTENSION</b>		
epinephrine (anaphylaxis) SOLN 1mg/ml	Tier 4		alyq (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
guanfacine hcl TABS 1mg, 2mg PA applies if 70 years and older	Tier 3	PA	ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
hydralazine hcl SOLN 20mg/ml	Tier 4		bosentan (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 2		OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 4	QL	sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 3	QL NM PA
metyrosine (generic of DEMSER) CAPS 250mg	Tier 5	NM PA	tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
midodrine hcl TABS 2.5mg, 5mg	Tier 3		<b>CENTRAL NERVOUS SYSTEM</b>		
midodrine hcl TABS 10mg	Tier 4		<b>ANTIANXIETY</b>		
minoxidil TABS 2.5mg, 10mg	Tier 2		alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2	QL
ranolazine TB12 500mg, 1000mg	Tier 4		buspirone hcl TABS 5mg, 10mg, 15mg	Tier 2	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL PA	buspirone hcl TABS 7.5mg, Tier 3 30mg	Tier 3	
<b>NITRATES</b>			fluvoxamine maleate TABS 25mg, 50mg, 100mg	Tier 3	
isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 3		lorazepam CONC 2mg/ml QL (150 mL / 30 days)	Tier 3	QL

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 4		<i>mirtazapine</i> TABS 7.5mg	Tier 3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 4		<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 2	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL	<i>mirtazapine</i> TABS 45mg	Tier 2	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 3		<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 4	QL PA	<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 4	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 3	QL	<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 2	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 5	QL PA	<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 4	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 4		<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	Tier 4	QL PA
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 2		<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	Tier 2	
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	<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	Tier 3	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	Tier 1		<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 3		<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	Tier 4	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	Tier 2		<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 2	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 4	QL	<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 4	QL
			<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 4	QL
			TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 4	QL PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 2		<i>carbidopa &amp; levodopa tab er</i> Tier 3 50-200 mg		
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 3		<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 12.5-50- 200 mg	Tier 4	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 4	QL	<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 18.75-75- 200 mg	Tier 4	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 5	QL NM PA	<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 25-100- 200 mg	Tier 4	
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 5	QL NM PA	<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 31.25-125- 200 mg	Tier 4	
<b>ANTIPARKINSONIAN AGENTS</b>					
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 3	QL	<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 37.5-150- 200 mg	Tier 4	
<i>amantadine hcl</i> SOLN 50mg/5ml	Tier 3		<i>carbidopa-levodopa-</i> <i>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 70 years and older	Tier 2	PA	<i>INBRIJA</i> 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> Tier 2 TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg		
<i>carb/levo orally</i> <i>disintegrating tab</i> 10-100mg	Tier 3		<i>rasagiline mesylate</i> (generic Tier 4 of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	QL	
<i>carb/levo orally</i> <i>disintegrating tab</i> 25-100mg	Tier 3		<i>ropinirole hydrochloride</i> Tier 2 TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg		
<i>carb/levo orally</i> <i>disintegrating tab</i> 25-250mg	Tier 3		<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 3	
<i>carbidopa &amp; levodopa tab</i> 10-100 mg (generic of SINEMET)	Tier 2		<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older	Tier 3	PA
<i>carbidopa &amp; levodopa tab</i> 25-100 mg (generic of SINEMET)	Tier 2		<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	Tier 2	PA
<i>carbidopa &amp; levodopa tab er</i> Tier 3 25-100 mg					

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIPSYCHOTICS</b>					
ABILIFY ASIMTUFI 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 QL (270 tabs / 30 days)	Tier 4	PA
<i>ariPIPRAZOLE</i> SOLN 1mg/ml QL (900 mL / 30 days)	Tier 4	QL	<i>clozapine</i> TBDP 100mg QL (180 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		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	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 4		FANAPT PAK QL (2 packs / year)	Tier 4	QL PA
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg <i>clozapine</i> TABS 50mg	Tier 3		<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 4	
			<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 4	
			<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 3	
			<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 3		<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg 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> (generic of ZYPREXA) TABS 20mg QL (30 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> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 4	QL ST
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 10mg QL (60 tabs / 30 days)	Tier 4	QL ST
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 3		<i>OPIPZA</i> FILM 2mg, 5mg QL (30 films / 30 days)	Tier 4	QL PA
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 4	QL	<i>OPIPZA</i> FILM 10mg QL (90 films / 30 days)	Tier 4	QL PA
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 4	QL	<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	Tier 4	QL
LYBALVI TAB 5-10MG 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 10-10MG 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 15-10MG QL (30 tabs / 30 days)	Tier 4	QL	<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 3	
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 4	QL	<i>pimozide</i> TABS 1mg, 2mg TABS 25mg QL (180 tabs / 30 days)	Tier 4	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 4		<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (90 tabs / 30 days)	Tier 3	QL
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 4	QL NM PA	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 3	QL
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 4	QL NM PA	<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 4	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 4	QL PA	VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 4	QL PA	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 4	QL PA	VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 4	QL	
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 4	QL	VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 4	QL	
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 4	QL	ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 4	QL	
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 3	QL	ziprasidone mesylate (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 4	QL	
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 2		<b>ANTISEIZURE AGENTS</b>			
<i>risperidone</i> TABS .25mg	Tier 2		APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 4	QL	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 4	QL ST	APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 4	QL	
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 4	QL ST	BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 4	QL PA	
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 4	QL ST	BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 4	QL PA	
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	Tier 4	QL	carbamazepine CHEW 100mg	Tier 3		
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 4	QL	carbamazepine CHEW 200mg	Tier 4		
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 3		carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 4		
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 4		carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml	Tier 4		
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 3		carbamazepine (generic of TEGRETOL) TABS 200mg	Tier 3		
			<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 4		
			<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 4	QL PA	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 4	QL PA	<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 4	
<i>clonazepam</i> (generic of KLOONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 2	QL	<i>diazepam inj</i> SOLN 5mg/ml Tier 4		
<i>clonazepam</i> (generic of KLOONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL	<i>diazepam intensol</i> CONC 5mg/ml Tier 3	QL PA	
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 3	QL			QL (240 mL / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 3	QL			PA applies if 65 years and older when greater than 5 day supply
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days)	Tier 4	QL PA	<b>DILANTIN</b> CAPS 30mg	Tier 4	
PA applies if 65 years and older			<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 4	
<b>DIACOMIT</b> CAPS 250mg QL (360 caps / 30 days)	Tier 4	QL NM PA	<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 3	
<b>DIACOMIT</b> CAPS 500mg QL (180 caps / 30 days)	Tier 4	QL NM PA	<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 2	
<b>DIACOMIT</b> PACK 250mg QL (360 packets / 30 days)	Tier 4	QL NM PA	<b>EPIDIOLEX</b> SOLN 100mg/ml	Tier 4	QL NM PA
<b>DIACOMIT</b> PACK 500mg QL (180 packets / 30 days)	Tier 4	QL NM PA			QL (600 mL / 30 days)
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days)	Tier 3	QL PA	<i>epitol</i> (generic of TEGRETOL) TABS 200mg	Tier 3	
PA applies if 65 years and older when greater than 5 day supply			<b>EPRONTIA</b> SOLN 25mg/ml	Tier 4	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days)	Tier 2	QL PA			QL (480 mL / 30 days)
PA applies if 65 years and older when greater than 5 day supply			<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Tier 3	
<i>felbamate</i> SUSP 600mg/5ml			<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 4	
			<b>FINTEPLA</b> SOLN 2.2mg/ml	Tier 4	QL NM PA
					QL (360 mL / 30 days)
			<b>FYCOMPA</b> SUSP .5mg/ml	Tier 4	QL PA
					QL (720 mL / 30 days)
			<b>FYCOMPA</b> TABS 2mg	Tier 4	QL PA
					QL (60 tabs / 30 days)
			<b>FYCOMPA</b> TABS 4mg, 6mg, 8mg, 10mg, 12mg	Tier 4	QL PA
					QL (30 tabs / 30 days)
			<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg	Tier 2	QL
					QL (360 caps / 30 days)

