



MASSACHUSETTS

Medicare PPO Blue SaverRx (PPO)
Medicare PPO Blue ValueRx (PPO)
Medicare PPO Blue PlusRx (PPO)

2024 PPO FORMULARY

(List of Covered Drugs)

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

23217, Version 19

This abridged and comprehensive formulary was
updated on 12/01/2024.

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 PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/01/2024. 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 PPO BLUE SAVERRX, MEDICARE PPO BLUE VALUERX, AND MEDICARE PPO BLUE PLUSRX FORMULARY?

A formulary is a list of covered drugs selected by us 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 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 PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx 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 PPO Blue SaverRx (PPO), Medicare PPO Blue ValueRx (PPO), and Medicare PPO Blue PlusRx (PPO) 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 PPO Blue SaverRx (PPO), Medicare PPO Blue ValueRx (PPO), and Medicare PPO Blue PlusRx (PPO) 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 12/01/2024. 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 9. 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 70. 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?

Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx 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 PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx 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 the formulary (list of covered drugs), you should first contact Member Service and ask if your drug is covered.

If you learn that Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx 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 PPO BLUE SAVERX, MEDICARE PPO BLUE VALUERX, AND MEDICARE PPO BLUE PLUSRX FORMULARY?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, 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, Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx 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 PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our 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 PPO BLUE SAVERRX, MEDICARE PPO BLUE VALUERX, AND MEDICARE PPO BLUE PLUSRX FORMULARY

The formulary that begins on page 8 provides coverage information about the drugs covered by Medicare PPO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare PPO Blue PlusRx. If you have trouble finding your drug in the list, turn to the index that begins on page 70.

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 are 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.

Non-Mail Order (NM): These prescriptions are not available through mail order.

Home Infusion (HI): This prescription drug may be covered under our medical benefit. For more information, call Member Service at **1-800-200-4255**, 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. TTY users should call **711**. 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 Member Service at **1-800-200-4255**, 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. TTY users should call **711**. 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.

HOW MUCH WILL I PAY FOR MY MEDICARE ADVANTAGE PLAN'S COVERED DRUGS?

Your Medicare prescription drug costs:

If you qualify for extra help with your drug costs, your costs for your drugs may be different than those described on the next page. Please refer to the plan Summary of Benefits or your Evidence of Coverage or call Member Service to find out what your costs are.

Your costs for drugs and supplies covered under your plan's medical benefit:

You will find some drugs and supplies listed in the formulary with a "MB" note in the tier column. These drugs and supplies covered under your plan's medical benefit are available through network retail pharmacies or mail order service. However, they do not qualify for exception requests, extra help on drug costs, transition fills, or accumulate toward your total out-of-pocket costs to bring you through the coverage gap faster, like drugs covered under your Medicare prescription drug benefit.

*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 test strips and blood glucose monitors that aren't listed on our formulary when purchased at a retail or mail order pharmacy.

Explanation of Tiers and Copayments/Co-insurance: Initial Coverage Stage

Plans	Drug Tier	Annual Deductible	30-day supply at a preferred network retail pharmacy	30-day supply at a standard network retail pharmacy	90-day supply at a preferred network mail-order pharmacy
Medicare PPO Blue SaverRx (PPO)	Tier 1: Preferred Generic Drugs	\$0	\$0	\$10	\$0
	Tier 2: Generic Drugs		\$10	\$20	\$20
	Tier 3: Preferred Brand Drugs	\$0	\$42	\$47	\$84
	Tier 4: Non-Preferred Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		33%	33%	N/A
Medicare PPO Blue ValueRx (PPO)	Tier 1: Preferred Generic Drugs	\$0	\$0	\$8	\$0
	Tier 2: Generic Drugs		\$6	\$12	\$12
	Tier 3: Preferred Brand Drugs	\$0	\$42	\$47	\$84
	Tier 4: Non-Preferred Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		33%	33%	N/A
Medicare PPO Blue PlusRx (PPO)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$0	\$6	\$0
	Tier 2: Generic Drugs		\$5	\$10	\$10
	Tier 3: Preferred Brand Drugs	\$200 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		29%	29%	N/A

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
ANALGESICS					
GOUT					
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1		<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 2	QL	<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1	
<i>colchicine w/ probenecid</i> tab 0.5-500 mg	Tier 2		<i>nabumetone</i> TABS 500mg, Tier 1 750mg	Tier 1	
<i>febuxostat</i> TABS 40mg, 80mg	Tier 2	PA	<i>naproxen</i> TABS 250mg, 375mg, 500mg	Tier 1	
<i>MITIGARE</i> CAPS .6mg QL (60 caps / 30 days)	Tier 3	QL	<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	Tier 2	QL
<i>probenecid</i> TABS 500mg	Tier 2		<i>naproxen dr</i> TBEC 500mg QL (90 tabs / 30 days)	Tier 2	QL
NSAIDS					
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 2	QL	<i>naproxen sodium</i> TABS 275mg, 550mg	Tier 2	
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL	<i>oxaprozin</i> TABS 600mg	Tier 2	
<i>diclofenac potassium</i> TABS 50mg	Tier 2	QL	<i>piroxicam</i> CAPS 10mg, 20mg	Tier 2	
QL (120 tabs / 30 days)			<i>sulindac</i> TABS 150mg, 200mg	Tier 2	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	Tier 2				
<i>diclofenac w/ misoprostol</i> tab delayed release 50-0.2 mg	Tier 2		OPIOID ANALGESICS, LONG-ACTING		
<i>diclofenac w/ misoprostol</i> tab delayed release 75-0.2 mg	Tier 2		<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 2	QL PA
<i>diflunisal</i> TABS 500mg	Tier 2		<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>ec-naproxen</i> TBEC 375mg	Tier 2	QL	<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL PA
QL (120 tabs / 30 days)			<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>ec-naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	Tier 2	QL	<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 2	QL PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 2		<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>flurbiprofen</i> TABS 100mg	Tier 2		<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	Tier 2	QL PA
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1				
<i>ibuprofen</i> SUSP 100mg/5mL	Tier 2				

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
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> Tier 2 <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	QL	
<i>acetaminophen w/ codeine</i> Tier 2 <i>tab 300-15 mg</i> QL (400 tabs / 30 days)	QL	
<i>acetaminophen w/ codeine</i> Tier 2 <i>tab 300-30 mg</i> QL (360 tabs / 30 days)	QL	
<i>acetaminophen w/ codeine</i> Tier 2 <i>tab 300-60 mg</i> QL (180 tabs / 30 days)	QL	
<i>butorphanol tartrate</i> SOLN Tier 4 1mg/ml, 2mg/ml		
<i>butorphanol tartrate</i> SOLN Tier 2 10mg/ml QL (10 mL / 30 days)	QL	
<i>endocet</i> tab 2.5-325mg QL (360 tabs / 30 days)	Tier 2	QL
<i>endocet</i> tab 5-325mg QL (360 tabs / 30 days)	Tier 2	QL
<i>endocet</i> tab 7.5-325mg QL (240 tabs / 30 days)	Tier 2	QL
<i>endocet</i> tab 10-325mg QL (180 tabs / 30 days)	Tier 2	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	Tier 2	QL PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	Tier 5 NEDS	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 2	QL
<i>hydromorphone hcl</i> LIQD 1mg/ml QL (600 mL / 30 days)	Tier 2	QL
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 2	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	Tier 4	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	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 4	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 4	
<i>oxycodone hcl</i> CAPS 5mg	Tier 2	QL QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	Tier 2	QL QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	Tier 2	QL QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	Tier 2	QL QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	Tier 2	QL QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	Tier 2	QL QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	Tier 2	QL QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	Tier 2	QL QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	Tier 2	QL QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	Tier 2	QL QL (240 tabs / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.)	Tier 2	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 5 NEDS	QL NM PA QL (672 tabs / year)
<i>amikacin sulfate</i> SOLN 1gm/4ml	Tier 2	
<i>amikacin sulfate</i> SOLN 500mg/2ml	Tier 2	HI
<i>atovaquone</i> SUSP 750mg/5ml	Tier 2	
<i>aztreonam</i> SOLR 1gm	Tier 2	HI
<i>aztreonam</i> SOLR 2gm	Tier 2	
<i>CAYSTON</i> SOLR 75mg	Tier 5 NEDS	NM LA PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	Tier 1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	Tier 2	
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 9000mg/60ml	Tier 2	
<i>clindamycin phosphate</i> SOLN 900mg/6ml	Tier 2	HI
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	Tier 2	HI
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	Tier 2	HI
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	Tier 2	HI
<i>CLINDMYC/NAC</i> INJ 300/50ML	Tier 4	
<i>CLINDMYC/NAC</i> INJ 600/50ML	Tier 4	
<i>CLINDMYC/NAC</i> INJ 900/50ML	Tier 4	
<i>colistimethate sodium</i> SOLR 150mg	Tier 2	HI
<i>dapsone</i> TABS 25mg, 100mg	Tier 2	
<i>DAPTOMYCIN</i> SOLR 350mg	Tier 5	NEDS NM
<i>daptomycin</i> SOLR 350mg,	Tier 5	NEDS HI NM 500mg
<i>EMVERM</i> CHEW 100mg	Tier 5 NEDS	QL NM QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	Tier 2	HI

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

Drug Name	Drug Requirements/ Tier	Limits
praziquantel TABS 600mg	Tier 2	
SIVEXTRO SOLR 200mg	Tier 5 NEDS HI NM	
SIVEXTRO TABS 200mg	Tier 5 NEDS NM	
streptomycin sulfate SOLR 1gm	Tier 5 NEDS NM	
sulfadiazine TABS 500mg	Tier 5 NEDS NM	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 2	
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	
tinidazole TABS 250mg, 500mg	Tier 2	
tobramycin NEBU 300mg/5ml	Tier 5 NEDS NM PA	
tobramycin sulfate SOLN 1.2gm/30ml, 40mg/ml	Tier 2	
tobramycin sulfate SOLN 10mg/ml, 80mg/2ml	Tier 2	HI
trimethoprim TABS 100mg	Tier 2	
vancomycin hcl CAPS 125mg QL (80 caps / 180 days)	Tier 2	QL
vancomycin hcl CAPS 250mg QL (160 caps / 180 days)	Tier 2	QL
vancomycin hcl SOLR 1.25gm, 1.5gm, 5gm	Tier 2	
vancomycin hcl SOLR 1gm, Tier 2 10gm, 500mg, 750mg	Tier 2	HI
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	Tier 2	
VANCOMYCIN INJ 1 GM	Tier 4	
VANCOMYCIN INJ 500MG	Tier 4	
VANCOMYCIN INJ 750MG	Tier 4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	Tier 4	B/D
amphotericin b SOLR 50mg	Tier 2	HI B/D

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>amphotericin b liposome</i>	Tier 5	NEDS B/D
SUSR 50mg		NM
<i>caspofungin acetate</i>	SOLR	HI
50mg, 70mg		
<i>fluconazole</i>	SUSR	Tier 2
10mg/ml, 40mg/ml; TABS		
50mg, 100mg, 150mg,		
200mg		
<i>fluconazole in nacl 0.9% inj</i>	Tier 2	HI
200 mg/100ml		
<i>fluconazole in nacl 0.9% inj</i>	Tier 2	HI
400 mg/200ml		
<i>flucytosine</i>	CAPS 250mg,	Tier 5 NEDS NM PA
500mg		
<i>griseofulvin microsize</i>	Tier 2	
SUSP 125mg/5ml; TABS		
500mg		
<i>griseofulvin ultramicrosize</i>	Tier 2	
TABS 125mg, 250mg		
<i>itraconazole</i>	CAPS 100mg	Tier 2 PA
<i>ketoconazole</i>	TABS 200mg	Tier 2 PA
<i>micafungin sodium</i>	SOLR	Tier 5 NEDS HI NM
50mg, 100mg		
<i>nystatin</i>	TABS 500000unit	Tier 2
<i>posaconazole</i>	SUSP	Tier 5 NEDS QL NM
40mg/ml		PA
QL (630 mL / 30 days)		
<i>posaconazole</i>	TBEC	Tier 5 NEDS QL NM
100mg		PA
QL (93 tabs / 30 days)		
<i>terbinafine hcl</i>	TABS	Tier 1 QL
250mg		
QL (90 tabs / year)		
<i>voriconazole</i>	SOLR 200mg	Tier 2 HI PA
<i>voriconazole</i>	SUSR	Tier 5 NEDS NM PA
40mg/ml		
<i>voriconazole</i>	TABS 50mg	Tier 2 QL PA
QL (480 tabs / 30 days)		
<i>voriconazole</i>	TABS 200mg	Tier 2 QL PA
QL (120 tabs / 30 days)		

ANTIMALARIALS

<i>atovaquone-proguanil hcl</i>	tab 62.5-25 mg	Tier 2
<i>atovaquone-proguanil hcl</i>	tab 250-100 mg	Tier 2

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>chloroquine phosphate</i>	Tier 2	
TABS 250mg, 500mg		
<i>COARTEM TAB 20-120MG</i>	Tier 4	
<i>mefloquine hcl</i>	TABS	Tier 2
250mg		
<i>primaquine phosphate</i>	TABS 26.3mg	Tier 2
<i>PRIMAQUINE</i>		Tier 3
<i>PHOSPHATE</i>	TABS	
26.3mg		
<i>quinine sulfate</i>	CAPS	Tier 2 PA
324mg		
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i>	SOLN	Tier 2
20mg/ml; TABS 300mg		
<i>APTVUS</i>	CAPS 250mg	Tier 5 NEDS NM
<i>atazanavir sulfate</i>	CAPS	Tier 2
150mg, 200mg, 300mg		
<i>darunavir</i>	TABS 600mg	Tier 5 NEDS QL NM
QL (60 tabs / 30 days)		
<i>darunavir</i>	TABS 800mg	Tier 5 NEDS QL NM
QL (30 tabs / 30 days)		
<i>EDURANT</i>	TABS 25mg	Tier 5 NEDS NM
<i>efavirenz</i>	TABS 600mg	Tier 2
<i>emtricitabine</i>	CAPS 200mg	Tier 2
<i>EMTRIVA</i>	SOLN 10mg/ml	Tier 4
<i>etravirine</i>	TABS 100mg, 200mg	Tier 5 NEDS NM
<i>fosamprenavir calcium</i>	TABS 700mg	Tier 5 NEDS NM
<i>FUZEON</i>	SOLR 90mg	Tier 5 NEDS NM LA
<i>INTELENCE</i>	TABS 25mg	Tier 4
<i>ISENTRESS CHEW</i>	25mg	Tier 4
<i>ISENTRESS CHEW</i>		Tier 5 NEDS NM
100mg; PACK 100mg;		
TABS 400mg		
<i>ISENTRESS HD</i>	TABS 600mg	Tier 5 NEDS NM
<i>lamivudine</i>	SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2
<i>maraviroc</i>	TABS 150mg, 300mg	Tier 5 NEDS NM
<i>nevirapine</i>	SUSP 50mg/5ml; TABS 200mg; TB24 400mg	Tier 2
<i>NORVIR</i>	PACK 100mg	Tier 4
<i>PIFELTRO</i>	TABS 100mg	Tier 5 NEDS NM

