



MASSACHUSETTS

Medicare Advantage Group

2024 FORMULARY

(List of Covered Drugs)

2-Tier

PLEASE READ: THIS DOCUMENT
CONTAINS INFORMATION ABOUT
THE DRUGS WE COVER IN THIS PLAN
23217, Version 11

This abridged and comprehensive formulary was updated on 4/01/2024.

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 4/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/co-insurance may change on January 1, 2025, 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 2024 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 4/01/2024. 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 69. 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 69. 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 69.

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
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 1	QL
<i>colchicine w/ probenecid</i> tab 0.5-500 mg	Tier 1	
<i>febuxostat</i> TABS 40mg, 80mg	Tier 1	PA
<i>MITIGARE</i> CAPS .6mg QL (60 caps / 30 days)	Tier 2	QL
<i>probenecid</i> TABS 500mg	Tier 1	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 1	QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	Tier 1	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	Tier 1	
<i>diclofenac w/ misoprostol</i> tab delayed release 50-0.2 mg	Tier 1	
<i>diclofenac w/ misoprostol</i> tab delayed release 75-0.2 mg	Tier 1	
<i>diflunisal</i> TABS 500mg	Tier 1	
<i>ec-naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	Tier 1	QL
<i>ec-naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	Tier 1	QL
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 1	
<i>flurbiprofen</i> TABS 100mg	Tier 1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>ibuprofen</i> SUSP 100mg/5mL	Tier 1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1	
<i>nabumetone</i> TABS 500mg, Tier 1 750mg		
<i>naproxen</i> TABS 250mg, 375mg, 500mg	Tier 1	
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	Tier 1	QL
<i>naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	Tier 1	QL
<i>naproxen sodium</i> TABS 275mg, 550mg	Tier 1	
<i>oxaprozin</i> TABS 600mg	Tier 1	
<i>piroxicam</i> CAPS 10mg, 20mg	Tier 1	
<i>sulindac</i> TABS 150mg, 200mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>methadone hcl</i> SOLN 5mg/5mL, 10mg/5mL QL (450 mL / 30 days)	Tier 1	QL PA
<i>methadone hcl</i> TABS 5mg, Tier 1 10mg QL (90 tabs / 30 days)	Tier 1	QL PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	Tier 1	QL PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **HI** - Home Infusion **NEDS** - Non-Extended Days Supply

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

Drug Name	Drug Requirements/ Tier	Limits
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	Tier 1	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	Tier 1	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	Tier 1	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	Tier 1	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	Tier 1	QL
hydromorphone hcl LIQD 1mg/ml QL (600 mL / 30 days)	Tier 1	QL
hydromorphone hcl TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 1	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	Tier 2	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 2	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 1	QL
morphine sulfate SOLN 20mg/ml QL (180 mL / 30 days)	Tier 1	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **HI** - Home Infusion **NEDS** - Non-Extended Days Supply

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

Drug Name	Drug Requirements/ Tier	Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	Tier 1	QL NM PA QL (672 tabs / year)
<i>amikacin sulfate</i> SOLN 1gm/4ml	Tier 1	
<i>amikacin sulfate</i> SOLN 500mg/2ml	Tier 1	HI
<i>atovaquone</i> SUSP 750mg/5ml	Tier 1	
<i>aztreonam</i> SOLR 1gm	Tier 1	HI
<i>aztreonam</i> SOLR 2gm	Tier 1	
<i>CAYSTON</i> SOLR 75mg	Tier 2	NEDS NM LA PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	Tier 1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	Tier 1	
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml	Tier 1	HI
<i>clindamycin phosphate</i> SOLN 9000mg/60ml	Tier 1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 1	HI
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 1	HI
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 1	HI
<i>CLINDMYC/NAC INJ 300/50ML</i>	Tier 2	
<i>CLINDMYC/NAC INJ 600/50ML</i>	Tier 2	
<i>CLINDMYC/NAC INJ 900/50ML</i>	Tier 2	
<i>colistimethate sodium</i> SOLR 150mg	Tier 1	HI
<i>dapsone</i> TABS 25mg, 100mg	Tier 1	
<i>DAPTOMYCIN</i> SOLR 350mg	Tier 2	NEDS NM
<i>daptomycin</i> SOLR 350mg, 500mg	Tier 1	HI NM
<i>EMVERM CHEW</i> 100mg	Tier 2	NEDS QL NM QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	Tier 1	HI

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **HI** - Home Infusion **NEDS** - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
gentamicin in saline inj 0.8 mg/ml	Tier 1	HI
gentamicin in saline inj 1 mg/ml	Tier 1	HI
gentamicin in saline inj 1.2 mg/ml	Tier 1	HI
gentamicin in saline inj 1.6 mg/ml	Tier 1	HI
gentamicin in saline inj 2 mg/ml	Tier 1	
gentamicin sulfate SOLN 10mg/ml	Tier 1	
gentamicin sulfate SOLN 40mg/ml	Tier 1	HI
imipenem-cilastatin intravenous for soln 250 mg	Tier 1	HI
imipenem-cilastatin intravenous for soln 500 mg	Tier 1	HI
ivermectin TABS 3mg QL (12 tabs / 90 days)	Tier 1	QL PA
linezolid SOLN 600mg/300ml	Tier 1	HI
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	QL NM
linezolid TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL
LINEZOLID INJ 2MG/ML	Tier 1	
meropenem SOLR 1gm, 500mg	Tier 1	HI
methenamine hippurate TABS 1gm	Tier 1	
metronidazole SOLN 500mg/100ml	Tier 1	HI
metronidazole TABS 250mg, 500mg	Tier 1	
neomycin sulfate TABS 500mg	Tier 1	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	Tier 1	QL NM
nitrofurantoin macrocrystal CAPS 50mg, 100mg	Tier 2	
nitrofurantoin monohyd macro CAPS 100mg	Tier 2	
pentamidine isethionate inh SOLR 300mg	Tier 1	B/D
pentamidine isethionate inj SOLR 300mg	Tier 1	

Drug Name	Drug Requirements/ Tier	Limits
praziquantel TABS 600mg	Tier 1	
SIVEXTRO SOLR 200mg	Tier 2	NEDS HI NM
SIVEXTRO TABS 200mg	Tier 2	NEDS NM
streptomycin sulfate SOLR 1gm	Tier 1	NM
sulfadiazine TABS 500mg	Tier 1	NM
sulfamethoxazole- trimethoprim iv soln 400-80 mg/5ml	Tier 1	
sulfamethoxazole- trimethoprim susp 200-40 mg/5ml	Tier 1	
sulfamethoxazole- trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole- trimethoprim tab 800-160 mg	Tier 1	
tinidazole TABS 250mg, 500mg	Tier 1	
tobramycin NEBU 300mg/5ml	Tier 1	NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 40mg/ml	Tier 1	
tobramycin sulfate SOLN 10mg/ml, 80mg/2ml	Tier 1	HI
trimethoprim TABS 100mg	Tier 1	
vancomycin hcl CAPS 125mg QL (80 caps / 180 days)	Tier 1	QL
vancomycin hcl CAPS 250mg QL (160 caps / 180 days)	Tier 1	QL
vancomycin hcl SOLR 1gm, Tier 1 10gm, 500mg, 750mg	Tier 1	HI
vancomycin hcl SOLR 5gm	Tier 1	
VANCOMYCIN INJ 1 GM	Tier 2	
VANCOMYCIN INJ 500MG	Tier 2	
VANCOMYCIN INJ 750MG	Tier 2	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	Tier 2	B/D
amphotericin b SOLR 50mg	Tier 1	HI B/D
amphotericin b liposome SUSR 50mg	Tier 1	B/D NM
caspofungin acetate SOLR 50mg, 70mg	Tier 1	HI

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> QL (30 tabs / 30 days)	Tier 1	QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> QL (30 tabs / 30 days)	Tier 1	QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> QL (30 tabs / 30 days)	Tier 1	QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
EVOTAZ TAB 300-150	Tier 2	NEDS NM
GENVOYA TAB	Tier 2	NEDS NM
JULUCA TAB 50-25MG <i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 2	NEDS NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	
<i>lopinavir-ritonavir tab 100-25</i>	Tier 1	
<i>lopinavir-ritonavir tab 200-50</i>	Tier 1	
ODEFSEY TAB	Tier 2	NEDS NM
PREZCOBIX TAB 800-150	Tier 2	NEDS NM
STRIBILD TAB	Tier 2	NEDS NM
SYMTUZA TAB	Tier 2	NEDS NM
TRIUMEQ PD TAB	Tier 2	NEDS NM
TRIUMEQ TAB	Tier 2	NEDS NM
TRIZIVIR TAB	Tier 2	NEDS NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	Tier 1	NM
ethambutol hcl TABS 100mg, 400mg	Tier 1	
isoniazid SYRP 50mg/5ml	Tier 1	

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Drug Name	Drug Requirements/ Tier Limits
<i>isoniazid</i> TABS 100mg, 300mg	Tier 1
PRIFTIN TABS 150mg	Tier 2
<i>pyrazinamide</i> TABS 500mg	Tier 1
<i>rifabutin</i> CAPS 150mg	Tier 1
<i>rifampin</i> CAPS 150mg, 300mg	Tier 1
<i>rifampin</i> SOLR 600mg	Tier 1 HI
SIRTURO TABS 20mg, 100mg	Tier 2 NEDS NM LA PA
TRECATOR TABS 250mg	Tier 2
ANTIVIRALS	
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	Tier 1
<i>acyclovir</i> SUSP 200mg/5ml	Tier 1
<i>acyclovir sodium</i> SOLN 50mg/ml	Tier 1 HI B/D
<i>adefovir dipivoxil</i> TABS 10mg	Tier 1
BARACLUDE SOLN .05mg/ml	Tier 2 NEDS NM
<i>entecavir</i> TABS .5mg, 1mg	Tier 1
EPCLUSIA PAK 150-37.5	Tier 2 NEDS NM PA
EPCLUSIA PAK 200-50MG	Tier 2 NEDS NM PA
EPCLUSIA TAB 200-50MG	Tier 2 NEDS NM PA
EPCLUSIA TAB 400-100	Tier 2 NEDS NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	Tier 1
<i>ganciclovir sodium</i> SOLR 500mg	Tier 1 B/D
HARVONI PAK 33.75- 150MG	Tier 2 NEDS NM PA
HARVONI PAK 45-200MG	Tier 2 NEDS NM PA
HARVONI TAB 45-200MG	Tier 2 NEDS NM PA
HARVONI TAB 90-400MG	Tier 2 NEDS NM PA
<i>lamivudine (hbv)</i> TABS 100mg	Tier 1
MAVYRET PAK 50-20MG	Tier 2 NEDS NM PA
MAVYRET TAB 100-40MG	Tier 2 NEDS NM PA
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	Tier 1 QL
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg QL (84 caps / year)	Tier 1 QL

Drug Name	Drug Requirements/ Tier Limits
<i>oseltamivir phosphate</i> SUSR 6mg/ml QL (1080 mL / year)	Tier 1 QL
PAXLOVID TAB 150-100 QL (40 tabs / 30 days) \$0 Cost Share	Tier 2 QL
PAXLOVID TAB 300-100 QL (60 tabs / 30 days) \$0 Cost Share	Tier 2 QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2 NEDS NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2 NEDS QL NM PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2 QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	Tier 1 NM
<i>rimantadine hydrochloride</i> TABS 100mg	Tier 1
<i>valacyclovir hcl</i> TABS 1gm, 500mg	Tier 1
<i>valganciclovir hcl</i> SOLR 50mg/ml	Tier 1 NM
<i>valganciclovir hcl</i> TABS 450mg	Tier 1
VELMLIDY TABS 25mg	Tier 2 NEDS NM
VOSEVI TAB	Tier 2 NEDS NM PA
CEPHALOSPORINS	
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	Tier 1
CEFACLOR ER TB12 500mg	Tier 2
<i>cefadroxil</i> CAPS 500mg	Tier 1
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	Tier 1
CEFAZOLIN SOLR 2gm, 3gm	Tier 2
CEFAZOLIN INJ 1GM/50ML	Tier 2
<i>cefazin</i> sodium SOLR 1gm, 2gm	Tier 1
<i>cefazin</i> sodium SOLR 1gm, 10gm, 500mg	Tier 1 HI
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 2

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Drug Name	Drug Requirements/ Tier Limits
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 1 HI
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 1
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 1 HI
<i>cefoperazone proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 1
<i>cefprozil</i> SUSR 125mg/5ml, Tier 1 250mg/5ml; TABS 250mg, 500mg	Tier 1
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 1 HI
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm	Tier 1
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1 HI
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 1
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 1 HI
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 1
<i>tazicef</i> SOLR 1gm	Tier 1
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 1 HI
TEFLARO SOLR 400mg,	Tier 2 NEDS HI NM 600mg

ERYTHROMYCINS/MACROLIDES

<i>azithromycin</i> PACK 1gm;	Tier 1
SUSR 100mg/5ml, 200mg/5ml	
<i>azithromycin</i> SOLR 500mg	Tier 1 HI
<i>azithromycin</i> TABS 250mg, Tier 1 500mg, 600mg	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 1

Drug Name	Drug Requirements/ Tier Limits
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2 NEDS NM
e.e.s. 400 TABS 400mg	Tier 1
ery-tab TBEC 250mg, 333mg, 500mg	Tier 1
ERYTHROGIN LACTOBIONATE SOLR 500mg	Tier 2 HI
erythrocin stearate TABS 250mg	Tier 1
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 1
erythromycin ethylsuccinate TABS 400mg	Tier 1
erythromycin lactobionate SOLR 500mg	Tier 1
<i>FLUOROQUINOLONES</i>	
CIPRO SUSR 500mg/5ml	Tier 2
ciprofloxacin 200 mg/100ml in d5w	Tier 1 HI
ciprofloxacin 400 mg/200ml in d5w	Tier 1
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	Tier 1
levofloxacin SOLN 25mg/ml	Tier 1
levofloxacin TABS 250mg, Tier 1 500mg, 750mg	
levofloxacin in d5w iv soln 250 mg/50ml	Tier 1
levofloxacin in d5w iv soln 500 mg/100ml	Tier 1 HI
levofloxacin in d5w iv soln 750 mg/150ml	Tier 1 HI
moxifloxacin hcl TABS 400mg	Tier 1
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Tier 1
<i>PENICILLINS</i>	
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1
amoxicillin CHEW 125mg, 250mg	Tier 1

Drug Name	Drug Requirements/ Tier	Limits
amoxicillin & k clavulanate chew tab 200-28.5 mg	Tier 1	
amoxicillin & k clavulanate chew tab 400-57 mg	Tier 1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 1	
amoxicillin & k clavulanate tab 250-125 mg	Tier 1	
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	Tier 1	
ampicillin CAPS 500mg	Tier 1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	Tier 1	HI
ampicillin & sulbactam sodium for inj 3 (2-1) gm	Tier 1	HI
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	Tier 1	HI
ampicillin sodium SOLR 1gm, 2gm, 250mg, 500mg	Tier 1	
ampicillin sodium SOLR 1gm, 10gm, 125mg	Tier 1	HI
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 2	
dicloxacillin sodium CAPS 250mg, 500mg	Tier 1	
nafcillin sodium SOLR 1gm, Tier 1 2gm	Tier 1	HI
nafcillin sodium SOLR 10gm	Tier 1	HI NM

