MASSACHUSETTS

Medicare HMO Blue SaverRx (HMO)
Medicare HMO Blue ValueRx (HMO)
Medicare HMO Blue FlexRx (HMO POS)
Medicare HMO BluePlusRx (HMO)

2023 HMO FORMULARY

(List of Covered Drugs)

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

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

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

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

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

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NOTE TO EXISTING MEMBERS:

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue Cross Blue Shield of Massachusetts. When it refers to “plan” or “our plan,” it means Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, Medicare HMO Blue PlusRx.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/co-insurance may change on January 1, 2024, and from time to time during the year.

WHAT IS THE MEDICARE HMO BLUE SAVERRX, MEDICARE HMO BLUE VALUERX, MEDICARE HMO BLUE FLEXRX, MEDICARE HMO BLUE PLUSRX FORMULARY?

A formulary is a list of covered drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. 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 HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, Medicare HMO 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 HMO Blue SaverRx (PPO), Medicare HMO Blue ValueRx (PPO), Medicare HMOBlue FlexRx, and Medicare HMO 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 HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, Medicare HMO Blue PlusRx Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

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

If we have a mid-year non-maintenance formulary change, we will provide a notice in the monthly Explanation of Benefits and on our website, **bluecrossma.com/medicare**. You may ask for a copy of the most recent formulary by contacting us. Our contact information appears on the front and back cover pages.

HOW DO I USE THE FORMULARY?

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

- **Medical Condition.** The formulary begins on page 9. 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 66. Then look under the category name for your drug.
- **AlphabeticalListing.** If you are not sure what category to look under, you should look for your drug in the Index that begins on page 66. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

WHAT ARE GENERIC DRUGS?

Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, and Medicare HMO 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 do not 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 edits 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 doesn't 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 9. 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 HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, and Medicare HMO 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 this formulary (list of covered drugs), you should first contact Member Service and ask if your drug is covered.

If you learn that Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, and Medicare HMO Blue PlusRx do 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 them 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 HMO BLUE SAVERRX (HMO), MEDICARE HMO BLUE VALUERX (HMO), MEDICARE HMO BLUE FLEXRX (HMO POS), AND MEDICARE HMO BLUE PLUSRX (HMO) 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 your drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, and Medicare HMO 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 wouldn't 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 DO I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION?

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we will 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 HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, or Medicare HMO 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 HMO BLUE SAVERRX, MEDICARE HMO BLUE VALUERX, MEDICARE HMO BLUE FLEXRX, AND MEDICARE HMO BLUE PLUSRX FORMULARY

The formulary that begins on page 9 provides coverage information about the drugs covered by Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, Medicare HMO Blue FlexRx, and Medicare HMO Blue PlusRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 66.

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

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug.

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

Quantity Limits (QL): To help ensure that the quantity and dosage of your medications remain 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.

Mail Order (MO): These prescription drugs are available through mail order.

Home Infusion (HI): This prescription drug may be covered under our medical benefit. For more information, call 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.

*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 are not listed on our formulary when purchased at a retail or mail order pharmacy.

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:

The amount you pay depends on which drug tier your drug is in under our plan. You can find out which drug tier your drug is in by looking in the formulary included in this booklet. See the next page for the copayment/co-insurance amount for each type of drug. You will pay no more than a $35 copayment for select insulins. You can identify these insulins by "SI" used next to their names in the formulary.

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.