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)		Tier 5 NEDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 4	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)		Tier 5 NEDS QL NM
REYATAZ PACK 50mg ritonavir TABS 100mg	Tier 5	NEDS NM
RUKOBIA TB12 600mg	Tier 5	NEDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 5	NEDS NM
SELZENTRY TABS 25mg	Tier 4	
SUNLENCA TBPK 300mg <i>tenofovir disoproxil fumarate</i>	Tier 5	NEDS NM LA Tier 2
TABS 300mg		
TIVICAY TABS 10mg	Tier 3	
TIVICAY TABS 25mg, 50mg	Tier 5	NEDS NM
TIVICAY PD TBSO 5mg	Tier 5	NEDS NM
TROGARZO SOLN 200mg/1.33ml	Tier 5	NEDS NM LA
TYBOST TABS 150mg	Tier 3	
VIRACEPT TABS 250mg, 625mg	Tier 5	NEDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 5	NEDS NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 2	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 2	
BIKTARVY TAB 30-120-15 MG	Tier 5	NEDS NM
BIKTARVY TAB 50-200-25 MG	Tier 5	NEDS NM
CIMDUO TAB 300-300	Tier 5	NEDS NM
COMPLERA TAB	Tier 5	NEDS NM
DELSTRIGO TAB	Tier 5	NEDS NM
DESCOVY TAB 120-15MG	Tier 5	NEDS NM
DESCOVY TAB 200/25MG	Tier 5	NEDS NM
DOVATO TAB 50-300MG	Tier 5	NEDS NM

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 5	NEDS NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 5	NEDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 5	NEDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 5	NEDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 5	NEDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 5	NEDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 2	
EVOTAZ TAB 300-150	Tier 5	NEDS NM
GENVOYA TAB	Tier 5	NEDS NM
JULUCA TAB 50-25MG <i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 5	NEDS NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 2	
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 2	
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 2	
ODEFSEY TAB	Tier 5	NEDS NM
PREZCOBIX TAB 800-150	Tier 5	NEDS NM
STRIILD TAB	Tier 5	NEDS NM
SYMTUZA TAB	Tier 5	NEDS NM
TRIUMEQ PD TAB	Tier 5	NEDS NM
TRIUMEQ TAB	Tier 5	NEDS NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	Tier 5	NEDS NM
<i>ethambutol hcl</i> TABS 100mg, 400mg	Tier 2	
<i>isoniazid</i> SYRP 50mg/5ml	Tier 2	
<i>isoniazid</i> TABS 100mg, 300mg	Tier 1	
PRIFTIN TABS 150mg	Tier 4	
<i>pyrazinamide</i> TABS 500mg	Tier 2	
<i>rifabutin</i> CAPS 150mg	Tier 2	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits			
rifampin CAPS 150mg, 300mg	Tier 2		PAXLOVID TAB 300-100	Tier 3	QL			
rifampin SOLR 600mg	Tier 2	HI	QL (60 tabs / 30 days)					
SIRTURO TABS 20mg, 100mg	Tier 5 NEDS NM PA		\$0 Cost Share					
TRECATOR TABS 250mg	Tier 4							
ANTIVIRALS								
acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1		PEGASYS SOLN	Tier 5 NEDS NM PA				
acyclovir SUSP 200mg/5ml	Tier 2		180mcg/ml; SOSY 180mcg/0.5ml					
acyclovir sodium SOLN 50mg/ml	Tier 2	HI B/D	PREVYMIS TABS 240mg, 480mg	Tier 5 NEDS QL NM PA				
adefovir dipivoxil TABS 10mg	Tier 2		QL (28 tabs / 28 days)					
BARACLUDE SOLN .05mg/ml	Tier 5	NEDS NM	RELENZA DISKHALER AEPB 5mg/blister	Tier 3	QL			
entecavir TABS .5mg, 1mg	Tier 2		QL (6 inhalers / year)					
EPCLUSUSA PAK 150-37.5	Tier 5 NEDS NM PA		ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	Tier 2	NM			
EPCLUSUSA PAK 200-50MG	Tier 5 NEDS NM PA		rimantadine hydrochloride TABS 100mg	Tier 2				
EPCLUSUSA TAB 200-50MG	Tier 5 NEDS NM PA		valacyclovir hcl TABS 1gm, 500mg	Tier 2				
EPCLUSUSA TAB 400-100	Tier 5 NEDS NM PA		valganciclovir hcl SOLR 50mg/ml	Tier 5	NEDS NM			
famciclovir TABS 125mg, 250mg, 500mg	Tier 2		valganciclovir hcl TABS 450mg	Tier 2				
ganciclovir sodium SOLR 500mg	Tier 2	B/D	VEMLIDY TABS 25mg	Tier 5	NEDS NM			
HARVONI PAK 33.75- 150MG	Tier 5 NEDS NM PA		VOSEVI TAB	Tier 5	NEDS NM PA			
HARVONI PAK 45-200MG	Tier 5 NEDS NM PA		CEPHALOSPORINS					
HARVONI TAB 45-200MG	Tier 5 NEDS NM PA		cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	Tier 2				
HARVONI TAB 90-400MG	Tier 5 NEDS NM PA		CEFACLOR ER TB12 500mg	Tier 4				
lamivudine (hbv) TABS 100mg	Tier 2		cefadroxil CAPS 500mg	Tier 1				
MAVYRET PAK 50-20MG	Tier 5 NEDS NM PA		cefadroxil SUSR 250mg/5ml, 500mg/5ml	Tier 2				
MAVYRET TAB 100-40MG	Tier 5 NEDS NM PA		CEFAZOLIN SOLR 2gm, 3gm	Tier 4				
oseltamivir phosphate CAPS 30mg	Tier 2	QL	CEFAZOLIN INJ 1GM/50ML	Tier 4				
QL (168 caps / year)			CEFAZOLIN INJ 3GM/150ML-4%	Tier 4				
oseltamivir phosphate CAPS 45mg, 75mg	Tier 2	QL	cefazin sodium SOLR 1gm, 2gm, 3gm	Tier 2				
QL (84 caps / year)			cefazin sodium SOLR 1gm, 10gm, 500mg	Tier 2	HI			
oseltamivir phosphate SUSR 6mg/ml	Tier 2	QL	CEFAZOLIN SOLN 2GM/100ML-4%	Tier 4				
QL (1080 mL / year)			cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 2				
PAXLOVID TAB 150-100	Tier 3	QL	cefeprazole hcl SOLR 1gm, 2gm	Tier 2	HI			
QL (40 tabs / 30 days)								
\$0 Cost Share								

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

Drug Name	Drug Requirements/ Tier	Limits
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 4	HI
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 2	
erythromycin ethylsuccinate TABS 400mg	Tier 2	
erythromycin lactobionate SOLR 500mg	Tier 2	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	Tier 4	
ciprofloxacin 200 mg/100ml in d5w	Tier 2	HI
ciprofloxacin 400 mg/200ml in d5w	Tier 2	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	Tier 1	
levofloxacin SOLN 25mg/ml	Tier 2	
levofloxacin TABS 250mg, 500mg, 750mg	Tier 1	
levofloxacin in d5w iv soln 250 mg/50ml	Tier 2	
levofloxacin in d5w iv soln 500 mg/100ml	Tier 2	HI
levofloxacin in d5w iv soln 750 mg/150ml	Tier 2	HI
moxifloxacin hcl TABS 400mg	Tier 2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Tier 2	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
amoxicillin CHEW 125mg, 250mg	Tier 2	
amoxicillin & k clavulanate chew tab 400-57 mg	Tier 2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 2	

Drug Name	Drug Requirements/ Tier	Limits
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 2	
amoxicillin & k clavulanate tab 250-125 mg	Tier 2	
amoxicillin & k clavulanate tab 500-125 mg	Tier 2	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	Tier 2	
ampicillin CAPS 500mg	Tier 1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	Tier 2	HI
ampicillin & sulbactam sodium for inj 3 (2-1) gm	Tier 2	HI
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	Tier 2	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	Tier 2	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	Tier 2	HI
ampicillin sodium SOLR 1gm, 2gm, 250mg, 500mg	Tier 2	
ampicillin sodium SOLR 1gm, 10gm, 125mg	Tier 2	HI
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 4	
dicloxacillin sodium CAPS 250mg, 500mg	Tier 2	
nafcillin sodium SOLR 1gm, Tier 2 2gm	Tier 2	HI
nafcillin sodium SOLR 10gm	Tier 5 NEDS	HI NM LA
oxacillin sodium SOLR 1gm, 2gm, 10gm	Tier 2	HI
PEN GK/DEXTR INJ 40000/ML	Tier 4	
PEN GK/DEXTR INJ 60000/ML	Tier 4	
penicillin g potassium SOLR 5000000unit	Tier 2	

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

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
BENDEKA SOLN 100mg/4ml	Tier 5	NEDS B/D NM LA	fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 2	B/D NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 2	B/D NM	gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 2	B/D NM
cisplatin SOLN 50mg/50ml, Tier 2 100mg/100ml, 200mg/200ml		B/D NM	INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 5	NEDS QL NM LA PA
cyclophosphamide CAPS 25mg, 50mg	Tier 2	B/D	LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 5	NEDS QL NM LA PA
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	Tier 5	NEDS B/D NM	LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 5	NEDS QL NM LA PA
cyclophosphamide SOLR 1gm, 500mg	Tier 2	B/D NM	mercaptopurine TABS 50mg	Tier 2	
cyclophosphamide SOLR 2gm	Tier 5	NEDS B/D NM	methotrexate sodium SOLN 1gm/40ml, 250mg/10ml; SOLR 1gm	Tier 2	B/D NM
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 4	B/D	methotrexate sodium SOLN 50mg/2ml	Tier 2	HI B/D NM
GLEOSTINE CAPS 10mg, 40mg	Tier 4	NM	ONUREG TABS 200mg, 300mg	Tier 5	NEDS QL NM LA PA
GLEOSTINE CAPS 100mg	Tier 5	NEDS NM	pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	Tier 5	NEDS B/D NM
LEUKERAN TABS 2mg	Tier 5	NEDS NM	PURIXAN SUSP 2000mg/100ml	Tier 5	NEDS NM LA
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	Tier 2	B/D NM	TABLOID TABS 40mg	Tier 4	
oxaliplatin SOLR 100mg	Tier 5	NEDS B/D NM	HORMONAL ANTINEOPLASTIC AGENTS		
paraplatin SOLN 1000mg/100ml	Tier 2	B/D NM	abiraterone acetate TABS 250mg	Tier 5	NEDS QL NM PA
ANTIBIOTICS			QL (120 tabs / 30 days)		
doxorubicin hcl SOLN 2mg/ml	Tier 2	B/D NM	abiraterone acetate TABS 500mg	Tier 5	NEDS QL NM PA
doxorubicin hcl liposomal SUSP 2mg/ml	Tier 5	NEDS B/D NM	QL (60 tabs / 30 days)		
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	Tier 2	B/D NM	AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 5	NEDS QL NM LA PA
ELLENCE SOLN 50mg/25ml, 200mg/100ml	Tier 4	B/D NM	AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 5	NEDS QL NM LA PA
ANTIMETABOLITES			anastrozole TABS 1mg	Tier 1	
azacitidine SUSR 100mg	Tier 5	NEDS B/D NM	bicalutamide TABS 50mg	Tier 2	
cytarabine SOLN 20mg/ml	Tier 2	B/D NM	ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 4	NM PA

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Drug Name	Drug Requirements/ Tier Limits
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
EULEXIN CAPS 125mg exemestane TABS 25mg	Tier 5 NEDS NM Tier 2
FIRMAGON SOLR 80mg FIRMAGON SOLR 120mg/vial	Tier 4 NM PA Tier 5 NEDS NM PA
fulvestrant SOSY 250mg/5ml	Tier 5 NEDS B/D NM
letrozole TABS 2.5mg	Tier 1
leuprolide acetate KIT 1mg/0.2ml	Tier 2 NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 5 NEDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 5 NEDS NM PA
LYSODREN TABS 500mg megestrol acetate TABS 20mg, 40mg	Tier 5 NEDS NM LA Tier 3
nilutamide TABS 150mg	Tier 5 NEDS NM
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
ORGOVYX TABS 120mg	Tier 5 NEDS NM LA PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
SOLTAMOX SOLN 10mg/5ml	Tier 5 NEDS NM
tamoxifen citrate TABS 10mg, 20mg	Tier 2
toremifene citrate TABS 60mg	Tier 2
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 5 NEDS QL NM LA PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA

Drug Name	Drug Requirements/ Tier Limits
IMMUNOMODULATORS	
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 5 NEDS QL NM LA PA
QL (28 caps / 28 days)	
lenalidomide CAPS 20mg, 25mg	Tier 5 NEDS QL NM LA PA
QL (21 caps / 28 days)	
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	Tier 5 NEDS QL NM LA PA
QL (21 caps / 28 days)	
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 5 NEDS QL NM LA PA
QL (28 caps / 28 days)	
REVLIMID CAPS 20mg, 25mg	Tier 5 NEDS QL NM LA PA
QL (21 caps / 28 days)	
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 5 NEDS QL NM LA PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 5 NEDS QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 5 NEDS QL NM LA PA
MISCELLANEOUS	
BESREMI SOSY 500mcg/ml	Tier 5 NEDS QL NM LA PA
QL (2 syringes / 28 days)	
bexarotene CAPS 75mg QL (300 caps / 30 days)	Tier 5 NEDS QL NM PA
hydroxyurea CAPS 500mg	Tier 2
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 2 B/D NM
IWLFIN TABS 192mg QL (240 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 5 NEDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 5 NEDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 5 NEDS QL NM PA
MATULANE CAPS 50mg tretinoin (chemotherapy) CAPS 10mg	Tier 5 NEDS NM LA Tier 5 NEDS NM

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

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
BORTEZOMIB SOLR 1mg, 2.5mg	Tier 5 NEDS	NM PA
bortezomib SOLR 3.5mg	Tier 5 NEDS	NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	Tier 5 NEDS	QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	Tier 5 NEDS	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 5 NEDS	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 5 NEDS	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 5 NEDS	QL NM LA PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 5 NEDS	QL NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 5 NEDS	QL NM LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 5 NEDS	QL NM LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 5 NEDS	QL NM LA PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 5 NEDS	QL NM LA PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 5 NEDS	QL NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 5 NEDS	QL NM LA PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 5 NEDS	QL NM LA PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 5 NEDS	QL NM LA PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 5 NEDS	QL NM LA PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 5 NEDS	QL NM LA PA
dasatinib TABS 20mg QL (90 tabs / 30 days)	Tier 5 NEDS	QL NM PA

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<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 5 NEDS QL NM LA PA	<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM PA	<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 5 NEDS QL NM LA PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 5 NEDS QL NM LA PA
everolimus TBSO 2mg QL (150 tabs / 30 days)	Tier 5 NEDS QL NM PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 5 NEDS QL NM LA PA
everolimus TBSO 3mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
everolimus TBSO 5mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 5 NEDS QL NM LA PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 5 NEDS QL NM LA PA	INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 5 NEDS QL NM LA PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 5 NEDS QL NM LA PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 5 NEDS QL NM LA PA	JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
gefitinib TABS 250mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM PA	JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
GILOTTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	KADCYLA SOLR 100mg, 160mg NM LA	Tier 5 NEDS B/D NM LA
HERCEP HYLEC SOL 60- 10000	Tier 5 NEDS NM LA PA	KANJINTI SOLR 150mg, 420mg PA	Tier 5 NEDS NM LA PA
HERCEPTIN SOLR 150mg	Tier 5 NEDS NM LA PA	KEYTRUDA SOLN 100mg/4ml PA	Tier 5 NEDS NM LA PA
HERZUMA SOLR 150mg, 420mg	Tier 5 NEDS NM PA		
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 5 NEDS QL NM LA PA		