Drug Name	Drug Requirements/ Tier	Limits
oxacillin sodium SOLR 1gm, 2gm, 10gm	Tier 1	HI
PEN GK/DEXTR INJ 40000/ML	Tier 2	
PEN GK/DEXTR INJ 60000/ML	Tier 2	
penicillin g potassium SOLR 5000000unit	Tier 1	
penicillin g potassium SOLR 20000000unit	Tier 1	HI
penicillin g sodium SOLR 5000000unit	Tier 1	HI
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	Tier 1	
penicillin v potassium TABS Tier 1 250mg, 500mg	Tier 1	
pfizerpen SOLR 5000000unit, 20000000unit	Tier 1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 1	HI
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 1	HI
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 1	HI
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 1	HI
TETRACYCLINES		
doxy 100 SOLR 100mg	Tier 1	HI
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	Tier 1	
minocycline hcl CAPS 50mg, 75mg, 100mg	Tier 1	
NUZYRA SOLR 100mg	Tier 2 NEDS HI NM LA	
NUZYRA TABS 150mg	Tier 2 NEDS NM LA	
tetracycline hcl CAPS 250mg, 500mg	Tier 1 PA	

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

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 1	B/D NM
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 2	NEDS QL NM LA PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2	NEDS QL NM LA PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2	NEDS QL NM LA PA
<i>mercaptopurine</i> TABS 50mg	Tier 1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D NM
<i>methotrexate sodium</i> SOLN 50mg/2ml	Tier 1	HI B/D NM
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2	NEDS QL NM LA PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	Tier 1	B/D NM
PURIXAN SUSP 2000mg/100ml	Tier 2	NEDS NM LA
TABLOID TABS 40mg	Tier 2	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
<i>abiraterone acetate</i> TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 2	NEDS QL NM LA PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 2	NEDS QL NM LA PA
<i>anastrozole</i> TABS 1mg	Tier 1	
<i>bicalutamide</i> TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 2	NM PA
EMCYT CAPS 140mg	Tier 2	NEDS NM
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM LA PA

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Drug Name	Drug Requirements/ Tier Limits
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
EULEXIN CAPS 125mg	Tier 2 NEDS NM
exemestane TABS 25mg	Tier 1
FIRMAGON SOLR 80mg	Tier 2 NM PA
FIRMAGON SOLR 120mg/vial	Tier 2 NEDS NM PA
fulvestrant SOSY 250mg/5ml	Tier 1 B/D NM
letrozole TABS 2.5mg	Tier 1
leuprolide acetate KIT 1mg/0.2ml	Tier 1 NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2 NEDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2 NEDS NM PA
LYSODREN TABS 500mg	Tier 2 NEDS NM LA
megestrol acetate TABS 20mg, 40mg	Tier 2
nilutamide TABS 150mg	Tier 1 NM
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
ORGOVYX TABS 120mg	Tier 2 NEDS NM LA PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
SOLTAMOX SOLN 10mg/5ml	Tier 2 NEDS NM
tamoxifen citrate TABS 10mg, 20mg	Tier 1
toremifene citrate TABS 60mg	Tier 1
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2 NEDS QL NM LA PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
IMMUNOMODULATORS	
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1 QL NM LA PA

Drug Name	Drug Requirements/ Tier Limits
lenalidomide CAPS 20mg, 25mg	Tier 1 QL NM LA PA
QL (21 caps / 28 days)	
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	Tier 2 NEDS QL NM LA PA
QL (21 caps / 28 days)	
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 2 NEDS QL NM LA PA
QL (28 caps / 28 days)	
REVLIMID CAPS 20mg, 25mg	Tier 2 NEDS QL NM LA PA
QL (21 caps / 28 days)	
THALOMID CAPS 50mg, 100mg	Tier 2 NEDS QL NM LA PA
QL (28 caps / 28 days)	
THALOMID CAPS 150mg, 200mg	Tier 2 NEDS QL NM LA PA
QL (56 caps / 28 days)	
MISCELLANEOUS	
BESREMI SOSY 500mcg/ml	Tier 2 NEDS QL NM LA PA
QL (2 syringes / 28 days)	
bexarotene CAPS 75mg	Tier 1 QL NM PA
QL (300 caps / 30 days)	
hydroxyurea CAPS 500mg	Tier 1
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 1 B/D NM
IWLIFIN TABS 192mg	Tier 2 NEDS QL NM LA PA
QL (240 tabs / 30 days)	
KISQALI 200 PAK FEMARA	Tier 2 NEDS QL NM PA
QL (49 tabs / 28 days)	
KISQALI 400 PAK FEMARA	Tier 2 NEDS QL NM PA
QL (70 tabs / 28 days)	
KISQALI 600 PAK FEMARA	Tier 2 NEDS QL NM PA
QL (91 tabs / 28 days)	
MATULANE CAPS 50mg	Tier 2 NEDS NM LA
tretinoin (chemotherapy) CAPS 10mg	Tier 1 NM
WELIREG TABS 40mg	Tier 2 NEDS QL NM LA PA
QL (90 tabs / 30 days)	
MITOTIC INHIBITORS	
docetaxel CONC 20mg/ml	Tier 1 B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	B/D NM
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 2	NEDS B/D NM
<i>etoposide</i> SOLN 1gm/50ml, Tier 1 100mg/5ml, 500mg/25ml		B/D NM
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 1	B/D NM
<i>paclitaxel protein-bound particles for iv susp</i> 100 mg	Tier 1	B/D NM
<i>vincristine sulfate</i> SOLN 1mg/ml	Tier 1	B/D NM
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	Tier 1	B/D NM
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 2	NEDS QL NM LA PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM LA PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 2	NEDS QL NM LA PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 2	NEDS QL NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM LA PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 2	NEDS QL NM LA PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 2	NEDS QL NM LA PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 2	NEDS QL NM LA PA
BORTEZOMIB SOLR 1mg, Tier 2 2.5mg, 3.5mg <i>bortezomib</i> SOLR 3.5mg	NEDS NM PA LA PA	

Drug Name	Drug Requirements/ Tier	Limits
BOSULIF CAPS 50mg QL (360 caps / 30 days)	Tier 2	NEDS QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	Tier 2	NEDS QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 2	NEDS QL NM LA PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM LA PA
CABOMETYX TABS 20mg, Tier 2 40mg, 60mg QL (30 tabs / 30 days)	NEDS QL NM LA PA	
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 2	NEDS QL NM LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM LA PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM LA PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 2	NEDS QL NM LA PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 2	NEDS QL NM LA PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 2	NEDS QL NM LA PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 2	NEDS QL NM LA PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 2	NEDS QL NM LA PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM LA PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM LA PA

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Drug Name	Drug Requirements/ Tier Limits
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 2 NEDS QL NM LA PA
erlotinib hcl TABS 25mg QL (90 tabs / 30 days)	Tier 1 QL NM PA
erlotinib hcl TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 1 QL NM PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1 QL NM PA
everolimus TBSO 2mg QL (150 tabs / 30 days)	Tier 1 QL NM PA
everolimus TBSO 3mg QL (90 tabs / 30 days)	Tier 1 QL NM PA
everolimus TBSO 5mg QL (60 tabs / 30 days)	Tier 1 QL NM PA
EXKIVITY CAPS 40mg QL (120 caps / 30 days)	Tier 2 NEDS QL NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2 NEDS QL NM LA PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 2 NEDS QL NM LA PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 2 NEDS QL NM LA PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 2 NEDS QL NM LA PA
gefitinib TABS 250mg QL (30 tabs / 30 days)	Tier 1 QL NM PA
GILOTTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
HERCEP HYLEC SOL 60- 10000	Tier 2 NEDS NM LA PA
HERCEPTIN SOLR 150mg	Tier 2 NEDS NM LA PA
HERZUMA SOLR 150mg, 420mg	Tier 2 NEDS NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 2 NEDS QL NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 2 NEDS QL NM LA PA

Drug Name	Drug Requirements/ Tier Limits
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
imatinib mesylate TABS 100mg QL (90 tabs / 30 days)	Tier 1 QL NM PA
imatinib mesylate TABS 400mg QL (60 tabs / 30 days)	Tier 1 QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2 NEDS QL NM LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2 NEDS QL NM LA PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 2 NEDS QL NM LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 2 NEDS QL NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
KADCYLA SOLR 100mg, 160mg	Tier 2 NEDS B/D NM LA
KANJINTI SOLR 150mg, 420mg	Tier 2 NEDS NM LA PA
KEYTRUDA SOLN 100mg/4ml	Tier 2 NEDS NM LA PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 2 NEDS QL NM PA

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Drug Name	Drug Requirements/ Tier Limits
KISQALI 400 DOSE 200mg	TBPK Tier 2NEDS QL NM PA QL (42 tabs / 28 days)
KISQALI 600 DOSE 200mg	TBPK Tier 2NEDS QL NM PA QL (63 tabs / 28 days)
KOSELUGO CAPS 10mg	Tier 2NEDS QL NM QL (240 caps / 30 days) LA PA
KOSELUGO CAPS 25mg	Tier 2NEDS QL NM QL (120 caps / 30 days) LA PA
KRAZATI TABS 200mg	Tier 2NEDS QL NM QL (180 tabs / 30 days) LA PA
<i>lapatinib ditosylate</i> TABS 250mg	Tier 1 QL NM PA QL (180 tabs / 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 2NEDS QL NM LA PA QL (30 caps / 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 2NEDS QL NM LA PA QL (60 caps / 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 2NEDS QL NM LA PA QL (30 caps / 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 2NEDS QL NM LA PA QL (90 caps / 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 2NEDS QL NM LA PA QL (60 caps / 30 days)
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 2NEDS QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 2NEDS QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 2NEDS QL NM LA PA
LORBRENA TABS 25mg	Tier 2NEDS QL NM QL (90 tabs / 30 days) LA PA
LORBRENA TABS 100mg	Tier 2NEDS QL NM QL (30 tabs / 30 days) LA PA
LUMAKRAS TABS 120mg	Tier 2NEDS QL NM QL (240 tabs / 30 days) LA PA
LUMAKRAS TABS 320mg	Tier 2NEDS QL NM QL (90 tabs / 30 days) LA PA

Drug Name	Drug Requirements/ Tier Limits
LYNPARZA TABS 100mg, 150mg	Tier 2NEDS QL NM LA PA QL (120 tabs / 30 days)
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	Tier 2NEDS QL NM LA PA QL (84 tabs / 28 days)
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	Tier 2NEDS QL NM LA PA QL (112 tabs / 28 days)
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	Tier 2NEDS QL NM LA PA QL (140 tabs / 28 days)
MEKINIST SOLR .05mg/ml	Tier 2NEDS QL NM LA PA QL (1260 mL / 30 days)
MEKINIST TABS 2mg	Tier 2NEDS QL NM LA PA QL (30 tabs / 30 days)
MEKINIST TABS .5mg	Tier 2NEDS QL NM LA PA QL (90 tabs / 30 days)
MEKTOVI TABS 15mg	Tier 2NEDS QL NM LA PA QL (180 tabs / 30 days)
MONJUVI SOLR 200mg	Tier 2 NEDS NM LA PA
NERLYNX TABS 40mg	Tier 2NEDS QL NM LA PA QL (180 tabs / 30 days)
NEXAVAR TABS 200mg	Tier 2NEDS QL NM LA PA QL (120 tabs / 30 days)
NINLARO CAPS 2.3mg, 3mg, 4mg	Tier 2NEDS QL NM PA QL (3 caps / 28 days)
ODOMZO CAPS 200mg	Tier 2NEDS QL NM LA PA QL (30 caps / 30 days)
OGIVRI SOLR 150mg	Tier 2 NEDS NM LA PA
OGIVRI INJ 420MG	Tier 2 NEDS NM LA PA
OGSIVEO TABS 50mg	Tier 2NEDS QL NM LA PA QL (180 tabs / 30 days)
OJJAARA TABS 100mg, 150mg, 200mg	Tier 2NEDS QL NM LA PA QL (30 tabs / 30 days)

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Drug Name	Drug Requirements/ Tier Limits
ONTRUZANT SOLR 150mg, 420mg	Tier 2 NEDS NM LA PA
pazopanib hcl TABS 200mg QL (120 tabs / 30 days)	Tier 1 QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 2 NEDS QL NM LA PA
PHESGO SOL	Tier 2 NEDS NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 2 NEDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 2 NEDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 2 NEDS QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 2 NEDS QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 2 NEDS QL NM LA PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 2 NEDS QL NM LA PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	Tier 2 NEDS QL NM LA PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 2 NEDS QL NM LA PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 2 NEDS QL NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 2 NEDS QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2 NEDS QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2 NEDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
sorafenib tosylate TABS 200mg QL (120 tabs / 30 days)	Tier 1 QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	Tier 2 NEDS QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 2 NEDS QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 2 NEDS QL NM LA PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 1 QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 2 NEDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 2 NEDS QL NM LA PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 2 NEDS QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2 NEDS QL NM LA PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	Tier 2 NEDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 2 NEDS QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 2 NEDS QL NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml PA	Tier 2 NEDS NM LA PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 2 NEDS QL NM LA PA

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Drug Name	Drug Requirements/ Tier Limits
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 2NEDS QL NM LA PA
TRAZIMERA SOLR 150mg, Tier 2NEDS NM PA 420mg	
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 2NEDS QL NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 2NEDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 2NEDS QL NM LA PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 2NEDS QL NM LA PA
VANFLYTA TABS 17.7mg, Tier 2NEDS QL NM 26.5mg QL (56 tabs / 28 days)	LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 2QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2NEDS QL NM LA PA
VENCLEXTA TABS 100mg Tier 2NEDS QL NM QL (180 tabs / 30 days)	LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2NEDS QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2NEDS QL NM LA PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2NEDS QL NM LA PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2NEDS QL NM LA PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2NEDS QL NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2NEDS QL NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2NEDS QL NM LA PA

Drug Name	Drug Requirements/ Tier Limits
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	Tier 2NEDS QL NM LA PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	Tier 2NEDS QL NM LA PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	Tier 2NEDS QL NM LA PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 2NEDS QL NM LA PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2NEDS QL NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	Tier 2NEDS QL NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 2NEDS QL NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	Tier 2NEDS QL NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	Tier 2NEDS QL NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 2NEDS QL NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	Tier 2NEDS QL NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	Tier 2NEDS QL NM LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	Tier 2NEDS QL NM LA PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2NEDS QL NM LA PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2NEDS QL NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 2 NEDS NM LA PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2NEDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM LA PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 2	NEDS QL NM LA PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 1	B/D NM
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 1	
MESNEX TABS 400mg	Tier 2	NEDS NM
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate- benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate- benazepril hcl cap 5-10 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate- benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate- benazepril hcl cap 10-20 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate- benazepril hcl cap 10-40 mg QL (30 caps / 30 days)	Tier 1	QL
benazepril & hydrochlorothiazide tab 5- 6.25mg	Tier 1	
benazepril & hydrochlorothiazide tab 10- 12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20- 12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20- 25 mg	Tier 1	
captopril & hydrochlorothiazide tab 25- 15 mg	Tier 1	