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 2	QL	<i>levetiracetam</i> (generic of KEPPTRA) TABS 250mg, 500mg, 750mg, 1000mg LEVETIRACETAM TB3D 250mg QL (360 tabs / 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>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM) <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 4	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 4	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL	<i>LIBERVANT</i> FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days)	Tier 4	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml <i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 4	QL	<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	Tier 4	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 4	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml <i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 4	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 4	QL	<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days)	Tier 4	QL PA
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg <i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 3		PA applies if 70 years and older		
<i>levetiracetam</i> (generic of KEPPTRA) SOLN 100mg/ml <i>levetiracetam</i> (generic of KEPPTRA) SOLN 500mg/5ml	Tier 3				

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older	Tier 3	QL PA	<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 4	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	Tier 4	PA	<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 4	QL PA
<i>phenytek</i> CAPS 200mg, 300mg	Tier 3		<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 4	QL PA
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 3		SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 4	QL
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 3		SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 4	QL
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 3		SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 4	QL
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 3		SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 4	QL
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	Tier 3		<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 2	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 3	QL PA	SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 4	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 3	QL PA	<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 4	
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 3	QL PA	<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 3	
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	Tier 4	QL PA	<i>topiramate</i> CPSP 50mg	Tier 4	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 2		<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 2	
<i>primidone</i> TABS 125mg	Tier 2		<i>valproate sodium</i> SOLN 100mg/ml	Tier 4	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	Tier 2		<i>valproate sodium</i> SOLN 250mg/5ml	Tier 3	
			<i>valproic acid</i> CAPS 250mg	Tier 3	
			VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days)	Tier 4	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	Tier 4	QL	XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 4	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	Tier 4	QL	XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 4	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	Tier 4	QL	ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 4	QL NM PA
vigabatrin (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA	zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg QL (1100 mL / 30 days)	Tier 3	
vigabatrin (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	zonisamide CAPS 50mg QL (1100 mL / 30 days)	Tier 3	
vigadron (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA	ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 4	QL NM PA
vigadron (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 5	QL NM PA	amphetamine- dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
vigpoder (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA	amphetamine- dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 4	QL	amphetamine- dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 4	QL	amphetamine- dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 4	QL	amphetamine- dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 4	QL	amphetamine- dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL PA
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 4	QL			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
amphetamine- <i>dextroamphetamine tab 5 mg (generic of ADDERALL) QL (60 tabs / 30 days)</i>	Tier 3	QL PA	<i>dexamphetamine hcl (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)</i>	Tier 3	QL PA
amphetamine- <i>dextroamphetamine tab 7.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)</i>	Tier 3	QL PA	<i>guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days)</i>	Tier 3	QL PA
amphetamine- <i>dextroamphetamine tab 10 mg (generic of ADDERALL) QL (60 tabs / 30 days)</i>	Tier 3	QL PA	<i>guanfacine hcl (adhd) (generic of INTUNIV) TB24 PA applies if 70 years and older</i>	Tier 3	QL PA
amphetamine- <i>dextroamphetamine tab 12.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)</i>	Tier 3	QL PA	<i>guanfacine hcl (adhd) (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older</i>	Tier 3	QL PA
amphetamine- <i>dextroamphetamine tab 15 mg (generic of ADDERALL) QL (60 tabs / 30 days)</i>	Tier 3	QL PA	<i>methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)</i>	Tier 4	QL PA
amphetamine- <i>dextroamphetamine tab 20 mg (generic of ADDERALL) QL (90 tabs / 30 days)</i>	Tier 3	QL PA	<i>methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)</i>	Tier 4	QL PA
amphetamine- <i>dextroamphetamine tab 30 mg (generic of ADDERALL) QL (60 tabs / 30 days)</i>	Tier 3	QL PA	<i>methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)</i>	Tier 3	QL PA
atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 4	QL	<i>methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)</i>	Tier 3	QL PA
atomoxetine hcl (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	Tier 4	QL	<i>methylphenidate hcl TBCR 10mg, 20mg QL (90 tabs / 30 days)</i>	Tier 4	QL PA
atomoxetine hcl (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 4	QL			
dexamphetamine hcl (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 3	QL PA			
			<b>HYPNOTICS</b>		
			DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
			doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 3	QL
			tasimelteon (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 5	QL NM PA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 4	QL PA	<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg 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-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 3	QL
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 2	QL PA	<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 4	QL
<b>MIGRAINE</b>			<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 4	QL
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 3	QL NM PA	<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 4	QL
<i>dihydroergotamine mesylate</i> Tier 5 SOLN 1mg/ml			<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL
<i>dihydroergotamine mesylate</i> Tier 5 SOLN 4mg/ml QL (8 mL / 30 days)			<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 3	QL NM PA	<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 4	QL
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 3	QL NM PA	<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 2	QL
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 3	QL NM PA	UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 3	QL PA
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 3	QL PA	<b>MISCELLANEOUS</b>		
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 3	QL PA	AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 3	QL PA	AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 5	QL NM PA
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 3	QL	AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 5	QL NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
AUSTEDO XR TB24 12mg QL (120 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 18mg, Tier 5 24mg QL (60 tabs / 30 days)	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 30mg, Tier 5 36mg, 42mg, 48mg QL (30 tabs / 30 days)	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 TAB TITR KIT QL (2 packs / year)	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
<i>lithium</i> SOLN 8meq/5ml	Tier 4	<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5 QL NM PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 2	<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5 QL NM PA
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	Tier 2	<i>OCREVUS</i> SOLN 300mg/10ml	Tier 5 NM PA
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 4 QL PA	<b>MUSCULOSKELETAL THERAPY AGENTS</b>	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	Tier 3	<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 3 QL
<i>riluzole</i> TABS 50mg	Tier 4	<i>baclofen</i> TABS 10mg, 20mg	Tier 3
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 3 QL PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 5 QL NM PA	PA applies if 70 years and older after a 30 day supply in a calendar year	
<b>MULTIPLE SCLEROSIS AGENTS</b>			
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 5 QL NM PA	<i>tizanidine hcl</i> TABS 2mg	Tier 2
BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 5 QL NM PA	<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 2
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5 QL NM PA	<b>NARCOLEPSY/CATAPLEXY</b>	
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5 QL NM PA	<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 4 QL PA