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KISQALI 200 DOSE 200mg	TBPK QL (21 tabs / 28 days)	LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
KISQALI 400 DOSE 200mg	TBPK QL (42 tabs / 28 days)	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
KISQALI 600 DOSE 200mg	TBPK QL (63 tabs / 28 days)	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 5 NEDS QL NM LA PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 5 NEDS QL NM LA PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
<i>lapatinib ditosylate</i> TABS 250mg QL (180 tabs / 30 days)	Tier 5 NEDS QL NM PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 5 NEDS QL NM LA PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 5 NEDS QL NM LA PA	MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 5 NEDS QL NM LA PA	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 5 NEDS QL NM LA PA	MONJUVI SOLR 200mg	Tier 5 NEDS NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 5 NEDS QL NM LA PA	NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 5 NEDS QL NM LA PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 5 NEDS QL NM LA PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 5 NEDS QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 5 NEDS QL NM LA PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 5 NEDS QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 5 NEDS QL NM LA PA	OGIVRI SOLR 150mg, 420mg	Tier 5 NEDS NM LA PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM LA PA		

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OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 5 NEDS QL NM LA PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 5 NEDS QL NM LA PA	ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 5 NEDS QL NM LA PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 5 NEDS QL NM LA PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 5 NEDS QL NM LA PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 5 NEDS QL NM PA
OJUARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	Tier 5 NEDS NM LA PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 5 NEDS QL NM PA
pazopanib hcl TABS 200mg QL (120 tabs / 30 days)	Tier 5 NEDS QL NM PA	SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 5 NEDS QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 5 NEDS QL NM LA PA	sorafenib tosylate TABS 200mg QL (120 tabs / 30 days)	Tier 5 NEDS QL NM PA
PHESGO SOL	Tier 5 NEDS NM LA PA	SPRYCEL TABS 20mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 5 NEDS QL NM PA	SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 5 NEDS QL NM PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 5 NEDS QL NM PA	sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 5 NEDS QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 5 NEDS QL NM PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 5 NEDS QL NM LA PA	TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 5 NEDS QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 5 NEDS QL NM LA PA	TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM LA PA		
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA		
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 5 NEDS QL NM LA PA		
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	Tier 5 NEDS QL NM LA PA		

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TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 5 NEDS QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 5 NEDS QL NM LA PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	Tier 5 NEDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 5 NEDS QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 5 NEDS NM LA PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
TRAZIMERA SOLR 150mg, 420mg	Tier 5 NEDS NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 5 NEDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 5 NEDS QL NM LA PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 4 QL NM LA PA

Drug Name	Drug Requirements/ Tier Limits
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 5 NEDS QL NM LA PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 5 NEDS QL NM LA PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 5 NEDS QL NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 5 NEDS QL NM LA PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	Tier 5 NEDS QL NM LA PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	Tier 5 NEDS QL NM LA PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 5 NEDS QL NM LA PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 5 NEDS QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	Tier 5 NEDS QL NM LA PA	
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	Tier 5 NEDS QL NM LA PA	
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 5 NEDS QL NM LA PA	
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	Tier 5 NEDS QL NM LA PA	
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	Tier 5 NEDS QL NM LA PA	
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 5 NEDS NM LA PA	
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 5 NEDS QL NM PA	
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 5 NEDS QL NM LA PA	
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 2	B/D NM
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 2	
MESNEX TABS 400mg	Tier 5	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

Drug Name	Drug Requirements/ Tier	Limits
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	
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	

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Drug Name	Drug Requirements/ Tier Limits
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, 10mg, 20mg, 30mg, 40mg	Tier 1
moexipril hcl TABS 7.5mg, 15mg	Tier 1
perindopril erbumine TABS 2mg, 4mg, 8mg	Tier 1
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1
trandolapril TABS 1mg, 2mg, 4mg	Tier 1
ALDOSTERONE RECEPTOR ANTAGONISTS	
eplerenone TABS 25mg, 50mg	Tier 2
KERENDIA TABS 10mg, 20mg	Tier 3 QL QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	Tier 1
ALPHA BLOCKERS	
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	Tier 1
prazosin hcl CAPS 1mg, 2mg, 5mg	Tier 2
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	Tier 1

Drug Name	Drug Requirements/ Tier Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	Tier 1 QL QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	Tier 1 QL QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	Tier 1 QL QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	Tier 1 QL QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	Tier 1 QL QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	Tier 1 QL QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	Tier 1 QL QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	Tier 1 QL QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	Tier 1 QL QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	Tier 1 QL QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	Tier 1 QL QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	Tier 4 QL QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-25MG	Tier 4 QL QL (30 tabs / 30 days)

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	Tier 3	QL	<i>olmesartanamlodipinehydrochlorothiazide tab 40-5-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	Tier 3	QL	<i>olmesartanamlodipinehydrochlorothiazide tab 40-10-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	Tier 3	QL	<i>olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	Tier 3	QL	<i>telmisartanamlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	Tier 3	QL	<i>telmisartanamlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>irbesartanhydrochlorothiazide tab 150-12.5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL	<i>telmisartanamlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>irbesartanhydrochlorothiazide tab 300-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL	<i>telmisartanamlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1		<i>telmisartanamlodipine tab 12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1		<i>telmisartanhydrochlorothiazide tab 80-12.5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1		<i>telmisartanhydrochlorothiazide tab 80-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomilhydrochlorothiazide tab 20-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL	<i>valsartanhydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomilhydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL	<i>valsartanhydrochlorothiazide tab 160-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomilhydrochlorothiazide tab 40-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL	<i>valsartanhydrochlorothiazide tab 160-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartanamlodipinehydrochlorothiazide tab 20-5-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL			
<i>olmesartanamlodipinehydrochlorothiazide tab 40-5-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL			

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Drug Name	Drug Requirements/ Tier	Limits
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 1	QL QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	QL QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS	Tier 1	QL 4mg, 8mg, 16mg QL (60 tabs / 30 days)
candesartan cilexetil TABS	Tier 1	QL 32mg QL (30 tabs / 30 days)
EDARBI TABS	40mg, 80mg	Tier 4 QL QL (30 tabs / 30 days)
irbesartan TABS	75mg, 150mg, 300mg	Tier 1 QL QL (30 tabs / 30 days)
losartan potassium TABS	25mg, 50mg, 100mg	Tier 1 QL QL (60 tabs / 30 days)
olmesartan medoxomil TABS	5mg	Tier 1 QL QL (30 tabs / 30 days)
olmesartan medoxomil TABS	20mg, 40mg	Tier 1 QL QL (30 tabs / 30 days)
telmisartan TABS	20mg, 40mg	Tier 1 QL QL (30 tabs / 30 days)
valsartan TABS	40mg, 80mg	Tier 1 QL QL (60 tabs / 30 days)
valsartan TABS	320mg	Tier 1 QL QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN	Tier 2	50mg/ml, 900mg/18ml; TABS 100mg, 400mg
amiodarone hcl TABS	200mg	Tier 1 QL QL (30 caps / 30 days)
disopyramide phosphate CAPS	Tier 4	100mg, 150mg
dofetilide CAPS	125mcg, 250mcg	Tier 2 NM QL (30 tabs / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
flecainide acetate TABS	Tier 2	50mg, 100mg, 150mg
MULTAQ TABS	400mg	Tier 4
NORPACE CR CP12	Tier 4	100mg, 150mg
pacerone TABS	100mg, 400mg	Tier 2
pacerone TABS	200mg	Tier 1
propafenone hcl CP12	Tier 2	225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg
quinidine sulfate TABS	Tier 2	200mg, 300mg
sorine TABS	80mg, 120mg, 160mg, 240mg	Tier 1
sotalol hcl TABS	80mg, 120mg, 160mg	Tier 1
sotalol hcl (afib/afl) TABS	80mg, 120mg, 160mg	Tier 2
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR	Tier 2	45mg, 135mg
fenofibrate TABS	48mg, 54mg, 145mg, 160mg	Tier 2
fenofibrate micronized CAPS	67mg, 134mg, 200mg	Tier 2
gemfibrozil TABS	600mg	Tier 1
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24	20mg, 40mg, 60mg	Tier 5 NEDS QL NM ST QL (30 tabs / 30 days)
atorvastatin calcium TABS	10mg, 20mg, 40mg, 80mg	Tier 1 QL QL (30 tabs / 30 days)
EZALLOR SPRINKLE	CPSP 5mg, 10mg, 20mg, 40mg	Tier 4 QL ST QL (30 caps / 30 days)
fluvastatin sodium CAPS	20mg, 40mg	Tier 1 QL ST QL (60 caps / 30 days)
fluvastatin sodium TB24	80mg	Tier 1 QL ST QL (30 tabs / 30 days)

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Drug Name	Drug Requirements/ Tier	Limits
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	Tier 1	QL ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ZYPITAMAG</i> TABS 2mg, 4mg QL (30 tabs / 30 days)	Tier 4	QL ST
ANTILIPIDEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; Tier 2 POWD 4gm/dose		
<i>cholestyramine light</i> PACK Tier 2 4gm; POWD 4gm/dose		
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	Tier 2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	Tier 2	
<i>ezetimibe</i> TABS 10mg	Tier 2	
<i>ezetimibe-simvastatin tab</i> 10-10 mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-20 mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-40 mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-80 mg QL (30 tabs / 30 days)	Tier 1	QL
<i>NEXLETOL</i> TABS 180mg QL (30 tabs / 30 days)	Tier 3	QL
<i>NEXLIZET TAB</i> 180/10MG QL (30 tabs / 30 days)	Tier 3	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>omega-3-acid ethyl esters</i> cap 1 gm	Tier 2	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	Tier 2	
<i>REPATHA SOSY</i> 140mg/ml	Tier 3	NM PA
<i>REPATHA PUSHTRONEX</i> SYSTEM SOCT 420mg/3.5ml	Tier 3	NM PA
<i>REPATHA SURECLICK</i> SOAJ 140mg/ml	Tier 3	NM PA
<i>VASCEPA</i> CAPS .5gm, 1gm	Tier 3	
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 &</i> <i>hydrochlorothiazide tab</i> 2.5- 6.25 mg	Tier 1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> 5- 6.25 mg	Tier 1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> 10- 6.25 mg	Tier 1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 50- 25 mg	Tier 2	
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 100- 25 mg	Tier 2	
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 100- 50 mg	Tier 2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 2	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	Tier 2	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	Tier 2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>nadolol</i> TABS 20mg, 40mg, Tier 2 80mg		
<i>nebivolol hcl</i> TABS 2.5mg, Tier 2 5mg, 10mg QL (30 tabs / 30 days)	QL	
<i>nebivolol hcl</i> TABS 20mg Tier 2 QL (60 tabs / 30 days)	QL	
<i>pindolol</i> TABS 5mg, 10mg Tier 1		
<i>propranolol hcl</i> CP24 60mg, Tier 2 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 5mg, Tier 2 10mg, 20mg		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS Tier 1 2.5mg, 5mg, 10mg		
<i>cartia xt</i> CP24 120mg, Tier 2 180mg, 240mg, 300mg		
<i>dilt-xr</i> CP24 120mg, Tier 2 180mg, 240mg		
<i>diltiazem hcl</i> CP12 60mg, Tier 2 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg		
<i>diltiazem hcl</i> TABS 30mg, Tier 1 60mg, 90mg, 120mg		
<i>diltiazem hcl coated beads</i> Tier 2 CP24 120mg, 180mg, 240mg, 300mg, 360mg		
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg		
<i>felodipine</i> TB24 2.5mg, Tier 2 5mg, 10mg		
<i>isradipine</i> CAPS 2.5mg, Tier 2 5mg		

Drug Name	Drug Requirements/ Tier	Limits
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	Tier 2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 2	
<i>nimodipine</i> CAPS 30mg	Tier 2	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	Tier 2	
<i>NYMALIZE</i> SOLN 6mg/ml	Tier 5	NEDS NM
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
<i>verapamil hcl</i> CP24 100mg, Tier 2 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 2	
<i>amiloride &</i> <i>hydrochlorothiazide tab 5-50 mg</i>	Tier 1	
<i>amiloride hcl</i> TABS 5mg	Tier 1	
<i>bumetanide</i> SOLN .25mg/ml	Tier 2	HI
<i>bumetanide</i> TABS .5mg, 1mg, 2mg	Tier 2	
<i>chlorthalidone</i> TABS 25mg, Tier 2 50mg		
<i>furosemide</i> SOLN 10mg/ml, Tier 1 40mg/5ml; TABS 20mg, 40mg, 80mg		
<i>furosemide inj</i> SOLN 10mg/ml	Tier 2	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 2	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	Tier 2	<i>amlodipine besylate- atorvastatin calcium tab 10- 80 mg</i>	Tier 1
<i>spironolactone & hydrochlorothiazide tab 25- 25 mg</i>	Tier 2	<i>clonidine PTWK .1mg/24hr, Tier 2 .2mg/24hr, .3mg/24hr</i>	
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	Tier 1	<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	Tier 1
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	CORLANOR SOLN	Tier 4 QL
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1		5mg/5ml QL (450 mL / 30 days)
<i>triamterene & hydrochlorothiazide tab 75- 50 mg</i>	Tier 1	CORLANOR TABS 5mg,	Tier 4 QL
MISCELLANEOUS			7.5mg QL (60 tabs / 30 days)
<i>aliskiren fumarate TABS 150mg, 300mg</i>	Tier 1	<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	Tier 2
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 10 mg</i>	Tier 1	<i>digoxin TABS 125mcg, 250mcg</i>	Tier 2 QL
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 20 mg</i>	Tier 1		QL (30 tabs / 30 days)
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 40 mg</i>	Tier 1	<i>droxidopa CAPS 100mg QL (90 caps / 30 days)</i>	Tier 5 NEDS QL NM PA
<i>amlodipine besylate- atorvastatin calcium tab 5- 10 mg</i>	Tier 1	<i>droxidopa CAPS 200mg, 300mg</i>	Tier 5 NEDS QL NM PA
<i>amlodipine besylate- atorvastatin calcium tab 5- 20 mg</i>	Tier 1		QL (180 caps / 30 days)
<i>amlodipine besylate- atorvastatin calcium tab 5- 40 mg</i>	Tier 1	<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	Tier 2
<i>amlodipine besylate- atorvastatin calcium tab 5- 80 mg</i>	Tier 1	<i>guanfacine hcl TABS 1mg, 2mg</i>	Tier 3 PA
<i>amlodipine besylate- atorvastatin calcium tab 10- 10 mg</i>	Tier 1		PA if 70 years and older
<i>amlodipine besylate- atorvastatin calcium tab 10- 20 mg</i>	Tier 1	<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	Tier 2
<i>amlodipine besylate- atorvastatin calcium tab 10- 40 mg</i>	Tier 1	<i>ivabradine hcl TABS 5mg, 7.5mg</i>	Tier 2 QL
<i>amlodipine besylate- atorvastatin calcium tab 5- 80 mg</i>	Tier 1		QL (60 tabs / 30 days)
<i>amlodipine besylate- atorvastatin calcium tab 10- 10 mg</i>	Tier 1	<i>metyrosine CAPS 250mg</i>	Tier 5 NEDS NM PA
<i>amlodipine besylate- atorvastatin calcium tab 10- 20 mg</i>	Tier 1	<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	Tier 2
<i>amlodipine besylate- atorvastatin calcium tab 10- 40 mg</i>	Tier 1	<i>minoxidil TABS 2.5mg, 10mg</i>	Tier 1
<i>amlodipine besylate- atorvastatin calcium tab 10- 1000mg</i>	Tier 1	<i>ranolazine TB12 500mg, 1000mg</i>	Tier 2
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>		<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	Tier 3 QL
			QL (30 tabs / 30 days)
		NITRATES	
		<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	Tier 2