Drug Name	Drug Requirements/ Tier	Limits
captopril & hydrochlorothiazide tab 25- 25 mg	Tier 1	
captopril & hydrochlorothiazide tab 50- 15 mg	Tier 1	
captopril & hydrochlorothiazide tab 50- 25 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 10- 25 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 10- 12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20- 12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20- 25 mg	Tier 1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	Tier 1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	
fosinopril sodium TABS 10mg, 20mg, 40mg	Tier 1	
lisinopril TABS 2.5mg, 5mg, Tier 1 10mg, 20mg, 30mg, 40mg	Tier 1	
moexipril hcl TABS 7.5mg, Tier 1 15mg	Tier 1	
perindopril erbumine TABS Tier 1 2mg, 4mg, 8mg	Tier 1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	Tier 1	
<i>KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)</i>	Tier 2	QL
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	Tier 1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	Tier 1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	Tier 1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>amlodipine besylate- olmesartan medoxomil tab 10-20 mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>amlodipine besylate- olmesartan medoxomil tab 10-40 mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>amlodipine besylate- valsartan tab 5-160 mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>amlodipine besylate- valsartan tab 5-320 mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>amlodipine besylate- valsartan tab 10-160 mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>amlodipine besylate- valsartan tab 10-320 mg QL (30 tabs / 30 days)</i>	Tier 1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>candesartan cilexetil- hydrochlorothiazide tab 16- 12.5 mg QL (60 tabs / 30 days)</i>	Tier 1	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 32- 12.5 mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 32- 25 mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>EDARBYCLOR TAB 40- 12.5 QL (30 tabs / 30 days)</i>	Tier 2	QL
<i>EDARBYCLOR TAB 40- 25MG QL (30 tabs / 30 days)</i>	Tier 2	QL
<i>ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)</i>	Tier 2	QL
<i>ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)</i>	Tier 2	QL
<i>ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)</i>	Tier 2	QL
<i>irbesartan- hydrochlorothiazide tab 150- 12.5 mg QL (60 tabs / 30 days)</i>	Tier 1	QL
<i>irbesartan- hydrochlorothiazide tab 300- 12.5 mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>losartan potassium & hydrochlorothiazide tab 50- 12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100- 12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100- 25 mg</i>	Tier 1	
<i>olmesartan medoxomil- hydrochlorothiazide tab 20- 12.5 mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>olmesartan medoxomil- hydrochlorothiazide tab 40- 12.5 mg QL (30 tabs / 30 days)</i>	Tier 1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	QL QL (30 tabs / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS</i>	Tier 1	QL 4mg, 8mg, 16mg QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS</i>	Tier 1	QL 32mg QL (30 tabs / 30 days)
<i>EDARBI TABS</i>	Tier 2	QL 40mg, 80mg QL (30 tabs / 30 days)
<i>irbesartan TABS</i>	Tier 1	QL 75mg, 150mg, 300mg QL (30 tabs / 30 days)
<i>losartan potassium TABS</i>	Tier 1	QL 25mg, 50mg, 100mg
<i>olmesartan medoxomil TABS</i>	Tier 1	QL 5mg QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS</i>	Tier 1	QL 20mg, 40mg QL (30 tabs / 30 days)
<i>telmisartan TABS</i>	Tier 1	QL 20mg, 40mg, 80mg QL (30 tabs / 30 days)
<i>valsartan TABS</i>	Tier 1	QL 40mg, 80mg, 160mg QL (60 tabs / 30 days)

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Drug Name	Drug Requirements/ Tier	Limits
valsartan TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 1	
amiodarone hcl TABS 200mg	Tier 1	
disopyramide phosphate CAPS 100mg, 150mg	Tier 2	
dofetilide CAPS 125mcg, 250mcg, 500mcg	Tier 1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	Tier 1	
MULTAQ TABS 400mg	Tier 2	
NORPACE CR CP12 100mg, 150mg	Tier 2	
pacerone TABS 100mg, 400mg	Tier 1	
pacerone TABS 200mg	Tier 1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	Tier 1	
quinidine sulfate TABS 200mg, 300mg	Tier 1	
sorine TABS 80mg, 120mg, Tier 1 160mg, 240mg	Tier 1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	Tier 1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	Tier 1	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	Tier 1	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	Tier 1	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	Tier 1	
gemfibrozil TABS 600mg	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM ST

Drug Name	Drug Requirements/ Tier	Limits
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	Tier 2	QL ST
fluvastatin sodium CAPS 20mg, 40mg QL (60 caps / 30 days)	Tier 1	QL ST
fluvastatin sodium TB24 80mg QL (30 tabs / 30 days)	Tier 1	QL ST
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	Tier 2	QL ST
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
pitavastatin calcium TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	Tier 1	QL ST
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
simvastatin TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	Tier 2	QL ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; Tier 1 POWD 4gm/dose		
cholestyramine light PACK 4gm; POWD 4gm/dose		
colesevelam hcl PACK 3.75gm; TABS 625mg		
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm		
ezetimibe TABS 10mg ezetimibe-simvastatin tab 10-10 mg QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ezetimibe-simvastatin tab</i>	Tier 1	QL 10-20 mg QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab</i>	Tier 1	QL 10-40 mg QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab</i>	Tier 1	QL 10-80 mg QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i>	Tier 1	QL TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters</i>	Tier 1	PA cap 1 gm
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	Tier 1	
<i>REPATHA SOSY</i>	Tier 2	NM PA 140mg/ml
<i>REPATHA PUSHTRONEX SYSTEM SOCT</i>	Tier 2	NM PA 420mg/3.5ml
<i>REPATHA SURECLICK SOAJ</i> 140mg/ml	Tier 2	NM PA
<i>VASCEPA</i> CAPS .5gm, 1gm	Tier 2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i>	Tier 1	 50-25 mg
<i>atenolol & chlorthalidone tab</i>	Tier 1	 100-25 mg
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5- 6.25 mg	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab</i> 5- 6.25 mg	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab</i> 10- 6.25 mg	Tier 1	
<i>metoprolol & hydrochlorothiazide tab</i> 50- 25 mg	Tier 1	
<i>metoprolol & hydrochlorothiazide tab</i> 100- 25 mg	Tier 1	

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 40 mg</i>	Tier 1	
<i>amlodipine besylate- atorvastatin calcium tab 5- 10 mg</i>	Tier 1	
<i>amlodipine besylate- atorvastatin calcium tab 5- 20 mg</i>	Tier 1	
<i>amlodipine besylate- atorvastatin calcium tab 5- 40 mg</i>	Tier 1	
<i>amlodipine besylate- atorvastatin calcium tab 5- 80 mg</i>	Tier 1	
<i>amlodipine besylate- atorvastatin calcium tab 10- 10 mg</i>	Tier 1	
<i>amlodipine besylate- atorvastatin calcium tab 10- 20 mg</i>	Tier 1	
<i>amlodipine besylate- atorvastatin calcium tab 10- 40 mg</i>	Tier 1	
<i>amlodipine besylate- atorvastatin calcium tab 10- 80 mg</i>	Tier 1	
<i>clonidine PTWK .1mg/24hr, Tier 1 .2mg/24hr, .3mg/24hr</i>		
<i>clonidine hcl TABS .1mg, Tier 1 .2mg, .3mg</i>		
<i>CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)</i>	Tier 2	QL
<i>CORLANOR TABS 5mg, Tier 2 7.5mg QL (60 tabs / 30 days)</i>		
<i>digoxin SOLN .05mg/ml, Tier 1 .25mg/ml</i>		
<i>digoxin TABS 125mcg, Tier 1 250mcg QL (30 tabs / 30 days)</i>		
<i>droxidopa CAPS 100mg Tier 1 QL (90 caps / 30 days)</i>		
<i>droxidopa CAPS 200mg, Tier 1 300mg QL (180 caps / 30 days)</i>		

Drug Name	Drug Requirements/ Tier	Limits
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	Tier 1	
<i>guanfacine hcl TABS 1mg, Tier 2 2mg PA if 70 years and older</i>		PA
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	Tier 1	
<i>metyrosine CAPS 250mg</i>	Tier 1	NM PA
<i>midodrine hcl TABS 2.5mg, Tier 1 5mg, 10mg</i>		
<i>minoxidil TABS 2.5mg, 10mg</i>	Tier 1	
<i>ranolazine TB12 500mg, 1000mg</i>	Tier 1	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)</i>	Tier 2	QL
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	Tier 1	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	Tier 1	
<i>NITRO-BID OINT 2%</i>	Tier 2	
<i>nitroglycerin PT24 .1mg/hr, Tier 1 .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>		
PULMONARY ARTERIAL HYPERTENSION		
<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)</i>	Tier 2	NEDS NM LA PA
<i>ambrisentan TABS 5mg, 10mg QL (30 tabs / 30 days)</i>	Tier 1	QL NM LA PA
<i>bosentan TABS 62.5mg, 125mg QL (60 tabs / 30 days)</i>	Tier 1	QL NM LA PA
<i>OPSUMIT TABS 10mg QL (30 tabs / 30 days)</i>	Tier 2	NEDS QL NM LA PA
<i>sildenafil citrate (pulmonary hypertension) TABS 20mg QL (360 tabs / 30 days)</i>	Tier 1	QL NM PA
<i>treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	Tier 1	NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Tier 2	NEDS NM LA PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1	
<i>buspirone hcl</i> TABS 7.5mg, Tier 1 30mg	Tier 1	
<i>fluvoxamine maleate</i> TABS Tier 1 25mg, 50mg, 100mg	Tier 1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	Tier 1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	Tier 1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 1	QL
<i>memantine hcl</i> CP24 7mg, TABS 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	Tier 1	PA
NAMZARIC CAP 7-10MG	Tier 2	
NAMZARIC CAP 14-10MG	Tier 2	
NAMZARIC CAP 21-10MG	Tier 2	

Drug Name	Drug Requirements/ Tier	Limits
NAMZARIC CAP 28-10MG	Tier 2	
NAMZARIC CAP PACK	Tier 2	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 1	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 2	
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 2	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 1	
<i>bupropion hcl</i> TB12 100mg, Tier 1 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl</i> TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 1	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	Tier 1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	Tier 2	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 2	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 2	
<i>duloxetine hcl</i> CPEP 20mg, Tier 1 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 1	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	NEDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>escitalopram oxalate</i> SOLN Tier 1 5mg/5ml		
<i>escitalopram oxalate</i> TABS Tier 1 5mg, 10mg, 20mg		
FETZIMA CP24 20mg, 40mg <u>QL (60 caps / 30 days)</u>	Tier 2	QL PA
FETZIMA CP24 80mg, 120mg <u>QL (30 caps / 30 days)</u>	Tier 2	QL PA
FETZIMA CAP TITRATIO <u>QL (2 packs / year)</u>	Tier 2	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, Tier 1 20mg, 40mg		
<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 1	
<i>imipramine hcl</i> TABS 10mg, Tier 1 25mg, 50mg		
MARPLAN TABS 10mg <u>QL (180 tabs / 30 days)</u>	Tier 2	QL
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	Tier 1	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	Tier 1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	Tier 1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 2	
<i>paroxetine hcl</i> SUSP 10mg/5ml <u>QL (900 mL / 30 days)</u>	Tier 2	QL PA
<i>paroxetine hcl</i> TABS 10mg, Tier 1 20mg, 30mg, 40mg		
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg <u>QL (60 tabs / 30 days)</u>	Tier 2	QL
<i>phenelzine sulfate</i> TABS 15mg	Tier 1	
<i>protriptyline hcl</i> TABS 5mg, Tier 2 10mg		
<i>sertraline hcl</i> CONC 20mg/ml	Tier 1	
<i>sertraline hcl</i> TABS 25mg, Tier 1 50mg, 100mg		

Drug Name	Drug Requirements/ Tier	Limits
<i>tranylcypromine sulfate</i> TABS 10mg	Tier 1	
<i>trazodone hcl</i> TABS 50mg, Tier 1 100mg, 150mg		
<i>trimipramine maleate</i> CAPS Tier 2 25mg, 50mg <u>QL (120 caps / 30 days)</u>	QL	
<i>trimipramine maleate</i> CAPS Tier 2 100mg <u>QL (60 caps / 30 days)</u>	QL	
TRINTELLIX TABS 5mg, 10mg, 20mg <u>QL (30 tabs / 30 days)</u>	Tier 2	QL
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	Tier 1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 1	
<i>vilazodone hcl</i> TABS 10mg, Tier 1 20mg, 40mg <u>QL (30 tabs / 30 days)</u>	QL	
ZURZUVAE CAPS 20mg, 25mg <u>QL (28 caps / 14 days)</u>	Tier 2 NEDS	QL NM LA PA
ZURZUVAE CAPS 30mg <u>QL (14 caps / 14 days)</u>	Tier 2 NEDS	QL NM LA PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg <u>QL (120 caps / 30 days)</u>	Tier 1	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	Tier 1	
<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 1	
<i>benztropine mesylate</i> TABS Tier 1 .5mg, 1mg, 2mg PA if 70 years and older	PA	
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	Tier 1	
<i>carb/levo orally</i> <u>disintegrating tab 10-100mg</u>	Tier 1	
<i>carb/levo orally</i> <u>disintegrating tab 25-100mg</u>	Tier 1	
<i>carb/levo orally</i> <u>disintegrating tab 25-250mg</u>	Tier 1	
<i>carbidopa</i> TABS 25mg	Tier 1	

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Drug Name	Drug Requirements/ Tier Limits
carbidopa & levodopa tab 10-100 mg	Tier 1
carbidopa & levodopa tab 25-100 mg	Tier 1
carbidopa & levodopa tab 25-250 mg	Tier 1
carbidopa & levodopa tab er 25-100 mg	Tier 1
carbidopa & levodopa tab er 50-200 mg	Tier 1
carbidopa-levodopa- entacapone tabs 12.5-50- 200 mg	Tier 1
carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg	Tier 1
carbidopa-levodopa- entacapone tabs 25-100- 200 mg	Tier 1
carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg	Tier 1
carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg	Tier 1
carbidopa-levodopa- entacapone tabs 50-200- 200 mg	Tier 1
entacapone TABS 200mg	Tier 1
INBRIJA CAPS 42mg	Tier 2 NEDS QL NM QL (300 caps / 30 days)
NEUPRO PT24 1mg/24hr,	Tier 2
2mg/24hr, 3mg/24hr,	
4mg/24hr, 6mg/24hr,	
8mg/24hr	
pramipexole dihydrochloride	Tier 1
TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	
pramipexole dihydrochloride	Tier 1
TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	
rasagiline mesylate TABS	Tier 1 QL QL (30 tabs / 30 days)
ropinirole hydrochloride	Tier 1
TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	

