



MASSACHUSETTS

Medicare Advantage Group

2023 FORMULARY

(List of Covered Drugs)

2-Tier

PLEASE READ: THIS DOCUMENT
CONTAINS INFORMATION ABOUT
THE DRUGS WE COVER IN THIS PLAN
23217, Version 17

This abridged and comprehensive formulary was updated on 12/01/2023.

Important Message About What You Pay for Vaccines

- Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible (if applicable.) Call Member Services for more information.

Important Message About What You Pay for Insulin

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

For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare.



NOTE TO EXISTING MEMBERS:

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

When this formulary (drug list) refers to "we," "us," or "our," it means Blue Cross Blue Shield of Massachusetts. When it refers to "plan" or "our plan," it means Medicare HMO Blue or Medicare PPO Blue.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/01/2023. 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/co-insurance may change on January 1, 2024, and from time to time during the year.





WHAT IS THE MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY?

A formulary is a list of covered drugs selected by our Medicare Advantage Group Plans in consultation with a team of health care providers, that represents the prescription therapies believed to be a necessary part of a quality treatment program. Our Medicare HMO Blue or Medicare PPO Blue plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare Advantage plan 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 we 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 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 to request an exception, and you can find information in the section below titled "How do I request an exception to the Medicare Advantage Group Plan's Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) 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 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, or 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.

- » 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 information in the section below entitled "How do I request an exception to the Medicare Advantage Group Plan's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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.

The enclosed formulary is current as of 12/01/2023. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year, non-maintenance formulary change, we will provide a notice in the monthly Explanation of Benefits and on our website, bluecrossma.com/medicare. You may ask for a copy of the most recent formulary by contacting 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 8. 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 Agents." If you know what your drug is used for, look for the category name in the list that begins on page 157. 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 on page 66. 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?

Our plans cover 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:** Our plans require 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, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide up to 30 tablets per 30 days per prescription of Simvastatin 10 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Opioid Safety Edits:** For certain drugs or combinations of drugs, there may be a safety edit applied to prevent opioid overutilization. The safety edit on these medications may be cumulative with other similar, medications that you may be taking in the same class. A dosage adjustment by your physician or an exception may be required if you exceed the safety edit.
- **Step Therapy:** In some cases, our plans require 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 plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans 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 8. 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 our plan 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 Medicare Advantage Group Plan's formulary?" on page 4 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 Member Service and ask if your drug is covered.

If you learn that your Medicare Advantage Group Plan does not cover your drug, you have two options:

- You can ask Member Service for a list of similar drugs that are covered by our plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plans.
- You can ask our plans to make an exception and cover your drug. See below for information about how to request an exception.

HOW DO I REQUEST AN EXCEPTION TO THE MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY?

You can ask your Medicare Advantage Group Plan 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 your 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, our plans limit 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, our Medicare Advantage Group Plan will only approve your request for an exception if the alternative drugs 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, tier, or utilization restriction exception. **When you request a formulary, tier, 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 SHOULD 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 (or 31-day supply if you are a long-term care resident) 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 might be covered under Medicare Part B.

FOR MORE INFORMATION

For more detailed information about your Medicare Advantage Group Plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our Medicare Advantage Group Plans, 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 users should call **1-877-486-2048**. Or, visit medicare.gov.

MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY

The formulary that begins on page 8 provides coverage information about the drugs covered by our Medicare Advantage Group Plans. If you have trouble finding your drug in the list, turn to the index that begins on page 66.

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

The information in the Requirements/Limits column tells you if our plans have any special

requirements for coverage of your drug.

The abbreviations you may see in the formulary (list of covered drugs) include:

Quantity Limits (QL): To help ensure that the quantity and dosage of your medications remains consistent with manufacturer, clinical, and FDA recommendations, we maintain a list of medications subject to QL. When you fill a prescription for a medication subject to QL, your prescription is reviewed for:

- **Dose Consolidation.** Dose consolidation checks to see whether you're taking two or more daily doses of medicine that could be replaced with one daily dose providing the same total amount of medication.
- **Recommended Monthly Dosing Level.** This process checks to see that your monthly dosage of medication is consistent with both the manufacturer's and the FDA's monthly dosing recommendations and clinical information. Your doctor can also apply for an exception to QL guidelines when medically necessary.
- **Mail Order (MO):** These prescription drugs are available through mail order.

Home Infusion (HI): This prescription drug may be covered under our medical benefit. For more information, call us. Our contact information appears on the front and back cover pages.

Medical Benefit (MB): These drugs and supplies are covered under your plan's medical benefit and are available through network retail pharmacies or mail order service.*

Prior Authorization (PA): These prescription drugs require prior authorization from the plan.

Step Therapy (ST): These prescription drugs require you to first try another drug to treat your medical condition.

Limited Pharmacy Availability (LA): This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call us. Our contact information appears on the front and back cover pages.

Medicare Part B or D (B/D): This prescription drug may be covered under Medicare Part B or D, depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Non-Extended Day Supply (NEDS): In an effort to control drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

*Coverage for diabetic test strips and blood glucose monitors at a participating retail or mail order pharmacy is limited to those listed on our formulary and provided at no cost to you. There is no coverage for other brand-name test strips and blood glucose monitors that are not listed on our formulary when purchased at a retail or mail order pharmacy.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS					
GOUT					
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1	MO	<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	MO
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 1	QL MO	<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1	MO
<i>colchicine w/ probenecid</i> tab 0.5-500 mg	Tier 1	MO	<i>nabumetone</i> TABS 500mg, Tier 1 750mg	Tier 1	MO
<i>febuxostat</i> TABS 40mg, 80mg	Tier 1	MO PA	<i>naproxen</i> TABS 250mg, 375mg, 500mg	Tier 1	MO
<i>MITIGARE</i> CAPS .6mg QL (60 caps / 30 days)	Tier 2	QL MO	<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	Tier 1	QL MO
<i>probenecid</i> TABS 500mg	Tier 1	MO	<i>naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	Tier 1	QL MO
NSAIDS					
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 1	QL MO	<i>naproxen sodium</i> TABS 275mg, 550mg	Tier 1	MO
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	Tier 1	QL MO	<i>oxaprozin</i> TABS 600mg	Tier 1	MO
<i>diclofenac potassium</i> TABS Tier 1 50mg QL (120 tabs / 30 days)	Tier 1	QL MO	<i>piroxicam</i> CAPS 10mg, 20mg	Tier 1	MO
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	Tier 1	MO	<i>sulindac</i> TABS 150mg, 200mg	Tier 1	MO
<i>diclofenac w/ misoprostol</i> tab delayed release 50-0.2 mg	Tier 1	MO	OPIOID ANALGESICS, LONG-ACTING		
<i>diclofenac w/ misoprostol</i> tab delayed release 75-0.2 mg	Tier 1	MO	<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 1	QL MO PA
<i>diflunisal</i> TABS 500mg	Tier 1	MO	<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 1	QL MO PA
<i>ec-naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	Tier 1	QL MO	<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 2	QL MO PA
<i>ec-naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	Tier 1	QL MO	<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 2	QL MO PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 1	MO	<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 1	QL MO PA
<i>flurbiprofen</i> TABS 100mg	Tier 1	MO	<i>methadone hcl</i> TABS 5mg, Tier 1 10mg QL (90 tabs / 30 days)	Tier 1	QL MO PA
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1	MO	<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	Tier 1	QL MO PA
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 1	MO			

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MO** - Available at mail-order
B/D - Covered under Medicare B or D **LA** - Limited Pharmacy Availability **HI** - Home Infusion
NEDS - Non-Extended Days Supply **SI** - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 1	QL MO PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> SOLN 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 1	QL MO
<i>acetaminophen w/ codeine</i> tab 300-15 mg QL (400 tabs / 30 days)	Tier 1	QL MO
<i>acetaminophen w/ codeine</i> tab 300-30 mg QL (360 tabs / 30 days)	Tier 1	QL MO
<i>acetaminophen w/ codeine</i> tab 300-60 mg QL (180 tabs / 30 days)	Tier 1	QL MO
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	Tier 2	MO
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	Tier 1	QL MO
<i>endocet</i> tab 2.5-325mg QL (360 tabs / 30 days)	Tier 1	QL MO
<i>endocet</i> tab 5-325mg QL (360 tabs / 30 days)	Tier 1	QL MO
<i>endocet</i> tab 7.5-325mg QL (240 tabs / 30 days)	Tier 1	QL MO
<i>endocet</i> tab 10-325mg QL (180 tabs / 30 days)	Tier 1	QL MO
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	Tier 1	QL MO PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	Tier 1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen</i> soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	Tier 1	QL MO
<i>hydrocodone-acetaminophen</i> tab 5-325 mg QL (240 tabs / 30 days)	Tier 1	QL MO
<i>hydrocodone-acetaminophen</i> tab 7.5-325 mg QL (180 tabs / 30 days)	Tier 1	QL MO
<i>hydrocodone-acetaminophen</i> tab 10-325 mg QL (180 tabs / 30 days)	Tier 1	QL MO
<i>hydrocodone-ibuprofen</i> tab 7.5-200 mg QL (150 tabs / 30 days)	Tier 1	QL MO
<i>hydromorphone hcl</i> LIQD 1mg/ml QL (600 mL / 30 days)	Tier 1	QL MO
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 1	QL MO
MORPHINE SULFATE SOLN 5mg/ml, 8mg/ml, 10mg/ml	Tier 2	B/D MO
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 2	B/D MO
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 1	QL MO
<i>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	Tier 1	QL MO
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL MO
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	Tier 2	B/D MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MO** - Available at mail-order
B/D - Covered under Medicare B or D **LA** - Limited Pharmacy Availability **HI** - Home Infusion
NEDS - Non-Extended Days Supply **SI** - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 2	MO
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	Tier 1	QL MO
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	Tier 1	QL MO
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 1	QL MO
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL MO
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg QL (360 tabs / 30 days)	Tier 1	QL MO
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg QL (360 tabs / 30 days)	Tier 1	QL MO
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg QL (240 tabs / 30 days)	Tier 1	QL MO
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg QL (180 tabs / 30 days)	Tier 1	QL MO
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL MO
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	Tier 1	QL MO
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) SOLN .5%, 1%, 1.5%, 2%	Tier 1	B/D MO
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	Tier 1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amikacin sulfate</i> SOLN 1gm/4ml	Tier 1	MO
<i>amikacin sulfate</i> SOLN 500mg/2ml	Tier 1	HI MO
<i>atovaquone</i> SUSP 750mg/5ml	Tier 1	MO
<i>aztreonam</i> SOLR 1gm	Tier 1	HI MO
<i>aztreonam</i> SOLR 2gm	Tier 1	MO
<i>CAYSTON</i> SOLR 75mg	Tier 2	NEDS LA PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	Tier 1	MO
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	Tier 1	MO
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	Tier 1	HI MO
<i>clindamycin phosphate</i> SOLN 9000mg/60ml	Tier 1	MO
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	Tier 1	HI MO
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	Tier 1	HI MO
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	Tier 1	HI MO
<i>CLINDMYC/NAC</i> INJ 300/50ML	Tier 2	MO
<i>CLINDMYC/NAC</i> INJ 600/50ML	Tier 2	MO
<i>CLINDMYC/NAC</i> INJ 900/50ML	Tier 2	MO
<i>colistimethate sodium</i> SOLR 150mg	Tier 1	HI MO
<i>dapsone</i> TABS 25mg, 100mg	Tier 1	MO
<i>DAPTOMYCIN</i> SOLR 350mg	Tier 2	NEDS
<i>daptomycin</i> SOLR 350mg, 500mg	Tier 1	HI
<i>EMVERM</i> CHEW 100mg QL (12 tabs / year)	Tier 2	NEDS QL
<i>ertapenem sodium</i> SOLR 1gm	Tier 1	HI MO
<i>gentamicin in saline inj</i> 0.8 mg/ml	Tier 1	HI MO
<i>gentamicin in saline inj</i> 1 mg/ml	Tier 1	HI MO

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MO** - Available at mail-order
B/D - Covered under Medicare B or D **LA** - Limited Pharmacy Availability **HI** - Home Infusion
NEDS - Non-Extended Days Supply **SI** - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
gentamicin in saline inj 1.2 mg/ml	Tier 1	HI MO
gentamicin in saline inj 1.6 mg/ml	Tier 1	HI MO
gentamicin in saline inj 2 mg/ml	Tier 1	MO
gentamicin sulfate SOLN 10mg/ml	Tier 1	MO
gentamicin sulfate SOLN 40mg/ml	Tier 1	HI MO
imipenem-cilastatin intravenous for soln 250 mg	Tier 1	HI MO
imipenem-cilastatin intravenous for soln 500 mg	Tier 1	HI MO
ivermectin TABS 3mg QL (12 tabs / 90 days)	Tier 1	QL MO PA
linezolid SOLN 600mg/300ml	Tier 1	HI MO
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
linezolid TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL MO
LINEZOLID INJ 2MG/ML	Tier 1	HI MO
meropenem SOLR 1gm, 500mg	Tier 1	HI MO
methenamine hippurate TABS 1gm	Tier 1	MO
metronidazole SOLN 500mg/100ml	Tier 1	HI MO
metronidazole TABS 250mg, 500mg	Tier 1	MO
neomycin sulfate TABS 500mg	Tier 1	MO
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	Tier 1	QL
nitrofurantoin macrocrystal CAPS 50mg, 100mg	Tier 2	MO
nitrofurantoin monohyd macro CAPS 100mg	Tier 2	MO
paromomycin sulfate CAPS Tier 1 250mg	Tier 1	MO
pentamidine isethionate inh SOLR 300mg	Tier 1	B/D MO
pentamidine isethionate inj SOLR 300mg	Tier 1	MO
praziquantel TABS 600mg	Tier 1	MO
SIVEXTRO SOLR 200mg	Tier 2	NEDS HI

Drug Name	Drug Requirements/ Tier	Limits
SIVEXTRO TABS 200mg	Tier 2	NEDS
streptomycin sulfate SOLR 1gm	Tier 1	MO
sulfadiazine TABS 500mg	Tier 2	MO
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 1	MO
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	MO
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	MO
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	MO
tinidazole TABS 250mg, 500mg	Tier 1	MO
tobramycin NEBU 300mg/5ml	Tier 1	PA
tobramycin sulfate SOLN 1.2gm/30ml, 40mg/ml	Tier 1	MO
tobramycin sulfate SOLN 10mg/ml, 80mg/2ml	Tier 1	HI MO
trimethoprim TABS 100mg	Tier 1	MO
vancomycin hcl CAPS 125mg QL (80 caps / 180 days)	Tier 1	QL MO
vancomycin hcl CAPS 250mg QL (160 caps / 180 days)	Tier 1	QL MO
vancomycin hcl SOLR 1gm, Tier 1 10gm, 500mg, 750mg	Tier 1	HI MO
vancomycin hcl SOLR 5gm	Tier 1	MO
VANCOMYCIN INJ 1 GM	Tier 2	MO
VANCOMYCIN INJ 500MG	Tier 2	MO
VANCOMYCIN INJ 750MG	Tier 2	MO
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	Tier 2	B/D MO
amphotericin b SOLR 50mg	Tier 1	HI B/D MO
amphotericin b liposome SUSR 50mg	Tier 1	B/D
caspofungin acetate SOLR 50mg, 70mg	Tier 1	HI MO

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Drug Name	Drug Requirements/ Tier	Limits
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 1	MO
<i>fluconazole</i> in nacl 0.9% inj 200 mg/100ml	Tier 1	HI MO
<i>fluconazole</i> in nacl 0.9% inj 400 mg/200ml	Tier 1	HI MO
<i>flucytosine</i> CAPS 250mg, 500mg	Tier 1	PA
<i>griseofulvin</i> microsize SUSP 125mg/5ml; TABS 500mg	Tier 1	MO
<i>griseofulvin</i> ultramicrosize TABS 125mg, 250mg	Tier 1	MO
<i>itraconazole</i> CAPS 100mg	Tier 1	MO PA
<i>ketoconazole</i> TABS 200mg	Tier 1	MO PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	Tier 1	HI
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	Tier 2	NEDS QL PA
<i>nystatin</i> TABS 500000unit	Tier 1	MO
<i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	Tier 1	QL PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL PA
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	Tier 1	QL MO
<i>voriconazole</i> SOLR 200mg	Tier 1	HI PA
<i>voriconazole</i> SUSR 40mg/ml	Tier 1	PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	Tier 1	QL MO PA
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL MO PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg	Tier 1	MO
<i>atovaquone-proguanil hcl</i> tab 250-100 mg	Tier 1	MO
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 1	MO
COARTEM TAB 20-120MG	Tier 2	MO