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 3	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL	JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL	JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 3	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL
glipizide TB24 2.5mg QL (90 tabs / 30 days)	Tier 2	QL	JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 3	QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 2	QL	JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 2	QL	JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL
glipizide xl TB24 2.5mg QL (90 tabs / 30 days)	Tier 2	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 3	QL
glipizide xl (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 2	QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 3	QL
glipizide xl (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 2	QL	JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 3	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 3	QL	JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 3	QL	JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 3	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 3	QL	metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 3	QL	metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
			metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
			metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)</i>	Tier 1	QL	<i>SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)</i>	Tier 3	QL
<i>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)</i>	Tier 3	QL PA	<i>SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)</i>	Tier 3	QL
<i>nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)</i>	Tier 3	QL	<i>SYNJARDY XR TAB 10- 1000 QL (60 tabs / 30 days)</i>	Tier 3	QL
<i>OZEMPIK (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)</i>	Tier 3	QL PA	<i>SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)</i>	Tier 3	QL
<i>OZEMPIK (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)</i>	Tier 3	QL PA	<i>SYNJARDY XR TAB 25- 1000 QL (30 tabs / 30 days)</i>	Tier 3	QL
<i>OZEMPIK (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)</i>	Tier 3	QL PA	<i>TRADJENTA TABS 5mg QL (30 tabs / 30 days)</i>	Tier 3	QL
<i>OZEMPIK (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)</i>	Tier 3	QL PA	<i>TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)</i>	Tier 3	QL
<i>pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)</i>	Tier 2	QL	<i>TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)</i>	Tier 3	QL
<i>repaglinide TABS 2mg QL (240 tabs / 30 days)</i>	Tier 2	QL	<i>TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)</i>	Tier 3	QL
<i>repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)</i>	Tier 2	QL	<i>TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)</i>	Tier 3	QL
<i>RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)</i>	Tier 3	QL PA	<i>TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)</i>	Tier 3	QL PA
<i>SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)</i>	Tier 3	QL	<i>XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)</i>	Tier 3	QL
<i>SYNJARDY TAB 5-1000MG Tier 3 QL (60 tabs / 30 days)</i>	QL		<i>XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)</i>	Tier 3	QL
<i>SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)</i>	Tier 3	QL	<i>XIGDUO XR TAB 5- 1000MG QL (60 tabs / 30 days)</i>	Tier 3	QL
			<i>XIGDUO XR TAB 10- 500MG QL (30 tabs / 30 days)</i>	Tier 3	QL
			<i>XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)</i>	Tier 3	QL
			<b><i>ANTIDIABETICS, INSULINS</i></b>		
			<i>ADMELOG SOLN 100unit/ml</i>	Tier 3	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 3		NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 3	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	Tier 3	PA	NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 3	
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 3		NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 3	
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	Tier 4	QL PA	NOVOLOG SOLN 100unit/ml (brand RELION not covered)	Tier 3	
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	Tier 4	QL PA	NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 3	
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	Tier 4	QL PA	NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 3	
FIASP SOLN 100unit/ml	Tier 3		NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 3	
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 3		NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	Tier 3	
FIASP PENFILL SOCT 100unit/ml	Tier 3		OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 4	QL PA
FIASP PUMPCART SOCT 100unit/ml	Tier 3	B/D	OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 4	QL PA
GAUZE PADS 2" X 2"	Tier 3	PA	OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	Tier 4	QL PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 5	B/D	OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	Tier 4	QL PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 5		OMNIPOD 5 LB KIT INTRO G6 QL (1 kit / year)	Tier 4	QL PA
INSULIN PEN NEEDLES: BD-EMBECTA	Tier 3	PA	OMNIPOD 5 LB MIS PODS G6 QL (15 pods / 30 days)	Tier 4	QL PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	Tier 3	PA			
INSULIN SYRINGES: BD- EMBECTA	Tier 3	PA			
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 3				
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 3				
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 3				

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

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>aubra eq</i>	Tier 3	<i>etonogestrel-ethinyl</i>	Tier 3
<i>aurovela 1/20</i>	Tier 3	<i>estradiol va ring 0.12-0.015</i>	
<i>aurovela fe 1.5/30</i>	Tier 3	<i>mg/24hr (generic of</i>	
<i>aurovela fe 1/20</i>	Tier 3	<i>NUVARING)</i>	
<i>aviane</i>	Tier 3	<i>falmina</i>	Tier 3
<i>ayuna</i>	Tier 3	<i>feirza 1.5/30</i>	Tier 3
<i>azurette</i>	Tier 3	<i>feirza 1/20</i>	Tier 3
<i>balziva</i>	Tier 3	<i>hailey 1.5/30</i>	Tier 3
<i>blisovi fe 1.5/30</i>	Tier 3	<i>haloette (generic of</i>	
<i>briellyn</i>	Tier 3	<i>NUVARING)</i>	
<i>camila TABS .35mg</i>	Tier 3	<i>heather TABS .35mg</i>	Tier 3
<i>chateal eq</i>	Tier 3	<i>iclevia</i>	Tier 3
<i>cryselle-28</i>	Tier 3	<i>incassia TABS .35mg</i>	Tier 3
<i>cyred eq</i>	Tier 3	<i>introvale</i>	Tier 3
<i>dasetta 1/35</i>	Tier 3	<i>isibloom</i>	Tier 3
<i>dasetta 7/7/7</i>	Tier 3	<i>jasmiel (generic of YAZ)</i>	Tier 3
<i>deblitane TABS .35mg</i>	Tier 3	<i>jolessa</i>	Tier 3
<i>DEPO-SUBQ PROVERA</i>	Tier 3	<i>juleber</i>	Tier 3
<i>104 SUSY 104mg/0.65ml</i>		<i>junel 1.5/30</i>	Tier 3
<i>desogest-eth estrad &amp; eth</i>	Tier 3	<i>junel 1/20</i>	Tier 3
<i>estrad tab 0.15-0.02/0.01</i>		<i>junel fe 1.5/30</i>	Tier 3
<i>mg(21/5)</i>		<i>junel fe 1/20</i>	Tier 3
<i>drospirenone-ethinyl</i>	Tier 3	<i>kariva</i>	Tier 3
<i>estradiol tab 3-0.02 mg</i>		<i>kelnor 1/35</i>	Tier 3
<i>(generic of YAZ)</i>		<i>kelnor 1/50</i>	Tier 3
<i>drospirenone-ethinyl</i>	Tier 3	<i>kurvelo</i>	Tier 3
<i>estradiol tab 3-0.03 mg</i>		<i>larin 1.5/30</i>	Tier 3
<i>(generic of YASMIN 28)</i>		<i>larin 1/20</i>	Tier 3
<i>elinest</i>	Tier 3	<i>larin fe 1.5/30</i>	Tier 3
<i>eluryng (generic of</i>		<i>larin fe 1/20</i>	Tier 3
<i>NUVARING)</i>		<i>lessina</i>	Tier 3
<i>emzahh TABS .35mg</i>	Tier 3	<i>levonest</i>	Tier 3
<i>enilloring (generic of</i>		<i>levonorgestrel &amp; ethinyl</i>	Tier 3
<i>NUVARING)</i>		<i>estradiol (91-day) tab 0.15-</i>	
<i>enpresse-28</i>	Tier 3	<i>0.03 mg</i>	
<i>enskyce</i>	Tier 3	<i>levonorgestrel &amp; ethinyl</i>	Tier 3
<i>errin TABS .35mg</i>	Tier 3	<i>estradiol tab 0.1 mg-20 mcg</i>	
<i>estarrylla</i>	Tier 3	<i>levonorgestrel &amp; ethinyl</i>	Tier 3
<i>ethynodiol diacetate &amp;</i>	Tier 3	<i>estradiol tab 0.15 mg-30</i>	
<i>ethynodiol diacetate &amp;</i>	Tier 3	<i>mcg</i>	
<i>ethynodiol estradiol tab 1 mg-35</i>		<i>levonorgestrel-eth estra tab</i>	Tier 3
<i>mcg</i>		<i>0.05-30/0.075-40/0.125-</i>	
<i>ethynodiol diacetate &amp;</i>	Tier 3	<i>30mg-mcg</i>	
<i>ethynodiol estradiol tab 1 mg-50</i>		<i>levora 0.15/30-28</i>	Tier 3
<i>mcg</i>		<i>LILETTA IUD 20.1mcg/day</i>	Tier 3
			NM