Drug Name	Drug Requirements/ Tier Limits
ropinirole hydrochloride	Tier 1 TB24 2mg, 4mg, 6mg, 8mg, 12mg
selegiline hcl CAPS	5mg; TABS 5mg
trihexyphenidyl hcl SOLN	TAB 2mg, PA .4mg/ml PA if 70 years and older
trihexyphenidyl hcl TABS	Tier 1 PA 2mg, 5mg PA if 70 years and older
ANTIPSYCHOTICS	
ABILITY MAINTENA PRSY	Tier 2 NEDS QL NM 300mg, 400mg QL (1 syringe / 28 days)
ABILITY MAINTENA SRER	Tier 2 NEDS QL NM 300mg, 400mg QL (1 injection / 28 days)
aripiprazole SOLN	1mg/ml Tier 1 QL QL (900 mL / 30 days)
aripiprazole TABS	2mg, Tier 1 QL 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)
aripiprazole TBDP	10mg, Tier 1 QL 15mg QL (60 tabs / 30 days)
ARISTADA PRSY	Tier 2 NEDS QL NM 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)
ARISTADA PRSY	Tier 2 NEDS QL NM 1064mg/3.9ml QL (1 syringe / 56 days)
ARISTADA INITIO PRSY	Tier 2 NEDS NM 675mg/2.4ml
asenapine maleate SUBL	Tier 1 QL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)
CAPLYTA CAPS	10.5mg, Tier 2 NEDS QL NM 21mg, 42mg QL (30 caps / 30 days)

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Drug Name	Drug Requirements/ Tier	Limits
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>clozapine</i> TABS 25mg, 50mg	Tier 1	
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	Tier 1	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
FANAPT PAK QL (2 packs / year)	Tier 2	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	Tier 1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 2 NEDS	QL NM

Drug Name	Drug Requirements/ Tier	Limits
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 2	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 2 NEDS	QL NM
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 2 NEDS	QL NM
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 1	
<i>lurasidone hcl</i> TABS 20mg, Tier 1 40mg, 60mg, 120mg QL (30 tabs / 30 days)	QL	
<i>lurasidone hcl</i> TABS 80mg Tier 1 QL (60 tabs / 30 days)	Tier 1	QL
<i>molindone hcl</i> TABS 5mg, Tier 1 10mg, 25mg		
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 2 NEDS	QL NM LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM LA PA
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	Tier 1	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 1	QL
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	Tier 1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 1	

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Drug Name	Drug Requirements/ Tier	Limits
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	Tier 2	NEDS QL NM
pimozide TABS 1mg, 2mg	Tier 1	
quetiapine fumarate TABS 25mg QL (180 tabs / 30 days)	Tier 1	QL
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg QL (90 tabs / 30 days)	Tier 1	QL
quetiapine fumarate TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 1	QL
quetiapine fumarate TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 1	QL PA
quetiapine fumarate TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 1	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM
RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	Tier 2	QL
RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	Tier 2	NEDS QL NM
risperidone SOLN 1mg/ml QL (240 mL / 30 days)	Tier 1	QL
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
risperidone TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 1	QL
risperidone TBDP 4mg QL (120 tabs / 30 days)	Tier 1	QL
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Requirements/ Tier	Limits
risperidone microspheres SRER 12.5mg, 25mg QL (2 injections / 28 days)	Tier 1	QL
risperidone microspheres SRER 37.5mg, 50mg QL (2 injections / 28 days)	Tier 1	QL NM
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 2	NEDS QL NM
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	Tier 1	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 2	NEDS QL NM
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 2	NEDS QL NM
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM
VRAYLAR CAP 1.5-3MG QL (2 packs / year)	Tier 2	QL
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 1	QL
ziprasidone mesylate SOLR 20mg QL (6 injections / 3 days)	Tier 1	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 2	NEDS QL NM
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 2	NEDS QL NM
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 2	NEDS QL NM PA
BRIVIACT SOLN 50mg/5ml	Tier 2	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 1	
clobazam SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 1	QL PA
clobazam TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 1	QL PA
clonazepam TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	Tier 1	QL
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 2	NEDS QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 2	NEDS QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 2	NEDS QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 2	NEDS QL NM LA PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	Tier 1	QL PA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days)	Tier 1	QL PA
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 1	
<i>diazepam inj</i> SOLN 5mg/ml	Tier 1	
<i>diazepam intensol</i> CONC 5mg/ml	Tier 1	QL PA
DILANTIN CAPS 30mg, 100mg	Tier 2	
DILANTIN INFATABS CHEW 50mg	Tier 2	
DILANTIN-125 SUSP 125mg/5ml	Tier 2	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 2	NEDS QL NM LA PA
<i>epitol</i> TABS 200mg	Tier 1	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 2	QL PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	Tier 1	
<i>felbamate</i> SUSP 600mg/5ml	Tier 1	NM
<i>felbamate</i> TABS 400mg, 600mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 2	NEDS QL NM LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 2	NEDS QL NM PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 2	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 1	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
<i>lacosamide</i> SOLN 200mg/20ml	Tier 1	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 1	QL
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	Tier 1	
<i>methsuximide</i> CAPS 300mg	Tier 1	

Drug Name	Drug Requirements/ Tier	Limits
<i>NAYZILAM</i> SOLN 5mg/0.1ml	Tier 2	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 1	
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older	Tier 2	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older	Tier 2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	Tier 2	PA
<i>phenytek</i> CAPS 200mg, 300mg	Tier 1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	Tier 1	
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 1	
<i>phenytoin sodium extended</i> Tier 1 CAPS 100mg, 200mg, 300mg	Tier 1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 1	QL PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	Tier 1	QL PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 1	QL PA
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	Tier 1	QL PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	Tier 1	
<i>roweepra</i> TABS 500mg	Tier 1	
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 1	QL NM PA

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rufinamide TABS 200mg QL (480 tabs / 30 days)	Tier 1	QL PA
rufinamide TABS 400mg QL (240 tabs / 30 days)	Tier 1	QL NM PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 2	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 2	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 2	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 2	QL
subvenite TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 2 NEDS	QL NM PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	Tier 1	
topiramate CPSP 15mg, 25mg	Tier 1	
topiramate TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
valproate sodium SOLN 100mg/ml, 250mg/5ml	Tier 1	
valproic acid CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 2	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 2	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 2	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 2	
vigabatrin PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM LA PA
vigabatrin TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM LA PA
vigadroner PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
vigadroner TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM LA PA
XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 2	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 2 NEDS	QL NM
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 2 NEDS	QL NM
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 2 NEDS	QL NM
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 2 NEDS	QL NM
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 2 NEDS	QL NM PA
zonisamide CAPS 25mg, 50mg, 100mg	Tier 1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 2 NEDS	QL NM LA PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine- dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine- dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine- dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine- dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	Tier 1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
amphetamine- dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine- dextroamphetamine cap er 24hr 30 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine- dextroamphetamine tab 5 mg QL (60 tabs / 30 days)	Tier 1	QL PA
amphetamine- dextroamphetamine tab 7.5 mg QL (60 tabs / 30 days)	Tier 1	QL PA
amphetamine- dextroamphetamine tab 10 mg QL (60 tabs / 30 days)	Tier 1	QL PA
amphetamine- dextroamphetamine tab 12.5 mg QL (60 tabs / 30 days)	Tier 1	QL PA
amphetamine- dextroamphetamine tab 15 mg QL (60 tabs / 30 days)	Tier 1	QL PA
amphetamine- dextroamphetamine tab 20 mg QL (90 tabs / 30 days)	Tier 1	QL PA
amphetamine- dextroamphetamine tab 30 mg QL (60 tabs / 30 days)	Tier 1	QL PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 1	QL
atomoxetine hcl CAPS 40mg QL (60 caps / 30 days)	Tier 1	QL
atomoxetine hcl CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 1	QL

Drug Name	Drug Requirements/ Tier	Limits
dexamphetamine hcl TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 1	QL PA
dexamphetamine hcl TABS 10mg QL (60 tabs / 30 days)	Tier 1	QL PA
guanfacine hcl (adhd) TB24 Tier 2 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	Tier 2	QL PA
guanfacine hcl (adhd) TB24 Tier 2 3mg QL (60 tabs / 30 days) PA if 70 years and older	Tier 2	QL PA
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	Tier 1	QL PA
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	Tier 1	QL PA
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	Tier 1	QL PA
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	Tier 1	QL PA
methylphenidate hcl CHEW Tier 1 2.5mg, 5mg, 10mg; TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 1	QL PA
methylphenidate hcl SOLN Tier 1 5mg/5ml QL (1800 mL / 30 days)	Tier 1	QL PA
methylphenidate hcl SOLN Tier 1 10mg/5ml QL (900 mL / 30 days)	Tier 1	QL PA
methylphenidate hcl TABS Tier 1 20mg; TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 1	QL PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	Tier 2	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg <u>QL (30 caps / 30 days)</u>	Tier 2	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg <u>QL (60 tabs / 30 days)</u>	Tier 2	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg <u>QL (30 tabs / 30 days)</u>	Tier 2	QL PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg <u>QL (30 tabs / 30 days)</u>	Tier 2	QL
doxepin hcl (sleep) TABS 3mg, 6mg <u>QL (30 tabs / 30 days)</u>	Tier 1	QL
tasimelteon CAPS 20mg <u>QL (30 caps / 30 days)</u>	Tier 1	QL NM PA
temazepam CAPS 7.5mg, 30mg <u>QL (30 caps / 30 days)</u> PA if 65 years and older	Tier 1	QL PA
temazepam CAPS 15mg <u>QL (60 caps / 30 days)</u> PA if 65 years and older	Tier 1	QL PA
zolpidem tartrate TABS 5mg, 10mg <u>QL (30 tabs / 30 days)</u> PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml <u>QL (1 pen / 30 days)</u>	Tier 2	QL NM PA
dihydroergotamine mesylate Tier 1 SOLN 1mg/ml		NM
dihydroergotamine mesylate Tier 1 SOLN 4mg/ml <u>QL (8 mL / 30 days)</u>		QL NM PA
ergotamine w/ caffeine tab 1-100 mg <u>QL (40 tabs / 28 days)</u>	Tier 1	QL PA
naratriptan hcl TABS 1mg, 2.5mg <u>QL (12 tabs / 30 days)</u>	Tier 1	QL
NURTEC TBDP 75mg <u>QL (16 tabs / 30 days)</u>	Tier 2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
QULIPTA TABS 10mg, 30mg, 60mg <u>QL (30 tabs / 30 days)</u>	Tier 2	QL PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg <u>QL (18 tabs / 30 days)</u>	Tier 1	QL
sumatriptan SOLN 5mg/act <u>QL (24 units / 30 days)</u>	Tier 1	QL
sumatriptan SOLN 20mg/act <u>QL (12 units / 30 days)</u>	Tier 1	QL
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml <u>QL (18 injections / 30 days)</u>	Tier 1	QL
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml <u>QL (12 injections / 30 days)</u>	Tier 1	QL
sumatriptan succinate TABS 25mg, 50mg, 100mg <u>QL (12 tabs / 30 days)</u>	Tier 1	QL
UBRELVY TABS 50mg, 100mg <u>QL (16 tabs / 30 days)</u>	Tier 2	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg <u>QL (60 tabs / 30 days)</u>	Tier 2	NEDS QL NM LA PA
AUSTEDO TABS 9mg, 12mg <u>QL (120 tabs / 30 days)</u>	Tier 2	NEDS QL NM LA PA
AUSTEDO XR TB24 6mg <u>QL (90 tabs / 30 days)</u>	Tier 2	NEDS QL NM PA
AUSTEDO XR TB24 12mg <u>QL (120 tabs / 30 days)</u>	Tier 2	NEDS QL NM PA
AUSTEDO XR TB24 24mg <u>QL (60 tabs / 30 days)</u>	Tier 2	NEDS QL NM PA
AUSTEDO XR TAB TITR KIT <u>QL (2 packs / year)</u>	Tier 2	NEDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin (once-daily)</i> TABS 300mg QL (180 tabs / 30 days)	Tier 1	QL PA
<i>gabapentin (once-daily)</i> TABS 600mg QL (90 tabs / 30 days)	Tier 1	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	Tier 2	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	Tier 2	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	Tier 2	QL PA
LITHIUM SOLN 8meq/5ml	Tier 2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	Tier 1	
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 2	QL PA
<i>pyridostigmine bromide</i> TABS 60mg	Tier 1	
<i>riluzole</i> TABS 50mg	Tier 1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	Tier 2	QL PA
SAVELLA MIS TITR PAK QL (2 packs / year)	Tier 2	QL PA
tetrabenazine TABS 12.5mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
tetrabenazine TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2 NEDS QL NM LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 2 NEDS QL NM PA
dalfampridine TB12 10mg QL (60 tabs / 30 days)	Tier 1 QL NM PA
fingolimod hcl CAPS .5mg QL (30 caps / 30 days)	Tier 1 QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	Tier 2 NEDS QL NM LA PA	
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>baclofen</i> TABS 10mg, 20mg	Tier 1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL PA
PA applies if 70 years and older after a 30 day supply in a calendar year		
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	Tier 1	
<i>tizanidine hcl</i> TABS 2mg, 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	Tier 1	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2 NEDS QL NM LA PA	
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBECTier 1 333mg		

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Drug Name	Drug Requirements/ Tier	Limits
buprenorphine hcl SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 1	QL PA
buprenorphine hcl-naloxone Tier 1 hcl sl film 2-0.5 mg (base equiv) QL (90 films / 30 days)	QL	
buprenorphine hcl-naloxone Tier 1 hcl sl film 4-1 mg (base equiv) QL (90 films / 30 days)	QL	
buprenorphine hcl-naloxone Tier 1 hcl sl film 8-2 mg (base equiv) QL (90 films / 30 days)	QL	
buprenorphine hcl-naloxone Tier 1 hcl sl film 12-3 mg (base equiv) QL (60 films / 30 days)	QL	
buprenorphine hcl-naloxone Tier 1 hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	QL	
buprenorphine hcl-naloxone Tier 1 hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	QL	
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	Tier 1	QL
disulfiram TABS 250mg, 500mg	Tier 1	
naloxone hcl LIQD 4mg/0.1ml	Tier 1	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	Tier 1	
naltrexone hcl TABS 50mg	Tier 1	
NICOTROL INHALER INHA 10mg	Tier 2	
NICOTROL NS SOLN 10mg/ml	Tier 2	
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 1	QL PA
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	Tier 1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
VIVITROL SUSR 380mg	Tier 2	NEDS NM
ENDOCRINE AND METABOLIC ANDROGENS		
depo-testosterone SOLN 100mg/ml, 200mg/ml		
methyltestosterone CAPS 10mg QL (600 caps / 30 days)	Tier 1	QL NM PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 1	QL PA
testosterone GEL 1.62% QL (150 gm / 30 days)	Tier 1	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 1	PA
testosterone enanthate SOLN 200mg/ml	Tier 1	PA
ANTIDIabetICS		
acarbose TABS 25mg, 50mg, 100mg	Tier 1	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	Tier 2	QL PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	Tier 2	QL PA
DEXCOM G6 MIS RECEIVER QL (1 each / year)	MB	QL
DEXCOM G6 MIS SENSOR	MB	
DEXCOM G6 MIS TRANSMIT QL (1 box / 90 days)	MB	QL
DEXCOM G7 MIS RECEIVER QL (1 each / year)	MB	QL
DEXCOM G7 MIS SENSOR	MB	
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
FREESTY LIBR KIT 2 SENSOR	MB	
FREESTY LIBR KIT 3 SENSOR	MB	
FREESTY LIBR MIS 2 READER QL (1 each / year)	MB	QL

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Drug Name	Drug Tier	Requirements/Limits
FREESTY LIBR MIS 3 READER QL (1 each / year)	MB	QL
FREESTYLE KIT FREEDOM QL (1 box / year)	MB	QL
FREESTYLE KIT INSULINX QL (1 box / year)	MB	QL
FREESTYLE KIT LITE QL (1 box / year)	MB	QL
FREESTYLE KIT SENSOR FREESTYLE MIS READER QL (1 each / year)	MB	QL
FREESTYLE TES QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
FREESTYLE TES INSULINX QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
FREESTYLE TES LITE QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
FREESTYLE TES PREC NEO QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/Limits
glipizide TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide xl TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide xl TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL

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Drug Name	Drug Requirements/ Tier	Limits
JENTADUETO TAB XR 2.5- Tier 2 1000MG QL (60 tabs / 30 days)		QL
JENTADUETO TAB XR 5- Tier 2 1000MG QL (30 tabs / 30 days)		QL
metformin hcl TABS 500mg Tier 1 QL (150 tabs / 30 days)		QL
metformin hcl TABS 850mg Tier 1 QL (90 tabs / 30 days)		QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
metformin hcl TB24 500mg Tier 1 QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)		QL
metformin hcl TB24 750mg Tier 1 QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)		QL
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL
ONETOUCH KIT ULT MINI QL (1 box / year)	MB	QL
ONETOUCH KIT ULTRA 2 QL (1 box / year)	MB	QL
ONETOUCH KIT VERIO QL (1 box / year)	MB	QL
ONETOUCH KIT VERIO FL QL (1 box / year)	MB	QL
ONETOUCH KIT VERIO IQ QL (1 box / year)	MB	QL
ONETOUCH KIT VERIO RE QL (1 box / year)	MB	QL
ONETOUCH TES ULTRA QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	

Drug Name	Drug Requirements/ Tier	Limits
ONETOUCH TES VERIO QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
pioglitazone hcl TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days)	Tier 1	QL
pioglitazone hcl-metformin hcl tab 15-850 mg QL (90 tabs / 30 days)	Tier 1	QL
PREC NEO SYS KIT FREESTYL QL (1 box / year)	MB	QL
PRECISION MIS XTRA QL (1 each / year)	MB	QL
PRECISION TES XTRA QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
repaglinide TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 2	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 10- 1000 QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 25- 1000 QL (30 tabs / 30 days)	Tier 2	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Requirements/ Tier	Limits
XIGDUO XR TAB 10- 500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 2	
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 2	
BD ALCOHOL SWABS	Tier 2	
FIASP SOLN 100unit/ml	Tier 2	
FIASP FLEXTOUCH SOPN Tier 2 100unit/ml	Tier 2	
FIASP PENFILL SOCT 100unit/ml	Tier 2	
FIASP PUMPCART SOCT Tier 2 100unit/ml	Tier 2	B/D
GAUZE PADS 2" X 2"	Tier 2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 2	NEDS B/D NM
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	NEDS NM
INSULIN PEN NEEDLES: BD/NOVO	Tier 2	
INSULIN SAFETY NEEDLES	Tier 2	
INSULIN SYRINGES: BD	Tier 2	
LANTUS SOLN 100unit/ml	Tier 2	
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 2	
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 2 QL PA
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 2 QL PA
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 2 QL PA
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	Tier 2	OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 2 QL PA
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 2 QL PA
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 2 QL PA
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2 QL
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	Tier 2	TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 2 QL PA	TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 2 QL PA	TRESIBA SOLN 100unit/ml	Tier 2
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	Tier 2 QL PA	TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 2
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	Tier 2 QL PA	V-GO 20 KIT QL (30 devices / 30 days)	Tier 2 QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 2 QL PA	V-GO 30 KIT QL (30 devices / 30 days)	Tier 2 QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 2 QL PA	V-GO 40 KIT QL (30 devices / 30 days)	Tier 2 QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 2 QL PA	XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2 QL
CALCIUM REGULATORS			
alendronate sodium SOLN Tier 1 70mg/75ml			
alendronate sodium TABS Tier 1 10mg, 35mg, 70mg			
calcitonin (salmon) spray Tier 1 B/D SOLN 200unit/act			

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Drug Name	Drug Requirements/ Tier	Limits
FOSAMAX + D TAB 70-2800	Tier 2	ST
FOSAMAX + D TAB 70-5600	Tier 2	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	Tier 1	B/D QL
QL (1 injection / 90 days)		
<i>ibandronate sodium</i> TABS 150mg	Tier 1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 2	NEDS NM LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D NM
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 1	B/D NM
PROLIA SOSY 60mg/ml	Tier 2	QL NM
QL (1 syringe / 180 days)		
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	Tier 1	
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 2	NEDS NM PA
XGEVA SOLN 120mg/1.7ml	Tier 2	NEDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	Tier 1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 2	NEDS NM
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg	Tier 1	NM PA
deferasirox TABS 90mg; TBSO 125mg	Tier 1	NM PA
LOKELMA PACK 5gm, 10gm	Tier 2	
<i>penicillamine</i> TABS 250mg	Tier 1	NM
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<i>sps</i> SUSP 15gm/60ml	Tier 1	
<i>trientine hcl</i> CAPS 250mg	Tier 1	NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 2	

Drug Name	Drug Requirements/ Tier	Limits
CONTRACEPTIVES		
<i>afirmelle</i>	Tier 1	
<i>altavera</i>	Tier 1	
<i>alyacen 1/35</i>	Tier 1	
<i>alyacen 7/7/7</i>	Tier 1	
<i>apri</i>	Tier 1	
<i>aranelle</i>	Tier 1	
<i>aubra eq</i>	Tier 1	
<i>aurovela 1/20</i>	Tier 1	
<i>aurovela fe 1.5/30</i>	Tier 1	
<i>aurovela fe 1/20</i>	Tier 1	
<i>aviane</i>	Tier 1	
<i>ayuna</i>	Tier 1	
<i>azurette</i>	Tier 1	
<i>balziva</i>	Tier 1	
<i>blisovi fe 1.5/30</i>	Tier 1	
<i>briellyn</i>	Tier 1	
<i>camila</i> TABS .35mg	Tier 1	
<i>chateal eq</i>	Tier 1	
<i>cryselle-28</i>	Tier 1	
<i>cyred eq</i>	Tier 1	
<i>dasetta 1/35</i>	Tier 1	
<i>dasetta 7/7/7</i>	Tier 1	
<i>deblitane</i> TABS .35mg	Tier 1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	
<i>elonest</i>	Tier 1	
<i>eluryng</i>	Tier 1	
<i>enilloring</i>	Tier 1	
<i>enpresse-28</i>	Tier 1	
<i>enskyce</i>	Tier 1	
<i>errin</i> TABS .35mg	Tier 1	
<i>estarrylla</i>	Tier 1	

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Drug Name	Drug Requirements/ Tier Limits
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 1
<i>falmina</i>	Tier 1
<i>hailey 1.5/30</i>	Tier 1
<i>haloette</i>	Tier 1
<i>heather TABS .35mg</i>	Tier 1
<i>iclevia</i>	Tier 1
<i>incassia TABS .35mg</i>	Tier 1
<i>introvale</i>	Tier 1
<i>isibloom</i>	Tier 1
<i>jasmiel</i>	Tier 1
<i>jolessa</i>	Tier 1
<i>juleber</i>	Tier 1
<i>junel 1.5/30</i>	Tier 1
<i>junel 1/20</i>	Tier 1
<i>junel fe 1.5/30</i>	Tier 1
<i>junel fe 1/20</i>	Tier 1
<i>kariva</i>	Tier 1
<i>kelnor 1/35</i>	Tier 1
<i>kelnor 1/50</i>	Tier 1
<i>kurvelo</i>	Tier 1
<i>larin 1.5/30</i>	Tier 1
<i>larin 1/20</i>	Tier 1
<i>larin fe 1.5/30</i>	Tier 1
<i>larin fe 1/20</i>	Tier 1
<i>leena</i>	Tier 1
<i>lessina</i>	Tier 1
<i>levonest</i>	Tier 1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 1

Drug Name	Drug Requirements/ Tier Limits
<i>levora 0.15/30-28</i>	Tier 1
<i>loestrin 1.5/30-21</i>	Tier 1
<i>loestrin 1/20-21</i>	Tier 1
<i>loestrin fe 1.5/30</i>	Tier 1
<i>loestrin fe 1/20</i>	Tier 1
<i>loryna</i>	Tier 1
<i>low-ogestrel</i>	Tier 1
<i>lutera</i>	Tier 1
<i>lyleq TABS .35mg</i>	Tier 1
<i>lyza TABS .35mg</i>	Tier 1
<i>marlissa</i>	Tier 1
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	Tier 1
<i>microgestin 1.5/30</i>	Tier 1
<i>microgestin 1/20</i>	Tier 1
<i>microgestin fe 1.5/30</i>	Tier 1
<i>microgestin fe 1/20</i>	Tier 1
<i>milil</i>	Tier 1
<i>mono-linyah</i>	Tier 1
<i>necon 0.5/35-28</i>	Tier 1
<i>nikki</i>	Tier 1
<i>nora-be TABS .35mg</i>	Tier 1
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 1
<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 1
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 1
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 1
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 1
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 1
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 1

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Drug Name	Drug Requirements/ Tier Limits
norgestimate-eth estrad tab	Tier 1
0.18-35/0.215-35/0.25-35	
mg-mcg	
norlyroc TABS .35mg	Tier 1
nortrel 0.5/35 (28)	Tier 1
nortrel 1/35 (21)	Tier 1
nortrel 1/35 (28)	Tier 1
nortrel 7/7/7	Tier 1
nylia 1/35	Tier 1
nylia 7/7/7	Tier 1
nymyo	Tier 1
ocella	Tier 1
philith	Tier 1
pimtreia	Tier 1
portia-28	Tier 1
reclipsen	Tier 1
setlakin	Tier 1
sharobel TABS .35mg	Tier 1
simliya	Tier 1
sprintec 28	Tier 1
sronyx	Tier 1
syeda	Tier 1
tarina fe 1/20 eq	Tier 1
tilia fe	Tier 1
tri-estarrylla	Tier 1
tri-legest fe	Tier 1
tri-linyah	Tier 1
tri-lo-estarrylla	Tier 1
tri-lo-marzia	Tier 1
tri-lo-mili	Tier 1
tri-lo-sprintec	Tier 1
tri-mili	Tier 1
tri-nymyo	Tier 1
tri-sprintec	Tier 1
tri-vylibra	Tier 1
tri-vylibra lo	Tier 1
trivora-28	Tier 1
turqoz	Tier 1
velivet	Tier 1
vestura	Tier 1
vienva	Tier 1
viorele	Tier 1
vyfemla	Tier 1
vylitra	Tier 1

Drug Name	Drug Requirements/ Tier Limits
wera	Tier 1
xulane	Tier 1
zafemy	Tier 1
zovia 1/35	Tier 1
zumandimine	Tier 1
ENDOMETRIOSIS	
danazol CAPS 50mg, 100mg, 200mg	Tier 1
SYNAREL SOLN 2mg/ml	Tier 2 NEDS NM PA
ESTROGENS	
amabelz tab 0.5-0.1mg	Tier 2
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2
estradiol PTTW	Tier 2
.025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK	
.025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	
estradiol TABS .5mg, 1mg, 2mg	Tier 1
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 2
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 2
estradiol vaginal CREA .1mg/gm; TABS 10mcg	Tier 1
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 1
fyavolv tab 0.5mg-2.5mcg	Tier 2
fyavolv tab 1mg-5mcg	Tier 2
jinteli	Tier 2
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2
mimvey	Tier 2
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 2
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 2
yuvafem TABS 10mcg	Tier 1

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GLUCOCORTICOIDS					
dexamethasone ELIX	Tier 1	B/D .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	GVOKE PFS SOSY	Tier 2	
DEXAMETHASONE INTENSOL CONC	Tier 2	B/D 1mg/ml	1mg/0.2ml		
dexamethasone sodium phosphate	Tier 1	SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	MISCELLANEOUS		
fludrocortisone acetate	Tier 1	TABS .1mg	ALDURAZYME SOLN	Tier 2 NEDS NM LA PA	
hydrocortisone	Tier 1	TABS 5mg, 10mg, 20mg	betaine powder for oral solution	Tier 1	NM LA
methylprednisolone	Tier 1	TABS 4mg, 8mg, 16mg, 32mg	cabergoline TABS .5mg	Tier 1	
methylprednisolone TBPK	Tier 1	4mg	caglumic acid TBSO	Tier 1	NM LA PA
methylprednisolone acetate	Tier 1	SUSP 40mg/ml, 80mg/ml	CERDELGA CAPS 84mg	Tier 2 NEDS NM LA PA	
methylprednisolone sod succ	Tier 1	SOLR 40mg, 125mg, 1000mg	CEREZYME SOLR 400unit	Tier 2 NEDS NM LA PA	
prednisolone	Tier 1	SOLN 15mg/5ml	cinacalcet hcl TABS 30mg, 60mg	Tier 1 B/D QL NM	
prednisolone sodium phosphate	Tier 1	SOLN 15mg/5ml, 25mg/5ml	QL (60 tabs / 30 days)		
prednisone	SOLN 5mg/5ml	Tier 1	cinacalcet hcl TABS 90mg	Tier 1 B/D QL NM	
prednisone	TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	QL (120 tabs / 30 days)		
prednisone	TBPK 5mg, 10mg	Tier 1	CYSTAGON CAPS 50mg, 150mg	Tier 2 NM LA PA	
PREDNISONE INTENSOL	Tier 2	B/D CONC 5mg/ml	desmopressin acetate	Tier 1	NM SOLN 4mcg/ml
SOLU-CORTEF SOLR	Tier 2	100mg, 250mg, 500mg, 1000mg	desmopressin acetate	Tier 1	
GLUCOSE ELEVATING AGENTS					
diazoxide	SUSP 50mg/ml	Tier 1	desmopressin acetate spray	Tier 1	
GVOKE HYOPEN 2-PACK	Tier 2		desmopressin acetate spray	Tier 1	
SOAJ	.5mg/0.1ml, 1mg/0.2ml		refrigerated SOLN .01%		
GVOKE KIT SOLN	Tier 2		FABRAZYME SOLR 5mg, 35mg	Tier 2 NEDS NM LA PA	
1mg/0.2ml			GENOTROPIN CART 5mg, 12mg	Tier 2 NEDS NM PA	
			GENOTROPIN MINIQUICK	Tier 2 NEDS NM PA	
			PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg		
			INCRELEX SOLN	Tier 2 NEDS NM LA PA	
			javygtor PACK 100mg, 500mg; TABS 100mg	Tier 1 NM LA PA	
			KORLYM TABS 300mg	Tier 2 NEDS NM LA PA	
			levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	Tier 1 B/D	

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Drug Name	Drug Requirements/ Tier Limits
LUMIZYME SOLR 50mg	Tier 2 NEDS NM LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	Tier 2 NEDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	Tier 2 NEDS NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	Tier 2 NEDS NM PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	Tier 1 NM PA
<i>miglustat</i> CAPS 100mg QL (90 caps / 30 days)	Tier 1 QL NM PA
NAGLAZYME SOLN 1mg/ml	Tier 2 NEDS NM LA PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	Tier 1 NM PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 1 NM PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 1 NM PA
<i>raloxifene hcl</i> TABS 60mg	Tier 1
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	Tier 1 NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml	Tier 2 NEDS NM LA PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	Tier 1 NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 2 NEDS NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2 NEDS NM LA PA
<i>yargesa</i> CAPS 100mg QL (90 caps / 30 days)	Tier 1 QL NM PA
PHOSPHATE BINDER AGENTS	
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	Tier 1 QL

