



MASSACHUSETTS

| Blue MedicareRx<sup>SM</sup> (PDP)

# Blue MedicareRx<sup>SM</sup> (PDP) 3 Tier Select 2024 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/28/2023. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal ([rxmedicareplans.memberdoc.com](https://rxmedicareplans.memberdoc.com)).

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

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

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. If you are unsure about which drugs may or may not be covered, please call Customer Care to verify drug coverage.

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.

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

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



## What is the Blue MedicareRx Formulary?

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

## Can the Formulary (drug list) change?

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

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

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

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

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

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug. The enclosed formulary is current as of January 1, 2024.

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

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

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 Document Portal ([rxmedicareplans.memberdoc.com](http://rxmedicareplans.memberdoc.com)) to get information showing changes to, additions, and/or deletions of medications contained in our formulary. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages.

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

## Are there any restrictions on my coverage?

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

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

**Quantity Limits:** For certain drugs, Blue MedicareRx 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 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 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 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 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. 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 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 Formulary?

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

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

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

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. If

your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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 prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Blue MedicareRx, 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 [www.medicare.gov](http://www.medicare.gov).

## Blue MedicareRx Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx. If you have trouble finding your drug on 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 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 1-888-543-4917, 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.

In the drug listing, the Tier column identifies which tier each drug is on. The amount you will pay at the pharmacy, also known as copayment or coinsurance, is determined by the drug tier.





Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANALGESICS</b>			<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<b>GOUT</b>			<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	Tier 1		<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	Tier 3	QL PA
<i>colchicine</i> (generic of COLCRYS) TABS .6mg	Tier 3	QL	QL (10 patches / 30 days)		
QL (120 tabs / 30 days)			<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Tier 2	QL PA
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 2		QL (30 tabs / 30 days)		
MITIGARE CAPS .6mg	Tier 2	QL	HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Tier 2	QL PA
QL (60 caps / 30 days)			QL (30 tabs / 30 days)		
<i>probenecid</i> TABS 500mg	Tier 2		<i>methadone hcl</i> TABS 5mg, 10mg	Tier 2	QL PA
<b>NSAIDS</b>			QL (90 tabs / 30 days)		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg	Tier 2	QL	<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg	Tier 2	QL PA
QL (60 caps / 30 days)			QL (90 tabs / 30 days)		
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg	Tier 2	QL	<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
QL (30 caps / 30 days)			<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	Tier 1	QL
<i>diclofenac potassium</i> TABS 50mg	Tier 2	QL	QL (2700 mL / 30 days)		
QL (120 tabs / 30 days)			<i>acetaminophen w/ codeine tab</i> 300-15 mg	Tier 1	QL
<i>diclofenac sodium</i> TB24 100mg	Tier 2		QL (400 tabs / 30 days)		
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	Tier 1		<i>acetaminophen w/ codeine tab</i> 300-30 mg	Tier 1	QL
<i>flurbiprofen</i> TABS 100mg	Tier 2		QL (360 tabs / 30 days)		
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1		<i>acetaminophen w/ codeine tab</i> 300-60 mg	Tier 1	QL
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 2		QL (180 tabs / 30 days)		
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1		<i>endocet tab</i> 2.5-325mg (generic of PERCOCET)	Tier 2	QL
<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1		QL (360 tabs / 30 days)		
<i>nabumetone</i> TABS 500mg, 750mg	Tier 1		<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>naproxen</i> TABS 250mg, 375mg	Tier 1		<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	Tier 1	QL
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	Tier 1		QL (2700 mL / 30 days)		
<i>sulindac</i> TABS 150mg, 200mg	Tier 1		<i>acetaminophen w/ codeine tab</i> 300-15 mg	Tier 1	QL
			QL (400 tabs / 30 days)		
			<i>acetaminophen w/ codeine tab</i> 300-30 mg	Tier 1	QL
			QL (360 tabs / 30 days)		
			<i>acetaminophen w/ codeine tab</i> 300-60 mg	Tier 1	QL
			QL (180 tabs / 30 days)		
			<i>endocet tab</i> 2.5-325mg (generic of PERCOCET)	Tier 2	QL
			QL (360 tabs / 30 days)		

Blue MedicareRx 3-Tier Select 2024 Comprehensive Drug List effective 01/01/2024

Drug Name	Drug Tier	Requirements/ Limits
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
<i>fentanyl citrate LPOP</i> 200mcg QL (120 lozenges / 30 days)	Tier 3	QL PA
<i>fentanyl citrate LPOP</i> 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	Tier 1	QL PA
<i>hydrocodone- acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 3	QL
<i>hydrocodone- acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	Tier 2	QL
<i>hydrocodone- acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone- acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg QL (150 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 2	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL
<i>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	Tier 2	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	Tier 3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 3	
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 3	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOSET) QL (240 tabs / 30 days)	Tier 2	QL	DAPTOMYCIN SOLR 350mg	Tier 2	
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOSET) QL (180 tabs / 30 days)	Tier 2	QL	<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	Tier 1	
<i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days)	Tier 1	QL	<i>daptomycin</i> SOLR 500mg	Tier 1	
<b>ANESTHETICS</b>			EMVERM CHEW 100mg QL (12 tabs / year)	Tier 1	QL
<b>LOCAL ANESTHETICS</b>			<i>ertapenem sodium</i> SOLR 1gm	Tier 3	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	Tier 2	B/D	<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 2	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 2	B/D	<i>gentamicin in saline inj 2 mg/ml</i>	Tier 2	
<b>ANTI-INFECTIVES</b>			<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	Tier 2	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>			<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 3	
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	Tier 1	QL PA	<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	Tier 3	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	Tier 3		<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (12 tabs / 90 days)	Tier 2	QL PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	Tier 3		<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	Tier 3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	Tier 3		<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
CAYSTON SOLR 75mg	Tier 2	NM LA PA	<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	Tier 3	QL
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 1		LINEZOLID INJ 2MG/ML	Tier 3	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	Tier 2		<i>meropenem</i> SOLR 1gm, 500mg	Tier 3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	Tier 3		<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	Tier 3	
<i>dapsone</i> TABS 25mg, 100mg	Tier 2		<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 2	
			<i>metronidazole</i> TABS 250mg, 500mg	Tier 1	
			<i>neomycin sulfate</i> TABS 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)	Tier 1	QL	<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 3	QL
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 2		<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	Tier 3	
<i>nitrofurantoin monohydrate macro</i> (generic of MACROBID) CAPS 100mg	Tier 2		VANCOMYCIN INJ 1 GM	Tier 3	
<i>paromomycin sulfate</i> CAPS 250mg	Tier 3		VANCOMYCIN INJ 500MG	Tier 3	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	Tier 3	B/D	VANCOMYCIN INJ 750MG	Tier 3	
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	Tier 3		<b>ANTIFUNGALS</b>		
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	Tier 3		ABELCET SUSP 5mg/ml	Tier 3	B/D
<i>streptomycin sulfate</i> SOLR 1gm	Tier 3		<i>amphotericin b</i> SOLR 50mg	Tier 3	B/D
<i>sulfadiazine</i> TABS 500mg	Tier 1		<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	Tier 1	B/D
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 3		<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	Tier 3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 2		<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 200mg	Tier 2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	Tier 1		<i>fluconazole</i> TABS 50mg	Tier 2	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	Tier 1		<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 1	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 1	NM PA	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Tier 2	
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 2		<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	Tier 2	
<i>trimethoprim</i> TABS 100mg	Tier 2		<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	Tier 1	PA
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 3	QL	<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 3	
			<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 3	
			<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	Tier 3	PA
			<i>ketoconazole</i> TABS 200mg	Tier 2	PA
			<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	Tier 1	
			<i>nystatin</i> TABS 500000unit	Tier 2	
			<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL PA	<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	Tier 3	NM
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	Tier 1	QL	<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL NM
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	Tier 3	PA	<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 1	QL NM
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	Tier 1	PA	EDURANT TABS 25mg	Tier 2	NM
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 3	QL PA	<i>efavirenz</i> CAPS 50mg, 200mg	Tier 3	NM
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL PA	<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	Tier 3	NM
<b>ANTIMALARIALS</b>			<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Tier 2	NM
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	Tier 3		EMTRIVA SOLN 10mg/ml	Tier 3	NM
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (generic of MALARONE)	Tier 3		<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	Tier 1	NM
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 3		<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	Tier 1	NM
COARTEM TAB 20-120MG	Tier 3		FUZEON SOLR 90mg	Tier 2	NM LA
<i>mefloquine hcl</i> TABS 250mg	Tier 2		INTELENCE TABS 25mg	Tier 3	NM
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2		ISENTRESS CHEW 25mg	Tier 3	NM
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 2		ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NM
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	Tier 3	PA	ISENTRESS HD TABS 600mg	Tier 2	NM
<b>ANTIRETROVIRAL AGENTS</b>			<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	Tier 3	NM	LEXIVA SUSP 50mg/ml	Tier 3	NM
<i>abacavir sulfate</i> (generic of ZIAGEN) TABS 300mg	Tier 2	NM	<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	Tier 1	NM
APTIVUS CAPS 250mg	Tier 2	NM	<i>nevirapine</i> SUSP 50mg/5ml; TB24 100mg, 400mg	Tier 3	NM
<i>atazanavir sulfate</i> CAPS 150mg	Tier 3	NM	<i>nevirapine</i> TABS 200mg	Tier 1	NM
			NORVIR PACK 100mg	Tier 3	NM
			PIFELTRO TABS 100mg	Tier 2	NM
			PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NM
REYATAZ PACK 50mg <i>ritonavir</i> (generic of NORVIR) TABS 100mg	Tier 2 Tier 2	NM NM
RUKOBIA TB12 600mg	Tier 2	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 2	NM
SELZENTRY TABS 25mg <i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	Tier 3 Tier 3	NM NM
SUNLENCA TBPK 300mg <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 2 Tier 2	NM LA NM
TIVICAY TABS 10mg	Tier 2	NM
TIVICAY TABS 25mg, 50mg	Tier 2	NM
TIVICAY PD TBSO 5mg	Tier 2	NM
TYBOST TABS 150mg	Tier 2	NM
VIRACEPT TABS 250mg, 625mg	Tier 2	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	Tier 3	NM
<i>zidovudine</i> TABS 300mg	Tier 2	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine</i> <i>tab 600-300 mg</i> (generic of EPZICOM)	Tier 2	NM
BIKTARVY TAB 30-120-15 MG	Tier 2	NM
BIKTARVY TAB 50-200-25 MG	Tier 2	NM
CIMDUO TAB 300-300	Tier 2	NM
COMPLERA TAB	Tier 2	NM
DELSTRIGO TAB	Tier 2	NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	Tier 2	QL NM