Drug Name	Drug Requirements/ Tier	Limits
<i>mefloquine hcl</i> TABS 250mg	Tier 1	MO
<i>primaquine phosphate</i> TABS 26.3mg	Tier 1	MO
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2	MO
<i>quinine sulfate</i> CAPS 324mg	Tier 1	MO PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	Tier 1	MO
<i>APTVUS</i> CAPS 250mg	Tier 2	NEDS
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	Tier 1	MO
<i>darunavir</i> TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL
<i>darunavir</i> TABS 800mg QL (30 tabs / 30 days)	Tier 1	QL
<i>EDURANT</i> TABS 25mg	Tier 2	NEDS
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	Tier 1	MO
<i>emtricitabine</i> CAPS 200mg	Tier 1	MO
<i>EMTRIVA</i> SOLN 10mg/ml	Tier 2	MO
<i>etravirine</i> TABS 100mg, 200mg	Tier 1	
<i>fosamprenavir calcium</i> TABS 700mg	Tier 1	
<i>FUZEON</i> SOLR 90mg	Tier 2	NEDS
<i>INTELENCE</i> TABS 25mg	Tier 2	MO
<i>ISENTRESS</i> CHEW 25mg	Tier 2	MO
<i>ISENTRESS</i> CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NEDS
<i>ISENTRESS HD</i> TABS 600mg	Tier 2	NEDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	Tier 1	MO
<i>LEXIVA</i> SUSP 50mg/ml	Tier 2	MO
<i>maraviroc</i> TABS 150mg, 300mg	Tier 1	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	Tier 1	MO
<i>NORVIR</i> PACK 100mg	Tier 2	MO
<i>PIFELTRO</i> TABS 100mg	Tier 2	NEDS

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Drug Name	Drug Requirements/ Tier	Limits
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	NEDS QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 2	QL MO
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	NEDS QL
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 2	NEDS QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 2	NEDS QL
REYATAZ PACK 50mg ritonavir TABS 100mg	Tier 2	NEDS
RUKOBIA TB12 600mg	Tier 2	NEDS
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 2	NEDS
SELZENTRY TABS 25mg	Tier 2	MO
SUNLENCA TBPK 300mg <i>tenofovir disoproxil fumarate</i> TABS 300mg	Tier 2	NEDS LA
TIVICAY TABS 10mg	Tier 2	MO
TIVICAY TABS 25mg, 50mg	Tier 2	NEDS
TIVICAY PD TBSO 5mg	Tier 2	NEDS
TROGARZO SOLN 200mg/1.33ml	Tier 2	NEDS LA
TYBOST TABS 150mg	Tier 2	MO
VIRACEPT TABS 250mg, 625mg	Tier 2	NEDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NEDS
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 1	MO
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 1	MO
BIKTARVY TAB 30-120-15 MG	Tier 2	NEDS
BIKTARVY TAB 50-200-25 MG	Tier 2	NEDS
CIMDUO TAB 300-300	Tier 2	NEDS
COMPLERA TAB	Tier 2	NEDS
DELSTRIGO TAB	Tier 2	NEDS

Drug Name	Drug Requirements/ Tier	Limits
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	Tier 2	NEDS QL
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	Tier 2	NEDS QL
DOVATO TAB 50-300MG <i>efavirenz-emtricitabine-</i> <i>tenofovir df tab 600-200-300</i> <i>mg</i>	Tier 2	NEDS
<i>efavirenz-lamivudine-</i> <i>tenofovir df tab 400-300-300</i> <i>mg</i>	Tier 1	
<i>efavirenz-lamivudine-</i> <i>tenofovir df tab 600-300-300</i> <i>mg</i>	Tier 1	
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 100-</i> <i>150 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 133-</i> <i>200 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 167-</i> <i>250 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 200-</i> <i>300 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
EVOTAZ TAB 300-150	Tier 2	NEDS
GENVOYA TAB	Tier 2	NEDS
JULUCA TAB 50-25MG <i>lamivudine-zidovudine tab</i> <i>150-300 mg</i>	Tier 2	NEDS
<i>lopinavir-ritonavir soln 400-</i> <i>100 mg/5ml (80-20 mg/ml)</i>	Tier 1	MO
<i>lopinavir-ritonavir tab 100-25</i> <i>mg</i>	Tier 1	MO
<i>lopinavir-ritonavir tab 200-50</i> <i>mg</i>	Tier 1	MO
ODEFSEY TAB	Tier 2	NEDS
PREZCOBIX TAB 800-150	Tier 2	NEDS
STRIBILD TAB	Tier 2	NEDS
SYMTUZA TAB	Tier 2	NEDS
TRIUMEQ PD TAB	Tier 2	NEDS
TRIUMEQ TAB	Tier 2	NEDS
TRIZIVIR TAB	Tier 2	NEDS

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	Tier 1	
ethambutol hcl TABS 100mg, 400mg	Tier 1	MO
isoniazid SYRP 50mg/5ml	Tier 1	MO
isoniazid TABS 100mg, 300mg	Tier 1	MO
PRIFTIN TABS 150mg	Tier 2	MO
pyrazinamide TABS 500mg	Tier 1	MO
rifabutin CAPS 150mg	Tier 1	MO
rifampin CAPS 150mg, 300mg	Tier 1	MO
rifampin SOLR 600mg	Tier 1	HI MO
SIRTURO TABS 20mg, 100mg	Tier 2	NEDS LA PA
TRECATOR TABS 250mg	Tier 2	MO
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1	MO
acyclovir SUSP 200mg/5ml	Tier 1	MO
acyclovir sodium SOLN 50mg/ml	Tier 1	HI B/D MO
adefovir dipivoxil TABS 10mg	Tier 1	
BARACLUDE SOLN .05mg/ml	Tier 2	NEDS
entecavir TABS .5mg, 1mg	Tier 1	MO
EPCLUSUSA PAK 150-37.5	Tier 2	NEDS PA
EPCLUSUSA PAK 200-50MG	Tier 2	NEDS PA
EPCLUSUSA TAB 200-50MG	Tier 2	NEDS PA
EPCLUSUSA TAB 400-100	Tier 2	NEDS PA
EPIVIR HBV SOLN 5mg/ml	Tier 2	MO
famciclovir TABS 125mg, 250mg, 500mg	Tier 1	MO
ganciclovir sodium SOLR 500mg	Tier 1	B/D MO
HARVONI PAK 33.75-150MG	Tier 2	NEDS PA
HARVONI PAK 45-200MG	Tier 2	NEDS PA
HARVONI TAB 45-200MG	Tier 2	NEDS PA
HARVONI TAB 90-400MG	Tier 2	NEDS PA
lamivudine (hbv) TABS 100mg	Tier 1	MO
MAVYRET PAK 50-20MG	Tier 2	NEDS PA
MAVYRET TAB 100-40MG	Tier 2	NEDS PA
oseltamivir phosphate CAPS 30mg	Tier 1	QL MO
QL (168 caps / year)		

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
oseltamivir phosphate CAPS 45mg, 75mg	Tier 1	QL MO
QL (84 caps / year)		
oseltamivir phosphate SUSR 6mg/ml	Tier 1	QL MO
QL (1080 mL / year)		
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NEDS PA
PREVYMIS TABS 240mg, 480mg	Tier 2	NEDS QL PA
QL (28 tabs / 28 days)		
RELENZA DISKHALER AEPB 5mg/blister	Tier 2	QL MO
QL (6 inhalers / year)		
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	Tier 1	
rimantadine hydrochloride TABS 100mg	Tier 1	MO
valacyclovir hcl TABS 1gm, 500mg	Tier 1	MO
valganciclovir hcl SOLR 50mg/ml	Tier 1	
valganciclovir hcl TABS 450mg	Tier 1	MO
VEMLIDY TABS 25mg	Tier 2	NEDS
VOSEVI TAB	Tier 2	NEDS PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	Tier 1	MO
CEFACLOR ER TB12 500mg	Tier 2	MO
cefadroxil CAPS 500mg	Tier 1	MO
cefadroxil SUSR 250mg/5ml, 500mg/5ml	Tier 1	MO
CEFAZOLIN SOLR 2gm, 3gm	Tier 2	MO
CEFAZOLIN INJ 1GM/50ML	Tier 2	MO
cefazolin sodium SOLR 1gm, 2gm	Tier 1	MO
cefazolin sodium SOLR 1gm, 10gm, 500mg	Tier 1	HI MO
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 2	MO
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	MO

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Drug Name	Drug Requirements/ Tier	Limits
cefepime hcl SOLR 1gm, 2gm	Tier 1	HI MO
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 1	MO
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 1	HI MO
cefopodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 1	MO
cefprozil SUSR 125mg/5ml, Tier 1 250mg/5ml; TABS 250mg, 500mg	Tier 1	MO
ceftazidime SOLR 1gm, 2gm, 6gm	Tier 1	HI MO
ceftriaxone sodium SOLR 1gm, 2gm	Tier 1	MO
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	HI MO
cefuroxime axetil TABS 250mg, 500mg	Tier 1	MO
cefuroxime sodium SOLR 1.5gm, 750mg	Tier 1	HI MO
cephalexin CAPS 250mg, 500mg	Tier 1	MO
cephalexin SUSR 125mg/5ml, 250mg/5ml	Tier 1	MO
tazicef SOLR 1gm, 2gm, 6gm	Tier 1	HI MO
TEFLARO SOLR 400mg, 600mg	Tier 2	NEDS HI
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SUSR 100mg/5ml, 200mg/5ml	Tier 1	MO
azithromycin SOLR 500mg	Tier 1	HI MO
azithromycin TABS 250mg, Tier 1 500mg, 600mg	Tier 1	MO
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 1	MO
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2	NEDS
e.e.s. 400 TABS 400mg	Tier 1	MO
ery-tab TBEC 250mg, 333mg, 500mg	Tier 1	MO

Drug Name	Drug Requirements/ Tier	Limits
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 2	HI MO
erythrocin stearate TABS 250mg	Tier 1	MO
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 1	MO
erythromycin ethylsuccinate TABS 400mg	Tier 1	MO
erythromycin lactobionate SOLR 500mg	Tier 1	HI MO
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	Tier 2	MO
ciprofloxacin 200 mg/100ml in d5w	Tier 1	HI MO
ciprofloxacin 400 mg/200ml in d5w	Tier 1	MO
ciprofloxacin hcl TABS 100mg	Tier 1	MO
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	Tier 1	MO
levofloxacin SOLN 25mg/ml	Tier 1	MO
levofloxacin TABS 250mg,	Tier 1	MO
500mg, 750mg		
levofloxacin in d5w iv soln 250 mg/50ml	Tier 1	MO
levofloxacin in d5w iv soln 500 mg/100ml	Tier 1	HI MO
levofloxacin in d5w iv soln 750 mg/150ml	Tier 1	HI MO
moxifloxacin hcl TABS 400mg	Tier 1	MO
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	MO
amoxicillin CHEW 125mg, 250mg	Tier 1	MO
amoxicillin & k clavulanate chew tab 200-28.5 mg	Tier 1	MO
amoxicillin & k clavulanate chew tab 400-57 mg	Tier 1	MO
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	MO

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Drug Name	Drug Requirements/ Tier	Limits
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 1	MO
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	MO
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 1	MO
amoxicillin & k clavulanate tab 250-125 mg	Tier 1	MO
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	MO
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	MO
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	Tier 1	MO
ampicillin CAPS 500mg	Tier 1	MO
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	Tier 1	HI MO
ampicillin & sulbactam sodium for inj 3 (2-1) gm	Tier 1	HI MO
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	Tier 1	MO
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	Tier 1	MO
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	Tier 1	HI MO
ampicillin sodium SOLR 1gm, 2gm, 250mg, 500mg	Tier 1	MO
ampicillin sodium SOLR 1gm, 10gm, 125mg	Tier 1	HI MO
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 2	MO
dicloxacillin sodium CAPS 250mg, 500mg	Tier 1	MO
nafcillin sodium SOLR 1gm, Tier 1 2gm	Tier 1	HI MO
nafcillin sodium SOLR 10gm	Tier 1	HI
oxacillin sodium SOLR 1gm, 2gm, 10gm	Tier 1	HI MO
PEN GK/DEXTR INJ 40000/ML	Tier 2	MO
PEN GK/DEXTR INJ 60000/ML	Tier 2	MO

Drug Name	Drug Requirements/ Tier	Limits
penicillin g potassium SOLR 5000000unit, 20000000unit	Tier 1	HI MO
PENICILLIN G PROCAINE SUSP 600000unit/ml	Tier 2	MO
penicillin g sodium SOLR 5000000unit	Tier 1	HI MO
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	Tier 1	MO
penicillin v potassium TABS 250mg, 500mg	Tier 1	MO
pizerpen SOLR 5000000unit, 20000000unit	Tier 1	HI MO
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 1	HI MO
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 1	HI MO
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 1	HI MO
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 1	MO
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 1	HI MO
TETRACYCLINES		
doxy 100 SOLR 100mg	Tier 1	HI MO
doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	Tier 1	MO
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	Tier 1	MO
doxycycline hyclate SOLR 100mg	Tier 1	HI MO
minocycline hcl CAPS 50mg, 75mg, 100mg	Tier 1	MO
NUZYRA SOLR 100mg	Tier 2	NEDS HI LA
NUZYRA TABS 150mg	Tier 2	NEDS LA
tetracycline hcl CAPS 250mg, 500mg	Tier 1	MO PA
tigecycline SOLR 50mg	Tier 1	HI
TIGECYCLINE SOLR 50mg	Tier 2	NEDS

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	Tier 2	NEDS B/D LA
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 1	B/D
cyclophosphamide CAPS 25mg, 50mg	Tier 1	B/D MO
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	Tier 2	NEDS B/D
cyclophosphamide SOLR 1gm, 2gm, 500mg	Tier 1	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 2	B/D MO
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 2	NEDS B/D
GLEOSTINE CAPS 10mg, 40mg	Tier 2	
GLEOSTINE CAPS 100mg	Tier 2	NEDS
LEUKERAN TABS 2mg	Tier 2	MO
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	Tier 1	B/D
oxaliplatin SOLR 50mg, 100mg	Tier 1	B/D
paraplatin SOLN 1000mg/100ml	Tier 1	B/D
ANTIBIOTICS		
doxorubicin hcl SOLN 2mg/ml	Tier 1	B/D
doxorubicin hcl liposomal INJ 2mg/ml	Tier 1	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	Tier 2	B/D
ANTIMETABOLITES		
azacitidine SUSR 100mg	Tier 1	B/D
cytarabine SOLN 20mg/ml	Tier 1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 1	B/D

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 1	B/D
INQOVI TAB 35-100MG	Tier 2	NEDS LA PA
LONSURF TAB 15-6.14	Tier 2	NEDS LA PA
LONSURF TAB 20-8.19	Tier 2	NEDS LA PA
mercaptopurine TABS 50mg	Tier 1	MO
methotrexate sodium SOLN 1gm/40ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D
methotrexate sodium SOLN 50mg/2ml, 250mg/10ml	Tier 1	HI B/D
ONUREG TABS 200mg, 300mg	Tier 2	NEDS LA PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	Tier 1	B/D
PURIXAN SUSP 2000mg/100ml	Tier 2	NEDS
TABLOID TABS 40mg	Tier 2	MO
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg, 500mg	Tier 1	PA
anastrozole TABS 1mg	Tier 1	MO
bicalutamide TABS 50mg	Tier 1	MO
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 2	PA
EMCYT CAPS 140mg	Tier 2	NEDS
ERLEADA TABS 60mg, 240mg	Tier 2	NEDS LA PA
EULEXIN CAPS 125mg	Tier 2	NEDS
exemestane TABS 25mg	Tier 1	MO
fulvestrant SOSY 250mg/5ml	Tier 1	B/D
letrozole TABS 2.5mg	Tier 1	MO
leuprolide acetate KIT 1mg/0.2ml	Tier 1	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2	NEDS PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2	NEDS PA
LYSODREN TABS 500mg	Tier 2	NEDS
megestrol acetate TABS 20mg, 40mg	Tier 2	MO
nilutamide TABS 150mg	Tier 1	
NUBEQA TABS 300mg	Tier 2	NEDS LA PA