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

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Drug Name	Drug Requirements/ Tier Limits
<i>levoxy</i> T TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	Tier 1
<i>methimazole</i> TABS 5mg, 10mg	Tier 1
<i>propylthiouracil</i> TABS 50mg	Tier 1
SYNTHROID TABS 25mcg, Tier 2 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1
VITAMIN D ANALOGS	
<i>calcitriol</i> CAPS .25mcg, .5mcg	Tier 1 B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	Tier 1 B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	Tier 1 B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	Tier 1 B/D
RAYALDEE CPCR 30mcg	Tier 2 NEDS NM
GASTROINTESTINAL ANTIEMETICS	
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	Tier 1 B/D
<i>aprepitant capsule therapy</i> pack 80 & 125 mg	Tier 1 B/D
<i>compro</i> SUPP 25mg	Tier 1
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 1 B/D QL
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	Tier 1
<i>granisetron hcl</i> TABS 1mg	Tier 1 B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 1
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 1

Drug Name	Drug Requirements/ Tier Limits
<i>metoclopramide hcl</i> TABS 5mg, 10mg	Tier 1
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 1 B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 1
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 1 B/D
<i>prochlorperazine</i> SUPP 25mg	Tier 1
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 1
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 2 PA
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	Tier 1 PA
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	Tier 2 QL PA
ANTISPASMODICS	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 2
<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 2
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	Tier 1 QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	Tier 1 QL
H2-RECEPTOR ANTAGONISTS	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 1
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	QL
<i>famotidine</i> TABS 20mg QL (120 tabs / 30 days)	Tier 1 QL
<i>famotidine</i> TABS 40mg QL (60 tabs / 30 days)	Tier 1 QL

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Drug Name	Drug Requirements/ Tier Limits
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 1
nizatidine CAPS 150mg, 300mg	Tier 1
INFLAMMATORY BOWEL DISEASE	
balsalazide disodium CAPS Tier 1 750mg	
budesonide CPEP 3mg QL (90 caps / 30 days)	Tier 1 QL PA
budesonide TB24 9mg QL (30 tabs / 30 days)	Tier 1 QL NM PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	Tier 1
mesalamine CP24 .375gm QL (120 caps / 30 days)	Tier 1 QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	Tier 1 QL
mesalamine ENEM 4gm; SUPP 1000mg	Tier 1
mesalamine TBEC 1.2gm QL (120 tabs / 30 days)	Tier 1 QL
mesalamine w/ cleanser KIT 4gm	Tier 1
sulfasalazine TABS 500mg; Tier 1 TBEC 500mg	
LAXATIVES	
constulose SOLN 10gm/15ml	Tier 1
enulose SOLN 10gm/15ml	Tier 1
gavilyte-c	Tier 1
gavilyte-g	Tier 1
generlac SOLN 10gm/15ml	Tier 1
lactulose SOLN 10gm/15ml	Tier 1
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 1
peg 3350-kcl-na bicarb-nacl-Tier 1 na sulfate for soln 236 gm	
peg 3350-kcl-sod bicarb- nacl for soln 420 gm	Tier 1
PLENUV SOL	Tier 2
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 1

Drug Name	Drug Requirements/ Tier Limits
MISCELLANEOUS	
alosetron hcl TABS .5mg, 1mg	Tier 1 QL NM PA QL (60 tabs / 30 days)
cromolyn sodium (mastocytosis) CONC 100mg/5ml	Tier 1
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Tier 2
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 2
GATTEX KIT 5mg	Tier 2 NEDS NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2 QL
loperamide hcl CAPS 2mg	Tier 1
misoprostol TABS 100mcg, Tier 1 200mcg	
MOVANTIK TABS 12.5mg, Tier 2 25mg	QL QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 2 NEDS QL NM PA
sucralfate TABS 1gm	Tier 1
ursodiol CAPS 300mg; TABS 250mg, 500mg	Tier 1
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 2 NEDS QL NM LA PA
XIFAXAN TABS 550mg	Tier 2 NEDS NM PA
PANCREATIC ENZYMEs	
CREON CAP 3000UNIT	Tier 2
CREON CAP 6000UNIT	Tier 2
CREON CAP 12000UNT	Tier 2
CREON CAP 24000UNT	Tier 2
CREON CAP 36000UNT	Tier 2
ZENPEP CAP 3000UNIT	Tier 2
ZENPEP CAP 5000UNIT	Tier 2
ZENPEP CAP 10000UNT	Tier 2
ZENPEP CAP 15000UNT	Tier 2
ZENPEP CAP 20000UNT	Tier 2
ZENPEP CAP 25000UNT	Tier 2
ZENPEP CAP 40000UNT	Tier 2
ZENPEP CAP 60000UNT	Tier 2

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

Drug Name	Drug Requirements/ Tier	Limits
<i>MYRBETRIQ</i>	SRER	Tier 2 QL 8mg/ml QL (300 mL / 28 days)
<i>MYRBETRIQ</i>	TB24	25mg, Tier 2 QL 50mg QL (30 tabs / 30 days)
<i>oxybutynin chloride</i>	SOLN	Tier 1 QL 5mg/5ml QL (600 mL / 30 days)
<i>oxybutynin chloride</i>	TABS	Tier 1 QL 5mg QL (120 tabs / 30 days)
<i>oxybutynin chloride</i>	TB24	Tier 1 QL 5mg QL (30 tabs / 30 days)
<i>oxybutynin chloride</i>	TB24	Tier 1 QL 10mg, 15mg QL (60 tabs / 30 days)
<i>solifenacina succinate</i>	TABS	Tier 1 QL 5mg, 10mg QL (30 tabs / 30 days)
<i>tolterodine tartrate</i>	CP24	Tier 1 QL ST 2mg, 4mg QL (30 caps / 30 days)
<i>tolterodine tartrate</i>	TABS	Tier 1 QL 1mg, 2mg QL (60 tabs / 30 days)
<i>trospium chloride</i>	CP24	Tier 1 QL 60mg QL (30 caps / 30 days)
<i>trospium chloride</i>	TABS	Tier 1 QL 20mg QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i>		Tier 1
<i>vaginal CREA 2%</i>		
<i>metronidazole vaginal</i>	GEL	Tier 1 .75%
<i>terconazole vaginal</i>	CREA	Tier 1 .4%, .8%; SUPP 80mg
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate</i>		Tier 1 QL mesylate CAPS 75mg, 150mg QL (60 caps / 30 days)

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

Drug Name	Drug Requirements/ Tier	Limits
<i>XARELTO</i> TABS 2.5mg	Tier 2	QL QL (60 tabs / 30 days)
<i>XARELTO</i> TABS 10mg, 15mg, 20mg	Tier 2	QL QL (30 tabs / 30 days)
<i>XARELTO</i> STAR TAB 15/20MG	Tier 2	QL QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
<i>PROCRIT</i> SOLN	Tier 2	NM PA 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml
<i>PROCRIT</i> SOLN	Tier 2	NEDS NM PA 20000unit/ml, 40000unit/ml
<i>ZARXIO</i> SOSY	Tier 2	NEDS NM PA 300mcg/0.5ml, 480mcg/0.8ml
<i>ZIEXTENZO</i> SOSY	Tier 2	NEDS QL NM PA 6mg/0.6ml QL (2 syringes / 28 days)
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg	Tier 1	1mg
<i>BERINERT</i> KIT	Tier 2	NEDS QL NM QL (24 boxes / 30 days) LA PA
<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
<i>DOPTELET</i> TABS 20mg	Tier 2	NEDS NM LA PA
<i>DROXIA</i> CAPS 200mg, 300mg, 400mg	Tier 2	
<i>ENDARI</i> PACK 5gm	Tier 2	NEDS NM LA PA
<i>HAEGARDA</i> SOLR	Tier 2	NEDS QL NM 2000unit LA PA QL (30 vials / 30 days)
<i>HAEGARDA</i> SOLR	Tier 2	NEDS QL NM 3000unit LA PA QL (20 vials / 30 days)
<i>icatibant acetate</i> SOSY	Tier 1	QL NM PA 30mg/3ml QL (9 syringes / 30 days)
<i>pentoxifylline</i> TBCR	Tier 1	400mg

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Drug Name	Drug Requirements/ Tier Limits
PROMACTA PACK 12.5mg Tier 2NEDS QL NM QL (360 packets / 30 days)	LA PA
PROMACTA PACK 25mg Tier 2NEDS QL NM QL (180 packets / 30 days)	LA PA
PROMACTA TABS 12.5mg, 25mg Tier 2NEDS QL NM QL (30 tabs / 30 days)	LA PA
PROMACTA TABS 50mg, 75mg Tier 2NEDS QL NM QL (60 tabs / 30 days)	LA PA
sajazir SOSY 30mg/3ml Tier 1 QL NM LA PA QL (9 syringes / 30 days)	
tranexamic acid SOLN 1000mg/10ml; TABS 650mg Tier 1	
PLATELET AGGREGATION INHIBITORS	
aspirin-dipyridamole cap er 12hr 25-200 mg Tier 1	
BRILINTA TABS 60mg, 90mg Tier 2	
clopidogrel bisulfate TABS 75mg Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg Tier 2 PA PA if 70 years and older	
prasugrel hcl TABS 5mg, 10mg Tier 1	
IMMUNOLOGIC AGENTS	
AUTOIMMUNE AGENTS	
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml Tier 2NEDS QL NM QL (56 pens / 365 days)	PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml Tier 2NEDS NM PA	
ENBREL SOLN 25mg/0.5ml Tier 2NEDS QL NM QL (16 vials / 28 days)	PA
ENBREL SOSY 25mg/0.5ml Tier 2NEDS QL NM QL (16 syringes / 28 days)	PA
ENBREL SOSY 50mg/ml Tier 2NEDS QL NM QL (8 syringes / 28 days)	PA

Drug Name	Drug Requirements/ Tier Limits
ENBREL MINI SOCT 50mg/ml Tier 2NEDS QL NM QL (8 cartridges / 28 days)	PA
ENBREL SURECLICK SOAJ 50mg/ml Tier 2NEDS QL NM QL (8 pens / 28 days)	PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml Tier 2NEDS QL NM QL (2 syringes / 28 days)	PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml Tier 2NEDS QL NM QL (6 syringes / 28 days)	PA
HUMIRA PEDIA INJ CROHNS 80mg/0.8ml Tier 2NEDS QL NM QL (2 syringes / 28 days)	PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml Tier 2NEDS QL NM QL (3 syringes / 28 days)	PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml Tier 2NEDS QL NM QL (6 pens / 28 days)	PA
HUMIRA PEN PNKT 80mg/0.8ml Tier 2NEDS QL NM QL (4 pens / 28 days)	PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days) Tier 2NEDS QL NM PA	
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml Tier 2NEDS QL NM QL (3 pens / 28 days)	PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml Tier 2NEDS QL NM QL (4 pens / 28 days)	PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml Tier 2NEDS QL NM QL (4 pens / 28 days)	PA
IDACIO (2 PEN) AJKT 40mg/0.8ml Tier 2NEDS QL NM QL (56 pens / 365 days)	PA

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Drug Name	Drug Requirements/ Tier Limits
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 2NEDS QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	Tier 2NEDS QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	Tier 2NEDS QL NM PA
INFILXIMAB SOLR 100mg TIER 2 NEDS NM LA PA	
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	Tier 2NEDS QL NM PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	Tier 2NEDS QL NM PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	Tier 2NEDS QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	Tier 2NEDS QL NM PA
REMICADE SOLR 100mg TIER 2 NEDS NM LA PA	
RENFLEXIS SOLR 100mg TIER 2 NEDS NM LA PA	
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2NEDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2NEDS QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2NEDS QL NM PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	Tier 2NEDS QL NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 2NEDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 2NEDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2NEDS QL NM LA PA
STELARA SOLN 130mg/26ml	Tier 2NEDS NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2NEDS QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	Tier 2NEDS QL NM LA PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2NEDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2NEDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2NEDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)	
hydroxychloroquine sulfate TABS 200mg	Tier 1
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 1 QL
methotrexate sodium TABS 2.5mg	Tier 1
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	Tier 2 B/D
XATMEP SOLN 2.5mg/ml	Tier 2 B/D
IMMUNOGLOBULINS	
BIVIGAM SOLN 5gm/50ml, 10% PA	Tier 2 NEDS NM LA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2 NEDS NM PA
GAMASTAN INJ	Tier 2 B/D NM LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2 NEDS NM PA
GAMMAGARD LIQUID SOLN 2.5gm/25ml	Tier 2 NEDS HI NM PA

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Drug Name	Drug Requirements/ Tier Limits
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2 NEDS HI NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2 NEDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2 NEDS NM LA PA
GAMUNEX-C SOLN 1gm/10ml	Tier 2 NEDS HI NM PA
GAMUNEX-C SOLN 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2 NEDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 2 NEDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2 NEDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2 NEDS NM PA
IMMUNOMODULATORS	
ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 2 NEDS NM LA PA
ARCALYST SOLR 220mg	Tier 2 NEDS NM LA PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CP24 5mg	Tier 2 NEDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 2 B/D
azathioprine TABS 50mg	Tier 1 B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2 NEDS QL NM LA PA
BENLYSTA SOLR 120mg, 400mg	Tier 2 NEDS NM LA PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	Tier 1 B/D

Drug Name	Drug Requirements/ Tier Limits
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1 B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	Tier 1 B/D NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 1 B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	Tier 1 B/D
mycophenolate mofetil SUSR 200mg/ml	Tier 1 B/D NM
mycophenolate sodium TBEC 180mg, 360mg	Tier 1 B/D
NULOJIX SOLR 250mg	Tier 2 NEDS B/D NM
PROGRAF PACK .2mg, 1mg	Tier 2 B/D
REZUROCK TABS 200mg	Tier 2 NEDS NM LA PA
SANDIMMUNE SOLN 100mg/ml	Tier 2 B/D
sirolimus SOLN 1mg/ml	Tier 1 B/D NM
sirolimus TABS .5mg, 1mg, Tier 1 2mg	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	Tier 1 B/D
VACCINES	
ABRYSVO SOLR 120mcg/0.5ml	Tier 1
ACTHIB INJ	Tier 1
ADACEL INJ	Tier 1
AREXVY SUSR 120mcg/0.5ml	Tier 1
BCG VACCINE SOLR 50mg	Tier 1 NM
BEXSERO INJ	Tier 1
BOOSTRIX INJ	Tier 1
DAPTACEL INJ	Tier 1
DENGVAXIA SUS	Tier 1
DIP/TET PED INJ 25-5LFU	Tier 1 B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1 B/D
GARDASIL 9 INJ	Tier 1

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Drug Name	Drug Requirements/ Tier	Limits
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOP INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENACTRA INJ	Tier 1	
MENQUADFI INJ	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENTACEL INJ	Tier 1	
PREHEVBRIOSUSP 10mcg/ml	Tier 1	B/D
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTAQUE SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
TDVAX INJ 2-2 LF	Tier 1	B/D
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA INJ	Tier 1	
TWINRIX INJ	Tier 1	