Drug Name	Drug Tier	Requirements/ Limits
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	Tier 2	QL NM
DOVATO TAB 50-300MG <i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	Tier 2 Tier 1	NM NM
<i>efavirenz-lamivudine- tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	Tier 1	NM
<i>efavirenz-lamivudine- tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	Tier 1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 1	QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 1	QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 1	QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 3	QL NM
EVOTAZ TAB 300-150	Tier 2	NM
GENVOYA TAB	Tier 2	NM
JULUCA TAB 50-25MG <i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	Tier 2 Tier 3	NM NM
<i>lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	Tier 3	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	Tier 3	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	Tier 3	NM
ODEFSEY TAB	Tier 2	NM
PREZCOBIX TAB 800-150	Tier 2	NM
STRIBILD TAB	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
SYMITUZA TAB	Tier 2	NM
TRIUMEQ PD TAB	Tier 2	NM
TRIUMEQ TAB	Tier 2	NM
TRIZIVIR TAB	Tier 2	NM
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS 250mg	Tier 1	
<i>ethambutol hcl</i> TABS 100mg	Tier 2	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	Tier 2	
<i>isoniazid</i> TABS 100mg, 300mg	Tier 1	
PRIFTIN TABS 150mg	Tier 3	
<i>pyrazinamide</i> TABS 500mg	Tier 3	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	Tier 3	
<i>rifampin</i> CAPS 150mg, 300mg	Tier 2	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	Tier 3	
SIRTURO TABS 20mg, 100mg	Tier 2	NM LA PA
TRECTOR TABS 250mg	Tier 3	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	Tier 1	
<i>acyclovir sodium</i> SOLN 50mg/ml	Tier 3	B/D
<i>adefovir dipivoxil</i> TABS 10mg	Tier 3	NM
BARACLUDE SOLN .05mg/ml	Tier 2	NM
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	Tier 3	NM
EPCLUSA PAK 150-37.5	Tier 2	NM PA
EPCLUSA PAK 200-50MG	Tier 2	NM PA
EPCLUSA TAB 200-50MG	Tier 2	NM PA
EPCLUSA TAB 400-100	Tier 2	NM PA
<i>ganciclovir sodium</i> SOLR 500mg	Tier 3	B/D
HARVONI PAK 33.75-150MG	Tier 2	NM PA
HARVONI PAK 45-200MG	Tier 2	NM PA
HARVONI TAB 45-200MG	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
HARVONI TAB 90-400MG	Tier 2	NM PA
<i>lamivudine (hbv)</i> TABS 100mg	Tier 3	NM
MAVYRET PAK 50-20MG	Tier 2	NM PA
MAVYRET TAB 100-40MG	Tier 2	NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 2	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 2	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 2	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg	Tier 2	NM
<i>ribavirin (hepatitis c)</i> TABS 200mg	Tier 3	NM
<i>rimantadine hydrochloride</i> TABS 100mg	Tier 3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	Tier 2	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	Tier 1	
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	Tier 2	
VEMLIDY TABS 25mg	Tier 2	NM
VOSEVI TAB	Tier 2	NM PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS 250mg, 500mg	Tier 2	
<i>cefadroxil</i> CAPS 500mg	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 3	
CEFAZOLIN INJ 1GM/50ML	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	Tier 2		DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3		<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 3	
<i>cefdinir</i> CAPS 300mg	Tier 1		ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 3	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2		<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 3		<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 3	
<i>cefixime</i> (generic of SUPRAX) CAPS 400mg	Tier 3		<b>FLUOROQUINOLONES</b>		
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 3		<i>ciprofloxacin 200 mg/100ml</i> <i>in d5w</i>	Tier 2	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	Tier 2		<i>ciprofloxacin 400 mg/200ml</i> <i>in d5w</i>	Tier 2	
<i>cefprozil</i> TABS 250mg, 500mg	Tier 2		<i>ciprofloxacin hcl</i> TABS 100mg	Tier 3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 3		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3		<i>ciprofloxacin hcl</i> TABS 750mg	Tier 1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 2		<i>levofloxacin</i> SOLN 25mg/ml	Tier 3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 2		<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	Tier 1	
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1		<i>levofloxacin</i> TABS 500mg	Tier 1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2		<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 3		<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 2	
TEFLARO SOLR 400mg, 600mg	Tier 2		<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 2	
<b>ERYTHROMYCINS/MACROLIDES</b>			<i>moxifloxacin hcl</i> TABS 400mg	Tier 3	
<i>azithromycin</i> PACK 1gm	Tier 2		<i>moxifloxacin hcl 400</i> <i>mg/250ml in sodium</i> <i>chloride 0.8% inj</i>	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2				
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1				
<i>azithromycin</i> TABS 600mg	Tier 1				
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3				
<i>clarithromycin</i> TABS 250mg, 500mg	Tier 2				



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>PENICILLINS</b>			<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1		BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 3	
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Tier 3		<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	Tier 2	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Tier 3		<i>nafillin sodium</i> SOLR 1gm, 2gm	Tier 3	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 2		<i>nafillin sodium</i> SOLR 10gm	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 3		PEN GK/DEXTR INJ 40000/ML	Tier 3	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 2		PEN GK/DEXTR INJ 60000/ML	Tier 3	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES-600)	Tier 2		<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 2		PENICILLIN G PROCAINE SUSP 600000unit/ml	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> (generic of AUGMENTIN)	Tier 1		<i>penicillin g sodium</i> SOLR 5000000unit	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1		<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
<i>ampicillin</i> CAPS 500mg	Tier 1		<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	Tier 3	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	Tier 3		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 3	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> (generic of UNASYN)	Tier 3		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 3	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 3		<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 3	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 3		<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 3	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)	Tier 3		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 3	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	Tier 3		<b>TETRACYCLINES</b>		
			<i>doxy 100</i> SOLR 100mg	Tier 3	
			<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	Tier 1	
			<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	Tier 2	
<i>doxycycline hyclate</i> CAPS 50mg; TABS 20mg, 100mg	Tier 2	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 2	
<i>doxycycline hyclate</i> SOLR 100mg	Tier 3	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	Tier 2	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	Tier 3	PA
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	Tier 1	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 2	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 3	B/D
GLEOSTINE CAPS 10mg, 40mg	Tier 3	NM
GLEOSTINE CAPS 100mg	Tier 2	NM
LEUKERAN TABS 2mg	Tier 2	
<b>ANTIMETABOLITES</b>		
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 2	QL NM LA PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2	QL NM LA PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2	QL NM LA PA
<i>mercaptopurine</i> TABS 50mg	Tier 2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 2	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2	QL NM LA PA
PURIXAN SUSP 2000mg/100ml	Tier 2	NM LA
TABLOID TABS 40mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Tier 1	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 3	NM PA
EMCYT CAPS 140mg	Tier 2	
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
EULEXIN CAPS 125mg	Tier 1	
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Tier 3	
FIRMAGON SOLR 80mg	Tier 3	NM PA
FIRMAGON SOLR 120mg/vial	Tier 2	NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 3	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2	NM PA
LYSODREN TABS 500mg	Tier 2	NM LA
<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 2	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	Tier 1	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
ORGOVYX TABS 120mg	Tier 2	NM LA PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2	QL NM LA PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOLTAMOX SOLN 10mg/5ml	Tier 2		KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 2	QL NM PA
<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 1		KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 2	QL NM PA
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	Tier 3		KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 2	QL NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA	MATULANE CAPS 50mg	Tier 2	NM LA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA	SYNRIBO SOLR 3.5mg	Tier 2	NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA	<i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 1	
<b>IMMUNOMODULATORS</b>			<b>MOLECULAR TARGET AGENTS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM LA PA	ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 2	QL NM LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	QL NM LA PA	ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL NM LA PA	ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 2	QL NM LA PA	ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 2	QL NM LA PA	AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	Tier 2	QL NM LA PA	BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 2	QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 2	QL NM LA PA	BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 2	QL NM LA PA
<b>MISCELLANEOUS</b>			BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 2	QL NM LA PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 2	QL NM LA PA	BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 1	QL NM PA	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	Tier 1		BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 2	QL NM LA PA
			BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2 QL NM LA PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	Tier 1 QL NM PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 2 QL NM LA PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	Tier 1 QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 2 QL NM LA PA	EXKIVITY CAPS 40mg QL (120 caps / 30 days)	Tier 2 QL NM LA PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 2 QL NM LA PA	FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2 QL NM LA PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 2 QL NM LA PA	GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 2 QL NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 2 QL NM LA PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (30 tabs / 30 days)	Tier 1 QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 2 QL NM LA PA	GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2 QL NM LA PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 2 QL NM LA PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 2 QL NM LA PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 2 QL NM LA PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 2 QL NM LA PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 2 QL NM LA PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2 QL NM LA PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 2 QL NM LA PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2 QL NM LA PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 2 QL NM LA PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 1 QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 2 QL NM LA PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 1 QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	Tier 1 QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2 QL NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 1 QL NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2 QL NM LA PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1 QL NM PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 2 QL NM LA PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	Tier 1 QL NM PA		