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
loestrin 1.5/30-21	Tier 3		norgestimate-eth estrad tab	Tier 3	
loestrin 1/20-21	Tier 3		0.18-25/0.215-25/0.25-25		
loestrin fe 1.5/30	Tier 3		mg-mcg		
loestrin fe 1/20	Tier 3		norgestimate-eth estrad tab	Tier 3	
loryna (generic of YAZ)	Tier 3		0.18-35/0.215-35/0.25-35		
low-ogestrel	Tier 3		mg-mcg		
lutera	Tier 3		norlyroc TABS .35mg	Tier 3	
lyeq TABS .35mg	Tier 3		nortrel 0.5/35 (28)	Tier 3	
lyza TABS .35mg	Tier 3		nortrel 1/35 (21)	Tier 3	
marlissa	Tier 3		nortrel 1/35 (28)	Tier 3	
medroxyprogesterone acetate (contraceptive) (generic of DEPO- PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	Tier 3		nortrel 7/7/7	Tier 3	
microgestin 1.5/30	Tier 3		nylia 1/35	Tier 3	
microgestin 1/20	Tier 3		nylia 7/7/7	Tier 3	
microgestin fe 1.5/30	Tier 3		ocella (generic of YASMIN 28)	Tier 3	
microgestin fe 1/20	Tier 3		philith	Tier 3	
mili	Tier 3		pimtreia	Tier 3	
mono-linyah	Tier 3		portia-28	Tier 3	
necon 0.5/35-28	Tier 3		reclipsen	Tier 3	
NEXPLANON IMPL 68mg	Tier 3	NM	setlakin	Tier 3	
nikki (generic of YAZ)	Tier 3		sharobel TABS .35mg	Tier 3	
nora-be TABS .35mg	Tier 3		simliya	Tier 3	
norelgestromin-ethinyl estradiol td ptwk 150-35	Tier 3		sprintec 28	Tier 3	
mcg/24hr			sronyx	Tier 3	
norethindrone (contraceptive) TABS .35mg	Tier 3		syeda (generic of YASMIN 28)	Tier 3	
norethindrone ac-ethinyl	Tier 3		tarina fe 1/20 eq	Tier 3	
estradi-fe tab 1-20/1-30/1-35			tilia fe	Tier 3	
mg-mcg			tri-estarrylla	Tier 3	
norethindrone ace & ethinyl	Tier 3		tri-legest fe	Tier 3	
estradiol tab 1 mg-20 mcg			tri-linyah	Tier 3	
norethindrone ace & ethinyl	Tier 3		tri-lo-estarrylla	Tier 3	
estradiol tab 1.5 mg-30 mcg			tri-lo-marzia	Tier 3	
norethindrone ace & ethinyl	Tier 3		tri-lo-mili	Tier 3	
estradiol-fe tab 1 mg-20			tri-lo-sprintec	Tier 3	
mcg			tri-mili	Tier 3	
norgestimate & ethinyl	Tier 3		tri-nymyo	Tier 3	
estradiol tab 0.25 mg-35			tri-sprintec	Tier 3	
mcg			tri-vylibra	Tier 3	
			tri-vylibra lo	Tier 3	
			trivora-28	Tier 3	
			turqoz	Tier 3	
			valtya 1/50	Tier 3	
			velivet	Tier 3	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
vestura (generic of YAZ)	Tier 3	lyllana (generic of MINIVELLE) PTTW	Tier 3
vienna	Tier 3	.025mg/24hr, .037mg/24hr,	
viorelle	Tier 3	.05mg/24hr, .075mg/24hr,	
vyfemla	Tier 3	.1mg/24hr	
vylitra	Tier 3		
wera	Tier 3		
xarah fe	Tier 3	mimvey (generic of ACTIVELLA)	Tier 3
xulane	Tier 3	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 3
zafemy	Tier 3	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 3
zovia 1/35	Tier 3	yuvafem (generic of VAGIFEM) TABS 10mcg	Tier 4
zumandimine (generic of YASMIN 28)	Tier 3		
<b>ESTROGENS</b>			
dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3	dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 3
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3	dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	Tier 3
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 3	fludrocortisone acetate TABS .1mg	Tier 2
estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg	Tier 2	hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 3
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 3	hydrocortisone sod succinate (generic of SOLUCORTEF) SOLR 100mg	Tier 4
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	Tier 3	methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg	B/D
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	Tier 3	methylprednisolone TABS 32mg	Tier 3
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	Tier 4	methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 2
estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	Tier 4	methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 3
estradiol valerate OIL 40mg/ml	Tier 4	methylprednisolone sod succ SOLR 40mg, 125mg	B/D
fyavolv tab 0.5mg-2.5mcg	Tier 3		
fyavolv tab 1mg-5mcg	Tier 3		
jinteli	Tier 3		