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

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Drug Name	Drug Requirements/ Tier	Limits
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 1	HI
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	Tier 1	HI
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 1	HI
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 1	HI
KCL/D5W/NACL INJ 0.3/0.9%	Tier 2	
lactated ringer's solution	Tier 1	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate SOLN 50%	Tier 2	HI
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 2	
MG SO4/D5W INJ 10MG/ML	Tier 2	
multiple electrolytes ph 5.5	Tier 1	
multiple electrolytes ph 7.4	Tier 1	
PLASMA-LYTE INJ -148	Tier 2	
PLASMA-LYTE INJ -A	Tier 2	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 2	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 2	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 2	
potassium chloride SOLN 2meq/ml	Tier 1	HI
POTASSIUM CHLORIDE SOLN 10meq/50ml	Tier 2	
potassium chloride SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 1	

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

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

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

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

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

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Drug Name	Drug Requirements/ Tier	Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 2	QL QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS	Tier 2	QL 17mcg/act QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB	Tier 2	QL 62.5mcg/inh QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN	Tier 1	B/D .02%
<i>ipratropium bromide (nasal)</i> SOLN	Tier 1	.03%, .06%
ANTIHISTAMINES		
azelastine hcl SOLN	.1%	Tier 1
cetirizine hcl SOLN	1mg/ml	Tier 1 QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP	Tier 2	PA 2mg/5ml; TABS 4mg PA if 70 years and older
<i>desloratadine</i> TABS	5mg	Tier 1 QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN	Tier 1	50mg/ml
<i>hydroxyzine hcl</i> SOLN	Tier 2	PA 25mg/ml, 50mg/ml PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP	Tier 2	PA 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS	Tier 2	PA 25mg, 50mg PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN	Tier 1	QL 2.5mg/5ml QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS	5mg	Tier 1 QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN	.6%	Tier 1

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

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Drug Name	Drug Requirements/ Tier Limits
LEUKOTRIENE MODULATORS	
montelukast sodium CHEW	Tier 1 4mg, 5mg; PACK 4mg
montelukast sodium TABS	Tier 1 10mg
zafirlukast TABS	10mg, Tier 1 20mg
MISCELLANEOUS	
acetylcysteine SOLN	10%, Tier 1 20%
ARALAST NP SOLR	Tier 2 NEDS NM LA 500mg PA
ARALAST NP SOLR	Tier 2 NEDS HI NM 1000mg LA PA
BRONCHITOL CAPS	40mg Tier 2 NEDS QL NM QL (560 caps / 28 days)
cromolyn sodium NEBU	Tier 1 B/D 20mg/2ml
epinephrine (anaphylaxis)	Tier 1 SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)
epinephrine (anaphylaxis)	Tier 1 SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)
FASENRA SOSY	30mg/ml Tier 2 NEDS NM LA PA
FASENRA PEN SOAJ	Tier 2 NEDS NM LA 30mg/ml PA
KALYDECO PACK	5.8mg, Tier 2 NEDS QL NM 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)
KALYDECO TABS	150mg Tier 2 NEDS QL NM QL (60 tabs / 30 days) LA PA
OFEV CAPS	100mg, Tier 2 NEDS QL NM 150mg LA PA QL (60 caps / 30 days)
ORKAMBI GRA 75-94MG	Tier 2 NEDS QL NM QL (56 packs / 28 days)
ORKAMBI GRA 100-125	Tier 2 NEDS QL NM QL (56 packs / 28 days)
ORKAMBI GRA 150-188	Tier 2 NEDS QL NM QL (56 packs / 28 days)

Drug Name	Drug Requirements/ Tier Limits
ORKAMBI TAB 100-125	Tier 2 NEDS QL NM QL (112 tabs / 28 days)
ORKAMBI TAB 200-125	Tier 2 NEDS QL NM QL (112 tabs / 28 days)
pirfenidone CAPS	267mg Tier 1 QL NM PA QL (270 caps / 30 days)
pirfenidone TABS	267mg Tier 1 QL NM PA QL (270 tabs / 30 days)
pirfenidone TABS	534mg, Tier 1 QL NM PA 801mg QL (90 tabs / 30 days)
PROLASTIN-C SOLN	Tier 2 NEDS NM LA 1000mg/20ml PA
PROLASTIN-C SOLR	Tier 2 NEDS HI NM 1000mg LA PA
PULMOZYME SOLN	Tier 2 NEDS NM PA 2.5mg/2.5ml
roflumilast TABS	250mcg Tier 1 QL QL (56 tabs / year)
roflumilast TABS	500mcg Tier 1 QL QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	Tier 2 NEDS QL NM QL (56 tabs / 28 days) LA PA
SYMDEKO TAB 100-150	Tier 2 NEDS QL NM QL (56 tabs / 28 days) LA PA
THEO-24 CP24	100mg, Tier 2 200mg, 300mg, 400mg
theophylline ELIX	Tier 1 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg
TRIKAFTA PAK 59.5MG	Tier 2 NEDS QL NM QL (56 packs / 28 days)
TRIKAFTA PAK 75MG	Tier 2 NEDS QL NM QL (56 packs / 28 days)
TRIKAFTA TAB 50-25-37.5MG & 75MG	Tier 2 NEDS QL NM LA PA QL (84 tabs / 28 days)
TRIKAFTA TAB 100-50-75MG & 150MG	Tier 2 NEDS QL NM LA PA QL (84 tabs / 28 days)

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Drug Name	Drug Requirements/ Tier	Limits
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	Tier 2	NEDS NM LA PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 2	NEDS NM LA PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	Tier 1	QL QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	Tier 1	QL QL (1 bottle / 30 days)
mometasone furoate (nasal) SUSP 50mcg/act	Tier 1	QL ST QL (2 inhalers / 30 days)
OMNARIS SUSP 50mcg/act	Tier 2	QL ST QL (1 inhaler / 30 days)
XHANCE EXHU 93mcg/act	Tier 2	QL PA QL (32 mL / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	Tier 2	QL QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	Tier 1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	Tier 2	QL QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	Tier 2	QL QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	Tier 2	QL QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 2	QL QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	Tier 2	QL QL (60 blisters / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
BREO ELLIPTA INH 200-25	Tier 2	QL QL (60 blisters / 30 days)
DULERA AER 50-5MCG	Tier 2	QL QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	Tier 2	QL QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	Tier 2	QL QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	Tier 1	QL QL (60 inhalations / 30 days) (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	Tier 1	QL QL (60 inhalations / 30 days) (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	Tier 1	QL QL (60 inhalations / 30 days) (generic PRASCO not covered)
wixela inhba	Tier 1	QL QL (60 inhalations / 30 days)
TOPICAL DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
amnesteem CAPS 10mg, 20mg, 40mg	Tier 1	PA
benzoyl peroxide-erythromycin gel 5-3%	Tier 1	QL QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
clindamycin phosphate (topical) GEL 1%	Tier 1	QL QL (75 gm / 30 days)

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

Drug Name	Drug Requirements/ Tier	Limits
<i>clotrimazole (topical)</i> SOLN 1% QL (30 mL / 30 days)	Tier 1	QL
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> QL (45 gm / 30 days)	Tier 1	QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	Tier 1	QL
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 1	PA
<i>calcipotriene</i> CREA .005%; Tier 1 OINT .005% QL (120 gm / 30 days)	Tier 1	QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	Tier 1	QL PA
<i>tazarotene</i> CREA .1% QL (60 gm / 30 days)	Tier 1	QL PA
<i>TAZORAC</i> CREA .05% QL (60 gm / 30 days)	Tier 2	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	Tier 1	QL
<i>selenium sulfide</i> LOTN 2.5%	Tier 1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5% Tier 1		

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Drug Name	Drug Requirements/ Tier	Limits
<i>alclometasone dipropionate</i>	Tier 1	QL
CREA .05%; OINT .05% QL (60 gm / 30 days)		
<i>betamethasone dipropionate</i>	Tier 1	QL
(topical) CREA .05%; OINT .05% QL (120 gm / 30 days)		
<i>betamethasone dipropionate</i>	Tier 1	QL
(topical) LOTN .05% QL (120 mL / 30 days)		
<i>betamethasone dipropionate</i>	Tier 1	QL
augmented CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)		
<i>betamethasone dipropionate</i>	Tier 1	QL
augmented LOTN .05% QL (120 mL / 30 days)		
<i>betamethasone valerate</i>	Tier 1	QL
CREA .1%; OINT .1% QL (120 gm / 30 days)		
<i>betamethasone valerate</i>	Tier 1	QL
LOTN .1% QL (120 mL / 30 days)		
<i>clobetasol propionate</i>	Tier 1	QL
CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)		
<i>clobetasol propionate</i>	Tier 1	QL
SOLN .05% QL (50 mL / 30 days)		
<i>clobetasol propionate e</i>	Tier 1	QL
CREA .05% QL (60 gm / 30 days)		
<i>ENSTILAR AER</i>	Tier 2	QL PA
QL (120 gm / 30 days)		
<i>fluocinolone acetonide</i>	Tier 1	QL
CREA .01% QL (60 gm / 30 days)		
<i>fluocinolone acetonide</i>	Tier 1	QL
CREA .025%; OINT .025% QL (120 gm / 30 days)		
<i>fluocinolone acetonide</i>	OIL Tier 1	QL .01%
QL (118.28 mL / 30 days)		
<i>fluocinolone acetonide</i>	Tier 1	QL
SOLN .01% QL (90 mL / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinonide</i>	CREA .05% QL (120 gm / 30 days)	Tier 1 QL
<i>fluocinonide</i>	GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 1 QL
<i>fluocinonide</i>	SOLN .05% QL (60 mL / 30 days)	Tier 1 QL
<i>fluocinonide emulsified base</i>	CREA .05% QL (120 gm / 30 days)	Tier 1 QL
<i>fluticasone propionate</i>	CREA .05%; OINT .005%	Tier 1
<i>halobetasol propionate</i>	CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 1 QL
<i>hydrocortisone (topical)</i>	CREA 1%, 2.5%	Tier 1
<i>hydrocortisone (topical)</i>	LOTN 2.5%; OINT 2.5%	Tier 1
<i>mometasone furoate</i>	CREA Tier 1 .1%; OINT .1%; SOLN .1%	
<i>triamcinolone acetonide</i>	(topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 1 QL
<i>triamcinolone acetonide</i>	(topical) LOTN .025%, .1%	Tier 1
<i>triamcinolone acetonide</i>	(topical) OINT .025%, .1%, .5%	Tier 1
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	PRSY 2% QL (60 mL / 30 days)	Tier 1 QL PA
<i>lidocaine</i>	OINT 5% QL (50 gm / 30 days)	Tier 1 QL PA
<i>lidocaine</i>	PTCH 5% QL (3 patches / 1 day)	Tier 1 QL PA
<i>lidocaine hcl</i>	SOLN 4% QL (50 mL / 30 days)	Tier 1 QL PA
<i>lidocaine-prilocaine cream</i>	2.5-2.5% QL (30 gm / 30 days)	Tier 1 B/D QL
<i>lidocan iii</i>	PTCH 5% QL (3 patches / 1 day)	Tier 1 QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i>	GEL 15% QL (50 gm / 30 days)	Tier 1 QL

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Drug Name	Drug Requirements/ Tier	Limits
bexarotene (topical) GEL 1%	Tier 1	QL NM PA
QL (60 gm / 30 days)		
diclofenac sodium (topical) GEL 1%	Tier 1	QL
QL (1000 gm / 30 days)		
FINACEA FOAM 15% 5%	Tier 2	QL
QL (50 gm / 30 days)		
fluorouracil (topical) CREA 5%	Tier 1	QL
QL (40 gm / 30 days)		
fluorouracil (topical) SOLN 2%, 5%	Tier 1	QL
QL (10 mL / 30 days)		
hydrocortisone (rectal) CREA 1%, 2.5%	Tier 1	
imiquimod CREA 5% 12%	Tier 1	QL
QL (24 packets / 30 days)		
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	Tier 1	
metronidazole (topical) CREA .75%; GEL .75%	Tier 1	QL
QL (45 gm / 30 days)		
metronidazole (topical) LOTN .75%	Tier 1	QL
QL (59 mL / 30 days)		
NORITATE CREA 1% 12%	Tier 2	NEDS QL NM
QL (60 gm / 30 days)		
PANRETIN GEL .1% 2.5%	Tier 2	NEDS QL NM
QL (60 gm / 30 days)		PA
podofilox SOLN .5% 2.5%	Tier 1	QL
QL (7 mL / 28 days)		
procto-med hc CREA 2.5% 2.5%	Tier 1	
proctosol hc CREA 2.5% 2.5%	Tier 1	
proctozone-hc CREA 2.5% 2.5%	Tier 1	
RECTIV OINT .4% 2.5%	Tier 2	QL
QL (30 gm / 30 days)		
tacrolimus (topical) OINT .03%, .1%	Tier 1	QL
QL (100 gm / 30 days)		
VALCHLOR GEL .016% 2.5%	Tier 2	NEDS QL NM
QL (60 gm / 30 days)		LA PA
ZYCLARA PUMP CREA 2.5%	Tier 2	NEDS QL NM
QL (7.5 gm / 28 days)		

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5% 2.5%	Tier 1	QL
QL (59 mL / 30 days)		
permethrin CREA 5% 2.5%	Tier 1	QL
QL (60 gm / 30 days)		
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% 2.5%	Tier 2	NEDS QL NM
QL (30 gm / 30 days)		PA
SANTYL OINT 250unit/gm 2.5%	Tier 2	QL
QL (180 gm / 30 days)		
sodium chloride (gu irrigant) SOLN .9%	Tier 1	
water for irrigation, sterile irrigation soln	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg 2.5%	Tier 1	
chlorhexidine gluconate (mouth-throat) SOLN .12%	Tier 1	
clotrimazole TROC 10mg 2.5%	Tier 1	QL
QL (150 lozenges / 30 days)		
kourzeq PSTE .1% 2.5%	Tier 1	
lidocaine hcl (mouth-throat) SOLN 2%	Tier 1	
nystatin (mouth-throat) SUSP 100000unit/ml 2.5%	Tier 1	
periogard SOLN .12% 2.5%	Tier 1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	Tier 1	
triamcinolone acetonide (mouth) PSTE .1% 2.5%	Tier 1	