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 HMO Blue SaverRx (HMO)	Tier 1: Preferred Generic Drugs	$0 for Tier 1 and Tier 2	$0	$8	$0
	Tier 2: Generic Drugs		$8	$20	$16
	Tier 3: Preferred Brand Drugs	$300 for Tiers 3, 4, and 5	$42	$47	$84
	Tier 4: Non-Preferred Drugs		$95	$100	$190
	Tier 5: Specialty Tier Drugs		28%	28%	N/A
Medicare HMO Blue ValueRx (HMO)	Tier 1: Preferred Generic Drugs	$0 for Tier 1 and Tier 2	$0	$8	$0
	Tier 2: Generic Drugs		$6	$12	$12
	Tier 3: Preferred Brand Drugs	$320 for Tiers 3, 4, and 5	$42	$47	$84
	Tier 4: Non-Preferred Drugs		$95	$100	$190
	Tier 5: Specialty Tier Drugs		27%	27%	N/A
Medicare HMO Blue FlexRx (HMO POS)	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	$260 for Tiers 3, 4, and 5	$42	$47	$84
	Tier 4: Non-Preferred Drugs		$95	$100	$190
	Tier 5: Specialty Tier Drugs		28%	28%	N/A
Medicare HMO Blue PlusRx (HMO)	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 Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	Tier 1	MO
colchicine TABS .6mg QL (120 tabs / 30 days)	Tier 2	QL MO
colchicine w/ probenecid tab 0.5-500 mg	Tier 2	MO
febuxostat TABS 40mg, 80mg	Tier 2	MO PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	Tier 3	QL MO
probenecid TABS 500mg	Tier 2	MO
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 2	QL MO
celecoxib CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL MO
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	Tier 2	QL MO
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	Tier 2	MO
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	Tier 2	MO
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	Tier 2	MO
diflunisal TABS 500mg	Tier 2	MO
ec-naproxen TBEC 375mg QL (120 tabs / 30 days)	Tier 2	QL MO
ec-naproxen TBEC 500mg QL (90 tabs / 30 days)	Tier 2	QL MO
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 2	MO
flurbiprofen TABS 100mg	Tier 2	MO
ibu TABS 400mg, 600mg, 800mg	Tier 1	MO
ibuprofen SUSP 100mg/5ml	Tier 2	MO
ibuprofen TABS 400mg, 600mg, 800mg	Tier 1	MO
meloxicam TABS 7.5mg, 15mg	Tier 1	MO
nabumetone TABS 500mg, 750mg	Tier 1	MO
naproxen TABS 250mg, 375mg, 500mg	Tier 1	MO
naproxen TBEC 375mg QL (120 tabs / 30 days)	Tier 2	QL MO
naproxen TBEC 500mg QL (90 tabs / 30 days)	Tier 2	QL MO
naproxen sodium TABS 275mg, 550mg	Tier 2	MO
oxaprozin TABS 600mg	Tier 2	MO
piroxicam CAPS 10mg, 20mg	Tier 2	MO
sulindac TABS 150mg, 200mg	Tier 2	MO
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 2	QL MO PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL MO PA
hydrocodone bitartrate T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL MO PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL MO PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 2	QL MO PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL MO PA
methadone hydrochloride i CONC 10mg/ml QL (90 mL / 30 days)	Tier 2	QL MO PA

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL MO PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 2	QL MO
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	Tier 2	QL MO
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	Tier 2	QL MO
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	Tier 2	QL MO
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	Tier 4	MO
butorphanol tartrate SOLN 10mg/ml QL (10 mL / 30 days)	Tier 2	QL MO
endocet tab 2.5-325mg QL (360 tabs / 30 days)	Tier 2	QL MO
endocet tab 5-325mg QL (360 tabs / 30 days)	Tier 2	QL MO
endocet tab 7.5-325mg QL (240 tabs / 30 days)	Tier 2	QL MO
endocet tab 10-325mg QL (180 tabs / 30 days)	Tier 2	QL MO
fentanyl citrate LPOP 200mcg QL (120 lozenges / 30 days)	Tier 2	QL MO PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	Tier 5	NEDS QL PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	Tier 2	QL MO
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	Tier 2	QL MO
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	Tier 2	QL MO
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	Tier 2	QL MO
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	Tier 2	QL MO
hydromorphone hcl LIQD 1mg/ml QL (600 mL / 30 days)	Tier 2	QL MO
hydromorphone hcl TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 2	QL MO
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	Tier 4	B/D MO
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 4	B/D MO
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL MO
morphine sulfate SOLN 20mg/ml QL (180 mL / 30 days)	Tier 2	QL MO
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL MO
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	Tier 4	B/D MO

Drug Name	Drug Tier	Requirements/ Limits
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	Tier 4	MO
oxycodone hcl CAPS 5mg QL (180 caps / 30 days)	Tier 2	QL MO
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL MO
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 2	QL MO
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL MO
oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	Tier 2	QL MO
oxycodone w/ acetaminophen tab 5-325 mg QL (360 tabs / 30 days)	Tier 2	QL MO
oxycodone w/ acetaminophen tab 7.5-325 mg QL (240 tabs / 30 days)	Tier 2	QL MO
oxycodone w/ acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	Tier 2	QL MO
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	Tier 2	QL MO
tramadol-acetaminophen tab 37.5-325 mg QL (240 tabs / 30 days)	Tier 2	QL MO
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	Tier 2	B/D MO
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	Tier 5	NEDS
amikacin sulfate SOLN 1gm/4ml	Tier 2	MO
amikacin sulfate SOLN 500mg/2ml	Tier 2	HI MO
atovaquone SUSP 750mg/5ml	Tier 2	MO
aztreonam SOLR 1gm	Tier 2	HI MO
aztreonam SOLR 2gm	Tier 2	MO
CAYSTON SOLR 75mg	Tier 5	NEDS LA PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	Tier 1	MO
clindamycin palmitate hydrochloride SOLR 75mg/5ml	Tier 2	MO
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	Tier 2	HI MO
clindamycin phosphate SOLN 9000mg/60ml	Tier 2	MO
clindamycin phosphate in d5w iv soln 300 mg/50ml	Tier 2	HI MO
clindamycin phosphate in d5w iv soln 600 mg/50ml	Tier 2	HI MO
clindamycin phosphate in d5w iv soln 900 mg/50ml	Tier 2	HI MO
CLINDMYC/NAC INJ 300/50ML	Tier 4	MO
CLINDMYC/NAC INJ 600/50ML	Tier 4	MO
CLINDMYC/NAC INJ 900/50ML	Tier 4	MO
colistimethate sodium SOLR 150mg	Tier 2	HI MO
dapsone TABS 25mg, 100mg	Tier 2	MO
DAPTOMYCIN SOLR 350mg	Tier 5	NEDS
daptomycin SOLR 350mg, 500mg	Tier 5	NEDS HI
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 5	NEDS QL
ertapenem sodium SOLR 1gm	Tier 2	HI MO
gentamicin in saline inj 0.8 mg/ml	Tier 2	HI MO
gentamicin in saline inj 1 mg/ml	Tier 2	HI MO