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

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 2 QL NM LA PA	SCSEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2 QL NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 2 QL NM LA PA	SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2 QL NM PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	Tier 2 QL NM LA PA	<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	Tier 1 QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2 QL NM PA	SPRYCEL TABS 20mg QL (90 tabs / 30 days)	Tier 2 QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 2 QL NM LA PA	SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 2 QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (14 tabs / 21 days)	Tier 2 QL NM LA PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 2 QL NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 2 QL NM PA	<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 1 QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 2 QL NM PA	TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 2 QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 2 QL NM PA	TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 2 QL NM LA PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 2 QL NM LA PA	TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	Tier 2 QL NM LA PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 2 QL NM LA PA	TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2 QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 2 QL NM LA PA	TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 2 QL NM LA PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 2 QL NM LA PA	TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2 QL NM LA PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	Tier 2 QL NM LA PA	TASIGNA CAPS 50mg QL (120 caps / 30 days)	Tier 2 QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 2 QL NM LA PA	TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 2 QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2 QL NM LA PA		
RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 2 QL NM PA		

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 2 QL NM LA PA	XALKORI CAPS 200mg, 250mg QL (120 caps / 30 days)	Tier 2 QL NM LA PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 2 QL NM LA PA	XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2 QL NM LA PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 2 QL NM LA PA	XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	Tier 2 QL NM LA PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 2 QL NM LA PA	XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 2 QL NM LA PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 2 QL NM LA PA	XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	Tier 2 QL NM LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 3 QL NM LA PA	XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	Tier 2 QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2 QL NM LA PA	XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 2 QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2 QL NM LA PA	XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	Tier 2 QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2 QL NM LA PA	XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	Tier 2 QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2 QL NM LA PA	ZEJULA CAPS 100mg QL (90 caps / 30 days)	Tier 2 QL NM LA PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2 QL NM LA PA	ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2 QL NM LA PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2 QL NM LA PA	ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2 QL NM LA PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2 QL NM LA PA	ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2 QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2 QL NM LA PA	ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 2 QL NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2 QL NM LA PA	ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 2 QL NM LA PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	Tier 2 QL NM LA PA	<b>PROTECTIVE AGENTS</b>	
		<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 2
		MESNEX TABS 400mg	Tier 2

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>					
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL	<i>lisinopril &amp; hydrochlorothiazide tab 10- 12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
QL (30 caps / 30 days)			<i>lisinopril &amp; hydrochlorothiazide tab 20- 12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	Tier 1	QL	<i>lisinopril &amp; hydrochlorothiazide tab 20- 25 mg (generic of ZESTORETIC)</i>	Tier 1	
QL (30 caps / 30 days)			<b>ACE INHIBITORS</b>		
<i>amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	Tier 1	QL	<i>benazepril hcl TABS 5mg</i>	Tier 1	
QL (30 caps / 30 days)			<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i>	Tier 1	QL	<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	Tier 1	
QL (30 caps / 30 days)			<i>fosinopril sodium TABS</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	Tier 1	QL	10mg, 20mg, 40mg		
QL (30 caps / 30 days)			<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Tier 1	QL	<i>perindopril erbumine TABS</i>	Tier 2	
QL (30 caps / 30 days)			2mg, 4mg, 8mg		
<i>benazepril &amp; hydrochlorothiazide tab 5- 6.25mg</i>	Tier 2		<i>quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)</i>	Tier 2		<i>ramipril (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)</i>	Tier 2		<i>trandolapril TABS 1mg, 2mg, 4mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20- 25 mg (generic of LOTENSIN HCT)</i>	Tier 2		<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>enalapril maleate &amp; hydrochlorothiazide tab 5- 12.5 mg</i>	Tier 1		<i>eplerenone (generic of INSPIRA) TABS 25mg, 50mg</i>	Tier 2	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10- 25 mg (generic of VASERETIC)</i>	Tier 1		<i>KERENDIA TABS 10mg, 20mg</i>	Tier 2	QL
			QL (30 tabs / 30 days)		
			<i>spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg</i>	Tier 1	



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ALPHA BLOCKERS</b>					
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 1		<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	Tier 2		<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	Tier 1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1		<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>					
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	Tier 2	QL	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	Tier 2	QL	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	Tier 2	QL	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL			
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL			
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>					
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 3	QL	<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 2	
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 3	QL	MULTAQ TABS 400mg	Tier 3	
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL	<i>pacerone</i> TABS 100mg, 400mg	Tier 3	
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1		<i>pacerone</i> TABS 200mg	Tier 1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL	<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	Tier 3	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL	<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	Tier 2	
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL	<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 2	
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 2	QL	<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1	
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 2	QL	<i>sorine</i> TABS 240mg	Tier 1	
<b>ANTIARRHYTHMICS</b>			<b>ANTILIPEMICS, FIBRATES</b>		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 3		<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2	
<i>amiodarone hcl</i> TABS 200mg	Tier 1		<i>fenofibrate</i> TABS 54mg, 160mg	Tier 2	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	Tier 3		<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 2	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 3	NM	<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	Tier 1	
			<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
			<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
			<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
			<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL	REPATHA SURECLICK SOAJ 140mg/ml	Tier 2	NM PA
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	VASCEPA CAPS .5gm, 1gm	Tier 2	
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL	<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<b>ANTILIPEMICS, MISCELLANEOUS</b>			<i>atenolol &amp; chlorthalidone tab</i> Tier 1 50-25 mg (generic of TENORETIC 50)		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 2		<i>atenolol &amp; chlorthalidone tab</i> Tier 1 100-25 mg (generic of TENORETIC 100)		
<i>cholestyramine light</i> PACK 4gm	Tier 2		<i>bisoprolol &amp; hydrochlorothiazide tab</i> 2.5-6.25 mg	Tier 1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2		<i>bisoprolol &amp; hydrochlorothiazide tab</i> 5-6.25 mg	Tier 1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	Tier 3		<i>bisoprolol &amp; hydrochlorothiazide tab</i> 10-6.25 mg	Tier 1	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm	Tier 3		<b>BETA-BLOCKERS</b>		
<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	Tier 2		<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 2	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	Tier 2		<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1	
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 2	QL	<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 1	
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	Tier 2	PA	<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
<i>prevalite</i> PACK 4gm	Tier 2		<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 2	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2		<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
REPATHA SOSY 140mg/ml	Tier 2	NM PA	<i>metoprolol tartrate</i> SOLN 5mg/5ml	Tier 3	
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Tier 2	NM PA	<i>metoprolol tartrate</i> TABS 25mg	Tier 1	
			<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL	<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL	<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 2	
<i>pindolol</i> TABS 5mg, 10mg	Tier 2		<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 2	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 2		<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 2	
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	Tier 2		<i>nimodipine</i> CAPS 30mg	Tier 3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1		NYMALIZE SOLN 6mg/ml	Tier 2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	Tier 2		<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 2	
<b>CALCIUM CHANNEL BLOCKERS</b>			<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Tier 1		<i>verapamil hcl</i> SOLN 2.5mg/ml	Tier 3	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1		<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 2		<b>DIURETICS</b>		
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	Tier 3		<i>acetazolamide</i> CP12 500mg	Tier 3	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 2		<i>acetazolamide</i> TABS 125mg, 250mg	Tier 2	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1		<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1	
<i>diltiazem hcl</i> TABS 90mg	Tier 1		<i>amiloride hcl</i> TABS 5mg	Tier 1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1		<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	Tier 2	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	Tier 3		<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 2	
			<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 1	
			<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	Tier 1	
			<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1	
			<i>furosemide inj</i> SOLN 10mg/ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1		<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 3	
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1		<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>methazolamide</i> TABS 25mg, 50mg	Tier 3		<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 1	QL NM PA
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 2		<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA
<i>spironolactone &amp; hydrochlorothiazide tab 25- 25 mg</i>	Tier 2		<i>epinephrine (anaphylaxis)</i> (generic of ADRENALIN) SOLN 1mg/ml	Tier 3	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1		<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	Tier 2	PA
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1		<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 3	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	Tier 1		<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>triamterene &amp; hydrochlorothiazide tab 75- 50 mg</i> (generic of MAXZIDE)	Tier 1		<i>metirosine</i> (generic of DEMSE) CAPS 250mg	Tier 1	PA
<b>MISCELLANEOUS</b>			<i>midodrine hcl</i> TABS 2.5mg, 5mg	Tier 2	
<i>aliskiren fumarate</i> (generic of TEKURNA) TABS 150mg, 300mg	Tier 3		<i>midodrine hcl</i> TABS 10mg	Tier 3	
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 2		<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 2		<i>ranolazine</i> TB12 500mg, 1000mg	Tier 3	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 2		VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1		<b>NITRATES</b>		
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 3	QL	<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 2	
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 3	QL	<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	Tier 2	
<i>digoxin</i> SOLN .05mg/ml	Tier 3		<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	Tier 1	
			NITRO-BID OINT 2%	Tier 2	
			<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 2		<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
<b>PULMONARY ARTERIAL HYPERTENSION</b>			<b>ANTIDEMENTIA</b>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 2	QL NM LA PA	<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM LA PA	<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 1	
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	QL NM LA PA	<i>donepezil hydrochloride</i> (generic of ARICEPT) TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA	<i>donepezil hydrochloride</i> (generic of ARICEPT) TBDP 10mg	Tier 1	
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 2	QL NM PA	<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Tier 2	NM LA PA	<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 3	QL
<b>CENTRAL NERVOUS SYSTEM</b>			<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL
<b>ANTI-ANXIETY</b>			<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA applies if 29 years and younger	Tier 3	PA
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL	<i>memantine hcl</i> SOLN 2mg/ml PA applies if 29 years and younger	Tier 3	PA
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1		<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA applies if 29 years and younger	Tier 2	PA
<i>bupirone hcl</i> TABS 7.5mg, 30mg	Tier 2		NAMZARIC CAP 7-10MG	Tier 3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 2		NAMZARIC CAP 14-10MG	Tier 3	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL	NAMZARIC CAP 21-10MG	Tier 3	
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	Tier 1		NAMZARIC CAP 28-10MG	Tier 3	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL	NAMZARIC CAP PACK	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 3	QL	<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 2	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	QL	<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL
<b>ANTIDEPRESSANTS</b>			EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	QL PA
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 2		<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 2		<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1	
<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 2		FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL PA
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL	FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 2	QL	FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 3	QL PA
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 2	QL	<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg	Tier 1	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 2		<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 40mg	Tier 1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1		<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 2	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 3	PA	<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	Tier 1	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 3		MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 3		<i>mirtazapine</i> TABS 7.5mg	Tier 2	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL PA	<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1	
			<i>mirtazapine</i> TABS 45mg	Tier 1	
			<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 2	
			<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 1		<b>ANTIPARKINSONIAN AGENTS</b>		
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 3		<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>amantadine hcl</i> SOLN 50mg/5ml	Tier 2	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	Tier 1		<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 3	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Tier 2		<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	Tier 1	PA
<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 3		<i>bromocriptine mesylate</i> (generic of PARLODEL) TABS 2.5mg	Tier 3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	Tier 2		<i>carb/levo orally disintegrating tab 10-100mg</i>	Tier 3	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1		<i>carb/levo orally disintegrating tab 25-100mg</i>	Tier 3	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	Tier 3		<i>carb/levo orally disintegrating tab 25-250mg</i>	Tier 3	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1		<i>carbidopa &amp; levodopa tab 10-100 mg</i> (generic of SINEMET)	Tier 1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 3	QL	<i>carbidopa &amp; levodopa tab 25-100 mg</i> (generic of SINEMET)	Tier 1	
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL	<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1	
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL	<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 2	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 1		<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2		<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> (generic of STALEVO 50)	Tier 3	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> (generic of STALEVO 75)	Tier 3	
			<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	Tier 3	