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits
ORGOVYX TABS 120mg	Tier 2	NEDS LA PA
ORSERDU TABS 86mg, 345mg	Tier 2	NEDS LA PA
SOLTAMOX SOLN 10mg/5ml	Tier 2	NEDS
tamoxifen citrate TABS 10mg, 20mg	Tier 1	MO
toremifene citrate TABS 60mg	Tier 1	
XTANDI CAPS 40mg; TABS 40mg, 80mg	Tier 2	NEDS LA PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, Tier 1 5mg, 10mg, 15mg QL (28 caps / 28 days)	QL	LA PA
lenalidomide CAPS 20mg, Tier 1 25mg QL (21 caps / 28 days)	QL	LA PA
POMALYST CAPS 1mg, Tier 2 2mg, 3mg, 4mg QL (21 caps / 28 days)	NEDS	QL LA PA PA
REVLIMID CAPS 2.5mg, Tier 2 5mg, 10mg, 15mg QL (28 caps / 28 days)	NEDS	QL LA PA
REVLIMID CAPS 20mg, Tier 2 25mg QL (21 caps / 28 days)	NEDS	QL LA PA
THALOMID CAPS 50mg, Tier 2 100mg QL (28 caps / 28 days)	NEDS	QL LA PA
THALOMID CAPS 150mg, Tier 2 200mg QL (56 caps / 28 days)	NEDS	QL LA PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	Tier 2	NEDS LA PA
bexarotene CAPS 75mg	Tier 1	PA
hydroxyurea CAPS 500mg	Tier 1	MO
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 1	B/D
KISQALI 200 PAK FEMARA Tier 2 QL (49 tabs / 28 days)	NEDS	QL PA
KISQALI 400 PAK FEMARA Tier 2 QL (70 tabs / 28 days)	NEDS	QL PA
KISQALI 600 PAK FEMARA Tier 2 QL (91 tabs / 28 days)	NEDS	QL PA
MATULANE CAPS 50mg	Tier 2	NEDS LA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
SYNRIBO SOLR 3.5mg <i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 2	NEDS PA
WELIREG TABS 40mg	Tier 2	NEDS LA PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	Tier 1	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 2	NEDS B/D
etoposide SOLN 1gm/50ml, Tier 1 100mg/5ml, 500mg/25ml	QL	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 1	B/D
paclitaxel protein-bound particles for iv susp 100 mg	Tier 1	B/D
vincristine sulfate SOLN 1mg/ml	Tier 1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	Tier 1	B/D
MOLECULAR TARGET AGENTS		
ALECensa CAPS 150mg	Tier 2	NEDS LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	Tier 2	NEDS LA PA
ALUNBRIG PAK	Tier 2	NEDS LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	NEDS	QL LA PA
BALVERSA TABS 3mg, 4mg, 5mg	Tier 2	NEDS LA PA
BORTEZOMIB SOLR 1mg, Tier 2 2.5mg, 3.5mg	NEDS	PA
bortezomib SOLR 3.5mg	Tier 1	PA
BOSULIF TABS 100mg, 400mg, 500mg	Tier 2	NEDS PA
BRAFTOVI CAPS 75mg	Tier 2	NEDS LA PA
BRUKINSA CAPS 80mg	Tier 2	NEDS LA PA
CABOMETYX TABS 20mg, Tier 2 40mg, 60mg QL (30 tabs / 30 days)	NEDS	QL LA PA

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 2 NEDS QL LA PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 2 NEDS QL LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 2 NEDS QL LA PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 2 NEDS QL LA PA
CAPRELSA TABS 100mg, 300mg	Tier 2 NEDS LA PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2 NEDS QL LA PA
COMETRIQ (60MG DOSE) KIT 20mg	Tier 2 NEDS LA PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2 NEDS QL LA PA
COMETRIQ KIT 100MG	Tier 2 NEDS LA PA	<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	Tier 1 QL PA
COMETRIQ KIT 140MG	Tier 2 NEDS LA PA	<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	Tier 1 QL PA
COPIKTRA CAPS 15mg, 25mg	Tier 2 NEDS LA PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2 NEDS QL LA PA
COTELLIC TABS 20mg	Tier 2 NEDS LA PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2 NEDS QL LA PA
DAURISMO TABS 25mg, 100mg	Tier 2 NEDS LA PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 2 NEDS QL LA PA
ERIVEDGE CAPS 150mg <i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 2 NEDS LA PA Tier 1 QL PA	IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	Tier 2 NEDS QL LA PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 1 QL PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 2 NEDS QL LA PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1 QL PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 2 NEDS QL LA PA
everolimus TBSO 2mg QL (150 tabs / 30 days)	Tier 1 QL PA	INREBIC CAPS 100mg	Tier 2 NEDS LA PA
everolimus TBSO 3mg QL (90 tabs / 30 days)	Tier 1 QL PA	IRESSA TABS 250mg	Tier 2 NEDS LA PA
everolimus TBSO 5mg QL (60 tabs / 30 days)	Tier 1 QL PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2 NEDS QL LA PA
EXKIVITY CAPS 40mg	Tier 2 NEDS LA PA	JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 2 NEDS QL LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2 NEDS QL LA PA	JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 2 NEDS QL LA PA
GAVRETO CAPS 100mg	Tier 2 NEDS LA PA	KADCYLA SOLR 100mg, 160mg	Tier 2 NEDS B/D LA
gefitinib TABS 250mg	Tier 1 PA	KANJINTI SOLR 150mg, 420mg	Tier 2 NEDS LA PA
GILOTrif TABS 20mg, 30mg, 40mg	Tier 2 NEDS LA PA		
HERCEP HYLEC SOL 60- 10000	Tier 2 NEDS LA PA		
HERCEPTIN SOLR 150mg	Tier 2 NEDS LA PA		
HERZUMA SOLR 150mg, 420mg	Tier 2 NEDS LA PA		

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KEYTRUDA SOLN 100mg/4ml	Tier 2 NEDS LA PA	MVASI SOLN 100mg/4ml, 400mg/16ml	Tier 2 NEDS LA PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 2 NEDS QL PA	NERLYNX TABS 40mg	Tier 2 NEDS LA PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 2 NEDS QL PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	Tier 2 NEDS QL LA PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 2 NEDS QL PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2 NEDS QL PA
KRAZATI TABS 200mg <i>lapatinib ditosylate</i> TABS 250mg	Tier 2 NEDS LA PA Tier 1 PA	ODOMZO CAPS 200mg	Tier 2 NEDS LA PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 2 NEDS QL LA PA	OGIVRI SOLR 150mg	Tier 2 NEDS LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 2 NEDS QL LA PA	OGIVRI INJ 420MG	Tier 2 NEDS LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 2 NEDS QL LA PA	ONTRUZANT SOLR 150mg, 420mg	Tier 2 NEDS LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 2 NEDS QL LA PA	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 2 NEDS LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 2 NEDS QL LA PA	PHESGO SOL	Tier 2 NEDS LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 2 NEDS QL LA PA	PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 2 NEDS PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 2 NEDS QL LA PA	PIQRAY 250MG TAB DOSE DOSE TBPK 150mg	Tier 2 NEDS PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 2 NEDS QL LA PA	QINLOCK TABS 50mg	Tier 2 NEDS LA PA
LORBRENA TABS 25mg, 100mg	Tier 2 NEDS LA PA	RETEVMO CAPS 40mg, 80mg	Tier 2 NEDS LA PA
LUMAKRAS TABS 120mg, 320mg	Tier 2 NEDS LA PA	REZLIDHIA CAPS 150mg	Tier 2 NEDS LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 2 NEDS QL LA PA	ROZLYTREK CAPS 100mg, 200mg	Tier 2 NEDS LA PA
LYTGOBI TBPK 4mg	Tier 2 NEDS LA PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2 NEDS QL LA PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	Tier 2 NEDS LA PA	RYDAPT CAPS 25mg	Tier 2 NEDS PA
MEKTOVI TABS 15mg	Tier 2 NEDS LA PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2 NEDS QL PA
MONJUVI SOLR 200mg	Tier 2 NEDS LA PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2 NEDS QL PA
		sorafenib tosylate TABS 200mg QL (120 tabs / 30 days)	Tier 1 QL PA
		SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	Tier 2 NEDS PA
		STIVARGA TABS 40mg	Tier 2 NEDS LA PA

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sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 1	QL PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2 NEDS	QL LA PA
TABRECTA TABS 150mg, Tier 2 200mg	NEDS	PA	VENCLEXTA TAB START PK	Tier 2 NEDS	QL LA PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	Tier 2	NEDS LA PA	QL (42 tabs / 28 days)		
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	NEDS QL LA PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2 NEDS	QL LA PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 2	NEDS QL LA PA	VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	Tier 2 NEDS	LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2	NEDS QL LA PA	VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 2 NEDS	LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	Tier 2	NEDS PA	VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2 NEDS	QL LA PA
TAZVERIK TABS 200mg	Tier 2	NEDS LA PA	VOTRIENT TABS 200mg	Tier 2 NEDS	LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 2	NEDS LA PA	XALKORI CAPS 200mg, 250mg	Tier 2 NEDS	LA PA
TEPMETKO TABS 225mg	Tier 2	NEDS LA PA	XOSPATA TABS 40mg	Tier 2 NEDS	LA PA
TIBSOVO TABS 250mg	Tier 2	NEDS LA PA	XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	Tier 2 NEDS	QL LA PA
TRAZIMERA SOLR 150mg, Tier 2 420mg	NEDS	PA	XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 2 NEDS	QL LA PA
TRUSELTIQ 50MG DAILY DOSE CPPK 25mg	Tier 2	NEDS LA PA	XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	Tier 2 NEDS	QL LA PA
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	Tier 2	NEDS LA PA	XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	Tier 2 NEDS	QL LA PA
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	Tier 2	NEDS LA PA	XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 2 NEDS	QL LA PA
TRUSELTIQ 125MG DAILY DOSE	Tier 2	NEDS LA PA	XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	Tier 2 NEDS	QL LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 2	NEDS PA	XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	Tier 2 NEDS	QL LA PA
TUKYSA TABS 50mg, 150mg	Tier 2	NEDS LA PA	ZEJULA CAPS 100mg QL (90 caps / 30 days)	Tier 2 NEDS	QL LA PA
TURALIO CAPS 125mg, 200mg	Tier 2	NEDS LA PA	ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL LA PA
VANFLYTA TABS 17.7mg, 26.5mg	Tier 2	NEDS LA PA	ZELBORAF TABS 240mg	Tier 2 NEDS	LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 2	QL LA PA	ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 2 NEDS	LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	NEDS QL LA PA			

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ZOLINZA CAPS 100mg	Tier 2	NEDS PA
ZYDELIG TABS 100mg, 150mg	Tier 2	NEDS LA PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 1	MO
MESNEX TABS 400mg	Tier 2	NEDS
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate- benazepril hcl cap 2.5-10 mg	Tier 1	QL MO
QL (30 caps / 30 days)		
amlodipine besylate- benazepril hcl cap 5-10 mg	Tier 1	QL MO
QL (30 caps / 30 days)		
amlodipine besylate- benazepril hcl cap 5-20 mg	Tier 1	QL MO
QL (30 caps / 30 days)		
amlodipine besylate- benazepril hcl cap 5-40 mg	Tier 1	QL MO
QL (30 caps / 30 days)		
amlodipine besylate- benazepril hcl cap 10-20 mg	Tier 1	QL MO
QL (30 caps / 30 days)		
amlodipine besylate- benazepril hcl cap 10-40 mg	Tier 1	QL MO
QL (30 caps / 30 days)		
benazepril & hydrochlorothiazide tab 5- 6.25mg	Tier 1	MO
benazepril & hydrochlorothiazide tab 10- 12.5 mg	Tier 1	MO
benazepril & hydrochlorothiazide tab 20- 12.5 mg	Tier 1	MO
benazepril & hydrochlorothiazide tab 20- 25 mg	Tier 1	MO
captopril & hydrochlorothiazide tab 25- 15 mg	Tier 1	MO

Drug Name	Drug Requirements/ Tier	Limits
captopril & hydrochlorothiazide tab 25- 25 mg	Tier 1	MO
captopril & hydrochlorothiazide tab 50- 15 mg	Tier 1	MO
captopril & hydrochlorothiazide tab 50- 25 mg	Tier 1	MO
enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg	Tier 1	MO
enalapril maleate & hydrochlorothiazide tab 10- 25 mg	Tier 1	MO
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg	Tier 1	MO
fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg	Tier 1	MO
lisinopril & hydrochlorothiazide tab 10- 12.5 mg	Tier 1	MO
lisinopril & hydrochlorothiazide tab 20- 12.5 mg	Tier 1	MO
lisinopril & hydrochlorothiazide tab 20- 25 mg	Tier 1	MO
quinapril- hydrochlorothiazide tab 10- 12.5 mg	Tier 1	MO
quinapril- hydrochlorothiazide tab 20- 12.5 mg	Tier 1	MO
quinapril- hydrochlorothiazide tab 20- 25 mg	Tier 1	MO
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1	MO
captopril TABS 12.5mg, 25mg, 50mg, 100mg	Tier 1	MO
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	MO
fosinopril sodium TABS 10mg, 20mg, 40mg	Tier 1	MO

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<i>lisinopril TABS 2.5mg, 5mg, Tier 1 10mg, 20mg, 30mg, 40mg</i>		MO
<i>moexipril hcl TABS 7.5mg, Tier 1 15mg</i>		MO
<i>perindopril erbumine TABS Tier 1 2mg, 4mg, 8mg</i>		MO
<i>quinapril hcl TABS 5mg, Tier 1 10mg, 20mg, 40mg</i>		MO
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	Tier 1	MO
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	Tier 1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	Tier 1	MO
<i>KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)</i>	Tier 2	QL MO
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	Tier 1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS Tier 1 1mg, 2mg, 4mg, 8mg</i>		MO
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	Tier 1	MO
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	Tier 1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg QL (30 tabs / 30 days)</i>	Tier 1	QL MO
<i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg QL (30 tabs / 30 days)</i>	Tier 1	QL MO
<i>amlodipine besylate- olmesartan medoxomil tab 10-20 mg QL (30 tabs / 30 days)</i>	Tier 1	QL MO
<i>amlodipine besylate- olmesartan medoxomil tab 10-40 mg QL (30 tabs / 30 days)</i>	Tier 1	QL MO

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- valsartan tab 5-160 mg QL (30 tabs / 30 days)</i>	Tier 1	QL MO
<i>amlodipine besylate- valsartan tab 5-320 mg QL (30 tabs / 30 days)</i>	Tier 1	QL MO
<i>amlodipine besylate- valsartan tab 10-160 mg QL (30 tabs / 30 days)</i>	Tier 1	QL MO
<i>amlodipine besylate- valsartan tab 10-320 mg QL (30 tabs / 30 days)</i>	Tier 1	QL MO
<i>candesartan cilexetil- hydrochlorothiazide tab 16- 12.5 mg QL (60 tabs / 30 days)</i>	Tier 1	QL MO
<i>candesartan cilexetil- hydrochlorothiazide tab 32- 12.5 mg QL (30 tabs / 30 days)</i>	Tier 1	QL MO
<i>candesartan cilexetil- hydrochlorothiazide tab 32- 25 mg QL (30 tabs / 30 days)</i>	Tier 1	QL MO
<i>EDARBYCLOR TAB 40- 12.5 QL (30 tabs / 30 days)</i>	Tier 2	QL MO
<i>EDARBYCLOR TAB 40- 25MG QL (30 tabs / 30 days)</i>	Tier 2	QL MO
<i>ENTRESTO TAB 24-26MG Tier 2 ENTRESTO TAB 49-51MG Tier 2 ENTRESTO TAB 97-103MG Tier 2</i>		MO
<i>irbesartan- hydrochlorothiazide tab 150- 12.5 mg QL (60 tabs / 30 days)</i>	Tier 1	QL MO
<i>irbesartan- hydrochlorothiazide tab 300- 12.5 mg QL (30 tabs / 30 days)</i>	Tier 1	QL MO
<i>losartan potassium & hydrochlorothiazide tab 50- 12.5 mg</i>	Tier 1	MO
<i>losartan potassium & hydrochlorothiazide tab 100- 12.5 mg</i>	Tier 1	MO

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	MO	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	QL MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	QL MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL MO
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO	ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO	<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	Tier 1	QL MO
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO	<i>candesartan cilexetil TABS 32mg</i>	Tier 1	QL MO
<i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	Tier 1	QL MO	<i>EDARBI TABS 40mg, 80mg</i>	Tier 2	QL MO
			<i>irbesartan TABS 75mg, 150mg, 300mg</i>	Tier 1	QL MO
			<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	Tier 1	MO

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil</i> TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>olmesartan medoxomil</i> TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>telmisartan</i> TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>valsartan</i> TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>valsartan</i> TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL MO
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 1	MO
<i>amiodarone hcl</i> TABS 200mg	Tier 1	MO
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	Tier 2	MO
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	Tier 1	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 1	MO
<i>MULTAQ</i> TABS 400mg	Tier 2	MO
NORPACE CR CP12 100mg, 150mg	Tier 2	MO
<i>pacerone</i> TABS 100mg, 400mg	Tier 1	MO
<i>pacerone</i> TABS 200mg	Tier 1	MO
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	Tier 1	MO
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 1	MO
<i>sorine</i> TABS 80mg, 120mg, Tier 1 160mg, 240mg	Tier 1	MO
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	Tier 1	MO
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	Tier 1	MO
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	Tier 1	MO

Drug Name	Drug Requirements/ Tier	Limits
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	Tier 1	MO
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 1	MO
<i>gemfibrozil</i> TABS 600mg	Tier 1	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	NEDS QL ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	Tier 2	QL MO ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	Tier 1	QL MO
<i>fluvastatin sodium</i> TB24 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	Tier 2	QL MO ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL MO
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	Tier 2	QL MO ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; Tier 1 POWD 4gm/dose		MO
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	Tier 1	MO