Drug Name	Drug Tier	Requirements/ Limits
gentamicin in saline inj 1.2 mg/ml	Tier 2	HI MO
gentamicin in saline inj 1.6 mg/ml	Tier 2	HI MO
gentamicin in saline inj 2 mg/ml	Tier 2	MO
gentamicin sulfate SOLN 10mg/ml	Tier 2	MO
gentamicin sulfate SOLN 40mg/ml	Tier 2	HI MO
imipenem-cilastatin intravenous for soln 250 mg	Tier 2	HI MO
imipenem-cilastatin intravenous for soln 500 mg	Tier 2	HI MO
ivermectin TABS 3mg QL (12 tabs / 90 days)	Tier 2	QL MO PA
linezolid SOLN 600mg/300ml	Tier 2	HI MO
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 5	NEDS QL
linezolid TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL MO
LINEZOLID INJ 2MG/ML	Tier 2	HI MO
meropenem SOLR 1gm, 500mg	Tier 2	HI MO
methenamine hippurate TABS 1gm	Tier 2	MO
metronidazole SOLN 500mg/100ml	Tier 2	HI MO
metronidazole TABS 250mg, 500mg	Tier 1	MO
neomycin sulfate TABS 500mg	Tier 2	MO
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	Tier 5	NEDS QL
nitrofurantoin macrocrystal CAPS 50mg, 100mg	Tier 3	MO
nitrofurantoin monohyd macro CAPS 100mg	Tier 3	MO
paromomycin sulfate CAPS 250mg	Tier 2	MO
pentamidine isethionate inh SOLR 300mg	Tier 2	B/D MO
pentamidine isethionate inj SOLR 300mg	Tier 2	MO
praziquantel TABS 600mg	Tier 2	MO
SIVEXTRO SOLR 200mg	Tier 5	NEDS HI
SIVEXTRO TABS 200mg	Tier 5	NEDS
streptomycin sulfate SOLR 1gm	Tier 2	MO
sulfadiazine TABS 500mg	Tier 4	MO
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 2	MO
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 2	MO
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	MO
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	MO
tinidazole TABS 250mg, 500mg	Tier 2	MO
tobramycin NEBU 300mg/5ml	Tier 5	NEDS PA
tobramycin sulfate SOLN 1.2gm/30ml, 40mg/ml	Tier 2	MO
tobramycin sulfate SOLN 10mg/ml, 80mg/2ml	Tier 2	HI MO
trimethoprim TABS 100mg	Tier 2	MO
vancomycin hcl CAPS 125mg QL (80 caps / 180 days)	Tier 2	QL MO
vancomycin hcl CAPS 250mg QL (160 caps / 180 days)	Tier 2	QL MO
vancomycin hcl SOLR 1gm, 10gm, 500mg, 750mg	Tier 2	HI MO
vancomycin hcl SOLR 5gm	Tier 2	MO
VANCOMYCIN INJ 1 GM	Tier 4	MO
VANCOMYCIN INJ 500MG	Tier 4	MO
VANCOMYCIN INJ 750MG	Tier 4	MO
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	Tier 4	B/D MO
amphotericin b SOLR 50mg	Tier 2	HI B/D MO
amphotericin b liposome SUSR 50mg	Tier 5	NEDS B/D
caspofungin acetate SOLR 50mg, 70mg	Tier 2	HI MO