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> (generic of STALEVO 125)	Tier 3		<i>aripiprazole SOLN 1mg/ml</i> QL (900 mL / 30 days)	Tier 3	QL
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> (generic of STALEVO 150)	Tier 3		<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 3	QL
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	Tier 3		<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL
<i>entacapone</i> (generic of COMTAN) TABS 200mg	Tier 3		ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 3	QL
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 2	QL NM LA PA	ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 3	QL
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Tier 3		ARISTADA INITIO PRSY 675mg/2.4ml	Tier 3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1		<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 3	QL
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 3	QL	CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 3	QL PA
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1		<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 3	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 2		<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	Tier 2	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA if 70 years and older	Tier 2	PA	<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 3	QL
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA if 70 years and older	Tier 1	PA	<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL
<b>ANTIPSYCHOTICS</b>			<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 3	PA
ABILIFY MAINTENA 300mg, 400mg QL (1 syringe / 28 days)	Tier 3	QL	<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 3	QL PA
ABILIFY MAINTENA 300mg, 400mg QL (1 injection / 28 days)	Tier 3	QL			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 3	QL PA	<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 2	
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 3	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 3	QL
FANAPT PAK QL (2 packs / year)	Tier 3	QL PA	<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 3	
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 3		NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 3	QL NM LA PA
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 3		NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 3	QL NM LA PA
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2		<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 3	QL
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 2		<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 2		<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 2		<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 3	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 3	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL	<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 3	QL	<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 3	QL
			<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 2	
			PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	Tier 3	QL
			<i>pimozide</i> TABS 1mg, 2mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	Tier 2	QL	<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL	SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 3	QL
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	Tier 2	QL	<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 2	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 2	QL	<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 3	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 2	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL PA	VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL	VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 3	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL	VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 3	QL
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	Tier 3	QL	VRAYLAR CAP 1.5-3MG QL (2 packs / year)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 2	QL	<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1		<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 3	QL
<i>risperidone</i> TABS .25mg	Tier 1		ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 3	QL NM PA
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 3	QL	ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 3	QL NM PA
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 3	QL	<b>ANTIEPILEPTIC AGENTS</b>		
			APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 3	QL
			APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL
			BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT SOLN 50mg/5ml	Tier 3	PA	DIACOMIT PACK 250mg	Tier 3	QL NM LA PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 3	QL PA	QL (360 packets / 30 days)		
carbamazepine CHEW 100mg	Tier 2		DIACOMIT PACK 500mg	Tier 3	QL NM LA PA
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 3		QL (180 packets / 30 days)		
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml	Tier 3		diazepam SOLN 5mg/5ml	Tier 2	QL PA
carbamazepine (generic of TEGRETOL) TABS 200mg	Tier 2		QL (1200 mL / 30 days)		
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 3		PA applies if 65 years and older after a 5 day supply in a calendar year		
clobazam (generic of ONFI) SUSP 2.5mg/ml	Tier 3	QL PA	diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg	Tier 1	QL PA
QL (480 mL / 30 days)			QL (120 tabs / 30 days)		
clobazam (generic of ONFI) TABs 10mg, 20mg	Tier 3	QL PA	PA applies if 65 years and older after a 5 day supply in a calendar year		
QL (60 tabs / 30 days)			diazepam (anticonvulsant) GEL 2.5mg	Tier 3	
clonazepam (generic of KLONOPIN) TABS 2mg	Tier 1	QL	diazepam (anticonvulsant) (generic of DIASTAT ACUDIAL) GEL 10mg, 20mg	Tier 3	
QL (300 tabs / 30 days)			diazepam inj SOLN 5mg/ml	Tier 3	
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg	Tier 1	QL	diazepam intensol CONC 5mg/ml	Tier 2	QL PA
QL (90 tabs / 30 days)			QL (240 mL / 30 days)		
clonazepam TBDP 2mg	Tier 2	QL	PA applies if 65 years and older after a 5 day supply in a calendar year		
QL (300 tabs / 30 days)			DILANTIN CAPS 30mg, 100mg	Tier 3	
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	Tier 2	QL	DILANTIN INFATABS CHEW 50mg	Tier 3	
QL (90 tabs / 30 days)			DILANTIN-125 SUSP 125mg/5ml	Tier 3	
clorazepate dipotassium TABs 3.75mg, 7.5mg, 15mg	Tier 3	QL PA	divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 3	
QL (180 tabs / 30 days)			divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 2	
PA if 65 years and older			divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 1	
DIACOMIT CAPS 250mg	Tier 3	QL NM LA PA			
QL (360 caps / 30 days)					
DIACOMIT CAPS 500mg	Tier 3	QL NM LA PA			
QL (180 caps / 30 days)					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 3	QL NM LA PA	<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	Tier 2		<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA	<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg	Tier 3		<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 2	
<i>ethosuximide</i> (generic of ZARONTIN) SOLN 250mg/5ml	Tier 2		<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml; TABS 400mg, 600mg	Tier 3		<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	Tier 2	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 3	QL NM LA PA	<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 3	
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 3	QL PA	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 3	
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 3	
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	Tier 1	QL	<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 2	QL	NAYZILAM SOLN 5mg/0.1ml	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 2	
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older	Tier 3	QL PA	<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 1	
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older	Tier 2	QL PA	<i>primidone</i> TABS 125mg	Tier 1	
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	Tier 3	PA	<i>roweepira</i> (generic of KEPPRA) TABS 500mg	Tier 2	
PHENYTEK CAPS 200mg, 300mg	Tier 3		<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 3	QL PA
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 2		<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 3	QL PA
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 2		<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 3	QL PA
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 2		SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 2		SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 3	QL
<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	Tier 2		SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 3	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL PA	SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 3	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL PA	<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL PA	SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 3	QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 3	
			<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 2	
			<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
			<i>valproate sodium</i> SOLN 100mg/ml	Tier 3	
			<i>valproate sodium</i> SOLN 250mg/5ml	Tier 2	
			<i>valproic acid</i> CAPS 250mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 3	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 3	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 3	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 3	
<i>vigabatin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM LA PA
<i>vigabatin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM LA PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM LA PA
XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 3	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2	
<i>zonisamide</i> CAPS 50mg	Tier 2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 3	QL NM LA PA

Drug Name	Drug Tier	Requirements/ Limits
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab</i> 5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab</i> 7.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab</i> 10 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab</i> 12.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL	<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	Tier 3	QL	<b>HYPNOTICS</b>		
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL	DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL PA	<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL PA	<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 1	QL NM PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	Tier 2	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	Tier 3	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	Tier 2	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	Tier 3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL PA	<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
			<b>MIGRAINE</b>		
			AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA
			<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	Tier 1	