Drug Name	Drug Requirements/ Tier	Limits
colesevelam hcl PACK 3.75gm; TABS 625mg	Tier 1	MO
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	Tier 1	MO
ezetimibe TABS 10mg	Tier 1	MO
ezetimibe-simvastatin tab 10-10 mg QL (30 tabs / 30 days)	Tier 1	QL MO
ezetimibe-simvastatin tab 10-20 mg QL (30 tabs / 30 days)	Tier 1	QL MO
ezetimibe-simvastatin tab 10-40 mg QL (30 tabs / 30 days)	Tier 1	QL MO
ezetimibe-simvastatin tab 10-80 mg QL (30 tabs / 30 days)	Tier 1	QL MO
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 1	QL MO
PRALUENT SOAJ 75mg/ml, 150mg/ml	Tier 2	PA
prevalite PACK 4gm; POWD 4gm/dose	Tier 1	MO
VASCEPA CAPS .5gm, 1gm	Tier 2	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	Tier 1	MO
atenolol & chlorthalidone tab 100-25 mg	Tier 1	MO
bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg	Tier 1	MO
bisoprolol & hydrochlorothiazide tab 5- 6.25 mg	Tier 1	MO
bisoprolol & hydrochlorothiazide tab 10- 6.25 mg	Tier 1	MO
metoprolol & hydrochlorothiazide tab 50- 25 mg	Tier 1	MO
metoprolol & hydrochlorothiazide tab 100- 25 mg	Tier 1	MO

Drug Name	Drug Requirements/ Tier	Limits
metoprolol & hydrochlorothiazide tab 100- 50 mg	Tier 1	MO
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	Tier 1	MO
atenolol TABS 25mg, 50mg, 100mg	Tier 1	MO
bisoprolol fumarate TABS 5mg, 10mg	Tier 1	MO
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	MO
labetalol hcl TABS 100mg, 200mg, 300mg	Tier 1	MO
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	Tier 1	MO
metoprolol tartrate SOLN 5mg/5ml	Tier 1	MO
metoprolol tartrate TABS 25mg, 50mg, 100mg	Tier 1	MO
nadolol TABS 20mg, 40mg, 80mg	Tier 1	MO
nebivolol hcl TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL MO
nebivolol hcl TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL MO
pindolol TABS 5mg, 10mg	Tier 1	MO
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg	Tier 1	MO
propranolol hcl SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	MO
timolol maleate TABS 5mg, 10mg, 20mg	Tier 1	MO
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	Tier 1	MO
cartia xt CP24 120mg, 180mg, 240mg, 300mg	Tier 1	MO
dilt-xr CP24 120mg, 180mg, 240mg	Tier 1	MO

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Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	MO
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	Tier 1	MO
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	MO
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	MO
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 1	MO
<i>isradipine</i> CAPS 2.5mg, 5mg	Tier 1	MO
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	MO
<i>nicardipine hcl</i> CAPS 20mg, 30mg	Tier 1	MO
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 1	MO
<i>nimodipine</i> CAPS 30mg	Tier 1	MO
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	Tier 1	MO
<i>NYMALIZE</i> SOLN 6mg/ml	Tier 2	NEDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	MO
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	MO
<i>verapamil hcl</i> CP24 100mg, Tier 1 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	MO	
<i>verapamil hcl</i> TABS 40mg, Tier 1 80mg, 120mg; TBCR 120mg, 180mg, 240mg	MO	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 1	MO

Drug Name	Drug Requirements/ Tier	Limits
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MO
<i>amiloride hcl</i> TABS 5mg	Tier 1	MO
<i>bumetanide</i> SOLN .25mg/ml	Tier 1	HI MO
<i>bumetanide</i> TABS .5mg, 1mg, 2mg	Tier 1	MO
<i>chlorthalidone</i> TABS 25mg, Tier 1 50mg	MO	
<i>furosemide</i> SOLN 10mg/ml, Tier 1 40mg/5ml; TABS 20mg, 40mg, 80mg	MO	
<i>furosemide inj</i> SOLN 10mg/ml	Tier 1	HI MO
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	MO
<i>indapamide</i> TABS 1.25mg, Tier 1 2.5mg	MO	
<i>methazolamide</i> TABS 25mg, 50mg	Tier 1	MO
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 1	MO
<i>spironolactone & hydrochlorothiazide tab 25- 25 mg</i>	Tier 1	MO
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1	MO
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MO
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	MO
<i>triamterene & hydrochlorothiazide tab 75- 50 mg</i>	Tier 1	MO
MISCELLANEOUS		
<i>ADRENALIN</i> SOLN 1mg/ml	Tier 2	MO
<i>aliskiren fumarate</i> TABS 150mg, 300mg	Tier 1	MO
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 10 mg</i>	Tier 1	MO
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 20 mg</i>	Tier 1	MO

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Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 40 mg</i>	Tier 1	MO
<i>amlodipine besylate- atorvastatin calcium tab 5- 10 mg</i>	Tier 1	MO
<i>amlodipine besylate- atorvastatin calcium tab 5- 20 mg</i>	Tier 1	MO
<i>amlodipine besylate- atorvastatin calcium tab 5- 40 mg</i>	Tier 1	MO
<i>amlodipine besylate- atorvastatin calcium tab 5- 80 mg</i>	Tier 1	MO
<i>amlodipine besylate- atorvastatin calcium tab 10- 10 mg</i>	Tier 1	MO
<i>amlodipine besylate- atorvastatin calcium tab 10- 20 mg</i>	Tier 1	MO
<i>amlodipine besylate- atorvastatin calcium tab 10- 40 mg</i>	Tier 1	MO
<i>amlodipine besylate- atorvastatin calcium tab 10- 80 mg</i>	Tier 1	MO
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	Tier 1	MO
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	Tier 1	MO
<i>CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg</i>	Tier 2	MO
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	Tier 1	MO
<i>digoxin TABS 125mcg, 250mcg QL (30 tabs / 30 days)</i>	Tier 1	QL MO
<i>droxidopa CAPS 100mg QL (90 caps / 30 days)</i>	Tier 1	QL PA
<i>droxidopa CAPS 200mg, 300mg QL (180 caps / 30 days)</i>	Tier 1	QL PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	Tier 1	MO
<i>guanfacine hcl TABS 1mg, 2mg PA if 70 years and older</i>	Tier 1	MO PA

Drug Name	Drug Requirements/ Tier	Limits
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	Tier 1	MO
<i>metyrosine CAPS 250mg</i>	Tier 1	PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	Tier 1	MO
<i>minoxidil TABS 2.5mg, 10mg</i>	Tier 1	MO
<i>ranolazine TB12 500mg, 1000mg</i>	Tier 1	MO
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	Tier 2	MO
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	Tier 1	MO
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	Tier 1	MO
<i>NITRO-BID OINT 2%</i>	Tier 2	MO
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>	Tier 1	MO
PULMONARY ARTERIAL HYPERTENSION		
<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)</i>	Tier 2	NEDS QL LA PA
<i>ambrisentan TABS 5mg, 10mg QL (30 tabs / 30 days)</i>	Tier 1	QL LA PA
<i>bosentan TABS 62.5mg, 125mg QL (60 tabs / 30 days)</i>	Tier 1	QL LA PA
<i>OPSUMIT TABS 10mg QL (30 tabs / 30 days)</i>	Tier 2	NEDS QL LA PA
<i>sildenafil citrate (pulmonary hypertension) TABS 20mg QL (360 tabs / 30 days)</i>	Tier 1	QL PA
<i>treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	Tier 1	LA PA
<i>VENTAVIS SOLN 10mcg/ml, 20mcg/ml</i>	Tier 2	NEDS LA PA

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CENTRAL NERVOUS SYSTEM					
ANTIANXIETY					
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL MO	<i>clonazepam</i> TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	Tier 1	QL MO
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1	MO	<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL MO
<i>buspirone hcl</i> TABS 7.5mg, Tier 1 30mg	MO		<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days)	Tier 1	QL MO PA
<i>fluvoxamine maleate</i> TABS Tier 1 25mg, 50mg, 100mg	MO		PA if 65 years and older		
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL MO	<i>DIACOMIT</i> CAPS 250mg QL (360 caps / 30 days)	Tier 2	NEDS QL LA PA
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	Tier 1	MO	<i>DIACOMIT</i> CAPS 500mg QL (180 caps / 30 days)	Tier 2	NEDS QL LA PA
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL MO	<i>DIACOMIT</i> PACK 250mg QL (360 packets / 30 days)	Tier 2	NEDS QL LA PA
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL MO	<i>DIACOMIT</i> PACK 500mg QL (180 packets / 30 days)	Tier 2	NEDS QL LA PA
ANTICONVULSANTS					
<i>APTIOM</i> TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 2	NEDS QL	<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days)	Tier 1	QL MO PA
<i>APTIOM</i> TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 2	NEDS QL	PA if 65 years and older		
<i>BRIVIACT</i> SOLN 10mg/ml QL (600 mL / 30 days)	Tier 2	NEDS QL PA	<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days)	Tier 1	QL MO PA
<i>BRIVIACT</i> SOLN 50mg/5ml Tier 2 MO PA	MO PA		PA if 65 years and older		
<i>BRIVIACT</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 2	NEDS QL PA	<i>diazepam</i> TABS 2mg, 5mg, Tier 1 10mg QL (120 tabs / 30 days)	Tier 1	QL MO PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 1	MO	PA if 65 years and older		
<i>CELONTIN</i> CAPS 300mg clobazam SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 2	MO	<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 1	MO
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 1	QL MO PA	<i>diazepam inj</i> SOLN 5mg/ml DILANTIN CAPS 30mg, 100mg DILANTIN INFATABS CHEW 50mg	Tier 1	MO
			DILANTIN-125 SUSP 125mg/5ml	Tier 2	MO

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<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 1	MO	<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 1	QL
<i>EPIDIOLEX</i> SOLN 100mg/ml QL (600 mL / 30 days)	Tier 2	NEDS QL LA PA	<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	Tier 1	MO
<i>epitol</i> TABS 200mg	Tier 1	MO	<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	MO
<i>EPRONTIA</i> SOLN 25mg/ml	Tier 2	QL MO PA QL (480 mL / 30 days)	<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 1	MO
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	Tier 1	MO	<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	Tier 1	MO
<i>felbamate</i> SUSP 600mg/5ml	Tier 1		<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	Tier 1	MO
<i>felbamate</i> TABS 400mg, 600mg	Tier 1	MO	<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	Tier 1	MO
<i>FINTEPLA</i> SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 2	NEDS QL LA PA	<i>methsuximide</i> CAPS 300mg	Tier 1	MO
<i>FYCOMPA</i> SUSP .5mg/ml QL (720 mL / 30 days)	Tier 2	NEDS QL PA	<i>NAYZILAM</i> SOLN 5mg/0.1ml	Tier 2	MO
<i>FYCOMPA</i> TABS 2mg QL (60 tabs / 30 days)	Tier 2	QL MO PA	<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 1	MO
<i>FYCOMPA</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 2	NEDS QL PA	<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	Tier 2	MO PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	Tier 1	QL MO	<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	Tier 2	MO PA
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 1	QL MO	<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	Tier 2	MO PA
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL MO	<i>phenytek</i> CAPS 200mg, 300mg	Tier 1	MO
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL MO	<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	Tier 1	MO
<i>lacosamide</i> SOLN 200mg/20ml	Tier 1		<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 1	MO
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL MO			
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL MO			

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	Tier 1	MO	<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	Tier 1	MO
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 1	QL MO PA	<i>valproic acid</i> CAPS 250mg VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 1	MO
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	Tier 1	QL MO PA	VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 2	MO
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 1	QL MO PA	VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 2	MO
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	Tier 1	QL MO PA	VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 2	MO
<i>primidone</i> TABS 50mg, 125mg, 250mg	Tier 1	MO	<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	Tier 1	QL LA PA
<i>roweepra</i> TABS 500mg	Tier 1	MO	<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL LA PA
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 1	QL PA	<i>vigadroner</i> PACK 500mg QL (180 packets / 30 days)	Tier 1	QL LA PA
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	Tier 1	QL MO PA	<i>vigadroner</i> TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL LA PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	Tier 1	QL PA	<i>VIMPAT</i> SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 2	NEDS QL
<i>SPRITAM</i> TB3D 250mg QL (360 tabs / 30 days)	Tier 2	QL MO	<i>XCOPRI</i> TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	NEDS QL
<i>SPRITAM</i> TB3D 500mg QL (180 tabs / 30 days)	Tier 2	QL MO	<i>XCOPRI</i> TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	NEDS QL
<i>SPRITAM</i> TB3D 750mg QL (120 tabs / 30 days)	Tier 2	QL MO	<i>XCOPRI</i> PAK 12.5-25 QL (28 tabs / 28 days)	Tier 2	QL MO
<i>SPRITAM</i> TB3D 1000mg QL (90 tabs / 30 days)	Tier 2	QL MO	<i>XCOPRI</i> PAK 50-100MG QL (28 tabs / 28 days)	Tier 2	NEDS QL
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	MO	<i>XCOPRI</i> PAK 100-150 QL (56 tabs / 28 days)	Tier 2	NEDS QL
<i>SYMPAZAN</i> FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 2	NEDS QL PA	<i>XCOPRI</i> PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 2	NEDS QL
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 1	MO	<i>XCOPRI</i> PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 2	NEDS QL
<i>topiramate</i> CPSP 15mg, 25mg	Tier 1	MO	<i>ZONISADE</i> SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 2	QL MO PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	Tier 1	MO	<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	Tier 1	MO

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 2	NEDS QL LA PA
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL MO
donepezil hydrochloride TABS 10mg; TBDP 10mg	Tier 1	MO
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 1	QL MO
galantamine hydrobromide SOLN 4mg/ml	Tier 1	MO
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 1	QL MO
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA if < 30 yrs	Tier 1	MO PA
NAMZARIC CAP 7-10MG	Tier 2	MO
NAMZARIC CAP 14-10MG	Tier 2	MO
NAMZARIC CAP 21-10MG	Tier 2	MO
NAMZARIC CAP 28-10MG	Tier 2	MO
NAMZARIC CAP PACK	Tier 2	MO
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 1	QL MO
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 1	QL MO
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 2	MO
amoxapine TABS 25mg, 50mg, 100mg, 150mg	Tier 2	MO
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 2	QL MO PA
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	Tier 1	MO
citalopram hydrobromide SOLN 10mg/5ml	Tier 1	MO

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
citalopram hydrobromide TABS 10mg, 20mg, 40mg	Tier 1	MO
clomipramine hcl CAPS 25mg, 50mg, 75mg	Tier 2	MO PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 2	MO
desvenlafaxine succinate TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 1	QL MO PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	Tier 2	MO
doxepin hcl CAPS 150mg DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 2	QL MO PA
duloxetine hcl CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 1	QL MO
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	NEDS QL PA
escitalopram oxalate SOLN 5mg/5ml	Tier 1	MO
escitalopram oxalate TABS 5mg, 10mg, 20mg FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 1	MO
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 2	QL MO PA
FETZIMA CAP TITRATIO	Tier 2	MO PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg fluoxetine hcl SOLN 20mg/5ml	Tier 1	MO
imipramine hcl TABS 10mg, 25mg, 50mg MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 2	QL MO
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg mirtazapine TABS 15mg, 30mg, 45mg	Tier 1	MO

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Drug Name	Drug Requirements/ Tier	Limits
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 1	MO
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	Tier 1	MO
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 2	MO
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	Tier 2	QL MO PA
<i>paroxetine hcl</i> TABS 10mg, Tier 1 20mg, 30mg, 40mg		MO
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	Tier 2	QL MO
<i>phenelzine sulfate</i> TABS 15mg	Tier 1	MO
<i>protriptyline hcl</i> TABS 5mg, Tier 2 10mg		MO
<i>sertraline hcl</i> CONC 20mg/ml	Tier 1	MO
<i>sertraline hcl</i> TABS 25mg, Tier 1 50mg, 100mg		MO
<i>tranylcypromine sulfate</i> TABS 10mg	Tier 1	MO
<i>trazodone hcl</i> TABS 50mg, Tier 1 100mg, 150mg		MO
<i>trimipramine maleate</i> CAPS Tier 2 25mg, 50mg QL (120 caps / 30 days)		QL MO
<i>trimipramine maleate</i> CAPS Tier 2 100mg QL (60 caps / 30 days)		QL MO
<i>TRINTELLIX</i> TABS 5mg, Tier 2 10mg, 20mg QL (30 tabs / 30 days)		QL MO
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	Tier 1	MO
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 1	MO
<i>VIBRYD KIT STARTER</i>	Tier 2	MO
<i>vilazodone hcl</i> TABS 10mg, Tier 1 20mg, 40mg QL (30 tabs / 30 days)		QL MO

Drug Name	Drug Requirements/ Tier	Limits
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 1	QL MO
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg SOLN 1mg/ml	Tier 1	MO
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	Tier 2	MO PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	Tier 1	MO
<i>carb/levo orally</i> <i>disintegrating tab 10-100mg</i>	Tier 1	MO
<i>carb/levo orally</i> <i>disintegrating tab 25-100mg</i>	Tier 1	MO
<i>carb/levo orally</i> <i>disintegrating tab 25-250mg</i>	Tier 1	MO
<i>carbidopa</i> TABS 25mg	Tier 1	MO
<i>carbidopa & levodopa tab</i> 10-100 mg	Tier 1	MO
<i>carbidopa & levodopa tab</i> 25-100 mg	Tier 1	MO
<i>carbidopa & levodopa tab</i> 25-250 mg	Tier 1	MO
<i>carbidopa & levodopa tab er</i> 25-100 mg	Tier 1	MO
<i>carbidopa & levodopa tab er</i> 50-200 mg	Tier 1	MO
<i>carbidopa-levodopa-</i> <i>entacapone tabs 12.5-50-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-</i> <i>entacapone tabs 18.75-75-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-</i> <i>entacapone tabs 25-100-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-</i> <i>entacapone tabs 31.25-125-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-</i> <i>entacapone tabs 37.5-150-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-</i> <i>entacapone tabs 50-200-200 mg</i>	Tier 1	MO