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Drug Name	Drug Requirements/ Tier Limits
<i>isosorbide mononitrate</i>	Tier 1
TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	
NITRO-BID OINT 2%	Tier 3
<i>nitroglycerin</i> PT24 .1mg/hr, Tier 2 .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	
PULMONARY ARTERIAL HYPERTENSION	
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
ambrisentan TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
bosentan TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (360 tabs / 30 days)	Tier 2 QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 5 NEDS NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Tier 5 NEDS NM LA PA
CENTRAL NERVOUS SYSTEM	
ANTIANXIETY	
alprazolam TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2 QL
buspirone hcl TABS 5mg, 10mg, 15mg	Tier 1
buspirone hcl TABS 7.5mg, Tier 2 30mg	
fluvoxamine maleate TABS Tier 2 25mg, 50mg, 100mg	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	Tier 2 QL
lorazepam SOLN 2mg/ml, 4mg/ml	Tier 2
lorazepam TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 2 QL

Drug Name	Drug Requirements/ Tier Limits
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2 QL
ANTIDEMENTIA	
<i>donepezil hydrochloride</i>	Tier 1 QL
TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	
<i>donepezil hydrochloride</i>	Tier 1
TABS 10mg; TBDP 10mg	
<i>galantamine hydrobromide</i>	Tier 2 QL
CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	
<i>galantamine hydrobromide</i>	Tier 2 QL
SOLN 4mg/ml QL (200 mL / 30 days)	
<i>galantamine hydrobromide</i>	Tier 2 QL
TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	Tier 2 PA
NAMZARIC CAP 7-10MG	Tier 4
NAMZARIC CAP 14-10MG	Tier 4
NAMZARIC CAP 21-10MG	Tier 4
NAMZARIC CAP 28-10MG	Tier 4
NAMZARIC CAP PACK	Tier 4
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 2 QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2 QL
ANTIDEPRESSANTS	
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 3
amoxapine TABS 25mg, 50mg, 100mg, 150mg	Tier 3
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 4 QL PA
bupropion hcl TABS 75mg, Tier 2 100mg	

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Drug Name	Drug Requirements/ Tier	Limits
bupropion hcl TB12 100mg, Tier 2 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)		QL
bupropion hcl TB24 300mg Tier 2 QL (30 tabs / 30 days)		QL
citalopram hydrobromide Tier 2 SOLN 10mg/5ml		
citalopram hydrobromide Tier 1 TABS 10mg, 20mg, 40mg		
clomipramine hcl CAPS Tier 4 PA 25mg, 50mg, 75mg		
desipramine hcl TABS Tier 4 10mg, 25mg, 50mg, 75mg, 100mg, 150mg		
desvenlafaxine succinate Tier 2 QL PA TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)		
doxepin hcl CAPS 10mg, Tier 3 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml		
DRIZALMA SPRINKLE Tier 4 QL PA CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)		
duloxetine hcl CPEP 20mg, Tier 2 QL 30mg, 40mg, 60mg QL (60 caps / 30 days)		
EMSAM PT24 6mg/24hr, Tier 5 NEDS QL NM 9mg/24hr, 12mg/24hr PA QL (30 patches / 30 days)		
escitalopram oxalate SOLN Tier 2 5mg/5ml		
escitalopram oxalate TABS Tier 1 5mg, 10mg, 20mg		
FETZIMA CP24 20mg, Tier 4 QL PA 40mg QL (60 caps / 30 days)		
FETZIMA CP24 80mg, Tier 4 QL PA 120mg QL (30 caps / 30 days)		
FETZIMA CAP TITRATIO Tier 4 QL PA QL (2 packs / year)		
fluoxetine hcl CAPS 10mg, Tier 1 20mg, 40mg		
fluoxetine hcl SOLN Tier 2 20mg/5ml		

Drug Name	Drug Requirements/ Tier	Limits
imipramine hcl TABS 10mg, Tier 2 25mg, 50mg		
MARPLAN TABS 10mg Tier 4 QL QL (180 tabs / 30 days)		
mirtazapine TABS 7.5mg; Tier 2 TBDP 15mg, 30mg, 45mg		
mirtazapine TABS 15mg, Tier 1 30mg, 45mg		
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg		
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg		
nortriptyline hcl SOLN 10mg/5ml Tier 4		
paroxetine hcl SUSP 10mg/5ml Tier 4 QL PA QL (900 mL / 30 days)		
paroxetine hcl TABS 10mg, Tier 1 20mg, 30mg, 40mg		
paroxetine hcl TB24 Tier 4 QL 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)		
phenelzine sulfate TABS 15mg Tier 2		
protriptyline hcl TABS 5mg, Tier 4 10mg		
sertraline hcl CONC 20mg/ml Tier 2		
sertraline hcl TABS 25mg, Tier 1 50mg, 100mg		
tranylcypromine sulfate TABS 10mg Tier 2		
trazodone hcl TABS 50mg, Tier 1 100mg, 150mg		
trimipramine maleate CAPS 25mg Tier 4 QL QL (120 caps / 30 days)		
trimipramine maleate CAPS 100mg Tier 4 QL QL (60 caps / 30 days)		
TRINTELLIX TABS 5mg, Tier 4 QL 10mg, 20mg QL (30 tabs / 30 days)		
venlafaxine hcl CP24 Tier 1 37.5mg, 75mg, 150mg		

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Drug Name	Drug Requirements/ Tier Limits
<i>venlafaxine hcl TABS</i>	Tier 2
25mg, 37.5mg, 50mg, 75mg, 100mg	
<i>vilazodone hcl TABS</i> 10mg, Tier 2	QL
20mg, 40mg QL (30 tabs / 30 days)	
ZURZUVAE CAPS 20mg, Tier 5 NEDS QL NM	
25mg LA PA QL (28 caps / 14 days)	
ZURZUVAE CAPS 30mg Tier 5 NEDS QL NM	
QL (14 caps / 14 days) LA PA	
ANTIPARKINSONIAN AGENTS	
<i>amantadine hcl CAPS</i>	Tier 2 QL
100mg QL (120 caps / 30 days)	
<i>amantadine hcl SOLN</i>	Tier 2
50mg/5ml; TABS 100mg	
<i>benztropine mesylate SOLN</i> 1mg/ml	Tier 2
<i>benztropine mesylate TABS</i> .5mg, 1mg, 2mg PA if 70 years and older	Tier 2 PA
<i>bromocriptine mesylate CAPS</i> 5mg; TABS 2.5mg	Tier 2
<i>carb/levo orally disintegrating tab</i> 10-100mg	Tier 2
<i>carb/levo orally disintegrating tab</i> 25-100mg	Tier 2
<i>carb/levo orally disintegrating tab</i> 25-250mg	Tier 2
<i>carbidopa TABS</i> 25mg	Tier 2
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 2
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 2
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 2
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 2
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 2
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 2
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 2

Drug Name	Drug Requirements/ Tier Limits
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 2
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 2
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 2
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 2
<i>entacapone TABS</i> 200mg	Tier 2
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 5 NEDS QL NM LA PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Tier 4
<i>pramipexole dihydrochloride TABS</i> .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1
<i>pramipexole dihydrochloride TB24</i> .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	Tier 2
<i>rasagiline mesylate TABS</i> .5mg, 1mg QL (30 tabs / 30 days)	Tier 2 QL
<i>ropinirole hydrochloride TABS</i> .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1
<i>ropinirole hydrochloride TB24</i> 2mg, 4mg, 6mg, 8mg, 12mg	Tier 2
<i>selegiline hcl CAPS</i> 5mg; TABS 5mg	Tier 2
<i>trihexyphenidyl hcl SOLN</i> .4mg/ml PA if 70 years and older	Tier 3 PA
<i>trihexyphenidyl hcl TABS</i> 2mg, 5mg PA if 70 years and older	Tier 1 PA
ANTIPSYCHOTICS	
ABILITY MAINTENA PRSY	Tier 5 NEDS QL NM
300mg, 400mg QL (1 syringe / 28 days)	

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	Tier 5 NEDS	QL NM	<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 2	QL PA
<i>ariPIPRAZOLE</i> SOLN 1mg/ml QL (900 mL / 30 days)	Tier 2	QL	<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 5 NEDS	QL NM PA
<i>ariPIPRAZOLE</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 5 NEDS	QL NM PA
<i>ariPIPRAZOLE</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 2	QL	FANAPT PAK QL (2 packs / year)	Tier 4	QL PA
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 5 NEDS	QL NM	<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 2	
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 5 NEDS	QL NM	<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 2	
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 5	NEDS NM	<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL	<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	Tier 2	
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 5 NEDS	QL NM	<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 2	
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 2		INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 5 NEDS	QL NM
<i>clozapine</i> TABS 25mg, 50mg	Tier 2		INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 4	QL
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	Tier 2	QL	INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 5 NEDS	QL NM
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL	INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 5 NEDS	QL NM
<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 2	PA	<i>loxpipamine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 2	
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 2	QL PA			

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Drug Name	Drug Requirements/ Tier	Limits
<i>lurasidone hcl</i> TABS 20mg, Tier 2 40mg, 60mg, 120mg QL (30 tabs / 30 days)		QL
<i>lurasidone hcl</i> TABS 80mg Tier 2 QL (60 tabs / 30 days)		QL
<i>molindone hcl</i> TABS 5mg, Tier 2 10mg, 25mg		
<i>NUPLAZID</i> CAPS 34mg Tier 5 NEDS QL NM QL (30 caps / 30 days)		LA PA
<i>NUPLAZID</i> TABS 10mg Tier 5 NEDS QL NM QL (30 tabs / 30 days)		LA PA
<i>olanzapine</i> SOLR 10mg Tier 2 QL (3 vials / 1 day)		QL
<i>olanzapine</i> TABS 2.5mg, Tier 2 5mg, 10mg; TBDP 10mg QL (60 tabs / 30 days)		QL
<i>olanzapine</i> TABS 7.5mg, Tier 2 15mg, 20mg; TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)		QL
<i>paliperidone</i> TB24 1.5mg, Tier 2 3mg, 9mg QL (30 tabs / 30 days)		QL
<i>paliperidone</i> TB24 6mg Tier 2 QL (60 tabs / 30 days)		QL
<i>perphenazine</i> TABS 2mg, Tier 2 4mg, 8mg, 16mg		
<i>PERSERIS</i> PRSY 90mg, Tier 5 NEDS QL NM 120mg QL (1 syringe / 30 days)		
<i>pimozide</i> TABS 1mg, 2mg Tier 2		
<i>quetiapine fumarate</i> TABS Tier 2 25mg QL (180 tabs / 30 days)		QL
<i>quetiapine fumarate</i> TABS Tier 2 50mg, 100mg, 150mg, 200mg QL (90 tabs / 30 days)		QL
<i>quetiapine fumarate</i> TABS Tier 2 300mg, 400mg QL (60 tabs / 30 days)		QL
<i>quetiapine fumarate</i> TB24 Tier 2 50mg, 300mg, 400mg QL (60 tabs / 30 days)		QL PA
<i>quetiapine fumarate</i> TB24 Tier 2 150mg, 200mg QL (30 tabs / 30 days)		QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>REXULTI</i> TABS 3mg, 4mg Tier 5 NEDS QL NM QL (30 tabs / 30 days)		
<i>REXULTI</i> TABS .25mg, .5mg, 1mg, 2mg Tier 5 NEDS QL NM QL (60 tabs / 30 days)		
<i>risperidone</i> SOLN 1mg/ml Tier 2 QL (240 mL / 30 days)		QL
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg Tier 1		
<i>risperidone</i> TBDP 1mg, 2mg, 3mg Tier 2 QL (60 tabs / 30 days)		QL
<i>risperidone</i> TBDP 4mg Tier 2 QL (120 tabs / 30 days)		QL
<i>risperidone</i> TBDP .25mg, .5mg Tier 2 QL (90 tabs / 30 days)		QL
<i>risperidone microspheres</i> SRER 12.5mg, 25mg Tier 2 QL (2 injections / 28 days)		QL
<i>risperidone microspheres</i> SRER 37.5mg, 50mg Tier 5 NEDS QL NM QL (2 injections / 28 days)		
<i>SECUADO</i> PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)		Tier 5 NEDS QL NM
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg Tier 2		
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg Tier 2		
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg Tier 2		
<i>VERSACLOZ</i> SUSP 50mg/ml Tier 5 NEDS QL NM PA QL (600 mL / 30 days)		
<i>VRAYLAR</i> CAPS 1.5mg Tier 5 NEDS QL NM QL (60 caps / 30 days)		
<i>VRAYLAR</i> CAPS 3mg, 4.5mg, 6mg Tier 5 NEDS QL NM QL (30 caps / 30 days)		
<i>VRAYLAR</i> CAP 1.5-3MG Tier 4 QL (2 packs / year)		QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 2	QL	<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 2	QL PA
<i>ziprasidone mesylate</i> SOLR 20mg QL (6 injections / 3 days)	Tier 2	QL	<i>DIACOMIT</i> CAPS 250mg QL (360 caps / 30 days)	Tier 5 NEDS	QL NM LA PA
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 5 NEDS	QL NM PA	<i>DIACOMIT</i> CAPS 500mg QL (180 caps / 30 days)	Tier 5 NEDS	QL NM LA PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 5 NEDS	QL NM PA	<i>DIACOMIT</i> PACK 250mg QL (360 packets / 30 days)	Tier 5 NEDS	QL NM LA PA
ANTISEIZURE AGENTS			<i>DIACOMIT</i> PACK 500mg QL (180 packets / 30 days)	Tier 5 NEDS	QL NM LA PA
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 5 NEDS	QL NM 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 2	QL PA
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 5 NEDS	QL NM PA	<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	Tier 2	QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 5 NEDS	QL NM PA	<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 2	
BRIVIACT SOLN 50mg/5ml	Tier 4	PA	<i>diazepam inj</i> SOLN 5mg/ml	Tier 2	
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 5 NEDS	QL NM PA	<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	Tier 2	QL PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 2		DILANTIN CAPS 30mg, 100mg DILANTIN INFATABS CHEW 50mg	Tier 4	
<i>clobazam</i> SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 2	QL PA	DILANTIN-125 SUSP 125mg/5ml <i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 4	
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 2	QL PA	125mg/5ml <i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 2	
<i>clonazepam</i> TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL	<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 2	
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL	<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 2	