Drug Name	Drug Tier	Requirements/ Limits
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 2	MO
fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 2	HI MO
fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 2	HI MO
flucytosine CAPS 250mg, 500mg	Tier 5	NEDS PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	Tier 2	MO
griseofulvin ultramicrosize TABS 125mg, 250mg	Tier 2	MO
itraconazole CAPS 100mg	Tier 2	MO PA
ketoconazole TABS 200mg	Tier 2	MO PA
micafungin sodium SOLR 50mg, 100mg	Tier 5	NEDS HI
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	Tier 5	NEDS QL PA
nystatin TABS 500000unit	Tier 2	MO
posaconazole SUSP 40mg/ml QL (630 mL / 30 days)	Tier 5	NEDS QL PA
posaconazole TBEC 100mg QL (93 tabs / 30 days)	Tier 5	NEDS QL PA
terbinafine hcl TABS 250mg QL (90 tabs / year)	Tier 1	QL MO
voriconazole SOLR 200mg	Tier 5	NEDS HI PA
voriconazole SUSR 40mg/ml	Tier 5	NEDS PA
voriconazole TABS 50mg QL (480 tabs / 30 days)	Tier 2	QL MO PA
voriconazole TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL MO PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 2	MO
atovaquone-proguanil hcl tab 250-100 mg	Tier 2	MO
chloroquine phosphate TABS 250mg, 500mg	Tier 2	MO
COARTEM TAB 20-120MG	Tier 4	MO
mefloquine hcl TABS 250mg	Tier 2	MO
primaquine phosphate TABS 26.3mg	Tier 2	MO
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 3	MO
quinine sulfate CAPS 324mg	Tier 2	MO PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	Tier 2	MO
APTIVUS CAPS 250mg	Tier 5	NEDS
atazanavir sulfate CAPS 150mg, 200mg, 300mg	Tier 2	MO
darunavir TABS 600mg QL (60 tabs / 30 days)	Tier 5	NEDS QL
darunavir TABS 800mg QL (30 tabs / 30 days)	Tier 5	NEDS QL
EDURANT TABS 25mg	Tier 5	NEDS
efavirenz CAPS 50mg, 200mg; TABS 600mg	Tier 2	MO
emtricitabine CAPS 200mg	Tier 2	MO
EMTRIVA SOLN 10mg/ml	Tier 4	MO
etravirine TABS 100mg, 200mg	Tier 5	NEDS
fosamprenavir calcium TABS 700mg	Tier 5	NEDS
FUZEON SOLR 90mg	Tier 5	NEDS
INTELENCE TABS 25mg	Tier 4	MO
ISENTRESS CHEW 25mg	Tier 4	MO
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 5	NEDS
ISENTRESS HD TABS 600mg	Tier 5	NEDS
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	MO
LEXIVA SUSP 50mg/ml	Tier 4	MO
maraviroc TABS 150mg, 300mg	Tier 5	NEDS
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	Tier 2	MO
NORVIR PACK 100mg	Tier 4	MO
PIFELTRO TABS 100mg	Tier 5	NEDS

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 5	NEDS QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 4	QL MO
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 5	NEDS QL
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 5	NEDS QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 5	NEDS QL
REYATAZ PACK 50mg	Tier 5	NEDS
ritonavir TABS 100mg	Tier 2	MO
RUKOBIA TB12 600mg	Tier 5	NEDS
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 5	NEDS
SELZENTRY TABS 25mg	Tier 4	MO
SUNLENCA TBPK 300mg	Tier 5	NEDS LA
tenofovir disoproxil fumarate TABS 300mg	Tier 2	MO
TIVICAY TABS 10mg	Tier 3	MO
TIVICAY TABS 25mg, 50mg	Tier 5	NEDS
TIVICAY PD TBSO 5mg	Tier 5	NEDS
TROGARZO SOLN 200mg/1.33ml	Tier 5	NEDS LA
TYBOST TABS 150mg	Tier 3	MO
VIRACEPT TABS 250mg, 625mg	Tier 5	NEDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 5	NEDS
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 2	MO
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 2	MO
BIKTARVY TAB 30-120-15 MG	Tier 5	NEDS
BIKTARVY TAB 50-200-25 MG	Tier 5	NEDS
CIMDUO TAB 300-300	Tier 5	NEDS
COMPLERA TAB	Tier 5	NEDS
DELSTRIGO TAB	Tier 5	NEDS
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	Tier 5	NEDS QL
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	Tier 5	NEDS QL
DOVATO TAB 50-300MG	Tier 5	NEDS
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 5	NEDS
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 5	NEDS
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 5	NEDS
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg QL (30 tabs / 30 days)	Tier 5	NEDS QL
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg QL (30 tabs / 30 days)	Tier 5	NEDS QL
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg QL (30 tabs / 30 days)	Tier 5	NEDS QL
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg QL (30 tabs / 30 days)	Tier 5	NEDS QL
EVOTAZ TAB 300-150	Tier 5	NEDS
GENVOYA TAB	Tier 5	NEDS
JULUCA TAB 50-25MG	Tier 5	NEDS
lamivudine-zidovudine tab 150-300 mg	Tier 2	MO
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	Tier 2	MO
lopinavir-ritonavir tab 100-25 mg	Tier 2	MO
lopinavir-ritonavir tab 200-50 mg	Tier 2	MO
ODEFSEY TAB	Tier 5	NEDS
PREZCOBIX TAB 800-150	Tier 5	NEDS
STRIBILD TAB	Tier 5	NEDS
SYMTUZA TAB	Tier 5	NEDS
TRIUMEQ PD TAB	Tier 5	NEDS
TRIUMEQ TAB	Tier 5	NEDS
TRIZIVIR TAB	Tier 5	NEDS