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>entacapone</i> TABS 200mg INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 1 Tier 2	MO NEDS QL LA PA	<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 1	QL
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Tier 2	MO	ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 2	NEDS QL
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	MO	ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 2	NEDS QL
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	Tier 1	MO	ARISTADA INITIO PRSY 675mg/2.4ml	Tier 2	NEDS
<i>rasagiline mesylate</i> TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 1	QL MO	<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	MO	CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 2	NEDS QL
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	Tier 1	MO	<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 1	MO
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 1	MO	<i>clozapine</i> TABS 25mg, 50mg	Tier 1	MO
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA if 70 years and older	Tier 2	MO PA	<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	Tier 1	QL MO
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA if 70 years and older	Tier 1	MO PA	<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL MO
ANTIPSYCHOTICS					
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 2	NEDS QL	<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 1	MO PA
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	Tier 2	NEDS QL	<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 1	QL MO PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	Tier 1	QL MO	<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 1	QL MO PA
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 1	QL MO	<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 1	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)					
FANAPT PAK Tier 2 MO PA					

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 1	MO	NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 2	NEDS QL LA PA
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 1	MO	NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 2	NEDS QL LA PA
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 1	MO	<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	Tier 1	QL MO
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	Tier 1	MO	<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 1	MO	<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL MO
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 2	NEDS QL	<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 1	QL MO
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 2	QL MO	<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	Tier 1	QL MO
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 2	NEDS QL	<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 1	MO
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 2	NEDS QL	PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	Tier 2	NEDS QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 2	NEDS QL	<i>pimozide</i> TABS 1mg, 2mg <i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	Tier 1	MO
LATUDA TABS 80mg QL (60 tabs / 30 days)	Tier 2	NEDS QL	<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 1	QL MO PA
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 1	MO	<i>quetiapine fumarate</i> TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 1	QL MO PA
<i>lurasidone hcl</i> TABS 20mg, Tier 1 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 1	QL	REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 2	NEDS QL
<i>lurasidone hcl</i> TABS 80mg Tier 1 QL (60 tabs / 30 days)	Tier 1	QL	REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 2	NEDS QL
<i>molindone hcl</i> TABS 5mg, Tier 1 10mg, 25mg	Tier 1	MO	RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	Tier 2	QL MO
			RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	Tier 2	NEDS QL

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<i>risperidone</i> SOLN 1mg/ml QL (240 mL / 30 days)	Tier 1	QL MO
<i>risperidone</i> TABS .25mg,.5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	MO
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 1	QL MO
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 1	QL MO
<i>risperidone</i> TBDP .25mg,.5mg QL (90 tabs / 30 days)	Tier 1	QL MO
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 2	QL MO
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	MO
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	MO
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 1	MO
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 2	NEDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 2	NEDS QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 2	NEDS QL
VRAYLAR CAP 1.5-3MG	Tier 2	MO
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 1	QL MO
<i>ziprasidone mesylate</i> SOLR 20mg QL (6 injections / 3 days)	Tier 1	QL MO
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	Tier 2	QL PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	Tier 2	NEDS QL PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 2	NEDS QL PA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg QL (30 caps / 30 days)	Tier 1	QL MO PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg QL (30 caps / 30 days)	Tier 1	QL MO PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 15 mg QL (30 caps / 30 days)	Tier 1	QL MO PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 20 mg QL (30 caps / 30 days)	Tier 1	QL MO PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 25 mg QL (30 caps / 30 days)	Tier 1	QL MO PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 30 mg QL (30 caps / 30 days)	Tier 1	QL MO PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL MO PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL MO PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> QL (60 tabs / 30 days)	Tier 1	QL MO PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL MO PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> QL (60 tabs / 30 days)	Tier 1	QL MO PA

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<i>amphetamine-dextroamphetamine tab 20 mg</i> QL (90 tabs / 30 days)	Tier 1 QL MO PA	<i>metadate er</i> TBCR 20mg QL (90 tabs / 30 days)	Tier 1 QL MO PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> QL (60 tabs / 30 days)	Tier 1 QL MO PA	<i>methylphenidate hcl</i> CHEW Tier 1 QL MO PA 2.5mg, 5mg, 10mg; TABS 5mg, 10mg QL (180 tabs / 30 days)	
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 1 QL MO PA	<i>methylphenidate hcl</i> SOLN Tier 1 QL MO PA 5mg/5ml QL (1800 mL / 30 days)	
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	Tier 1 QL MO PA	<i>methylphenidate hcl</i> SOLN Tier 1 QL MO PA 10mg/5ml QL (900 mL / 30 days)	
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 1 QL MO PA	<i>methylphenidate hcl</i> TABS Tier 1 QL MO PA 20mg; TBCR 10mg, 20mg QL (90 tabs / 30 days)	
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 1 QL MO PA	<i>VYVANSE</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	Tier 2 QL MO PA
<i>dexmethylphenidate hcl</i> TABS 10mg QL (60 tabs / 30 days)	Tier 1 QL MO PA	<i>VYVANSE</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	Tier 2 QL MO PA
<i>guanfacine hcl (adhd)</i> TB24 Tier 2 QL MO PA 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	QL MO PA	<i>VYVANSE</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	Tier 2 QL MO PA
<i>guanfacine hcl (adhd)</i> TB24 Tier 2 QL MO PA 3mg QL (60 tabs / 30 days) PA if 70 years and older	QL MO PA	<i>VYVANSE</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	Tier 2 QL MO PA
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	Tier 1 QL MO PA	HYPNOTICS	
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	Tier 1 QL MO PA	<i>BELSOMRA</i> TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2 QL MO PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	Tier 1 QL MO PA	<i>DAYVIGO</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2 QL MO PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	Tier 1 QL MO PA	<i>doxepin hcl (sleep)</i> TABS Tier 1 QL MO PA 3mg, 6mg QL (30 tabs / 30 days)	
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		<i>temazepam</i> CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	Tier 1 QL MO PA
		<i>temazepam</i> CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	Tier 1 QL MO PA

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>zolpidem tartrate TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year</i>	Tier 1 QL MO PA	MISCELLANEOUS	
MIGRAINE		AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2 NEDS QL LA PA
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2 QL PA	AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2 NEDS QL LA PA
dihydroergotamine mesylate SOLN 1mg/ml	Tier 1 QL PA	AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 2 NEDS QL PA
dihydroergotamine mesylate SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1 QL PA	AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 2 NEDS QL PA
ergotamine w/ caffeine tab 1-100 mg QL (40 tabs / 28 days)	Tier 1 QL MO PA	AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 2 NEDS QL PA
naratriptan hcl TABS 1mg, 2.5mg QL (12 tabs / 30 days)	Tier 1 QL MO	AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 2 NEDS QL PA
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2 QL MO PA	GRALISE TABS 300mg QL (180 tabs / 30 days)	Tier 2 QL MO PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	Tier 1 QL MO	GRALISE TABS 450mg QL (120 tabs / 30 days)	Tier 2 QL MO PA
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	Tier 1 QL MO	GRALISE TABS 600mg QL (90 tabs / 30 days)	Tier 2 QL MO PA
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	Tier 1 QL MO	GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	Tier 2 QL MO PA
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 1 QL MO	INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	Tier 2 NEDS QL LA PA
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 1 QL MO	INGREZZA CAP 40-80MG QL (28 caps / 28 days)	Tier 2 NEDS QL LA PA
sumatriptan succinate TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1 QL MO	LITHIUM SOLN 8meq/5ml lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	Tier 2 MO Tier 1 MO
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	Tier 1 QL MO	NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 2 QL MO PA
		pyridostigmine bromide TABS 60mg	Tier 1 MO
		riluzole TABS 50mg SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	Tier 1 MO Tier 2 QL MO PA
		SAVELLA MIS TITR PAK	Tier 2 MO PA

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Drug Name	Drug Requirements/ Tier	Limits
tetrabenazine TABS 12.5mg QL (90 tabs / 30 days)	Tier 1	QL PA
tetrabenazine TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2 NEDS	QL LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 2 NEDS	QL PA
dalfampridine TB12 10mg fingolimod hcl CAPS .5mg QL (28 caps / 28 days)	Tier 1	PA QL PA
glatiramer acetate SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL PA
glatiramer acetate SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL PA
glatopa SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL PA
glatopa SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	Tier 2 NEDS	QL LA PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg, 10mg, Tier 1 20mg		MO
cyclobenzaprine hcl TABS 5mg, 10mg PA if 70 years and older	Tier 2	MO PA
dantrolene sodium CAPS 25mg, 50mg, 100mg	Tier 1	MO
tizanidine hcl TABS 2mg, 4mg	Tier 1	MO
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg QL (60 tabs / 30 days)	Tier 1	QL MO PA

Drug Name	Drug Requirements/ Tier	Limits
armodafinil TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 1	QL MO PA
modafinil TABS 100mg QL (30 tabs / 30 days)	Tier 1	QL MO PA
modafinil TABS 200mg QL (60 tabs / 30 days)	Tier 1	QL MO PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2 NEDS	QL LA PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2 NEDS	QL LA PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	Tier 1	MO
buprenorphine hcl SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 1	QL MO PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) QL (90 films / 30 days)	Tier 1	QL MO
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) QL (90 films / 30 days)	Tier 1	QL MO
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) QL (90 films / 30 days)	Tier 1	QL MO
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) QL (60 films / 30 days)	Tier 1	QL MO
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	Tier 1	QL MO
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	Tier 1	QL MO
bupropion hcl (smoking deterrent) TB12 150mg	Tier 1	MO
disulfiram TABS 250mg, 500mg	Tier 1	MO
naloxone hcl LIQD 4mg/0.1ml	Tier 1	MO

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Drug Name	Drug Requirements/ Tier	Limits
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	Tier 1	MO
<i>naltrexone hcl</i> TABS 50mg	Tier 1	MO
NICOTROL INHALER INHA 10mg	Tier 2	MO
NICOTROL NS SOLN 10mg/ml	Tier 2	MO
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 1	QL MO PA
<i>varenicline tartrate</i> tab 11 x 0.5 mg & 42 x 1 mg start pack	Tier 1	MO PA
VIVITROL SUSSR 380mg	Tier 2	NEDS
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 1	MO PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 1	QL MO PA
<i>testosterone</i> GEL 1.62% QL (150 gm / 30 days)	Tier 1	QL MO PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 1	MO PA
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 1	MO PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	Tier 1	MO
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	Tier 2	QL MO PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	Tier 2	QL MO PA
DEXCOM G6 MIS RECEIVER QL (1 each / year)	MB	QL MO
DEXCOM G6 MIS SENSOR	MB	MO
DEXCOM G6 MIS TRANSMIT QL (1 box / 90 days)	MB	QL MO
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL MO

Drug Name	Drug Requirements/ Tier	Limits
FREESTY LIBR KIT 2 SENSOR	MB	MO
FREESTY LIBR MIS 2 READER QL (1 each / year)	MB	QL MO
FREESTYLE KIT FREEDOM QL (1 box / year)	MB	QL MO
FREESTYLE KIT INSULINX QL (1 box / year)	MB	QL MO
FREESTYLE KIT LITE QL (1 box / year)	MB	QL MO
FREESTYLE KIT SENSOR	MB	MO
FREESTYLE MIS READER QL (1 each / year)	MB	QL MO
FREESTYLE TES QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	MO
FREESTYLE TES INSULINX QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	MO
FREESTYLE TES LITE QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	MO
FREESTYLE TES PREC NEO QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	MO
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL MO
glimepiride TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL MO
glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL MO
glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL MO

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL MO	JENTADUETO TAB 2.5- 1000	Tier 2	QL MO
glipizide TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL MO	QL (60 tabs / 30 days)		
glipizide xl TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL MO	JENTADUETO TAB XR 2.5- Tier 2	QL MO	
glipizide xl TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL MO	1000MG QL (60 tabs / 30 days)		
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 1	QL MO	JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 2	QL MO
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 1	QL MO	metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL MO
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 1	QL MO	metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL MO
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL MO	metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL MO
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL MO	metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL MO
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL MO	metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL MO
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL MO	nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL MO
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 2	QL MO	ONETOUCH KIT ULT MINI QL (1 box / year)	MB	QL MO
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL MO	ONETOUCH KIT ULTRA 2 QL (1 box / year)	MB	QL MO
JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 2	QL MO	ONETOUCH KIT VERIO QL (1 box / year)	MB	QL MO
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL MO	ONETOUCH KIT VERIO FL QL (1 box / year)	MB	QL MO
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL MO	ONETOUCH KIT VERIO IQ QL (1 box / year)	MB	QL MO
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	Tier 2	QL MO	ONETOUCH KIT VERIO RE QL (1 box / year)	MB	QL MO
JENTADUETO TAB 2.5-500 Tier 2 QL (60 tabs / 30 days)	Tier 2	QL MO	ONETOUCH TES ULTRA QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	MO
JENTADUETO TAB 2.5-850 Tier 2 QL (60 tabs / 30 days)	Tier 2	QL MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUCH TES VERIO QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	MO	SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL MO
OZEMPIK (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL MO PA	SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	Tier 2	QL MO
OZEMPIK (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL MO PA	SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL MO
OZEMPIK (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	Tier 2	QL MO PA	SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	Tier 2	QL MO
pioglitazone hcl TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL MO	TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL MO
PREC NEO SYS KIT FREESTYL QL (1 box / year)	MB	QL MO	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL MO
PRECISION MIS XTRA QL (1 each / year)	MB	QL MO	TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL MO
PRECISION TES XTRA QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	MO	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL MO
repaglinide TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL MO	TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL MO
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL MO	TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL MO PA
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 2	QL MO PA	VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	Tier 2	QL MO PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL MO	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL MO
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL MO	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL MO
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	Tier 2	QL MO	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL MO
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL MO	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL MO
ANTIDIABETICS, INSULINS					
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 2	MO			
BD ALCOHOL SWABS	Tier 2	MO			
FIASP FLEX INJ TOUCH	Tier 2	MO			

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Drug Name	Drug Requirements/ Tier	Limits
FIASP INJ 100/ML	Tier 2	MO
FIASP PENFIL INJ U-100	Tier 2	MO
FIASP PMPCRT INJ U-100	Tier 2	B/D MO
GAUZE PADS 2" X 2"	Tier 2	MO
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 2	NEDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	NEDS
INSULIN PEN NEEDLES: BD/NOVO	Tier 2	MO
INSULIN SAFETY NEEDLES	Tier 2	MO
INSULIN SYRINGES: BD	Tier 2	MO
LANTUS SOLN 100unit/ml	Tier 2	MO
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 2	MO
LEVEMIR SOLN 100unit/ml	Tier 2	MO
LEVEMIR FLEXPEN SOPN 100unit/ml	Tier 2	MO
LEVEMIR FLEXTOUCH SOPN 100unit/ml	Tier 2	MO
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	MO
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	MO
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	MO
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	MO
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	MO
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	MO
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	Tier 2	MO

Drug Name	Drug Requirements/ Tier	Limits
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	MO
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	MO
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	MO
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	Tier 2	MO
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 2	QL MO PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 2	QL MO PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 2	QL MO PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 2	QL MO PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 2	QL MO PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 2	QL MO PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 2	QL MO PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 2	QL MO PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 2	QL MO PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 2	QL MO PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	Tier 2	QL MO PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 2	QL MO PA

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
OMNIPOD PDM KIT CLASSIC QL (1 kit / year)	Tier 2 QL MO PA	PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 2 QL
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2 QL MO	risedronate sodium TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	Tier 1 MO
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2 MO	TERIPARATIDE SOPN 620mcg/2.48ml	Tier 2 NEDS PA
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2 MO	XGEVA SOLN 120mg/1.7ml	Tier 2 NEDS PA
TRESIBA SOLN 100unit/ml	Tier 2 MO	zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	Tier 1 B/D
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 2 MO	CHELATING AGENTS	
V-GO 20 KIT QL (1 kit / 30 days)	Tier 2 QL MO PA	CHEMET CAPS 100mg	Tier 2 MO
V-GO 30 KIT QL (1 kit / 30 days)	Tier 2 QL MO PA	deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 125mg, 250mg, 500mg	Tier 1 PA
V-GO 40 KIT QL (1 kit / 30 days)	Tier 2 QL MO PA	deferasirox TABS 90mg	Tier 1 PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2 QL MO	LOKELMA PACK 5gm, 10gm	Tier 2 MO
CALCIUM REGULATORS			
alendronate sodium SOLN 70mg/75ml	Tier 1 MO	penicillamine TABS 250mg	Tier 1
alendronate sodium TABS 10mg, 35mg, 70mg	Tier 1 MO	sodium polystyrene sulfonate powder	Tier 1 MO
calcitonin (salmon) spray SOLN 200unit/act	Tier 1 B/D MO	sps SUSP 15gm/60ml	Tier 1 MO
FORTEO SOPN 600mcg/2.4ml	Tier 2 NEDS PA	trientine hcl CAPS 250mg	Tier 1 PA
FOSAMAX + D TAB 70- 2800	Tier 2 MO ST	VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 2 MO
FOSAMAX + D TAB 70- 5600	Tier 2 MO ST	CONTRACEPTIVES	
ibandronate sodium SOLN 3mg/3ml QL (1 injection / 90 days)	Tier 1 B/D QL MO	afirmelle	Tier 1 MO
ibandronate sodium TABS 150mg	Tier 1 B/D MO	altavera	Tier 1 MO
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 2 NEDS LA PA	alyacen 1/35	Tier 1 MO
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2 B/D	alyacen 7/7/7	Tier 1 MO
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	Tier 1 B/D	apri	Tier 1 MO