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 1000mg</i>	Tier 3	B/D	<i>desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml</i>	Tier 5	
<i>prednisolone SOLN 15mg/5ml</i>	Tier 2	B/D	<i>desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg</i>	Tier 3	
<i>prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml</i>	Tier 4	B/D	<i>desmopressin acetate spray Tier 4 SOLN .01%</i>		
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	Tier 2	B/D	<i>desmopressin acetate spray Tier 4 refrigerated SOLN .01%</i>		
<i>prednisolone sodium phosphate SOLN 25mg/5ml</i>	Tier 4	B/D	<i>GENOTROPIN CART 5mg, Tier 5 12mg</i>	NM PA	
<i>prednisone SOLN 5mg/5ml</i>	Tier 4	B/D	<i>GENOTROPIN MINIQUICK Tier 3 PRSY .2mg</i>	NM PA	
<i>prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	Tier 1	B/D	<i>GENOTROPIN MINIQUICK Tier 5 PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg</i>	NM PA	
<i>prednisone TBPK 5mg, 10mg</i>	Tier 3		<i>INCRELEX SOLN 40mg/4ml</i>	Tier 5	NM PA
<i>SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg</i>	Tier 4		<i>javygtor (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg</i>	Tier 5	NM PA
<b>GLUCOSE ELEVATING AGENTS</b>					
<i>diazoxide (generic of PROGLYCEM) SUSP 50mg/ml</i>	Tier 5		<i>lanreotide acetate SOLN 120mg/0.5ml</i>	Tier 5	NM PA
<i>ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml</i>	Tier 3		<i>levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg</i>	Tier 4	B/D
<b>MISCELLANEOUS</b>					
<i>betaine powder for oral solution (generic of CYSTADANE)</i>	Tier 5	NM	<i>mifepristone (hyperglycemia) (generic of KORLYM) TABS 300mg</i>	Tier 5	NM PA
<i>cabergoline TABS .5mg</i>	Tier 3		<i>nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg</i>	Tier 5	NM PA
<i>carglumic acid (generic of CARBAGLU) TBSO 200mg</i>	Tier 5	NM PA	<i>octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml</i>	Tier 4	NM PA
<i>CERDELGA CAPS 84mg</i>	Tier 5	NM PA	<i>octreotide acetate SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml</i>	Tier 4	NM PA
<i>cinacalcet hcl (generic of SENSIPAR) TABS 30mg, 60mg</i>	Tier 4	B/D QL NM	<i>octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml</i>	Tier 5	NM PA
QL (60 tabs / 30 days)			<i>octreotide acetate SOLN 1000mcg/ml; SOSY 500mcg/ml</i>	Tier 5	NM PA
<i>cinacalcet hcl (generic of SENSIPAR) TABS 90mg</i>	Tier 5	B/D QL NM			
QL (120 tabs / 30 days)					
<i>CYSTAGON CAPS 50mg, 150mg</i>	Tier 4	NM PA			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 3		<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 5	NM PA	<i>levoxyd</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2	
<i>SIGNIFOR</i> SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 5	NM PA	<i>liothyronine sodium</i> (generic Tier 3 of CYTOMEL) TABS 5mcg, 25mcg, 50mcg		
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 5	NM PA	<i>methimazole</i> TABS 5mg, 10mg	Tier 2	
<i>SOMATULINE DEPOT</i> SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 5	NM PA	<i>propylthiouracil</i> TABS 50mg	Tier 3	
<i>SOMAVERT</i> SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 5	NM PA	<i>SYNTHROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 4	
<i>SYNAREL</i> SOLN 2mg/ml	Tier 5	PA	<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
<i>VEOZAH</i> TABS 45mg	Tier 4	PA			
<b>PROGESTINS</b>					
<i>gallifrey</i> TABS 5mg	Tier 3				
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 2				
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 3				
<i>norethindrone acetate</i> TABS 5mg	Tier 3				
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 3				
<b>THYROID AGENTS</b>					
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2				
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2				
<b>VITAMIN D ANALOGS</b>					
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 2	B/D			
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	Tier 4	B/D			
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 4	B/D			
<i>paricalcitol</i> CAPS 4mcg	Tier 4	B/D			
<b>GASTROINTESTINAL ANTIEMETICS</b>					
<i>aprepitant</i> CAPS 40mg, 125mg	Tier 4	B/D			
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	Tier 4	B/D			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 4	B/D	<b>ANTISPASMODICS</b>		
<i>compro SUPP 25mg</i>	Tier 4		<i>dicyclomine hcl CAPS 10mg; TABS 20mg</i>	Tier 3	
<i>dronabinol (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)</i>	Tier 4	B/D QL	<i>dicyclomine hcl SOLN 10mg/5ml</i>	Tier 4	
<i>dronabinol CAPS 5mg, 10mg QL (60 caps / 30 days)</i>	Tier 4	B/D QL	<i>glycopyrrolate TABS 1mg QL (90 tabs / 30 days)</i>	Tier 3	QL
<i>meclizine hcl TABS 12.5mg, 25mg</i>	Tier 2		<i>glycopyrrolate TABS 2mg QL (120 tabs / 30 days)</i>	Tier 3	QL
<i>metoclopramide hcl SOLN 5mg/5ml, 5mg/ml</i>	Tier 3		<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>metoclopramide hcl (generic Tier 2 of REGLAN) TABS 5mg, 10mg</i>			<i>famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml</i>	Tier 3	
<i>ondansetron TBDP 4mg, 8mg</i>	Tier 3	B/D	<i>famotidine (generic of PEPCID) TABS 20mg, 40mg</i>	Tier 2	
<i>ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml</i>	Tier 3		<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 3	
<i>ondansetron hcl TABS 4mg, 8mg</i>	Tier 3	B/D	<i>nizatidine CAPS 150mg, 300mg</i>	Tier 4	
<i>prochlorperazine SUPP 25mg</i>	Tier 4		<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>prochlorperazine edisylate SOLN 10mg/2ml</i>	Tier 4		<i>balsalazide disodium (generic of COLAZAL) CAPS 750mg</i>	Tier 3	
<i>prochlorperazine maleate TABS 5mg, 10mg</i>	Tier 2		<i>budesonide CPEP 3mg QL (90 caps / 30 days)</i>	Tier 4	QL PA
<i>promethazine hcl SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year</i>	Tier 3	PA	<i>budesonide (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)</i>	Tier 5	QL PA
<i>promethazine hcl (generic of Tier 3 PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year</i>	PA		<i>hydrocortisone (intrarectal) ENEM 100mg/60ml</i>	Tier 4	
<i>scopolamine PT72 1mg/3days QL (10 patches / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year</i>	Tier 4	QL PA	<i>mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)</i>	Tier 4	QL
			<i>mesalamine CPDR 400mg QL (180 caps / 30 days)</i>	Tier 4	QL
			<i>mesalamine ENEM 4gm QL (1680 mL / 28 days)</i>	Tier 4	QL
			<i>mesalamine (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)</i>	Tier 4	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 4	QL	CREON CAP 24000UNT	Tier 3	
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 4	QL	CREON CAP 36000UNT	Tier 3	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 2		<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Tier 4	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 3		<i>diphenoxylate w/ atropine</i> tab 2.5-0.025 mg (generic of LOMOTIL)	Tier 3	
<b>LAXATIVES</b>			GATTEX KIT 5mg	Tier 5	NM PA
<i>constulose</i> SOLN 10gm/15ml	Tier 3		LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 3	QL
<i>enulose</i> SOLN 10gm/15ml	Tier 3		<i>loperamide hcl</i> CAPS 2mg	Tier 3	
<i>gavilyte-c</i>	Tier 2		<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 3	
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 2		MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL
<i>gavilyte-n/flavor pack</i>	Tier 2		RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 5	QL PA
<i>generlac</i> SOLN 10gm/15ml	Tier 3		<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	Tier 3	
<i>lactulose</i> SOLN 10gm/15ml	Tier 3		<i>ursodiol</i> CAPS 300mg	Tier 3	
<i>lactulose</i> (encephalopathy) SOLN 10gm/15ml	Tier 3		<i>ursodiol</i> TABS 250mg	Tier 4	
<i>peg 3350-kcl-na bicarb-nacl</i> -Tier 2 na sulfate for soln 236 gm (generic of GOLYTELY)			<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 4	
<i>peg 3350-kcl-sod bicarb-nacl</i> for soln 420 gm	Tier 2		VOWST CAP QL (12 caps / 30 days)	Tier 5	NM PA
<i>PLENVU</i> SOL	Tier 4		XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 5	QL NM PA
<i>sod sulfate-pot sulf-mg sulf</i> oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	Tier 3		XIFAXAN TABS 550mg	Tier 5	PA
<b>MISCELLANEOUS</b>			ZENPEP CAP 3000UNIT	Tier 4	
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	Tier 5	QL PA	ZENPEP CAP 5000UNIT	Tier 4	
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	Tier 4	QL PA	ZENPEP CAP 10000UNT	Tier 4	
CREON CAP 3000UNIT	Tier 3		ZENPEP CAP 15000UNT	Tier 4	
CREON CAP 6000UNIT	Tier 3		ZENPEP CAP 20000UNT	Tier 4	
CREON CAP 12000UNT	Tier 3		ZENPEP CAP 25000UNT	Tier 4	
			ZENPEP CAP 40000UNT	Tier 4	
			ZENPEP CAP 60000UNT	Tier 4	
			<b>PROTON PUMP INHIBITORS</b>		
			<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	Tier 3	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	Tier 3	QL	<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 3	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 2		<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	Tier 3	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg	Tier 4		<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	Tier 3	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	Tier 2		<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL
<b>GENITOURINARY</b>					
<b>BENIGN PROSTATIC HYPERPLASIA</b>					
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	Tier 2	QL	<i>solifenacain succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 4	QL
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	Tier 3	QL	<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 4	QL ST
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL	<i>tolterodine tartrate</i> TABS 1mg QL (60 tabs / 30 days)	Tier 4	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	Tier 3	QL PA	<i>tolterodine tartrate</i> (generic of DETROL) TABS 2mg QL (60 tabs / 30 days)	Tier 4	QL
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	Tier 2	QL	<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL
<b>MISCELLANEOUS</b>					
<i>acetic acid</i> SOLN .25%	Tier 2		<b>VAGINAL ANTI-INFECTIVES</b>		
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 3		<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	Tier 3	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 3		<i>metronidazole vaginal</i> GEL .75%	Tier 3	
<i>potassium citrate</i> (alkalinizer) TBCR 540mg	Tier 3		<i>terconazole vaginal</i> CREA .4%, .8%	Tier 3	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 3		<b>HEMATOLOGIC</b>		
<b>URINARY ANTISPASMODICS</b>					
<i>MYRBETRIQ</i> SRER 8mg/ml QL (300 mL / 28 days)	Tier 4	QL	<b>ANTICOAGULANTS</b>		
<i>MYRBETRIQ</i> TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 4	QL	<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 4	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 110mg	Tier 4	QL QL (120 caps / 30 days)	XARELTO STAR TAB 15/20MG	Tier 3	QL QL (51 tabs / 30 days)
ELIQUIS TABS 2.5mg	Tier 3	QL QL (60 tabs / 30 days)	<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ELIQUIS TABS 5mg	Tier 3	QL QL (74 tabs / 30 days)	FULPHILA SOSY 6mg/0.6ml	Tier 5	QL NM PA QL (2 syringes / 28 days)
ELIQUIS STARTER PACK	Tier 3	QL TBPK 5mg QL (74 tabs / 30 days)	PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	NM PA
enoxaparin sodium (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 4		PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 5	NM PA
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 4		ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 5	NM PA
HEP SOD/NACL INJ 25000UNT	Tier 3		<b>MISCELLANEOUS</b>		
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 3	B/D	ALVAIZ TABS 9mg, 54mg	Tier 5	QL NM PA QL (60 tabs / 30 days)
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		ALVAIZ TABS 18mg, 36mg	Tier 5	QL NM PA QL (90 tabs / 30 days)
rivaroxaban (generic of XARELTO) TABS 2.5mg	Tier 3	QL QL (60 tabs / 30 days)	anagrelide hcl CAPS 1mg	Tier 4	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		anagrelide hcl (generic of AGRYLIN) CAPS .5mg	Tier 4	
XARELTO SUSR 1mg/ml	Tier 3	QL QL (620 mL / 30 days)	BERINERT KIT 500unit	Tier 5	QL NM PA QL (24 boxes / 30 days)
XARELTO TABS 2.5mg	Tier 3	QL QL (60 tabs / 30 days)	cilostazol TABS 50mg, 100mg	Tier 2	
XARELTO TABS 10mg, 15mg, 20mg	Tier 3	QL QL (30 tabs / 30 days)	DOPTELET TABS 20mg	Tier 5	NM PA
			HAEGARDA SOLR 2000unit	Tier 5	QL NM PA QL (30 vials / 30 days)
			HAEGARDA SOLR 3000unit	Tier 5	QL NM PA QL (20 vials / 30 days)
			icatibant acetate (generic of FIRAZYR) SOSY 30mg/3ml	Tier 5	QL NM PA QL (9 syringes / 30 days)
			I-glutamine (sickle cell) (generic of ENDARI) PACK 5gm	Tier 5	NM PA
			pentoxifylline TBCR 400mg	Tier 2	
			sajazir (generic of FIRAZYR) SOSY 30mg/3ml	Tier 5	QL NM PA QL (9 syringes / 30 days)