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 5	NEDS QL NM LA PA	<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	Tier 2	
<i>epitol</i> TABS 200mg	Tier 2		<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
EPRONTIA SOLN 25mg/ml Tier 4 QL (480 mL / 30 days)		QL PA	<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 2	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	Tier 2		<i>levetiracetam</i> in sodium chloride iv soln 500 mg/100ml	Tier 2	
<i>felbamate</i> SUSP 600mg/5ml	Tier 5	NEDS NM	<i>levetiracetam</i> in sodium chloride iv soln 1000 mg/100ml	Tier 2	
<i>felbamate</i> TABS 400mg, 600mg	Tier 2		<i>levetiracetam</i> in sodium chloride iv soln 1500 mg/100ml	Tier 2	
FINTEPLA SOLN 2.2mg/ml Tier 5 NEDS QL NM QL (360 mL / 30 days)		LA PA	<i>LIBERVANT</i> FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	Tier 4	
FYCOMPA SUSP .5mg/ml Tier 5 NEDS QL NM QL (720 mL / 30 days)		PA	<i>methsuximide</i> CAPS 300mg	Tier 2	
FYCOMPA TABS 2mg Tier 4 QL PA QL (60 tabs / 30 days)			<i>NAYZILAM</i> SOLN 5mg/0.1ml	Tier 4	
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 5	NEDS QL NM PA	<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 2	
<i>gabapentin</i> CAPS 100mg, Tier 2 QL 300mg, 400mg QL (180 caps / 30 days)			<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days)	Tier 4	QL PA
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 2	QL	PA if 70 years and older		
<i>gabapentin</i> TABS 600mg Tier 2 QL QL (180 tabs / 30 days)			<i>phenobarbital</i> TABS 15mg, Tier 3 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days)	QL PA	
<i>gabapentin</i> TABS 800mg Tier 2 QL QL (120 tabs / 30 days)			PA if 70 years and older		
<i>lacosamide</i> SOLN 200mg/20ml	Tier 2		<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	Tier 4	PA
<i>lacosamide</i> TABS 50mg Tier 2 QL QL (120 tabs / 30 days)			<i>phenytek</i> CAPS 200mg, 300mg	Tier 2	
<i>lacosamide</i> TABS 100mg, Tier 2 QL 150mg, 200mg QL (60 tabs / 30 days)					
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 2	QL			

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<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	Tier 2	
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	Tier 2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL PA
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	Tier 2	QL PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	Tier 1	
<i>roweepra</i> TABS 500mg	Tier 2	
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 5 NEDS QL NM	PA
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	Tier 2	QL PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	Tier 5 NEDS QL NM	PA
<i>SPRITAM</i> TB3D 250mg QL (360 tabs / 30 days)	Tier 4	QL
<i>SPRITAM</i> TB3D 500mg QL (180 tabs / 30 days)	Tier 4	QL
<i>SPRITAM</i> TB3D 750mg QL (120 tabs / 30 days)	Tier 4	QL
<i>SPRITAM</i> TB3D 1000mg QL (90 tabs / 30 days)	Tier 4	QL
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>SYMPAZAN</i> FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 5 NEDS QL NM	PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 2	

Drug Name	Drug Requirements/ Tier	Limits
<i>topiramate</i> CPSP 15mg, 25mg	Tier 2	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	Tier 2	
<i>valproic acid</i> CAPS 250mg	Tier 2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 4	
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	Tier 5 NEDS QL NM	LA PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	Tier 5 NEDS QL NM	LA PA
<i>vigadron</i> PACK 500mg QL (180 packets / 30 days)	Tier 5 NEDS QL NM	LA PA
<i>vigadron</i> TABS 500mg QL (180 tabs / 30 days)	Tier 5 NEDS QL NM	LA PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 5 NEDS QL NM	LA PA
<i>vigpoder</i> PACK 500mg QL (180 packets / 30 days)	Tier 5 NEDS QL NM	LA PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM	
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM	
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 5 NEDS QL NM	
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 5 NEDS QL NM	
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 5 NEDS QL NM	

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XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 5	NEDS QL NM
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 5	NEDS QL NM PA
zonisamide CAPS 25mg, 50mg, 100mg	Tier 2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 5	NEDS QL NM LA PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine- dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	Tier 2	QL PA
amphetamine- dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	Tier 2	QL PA
amphetamine- dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	Tier 2	QL PA
amphetamine- dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	Tier 2	QL PA
amphetamine- dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	Tier 2	QL PA
amphetamine- dextroamphetamine cap er 24hr 30 mg QL (30 caps / 30 days)	Tier 2	QL PA
amphetamine- dextroamphetamine tab 5 mg QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine- dextroamphetamine tab 7.5 mg QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine- dextroamphetamine tab 10 mg QL (60 tabs / 30 days)	Tier 2	QL PA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
amphetamine- dextroamphetamine tab 12.5 mg QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine- dextroamphetamine tab 15 mg QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine- dextroamphetamine tab 20 mg QL (90 tabs / 30 days)	Tier 2	QL PA
amphetamine- dextroamphetamine tab 30 mg QL (60 tabs / 30 days)	Tier 2	QL PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 2	QL
atomoxetine hcl CAPS 40mg QL (60 caps / 30 days)	Tier 2	QL
atomoxetine hcl CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 2	QL
dexmethylphenidate hcl TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL PA
dexmethylphenidate hcl TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL PA
guanfacine hcl (adhd) TB24 Tier 3 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	Tier 3	QL PA
guanfacine hcl (adhd) TB24 Tier 3 3mg QL (60 tabs / 30 days) PA if 70 years and older	Tier 3	QL PA
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	Tier 2	QL PA
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	Tier 2	QL PA

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<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	Tier 2	QL PA	<i>temazepam</i> CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	Tier 2	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL PA	<i>zolpidem tartrate</i> TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 2	QL PA
<i>methylphenidate hcl</i> CHEW Tier 2 2.5mg, 5mg, 10mg; TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA	MIGRAINE		
<i>methylphenidate hcl</i> SOLN Tier 2 5mg/5ml QL (1800 mL / 30 days)	Tier 2	QL PA	AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 3	QL NM PA
<i>methylphenidate hcl</i> SOLN Tier 2 10mg/5ml QL (900 mL / 30 days)	Tier 2	QL PA	<i>dihydroergotamine mesylate</i> Tier 5 SOLN 1mg/ml QL (8 mL / 30 days)	NEDS	NM PA
<i>methylphenidate hcl</i> TABS Tier 2 20mg; TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 2	QL PA	<i>dihydroergotamine mesylate</i> Tier 5 SOLN 4mg/ml QL (40 tabs / 28 days)	NEDS	QL NM PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	Tier 4	QL PA	<i>ergotamine w/ caffeine tab</i> Tier 2 1-100 mg QL (12 tabs / 30 days)	Tier 2	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	Tier 4	QL PA	<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (16 tabs / 30 days)	Tier 2	QL
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	Tier 4	QL PA	<i>NURTEC</i> TBDP 75mg QL (30 tabs / 30 days)	Tier 3	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	Tier 4	QL PA	<i>QULIPTA</i> TABS 10mg, 30mg, 60mg QL (18 tabs / 30 days)	Tier 3	QL PA
HYPNOTICS			<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (24 units / 30 days)	Tier 2	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL	<i>sumatriptan</i> SOLN 5mg/act QL (12 units / 30 days)	Tier 2	QL
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL	<i>sumatriptan</i> SOLN 20mg/act QL (18 injections / 30 days)	Tier 2	QL
<i>tasimelteon</i> CAPS 20mg QL (30 caps / 30 days)	Tier 5	NEDS PA	<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (12 injections / 30 days)	Tier 2	QL
<i>temazepam</i> CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	Tier 2	QL PA	<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 2	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate</i>	Tier 2	QL
TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)		
MISCELLANEOUS		
AUSTEDO TABS 6mg	Tier 5 NEDS	QL NM LA PA
QL (60 tabs / 30 days)		
AUSTEDO TABS 9mg, 12mg	Tier 5 NEDS	QL NM LA PA
QL (120 tabs / 30 days)		
AUSTEDO XR TB24 6mg	Tier 5 NEDS	QL NM PA
QL (90 tabs / 30 days)		
AUSTEDO XR TB24 12mg	Tier 5 NEDS	QL NM PA
QL (120 tabs / 30 days)		
AUSTEDO XR TB24 18mg, 24mg	Tier 5 NEDS	QL NM PA
QL (60 tabs / 30 days)		
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	Tier 5 NEDS	QL NM PA
QL (30 tabs / 30 days)		
AUSTEDO XR TAB TITR KIT	Tier 5 NEDS	QL NM PA
QL (2 packs / year)		
<i>gabapentin (once-daily)</i>	Tier 2	QL PA
TABS 300mg QL (180 tabs / 30 days)		
<i>gabapentin (once-daily)</i>	Tier 2	QL PA
TABS 600mg QL (90 tabs / 30 days)		
GRALISE TABS 300mg QL (180 tabs / 30 days)	Tier 4	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	Tier 4	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>lithium</i> SOLN 8meq/5ml	Tier 2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	Tier 1	

Drug Name	Drug Requirements/ Tier	Limits
NUEDEXTA CAP 20-10MG	Tier 4	QL PA QL (60 caps / 30 days)
<i>pyridostigmine bromide</i>	Tier 2	
TABS 60mg		
<i>riluzole</i> TABS 50mg	Tier 2	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	Tier 4	QL PA
SAVELLA MIS TITR PAK QL (2 packs / year)	Tier 4	QL PA
<i>tetabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	Tier 5 NEDS	QL NM PA
<i>tetabenazine</i> TABS 25mg QL (120 tabs / 30 days)	Tier 5 NEDS	QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	Tier 5 NEDS	QL NM LA PA
QL (120 caps / 30 days)		
BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 5 NEDS	QL NM PA
<i>dalfampridine</i> TB12 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>fingolimod hcl</i> CAPS .5mg QL (30 caps / 30 days)	Tier 5 NEDS	QL NM PA
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5 NEDS	QL NM PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5 NEDS	QL NM PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5 NEDS	QL NM PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5 NEDS	QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	Tier 5 NEDS	QL NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 2	QL

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baclofen TABS 10mg, 20mg	Tier 2	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 2 QL QL (90 tabs / 30 days)
cyclobenzaprine hcl TABS 5mg, 10mg	Tier 3 QL PA PA applies if 70 years and older after a 30 day supply in a calendar year	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 2 QL QL (90 tabs / 30 days)
dantrolene sodium CAPS 25mg, 50mg, 100mg	Tier 2	bupropion hcl (smoking deterrent) TB12 150mg	Tier 2 QL QL (60 tabs / 30 days)
tizanidine hcl TABS 2mg, 4mg	Tier 2	disulfiram TABS 250mg, 500mg	Tier 2
NARCOLEPSY/CATAPLEXY			
armodafinil TABS 50mg	Tier 2 QL PA QL (60 tabs / 30 days)	naloxone hcl LIQD 4mg/0.1ml	Tier 1
armodafinil TABS 150mg, 200mg, 250mg	Tier 2 QL PA QL (30 tabs / 30 days)	naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 2
modafinil TABS 100mg	Tier 2 QL PA QL (30 tabs / 30 days)	naltrexone hcl TABS 50mg	Tier 2
modafinil TABS 200mg	Tier 2 QL PA QL (60 tabs / 30 days)	NICOTROL INHALER INHA 10mg	Tier 4
SODIUM OXYBATE SOLN 500mg/ml	Tier 5 NEDS QL NM LA PA QL (540 mL / 30 days)	NICOTROL NS SOLN 10mg/ml	Tier 4
PSYCHOTHERAPEUTIC-MISC			
acamprosate calcium TBEC	Tier 2 333mg	varenicline tartrate TABS .5mg, 1mg	Tier 2 QL PA QL (56 tabs / 28 days)
buprenorphine hcl SUBL 2mg, 8mg	Tier 2 QL PA QL (90 tabs / 30 days)	varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	Tier 2 QL PA QL (2 packs / year)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 2 QL QL (90 films / 30 days)	VIVITROL SUSR 380mg	Tier 5 NEDS NM
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	Tier 2 QL QL (90 films / 30 days)	ENDOCRINE AND METABOLIC ANDROGENS	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	Tier 2 QL QL (90 films / 30 days)	depo-testosterone SOLN 100mg/ml, 200mg/ml	Tier 2 PA
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 2 QL QL (60 films / 30 days)	methyltestosterone CAPS 10mg	Tier 5 NEDS QL NM PA QL (600 caps / 30 days)
		testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	Tier 2 QL PA QL (300 gm / 30 days)
		testosterone GEL 1.62%	Tier 2 QL PA QL (150 gm / 30 days)
		testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 2 PA

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testosterone enanthate SOLN 200mg/ml	Tier 2	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	Tier 1	
BYDUREON BCISE AUIJ 2mg/0.85ml	Tier 3	QL PA QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	Tier 4	QL PA QL (1 pen / 30 days)
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 3	QL
FREESTY LIBR KIT 2 SENSOR	MB	
FREESTY LIBR KIT 3 SENSOR	MB	
FREESTY LIBR KIT SENSOR	MB	
FREESTY LIBR MIS 2 READER QL (1 each / year)	MB	QL
FREESTY LIBR MIS 3 READER QL (1 each / year)	MB	QL
FREESTY LIBR MIS 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	MB	

Drug Name	Drug Requirements/ Tier	Limits
FREESTYLE MIS READER	MB	QL QL (1 each / year)
FREESTYLE TES	MB	QL of 100/90 days for non-insulin users and 400/90 days for insulin users
FREESTYLE TES INSULINX	MB	QL of 100/90 days for non-insulin users and 400/90 days for insulin users
FREESTYLE TES LITE	MB	QL of 100/90 days for non-insulin users and 400/90 days for insulin users
FREESTYLE TES PREC NEO	MB	QL of 100/90 days for non-insulin users and 400/90 days for insulin users
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
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

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glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 1	QL	metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 1	QL	metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 3	QL	metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 3	QL	MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 3	QL NM PA
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL	nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL	ONETOUCH KIT ULT MINI QL (1 box / year)	MB	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 3	QL	ONETOUCH KIT ULTRA 2 QL (1 box / year)	MB	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL	ONETOUCH KIT VERIO QL (1 box / year)	MB	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL	ONETOUCH KIT VERIO FL QL (1 box / year)	MB	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL	ONETOUCH KIT VERIO IQ QL (1 box / year)	MB	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 3	QL	ONETOUCH KIT VERIO RE QL (1 box / year)	MB	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 3	QL	ONETOUCH TES ULT BLUE QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 3	QL	ONETOUCH TES ULTRA QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL	ONETOUCH TES VERIO QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 3	QL			
metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL			
metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL			

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Drug Name	Drug Requirements/ Tier	Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	Tier 3	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 3	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 3	QL PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL

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

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
ANTIDIABETICS, INSULINS			
ADMELOG SOLN 100unit/ml	Tier 3	NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 3
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 3	NOVOLOG SOLN 100unit/ml (brand RELION not covered)	Tier 3
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 3	NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 3
BD ALCOHOL SWABS	Tier 3	NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 3
FIASP SOLN 100unit/ml	Tier 3	NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 3
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 3	NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	Tier 3
FIASP PENFILL SOCT 100unit/ml	Tier 3	OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 4 QL PA
FIASP PUMPCART SOCT 100unit/ml	Tier 3 B/D	OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 4 QL PA
GAUZE PADS 2" X 2"	Tier 3	OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	Tier 4 QL PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 5 NEDS B/D NM	OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	Tier 4 QL PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 5 NEDS NM	OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 4 QL PA
INSULIN PEN NEEDLES: BD/NOVO	Tier 3	OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 4 QL PA
INSULIN SAFETY NEEDLES	Tier 3	OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 4 QL PA
INSULIN SYRINGES: BD	Tier 3	OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 4 QL PA
LANTUS SOLN 100unit/ml	Tier 3	OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 4 QL PA
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 3		
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 3		
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 3		
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 3		
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 3		
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 3		