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<i>JARDIANCE</i>	<i>0.9% inj</i>	59
<i>jasmiel</i>	<i>kcl 30 meq/l (0.224%) in</i>	
<i>javygtor</i>	<i>dextrose 5% & nacl</i>	
<i>JAYPIRCA</i>	<i>0.45% inj</i>	60
<i>JENTADUETO TAB 2.5-1000</i>	<i>kcl 40 meq/l (0.3%) in</i>	
<i>JENTADUETO TAB 2.5-500</i>	<i>dextrose 5% & nacl</i>	
<i>JENTADUETO TAB 2.5-850</i>	<i>0.45% inj</i>	60
<i>JENTADUETO TAB XR 2.5-1000MG</i>	<i>kcl 40 meq/l (0.3%) in</i>	
<i>JENTADUETO TAB XR 5-1000MG</i>	<i>dextrose 5% & nacl 0.9%</i>	
<i>jinteli</i>	<i>inj</i>	60
<i>jolessa</i>	<i>KCL/D5W/NACL INJ</i>	
<i>juleber</i>	<i>0.3/0.9%</i>	60
	<i>kelnor 1/35</i>	48
	<i>kelnor 1/50</i>	48
	<i>KERENDIA</i>	25
	<i>KESIMPTA</i>	41
	<i>ketococonazole</i>	12
	<i>ketococonazole (topical)</i>	66
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	<i>(ophth)</i>	61
	<i>KEVZARA</i>	57
	<i>KEYTRUDA</i>	20
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	<i>KISQALI 400 PAK</i>	
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	<i>klayesta</i>	66
	<i>klor-con</i>	60
	<i>klor-con 10</i>	60
	<i>klor-con 8</i>	60
	<i>klor-con m10</i>	60
	<i>klor-con m15</i>	60
	<i>klor-con m20</i>	60
	<i>KORLYM</i>	50
	<i>KOSELUGO</i>	21
	<i>kourzeq</i>	68
	<i>KRAZATI</i>	21
	<i>kurvelo</i>	48
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	<i>labetalol hcl</i>	28
	<i>lacosamide</i>	37
	<i>lacosamide oral</i>	37
	<i>lactated ringer's solution</i>	60
	<i>lactic acid (ammonium lactate)</i>	68
	<i>lactulose</i>	53
	<i>lactulose (encephalopathy)</i>	53
	<i>lamivudine</i>	12
	<i>lamivudine (hbv)</i>	14
	<i>lamivudine-zidovudine tab 150-300 mg</i>	13
	<i>lamotrigine</i>	37
	<i>lansoprazole</i>	54
	<i>LANTUS</i>	45
	<i>LANTUS SOLOSTAR</i>	45
	<i>lapatinib ditosylate</i>	21
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	<i>larin 1/20</i>	48
	<i>larin fe 1.5/30</i>	48
	<i>larin fe 1/20</i>	48

<i>latanoprost</i>62	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>48	<i>LOKELMA</i>47
<i>leena</i>48	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>48	<i>LONSURF TAB 15-6.14.17</i>
<i>leflunomide</i>57	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>48	<i>LONSURF TAB 20-8.19.17</i>
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LENVIMA 20 MG DAILY DOSE21	<i>levothyroxine sodium</i>51	<i>lopinavir-ritonavir tab 200-50 mg</i>13
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LENVIMA 8 MG DAILY DOSE21	<i>LEXIVA</i>12	<i>lorazepam intensol</i>31
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LENVIMA CAP 18 MG21	<i>lidocaine hcl</i>67	<i>loryna</i>48
LENVIMA CAP 24 MG21	<i>lidocaine hcl (local anest.)</i>10	<i>losartan potassium</i>26
<i>lessina</i>48	<i>lidocaine hcl (mouth-throat)</i>68	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>25
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<i>levofloxacin in d5w iv soln 500 mg/100ml</i>15	<i>loestrin fe 1.5/30</i>48	<i>lyleq</i>48
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<i>methadone hydrochloride i8</i>	8
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<i>methylprednisolone</i>	50
<i>methylprednisolone acetate</i>	50
<i>methylprednisolone sod succ</i>	50
<i>methyltestosterone</i>	42
<i>metoclopramide hcl</i>	52
<i>metolazone</i>	29
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	28
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	28
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	28
<i>metoprolol succinate</i>	28
<i>metoprolol tartrate</i>	28
<i>metronidazole</i>	11
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<i>metyrosine</i>	30
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<i>nebivolol hcl</i>	28	macro	11
necon 0.5/35-28	48	<i>nitroglycerin</i>	30
nefazodone hcl	32	<i>nizatidine</i>	53
neomycin sulfate	11	<i>nora-be</i>	48
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<i>polymyx 5(3.5)mg-</i>		estradiol td ptwk 150-35	
<i>400unt-1000unt op oin</i>	61	mcg/24hr	48
<i>neomycin-polomy-gramcid</i>		<i>norethindrone</i>	
<i>op sol 1.75-10000-</i>		(contraceptive)	48
<i>0.025mg-unt-mg/ml</i>	61	<i>norethindrone ace & ethinyl</i>	
<i>neomycin-polomyxin-</i>		estradiol tab 1 mg-20	
<i>dexamethasone ophth</i>		mcg	48
<i>oint 0.1%</i>	61	<i>norethindrone ace & ethinyl</i>	
<i>neomycin-polomyxin-</i>		estradiol tab 1.5 mg-30	
<i>dexamethasone ophth</i>		mcg	48
<i>susp 0.1%</i>	61	<i>norethindrone ace & ethinyl</i>	
<i>neomycin-polomyxin-hc</i>		estradiol-fe tab 1 mg-20	
<i>ophth susp</i>	61	mcg	48
<i>neomycin-polomyxin-hc otic</i>		<i>norethindrone acetate</i>	51
<i>soln 1%</i>	62	<i>norethindrone acetate-</i>	
<i>neomycin-polomyxin-hc otic</i>		<i>ethinyl estradiol tab 0.5</i>	
<i>susp 3.5 mg/ml-10000</i>		<i>mg-2.5 mcg</i>	49
<i>unit/ml-1%</i>	62	<i>norethindrone acetate-</i>	
<i>neo-polycin 5(3.5)mg-</i>		<i>ethinyl estradiol tab 1</i>	
<i>400unt-1000unt op oin</i>	61	<i>mg-5 mcg</i>	49
<i>neo-polycin hc ophth oint</i>		<i>norethindrone ac-ethinyl</i>	
<i>1%</i>	61	<i>estradiol-fe tab 1-20/1-30/1-</i>	
NERLYNX	21	<i>35 mg-mcg</i>	48
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nevirapine	12	<i>estradiol tab 0.25 mg-35</i>	
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<i>nisoldipine</i>	29	<i>nortrel 1/35 (21)</i>	49
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<i>0.5MG/DOSE)</i>	<i>44</i>
<i>OZEMPIK (1MG/DOSE)</i>	<i>44</i>
<i>OZEMPIK (2MG/DOSE)</i>	<i>44</i>
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<i>particles for iv susp 100</i>	
<i>mg</i>	<i>19</i>
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<i>DISODIUM</i>	<i>47</i>
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<i>PAXLOVID TAB 300-100</i>	<i>14</i>
<i>pazopanib hcl</i>	<i>22</i>
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<i>PEDVAX HIB</i>	<i>59</i>
<i>peg 3350-kcl-na bicarb-</i>	
<i>nacl-na sulfate for soln</i>	
<i>236 gm</i>	<i>53</i>
<i>peg 3350-kcl-sod bicarb-</i>	
<i>nacl for soln 420 gm....</i>	<i>53</i>
<i>PEGASYS</i>	<i>14</i>
<i>PEMAZYRE</i>	<i>22</i>
<i>pemetrexed disodium....</i>	<i>17</i>
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<i>40000/ML</i>	<i>16</i>
<i>PEN GK/DEXTR INJ</i>	
<i>60000/ML</i>	<i>16</i>
<i>PENBRAYA INJ</i>	<i>59</i>
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<i>penicillin g potassium....</i>	<i>16</i>
<i>penicillin g sodium.....</i>	<i>16</i>

<i>penicillin v potassium</i>	16	PIQRAY 200MG DAILY	50
PENTACEL INJ	59	DOSE	22
<i>pentamidine isethionate inh</i>	11	PIQRAY 250MG TAB	51
<i>pentamidine isethionate inj</i>	11	DOSE	22
<i>pentoxifylline</i>	55	PIQRAY 300MG DAILY	51
<i>perindopril erbumine</i>	24	DOSE	22
<i>periogard</i>	68	pirfenidone	64
<i>permethrin</i>	68	piroxicam	8
<i>perphenazine</i>	34	<i>pitavastatin calcium</i>	27
PERSERIS	35	PLASMA-LYTE INJ -148	60
<i>pfizerpen</i>	16	PLASMA-LYTE INJ -A	60
<i>phenelzine sulfate</i>	32	plenamine	61
<i>phenobarbital</i>	37	PLENU SOL	53
<i>phenobarbital sodium</i>	37	<i>podofilox</i>	68
<i>phenytek</i>	37	<i>polycin ophth oint</i>	61
<i>phenytoin</i>	37	<i>polymyxin b-trimethoprim</i>	
<i>phenytoin sodium</i>	37	ophth soln 10000 unit/ml-	
<i>phenytoin sodium extended</i>	37	0.1%	61
PHESGO SOL	22	POMALYST	18
<i>philith</i>	49	<i>portia-28</i>	49
PIFELTRO	12	<i>posaconazole</i>	12
<i>pilocarpine hcl</i>	62	POT CHL 20MEQ/L IN	
<i>pilocarpine hcl (oral)</i>	68	NACL 0.45% INJ	60
<i>pimozide</i>	35	POT CHL 20MEQ/L IN	
<i>pimtrea</i>	49	NACL 0.9% INJ	60
<i>pindolol</i>	28	POT CHL 40MEQ/L IN	
<i>pioglitazone hcl</i>	44	NACL 0.9% INJ	60
<i>pioglitazone hcl-metformin</i>		potassium chloride	60
<i>hcl tab 15-500 mg</i>	44	POTASSIUM CHLORIDE	
<i>pioglitazone hcl-metformin</i>		potassium chloride 20	
<i>hcl tab 15-850 mg</i>	44	meq/l (0.15%) in	
<i>piperacillin sod-tazobactam</i>		dextrose 5% inj	60
<i>na for inj 3.375 gm (3-</i>		potassium chloride	
<i>0.375 gm)</i>	16	microencapsulated	
<i>piperacillin sod-tazobactam</i>		crystals er	60
<i>sod for inj 13.5 gm (12-</i>		potassium citrate	
<i>1.5 gm)</i>	16	(alkalinizer)	54
<i>piperacillin sod-tazobactam</i>		PRADAXA	55
<i>sod for inj 2.25 gm (2-</i>		pramipexole	
<i>0.25 gm)</i>	16	dihydrochloride	33
<i>piperacillin sod-tazobactam</i>		prasugrel hcl	56
<i>sod for inj 4.5 gm (4-0.5</i>		pravastatin sodium	27
<i>gm)</i>	16	praziquantel	11
<i>piperacillin sod-tazobactam</i>		prazosin hcl	25
<i>sod for inj 40.5 gm (36-</i>		PREC NEO SYS KIT	
<i>4.5 gm)</i>	16	FREESTYL	44
		PRECISION MIS XTRA	44
		PRECISION TES XTRA	44
		prednisolone	50
		<i>prednisolone acetate</i>	
		(ophth)	61
		PREDNISOLONE SODIUM	
		PHOSP	61
		prednisolone sodium	
		phosphate	50
		prednisone	50
		PREDNISONE INTENSOL	
			50
		pregabalin	37
		PREHEVBARIO	59
		PREMASOL SOL 10%	61
		PRENATAL TAB 27-1MG	
			60
		PRENATAL TAB PLUS	60
		<i>prevalite</i>	28
		PREVYMIC	14
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		PHOSPHATE	12
		<i>primidone</i>	37
		PRIORIX INJ	59
		PRIVIGEN	58
		<i>probenecid</i>	8
		<i>prochlorperazine</i>	52
		<i>edisylate</i>	
			52
		<i>prochlorperazine maleate</i>	
			52
		PROCRIT	55
		<i>procto-med hc</i>	68
		<i>proctosol hc</i>	68
		<i>protozone-hc</i>	68
		<i>progesterone</i>	51
		PROGRAF	58
		PROLASTIN-C	64
		PROLENSA	61
		PROLIA	47
		PROMACTA	56
		<i>promethazine hcl</i>	52
		<i>propafenone hcl</i>	27
		<i>proparacaine hcl</i>	62
		<i>propranolol hcl</i>	28
		<i>propylthiouracil</i>	52

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<i>QUADRACEL INJ 0.5ML</i> 59	
<i>quetiapine fumarate</i>	35
<i>quinapril hcl</i>	24
<i>quinidine sulfate</i>	27
<i>quinine sulfate</i>	12
<i>QULIPTA</i>	40
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<i>RABAVERT INJ</i>	59
<i>rabeprazole sodium</i>	54
<i>raloxifene hcl</i>	51
<i>ramipril</i>	24
<i>ranolazine</i>	30
<i>rasagiline mesylate</i>	33
<i>RAYALDEE</i>	52
<i>reclipsen</i>	49
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<i>REZUROCK</i>	58
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<i>rifabutin</i>	14
<i>rifampin</i>	14
<i>riluzole</i>	41
<i>rimantadine hydrochloride</i>	14
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<i>.selenium sulfide</i>	66
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<i>SIVEXTRO</i>	11
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<i>SODIUM OXYBATE</i>	41
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<i>sronyx</i>	49
<i>ssd</i>	66
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10-0.23(0.25)%.....	61
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<i>80 mg/5ml</i>	11
sulfamethoxazole-	
<i>trimethoprim susp 200-40</i>	
<i>mg/5ml</i>	11
sulfamethoxazole-	
<i>trimethoprim tab 400-80</i>	
<i>mg</i>	11
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VRAYLAR CAP 1.5-3MG	35	IIDRA	62	<i>zidovudine</i>	13
<i>vyfemla</i>	49	XOLAIR	65	ZIEXTENZO	55
<i>vylibra</i>	49	XOSPATA	23	<i>ziprasidone hcl</i>	35
VYVANSE	39, 40	XPOVIO 100 MG ONCE		<i>ziprasidone mesylate</i>	35
YZULTA	62	WEEKLY	23	ZIRABEV	23
W		XPOVIO 40 MG ONCE		ZIRGAN	61
<i>warfarin sodium</i>	55	WEEKLY	23	<i>zoledronic acid</i>	47
<i>water for irrigation, sterile</i>		XPOVIO 40 MG TWICE		ZOLINZA	23
<i>irrigation soln</i>	68	WEEKLY	23	<i>zolpidem tartrate</i>	40
WELIREG	18	XPOVIO 60 MG ONCE		ZONISADE	38
weva	49	WEEKLY	23	<i>zonisamide</i>	38
wixela inhub	65	XPOVIO 60 MG TWICE		<i>zovia 1/35</i>	49
X		WEEKLY	23	ZTALMY	38
XALKORI	23	XPOVIO 80 MG ONCE		<i>zumandimine</i>	49
XARELTO	55	WEEKLY	23	ZURZUVAE	32
XARELTO STAR TAB		XPOVIO 80 MG TWICE		ZYCLARA PUMP	68
15/20MG	55	WEEKLY	23	ZYDELIG	24
XATMEP	57	XTANDI	18	ZYKADIA	24
XCOPRI	38	xulane	49	ZYLET SUS 0.5-0.3%	61
XCOPRI PAK 100-150	38	XULTOPHY INJ 100/3.6	46	ZYPITAMAG	27
XCOPRI PAK 12.5-25	38	Y		ZYPREXA RELPREVV	35
XCOPRI PAK 150-200MG (MAINTENANCE)	38	yargesa	51		
XCOPRI PAK 150-200MG (TITRATION)	38	YF-VAX INJ	59		
XCOPRI PAK 50-100MG	38	yuvafem	49		

NONDISCRIMINATION NOTICE

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

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**.



MASSACHUSETTS

TRANSLATION RESOURCES

Form Approved OMB# 0938-1421

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 Cantonese: 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。日本語を話す人が支援いたします。これは無料のサービスです。

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield depends upon contract renewal.

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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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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 4/01/2024. 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.

The Formulary may change at any time. You will receive notice when necessary.

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