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	QL PA	<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 2	QL PA	<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA	<b>MISCELLANEOUS</b>		
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 2	QL	AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL	AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL	AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 units / 30 days)	Tier 3	QL	AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 units / 30 days)	Tier 3	QL	AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	Tier 1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL	NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 3	QL PA
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	Tier 2	
			<i>riluzole</i> (generic of RILUTEK) TABS 50mg	Tier 3	
			<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
			<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
			<b>MULTIPLE SCLEROSIS AGENTS</b>		
			BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
			BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL NM PA	<i> modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i> glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA	<i> modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	Tier 2	QL PA
<i> glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA	SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	QL NM LA PA
<i> glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA	<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i> glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA	<i>acamprosate calcium</i> TBEC 333mg	Tier 3	
OCREVUS SOLN 300mg/10ml	Tier 2	NM LA PA	<i> buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 2	QL PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>			<i> buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i> baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 2	QL	<i> buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i> baclofen</i> TABS 10mg, 20mg	Tier 2		<i> buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i> cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	QL PA	<i> buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	Tier 3	QL
<i> tizanidine hcl</i> TABS 2mg	Tier 1		<i> buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 1	QL
<i> tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1		<i> buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 1	QL
<b>NARCOLEPSY/CATAPLEXY</b>					
<i> armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 3	QL PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	Tier 2	QL	BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	Tier 3	QL PA
<i>disulfiram</i> TABS 250mg, 500mg	Tier 2		FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>naloxone hcl</i> LIQD 4mg/0.1ml	Tier 2		<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	Tier 1		<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
<i>naltrexone hcl</i> TABS 50mg	Tier 2		<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
NICOTROL INHALER INHA 10mg	Tier 3		<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
NICOTROL NS SOLN 10mg/ml	Tier 3		<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 3	QL PA	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> QL (2 packs / year)	Tier 3	QL PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
VIVITROL SUSR 380mg	Tier 2	NM	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<b>ENDOCRINE AND METABOLIC</b>					
<b>ANDROGENS</b>					
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 2	PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	Tier 1	QL PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL PA	<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	Tier 2	QL
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	Tier 3	QL PA	<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 2	PA	<i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 2	PA	GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL
<b>ANTIDIABETICS</b>					
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 2		GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	Tier 2	QL PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL	<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	Tier 2	QL PA
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 2	QL	OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL	OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 2	QL	OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	Tier 2	QL PA
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL	<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 2	QL	RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 2	QL PA
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL	SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 2	QL	SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL	SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL	SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL	SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL	SYNJARDY XR TAB 10- 1000 QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	Tier 2	B/D
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	Tier 2	QL	HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL	INSULIN PEN NEEDLES: BD/NOVO	Tier 2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	INSULIN SAFETY NEEDLES	Tier 2	
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL	INSULIN SYRINGES: BD	Tier 2	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL	NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA	NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL	NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL	NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL	NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL	NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	
<b>ANTIDIABETICS, INSULINS</b>			OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 3	QL PA
ADMELOG SOLN 100unit/ml	Tier 2		OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2		OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 3	QL PA
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 2				
BD ALCOHOL SWABS	Tier 2				
FIASP FLEX INJ TOUCH	Tier 2				
FIASP INJ 100/ML	Tier 2				
FIASP PENFIL INJ U-100	Tier 2				
GAUZE PADS 2" X 2"	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA	<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 2	B/D
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	<i>ibandronate sodium</i> TABS 150mg	Tier 2	B/D
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 2	LA PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 2	B/D
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	TERIPARATIDE SOPN 620mcg/2.48ml	Tier 2	NM PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	XGEVA SOLN 120mg/1.7ml	Tier 2	NM PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 3	QL PA	<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	Tier 3	B/D NM
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL	<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 3	B/D NM
TRESIBA SOLN 100unit/ml	Tier 2		<b>CHELATING AGENTS</b>		
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 2		CHEMET CAPS 100mg	Tier 2	
V-GO 20 KIT QL (30 devices / 30 days)	Tier 3	QL PA	<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	Tier 1	NM PA
V-GO 30 KIT QL (30 devices / 30 days)	Tier 3	QL PA	<i>deferasirox</i> (generic of JADENU) TABS 90mg	Tier 2	NM PA
V-GO 40 KIT QL (30 devices / 30 days)	Tier 3	QL PA	<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	Tier 1	NM PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL	<i>penicillamine</i> (generic of DEPEN TITRATABS) TABs 250mg	Tier 1	NM
<b>CALCIUM REGULATORS</b>			<i>sodium polystyrene sulfonate powder</i>	Tier 2	
<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1		sps SUSP 15gm/60ml	Tier 2	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1		<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	Tier 1	NM PA
			VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 2	
			<b>CONTRACEPTIVES</b>		
			<i>afirmelle</i>	Tier 2	
			<i>altavera</i>	Tier 2	

Blue MedicareRx 3-Tier Select 2024 Comprehensive Drug List effective 01/01/2024

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alyacen 1/35</i>	Tier 2		<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 2	
<i>alyacen 7/7/7</i>	Tier 2		<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)</i>	Tier 3	
<i>apri</i>	Tier 2		<i>falmina</i>	Tier 2	
<i>aranelle</i>	Tier 2		<i>hailey 1.5/30</i>	Tier 2	
<i>aubra eq</i>	Tier 2		<i>heather TABS .35mg</i>	Tier 2	
<i>aurovela 1/20</i>	Tier 2		<i>iclevia</i>	Tier 2	
<i>aurovela fe 1.5/30</i>	Tier 2		<i>incassia TABS .35mg</i>	Tier 2	
<i>aurovela fe 1/20</i>	Tier 2		<i>introvale</i>	Tier 2	
<i>aviane</i>	Tier 2		<i>isibloom</i>	Tier 2	
<i>ayuna</i>	Tier 2		<i>jasmiel (generic of YAZ)</i>	Tier 2	
<i>azurette</i>	Tier 2		<i>jolessa</i>	Tier 2	
<i>balziva</i>	Tier 2		<i>juleber</i>	Tier 2	
<i>blisovi fe 1.5/30</i>	Tier 2		<i>junel 1.5/30</i>	Tier 2	
<i>briellyn</i>	Tier 2		<i>junel 1/20</i>	Tier 2	
<i>camila TABS .35mg</i>	Tier 2		<i>junel fe 1.5/30</i>	Tier 2	
<i>chateal</i>	Tier 2		<i>junel fe 1/20</i>	Tier 2	
<i>cryselle-28</i>	Tier 2		<i>kariva</i>	Tier 2	
<i>cyred eq</i>	Tier 2		<i>kelnor 1/35</i>	Tier 2	
<i>dasetta 1/35</i>	Tier 2		<i>kelnor 1/50</i>	Tier 2	
<i>dasetta 7/7/7</i>	Tier 2		<i>kurvelo</i>	Tier 2	
<i>deblitane TABS .35mg</i>	Tier 2		<i>larin 1.5/30</i>	Tier 2	
<b>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</b>	Tier 3		<i>larin 1/20</i>	Tier 2	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 2		<i>larin fe 1.5/30</i>	Tier 2	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2		<i>larin fe 1/20</i>	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	Tier 2		<i>leena</i>	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	Tier 2		<i>lessina</i>	Tier 2	
<i>elinest</i>	Tier 2		<i>levonest</i>	Tier 2	
<i>eluryng (generic of NUVARING)</i>	Tier 3		<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 2	
<i>enpresse-28</i>	Tier 2		<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 2	
<i>enskyce</i>	Tier 2		<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2	
<i>errin TABS .35mg</i>	Tier 2		<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 2	
<i>estarylla</i>	Tier 2		<i>levora 0.15/30-28</i>	Tier 2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 2		<i>loestrin 1.5/30-21</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loestrin 1/20-21</i>	Tier 2		<i>norgestimate-eth estrad tab</i>	Tier 2	
<i>loestrin fe 1.5/30</i>	Tier 2		<i>0.18-35/0.215-35/0.25-35</i>		
<i>loestrin fe 1/20</i>	Tier 2		<i>mg-mcg</i>		
<i>loryna</i> (generic of YAZ)	Tier 2		<i>norlyroc TABS .35mg</i>	Tier 2	
<i>low-ogestrel</i>	Tier 2		<i>nortrel 0.5/35 (28)</i>	Tier 2	
<i>lutra</i>	Tier 2		<i>nortrel 1/35 (21)</i>	Tier 2	
<i>lyleq TABS .35mg</i>	Tier 2		<i>nortrel 1/35 (28)</i>	Tier 2	
<i>lyza TABS .35mg</i>	Tier 2		<i>nortrel 7/7/7</i>	Tier 2	
<i>marlissa</i>	Tier 2		<i>nylia 1/35</i>	Tier 2	
<i>medroxyprogesterone acetate (contraceptive)</i>	Tier 2		<i>nylia 7/7/7</i>	Tier 2	
(generic of DEPO-PROVERA CONTRACEPTIV) SUSP			<i>nymyo</i>	Tier 2	
150mg/ml; SUSY 150mg/ml			<i>ocella (generic of YASMIN 28)</i>	Tier 2	
<i>microgestin 1.5/30</i>	Tier 2		<i>philith</i>	Tier 2	
<i>microgestin 1/20</i>	Tier 2		<i>pimtrea</i>	Tier 2	
<i>microgestin fe 1.5/30</i>	Tier 2		<i>portia-28</i>	Tier 2	
<i>microgestin fe 1/20</i>	Tier 2		<i>reclipsen</i>	Tier 2	
<i>mili</i>	Tier 2		<i>setlakin</i>	Tier 2	
<i>mono-linyah</i>	Tier 2		<i>sharobel TABS .35mg</i>	Tier 2	
<i>necon 0.5/35-28</i>	Tier 2		<i>simliya</i>	Tier 2	
<i>nikki</i> (generic of YAZ)	Tier 2		<i>sprintec 28</i>	Tier 2	
<i>nora-be TABS .35mg</i>	Tier 2		<i>sronyx</i>	Tier 2	
<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 2		<i>syeda (generic of YASMIN 28)</i>	Tier 2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 2		<i>tarina fe 1/20 eq</i>	Tier 2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 2		<i>tilia fe</i>	Tier 2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 2		<i>tri-estarylla</i>	Tier 2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 2		<i>tri-legest fe</i>	Tier 2	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 2		<i>tri-linyah</i>	Tier 2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2	
			<i>tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2	
			<i>tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2	
			<i>tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2	
			<i>tri-mili</i>	Tier 2	
			<i>tri-nymyo</i>	Tier 2	
			<i>tri-sprintec</i>	Tier 2	
			<i>tri-vylibra</i>	Tier 2	
			<i>tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2	
			<i>trivora-28</i>	Tier 2	
			<i>velivet</i>	Tier 2	