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Drug Name	Drug Requirements/ Tier	Limits
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 4	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 3	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 3	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 3	
TRESIBA SOLN 100unit/ml	Tier 3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 3	
V-GO 20 KIT QL (30 devices / 30 days)	Tier 4	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	Tier 4	QL PA
V-GO 40 KIT QL (30 devices / 30 days)	Tier 4	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 3	QL
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	Tier 2	
alendronate sodium TABS 10mg, 35mg, 70mg	Tier 1	
calcitonin (salmon) spray SOLN 200unit/act	Tier 2	B/D
FOSAMAX + D TAB 70- 2800	Tier 4	ST
FOSAMAX + D TAB 70- 5600	Tier 4	ST

Drug Name	Drug Requirements/ Tier	Limits
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	Tier 2	B/D QL
<i>ibandronate sodium</i> TABS 150mg	Tier 2	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 5 NEDS NM LA PA	
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 3	B/D NM
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 2	B/D NM
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 4	QL NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	Tier 2	
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 5 NEDS NM PA	
XGEVA SOLN 120mg/1.7ml	Tier 5 NEDS NM PA	
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	Tier 2	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 5	NEDS NM
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg	Tier 5 NEDS NM PA	
<i>deferasirox</i> TABS 90mg; TBSO 125mg	Tier 2	NM PA
kionex SUSP 15gm/60ml	Tier 2	
LOKELMA PACK 5gm, 10gm	Tier 3	
<i>penicillamine</i> TABS 250mg	Tier 5	NEDS NM
sodium polystyrene sulfonate powder	Tier 2	
sps SUSP 15gm/60ml	Tier 2	
<i>trientine hcl</i> CAPS 250mg	Tier 5 NEDS NM PA	
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 3	
CONTRACEPTIVES		
afirmelle	Tier 2	
altavera	Tier 2	
alyacen 1/35	Tier 2	
alyacen 7/7/7	Tier 2	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
apri	Tier 2	etongestrel-ethinyl	Tier 2
aranelle	Tier 2	estradiol va ring 0.12-0.015	
aubra eq	Tier 2	mg/24hr	
aurovela 1/20	Tier 2	falmina	Tier 2
aurovela fe 1.5/30	Tier 2	hailey 1.5/30	Tier 2
aurovela fe 1/20	Tier 2	haloette	Tier 2
aviane	Tier 2	heather TABS .35mg	Tier 2
ayuna	Tier 2	iclevia	Tier 2
azurette	Tier 2	incassia TABS .35mg	Tier 2
balziva	Tier 2	introvale	Tier 2
blisovi fe 1.5/30	Tier 2	isibloom	Tier 2
briellyn	Tier 2	jasmiel	Tier 2
camila TABS .35mg	Tier 2	jolessa	Tier 2
chateal eq	Tier 2	juleber	Tier 2
cryselle-28	Tier 2	junel 1.5/30	Tier 2
cyred eq	Tier 2	junel 1/20	Tier 2
dasetta 1/35	Tier 2	junel fe 1.5/30	Tier 2
dasetta 7/7/7	Tier 2	junel fe 1/20	Tier 2
deblitane TABS .35mg	Tier 2	kariva	Tier 2
DEPO-SUBQ PROVERA	Tier 4	kelnor 1/35	Tier 2
104 SUSY 104mg/0.65ml		kelnor 1/50	Tier 2
desogest-eth estrad & eth	Tier 2	kurvelo	Tier 2
estradi tab 0.15-0.02/0.01		larin 1.5/30	Tier 2
mg(21/5)		larin 1/20	Tier 2
desogestrel & ethinyl	Tier 2	larin fe 1.5/30	Tier 2
estradiol tab 0.15 mg-30		larin fe 1/20	Tier 2
mcg		leena	Tier 2
drospirenone-ethinyl	Tier 2	lessina	Tier 2
estradiol tab 3-0.02 mg		levonest	Tier 2
drospirenone-ethinyl	Tier 2	levonorgestrel & ethinyl	Tier 2
estradiol tab 3-0.03 mg		estradiol (91-day) tab 0.15-	
elinest	Tier 2	0.03 mg	
eluryng	Tier 2	levonorgestrel & ethinyl	Tier 2
emzahh TABS .35mg	Tier 2	estradiol tab 0.1 mg-20 mcg	
enilloring	Tier 2	levonorgestrel & ethinyl	Tier 2
enpresse-28	Tier 2	estradiol tab 0.15 mg-30	
enskyce	Tier 2	mcg	
errin TABS .35mg	Tier 2	levonorgestrel-eth estra tab	Tier 2
estarrylla	Tier 2	0.05-30/0.075-40/0.125-	
ethynodiol diacetate &	Tier 2	30mg-mcg	
ethynodiol estradiol tab 1 mg-35		levora 0.15/30-28	Tier 2
mcg		loestrin 1.5/30-21	Tier 2
ethynodiol diacetate &	Tier 2	loestrin 1/20-21	Tier 2
ethynodiol estradiol tab 1 mg-50		loestrin fe 1.5/30	Tier 2
mcg		loestrin fe 1/20	Tier 2

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Drug Name	Drug Requirements/ Tier Limits
loryna	Tier 2
low-ogestrel	Tier 2
lутера	Tier 2
lyeq TABS .35mg	Tier 2
lyza TABS .35mg	Tier 2
marlissa	Tier 2
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	Tier 2
microgestin 1.5/30	Tier 2
microgestin 1/20	Tier 2
microgestin fe 1.5/30	Tier 2
microgestin fe 1/20	Tier 2
mil	Tier 2
mono-linyah	Tier 2
necon 0.5/35-28	Tier 2
nikki	Tier 2
nora-be TABS .35mg	Tier 2
norelgestromin-ethynodiol estradiol td ptwk 150-35 mcg/24hr	Tier 2
norethindrone (contraceptive) TABS .35mg	Tier 2
norethindrone ac-ethynodiol estradiol fe tab 1-20/1-30/1-35 mg-mcg	Tier 2
norethindrone ace & ethynodiol estradiol tab 1 mg-20 mcg	Tier 2
norethindrone ace & ethynodiol estradiol tab 1.5 mg-30 mcg	Tier 2
norethindrone ace & ethynodiol estradiol-fe tab 1 mg-20 mcg	Tier 2
norgestimate & ethynodiol estradiol tab 0.25 mg-35 mcg	Tier 2
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 2
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 2
norlyroc TABS .35mg	Tier 2
nortrel 0.5/35 (28)	Tier 2
nortrel 1/35 (21)	Tier 2

Drug Name	Drug Requirements/ Tier Limits
nortrel 1/35 (28)	Tier 2
nortrel 7/7/7	Tier 2
nylia 1/35	Tier 2
nylia 7/7/7	Tier 2
nymyo	Tier 2
ocella	Tier 2
philith	Tier 2
pimtrea	Tier 2
portia-28	Tier 2
reclipsen	Tier 2
setlakin	Tier 2
sharobel TABS .35mg	Tier 2
simliya	Tier 2
sprintec 28	Tier 2
sronyx	Tier 2
syeda	Tier 2
tarina fe 1/20 eq	Tier 2
tilia fe	Tier 2
tri-estarrylla	Tier 2
tri-legest fe	Tier 2
tri-linyah	Tier 2
tri-lo-estarrylla	Tier 2
tri-lo-marzia	Tier 2
tri-lo-mili	Tier 2
tri-lo-sprintec	Tier 2
tri-mili	Tier 2
tri-nymyo	Tier 2
tri-sprintec	Tier 2
tri-vylibra	Tier 2
tri-vylibra lo	Tier 2
trivora-28	Tier 2
turqoz	Tier 2
velivet	Tier 2
vestura	Tier 2
vienna	Tier 2
viorele	Tier 2
vyfemla	Tier 2
vylibra	Tier 2
wera	Tier 2
xulane	Tier 2
zafemy	Tier 2
zovia 1/35	Tier 2
zumandimine	Tier 2

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
ENDOMETRIOSIS					
<i>danazol</i> CAPS 50mg, 100mg, 200mg		Tier 2	<i>dexamethasone sodium</i> <i>phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml		Tier 2
SYNAREL SOLN 2mg/ml		Tier 5 NEDS NM PA	<i>fludrocortisone acetate</i> TABS .1mg		Tier 2
ESTROGENS					
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr		Tier 3	<i>hydrocortisone</i> TABS 5mg, Tier 2 10mg, 20mg		
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr		Tier 3	<i>hydrocortisone sod</i> <i>succinate</i> SOLR 100mg		Tier 2
<i>estradiol</i> TABS .5mg, 1mg, 2mg		Tier 2	<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg		B/D
<i>estradiol & norethindrone</i> <i>acetate</i> tab 0.5-0.1 mg		Tier 3	<i>methylprednisolone</i> TBPK 4mg		Tier 2
<i>estradiol & norethindrone</i> <i>acetate</i> tab 1-0.5 mg		Tier 3	<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml		B/D
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg		Tier 2	<i>methylprednisolone sod</i> <i>succ</i> SOLR 40mg, 125mg, 1000mg		B/D
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml		Tier 2	<i>prednisolone</i> SOLN 15mg/5ml		B/D
<i>fyavolv</i> tab 0.5mg-2.5mcg		Tier 3	<i>prednisolone sodium</i> <i>phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml		B/D
<i>fyavolv</i> tab 1mg-5mcg		Tier 3	<i>prednisone</i> SOLN 5mg/5ml		Tier 2 B/D
<i>jinteli</i>		Tier 3	<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg		Tier 1 B/D
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr		Tier 3	<i>prednisone</i> TBPK 5mg, 10mg		Tier 2
<i>mimvey</i>		Tier 3	<i>PREDNISONE INTENSOL</i> CONC 5mg/ml		B/D
<i>norethindrone acetate-</i> <i>ethynodiol dihydrogesterone</i> tab 0.5 mg- 2.5 mcg		Tier 3	<i>SOLU-CORTEF</i> SOLR 100mg, 250mg, 500mg, 1000mg		Tier 4
<i>norethindrone acetate-</i> <i>ethynodiol dihydrogesterone</i> tab 1 mg-5 mcg		Tier 3	GLUCOSE ELEVATING AGENTS		
<i>yuvafem</i> TABS 10mcg		Tier 2	<i>diazoxide</i> SUSP 50mg/ml		Tier 5 NEDS NM
GLUCOCORTICOIDS			<i>GVOKE HYPOPEN</i> 2-PACK		Tier 3
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 2	B/D	<i>SOAJ</i> .5mg/0.1ml, 1mg/0.2ml		
<i>DEXAMETHASONE</i>	Tier 4	B/D	<i>GVOKE KIT</i> SOLN 1mg/0.2ml		Tier 3
INTENSOL CONC 1mg/ml			<i>GVOKE PFS</i> SOSY 1mg/0.2ml		Tier 3
MISCELLANEOUS					
<i>ALDURAZYME</i> SOLN 2.9mg/5ml			<i>ALDURAZYME</i> SOLN 2.9mg/5ml		Tier 5 NEDS NM LA PA

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<i>betaine powder for oral solution</i>	Tier 5 NEDS NM LA	LUPRON DEPOT-PED (3-MONTH KIT	11.25mg, Tier 5 NEDS NM PA
<i>cabergoline TABS .5mg</i>	Tier 2	30mg	
<i>carglumic acid TBSO 200mg</i>	Tier 5 NEDS NM PA	LUPRON DEPOT-PED (6-MONTH KIT	45mg Tier 5 NEDS NM PA
<i>CERDELGA CAPS 84mg</i>	Tier 5 NEDS NM LA PA	<i>mifepristone (hyperglycemia) TABS 300mg</i>	Tier 5 NEDS NM PA
<i>CEREZYME SOLR 400unit</i>	Tier 5 NEDS NM LA PA	<i>miglustat CAPS 100mg QL (90 caps / 30 days)</i>	Tier 5 NEDS QL NM PA
<i>cinacalcet hcl TABS 30mg, 60mg</i>	Tier 2 B/D QL NM QL (60 tabs / 30 days)	<i>NAGLAZYME SOLN 1mg/ml</i>	Tier 5 NEDS NM LA PA
<i>cinacalcet hcl TABS 90mg</i>	Tier 5 NEDS B/D QL QL (120 tabs / 30 days)	<i>nitisinone CAPS 2mg, 5mg, 10mg, 20mg</i>	Tier 5 NEDS NM PA
<i>CYSTAGON CAPS 50mg, 150mg</i>	Tier 4 NM LA PA	<i>octreotide acetate SOLN 50mcg/ml, 200mcg/ml; SOSY 50mcg/ml</i>	Tier 2 NM PA
<i>desmopressin acetate SOLN 4mcg/ml</i>	Tier 5 NEDS NM	<i>octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml</i>	Tier 5 NEDS NM PA
<i>desmopressin acetate TABS .1mg, .2mg</i>	Tier 2	<i>raloxifene hcl TABS 60mg</i>	Tier 2
<i>desmopressin acetate spray SOLN .01%</i>	Tier 2	<i>sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg</i>	Tier 5 NEDS NM PA
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	Tier 2	<i>SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml</i>	Tier 5 NEDS NM LA PA
<i>FABRAZYME SOLR 5mg, 35mg</i>	Tier 5 NEDS NM LA PA	<i>sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg</i>	Tier 5 NEDS NM PA
<i>GENOTROPIN CART 5mg, 12mg</i>	Tier 5 NEDS NM PA	<i>SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml</i>	Tier 5 NEDS NM LA PA
<i>GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg</i>	Tier 5 NEDS NM PA	<i>SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg</i>	Tier 5 NEDS NM LA PA
<i>INCRELEX SOLN 40mg/4ml</i>	Tier 5 NEDS NM LA PA	<i>yargesa CAPS 100mg QL (90 caps / 30 days)</i>	Tier 5 NEDS QL NM PA
<i>javygtor PACK 100mg, 500mg; TABS 100mg</i>	Tier 5 NEDS NM LA PA		PHOSPHATE BINDER AGENTS
<i>KORLYM TABS 300mg</i>	Tier 5 NEDS NM LA PA	<i>calcium acetate (phosphate binder) CAPS 667mg QL (360 caps / 30 days)</i>	Tier 2 QL
<i>lanreotide acetate SOLN 120mg/0.5ml</i>	Tier 5 NEDS NM PA	<i>calcium acetate (phosphate binder) TABS 667mg QL (360 tabs / 30 days)</i>	Tier 2 QL
<i>levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg</i>	Tier 2 B/D	<i>lanthanum carbonate CHEW 500mg, 1000mg QL (90 tabs / 30 days)</i>	Tier 2 QL
<i>LUMIZYME SOLR 50mg</i>	Tier 5 NEDS NM LA PA		
<i>LUPRON DEPOT-PED (1-MONTH KIT</i>	7.5mg, 11.25mg, 15mg		