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Drug Name	Drug Tier	Requirements/Limits
cryselle-28	Tier 1	MO
cyred eq	Tier 1	MO
dasetta 1/35	Tier 1	MO
dasetta 7/7/7	Tier 1	MO
deblitane TABS .35mg	Tier 1	MO
desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5)	Tier 1	MO
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 1	MO
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 1	MO
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 1	MO
elinest	Tier 1	MO
eluryng	Tier 1	MO
emoquette	Tier 1	MO
enilloring	Tier 1	MO
enpresse-28	Tier 1	MO
enskyce	Tier 1	MO
errin TABS .35mg	Tier 1	MO
estarrylla	Tier 1	MO
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 1	MO
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Tier 1	MO
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	Tier 1	MO
falmina	Tier 1	MO
femynor	Tier 1	MO
hailey 1.5/30	Tier 1	MO
haloette	Tier 1	MO
heather TABS .35mg	Tier 1	MO
iclevia	Tier 1	MO
incassia TABS .35mg	Tier 1	MO
introvale	Tier 1	MO
isibloom	Tier 1	MO
jasmiel	Tier 1	MO
jolessa	Tier 1	MO
juleber	Tier 1	MO
junel 1.5/30	Tier 1	MO
junel 1/20	Tier 1	MO
junel fe 1.5/30	Tier 1	MO
junel fe 1/20	Tier 1	MO

Drug Name	Drug Tier	Requirements/Limits
kariva	Tier 1	MO
kelnor 1/35	Tier 1	MO
kelnor 1/50	Tier 1	MO
kurvelo	Tier 1	MO
larin 1.5/30	Tier 1	MO
larin 1/20	Tier 1	MO
larin fe 1.5/30	Tier 1	MO
larin fe 1/20	Tier 1	MO
leena	Tier 1	MO
lessina	Tier 1	MO
levonest	Tier 1	MO
levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg	Tier 1	MO
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 1	MO
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 1	MO
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	Tier 1	MO
levora 0.15/30-28	Tier 1	MO
loestrin 1.5/30-21	Tier 1	MO
loestrin 1/20-21	Tier 1	MO
loestrin fe 1.5/30	Tier 1	MO
loestrin fe 1/20	Tier 1	MO
loryna	Tier 1	MO
low-ogestrel	Tier 1	MO
lutera	Tier 1	MO
lyleq TABS .35mg	Tier 1	MO
lyza TABS .35mg	Tier 1	MO
marlissa	Tier 1	MO
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	Tier 1	MO
microgestin 1.5/30	Tier 1	MO
microgestin 1/20	Tier 1	MO
microgestin fe 1.5/30	Tier 1	MO
microgestin fe 1/20	Tier 1	MO
mili	Tier 1	MO
mono-linyah	Tier 1	MO
necon 0.5/35-28	Tier 1	MO
nikki	Tier 1	MO
nora-be TABS .35mg	Tier 1	MO

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Drug Name	Drug Requirements/ Tier	Limits
norethindrone (contraceptive) TABS .35mg	Tier 1	MO
norethindrone ac-ethinyl estradiol tab 1-20/1-30/1-35 mg-mcg	Tier 1	MO
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 1	MO
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 1	MO
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 1	MO
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 1	MO
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 1	MO
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 1	MO
norlyroc TABS .35mg	Tier 1	MO
nortrel 0.5/35 (28)	Tier 1	MO
nortrel 1/35 (21)	Tier 1	MO
nortrel 1/35 (28)	Tier 1	MO
nortrel 7/7/7	Tier 1	MO
nylia 1/35	Tier 1	MO
nylia 7/7/7	Tier 1	MO
nymyo	Tier 1	MO
ocella	Tier 1	MO
philith	Tier 1	MO
pimtreea	Tier 1	MO
pirmella 1/35	Tier 1	MO
portia-28	Tier 1	MO
reclipsen	Tier 1	MO
setlakin	Tier 1	MO
sharobel TABS .35mg	Tier 1	MO
simliya	Tier 1	MO
sprintec 28	Tier 1	MO
sronyx	Tier 1	MO
syeda	Tier 1	MO
tarina fe 1/20 eq	Tier 1	MO
tilia fe	Tier 1	MO
tri-estarrylla	Tier 1	MO
tri-legest fe	Tier 1	MO
tri-linyah	Tier 1	MO
tri-lo-estarrylla	Tier 1	MO

Drug Name	Drug Requirements/ Tier	Limits
tri-lo-marzia	Tier 1	MO
tri-lo-mili	Tier 1	MO
tri-lo-sprintec	Tier 1	MO
tri-mili	Tier 1	MO
tri-nymyo	Tier 1	MO
tri-sprintec	Tier 1	MO
tri-vylibra	Tier 1	MO
tri-vylibra lo	Tier 1	MO
trivora-28	Tier 1	MO
velivet	Tier 1	MO
vestura	Tier 1	MO
vienna	Tier 1	MO
viorele	Tier 1	MO
vyfemla	Tier 1	MO
vylibra	Tier 1	MO
wera	Tier 1	MO
xulane	Tier 1	MO
zafemy	Tier 1	MO
zovia 1/35	Tier 1	MO
zumandimine	Tier 1	MO
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	Tier 1	MO
SYNAREL SOLN 2mg/ml	Tier 2	NEDS
ESTROGENS		
amabelz	Tier 2	MO
DELESTROGEN OIL 10mg/ml	Tier 2	MO
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	MO
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2	MO
estradiol TABS .5mg, 1mg, 2mg	Tier 1	MO
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 2	MO
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 2	MO
estradiol vaginal CREA .1mg/gm; TABS 10mcg	Tier 1	MO
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 1	MO

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Drug Name	Drug Requirements/ Tier	Limits
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 2	MO
<i>fyavolv tab 1mg-5mcg</i>	Tier 2	MO
<i>jinteli</i>	Tier 2	MO
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Tier 2	MO
<i>mimvey</i>	Tier 2	MO
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2	MO
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2	MO
<i>yuvafem TABS 10mcg</i>	Tier 1	MO
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	Tier 1	MO
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	Tier 2	MO
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	Tier 1	MO
<i>fludrocortisone acetate TABS .1mg</i>	Tier 1	MO
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	Tier 1	MO
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	Tier 1	B/D MO
<i>methylprednisolone TBPK 4mg</i>	Tier 1	MO
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	Tier 1	B/D MO
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg</i>	Tier 1	B/D MO
<i>prednisolone SOLN 15mg/5ml</i>	Tier 1	B/D MO
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	Tier 1	B/D MO
<i>prednisone SOLN 5mg/5ml</i>	Tier 1	B/D MO
<i>prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	Tier 1	B/D MO

Drug Name	Drug Requirements/ Tier	Limits
<i>prednisone TBPK 5mg, 10mg</i>	Tier 1	MO
<i>PREDNISONE INTENSOL CONC 5mg/ml</i>	Tier 2	B/D MO
<i>SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg</i>	Tier 2	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide SUSP 50mg/ml</i>	Tier 1	
<i>GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml</i>	Tier 2	MO
<i>GVOKE KIT SOLN 1mg/0.2ml</i>	Tier 2	MO
<i>GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml</i>	Tier 2	MO
MISCELLANEOUS		
<i>ALDURAZYME SOLN 2.9mg/5ml</i>	Tier 2	NEDS LA PA
<i>betaine powder for oral solution</i>	Tier 1	LA
<i>cabergoline TABS .5mg</i>	Tier 1	MO
<i>carglumic acid TBSO 200mg</i>	Tier 1	LA PA
<i>CERDELGA CAPS 84mg</i>	Tier 2	NEDS LA PA
<i>CEREZYME SOLR 400unit</i>	Tier 2	NEDS LA PA
<i>cinacalcet hcl TABS 30mg QL (60 tabs / 30 days)</i>	Tier 1	B/D QL
<i>cinacalcet hcl TABS 60mg QL (60 tabs / 30 days)</i>	Tier 1	B/D QL
<i>cinacalcet hcl TABS 90mg QL (120 tabs / 30 days)</i>	Tier 1	B/D QL
<i>CYSTAGON CAPS 50mg, 150mg</i>	Tier 2	LA PA
<i>desmopressin acetate SOLN 4mcg/ml</i>	Tier 1	
<i>desmopressin acetate TABS .1mg, .2mg</i>	Tier 1	MO
<i>desmopressin acetate spray SOLN .01%</i>	Tier 1	MO
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	Tier 1	MO
<i>FABRAZYME SOLR 5mg, 35mg</i>	Tier 2	NEDS LA PA
<i>GENOTROPIN CART 5mg, 12mg</i>	Tier 2	NEDS PA

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Drug Name	Drug Requirements/ Tier	Limits
GENOTROPIN MINIQUICK	Tier 2	NEDS PA
PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg		
INCRELEX SOLN 40mg/4ml	Tier 2	NEDS LA PA
javygtor PACK 100mg, 500mg; TABS 100mg	Tier 1	LA PA
KORLYM TABS 300mg	Tier 2	NEDS LA PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	Tier 1	B/D MO
LUMIZYME SOLR 50mg	Tier 2	NEDS LA PA
LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	Tier 2	NEDS PA
LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	Tier 2	NEDS PA
LUPRON DEPOT-PED (6- MONTH KIT 45mg	Tier 2	NEDS PA
miglustat CAPS 100mg QL (90 caps / 30 days)	Tier 1	QL PA
NAGLAZYME SOLN 1mg/ml	Tier 2	NEDS LA PA
nitisinone CAPS 2mg, 5mg, Tier 1 10mg, 20mg		PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 1	PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 1	PA
raloxifene hcl TABS 60mg	Tier 1	MO
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	Tier 1	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NEDS LA PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	Tier 1	PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 2	NEDS LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NEDS LA PA

Drug Name	Drug Requirements/ Tier	Limits
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg QL (360 caps / 30 days)	Tier 1	QL MO
calcium acetate (phosphate binder) TABS 667mg QL (360 tabs / 30 days)	Tier 1	QL MO
sevelamer carbonate PACK 2.4gm QL (180 packets / 30 days)	Tier 1	QL
sevelamer carbonate PACK .8gm QL (540 packets / 30 days)	Tier 1	QL
sevelamer carbonate TABS 800mg QL (540 tabs / 30 days)	Tier 1	QL MO
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	Tier 2	NEDS QL
PROGESTINS		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	Tier 1	MO
megestrol acetate SUSP 40mg/ml	Tier 2	MO
megestrol acetate (appetite) SUSP 625mg/5ml	Tier 2	MO PA
norethindrone acetate TABS 5mg	Tier 1	MO
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	MO
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	MO

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Drug Name	Drug Requirements/ Tier	Limits
<i>levothyroxine sodium</i> TABS Tier 1		MO
25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	MO
<i>liothyronine sodium</i> TABS	Tier 1	MO
5mcg, 25mcg, 50mcg		
<i>methimazole</i> TABS 5mg, 10mg	Tier 1	MO
<i>propylthiouracil</i> TABS 50mg	Tier 1	MO
<i>SYNTHROID</i> TABS 25mcg, Tier 2 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		MO
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	MO
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	Tier 1	B/D MO
<i>calcitriol (oral)</i> SOLN 1mcg/ml	Tier 1	B/D MO
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	Tier 1	B/D MO
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	Tier 1	B/D MO
<i>RAYALDEE</i> CPCR 30mcg	Tier 2	NEDS
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	Tier 1	B/D MO
<i>aprepitant capsule therapy</i> pack 80 & 125 mg	Tier 1	B/D MO
<i>compro</i> SUPP 25mg	Tier 1	MO
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 1	B/D QL MO
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	Tier 1	MO
<i>granisetron hcl</i> TABS 1mg	Tier 1	B/D MO

Drug Name	Drug Requirements/ Tier	Limits
<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 1	MO
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 1	MO
<i>metoclopramide hcl</i> TABS 5mg, 10mg	Tier 1	MO
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 1	B/D MO
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 1	MO
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 1	B/D MO
<i>prochlorperazine</i> SUPP 25mg	Tier 1	MO
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 1	MO
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1	MO
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 2	MO PA
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	Tier 1	MO PA
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	Tier 2	QL MO PA
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 2	MO
<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 2	MO
<i>glycopyrrolate</i> TABS 1mg, 2mg	Tier 1	MO
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 1	MO
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	Tier 1	QL MO
<i>famotidine</i> TABS 20mg QL (120 tabs / 30 days)	Tier 1	QL MO

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Drug Name	Drug Requirements/ Tier	Limits
famotidine TABS 40mg QL (60 tabs / 30 days)	Tier 1	QL MO
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 1	MO
nizatidine CAPS 150mg, 300mg	Tier 1	MO
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS Tier 1 750mg	Tier 1	MO
budesonide CPEP 3mg QL (90 caps / 30 days)	Tier 1	QL MO PA
budesonide TB24 9mg QL (30 tabs / 30 days)	Tier 1	QL PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	Tier 1	MO
mesalamine CP24 .375gm QL (120 caps / 30 days)	Tier 1	QL MO
mesalamine CPDR 400mg QL (180 caps / 30 days)	Tier 1	QL MO
mesalamine ENEM 4gm; SUPP 1000mg	Tier 1	MO
mesalamine TBEC 1.2gm QL (120 tabs / 30 days)	Tier 1	QL MO
mesalamine w/ cleanser KIT 4gm	Tier 1	MO
sulfasalazine TABS 500mg; Tier 1 TBEC 500mg	Tier 1	MO
LAXATIVES		
constulose SOLN 10gm/15ml	Tier 1	MO
enulose SOLN 10gm/15ml	Tier 1	MO
gavilyte-c	Tier 1	MO
gavilyte-g	Tier 1	MO
generlac SOLN 10gm/15ml	Tier 1	MO
GOLYTELY SOL	Tier 2	MO
lactulose SOLN 10gm/15ml	Tier 1	MO
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 1	MO
peg 3350-kcl-na bicarb-nacl-Tier 1 na sulfate for soln 236 gm	Tier 1	MO
peg 3350-kcl-sod bicarb- nacl for soln 420 gm	Tier 1	MO
PLENUVU SOL	Tier 2	MO

Drug Name	Drug Requirements/ Tier	Limits
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 1	MO
SUPREP BOWEL SOL PREP KIT	Tier 2	MO
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg QL (60 tabs / 30 days)	Tier 1	QL PA
cromolyn sodium (mastocytosis) CONC 100mg/5ml	Tier 1	MO
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Tier 2	MO
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 2	MO
GATTEX KIT 5mg	Tier 2	NEDS LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL MO
loperamide hcl CAPS 2mg	Tier 1	MO
misoprostol TABS 100mcg, Tier 1 200mcg	Tier 1	MO
MOVANTIK TABS 12.5mg, Tier 2 25mg QL (30 tabs / 30 days)	Tier 2	QL MO
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	Tier 2	NEDS PA
sucralfate TABS 1gm	Tier 1	MO
ursodiol CAPS 300mg; TABS 250mg, 500mg	Tier 1	MO
XERMELO TABS 250mg QL (90 tabs / 30 days)	Tier 2	NEDS QL LA PA
XIFAXAN TABS 550mg	Tier 2	NEDS PA
PANCREATIC ENZYMEs		
CREON CAP 3000UNIT	Tier 2	MO
CREON CAP 6000UNIT	Tier 2	MO
CREON CAP 12000UNT	Tier 2	MO
CREON CAP 24000UNT	Tier 2	MO
CREON CAP 36000UNT	Tier 2	MO
ZENPEP CAP 3000UNIT	Tier 2	MO
ZENPEP CAP 5000UNIT	Tier 2	MO
ZENPEP CAP 10000UNT	Tier 2	MO
ZENPEP CAP 15000UNT	Tier 2	MO
ZENPEP CAP 20000UNT	Tier 2	MO
ZENPEP CAP 25000UNT	Tier 2	MO
ZENPEP CAP 40000UNT	Tier 2	MO