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>vestura</i> (generic of YAZ)	Tier 2		<i>fyavolv tab 1mg-5mcg</i>	Tier 2	
<i>vienva</i>	Tier 2		<i>jinteli</i>	Tier 2	
<i>viorele</i>	Tier 2		<i>lyllana</i> (generic of MINIVELLE) PTTW	Tier 2	
<i>vyfemla</i>	Tier 2		.025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr		
<i>vylibra</i>	Tier 2		<i>mimvey</i> (generic of ACTIVELLA)	Tier 2	
<i>wera</i>	Tier 2		<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2	
<i>xulane</i>	Tier 3		<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2	
<i>zafemy</i>	Tier 3		<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	Tier 3	
<i>zovia 1/35</i>	Tier 2		<b>GLUCOCORTICOIDS</b>		
<i>zumandimine</i> (generic of YASMIN 28)	Tier 2		<i>dexamethasone</i> ELIX Tier 2 B/D		
<b>ENDOMETRIOSIS</b>			.5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 3		<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 2	
SYNAREL SOLN 2mg/ml	Tier 2	PA	<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<b>ESTROGENS</b>			<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 2	
<i>amabelz</i>	Tier 2		<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	Tier 2	B/D
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2		<i>methylprednisolone</i> TABS 32mg	Tier 2	B/D
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2		<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBP 4mg	Tier 1	
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2		<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 2	B/D
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	Tier 1		<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	Tier 2	B/D
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 2		<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 1000mg	Tier 2	B/D
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	Tier 2				
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Tier 2				
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	Tier 3				
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 3				
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D	<i>desmopressin acetate spray</i> SOLN .01%	Tier 3	
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 1	B/D	<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 3	
<i>prednisone</i> SOLN 5mg/5ml	Tier 3	B/D	GENOTROPIN CART 5mg, 12mg	Tier 2	NM PA
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D	GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NM PA
<i>prednisone</i> TBPK 5mg, 10mg	Tier 2		INCRELEX SOLN 40mg/4ml	Tier 2	NM LA PA
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 3		<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM LA PA
<b>GLUCOSE ELEVATING AGENTS</b>			KORLYM TABS 300mg	Tier 2	NM LA PA
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Tier 1		<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 3	B/D
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 2		<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	Tier 1	NM PA
GVOKE KIT SOLN 1mg/0.2ml	Tier 2		<i>nitisinone</i> CAPS 20mg	Tier 1	NM PA
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	Tier 2		<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 3	NM PA
<b>MISCELLANEOUS</b>			<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 3	NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	Tier 1	NM LA	<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 1	NM PA
<i>cabergoline</i> TABS .5mg	Tier 2		<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	Tier 1	NM LA PA	<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 2	
CERDELGA CAPS 84mg	Tier 2	NM LA PA	<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 3	B/D QL NM	SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM LA PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NM	<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 1	NM PA
CYSTAGON CAPS 50mg, 150mg	Tier 3	NM LA PA			
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	Tier 1				
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 2	NM LA PA	<b>THYROID AGENTS</b>		
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM LA PA	<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<b>PHOSPHATE BINDER AGENTS</b>			<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	Tier 2	QL	<i>levoxyI</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	Tier 2	QL	<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	Tier 3	QL	<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	Tier 3	QL	<i>propylthiouracil</i> TABS 50mg	Tier 2	
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	Tier 3	QL	SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 3	
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	Tier 2	QL	<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<b>PROGESTINS</b>			<b>VITAMIN D ANALOGS</b>		
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1		<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 1	B/D
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 2		<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	Tier 3	B/D
<i>norethindrone acetate</i> TABS 5mg	Tier 2		<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 2		<i>paricalcitol</i> CAPS 4mcg	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RAYALDEE	CPCR 30mcg	Tier 2	<i>scopolamine</i> (generic of TRANSDERM-SCOP)	Tier 3	QL PA
<b>GASTROINTESTINAL ANTIEMETICS</b>			PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older		
<i>aprepitant</i>	CAPS 40mg, 125mg	Tier 3	B/D		
<i>aprepitant</i> (generic of EMEND)	CAPS 80mg	Tier 3	B/D		
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>		Tier 3	B/D		
<i>compro</i>	SUPP 25mg	Tier 3			
<i>dronabinol</i> (generic of MARINOL)	CAPS 2.5mg QL (60 caps / 30 days)	Tier 3	B/D QL		
<i>dronabinol</i>	CAPS 5mg, 10mg QL (60 caps / 30 days)	Tier 3	B/D QL		
<i>meclizine hcl</i>	TABS 12.5mg, 25mg	Tier 1			
<i>metoclopramide hcl</i>	SOLN 5mg/5ml, 5mg/ml	Tier 2			
<i>metoclopramide hcl</i> (generic of REGLAN)	TABS 5mg, 10mg	Tier 1			
<i>ondansetron</i>	TBDP 4mg, 8mg	Tier 2	B/D		
<i>ondansetron hcl</i>	SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 2			
<i>ondansetron hcl</i>	TABS 4mg, 8mg	Tier 2	B/D		
<i>prochlorperazine</i>	SUPP 25mg	Tier 3			
<i>prochlorperazine edisylate</i>	SOLN 10mg/2ml	Tier 3			
<i>prochlorperazine maleate</i>	TABS 5mg, 10mg	Tier 1			
<i>promethazine hcl</i> (generic of PHENERGAN)	SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 2	PA		
<i>promethazine hcl</i>	SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	Tier 2	PA		
<b>ANTISPASMODICS</b>			<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>dicyclomine hcl</i>	CAPS 10mg; TABS 20mg	Tier 2			
<i>dicyclomine hcl</i>	SOLN 10mg/5ml	Tier 3			
<i>glycopyrrolate</i> (generic of ROBINUL)	TABS 1mg QL (90 tabs / 30 days)	Tier 2	QL		
<i>glycopyrrolate</i> (generic of ROBINUL FORTE)	TABS 2mg QL (120 tabs / 30 days)	Tier 2	QL		
<i>famotidine</i>	SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 2			
<i>famotidine</i> (generic of PEPCID)	TABS 20mg QL (120 tabs / 30 days)	Tier 1	QL		
<i>famotidine</i> (generic of PEPCID)	TABS 40mg QL (60 tabs / 30 days)	Tier 1	QL		
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>		Tier 2			
<i>nizatidine</i>	CAPS 150mg, 300mg	Tier 3			
<b>INFLAMMATORY BOWEL DISEASE</b>			<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i> (generic of COLAZAL)	CAPS 750mg	Tier 2			
<i>budesonide</i>	CPEP 3mg QL (90 caps / 30 days)	Tier 3	QL PA		
<i>budesonide</i> (generic of UCERIS)	TB24 9mg QL (30 tabs / 30 days)	Tier 1	QL PA		
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA)	ENEM 100mg/60ml	Tier 3			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 3	QL	<b>MISCELLANEOUS</b>		
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	Tier 3	QL	<i>alosectron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>mesalamine</i> ENEM 4gm	Tier 3		<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) (generic of GASTROCROM) CONC 100mg/5ml	Tier 3	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	Tier 3		<i>diphenoxylate w/ atropine</i> tab 2.5-0.025 mg (generic of LOMOTIL)	Tier 2	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL	GATTEX KIT 5mg	Tier 2	NM LA PA
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	Tier 3		LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 3	QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 1		<i>loperamide hcl</i> CAPS 2mg	Tier 2	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2		<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2	
<b>LAXATIVES</b>			MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
<i>constulose</i> SOLN 10gm/15ml	Tier 2		RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 2	QL PA
<i>enulose</i> SOLN 10gm/15ml	Tier 2		<i>sucrafate</i> (generic of CARAFATE) TABS 1gm	Tier 2	
<i>gavilyte-c</i>	Tier 1		<i>ursodiol</i> CAPS 300mg	Tier 2	
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1		<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 3	
<i>generlac</i> SOLN 10gm/15ml	Tier 2		<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 3	
<i>lactulose</i> SOLN 10gm/15ml	Tier 2		XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 2	QL NM LA PA
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 2		XIFAXAN TABS 550mg	Tier 2	PA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 1		<b>PANCREATIC ENZYMES</b>		
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1		CREON CAP 3000UNIT	Tier 2	
PLENVU SOL	Tier 3		CREON CAP 6000UNIT	Tier 2	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	Tier 2		CREON CAP 12000UNT	Tier 2	
			CREON CAP 24000UNT	Tier 2	
			CREON CAP 36000UNT	Tier 2	
			ZENPEP CAP 3000UNIT	Tier 3	
			ZENPEP CAP 5000UNIT	Tier 3	
			ZENPEP CAP 10000UNT	Tier 3	
			ZENPEP CAP 15000UNT	Tier 3	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>HEMATOLOGIC ANTICOAGULANTS</b>					
<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days)	Tier 3	QL	PRADAXA CAPS 110mg QL (120 caps / 30 days)	Tier 3	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg QL (60 caps / 30 days)	Tier 3	QL	<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL	XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 2	QL	XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 2	QL	XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 3		XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	Tier 3		<b>HEMATOPOIETIC GROWTH FACTORS</b>		
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1		PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
HEP SOD/D5W INJ 20000UNT	Tier 3		PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NM PA
HEP SOD/D5W INJ 25000UNT	Tier 3		ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA
HEP SOD/NACL INJ 12500UNT	Tier 2		<b>MISCELLANEOUS</b>		
HEP SOD/NACL INJ 25000UNT	Tier 2		<i>anagrelide hcl</i> CAPS 1mg	Tier 3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D	<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	Tier 3	
HEPARIN/NACL INJ 25000UNT	Tier 2		BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2	QL NM LA PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
			DOPTELET TABS 20mg	Tier 2	NM LA PA
			DROXIA CAPS 200mg, 300mg, 400mg	Tier 2	
			ENDARI PACK 5gm	Tier 2	NM LA PA
			HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	QL NM LA PA
			HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	QL NM LA PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA	ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 2	QL NM PA
<i>pentoxifylline</i> TBCR 400mg	Tier 1		ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	QL NM PA
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	Tier 2	QL NM LA PA	ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	Tier 2	QL NM LA PA	ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 2	QL NM PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA	ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA	HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM LA PA	HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 3		HUMIRA PEDIA INJ CROHNS QL (2 syringes / 28 days)	Tier 2	QL NM PA
<i>tranexamic acid</i> TABS 650mg	Tier 2		HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml QL (3 syringes / 28 days)	Tier 2	QL NM PA
<b>PLATELET AGGREGATION INHIBITORS</b>			HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 3		HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA
BRILINTA TABS 60mg, 90mg	Tier 2		HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 2	QL NM PA
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Tier 1		HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	Tier 2	PA	HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 2	QL NM PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	Tier 2				
<b>IMMUNOLOGIC AGENTS</b>					
<b>AUTOIMMUNE AGENTS</b>					
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	Tier 2	NM PA			