<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>
SIKLOS TABS 100mg	Tier 4	COSENTYX SOSY 150mg/ml	Tier 5 QL NM PA
SIKLOS TABS 1000mg	Tier 5	QL (32 syringes / 365 days)	
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 5 QL NM PA	COSENTYX SENSOREADY PEN SOAJ 150mg/ml	Tier 5 QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 4	QL (32 pens / 365 days)	
<i>tranexamic acid</i> TABS 650mg	Tier 3	COSENTYX UNOREADY SOAJ 300mg/2ml	Tier 5 QL NM PA
<b>PLATELET AGGREGATION INHIBITORS</b>			
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 4	QL (16 pens / 365 days)	
BRILINTA TABS 60mg, 90mg	Tier 3	DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	Tier 5 QL NM PA
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Tier 1	QL (4 pens / 28 days)	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 70 years and older	Tier 3 PA	DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	Tier 5 QL NM PA
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	Tier 3	QL (4 syringes / 28 days)	
<b>IMMUNOLOGIC AGENTS</b>			
<b>AUTOIMMUNE AGENTS</b>			
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	Tier 5 QL NM PA	ENBREL SOLN 25mg/0.5ml	Tier 5 QL NM PA
QL (56 pens / 365 days)		QL (16 vials / 28 days)	
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	Tier 5 QL NM PA	ENBREL SOSY 25mg/0.5ml	Tier 5 QL NM PA
QL (56 syringes / 365 days)		QL (16 syringes / 28 days)	
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5 QL NM PA	ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 5 QL NM PA
COSENTYX SOLN 125mg/5ml	Tier 5 NM PA	ENBREL MINI SOCT 50mg/ml	Tier 5 QL NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	Tier 5 QL NM PA	QL (8 cartridges / 28 days)	
<b>PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D</b>			
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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 5 QL NM PA	SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5 QL NM PA	STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 5 QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 5 QL NM PA	STELARA SOLN 130mg/26ml	Tier 5 NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 5 QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 5 QL NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5 QL NM PA	TREMFYA SOAJ 100mg/ml, 200mg/2ml QL (1 pen / 28 days)	Tier 5 QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 5 QL NM PA	TREMFYA SOLN 200mg/20ml	Tier 5 NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 5 QL NM PA	TREMFYA SOSY 100mg/ml, 200mg/2ml QL (1 syringe / 28 days)	Tier 5 QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5 QL NM PA	TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 5 QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5 QL NM PA	TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 5 NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 5 QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 5 QL NM PA	VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 5 QL NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 5 QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 5 QL NM PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
SKYRIZI SOLN 600mg/10ml	Tier 5 NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 5 QL NM PA	<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)</b>	
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 5 QL NM PA	hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	Tier 3
		JYLAMVO SOLN 2mg/ml	Tier 4 B/D

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL	<b>IMMUNOMODULATORS</b>		
<i>methotrexate sodium</i> TABS Tier 3 2.5mg			ACTIMMUNE SOLN 100mcg/0.5ml	Tier 5	NM PA
XATMEP SOLN 2.5mg/ml	Tier 4	B/D	ARCALYST SOLR 220mg	Tier 5	NM PA
<b>IMMUNOGLOBULINS</b>			<b>IMMUNOSUPPRESSANTS</b>		
ALYGLO SOLN 5gm/50ml, Tier 5 10gm/100ml, 20gm/200ml		NM PA	ASTAGRAF XL CP24 5mg	Tier 5	B/D NM
BIVIGAM SOLN 5gm/50ml, Tier 5 10%		NM PA	ASTAGRAF XL CP24 .5mg, 1mg	Tier 4	B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 5	NM PA	<i>azathioprine</i> (generic of IMURAN) TABS 50mg	Tier 3	B/D
GAMASTAN INJ	Tier 4	B/D NM	BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA	BENLYSTA SOLR 120mg, 400mg	Tier 5	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 5	NM PA	<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 4	B/D NM
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	NM PA	<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 4	B/D NM
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 5	NM PA	<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 4	B/D NM
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NM PA	everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	Tier 5	B/D NM
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA	gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 4	B/D NM
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 3	B/D NM
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	Tier 5	B/D NM
			<i>mycophenolate sodium</i> (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
			<i>sirolimus</i> SOLN 1mg/ml	Tier 5	B/D NM

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
sirolimus TABS .5mg, 1mg, Tier 4 2mg		B/D NM	PENBRAYA INJ	Tier 1	
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 4	B/D NM	PENTACEL INJ	Tier 1	
<b>VACCINES</b>			PRIORIX INJ	Tier 1	
ABRYSVO SOLR 120mcg/0.5ml	Tier 1		PROQUAD INJ	Tier 1	
ACTHIB INJ	Tier 1		QUADRACEL INJ 0.5ML	Tier 1	
ADACEL INJ	Tier 1		RABAVERT INJ	Tier 1	B/D
AREXVY SUSR 120mcg/0.5ml	Tier 1		RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
BCG VACCINE SOLR 50mg	Tier 1		ROTARIX SUS	Tier 1	
BEXSERO INJ	Tier 1		ROTATEQ SOL	Tier 1	
BOOSTRIX INJ	Tier 1		SHINGRIX SUSR 50mcg/0.5ml	Tier 1	QL
DAPTACEL INJ	Tier 1		QL (2 vials per lifetime)		
DENGVAXIA SUS	Tier 1		TENIVAC INJ 5-2LF	Tier 1	B/D
DIP/TET PED INJ 25-5LFU	Tier 1	B/D	TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D	TRUMENBA INJ	Tier 1	
GARDASIL 9 INJ	Tier 1		TWINRIX INJ	Tier 1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	Tier 1		TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D	VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	
HIBERIX SOLR 10mcg	Tier 1		VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D	VAXCHORA SUS	Tier 1	
INFANRIX INJ	Tier 1		VIVOTIF CAP EC	Tier 1	
IPOL INJ INACTIVE	Tier 1		YF-VAX INJ	Tier 1	
IXCHIQ INJ	Tier 1		<b>NUTRITIONAL/SUPPLEMENTS</b>		
IXIARO INJ	Tier 1		<b>ELECTROLYTES/MINERALS,</b>		
JYNNEOS SUSP .5ml	Tier 1	B/D	<b>INJECTABLE</b>		
KINRIX INJ	Tier 1		D2.5W/NACL INJ 0.45%	Tier 4	
M-M-R II INJ	Tier 1		D10W/NACL INJ 0.2%	Tier 3	
MENACTRA INJ	Tier 1		dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	Tier 3	
MENQUADFI INJ	Tier 1		dextrose 5% in lactated ringers	Tier 3	
MENVEO INJ	Tier 1		dextrose 5% w/ sodium chloride 0.2%	Tier 3	
MENVEO SOL	Tier 1				
MRESVIA SUSY 50mcg/0.5ml	Tier 1				
PEDIARIX INJ 0.5ML	Tier 1				
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1				