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

Drug Name	Drug Tier	Requirements/ Limits
cefepime hcl SOLR 1gm, 2gm	Tier 2	HI MO
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2	MO
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 2	HI MO
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 2	MO
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 2	MO
ceftazidime SOLR 1gm, 2gm, 6gm	Tier 2	HI MO
ceftriaxone sodium SOLR 1gm, 2gm	Tier 2	MO
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 2	HI MO
cefuroxime axetil TABS 250mg, 500mg	Tier 2	MO
cefuroxime sodium SOLR 1.5gm, 750mg	Tier 2	HI MO
cephalexin CAPS 250mg, 500mg	Tier 1	MO
cephalexin SUSR 125mg/5ml, 250mg/5ml	Tier 2	MO
tazicef SOLR 1gm, 2gm, 6gm	Tier 2	HI MO
TEFLARO SOLR 400mg, 600mg	Tier 5	NEDS HI
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SUSR 100mg/5ml, 200mg/5ml	Tier 2	MO
azithromycin SOLR 500mg	Tier 2	HI MO
azithromycin TABS 250mg, 500mg, 600mg	Tier 1	MO
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 2	MO
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 5	NEDS
e.e.s. 400 TABS 400mg	Tier 2	MO
ery-tab TBEC 250mg, 333mg, 500mg	Tier 2	MO
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 4	HI MO
erythrocin stearate TABS 250mg	Tier 2	MO
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 2	MO
erythromycin ethylsuccinate TABS 400mg	Tier 2	MO
erythromycin lactobionate SOLR 500mg	Tier 2	HI MO
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	Tier 4	MO
ciprofloxacin 200 mg/100ml in d5w	Tier 2	HI MO
ciprofloxacin 400 mg/200ml in d5w	Tier 2	MO
ciprofloxacin hcl TABS 100mg	Tier 2	MO
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	Tier 1	MO
levofloxacin SOLN 25mg/ml	Tier 2	MO
levofloxacin TABS 250mg, 500mg, 750mg	Tier 1	MO
levofloxacin in d5w iv soln 250 mg/50ml	Tier 2	MO
levofloxacin in d5w iv soln 500 mg/100ml	Tier 2	HI MO
levofloxacin in d5w iv soln 750 mg/150ml	Tier 2	HI MO
moxifloxacin hcl TABS 400mg	Tier 2	MO
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	MO
amoxicillin CHEW 125mg, 250mg	Tier 2	MO
amoxicillin & k clavulanate chew tab 200-28.5 mg	Tier 2	MO
amoxicillin & k clavulanate chew tab 400-57 mg	Tier 2	MO
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 2	MO
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 2	MO
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 2	MO
amoxicillin & k clavulanate tab 250-125 mg	Tier 2	MO
amoxicillin & k clavulanate tab 500-125 mg	Tier 2	MO
amoxicillin & k clavulanate tab 875-125 mg	Tier 2	MO
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	Tier 2	MO
ampicillin CAPS 500mg	Tier 1	MO
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	Tier 2	HI MO
ampicillin & sulbactam sodium for inj 3 (2-1) gm	Tier 2	HI MO
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	Tier 2	MO
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	Tier 2	MO
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	Tier 2	HI MO
ampicillin sodium SOLR 1gm, 2gm, 250mg, 500mg	Tier 2	MO
ampicillin sodium SOLR 1gm, 10gm, 125mg	Tier 2	HI MO
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 4	MO
dicloxacillin sodium CAPS 250mg, 500mg	Tier 2	MO
nafcillin sodium SOLR 1gm, 2gm	Tier 2	HI MO
nafcillin sodium SOLR 10gm	Tier 5	NEDS HI
oxacillin sodium SOLR 1gm, 2gm, 10gm	Tier 2	HI MO
PEN GK/DEXTR INJ 40000/ML	Tier 4	MO
PEN GK/DEXTR INJ 60000/ML	Tier 4	MO
penicillin g potassium SOLR 5000000unit, 20000000unit	Tier 2	HI MO
PENICILLIN G PROCAINE SUSP 600000unit/ml	Tier 4	MO
penicillin g sodium SOLR 5000000unit	Tier 2	HI MO
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	Tier 2	MO
penicillin v potassium TABS 250mg, 500mg	Tier 1	MO
pfizerpen SOLR 5000000unit, 20000000unit	Tier 2	HI MO
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 2	HI MO
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 2	HI MO
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 2	HI MO
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 2	MO
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 2	HI MO
TETRACYCLINES		
doxy 100 SOLR 100mg	Tier 2	HI MO
doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	Tier 2	MO
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	Tier 2	MO
doxycycline hyclate SOLR 100mg	Tier 2	HI MO
minocycline hcl CAPS 50mg, 75mg, 100mg	Tier 2	MO
NUZYRA SOLR 100mg	Tier 5	NEDS HI LA
NUZYRA TABS 150mg	Tier 5	NEDS LA
tetracycline hcl CAPS 250mg, 500mg	Tier 2	MO PA
TIGECYCLINE SOLR 50mg	Tier 5	NEDS
tigecycline SOLR 50mg	Tier 5	NEDS HI