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Drug Name	Drug Requirements/ Tier	Limits
<i>lanthanum carbonate</i> CHEW 750mg QL (180 tabs / 30 days)	Tier 2	QL
<i>sevelamer carbonate</i> PACK 2.4gm QL (180 packets / 30 days)	Tier 2	QL
<i>sevelamer carbonate</i> PACK .8gm QL (540 packets / 30 days)	Tier 2	QL
<i>sevelamer carbonate</i> TABS 800mg QL (540 tabs / 30 days)	Tier 2	QL
VELPHORO CHEW 500mg Tier 5 NEDS QL NM QL (180 tabs / 30 days)		
PROGESTINS		
<i>medroxyprogesterone</i> acetate TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	Tier 4	PA
<i>norethindrone acetate</i> TABS 5mg	Tier 2	
<i>progesterone</i> CAPS 100mg, 200mg	Tier 2	
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 Tier 1 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>famotidine in nacl</i> 0.9% iv soln 20 mg/50ml	Tier 2	
<i>nizatidine</i> CAPS 150mg, 300mg	Tier 2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS Tier 2 750mg		
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 2	QL PA
<i>budesonide</i> TB24 9mg QL (30 tabs / 30 days)	Tier 5 NEDS	QL NM PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	Tier 2	
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	Tier 2	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	Tier 2	QL
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	Tier 2	
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	Tier 2	QL
<i>mesalamine w/ cleanser</i> KIT 4gm	Tier 2	
<i>sulfasalazine</i> TABS 500mg; Tier 2 TBEC 500mg		
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	Tier 2	
<i>enulose</i> SOLN 10gm/15ml	Tier 2	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>gavilyte-n/flavor pack</i>	Tier 1	
<i>generlac</i> SOLN 10gm/15ml	Tier 2	
<i>lactulose</i> SOLN 10gm/15ml	Tier 2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 2	
<i>peg 3350-kcl-na bicarb-nacl</i> -Tier 1		
<i>na sulfate for soln</i> 236 gm		
<i>peg 3350-kcl-sod bicarb-</i> <i>nacl for soln</i> 420 gm	Tier 1	
<i>PLENUV</i> SOL	Tier 4	
<i>sod sulfate-pot sulf-mg sulf</i>	Tier 2	
<i>oral sol</i> 17.5-3.13-1.6 gm/177ml		

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Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	Tier 5	NEDS QL NM PA QL (60 tabs / 30 days)
cromolyn sodium (mastocytosis) CONC 100mg/5ml	Tier 2	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Tier 4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 3	
GATTEX KIT 5mg	Tier 5	NEDS NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	Tier 4	QL QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	Tier 2	
misoprostol TABS 100mcg, Tier 2 200mcg	Tier 2	
MOVANTIK TABS 12.5mg, Tier 3 25mg	Tier 3	QL QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	Tier 5	NEDS QL NM PA QL (28 syringes / 28 days)
sucralfate TABS 1gm	Tier 2	
ursodiol CAPS 300mg; TABS 250mg, 500mg	Tier 2	
XERMELO TABS 250mg	Tier 5	NEDS QL NM LA PA QL (84 tabs / 28 days)
XIFAXAN TABS 550mg	Tier 5	NEDS NM PA
PANCREATIC ENZYMEs		
CREON CAP 3000UNIT	Tier 3	
CREON CAP 6000UNIT	Tier 3	
CREON CAP 12000UNT	Tier 3	
CREON CAP 24000UNT	Tier 3	
CREON CAP 36000UNT	Tier 3	
ZENPEP CAP 3000UNIT	Tier 4	
ZENPEP CAP 5000UNIT	Tier 4	
ZENPEP CAP 10000UNT	Tier 4	
ZENPEP CAP 15000UNT	Tier 4	
ZENPEP CAP 20000UNT	Tier 4	
ZENPEP CAP 25000UNT	Tier 4	
ZENPEP CAP 40000UNT	Tier 4	
ZENPEP CAP 60000UNT	Tier 4	

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

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

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

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Drug Name	Drug Requirements/ Tier	Limits
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 3	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 5 NEDS NM PA	
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 5 NEDS NM PA	
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 5 NEDS QL NM PA	
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	
anagrelide hcl CAPS .5mg, Tier 2 1mg		
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 5 NEDS QL NM LA PA	
cilostazol TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 5 NEDS NM LA PA	
DROXIA CAPS 200mg, 300mg, 400mg	Tier 3	
ENDARI PACK 5gm	Tier 5 NEDS NM LA PA	
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 5 NEDS QL NM LA PA	
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 5 NEDS QL NM LA PA	

Drug Name	Drug Requirements/ Tier	Limits
icatibant acetate SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5 NEDS QL NM PA	
I-glutamine (sickle cell) PACK 5gm	Tier 5 NEDS NM PA	
pentoxifylline TBCR 400mg Tier 1		
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	Tier 5 NEDS QL NM LA PA	
PROMACTA PACK 25mg QL (180 packets / 30 days)	Tier 5 NEDS QL NM LA PA	
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM LA PA	
sajazir SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5 NEDS QL NM LA PA	
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	Tier 2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 2	
BRILINTA TABS 60mg, 90mg	Tier 3	
clopidogrel bisulfate TABS 75mg	Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg PA if 70 years and older	Tier 3 PA	
prasugrel hcl TABS 5mg, 10mg	Tier 2	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 5 NEDS QL NM PA	
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 5 NEDS QL NM PA	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5 NEDS QL NM PA	IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 5 NEDS QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	Tier 5 NEDS NM PA	IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 5 NEDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 5 NEDS QL NM PA	IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5 NEDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 5 NEDS QL NM PA	IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5 NEDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 5 NEDS QL NM PA	INFLIXIMAB SOLR 100mg	Tier 5 NEDS NM LA PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 5 NEDS QL NM PA	KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	Tier 5 NEDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 5 NEDS QL NM PA	KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	Tier 5 NEDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 5 NEDS QL NM PA	OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 5 NEDS QL NM PA	OTEZLA TAB 10/20 QL (110 tabs / year)	Tier 5 NEDS QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 5 NEDS QL NM PA	OTEZLA TAB 10/20/30 QL (110 tabs / year)	Tier 5 NEDS QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5 NEDS QL NM PA	REMICADE SOLR 100mg	Tier 5 NEDS NM LA PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 5 NEDS QL NM PA	RENFLEXIS SOLR 100mg	Tier 5 NEDS NM LA PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 5 NEDS QL NM PA	RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5 NEDS QL NM PA	RINVOQ TB24 45mg QL (168 tabs / year)	Tier 5 NEDS QL NM PA
		RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 5 NEDS QL NM PA
		SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 5 NEDS QL NM PA

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
SKYRIZI SOLN 600mg/10ml QL (12 vials / 365 days)	Tier 5 NEDS QL NM PA	<i>methotrexate sodium</i> TABS Tier 2 2.5mg	
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 5 NEDS QL NM PA	TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	Tier 4 B/D
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 5 NEDS QL NM PA	XATMEP SOLN 2.5mg/ml	Tier 4 B/D
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 5 NEDS QL NM LA PA	IMMUNOGLOBULINS	
STELARA SOLN 130mg/26ml	Tier 5 NEDS NM LA PA	ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5 NEDS NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 5 NEDS QL NM PA	BIVIGAM SOLN 5gm/50ml, 10% PA	Tier 5 NEDS NM LA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	Tier 5 NEDS QL NM LA PA	FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 5 NEDS NM PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days)	Tier 5 NEDS QL NM LA PA	GAMASTAN INJ	Tier 4 B/D NM LA
TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	Tier 5 NEDS QL NM PA	GAMMAGARD LIQUID SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5 NEDS NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 5 NEDS QL NM PA	GAMMAGARD LIQUID SOLN 2.5gm/25ml	Tier 5 NEDS HI NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 5 NEDS QL NM PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 5 NEDS HI NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 5 NEDS QL NM PA	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5 NEDS NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 5 NEDS QL NM PA	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 5 NEDS NM LA PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		GAMUNEX-C SOLN 1gm/10ml	Tier 5 NEDS HI NM PA
hydroxychloroquine sulfate TABS 200mg	Tier 2	GAMUNEX-C SOLN 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5 NEDS NM PA
JYLAMVO SOLN 2mg/ml leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 4 B/D Tier 2 QL	OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 5 NEDS NM PA
		PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5 NEDS NM PA
		PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5 NEDS NM PA

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 5	NEDS NM LA PA
ARCALYST SOLR 220mg	Tier 5	NEDS NM LA PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg .5mg, 1mg	Tier 5 Tier 4	NEDS B/D B/D
azathioprine TABS 50mg	Tier 2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 5	NEDS QL NM LA PA
BENLYSTA SOLR 120mg, 400mg	Tier 5	NEDS NM LA PA
cyclosporine CAPS 25mg, 100mg	Tier 2	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 2	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	Tier 5	NEDS B/D NM
gentraf CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 2	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	Tier 2	B/D
mycophenolate mofetil SUSR 200mg/ml	Tier 5	NEDS B/D NM
mycophenolate sodium TBEC 180mg, 360mg	Tier 2	B/D
NULOJIX SOLR 250mg	Tier 5	NEDS B/D NM
PROGRAF PACK .2mg, 1mg	Tier 4	B/D
REZUROCK TABS 200mg	Tier 5	NEDS NM LA PA
SANDIMMUNE SOLN 100mg/ml	Tier 4	B/D
sirolimus SOLN 1mg/ml	Tier 5	NEDS B/D NM
sirolimus TABS .5mg, 1mg, 2mg	Tier 2	B/D

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
tacrolimus CAPS .5mg, 1mg, 5mg	Tier 2	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	
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	
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	
IPOL INJ INACTIVE	Tier 1	
IXCHIQ INJ	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	
MRESVIA SUSY 50mcg/0.5ml	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	

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Drug Name	Drug Requirements/ Tier	Limits
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	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
TDVAX INJ 2-2 LF	Tier 1	B/D
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA INJ	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, Tier 1 50unit/ml	Tier 1	
VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
VAXCHORA SUS	Tier 1	
YF-VAX INJ	Tier 1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	Tier 4	HI
D5W/LYTES INJ #48	Tier 4	
D10W/NACL INJ 0.2%	Tier 3	HI
dextrose 2.5% w/ sodium chloride 0.45%	Tier 2	
dextrose 5% in lactated ringers	Tier 2	
dextrose 5% w/ sodium chloride 0.2%	Tier 2	HI
dextrose 5% w/ sodium chloride 0.3%	Tier 2	

Drug Name	Drug Requirements/ Tier	Limits
dextrose 5% w/ sodium chloride 0.9%	Tier 2	HI
dextrose 5% w/ sodium chloride 0.45%	Tier 2	HI
dextrose 5% w/ sodium chloride 0.225%	Tier 2	
dextrose 10% w/ sodium chloride 0.45%	Tier 2	HI
ISOLYTE-P INJ /D5W	Tier 4	
ISOLYTE-S INJ	Tier 4	
ISOLYTE-S INJ PH 7.4	Tier 4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 2	HI
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 2	HI
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 2	HI
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 2	HI
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 2	HI
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 2	HI
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 2	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 2	HI
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	Tier 2	HI
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 2	HI
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 2	HI
KCL/D5W/NACL INJ 0.3/0.9%	Tier 4	
lactated ringer's solution	Tier 2	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3	

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Drug Name	Drug Requirements/ Tier	Limits
magnesium sulfate SOLN 50%	Tier 3	HI
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 3	
MG SO4/D5W INJ 10MG/ML	Tier 3	
multiple electrolytes ph 5.5	Tier 2	
multiple electrolytes ph 7.4	Tier 2	
PLASMA-LYTE INJ -148	Tier 4	
PLASMA-LYTE INJ -A	Tier 4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 4	
potassium chloride SOLN 2meq/ml	Tier 2	HI
POTASSIUM CHLORIDE SOLN 10meq/50ml	Tier 4	
potassium chloride SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 2	HI
sodium chloride SOLN 2.5meq/ml	Tier 2	
sodium chloride SOLN .45%, .9%, 3%, 5%	Tier 2	HI
TPN ELECTROL INJ	Tier 4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	Tier 2	
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 2	
klor-con m20 TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 3	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	Tier 2	
potassium chloride TBCR 8meq, 10meq, 20meq	Tier 1	

Drug Name	Drug Requirements/ Tier	Limits
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	Tier 1	
potassium chloride microencapsulated crystals er TBCR 15meq	Tier 2	
PRENATAL TAB 27-1MG	Tier 3	
PRENATAL TAB PLUS	Tier 3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 2	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	Tier 4	HI B/D
CLINIMIX INJ 4.25/D10	Tier 4	HI B/D
CLINIMIX INJ 5%/D15W	Tier 4	HI B/D
CLINIMIX INJ 5%/D20W	Tier 4	HI B/D
CLINIMIX INJ 6/5	Tier 4	B/D
CLINIMIX INJ 8/10	Tier 4	B/D
CLINIMIX INJ 8/14	Tier 4	B/D
clinisol sf 15%	Tier 2	HI B/D
CLINOLIPID EMU 20%	Tier 4	B/D
dextrose SOLN 5%, 10%	Tier 2	HI
dextrose SOLN 50%, 70%	Tier 2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 4	HI B/D
NUTRILIPID EMUL 20gm/100ml	Tier 4	B/D
plenamine	Tier 2	HI B/D
PREMASOL SOL 10%	Tier 5	NEDS HI B/D NM
PROSOL INJ 20%	Tier 4	HI B/D
TRAVASOL INJ 10%	Tier 4	HI B/D NM
TROPHAMINE INJ 10%	Tier 4	HI B/D NM
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin- neomycin-hc ophth oint 1%	Tier 2	
neo-polycin hc ophth oint 1%	Tier 2	
neomycin-polymyxin- dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin- dexamethasone ophth susp 0.1%	Tier 2	
neomycin-polymyxin-hc ophth susp	Tier 2	

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Drug Name	Drug Requirements/ Tier Limits
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 2
TOBRADEX OIN 0.3-0.1%	Tier 3
TOBRADEX ST SUS 0.3-0.05	Tier 3
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 2
ZYLET SUS 0.5-0.3%	Tier 3
ANTI-INFECTIVES	
bacitracin (ophthalmic) OINT 500unit/gm	Tier 2
bacitracin-polymyxin b ophth oint	Tier 1
BESIVANCE SUSP .6%	Tier 3
CILOXAN OINT .3%	Tier 3
ciprofloxacin hcl (ophth) SOLN .3%	Tier 1
erythromycin (ophth) OINT 5mg/gm	Tier 1
gatifloxacin (ophth) SOLN .5%	Tier 2
gentamicin sulfate (ophth) SOLN .3%	Tier 1
moxifloxacin hcl (ophth) SOLN .5%	Tier 2
NATACYN SUSP 5%	Tier 4
neo-polycin 5(3.5)mg-400unt-10000unt op oin	Tier 2
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 2
neomycin-polmy-gramcid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 2
ofloxacin (ophth) SOLN .3%	Tier 2
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 2
tobramycin (ophth) SOLN .3%	Tier 1
trifluridine SOLN 1%	Tier 2
XDEMVY SOLN .25%	Tier 5 NEDS NM LA PA