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA	TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	Tier 2	QL NM LA PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2	QL NM PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	Tier 2	QL NM PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	Tier 2	QL NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
OTEZLA TAB 10/20/30 QL (110 tabs / year)	Tier 2	QL NM PA	<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	Tier 2	
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2	QL NM PA	<i>methotrexate sodium</i> TABS 2.5mg	Tier 2	
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2	QL NM PA	XATMEP SOLN 2.5mg/ml	Tier 3	B/D
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	Tier 2	QL NM PA	<b>IMMUNOGLOBULINS</b>		
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 2	QL NM PA	BIVIGAM SOLN 5gm/50ml, 10%	Tier 2	NM LA PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 2	QL NM PA	FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM LA PA	GAMASTAN INJ	Tier 3	B/D NM LA
STELARA SOLN 130mg/26ml	Tier 2	NM LA PA	GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NM PA
			GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
			GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM LA PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA	<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	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 2	NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	Tier 1	B/D NM
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA	<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 3	B/D NM
<b>IMMUNOMODULATORS</b>			PROGRAF PACK .2mg, 1mg	Tier 3	B/D NM
ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 2	NM LA PA	REZUROCK TABS 200mg	Tier 2	NM LA PA
ARCALYST SOLR 220mg	Tier 2	NM LA PA	SANDIMMUNE SOLN 100mg/ml	Tier 3	B/D NM
<b>IMMUNOSUPPRESSANTS</b>			<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	Tier 1	B/D NM
ASTAGRAF XL CP24 5mg	Tier 2	B/D NM	<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	Tier 3	B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 3	B/D NM	<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 3	B/D NM
<i>azathioprine</i> (generic of IMURAN) TABS 50mg	Tier 2	B/D	<b>VACCINES</b>		
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2 QL	NM LA PA	ACTHIB INJ	Tier 1	
BENLYSTA SOLR 120mg, 400mg	Tier 2	NM LA PA	ADACEL INJ	Tier 1	
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 3	B/D NM	BCG VACCINE SOLR 50mg	Tier 1	
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM	BEXSERO INJ	Tier 1	
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 3	B/D NM	BOOSTRIX INJ	Tier 1	
<i>everolimus</i> ( <i>immunosuppressant</i> ) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	Tier 1	B/D NM	DAPTACEL INJ	Tier 1	
			DENG VAXIA SUS	Tier 1	
			DIP/TET PED INJ 25-5LFU	Tier 1	B/D
			ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
			GARDASIL 9 INJ	Tier 1	
			HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	
			HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
			HIBERIX SOLR 10mcg	Tier 1	
			IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENACTRA INJ	Tier 1	
MENQUADFI INJ	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENTACEL INJ	Tier 1	
PREHEVBRIO SUSP 10mcg/ml	Tier 1	B/D
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
TDVAX INJ 2-2 LF	Tier 1	B/D
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA INJ	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX INJ 1350pfu/0.5ml	Tier 1	
YF-VAX INJ	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<b>NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE</b>		
D2.5W/NACL INJ 0.45%	Tier 3	
D5W/LYTES INJ #48	Tier 3	
D10W/NACL INJ 0.2%	Tier 2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i> (generic of DEXTROSE 2.5%/NACL 0.45%)	Tier 2	
<i>dextrose 5% in lactated ringers</i>	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.3%</i> (generic of DEXTROSE 5%/NACL 0.3%)	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.225%</i> (generic of DEXTROSE/SODIUM CHLORIDE)	Tier 2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 2	
ISOLYTE-P INJ /D5W	Tier 3	
ISOLYTE-S INJ	Tier 3	
ISOLYTE-S INJ PH 7.4	Tier 3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	Tier 2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	Tier 2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2		POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 2		POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%)	Tier 2		POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 2		<i>potassium chloride</i> SOLN 2meq/ml	Tier 2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2		POTASSIUM CHLORIDE SOLN 10meq/50ml	Tier 3	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 3		<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 2	
<i>lactated ringer's solution</i>	Tier 2		<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2		<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%	Tier 2	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2		TPN ELECTROL INJ	Tier 3	B/D
<i>magnesium sulfate</i> SOLN 50%	Tier 2		<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 2		<i>klor-con 8</i> TBCR 8meq	Tier 1	
MG SO4/D5W INJ 10MG/ML	Tier 2		<i>klor-con 10</i> TBCR 10meq	Tier 1	
<i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE-148)	Tier 3		<i>klor-con m10</i> TBCR 10meq	Tier 1	
<i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A)	Tier 3		<i>klor-con m15</i> TBCR 15meq	Tier 2	
PLASMA-LYTE INJ -148	Tier 3		<i>klor-con m20</i> TBCR 20meq	Tier 1	
PLASMA-LYTE INJ -A	Tier 3		M-NATAL PLUS TAB	Tier 2	
			<i>potassium chloride</i> CPCR 8meq, 10meq	Tier 2	
			<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	Tier 3	
			<i>potassium chloride</i> TBCR 8meq, 10meq	Tier 1	
			<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	Tier 1	
			<i>potassium chloride microencapsulated crystals</i>	Tier 1	
			<i>er</i> TBCR 10meq, 20meq	Tier 1	
			<i>potassium chloride microencapsulated crystals</i>	Tier 2	
			<i>er</i> TBCR 15meq	Tier 2	
			PRENATAL TAB 27-1MG	Tier 2	
			PRENATAL TAB PLUS	Tier 2	
			<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
TRICARE TAB PRENATAL	Tier 2	
<b>IV NUTRITION</b>		
CLINIMIX INJ 4.25/D5W	Tier 3	B/D
CLINIMIX INJ 4.25/D10	Tier 3	B/D
CLINIMIX INJ 5%/D15W	Tier 3	B/D
CLINIMIX INJ 5%/D20W	Tier 3	B/D
CLINIMIX INJ 6/5	Tier 3	B/D
CLINIMIX INJ 8/10	Tier 3	B/D
CLINIMIX INJ 8/14	Tier 3	B/D
<i>clinisol sf 15%</i>	Tier 3	B/D
CLINOLIPID EMU 20%	Tier 3	B/D
<i>dextrose SOLN 5%, 10%</i>	Tier 2	
<i>dextrose SOLN 50%, 70%</i>	Tier 2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 3	B/D
<i>plenamine</i>	Tier 3	B/D
PREMASOL SOL 10%	Tier 1	B/D
PROSOL INJ 20%	Tier 3	B/D
TRAVASOL INJ 10%	Tier 3	B/D
TROPHAMINE INJ 10%	Tier 3	B/D
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	Tier 2	
<i>neo-polycin hc ophth oint 1%</i>	Tier 2	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	Tier 1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	Tier 1	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
TOBRADEX ST SUS 0.3- 0.05	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	Tier 3	
ZYLET SUS 0.5-0.3%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<b>ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	Tier 2	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUSP .6%	Tier 2	
CILOXAN OINT .3%	Tier 2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	Tier 1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 1	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	Tier 2	
NATACYN SUSP 5%	Tier 3	
<i>neo-polycin 5(3.5)mg- 400unt-10000unt op oin</i>	Tier 2	
<i>neomycin-bacitrac zn- polymyx 5(3.5)mg-400unt- 10000unt op oin</i>	Tier 2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg- unt-mg/ml</i>	Tier 2	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	Tier 1	
<i>polycin ophth oint</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml- 0.1% (generic of POLYTRIM)</i>	Tier 1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	Tier 2	
<i>tobramycin (ophth) SOLN .3%</i>	Tier 1	
<i>trifluridine SOLN 1%</i>	Tier 3	
ZIRGAN GEL .15%	Tier 3	
<b>ANTI-INFLAMMATORIES</b>		
ALREX SUSP .2%	Tier 2	
BROMSITE SOLN .075%	Tier 3	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 2	
<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EYSUVIS SUSP .25%	Tier 3		RHOPRESSA SOLN .02%	Tier 3	
FLAREX SUSP .1%	Tier 3		ROCKLATAN DRO	Tier 3	
fluorometholone (ophth) SUSP .1%	Tier 2		SIMBRINZA SUS 1-0.2%	Tier 3	
flurbiprofen sodium SOLN .03%	Tier 2		timolol maleate (ophth) SOLG .25%, .5%	Tier 3	
ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	Tier 2		timolol maleate (ophth) SOLN .25%, .5%	Tier 1	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	Tier 1		VYZULTA SOLN .024%	Tier 3	
LOTEMAX OINT .5%	Tier 2		<b>MISCELLANEOUS</b>		
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	Tier 2		ATROPINE SULFATE SOLN 1%	Tier 2	
PROLENSA SOLN .07%	Tier 2		atropine sulfate (ophthalmic) SOLN 1%	Tier 2	
<b>ANTIALLERGICS</b>			CYSTADROPS SOLN .37%	Tier 2	NM LA PA
azelastine hcl (ophth) SOLN .05%	Tier 2		CYSTARAN SOLN .44%	Tier 2	NM LA PA
cromolyn sodium (ophth) SOLN 4%	Tier 1		proparacaine hcl (generic of ALCAINE) SOLN .5%	Tier 2	
olopatadine hcl SOLN .1%	Tier 2		RESTASIS EMUL .05%	Tier 2	
ZERVIATE SOLN .24%	Tier 3		RESTASIS MULTIDOSE EMUL .05%	Tier 2	
<b>ANTIGLAUCOMA</b>			TYRVAYA SOLN .03mg/act	Tier 3	
betaxolol hcl (ophth) SOLN .5%	Tier 2		XIIDRA SOLN 5%	Tier 2	
BETOPTIC-S SUSP .25%	Tier 3		<b>OTIC</b>		
brimonidine tartrate SOLN .2%	Tier 1		<b>OTIC AGENTS</b>		
brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%	Tier 3		acetic acid (otic) SOLN 2%	Tier 2	
brinzolamide (generic of AZOPT) SUSP 1%	Tier 3		ciprofloxacin- dexamethasone otic susp 0.3-0.1% (generic of CIPRODEX)	Tier 3	
carteolol hcl (ophth) SOLN 1%	Tier 1		flac (generic of DERMOTIC) OIL .01%	Tier 2	
COMBIGAN SOL 0.2/0.5%	Tier 2		fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	Tier 2	
dorzolamide hcl SOLN 2%	Tier 1		neomycin-polymyxin-hc otic soln 1%	Tier 2	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)	Tier 1		neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 2	
latanoprost (generic of XALATAN) SOLN .005%	Tier 1		ofloxacin (otic) SOLN .3%	Tier 3	
levobunolol hcl SOLN .5%	Tier 1				
pilocarpine hcl SOLN 1%, 2%, 4%	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>					
ANORO ELLIPT AER 62.5-25	Tier 2	QL QL (60 blisters / 30 days)	<i>cetirizine hcl</i> SOLN 1mg/ml QL (300 mL / 30 days)	Tier 1	QL
BEVESPI AER 9-4.8MCG	Tier 2	QL QL (1 inhaler / 30 days)	<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	Tier 2	PA
BREZTRI AERO AER SPHERE	Tier 2	QL QL (1 inhaler / 30 days)	<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 2	
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 2	QL QL (4 inhalers / 28 days)	<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 3	PA
COMBIVENT AER 20-100	Tier 3	QL QL (2 inhalers / 30 days)	<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	Tier 2	PA
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 2	B/D	<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	Tier 2	PA
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 2	QL QL (60 blisters / 30 days)	<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 2	QL QL (60 blisters / 30 days)	<b>BETA AGONISTS</b>		
<b>ANTICHOLINERGICS</b>			<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL
ATROVENT HFA AERS 17mcg/act	Tier 3	QL QL (2 inhalers / 30 days)	<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 2	QL QL (30 blisters / 30 days)	<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 2	QL
<i>ipratropium bromide</i> SOLN .02%	Tier 1	B/D	<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 2		<i>albuterol sulfate</i> NEBU .083%	Tier 1	B/D
<b>ANTI-HISTAMINES</b>			<i>albuterol sulfate</i> SYRP 2mg/5ml	Tier 2	
<i>azelastine hcl</i> SOLN .1%	Tier 2		<i>albuterol sulfate</i> TABS 2mg, 4mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL ST	<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL	FASENRA SOSY 30mg/ml FASENRA PEN SOAJ 30mg/ml	Tier 2	NM LA PA Tier 2 NM LA PA
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 3		KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	Tier 2	QL NM LA PA
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL	KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL	OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2	QL NM LA PA
<b>LEUKOTRIENE MODULATORS</b>			ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	Tier 2	QL NM LA PA
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 1		ORKAMBI GRA 100-125 QL (56 packs / 28 days)	Tier 2	QL NM LA PA
<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 3		ORKAMBI GRA 150-188 QL (56 packs / 28 days)	Tier 2	QL NM LA PA
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	Tier 2		ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM LA PA
<b>MISCELLANEOUS</b>			ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM LA PA
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 3	B/D	<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	Tier 1	QL NM PA
ARALAST NP SOLR 500mg, 1000mg	Tier 2	NM LA PA	<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 1	QL NM PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	Tier 2	QL NM LA PA	<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 2	B/D	<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 2		PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	Tier 2	NM LA PA
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 2				