Drug Name	Drug Tier	Requirements/ Limits
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	Tier 5	NEDS B/D LA
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 2	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 2	B/D
cyclophosphamide CAPS 25mg, 50mg	Tier 2	B/D MO
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	Tier 5	NEDS B/D
cyclophosphamide SOLR 1gm, 2gm, 500mg	Tier 5	NEDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 4	B/D MO
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 5	NEDS B/D
GLEOSTINE CAPS 10mg, 40mg	Tier 4	
GLEOSTINE CAPS 100mg	Tier 5	NEDS
LEUKERAN TABS 2mg	Tier 4	MO
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	Tier 2	B/D
oxaliplatin SOLR 50mg, 100mg	Tier 5	NEDS B/D
paraplatin SOLN 1000mg/100ml	Tier 2	B/D
ANTIBIOTICS		
doxorubicin hcl SOLN 2mg/ml	Tier 2	B/D
doxorubicin hcl liposomal INJ 2mg/ml	Tier 5	NEDS B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	Tier 4	B/D
ANTIMETABOLITES		
azacitidine SUSR 100mg	Tier 5	NEDS B/D
cytarabine SOLN 20mg/ml	Tier 2	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 2	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 2	B/D
INQOVI TAB 35-100MG	Tier 5	NEDS LA PA
LONSURF TAB 15-6.14	Tier 5	NEDS LA PA
LONSURF TAB 20-8.19	Tier 5	NEDS LA PA
mercaptopurine TABS 50mg	Tier 2	MO
methotrexate sodium SOLN 1gm/40ml, 250mg/10ml; SOLR 1gm	Tier 2	B/D
methotrexate sodium SOLN 50mg/2ml, 250mg/10ml	Tier 2	HI B/D
ONUREG TABS 200mg, 300mg	Tier 5	NEDS LA PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	Tier 5	NEDS B/D
PURIXAN SUSP 2000mg/100ml	Tier 5	NEDS
TABLOID TABS 40mg	Tier 4	MO
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg, 500mg	Tier 5	NEDS PA
anastrozole TABS 1mg	Tier 1	MO
bicalutamide TABS 50mg	Tier 2	MO
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 4	PA
EMCYT CAPS 140mg	Tier 5	NEDS
ERLEADA TABS 60mg, 240mg	Tier 5	NEDS LA PA
EULEXIN CAPS 125mg	Tier 5	NEDS
exemestane TABS 25mg	Tier 2	MO
fulvestrant SOSY 250mg/5ml	Tier 5	NEDS B/D
letrozole TABS 2.5mg	Tier 1	MO
leuprolide acetate KIT 1mg/0.2ml	Tier 2	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 5	NEDS PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 5	NEDS PA
LYSODREN TABS 500mg	Tier 5	NEDS
megestrol acetate TABS 20mg, 40mg	Tier 3	MO
nilutamide TABS 150mg	Tier 5	NEDS
NUBEQA TABS 300mg	Tier 5	NEDS LA PA

Drug Name	Drug Tier	Requirements/ Limits
ORGOVYX TABS 120mg	Tier 5	NEDS LA PA
ORSERDU TABS 86mg, 345mg	Tier 5	NEDS LA PA
SOLTAMOX SOLN 10mg/5ml	Tier 5	NEDS
tamoxifen citrate TABS 10mg, 20mg	Tier 2	MO
toremifene citrate TABS 60mg	Tier 5	NEDS
XTANDI CAPS 40mg; TABS 40mg, 80mg	Tier 5	NEDS LA PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 5	NEDS QL LA PA
lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 5	NEDS QL LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 5	NEDS QL LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 5	NEDS QL LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 5	NEDS QL LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	Tier 5	NEDS QL LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 5	NEDS QL LA PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	Tier 5	NEDS LA PA
bexarotene CAPS 75mg	Tier 5	NEDS PA
hydroxyurea CAPS 500mg	Tier 2	MO
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 2	B/D
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 5	NEDS QL PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 5	NEDS QL PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 5	NEDS QL PA
MATULANE CAPS 50mg	Tier 5	NEDS LA
SYNRIBO SOLR 3.5mg	Tier 5	NEDS PA
tretinoin (chemotherapy) CAPS 10mg	Tier 5	NEDS
WELIREG TABS 40mg	Tier 5	NEDS LA PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	Tier 2	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	NEDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	NEDS B/D
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	Tier 2	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 2	B/D
paclitaxel protein-bound particles for iv susp 100 mg	Tier 5	NEDS B/D
vincristine sulfate SOLN 1mg/ml	Tier 2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	Tier 2	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	Tier 5	NEDS LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	Tier 5	NEDS LA PA
ALUNBRIG PAK	Tier 5	NEDS LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5	NEDS QL LA PA
BALVERSA TABS 3mg, 4mg, 5mg	Tier 5	NEDS LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	Tier 5	NEDS PA
bortezomib SOLR 3.5mg	Tier 5	NEDS PA
BOSULIF TABS 100mg, 400mg, 500mg	Tier 5	NEDS PA
BRAFTOVI CAPS 75mg	Tier 5	NEDS LA PA
BRUKINSA CAPS 80mg	Tier 5	NEDS LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 5	NEDS QL LA PA