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>					
klor-con PACK 20meq	Tier 4		bacitracin-polymyxin-	Tier 3	
klor-con 8 TBCR 8meq	Tier 2		neomycin-hc ophth oint 1%		
klor-con 10 TBCR 10meq	Tier 2		neo-polycin hc ophth oint	Tier 3	
klor-con m10 TBCR 10meq	Tier 2		1%		
klor-con m15 TBCR 15meq	Tier 2		neomycin-polymyxin-	Tier 2	
klor-con m20 TBCR 20meq	Tier 2		dexamethasone ophth oint		
M-NATAL PLUS TAB	Tier 3		0.1% (generic of MAXITROL)		
potassium chloride CPCR	Tier 2		neomycin-polymyxin-	Tier 2	
8meq, 10meq; TBCR 8meq,			dexamethasone ophth susp		
10meq, 20meq			0.1% (generic of MAXITROL)		
potassium chloride PACK	Tier 4		sulfacetamide sodium-	Tier 2	
20meq; SOLN 10%, 20%			prednisolone ophth soln 10-		
potassium chloride	Tier 2		0.23(0.25)%		
microencapsulated crystals			TOBRADEX OIN 0.3-0.1%	Tier 3	
er TBCR 10meq, 15meq,			tobramycin-dexamethasone	Tier 3	
20meq			ophth susp 0.3-0.1%		
PRENATAL TAB 27-1MG	Tier 3		ZYLET SUS 0.5-0.3%	Tier 3	
PRENATAL TAB PLUS	Tier 3				
sodium fluoride chew; tab;	Tier 2		<b>ANTI-INFECTIVES</b>		
1.1 (0.5 f) mg/ml soln			bacitracin (ophthalmic)	Tier 3	
WESTAB PLUS TAB 27- 1MG	Tier 3		OINT 500unit/gm		
<b>IV NUTRITION</b>					
CLINIMIX INJ 4.25/D5W	Tier 4	B/D	bacitracin-polymyxin b ophth	Tier 2	
CLINIMIX INJ 4.25/D10	Tier 4	B/D	oint		
CLINIMIX INJ 5%/D15W	Tier 4	B/D	BESIVANCE SUSP .6%	Tier 3	
CLINIMIX INJ 5%/D20W	Tier 4	B/D	CILOXAN OINT .3%	Tier 3	
CLINIMIX INJ 6/5	Tier 4	B/D	ciprofloxacin hcl (ophth)	Tier 2	
CLINIMIX INJ 8/10	Tier 4	B/D	SOLN .3%		
CLINIMIX INJ 8/14	Tier 4	B/D	erythromycin (ophth) OINT	Tier 2	
clinisol sf 15%	Tier 4	B/D	5mg/gm		
CLINOLIPID EMU 20%	Tier 4	B/D	gentamicin sulfate (ophth)	Tier 2	
dextrose SOLN 5%, 10%	Tier 3		SOLN .3%		
dextrose SOLN 50%, 70%	Tier 3	B/D	moxifloxacin hcl (ophth)	Tier 3	QL
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 4	B/D	(generic of VIGAMOX)		
NUTRILIPID EMUL 20gm/100ml	Tier 4	B/D	SOLN .5%		
plenamine	Tier 4	B/D	QL (12 mL / 30 days)		
PREMASOL SOL 10%	Tier 5	B/D	neo-polycin 5(3.5)mg-	Tier 3	
PROSOL INJ 20%	Tier 4	B/D	400unt-10000unt op oin		
TRAVASOL INJ 10%	Tier 4	B/D	neomycin-bacitrac zn-	Tier 3	
TROPHAMINE INJ 10%	Tier 4	B/D	polymyx 5(3.5)mg-400unt-		
			10000unt op oin		
			neomycin-polymy-gramicid	Tier 3	
			op sol 1.75-10000-0.025mg-		
			unt-mg/ml		
			ofloxacin (ophth) (generic of	Tier 2	
			OCUFLOX) SOLN .3%		

<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>
<i>polycin ophth oint</i>	Tier 2		
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml- 0.1%</i>	Tier 1		
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	Tier 3		
<i>tobramycin (ophth) SOLN .3%</i>	Tier 1		
<i>trifluridine SOLN 1%</i>	Tier 4		
<i>XDEMVY SOLN .25%</i>	Tier 5	NM PA	
<i>ZIRGAN GEL .15%</i>	Tier 4		
<b>ANTI-INFLAMMATORIES</b>			
<i>bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%</i>	Tier 3		
<i>bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%</i>	Tier 4		
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 3		
<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 2		
<i>FLAREX SUSP .1%</i>	Tier 4		
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i>	Tier 3		
<i>flurbiprofen sodium SOLN .03%</i>	Tier 3		
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	Tier 3		
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	Tier 2		
<i>LOTEMAX OINT .5%</i>	Tier 3		
<i>loteprednol etabonate (generic of ALREX) SUSP .2%</i>	Tier 3		
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	Tier 3		
<b>ANTIALLERGICS</b>			
<i>azelastine hcl (ophth) SOLN .05%</i>	Tier 2		
<i>cromolyn sodium (ophth) SOLN 4%</i>	Tier 2		
<b>ANTIGLAUCOMA</b>			
<i>betaxolol hcl (ophth) SOLN .5%</i>	Tier 3		
<i>BETOPTIC-S SUSP .25%</i>	Tier 4		
<i>brimonidine tartrate SOLN .2%</i>	Tier 1		
<i>brimonidine tartrate (generic Tier 4 of ALPHAGAN P) SOLN .15%</i>	Tier 4		
<i>brinzolamide (generic of AZOPT) SUSP 1%</i>	Tier 4		
<i>carteolol hcl (ophth) SOLN 1%</i>	Tier 2		
<i>COMBIGAN SOL 0.2/0.5%</i>	Tier 3		
<i>dorzolamide hcl SOLN 2%</i>	Tier 2		
<i>dorzolamide hcl-timolol</i>	Tier 2		
<i>maleate ophth soln 2-0.5% (generic of COSOPT)</i>	Tier 4		
<i>latanoprost (generic of XALATAN) SOLN .005%</i>	Tier 1		
<i>levobunolol hcl SOLN .5%</i>	Tier 2		
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	Tier 3		
<i>RHOPRESSA SOLN .02%</i>	Tier 4		
<i>ROCKLATAN DRO</i>	Tier 4		
<i>SIMBRINZA SUS 1-0.2%</i>	Tier 4		
<i>timolol maleate (ophth) SOLG .25%, .5%</i>	Tier 3		
<i>timolol maleate (ophth) SOLN .25%, .5%</i>	Tier 1		
<i>VYZULTA SOLN .024%</i>	Tier 4		
<b>MISCELLANEOUS</b>			
<i>ATROPINE SULFATE SOLN 1%</i>	Tier 3		
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	Tier 3		
<i>CYSTADROPS SOLN .37%</i>	Tier 5	NM PA	
<i>CYSTARAN SOLN .44%</i>	Tier 5	NM PA	
<i>EYSUVIS SUSP .25%</i>	Tier 4		
<i>MIEBO SOLN 1.338gm/ml</i>	Tier 3		
<i>proparacaine hcl (generic of ALCAINE) SOLN .5%</i>	Tier 3		
<i>RESTASIS EMUL .05%</i>	Tier 3		
<i>RESTASIS MULTIDOSE EMUL .05%</i>	Tier 3		
<i>IIDRA SOLN 5%</i>	Tier 3		