Drug Name	Drug Requirements/ Tier Limits
ZIRGAN GEL .15%	Tier 4
ANTI-INFLAMMATORIES	
ALREX SUSP .2%	Tier 3
bromfenac sodium (ophth) SOLN .07%, .075%, .09%	Tier 2
BROMSITE SOLN .075%	Tier 4
dexamethasone sodium phosphate (ophth) SOLN .1%	Tier 2
diclofenac sodium (ophth) SOLN .1%	Tier 2
diluprednate EMUL .05%	Tier 2
EYSUVIS SUSP .25%	Tier 4
FLAREX SUSP .1%	Tier 4
fluorometholone (ophth) SUSP .1%	Tier 2
flurbiprofen sodium SOLN .03%	Tier 2
ketorolac tromethamine (ophth) SOLN .4%, .5%	Tier 2
LOTEMAX OINT .5%	Tier 3
loteprednol etabonate SUSP .2%	Tier 2
prednisolone acetate (ophth) SUSP 1%	Tier 2
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 3
PROLENSA SOLN .07%	Tier 3
ANTIALLERGICS	
azelastine hcl (ophth) SOLN .05%	Tier 2
cromolyn sodium (ophth) SOLN 4%	Tier 1
ZERVIATE SOLN .24%	Tier 4
ANTIGLAUCOMA	
betaxolol hcl (ophth) SOLN .5%	Tier 2
BETOPTIC-S SUSP .25%	Tier 4
brimonidine tartrate SOLN .2%	Tier 1
brimonidine tartrate SOLN .15%	Tier 2
brinzolamide SUSP 1%	Tier 2
carteolol hcl (ophth) SOLN 1%	Tier 2
COMBIGAN SOL 0.2/0.5%	Tier 3
dorzolamide hcl SOLN 2%	Tier 1

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Drug Name	Drug Requirements/ Tier Limits
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 1
<i>latanoprost SOLN .005%</i>	Tier 1
<i>levobunolol hcl SOLN .5%</i>	Tier 1
LUMIGAN SOLN .01%	Tier 3
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	Tier 2
RHOPRESSA SOLN .02%	Tier 4
ROCKLATAN DRO	Tier 4
SIMBRINZA SUS 1-0.2%	Tier 4
<i>timolol maleate (ophth) SOLG .25%, .5%</i>	Tier 2
<i>timolol maleate (ophth) SOLN .25%, .5%</i>	Tier 1
travoprost SOLN .004%	Tier 2
VYZULTA SOLN .024%	Tier 4
MISCELLANEOUS	
ATROPINE SULFATE SOLN 1%	Tier 3
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	Tier 2
CYSTADROPS SOLN .37%	Tier 5 NEDS NM LA PA
CYSTARAN SOLN .44%	Tier 5 NEDS NM LA PA
MIEBO SOLN 1.338gm/ml	Tier 3
<i>proparacaine hcl SOLN .5%</i>	Tier 2
RESTASIS EMUL .05%	Tier 3
RESTASIS MULTIDOSE EMUL .05%	Tier 3
TYRVAYA SOLN .03mg/act	Tier 4
XIIDRA SOLN 5%	Tier 3
OTIC	
OTIC AGENTS	
<i>acetic acid (otic) SOLN 2%</i>	Tier 2
CIPRO HC SUS OTIC	Tier 4
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 2
<i>flac OIL .01%</i>	Tier 2
<i>fluocinolone acetonide (otic) OIL .01%</i>	Tier 2
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 2

Drug Name	Drug Requirements/ Tier Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 2
<i>ofloxacin (otic) SOLN .3%</i>	Tier 2
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5- 25	Tier 3 QL
QL (60 blisters / 30 days)	
BEVESPI AER 9-4.8MCG	Tier 3 QL
QL (1 inhaler / 30 days)	
BREZTRI AERO AER SPHERE	Tier 3 QL
QL (1 inhaler / 30 days)	
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 3 QL
QL (4 inhalers / 28 days)	
COMBIVENT AER 20-100	Tier 4 QL
QL (2 inhalers / 30 days)	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 2 B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 3 QL
QL (60 blisters / 30 days)	
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 3 QL
QL (60 blisters / 30 days)	
ANTICHOLINERGICS	
ATROVENT HFA AERS 17mcg/act	Tier 4 QL
QL (2 inhalers / 30 days)	
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 3 QL
QL (30 blisters / 30 days)	
<i>ipratropium bromide SOLN .02%</i>	Tier 2 B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 2	
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%	Tier 2	
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	Tier 1	QL
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	Tier 3	PA
<i>desloratadine</i> TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 4	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	Tier 3	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA if 70 years and older	Tier 3	PA
<i>levocetirizine</i> dihydrochloride SOLN 2.5mg/5ml QL (300 mL / 30 days)	Tier 2	QL
<i>levocetirizine</i> dihydrochloride TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
<i>olopatadine hcl (nasal)</i> SOLN .6%	Tier 2	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 2	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	Tier 2	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	Tier 2	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	Tier 2	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	Tier 2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 3	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 2	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 3	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	Tier 2	
<i>montelukast sodium</i> TABS 10mg	Tier 1	
<i>zafirlukast</i> TABS 10mg, 20mg	Tier 2	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 2	B/D
ARALAST NP 500mg	Tier 5 NEDS	NM LA PA
ARALAST NP 1000mg	Tier 5 NEDS	HI NM LA PA
BRONCHITOL CAPS 40mg	Tier 5 NEDS	QL NM LA PA
QL (560 caps / 28 days)		

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
cromolyn sodium NEBU 20mg/2ml	Tier 2 B/D	PULMOZYME SOLN 2.5mg/2.5ml	Tier 5 NEDS NM PA
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	Tier 2	roflumilast TABS 250mcg QL (56 tabs / year)	Tier 2 QL
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	roflumilast TABS 500mcg QL (30 tabs / 30 days)	Tier 2 QL
FASENRA SOSY 10mg/0.5ml, 30mg/ml	Tier 5 NEDS NM LA PA	SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
FASENRA PEN SOAJ 30mg/ml	Tier 5 NEDS NM LA PA	SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	Tier 5 NEDS QL NM LA PA QL (56 packs / 28 days)	THEO-24 CP24 100mg, 200mg, 300mg, 400mg	Tier 4
KALYDECO TABS 150mg	Tier 5 NEDS QL NM QL (60 tabs / 30 days)	theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	Tier 2
OFEV CAPS 100mg, 150mg	Tier 5 NEDS QL NM LA PA QL (60 caps / 30 days)	TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 5 NEDS QL NM LA PA
ORKAMBI GRA 75-94MG	Tier 5 NEDS QL NM QL (56 packs / 28 days)	TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 5 NEDS QL NM LA PA
ORKAMBI GRA 100-125	Tier 5 NEDS QL NM QL (56 packs / 28 days)	TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
ORKAMBI GRA 150-188	Tier 5 NEDS QL NM QL (56 packs / 28 days)	TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days)	Tier 5 NEDS QL NM LA PA
ORKAMBI TAB 100-125	Tier 5 NEDS QL NM QL (112 tabs / 28 days)	XOLAIR SOAJ 75mg/0.5ml, Tier 5 NEDS NM LA 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	PA
ORKAMBI TAB 200-125	Tier 5 NEDS QL NM QL (112 tabs / 28 days)	ZEMAIRA SOLR 1000mg, Tier 5 NEDS NM LA 4000mg, 5000mg	PA
pirfenidone CAPS 267mg	Tier 5 NEDS QL NM QL (270 caps / 30 days)	NASAL STEROIDS	
pirfenidone TABS 267mg	Tier 5 NEDS QL NM QL (270 tabs / 30 days)	flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	Tier 2 QL
pirfenidone TABS 534mg, 801mg	Tier 5 NEDS QL NM PA QL (90 tabs / 30 days)	fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 2 QL
PROLASTIN-C SOLN 1000mg/20ml	Tier 5 NEDS HI NM LA PA	mometasone furoate (nasal) Tier 2 SUSP 50mcg/act QL (2 inhalers / 30 days)	QL ST

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Drug Name	Drug Requirements/ Tier	Limits
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	Tier 4	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 4	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 4	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 4	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 3	QL
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	Tier 2	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 3	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	Tier 3	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	Tier 3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 3	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 4	QL

Drug Name	Drug Requirements/ Tier	Limits
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 4	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 4	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
wixela inhub QL (60 inhalations / 30 days)	Tier 2	QL
TOPICAL DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
amnesteem CAPS 10mg, 20mg, 40mg	Tier 2	PA
benzoyl peroxide- erythromycin gel 5-3% QL (46.6 gm / 30 days)	Tier 2	QL
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)	Tier 2	QL
clindamycin phosphate (topical) LOTN 1%; SOLN 1% QL (60 mL / 30 days)	Tier 2	QL
ery PADS 2% QL (60 pledges / 30 days)	Tier 2	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin (acne aid)</i> GEL 2% QL (60 gm / 30 days)	Tier 2	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	Tier 2	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
<i>sulfacetamide sodium</i> (acne) LOTN 10% QL (118 mL / 30 days)	Tier 2	QL
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 2	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 2	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	Tier 1	QL
<i>silver sulfadiazine</i> CREA 1%	Tier 2	
<i>ssd</i> CREA 1%	Tier 2	
<i>SULFAMYLYON</i> CREA 85mg/gm QL (453.6 gm / 30 days)	Tier 4	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	Tier 2	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	Tier 2	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	Tier 2	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	Tier 2	QL
<i>clotrimazole w/ betamethasone cream</i> 1-0.05% QL (45 gm / 30 days)	Tier 2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	Tier 2	QL
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 2	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 2	PA
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	Tier 2	QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 2	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	Tier 2	QL PA
<i>tazarotene</i> CREA .05%, .1% QL (60 gm / 30 days)	Tier 2	QL PA
<i>TAZORAC</i> CREA .05% QL (60 gm / 30 days)	Tier 4	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 2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	Tier 1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate</i> Tier 2 <i>(topical)</i> CREA .05%; OINT .05%		QL QL (120 gm / 30 days)
<i>betamethasone dipropionate</i> Tier 2 <i>(topical)</i> LOTN .05%		QL QL (120 mL / 30 days)
<i>betamethasone dipropionate</i> Tier 2 <i>augmented</i> CREA .05%; GEL .05%; OINT .05%		QL QL (120 gm / 30 days)
<i>betamethasone dipropionate</i> Tier 2 <i>augmented</i> LOTN .05%		QL QL (120 mL / 30 days)
<i>betamethasone valerate</i> Tier 2 CREA .1%; OINT .1%		QL QL (120 gm / 30 days)
<i>betamethasone valerate</i> Tier 2 LOTN .1%		QL QL (120 mL / 30 days)
<i>clobetasol propionate</i> Tier 2 CREA .05%; GEL .05%; OINT .05%		QL QL (60 gm / 30 days)
<i>clobetasol propionate</i> Tier 2 SOLN .05%		QL QL (50 mL / 30 days)
<i>clobetasol propionate e</i> Tier 2 CREA .05%		QL QL (60 gm / 30 days)
<i>ENSTILAR AER</i> Tier 4		QL PA QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> Tier 2 CREA .01%		QL QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> Tier 2 CREA .025%; OINT .025%		QL QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL Tier 2 .01%		QL QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> Tier 2 SOLN .01%		QL QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL

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

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Drug Name	Drug Requirements/ Tier	Limits
bexarotene (topical) GEL 1%	Tier 5 NEDS	QL NM PA QL (60 gm / 30 days)
diclofenac sodium (topical) GEL 1%	Tier 2	QL QL (1000 gm / 30 days)
diclofenac sodium (topical) SOLN 1.5%	Tier 2	QL QL (300 mL / 28 days)
FINACEA FOAM 15%	Tier 4	QL QL (50 gm / 30 days)
fluorouracil (topical) 5%	Tier 2	QL QL (40 gm / 30 days)
fluorouracil (topical) 2%, 5%	Tier 2	QL QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	Tier 2	
imiquimod CREA 5%	Tier 2	QL QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	Tier 2	
metronidazole (topical) CREA .75%; GEL .75%	Tier 2	QL QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	Tier 2	QL QL (59 mL / 30 days)
nitroglycerin (intra-anal) OINT .4%	Tier 2	QL QL (30 gm / 30 days)
NORITATE CREA 1%	Tier 5 NEDS	QL NM QL (60 gm / 30 days)
PANRETIN GEL .1%	Tier 5 NEDS	QL NM PA QL (60 gm / 30 days)
podofilox SOLN .5%	Tier 2	QL QL (7 mL / 28 days)
procto-med hc CREA 2.5%	Tier 2	
proctocort CREA 1%	Tier 2	
proctosol hc CREA 2.5%	Tier 2	
protozozone-hc CREA 2.5%	Tier 2	
RECTIV OINT .4%	Tier 4	QL QL (30 gm / 30 days)

Drug Name	Drug Requirements/ Tier	Limits
tacrolimus (topical) .03%, .1%	Tier 2	QL QL (100 gm / 30 days)
VALCHLOR GEL .016%	Tier 5 NEDS	QL NM QL (60 gm / 30 days) LA PA
ZYCLARA PUMP CREA 2.5%	Tier 5 NEDS	QL NM QL (7.5 gm / 28 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	Tier 2	QL QL (59 mL / 30 days)
permethrin CREA 5%	Tier 2	QL QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	Tier 5 NEDS	QL NM QL (30 gm / 30 days) PA
SANTYL OINT 250unit/gm	Tier 4	QL QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	Tier 2	
water for irrigation, sterile irrigation soln	Tier 2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	Tier 2	
chlorhexidine gluconate (mouth-throat) SOLN .12%	Tier 1	
clotrimazole TROC 10mg	Tier 2	QL QL (150 lozenges / 30 days)
kourzeq PSTE .1%	Tier 2	
lidocaine hcl (mouth-throat) SOLN 2%	Tier 2	
nystatin (mouth-throat) SUSP 100000unit/ml	Tier 2	
periogard SOLN .12%	Tier 1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	Tier 2	
triamcinolone acetonide (mouth) PSTE .1%	Tier 2	

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<i>metronidazole vaginal</i>	55
<i>metyrosine</i>	30
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TOBRADEX ST SUS 0.3-	
0.05	62
<i>tobramycin</i>	11
<i>tobramycin (ophth)</i>	62
<i>tobramycin sulfate</i>	11
<i>tobramycin-dexamethasone</i>	
<i>ophth susp 0.3-0.1%</i>	62
<i>tolterodine tartrate</i>	55
<i>topiramate</i>	38
<i>toremifene citrate</i>	18
<i>torpenz</i>	23
<i>torsemide</i>	30
TOUJEO MAX SOLOSTAR	
	47
TOUJEO SOLOSTAR	47
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<i>tramadol hcl</i>	10
<i>tramadol-acetaminophen</i>	
<i>tab 37.5-325 mg</i>	10
<i>trandolapril</i>	25
<i>tranexamic acid</i>	56
<i>tranylcypromine sulfate</i>	32
TRAVASOL INJ 10%	61
<i>travoprost</i>	63
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<i>(topical)</i>	68
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<i>hydrochlorothiazide cap</i>	
<i>37.5-25 mg</i>	30
<i>triamterene &</i>	
<i>hydrochlorothiazide tab</i>	
<i>37.5-25 mg</i>	30
<i>triamterene &</i>	
<i>hydrochlorothiazide tab</i>	
<i>75-50 mg</i>	30
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24HR 12.5-2.5-1000MG	
	45
TRIJARDY XR TAB ER	
24HR 25-5-1000MG	45
TRIJARDY XR TAB ER	
24HR 5-2.5-1000MG	45
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TRIKAFTA PAK 75MG	65
TRIKAFTA TAB 100-50-	
75MG & 150MG	65
TRIKAFTA TAB 50-25-	
37.5MG & 75MG	65
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<i>tri-linyah</i>	49
<i>tri-lo-estarrylla</i>	49
<i>tri-lo-marzia</i>	49
<i>tri-lo-mili</i>	49
<i>tri-lo-sprintec</i>	49
<i>trimethoprim</i>	11
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<i>hydrochlorothiazide tab</i>	
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- 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ございます。通訳をご用命になるには、**1-800-200-4255** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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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

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

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

This formulary was updated on 12/01/2024. 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.

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