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	MO
moexipril hcl TABS 7.5mg, 15mg	Tier 1	MO
perindopril erbumine TABS 2mg, 4mg, 8mg	Tier 1	MO
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1	MO
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1	MO
trandolapril TABS 1mg, 2mg, 4mg	Tier 1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	Tier 2	MO
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL MO
spironolactone TABS 25mg, 50mg, 100mg	Tier 1	MO
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	Tier 1	MO
prazosin hcl CAPS 1mg, 2mg, 5mg	Tier 2	MO
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg QL (30 tabs / 30 days)	Tier 1	QL MO
amlodipine besylate-olmesartan medoxomil tab 5-40 mg QL (30 tabs / 30 days)	Tier 1	QL MO
amlodipine besylate-olmesartan medoxomil tab 10-20 mg QL (30 tabs / 30 days)	Tier 1	QL MO
amlodipine besylate-olmesartan medoxomil tab 10-40 mg QL (30 tabs / 30 days)	Tier 1	QL MO
amlodipine besylate-valsartan tab 5-160 mg QL (30 tabs / 30 days)	Tier 1	QL MO
amlodipine besylate-valsartan tab 5-320 mg QL (30 tabs / 30 days)	Tier 1	QL MO
amlodipine besylate-valsartan tab 10-160 mg QL (30 tabs / 30 days)	Tier 1	QL MO
amlodipine besylate-valsartan tab 10-320 mg QL (30 tabs / 30 days)	Tier 1	QL MO
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg QL (60 tabs / 30 days)	Tier 1	QL MO
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg QL (30 tabs / 30 days)	Tier 1	QL MO
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	Tier 4	QL MO
EDARBYCLOR TAB 40-25MG QL (30 tabs / 30 days)	Tier 4	QL MO
ENTRESTO TAB 24-26MG	Tier 3	MO
ENTRESTO TAB 49-51MG	Tier 3	MO
ENTRESTO TAB 97-103MG	Tier 3	MO
irbesartan-hydrochlorothiazide tab 150-12.5 mg QL (60 tabs / 30 days)	Tier 1	QL MO
irbesartan-hydrochlorothiazide tab 300-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	Tier 1	MO
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	Tier 1	MO

Drug Name	Drug Tier	Requirements/ Limits
losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 1	MO
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg QL (30 tabs / 30 days)	Tier 1	QL MO
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg QL (30 tabs / 30 days)	Tier 1	QL MO
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg QL (30 tabs / 30 days)	Tier 1	QL MO
telmisartan-amlodipine tab 40-5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
telmisartan-amlodipine tab 40-10 mg QL (30 tabs / 30 days)	Tier 1	QL MO
telmisartan-amlodipine tab 80-5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
telmisartan-amlodipine tab 80-10 mg QL (30 tabs / 30 days)	Tier 1	QL MO
telmisartan-hydrochlorothiazide tab 40-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
telmisartan-hydrochlorothiazide tab 80-12.5 mg QL (60 tabs / 30 days)	Tier 1	QL MO
telmisartan-hydrochlorothiazide tab 80-25 mg QL (30 tabs / 30 days)	Tier 1	QL MO
valsartan-hydrochlorothiazide tab 80-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
valsartan-hydrochlorothiazide tab 160-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
valsartan-hydrochlorothiazide tab 160-25 mg QL (30 tabs / 30 days)	Tier 1	QL MO
valsartan-hydrochlorothiazide tab 320-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL MO
valsartan-hydrochlorothiazide tab 320-25 mg QL (30 tabs / 30 days)	Tier 1	QL MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 1	QL MO
candesartan cilexetil TABS 32mg QL (30 tabs / 30 days)	Tier 1	QL MO
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 4	QL MO
irbesartan TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL MO
losartan potassium TABS 25mg, 50mg, 100mg	Tier 1	MO