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<b>OTIC</b>					
<b>OTIC AGENTS</b>					
acetic acid (otic) SOLN 2%	Tier 3		TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 3	QL
ciprofloxacin- Tier 4			QL (60 blisters / 30 days)		
dexamethasone otic susp 0.3-0.1%					
flac (generic of DERMOTIC) Tier 3 OIL .01%					
fluocinolone acetonide (otic) Tier 3 (generic of DERMOTIC) OIL .01%					
neomycin-polymyxin-hc otic Tier 3 soln 1%					
neomycin-polymyxin-hc otic Tier 3 susp 3.5 mg/ml-10000 unit/ml-1%					
ofloxacin (otic) SOLN .3% Tier 4					
<b>RESPIRATORY</b>					
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>					
ANORO ELLIPT AER 62.5- 25	Tier 3	QL			
QL (60 blisters / 30 days)					
BEVESPI AER 9-4.8MCG	Tier 3	QL			
QL (1 inhaler / 30 days)					
BREZTRI AERO AER SPHERE	Tier 3	QL			
QL (1 inhaler / 30 days)					
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 3	QL			
QL (4 inhalers / 28 days)					
COMBIVENT AER 20-100	Tier 4	QL			
QL (2 inhalers / 30 days)					
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 3	B/D			
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 3	QL			
QL (60 blisters / 30 days)					
<b>ANTICHOLINERGICS</b>					
ATROVENT HFA AERS 17mcg/act	Tier 4	QL			
QL (2 inhalers / 30 days)					
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 3	QL			
QL (30 blisters / 30 days)					
ipratropium bromide SOLN .02%	Tier 2	B/D			
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 3				
<b>ANTIHISTAMINES</b>					
azelastine hcl SOLN .1%	Tier 3				
cetirizine hcl SOLN 5mg/5ml	Tier 2	QL			
QL (300 mL / 30 days)					
ciproheptadine hcl SYRP 2mg/5ml; TABS 4mg	Tier 3	PA			
PA applies if 70 years and older after a 30 day supply in a calendar year					
diphenhydramine hcl SOLN 50mg/ml	Tier 3				
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	Tier 4	PA			
PA applies if 70 years and older					
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 3	PA			
PA applies if 70 years and older after a 30 day supply in a calendar year					
hydroxyzine pamoate CAPS 25mg, 50mg	Tier 3	PA			
PA applies if 70 years and older after a 30 day supply in a calendar year					
levocetirizine dihydrochloride TABS 5mg	Tier 2	QL			
QL (30 tabs / 30 days)					

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>BETA AGONISTS</b>					
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 3	QL	montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 2	
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 3	QL	montelukast sodium (generic of SINGULAIR) PACK 4mg	Tier 4	
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 3	QL	zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg	Tier 3	
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 3	B/D	<b>MISCELLANEOUS</b>		
albuterol sulfate NEBU .083%	Tier 2	B/D	acetylcysteine SOLN 10%, 20%	Tier 4	B/D
albuterol sulfate SYRP 2mg/5ml	Tier 3		ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	Tier 5	QL NM PA
albuterol sulfate TABS 2mg, 4mg	Tier 4		ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	Tier 5	QL NM PA
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 3	QL ST	ARALAST NP SOLR 500mg, 1000mg	Tier 5	NM PA
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 3	QL	BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	Tier 5	QL NM PA
terbutaline sulfate TABS 2.5mg, 5mg	Tier 4		cromolyn sodium NEBU 20mg/2ml	Tier 3	B/D
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 3	QL	epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 3	
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 3	QL	epinephrine (anaphylaxis) (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 3	
			epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 3	
			FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA
			FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 5	QL NM PA
			KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 5	QL NM PA

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	<i>theophylline</i> TB12 100mg, 200mg, 300mg, 450mg	Tier 4
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 5 QL NM PA	<i>theophylline</i> TB24 400mg, 600mg	Tier 3
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 5 QL NM PA	TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 5 QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 5 QL NM PA	TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 5 QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 5 QL NM PA	TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 5 QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 5 QL NM PA	TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 5 QL NM PA
ORKAMBI TAB 200-125 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
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	Tier 5 QL NM PA	XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 5 QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 5 QL NM PA	XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 5 QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 5 QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 5 QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 5 NM PA	ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 5 NM PA	<b>NASAL STEROIDS</b>	
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 4 QL	<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	Tier 3 QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 4 QL	<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 2 QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 5 QL NM PA	XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	QL PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 5 QL NM PA	<b>STEROID INHALANTS</b>	
		ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 4 QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 4	QL	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i> QL (3 inhalers / 30 days)	Tier 3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 3	QL	DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 4	QL
<i>budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml</i>	Tier 4	B/D	DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 4	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>			DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 4	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 3	QL	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 3	QL	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 3	QL	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 3	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	Tier 3	QL	wixela inhub (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 3	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	Tier 3	QL	<b>TOPICAL DERMATOLOGY, ACNE</b>		
BREO ELLIPTA INH 100-25 Tier 3 QL (60 blisters / 30 days)	Tier 3	QL	accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
BREO ELLIPTA INH 200-25 Tier 3 QL (60 blisters / 30 days)	Tier 3	QL	amnesteem CAPS 10mg, 20mg, 40mg	Tier 4	PA
<i>breyna (generic of SYMBICORT) QL (3 inhalers / 30 days)</i>	Tier 3	QL			
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)</i>	Tier 3	QL			

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

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>triamcinolone acetonide (topical) LOTN .025%, .1%</i>	Tier 3		<i>imiquimod CREA 5% QL (24 packets / 30 days)</i>	Tier 3	QL
<i>triamcinolone acetonide (topical) OINT .025%, .1%, .5%</i>	Tier 2		<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	Tier 2	
<i>triderm CREA .5% QL (454 gm / 30 days)</i>	Tier 2	QL	<i>metronidazole (topical) (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)</i>	Tier 3	QL
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>			<i>metronidazole (topical) GEL Tier 3 .75% QL (45 gm / 30 days)</i>	Tier 3	QL
<i>glydo PRSY 2% QL (60 mL / 30 days)</i>	Tier 3	QL PA	<i>nitroglycerin (intra-anal) (generic of RECTIV) OINT .4% QL (30 gm / 30 days)</i>	Tier 4	QL
<i>lidocaine OINT 5% QL (50 gm / 30 days)</i>	Tier 4	QL PA	<i>PANRETIN GEL .1% QL (60 gm / 30 days)</i>	Tier 5	QL PA
<i>lidocaine (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)</i>	Tier 4	QL PA	<i>pimecrolimus (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)</i>	Tier 4	QL PA
<i>lidocaine hcl SOLN 4% QL (50 mL / 30 days)</i>	Tier 3	QL PA	<i>podofilox SOLN .5% QL (7 mL / 28 days)</i>	Tier 3	QL
<i>lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)</i>	Tier 2	B/D QL	<i>procto-med hc (generic of ANUSOL-HC) CREA 2.5%</i>	Tier 3	
<i>lidocan (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)</i>	Tier 4	QL PA	<i>proctocort CREA 1% QL (30 gm / 30 days)</i>	Tier 3	
<i>tridacaine ii (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)</i>	Tier 4	QL PA	<i>proctosol hc (generic of ANUSOL-HC) CREA 2.5% QL (30 gm / 30 days)</i>	Tier 3	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>			<i>protozone-hc (generic of ANUSOL-HC) CREA 2.5% QL (30 gm / 30 days)</i>	Tier 3	
<i>bexarotene (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)</i>	Tier 5	QL NM PA	<i>tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)</i>	Tier 4	QL PA
<i>diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days)</i>	Tier 3	QL	<i>VALCHLOR GEL .016% QL (60 gm / 30 days)</i>	Tier 5	QL NM PA
<i>fluorouracil (topical) CREA 5% QL (40 gm / 30 days)</i>	Tier 4	QL	<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)</i>	Tier 3	QL	<i>malathion LOTN .5% QL (59 mL / 30 days)</i>	Tier 4	QL
<i>hydrocortisone (rectal) CREA 1% QL (30 gm / 30 days)</i>	Tier 3		<i>permethrin (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)</i>	Tier 3	QL
<i>hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5% QL (30 gm / 30 days)</i>	Tier 3		<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
			<i>REGRANEX GEL .01% QL (30 gm / 30 days)</i>	Tier 5	QL PA
			<i>SANTYL OINT 250unit/gm QL (180 gm / 30 days)</i>	Tier 4	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 3	
<i>water for irrigation, sterile irrigation soln</i>	Tier 2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)</i> SOLN .12%	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)</i> SOLN 2%	Tier 2	
<i>nystatin (mouth-throat) (generic of NYSTATIN)</i> SUSP 100000unit/ml	Tier 3	
<i>periogard (generic of PERIDEX)</i> SOLN .12%	Tier 2	
<i>pilocarpine hcl (oral) (generic of SALAGEN)</i> TABS 5mg, 7.5mg	Tier 3	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	Tier 3	

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