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Drug Name	Drug Requirements/ Tier	Limits
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i>	Tier 1	QL MO ST CPDR 20mg, 40mg QL (30 caps / 30 days)
<i>lansoprazole</i>	CPDR 15mg, Tier 1 30mg	QL MO QL (60 caps / 30 days)
<i>lansoprazole</i>	TBDD 15mg, Tier 1 30mg	QL MO ST QL (60 tabs / 30 days)
<i>omeprazole</i>	CPDR 10mg, Tier 1 20mg, 40mg	MO
<i>pantoprazole sodium</i>	SOLR Tier 1 40mg	MO
<i>pantoprazole sodium</i>	TBEC Tier 1 20mg, 40mg	MO
<i>rabeprazole sodium</i>	TBEC Tier 1 20mg	QL MO QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	TB24 10mg	Tier 1 QL MO QL (30 tabs / 30 days)
<i>dutasteride</i>	CAPS .5mg	Tier 1 QL MO QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	Tier 1 cap 0.5-0.4 mg	QL MO QL (30 caps / 30 days)
<i>finasteride</i>	TABS 5mg	Tier 1 MO
<i>silodosin</i>	CAPS 4mg, 8mg	Tier 1 QL MO QL (30 caps / 30 days)
<i>tamsulosin hcl</i>	CAPS .4mg	Tier 1 MO
MISCELLANEOUS		
<i>acetic acid</i>	SOLN .25%	Tier 1 MO
<i>bethanechol chloride</i>	TABS	Tier 1 MO 5mg, 10mg, 25mg, 50mg
<i>potassium citrate</i>		Tier 1 MO (alkalinizer) TBCR 15meq, 540mg, 1080mg
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	Tier 1	QL MO ST TB24 7.5mg, 15mg QL (30 tabs / 30 days)
<i>fesoterodine fumarate</i>	TB24	Tier 1 QL MO 4mg, 8mg QL (30 tabs / 30 days)
<i>GEMTESA</i>	TABS 75mg	Tier 2 QL MO QL (30 tabs / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
<i>MYRBETRIQ</i> SRER	Tier 2	QL MO 8mg/ml QL (300 mL / 28 days)
<i>MYRBETRIQ</i> TB24	25mg, Tier 2 50mg	QL MO QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN	Tier 1	MO 5mg/5ml; TABS 5mg
<i>oxybutynin chloride</i> TB24	Tier 1	QL MO 5mg QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24	Tier 1	QL MO 10mg, 15mg QL (60 tabs / 30 days)
<i>solifenacina succinate</i>	TABS	Tier 1 QL MO 5mg, 10mg QL (30 tabs / 30 days)
<i>tolterodine tartrate</i>	CP24	Tier 1 QL MO ST 2mg, 4mg QL (30 caps / 30 days)
<i>tolterodine tartrate</i>	TABS	Tier 1 QL MO 1mg, 2mg QL (60 tabs / 30 days)
<i>trospium chloride</i>	CP24	Tier 1 QL MO 60mg QL (30 caps / 30 days)
<i>trospium chloride</i>	TABS	Tier 1 QL MO 20mg QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i>		Tier 1 MO vaginal CREA 2%
<i>metronidazole vaginal</i>	GEL	Tier 1 MO .75%
<i>terconazole vaginal</i>	CREA	Tier 1 MO .4%, .8%; SUPP 80mg
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate</i>		Tier 1 QL MO mesylate CAPS 75mg, 150mg QL (60 caps / 30 days)
<i>ELIQUIS</i>	TABS 2.5mg	Tier 2 QL MO QL (60 tabs / 30 days)
<i>ELIQUIS</i>	TABS 5mg	Tier 2 QL MO QL (74 tabs / 30 days)

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 2	QL MO
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 1	MO
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	Tier 1	MO
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	MO
HEP SOD/D5W INJ 20000UNT	Tier 1	MO
HEP SOD/D5W INJ 25000UNT	Tier 1	MO
HEP SOD/NACL INJ 12500UNT	Tier 2	MO
HEP SOD/NACL INJ 25000UNT	Tier 2	MO
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 1	HI B/D MO
HEPARIN/NACL INJ 25000UNT	Tier 2	MO
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	MO
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 2	QL MO
PRADAXA CAPS 110mg QL (120 caps / 30 days)	Tier 2	QL MO
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	MO
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 2	QL MO
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL MO
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL MO

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NEDS PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NEDS PA
ZIEXTENZO SOSY 6mg/0.6ml	Tier 2	NEDS PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	Tier 1	MO
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2	NEDS QL LA PA
<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	MO
DOPTELET TABS 20mg	Tier 2	NEDS LA PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 2	MO
ENDARI PACK 5gm	Tier 2	NEDS LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	NEDS QL LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	NEDS QL LA PA
<i>icatibant acetate</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL PA
<i>pentoxifylline</i> TBCR 400mg PROMACTA PACK 12.5mg QL (360 packets / 30 days)	Tier 1	MO
PROMACTA PACK 25mg QL (180 packets / 30 days)	Tier 2	NEDS QL LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	NEDS QL LA PA

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Drug Name	Drug Requirements/ Tier Limits
PROMACTA TABS 50mg, 75mg	Tier 2 NEDS QL LA PA QL (60 tabs / 30 days)
sajazir SOSY 30mg/3ml	Tier 1 QL LA PA QL (9 syringes / 30 days)
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	Tier 1 MO 12hr 25-200 mg
PLATELET AGGREGATION INHIBITORS	
aspirin-dipyridamole cap er	Tier 1 MO 12hr 25-200 mg
BRILINTA TABS 60mg, 90mg	Tier 2 MO
<i>clopidogrel bisulfate</i> TABS 75mg	Tier 1 MO
dipyridamole TABS 25mg, 50mg, 75mg	Tier 2 MO PA PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	Tier 1 MO
IMMUNOLOGIC AGENTS	
AUTOIMMUNE AGENTS	
DUPIXENT SOPN	Tier 2 NEDS PA 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	Tier 2 NEDS QL PA QL (16 vials / 28 days)
ENBREL SOSY 25mg/0.5ml	Tier 2 NEDS QL PA QL (16 syringes / 28 days)
ENBREL SOSY 50mg/ml	Tier 2 NEDS QL PA QL (8 syringes / 28 days)
ENBREL MINI SOCT 50mg/ml	Tier 2 NEDS QL PA QL (8 cartridges / 28 days)
ENBREL SURECLICK SOAJ 50mg/ml	Tier 2 NEDS QL PA QL (8 pens / 28 days)
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	Tier 2 NEDS QL PA QL (2 syringes / 28 days)

Drug Name	Drug Requirements/ Tier Limits
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	Tier 2 NEDS QL PA QL (6 syringes / 28 days)
HUMIRA PEDIA INJ CROHNS	Tier 2 NEDS PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Tier 2 NEDS PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2 NEDS QL PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2 NEDS QL PA
HUMIRA PEN KIT PS/UV HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	Tier 2 NEDS PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Tier 2 NEDS PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Tier 2 NEDS PA
INFLIXIMAB SOLR 100mg	Tier 2 NEDS LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	Tier 2 NEDS QL PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	Tier 2 NEDS QL PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	Tier 2 NEDS QL PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	Tier 2 NEDS QL PA
REMICADE SOLR 100mg	Tier 2 NEDS LA PA
RENFLEXIS SOLR 100mg	Tier 2 NEDS LA PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2 NEDS QL PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2 NEDS QL PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2 NEDS QL PA

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	Tier 2 NEDS QL PA	FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2 NEDS PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 2 NEDS QL PA	GAMASTAN INJ	Tier 2 B/D LA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 2 NEDS QL PA	GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml	Tier 2 NEDS HI PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2 NEDS QL LA PA	GAMMAGARD LIQUID SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2 NEDS PA
STELARA SOLN 130mg/26ml	Tier 2 NEDS LA PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2 NEDS HI PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2 NEDS QL PA	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2 NEDS PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	Tier 2 NEDS QL LA PA	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2 NEDS LA PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2 NEDS QL PA	GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml	Tier 2 NEDS HI PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2 NEDS QL PA	GAMUNEX-C SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2 NEDS PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2 NEDS QL PA	OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	Tier 2 NEDS PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2 NEDS PA
hydroxychloroquine sulfate TABS 200mg	Tier 1 MO	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2 NEDS PA
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 1 QL MO	IMMUNOMODULATORS	
methotrexate sodium TABS Tier 1 2.5mg	Tier 1 MO	ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 2 NEDS LA PA
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	Tier 2 B/D MO	ARCALYST SOLR 220mg	Tier 2 NEDS LA PA
XATMEP SOLN 2.5mg/ml	Tier 2 B/D MO	INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	Tier 2 NEDS B/D LA
IMMUNOGLOBULINS			
BIVIGAM SOLN 5gm/50ml, Tier 2 NEDS LA PA 10%			

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Drug Name	Drug Requirements/ Tier	Limits
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	Tier 1	B/D MO
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	NEDS QL LA PA
BENLYSTA SOLR 120mg, 400mg	Tier 2	NEDS LA PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	Tier 1	B/D MO
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1	B/D MO
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	Tier 1	B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 1	B/D MO
mycophenolate mofetil CAPS 250mg; TABS 500mg	Tier 1	B/D MO
mycophenolate mofetil SUSR 200mg/ml	Tier 1	B/D
mycophenolate sodium TBEC 180mg, 360mg	Tier 1	B/D MO
NULOJIX SOLR 250mg	Tier 2	NEDS B/D
PROGRAF PACK .2mg, 1mg	Tier 2	B/D MO
REZUROCK TABS 200mg	Tier 2	NEDS LA PA
SANDIMMUNE SOLN 100mg/ml	Tier 2	B/D MO
sirolimus SOLN 1mg/ml	Tier 1	B/D
sirolimus TABS .5mg, 1mg, 2mg	Tier 1	B/D MO
tacrolimus CAPS .5mg, 1mg, 5mg	Tier 1	B/D MO
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	MO
ACTHIB INJ	Tier 1	MO
ADACEL INJ	Tier 1	MO
AREXVY SUSR 120mcg/0.5ml	Tier 1	MO
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO INJ	Tier 1	MO
BOOSTRIX INJ	Tier 1	MO

Drug Name	Drug Requirements/ Tier	Limits
DAPTACEL INJ	Tier 1	MO
DENGVAXIA SUS	Tier 1	MO
DIP/TET PED INJ 25-5LFU	Tier 1	B/D MO
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D MO
GARDASIL 9 INJ	Tier 1	MO
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	MO
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D MO
HIBERIX SOLR 10mcg	Tier 1	MO
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D MO
INFANRIX INJ	Tier 1	MO
IPOP INJ INACTIVE	Tier 1	MO
IXIARO INJ	Tier 1	MO
KINRIX INJ	Tier 1	MO
M-M-R II INJ	Tier 1	MO
MENACTRA INJ	Tier 1	MO
MENQUADFI INJ	Tier 1	MO
MENVEO INJ	Tier 1	MO
MENVEO SOL	Tier 1	MO
PEDIARIX INJ 0.5ML	Tier 1	MO
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	MO
PENTACEL INJ	Tier 1	MO
PREHEVBRIO SUSP 10mcg/ml	Tier 1	B/D MO
PRIORIX INJ	Tier 1	MO
PROQUAD INJ	Tier 1	MO
QUADRACEL INJ	Tier 1	MO
QUADRACEL INJ 0.5ML	Tier 1	MO
RABAVERT INJ	Tier 1	B/D MO
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D MO
ROTARIX SUS	Tier 1	MO
ROTATEQ SOL	Tier 1	MO
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL MO
TDVAX INJ 2-2 LF	Tier 1	B/D MO
TENIVAC INJ 5-2LF	Tier 1	B/D MO

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Drug Name	Drug Requirements/ Tier	Limits
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	MO
TRUMENBA INJ	Tier 1	MO
TWINRIX INJ	Tier 1	MO
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	MO
VAQTA SUSP 25unit/0.5ml, Tier 1 50unit/ml		MO
VARIVAX INJ 1350pfu/0.5ml	Tier 1	MO
YF-VAX INJ	Tier 1	MO
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	Tier 2	HI MO
D5W/LYTES INJ #48	Tier 2	MO
D10W/NACL INJ 0.2%	Tier 2	HI MO
dextrose 2.5% w/ sodium chloride 0.45%	Tier 1	HI MO
dextrose 5% in lactated ringers	Tier 1	MO
dextrose 5% w/ sodium chloride 0.2%	Tier 1	HI MO
dextrose 5% w/ sodium chloride 0.3%	Tier 1	MO
dextrose 5% w/ sodium chloride 0.9%	Tier 1	HI MO
dextrose 5% w/ sodium chloride 0.45%	Tier 1	HI MO
dextrose 5% w/ sodium chloride 0.225%	Tier 1	MO
dextrose 10% w/ sodium chloride 0.45%	Tier 1	HI MO
ISOLYTE-P INJ /D5W	Tier 2	MO
ISOLYTE-S INJ	Tier 2	MO
ISOLYTE-S INJ PH 7.4	Tier 2	MO
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 1	HI MO
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 1	HI MO
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 1	HI MO
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 1	HI MO

Drug Name	Drug Requirements/ Tier	Limits
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 1	HI MO
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 1	HI MO
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 1	HI MO
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	Tier 1	HI MO
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 1	HI MO
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 1	HI MO
KCL/D5W/NACL INJ 0.3/0.9%	Tier 2	MO
<i>lactated ringer's solution</i>	Tier 1	MO
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	MO
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	MO
magnesium sulfate SOLN 50%	Tier 2	HI MO
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 2	MO
MG SO4/D5W INJ 10MG/ML	Tier 2	MO
<i>multiple electrolytes ph 5.5</i>	Tier 1	MO
<i>multiple electrolytes ph 7.4</i>	Tier 1	MO
PLASMA-LYTE INJ -148	Tier 2	MO
PLASMA-LYTE INJ -A	Tier 2	MO
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 1	MO
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 2	MO
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 2	MO
potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	Tier 1	HI MO
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	Tier 2	MO

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Drug Name	Drug Requirements/ Tier	Limits
potassium chloride SOLN 20meq/50ml	Tier 1	MO
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 1	HI MO
sodium chloride SOLN 2.5meq/ml	Tier 1	MO
sodium chloride SOLN .45%, .9%, 3%, 5%	Tier 1	HI MO
TPN ELECTROL INJ	Tier 2	B/D MO
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	Tier 1	MO
klor-con 8 TBCR 8meq	Tier 1	MO
klor-con 10 TBCR 10meq	Tier 1	MO
klor-con m10 TBCR 10meq	Tier 1	MO
klor-con m15 TBCR 15meq	Tier 1	MO
klor-con m20 TBCR 20meq	Tier 1	MO
M-NATAL PLUS TAB	Tier 2	MO
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	Tier 1	MO
potassium chloride TBCR 8meq, 10meq, 20meq	Tier 1	MO
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	Tier 1	MO
potassium chloride microencapsulated crystals er TBCR 15meq	Tier 1	MO
PRENATAL TAB 27-1MG	Tier 2	MO
PRENATAL TAB PLUS	Tier 2	MO
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	MO
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	Tier 2	HI B/D MO
CLINIMIX INJ 4.25/D10	Tier 2	HI B/D MO
CLINIMIX INJ 5%/D15W	Tier 2	HI B/D MO
CLINIMIX INJ 5%/D20W	Tier 2	HI B/D MO
CLINIMIX INJ 6/5	Tier 2	B/D MO
CLINIMIX INJ 8/10	Tier 2	B/D MO
CLINIMIX INJ 8/14	Tier 2	B/D MO
clinisol sf 15%	Tier 1	HI B/D MO
CLINOLIPID EMU 20%	Tier 2	B/D MO
dextrose SOLN 5%, 10%	Tier 1	HI MO
dextrose SOLN 50%, 70%	Tier 1	B/D MO
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 2	HI B/D MO

Drug Name	Drug Requirements/ Tier	Limits
NUTRILIPID EMUL 20gm/100ml	Tier 2	B/D MO
plenamine	Tier 1	HI B/D MO
PREMASOL SOL 10%	Tier 2	NEDS HI B/D
PROSOL INJ 20%	Tier 2	HI B/D MO
TRAVASOL INJ 10%	Tier 2	HI B/D
TROPHAMINE INJ 10%	Tier 2	HI B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1	MO
neo-polycin hc ophth oint 1%	Tier 1	MO
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	MO
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	MO
neomycin-polymyxin-hc ophth susp	Tier 1	MO
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	MO
TOBRADEX OIN 0.3-0.1%	Tier 2	MO
TOBRADEX ST SUS 0.3-0.05	Tier 2	MO
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1	MO
ZYLET SUS 0.5-0.3%	Tier 2	MO
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	Tier 1	MO
bacitracin-polymyxin b ophth oint	Tier 1	MO
BESIVANCE SUSP .6%	Tier 2	MO
CILOXAN OINT .3%	Tier 2	MO
ciprofloxacin hcl (ophth) SOLN .3%	Tier 1	MO
erythromycin (ophth) OINT 5mg/gm	Tier 1	MO
gatifloxacin (ophth) SOLN .5%	Tier 1	MO
gentak OINT .3%	Tier 1	MO
gentamicin sulfate (ophth) SOLN .3%	Tier 1	MO
moxifloxacin hcl (ophth) SOLN .5%	Tier 1	MO