Drug Name	Drug Tier	Requirements/ Limits
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 2	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 2	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2	QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2	QL NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	Tier 3	
<i>theophylline</i> TB12 300mg, 450mg	Tier 3	
<i>theophylline</i> TB24 400mg, 600mg	Tier 2	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2	QL NM LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2	QL NM LA PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	QL NM LA PA
TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days)	Tier 2	QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	Tier 2	NM LA PA
ZEMAIRA SOLR 1000mg	Tier 2	NM LA PA
<b>NASAL STEROIDS</b>		
<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL
<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
<i>budesonide</i> (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 3	B/D
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL
DULERA AER 50-5MCG QL (1 inhaler / 30 days)	Tier 3	QL
DULERA AER 100-5MCG QL (1 inhaler / 30 days)	Tier 3	QL
DULERA AER 200-5MCG QL (1 inhaler / 30 days)	Tier 3	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL	<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL	<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL	<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 2	QL
<b>TOPICAL DERMATOLOGY, ACNE</b>			<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	Tier 1	QL
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA	<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	Tier 1	
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	Tier 3	PA	<i>ssd</i> (generic of SILVADENE) CREA 1%	Tier 1	
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA	<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	Tier 2	QL	<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	Tier 2	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	Tier 2	QL	<i>ciclopirox olamine</i> (generic of LOPROX) SUSP .77% QL (60 mL / 30 days)	Tier 2	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	Tier 2	QL	<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	Tier 1	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA	<i>clotrimazole (topical)</i> SOLN 1% QL (30 mL / 30 days)	Tier 2	QL
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 3	QL	<i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days)	Tier 2	QL
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 3	QL PA	<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	Tier 2	QL
			<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
			<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL
			<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
			<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
			<b>DERMATOLOGY, ANTIPSORIATICS</b>		
			<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 3	QL PA	<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL
<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	Tier 2	QL PA	<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	Tier 3	QL
TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 3	QL PA	<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	Tier 3	QL
<b>DERMATOLOGY, ANTISEBORRHEICS</b>			ENSTILAR AER QL (120 gm / 30 days)	Tier 3	QL PA
<i>ketoconazole</i> (topical) SHAM 2% QL (120 mL / 30 days)	Tier 1	QL	<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	Tier 3	QL
<i>selenium sulfide</i> LOTN 2.5%	Tier 1		<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	Tier 3	QL
<b>DERMATOLOGY, CORTICOSTEROIDS</b>			<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL
<i>ala-cort</i> CREA 1%, 2.5%	Tier 1		<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone dipropionate</i> (topical) CREA .05% QL (120 gm / 30 days)	Tier 2	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01% QL (90 mL / 30 days)	Tier 3	QL
<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 mL / 30 days)	Tier 2	QL	<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone dipropionate</i> (topical) OINT .05% QL (120 gm / 30 days)	Tier 3	QL	<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL
<i>betamethasone dipropionate</i> augmented CREA .05% QL (120 gm / 30 days)	Tier 2	QL	<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	Tier 2	QL
<i>betamethasone dipropionate</i> augmented GEL .05% QL (120 gm / 30 days)	Tier 3	QL	<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone dipropionate</i> augmented LOTN .05% QL (120 mL / 30 days)	Tier 3	QL			
<i>betamethasone dipropionate</i> augmented (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	Tier 3	QL			
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 2	QL			
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	Tier 2	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 2		<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) CREA 1%	Tier 2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	Tier 3	QL	<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
QL (50 gm / 30 days)			<i>imiquimod</i> CREA 5%	Tier 2	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1		QL (24 packets / 30 days)		
<i>mometasone furoate</i> CREA Tier 2 .1%; OINT .1%; SOLN .1%	Tier 2		<i>lactic acid (ammonium lactate)</i> CREA 12%	Tier 1	
<i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5%	Tier 1	QL	<i>lactic acid (ammonium lactate)</i> LOTN 12%	Tier 2	
QL (454 gm / 30 days)			<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%	Tier 3	QL
<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%	Tier 2		QL (45 gm / 30 days)		
<i>triamcinolone acetonide</i> (topical) OINT .025%, .1%, .5%	Tier 1		<i>metronidazole (topical)</i> GEL Tier 2 .75%	Tier 2	QL
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>			QL (45 gm / 30 days)		
<i>glydo</i> PRSY 2%	Tier 3	QL PA	PANRETIN GEL .1%	Tier 2	QL PA
QL (60 mL / 30 days)			QL (60 gm / 30 days)		
<i>lidocaine</i> OINT 5%	Tier 3	QL PA	<i>podofilox</i> SOLN .5%	Tier 2	QL
QL (50 gm / 30 days)			QL (7 mL / 28 days)		
<i>lidocaine</i> (generic of LIDODERM) PTCH 5%	Tier 3	QL PA	<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
QL (3 patches / 1 day)			<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>lidocaine hcl</i> SOLN 4%	Tier 2	QL PA	<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
QL (50 mL / 30 days)			RECTIV OINT .4%	Tier 3	QL
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	Tier 2	B/D QL	QL (30 gm / 30 days)		
QL (30 gm / 30 days)			<i>tacrolimus (topical)</i> OINT .03%, .1%	Tier 3	QL
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>			QL (100 gm / 30 days)		
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%	Tier 1	QL NM PA	VALCHLOR GEL .016%	Tier 2	QL NM LA PA
QL (60 gm / 30 days)			QL (60 gm / 30 days)		
<i>diclofenac sodium (topical)</i> GEL 1%	Tier 2	QL	<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
QL (1000 gm / 30 days)			<i>malathion</i> LOTN .5%	Tier 3	QL
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	Tier 3	QL	QL (59 mL / 30 days)		
QL (40 gm / 30 days)			<i>permethrin</i> CREA 5%	Tier 2	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5%	Tier 2	QL	QL (60 gm / 30 days)		
QL (10 mL / 30 days)			<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
			REGANEX GEL .01%	Tier 2	QL PA
			QL (30 gm / 30 days)		
			SANTYL OINT 250unit/gm	Tier 3	QL
			QL (180 gm / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 2	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
<b><i>MOUTH/THROAT/DENTAL AGENTS</i></b>		
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%</i>	Tier 1	
<i>clotrimazole TROC 10mg QL (150 lozenges / 30 days)</i>	Tier 2	QL
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	Tier 1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	Tier 2	
<i>periogard (generic of PERIDEX) SOLN .12%</i>	Tier 1	
<i>pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg</i>	Tier 2	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	Tier 2	

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INTUNIV		.....	36	<i>kcl 20 meq/l (0.15%) in</i>
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<i>irbesartan</i> .....	18	JENTADUETO TAB 2.5-		<i>dextrose 5% &amp; nacl</i>
<i>irbesartan-</i>		500 .....	36	<i>0.45% inj</i> .....
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<i>hydrochlorothiazide tab</i>		1000MG .....	36	<i>kcl 40 meq/l (0.3%) in</i>
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## MASSACHUSETTS

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