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Drug Name	Drug Requirements/ Tier	Limits
NATACYN SUSP 5%	Tier 2	MO
<i>neo-polycin 5(3.5)mg-400unt-1000unt op oin</i>	Tier 1	MO
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	Tier 1	MO
<i>neomycin-polmy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	MO
<i>ofloxacin (ophth) SOLN .3%</i>	Tier 1	MO
<i>polycin ophth oint</i>	Tier 1	MO
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	MO
<i>sulfacetamide sodium (ophth) OINT 10%</i>	Tier 1	MO
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	Tier 1	MO
<i>tobramycin (ophth) SOLN .3%</i>	Tier 1	MO
<i>trifluridine SOLN 1%</i>	Tier 1	MO
ZIRGAN GEL .15%	Tier 2	MO
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	Tier 2	MO
<i>bromfenac sodium (ophth) SOLN .09%</i>	Tier 1	MO
BROMSITE SOLN .075%	Tier 2	MO
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 1	MO
<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 1	MO
<i>difluprednate EMUL .05%</i>	Tier 1	MO
EYSUVIS SUSP .25%	Tier 2	MO
FLAREX SUSP .1%	Tier 2	MO
<i>fluorometholone (ophth) SUSP .1%</i>	Tier 1	MO
<i>flurbiprofen sodium SOLN .03%</i>	Tier 1	MO
ILEVRO SUSP .3%	Tier 2	MO
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	Tier 1	MO
LOTEMAX OINT .5%	Tier 2	MO
<i>prednisolone acetate (ophth) SUSP 1%</i>	Tier 1	MO
PREDNISOLONE SODIUM	Tier 2	MO
PHOSP SOLN 1%		
PROLENSA SOLN .07%	Tier 2	MO

Drug Name	Drug Requirements/ Tier	Limits
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i>	Tier 1	MO
SOLN .05%		
<i>cromolyn sodium (ophth)</i>	Tier 1	MO
SOLN 4%		
<i>olopatadine hcl SOLN .1%</i>	Tier 1	MO
ZERVIATE SOLN .24%	Tier 2	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	Tier 2	MO
<i>betaxolol hcl (ophth) SOLN .5%</i>	Tier 1	MO
BETOPTIC-S SUSP .25%	Tier 2	MO
<i>brimonidine tartrate SOLN .1%, .15%</i>	Tier 1	MO
<i>brimonidine tartrate SOLN .2%</i>	Tier 1	MO
<i>brinzolamide SUSP 1%</i>	Tier 1	MO
<i>carteolol hcl (ophth) SOLN 1%</i>	Tier 1	MO
COMBIGAN SOL 0.2/0.5%	Tier 2	MO
<i>dorzolamide hcl SOLN 2%</i>	Tier 1	MO
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 1	MO
<i>latanoprost SOLN .005%</i>	Tier 1	MO
<i>levobunolol hcl SOLN .5%</i>	Tier 1	MO
LUMIGAN SOLN .01%	Tier 2	MO
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	Tier 1	MO
RHOPRESSA SOLN .02%	Tier 2	MO
ROCKLATAN DRO	Tier 2	MO
SIMBRINZA SUS 1-0.2%	Tier 2	MO
<i>timolol maleate (ophth) SOLG .25%, .5%</i>	Tier 1	MO
<i>timolol maleate (ophth) SOLN .25%, .5%</i>	Tier 1	MO
<i>travoprost SOLN .004%</i>	Tier 1	MO
VYZULTA SOLN .024%	Tier 2	MO
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	MO
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	Tier 1	MO
CYSTADROPS SOLN .37%	Tier 2	NEDS LA PA
CYSTARAN SOLN .44%	Tier 2	NEDS LA PA
<i>proparacaine hcl SOLN .5%</i>	Tier 1	MO
RESTASIS EMUL .05%	Tier 2	MO

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Drug Name	Drug Requirements/ Tier	Limits
RESTASIS MULTIDOSE EMUL .05%	Tier 2	MO
TYRVAYA SOLN .03mg/act	Tier 2	MO
XIIDRA SOLN 5%	Tier 2	MO
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	Tier 1	MO
CIPRO HC SUS OTIC	Tier 2	MO
ciprofloxacin- dexamethasone otic susp 0.3-0.1%	Tier 1	MO
flac OIL .01%	Tier 1	MO
fluocinolone acetonide (otic) OIL .01%	Tier 1	MO
neomycin-polymyxin-hc otic soln 1%	Tier 1	MO
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 1	MO
ofloxacin (otic) SOLN .3%	Tier 1	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-	Tier 2	QL MO
25 QL (60 blisters / 30 days)		
BEVESPI AER 9-4.8MCG	Tier 2	QL MO
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE	Tier 2	QL MO
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 2	QL MO
QL (4 inhalers / 28 days)		
COMBIVENT AER 20-100	Tier 2	QL MO
QL (2 inhalers / 30 days)		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	B/D MO
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL MO

Drug Name	Drug Requirements/ Tier	Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL MO
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 2	QL MO
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 2	QL MO
ipratropium bromide SOLN .02%	Tier 1	B/D MO
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 1	MO
ANTIHISTAMINES		
azelastine hcl SOLN .1%, .15% Tier 1	Tier 1	MO
cetirizine hcl SOLN 1mg/ml Tier 1	Tier 1	MO
ciproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	Tier 2	MO PA
desloratadine TABS 5mg Tier 1	Tier 1	MO
diphenhydramine hcl SOLN 50mg/ml Tier 1	Tier 1	MO
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 2	MO PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	Tier 2	MO PA
hydroxyzine pamoate CAPS 25mg, 50mg PA if 70 years and older	Tier 2	MO PA
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg Tier 1	Tier 1	MO
olopatadine hcl (nasal) SOLN .6%	Tier 1	MO
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 1	QL MO

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Drug Name	Drug Requirements/ Tier	Limits
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 1	QL MO
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 1	QL MO
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 1	B/D MO
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	Tier 1	MO
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	Tier 1	B/D MO
<i>formoterol fumarate</i> NEBU 20mcg/2ml	Tier 1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	Tier 1	B/D MO
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 1	QL MO ST
SEREVENT DISKUS AEPB	Tier 2	QL MO
50mcg/dose QL (60 inhalations / 30 days)		
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 1	MO
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL MO
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	Tier 1	MO
<i>montelukast sodium</i> TABS 10mg	Tier 1	MO
<i>zafirlukast</i> TABS 10mg, 20mg	Tier 1	MO

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 1	B/D MO
ARALAST NP SOLR 500mg, 1000mg	Tier 2	NEDS HI LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 1	B/D MO
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	Tier 1	MO
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 1	MO
FASENRA SOSY 30mg/ml FASENRA PEN SOAJ 30mg/ml	Tier 2	NEDS LA PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	Tier 2 NEDS QL LA PA	
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 2 NEDS QL LA PA	
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2 NEDS QL LA PA	
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	Tier 2 NEDS QL LA PA	
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	Tier 2 NEDS QL LA PA	
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	Tier 2 NEDS QL LA PA	
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2 NEDS QL LA PA	
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2 NEDS QL LA PA	
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	Tier 1	QL PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	Tier 1	QL PA

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Drug Name	Drug Requirements/ Tier Limits
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	Tier 1 QL PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 2 NEDS LA PA
PROLASTIN-C SOLR 1000mg	Tier 2 NEDS HI LA PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2 NEDS PA
<i>roflumilast</i> TABS 250mcg, 500mcg	Tier 1 MO
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2 NEDS QL LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2 NEDS QL LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	Tier 2 MO
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	Tier 2 MO
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	Tier 1 MO
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2 NEDS QL LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2 NEDS QL LA PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2 NEDS QL LA PA
TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days)	Tier 2 NEDS QL LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	Tier 2 NEDS LA PA
ZEMAIRA SOLR 1000mg	Tier 2 NEDS LA PA
NASAL STEROIDS	
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 1 QL MO
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1 QL MO

Drug Name	Drug Requirements/ Tier Limits
<i>mometasone furoate (nasal)</i> Tier 1 SUSP 50mcg/act QL (2 inhalers / 30 days)	QL MO ST
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	Tier 2 QL MO ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 2 QL MO PA
STEROID INHALANTS	
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2 QL MO
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	Tier 1 B/D MO
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	Tier 2 QL MO
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	Tier 2 QL MO
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	Tier 2 QL MO
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	Tier 2 QL MO
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	Tier 2 QL MO
STEROID/BETA-AGONIST COMBINATIONS	
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	Tier 2 QL MO
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	Tier 2 QL MO

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Drug Name	Drug Requirements/ Tier	Limits
ADVAIR DISKU AER 500/50	Tier 2	QL MO QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	Tier 2	QL MO QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	Tier 2	QL MO QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	Tier 2	QL MO QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 2	QL MO QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	Tier 2	QL MO QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	Tier 2	QL MO QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	Tier 2	QL MO QL (3 inhalers / 30 days)
SYMBICORT AER 160-4.5	Tier 2	QL MO QL (3 inhalers / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	MO PA
amnesteem CAPS 10mg, 20mg, 40mg	Tier 1	MO PA
benzoyl peroxide-erythromycin gel 5-3%	Tier 1	QL MO QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	MO PA
clindamycin phosphate (topical) GEL 1%	Tier 1	QL MO QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	Tier 1	QL MO QL (60 mL / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
ery PADS 2% QL (60 pledges / 30 days)	Tier 1	QL MO
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	Tier 1	QL MO
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg sulfacetamide sodium (acne) LOTN 10% QL (118 mL / 30 days)	Tier 1	MO PA
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 1	QL MO PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	MO PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 1	QL MO
mupirocin OINT 2% QL (220 gm / 30 days)	Tier 1	QL MO
silver sulfadiazine CREA 1% QL (453.6 gm / 30 days)	Tier 1	MO
ssd CREA 1% SULFAMYLYON CREA 85mg/gm QL (453.6 gm / 30 days)	Tier 1	MO
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	Tier 1	QL MO
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	Tier 1	QL MO
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	Tier 1	QL MO
clotrimazole (topical) SOLN 1% QL (30 mL / 30 days)	Tier 1	QL MO
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	Tier 1	QL MO

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	Tier 1	QL MO	betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	Tier 1	QL MO
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL MO	betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	Tier 1	QL MO
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL MO	betamethasone valerate CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 1	QL MO
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL MO	betamethasone valerate LOTN .1% QL (120 mL / 30 days)	Tier 1	QL MO
nystop POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL MO	clobetasol propionate CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 1	QL MO
DERMATOLOGY, ANTIPISORIATICS			clobetasol propionate SOLN .05% QL (50 mL / 30 days)	Tier 1	QL MO
acitretin CAPS 10mg, 17.5mg, 25mg	Tier 1	MO PA	clobetasol propionate e CREA .05% QL (60 gm / 30 days)	Tier 1	QL MO
calcipotriene OINT .005% QL (120 gm / 30 days)	Tier 1	QL MO PA	ENSTILAR AER QL (120 gm / 30 days)	Tier 2	QL MO PA
calcipotriene SOLN .005% QL (120 mL / 30 days)	Tier 1	QL MO PA	fluocinolone acetonide CREA .01% QL (60 gm / 30 days)	Tier 1	QL MO
calcitrene OINT .005% QL (120 gm / 30 days)	Tier 1	QL MO PA	fluocinolone acetonide CREA .025%; OINT .025% QL (120 gm / 30 days)	Tier 1	QL MO
tazarotene CREA .1% QL (60 gm / 30 days)	Tier 1	QL MO PA	fluocinolone acetonide OIL .01% QL (118.28 mL / 30 days)	Tier 1	QL MO
TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 2	QL MO PA	fluocinolone acetonide SOLN .01% QL (90 mL / 30 days)	Tier 1	QL MO
DERMATOLOGY, ANTISEBORRHEICS			fluocinonide CREA .05% QL (120 gm / 30 days)	Tier 1	QL MO
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	Tier 1	QL MO	fluocinonide GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 1	QL MO
selenium sulfide LOTN 2.5%	Tier 1	MO	fluocinonide SOLN .05% QL (60 mL / 30 days)	Tier 1	QL MO
DERMATOLOGY, CORTICOSTEROIDS			fluocinonide emulsified base CREA .05% QL (120 gm / 30 days)	Tier 1	QL MO
ala-cort CREA 1%, 2.5% Tier 1		MO			
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 1	QL MO			
betamethasone dipropionate (topical) CREA .05%; OINT .05% QL (120 gm / 30 days)	Tier 1	QL MO			
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	Tier 1	QL MO			

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Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 1	MO
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 1	QL MO
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	Tier 1	MO
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	Tier 1	MO
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 1	MO
<i>triamcinolone acetonide (topical)</i> CREA .1% QL (454 gm / 30 days)	Tier 1	QL MO
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	Tier 1	MO
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	Tier 1	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	Tier 1	QL MO PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 1	QL MO PA
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	Tier 1	QL MO PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 1	QL MO PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 1	QL MO PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15% QL (50 gm / 30 days)	Tier 1	QL MO
<i>bexarotene (topical)</i> GEL 1% QL (60 gm / 30 days)	Tier 1	QL PA
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	Tier 1	QL MO
<i>FINACEA FOAM</i> 15% QL (50 gm / 30 days)	Tier 2	QL MO
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	Tier 1	QL MO

Drug Name	Drug Requirements/ Tier	Limits
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 1	QL MO
<i>hydrocortisone (rectal)</i> CREA 1%	Tier 1	MO
<i>hydrocortisone (rectal)</i> CREA 2.5%	Tier 1	MO
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 1	QL MO
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 1	MO
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	Tier 1	QL MO
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	Tier 1	QL MO
<i>NORITATE</i> CREA 1% QL (60 gm / 30 days)	Tier 2	NEDS QL
<i>PANRETIN</i> GEL .1% QL (60 gm / 30 days)	Tier 2	NEDS QL PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 1	QL MO
<i>procto-med hc</i> CREA 2.5% <i>proctosol hc</i> CREA 2.5% <i>proctozone-hc</i> CREA 2.5% RECTIV OINT .4% QL (30 gm / 30 days)	Tier 1	MO
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 1	QL MO
<i>VALCHLOR</i> GEL .016% QL (60 gm / 30 days)	Tier 2	NEDS QL LA PA
<i>ZYCLARA PUMP</i> CREA 2.5% QL (7.5 gm / 28 days)	Tier 2	NEDS QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 1	QL MO
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	Tier 1	QL MO
DERMATOLOGY, WOUND CARE AGENTS		
<i>REGRANEX</i> GEL .01% QL (30 gm / 30 days)	Tier 2	NEDS QL PA

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Drug Name	Drug Requirements/ Tier	Limits
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 2	QL MO
sodium chloride (gu irrigant) SOLN .9%	Tier 1	MO
water for irrigation, sterile irrigation soln	Tier 1	MO
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	Tier 1	MO
chlorhexidine gluconate (mouth-throat) SOLN .12%	Tier 1	MO
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	Tier 1	QL MO
lidocaine hcl (mouth-throat) SOLN 2%	Tier 1	MO
nystatin (mouth-throat) SUSP 100000unit/ml	Tier 1	MO
periogard SOLN .12%	Tier 1	MO
pilocarpine hcl (oral) TABS 5mg, 7.5mg	Tier 1	MO
triamcinolone acetonide (mouth) PSTE .1%	Tier 1	MO

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BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Medicare Advantage Appeals and Grievance Manager.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Medicare Advantage Appeals and Grievance Manager by mail at P.O. Box 55007, Boston, MA 02205; phone at **1-800-200-4255** (TTY: 711) from April 1 through September 30, 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through March 31, 8:00 a.m. to 8:00 p.m., seven days a week; fax at **617-246-8506**; or email at **MedicareAdvantageRXAppeals@bcbsma.com**. You can file a grievance in person, by mail, fax, email, or you can call **1-800-200-4255** (TTY: 711).

If you need help filing a grievance, the Medicare Advantage Appeals and Grievance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697** (TDD).

Complaint forms are available at **hhs.gov**.

TRANSLATION RESOURCES

Proficiency of Language Assistance Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-800-200-4255]. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al [1-800-200-4255]. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-200-4255。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantones: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-200-4255**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa [1-800-200-4255]. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au [1-800-200-4255]. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi [1-800-200-4255] sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter [1-800-200-4255]. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 [1-800-200-4255]번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону [1-800-200-4255]. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي سؤال تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-800-200-4255]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें [1-800-200-4255] पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero [1-800-200-4255]. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número [1-800-200-4255]. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan [1-800-200-4255]. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer [1-800-200-4255]. Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、[1-800-200-4255]にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



RESOURCES

Medicare Plan Sales:

1-800-678-2265 (TTY: 711)

April 1 through September 30, 8:00 a m to 8:00 p m ET,
Monday through Friday

October 1 through March 31, 8:00 a m to 8:00 p m ET,
seven days a week

bluecrossma.com/medicare

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Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-200-4255** (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-200-4255** (TTY: 711).

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare.

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