Drug Name	Drug Tier	Requirements/ Limits
olmesartan medoxomil TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL MO
olmesartan medoxomil TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL MO
telmisartan TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
valsartan TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL MO
valsartan TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL MO
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 2	MO
amiodarone hcl TABS 200mg	Tier 1	MO
disopyramide phosphate CAPS 100mg, 150mg	Tier 4	MO
dofetilide CAPS 125mcg, 250mcg, 500mcg	Tier 2	
flecainide acetate TABS 50mg, 100mg, 150mg	Tier 2	MO
MULTAQ TABS 400mg	Tier 4	MO
NORPACE CR CP12 100mg, 150mg	Tier 4	MO
pacerone TABS 100mg, 400mg	Tier 2	MO
pacerone TABS 200mg	Tier 1	MO
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	Tier 2	MO
quinidine sulfate TABS 200mg, 300mg	Tier 2	MO
sorine TABS 80mg, 120mg, 160mg, 240mg	Tier 1	MO
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	Tier 1	MO
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	Tier 2	MO
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	Tier 2	MO
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	Tier 2	MO
fenofibrate micronized CAPS 67mg, 134mg, 200mg	Tier 2	MO
gemfibrozil TABS 600mg	Tier 1	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 5	NEDS QL ST
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	Tier 4	QL MO ST
fluvastatin sodium CAPS 20mg, 40mg QL (60 caps / 30 days)	Tier 1	QL MO
fluvastatin sodium TB24 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	Tier 4	QL MO ST
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL MO
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL MO
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL MO
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	Tier 4	QL MO ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	Tier 2	MO
cholestyramine light PACK 4gm; POWD 4gm/dose	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
colesevelam hcl PACK 3.75gm; TABS 625mg	Tier 2	MO
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	Tier 2	MO
ezetimibe TABS 10mg	Tier 2	MO
ezetimibe-simvastatin tab 10-10 mg QL (30 tabs / 30 days)	Tier 1	QL MO
ezetimibe-simvastatin tab 10-20 mg QL (30 tabs / 30 days)	Tier 1	QL MO
ezetimibe-simvastatin tab 10-40 mg QL (30 tabs / 30 days)	Tier 1	QL MO
ezetimibe-simvastatin tab 10-80 mg QL (30 tabs / 30 days)	Tier 1	QL MO
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 2	QL MO
PRALUENT SOAJ 75mg/ml, 150mg/ml	Tier 3	PA
prevalite PACK 4gm; POWD 4gm/dose	Tier 2	MO
VASCEPA CAPS .5gm, 1gm	Tier 4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	Tier 1	MO
atenolol & chlorthalidone tab 100-25 mg	Tier 1	MO
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	MO
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	MO
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	MO
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 2	MO
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 2	MO
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 2	MO
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	Tier 1	MO
atenolol TABS 25mg, 50mg, 100mg	Tier 1	MO
bisoprolol fumarate TABS 5mg, 10mg	Tier 1	MO
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	MO
labetalol hcl TABS 100mg, 200mg, 300mg	Tier 2	MO
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	Tier 2	MO
metoprolol tartrate SOLN 5mg/5ml	Tier 2	MO
metoprolol tartrate TABS 25mg, 50mg, 100mg	Tier 1	MO
nadolol TABS 20mg, 40mg, 80mg	Tier 2	MO
nebivolol hcl TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL MO
nebivolol hcl TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL MO
pindolol TABS 5mg, 10mg	Tier 1	MO
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg	Tier 2	MO
propranolol hcl SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	MO
timolol maleate TABS 5mg, 10mg, 20mg	Tier 1	MO
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	Tier 1	MO
cartia xt CP24 120mg, 180mg, 240mg, 300mg	Tier 2	MO
dilt-xr CP24 120mg, 180mg, 240mg	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	MO
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	Tier 1	MO
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 2	MO
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	MO
felodipine TB24 2.5mg, 5mg, 10mg	Tier 2	MO
isradipine CAPS 2.5mg, 5mg	Tier 1	MO
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	MO
nicardipine hcl CAPS 20mg, 30mg	Tier 1	MO
nifedipine TB24 30mg, 60mg, 90mg	Tier 2	MO
nimodipine CAPS 30mg	Tier 2	MO
nisoldipine TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	Tier 1	MO
NYMALIZE SOLN 6mg/ml	Tier 5	NEDS
taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 2	MO
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	MO
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	Tier 2	MO
verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	MO
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	Tier 2	MO
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	MO
amiloride hcl TABS 5mg	Tier 1	MO
bumetanide SOLN .25mg/ml	Tier 2	HI MO
bumetanide TABS .5mg, 1mg, 2mg	Tier 2	MO
chlorthalidone TABS 25mg, 50mg	Tier 2	MO
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	Tier 1	MO
furosemide inj SOLN 10mg/ml	Tier 2	HI MO
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	MO
indapamide TABS 1.25mg, 2.5mg	Tier 1	MO
methazolamide TABS 25mg, 50mg	Tier 2	MO
metolazone TABS 2.5mg, 5mg, 10mg	Tier 2	MO
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 2	MO
torsemide TABS 5mg, 10mg, 20mg, 100mg	Tier 1	MO
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	MO
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	MO
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	MO
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	Tier 4	MO
aliskiren fumarate TABS 150mg, 300mg	Tier 1	MO
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	Tier 1	MO
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	Tier 1	MO

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	Tier 1	MO
amlodipine besylate-atorvastatin calcium tab 5-10 mg	Tier 1	MO
amlodipine besylate-atorvastatin calcium tab 5-20 mg	Tier 1	MO
amlodipine besylate-atorvastatin calcium tab 5-40 mg	Tier 1	MO
amlodipine besylate-atorvastatin calcium tab 5-80 mg	Tier 1	MO
amlodipine besylate-atorvastatin calcium tab 10-10 mg	Tier 1	MO
amlodipine besylate-atorvastatin calcium tab 10-20 mg	Tier 1	MO
amlodipine besylate-atorvastatin calcium tab 10-40 mg	Tier 1	MO
amlodipine besylate-atorvastatin calcium tab 10-80 mg	Tier 1	MO
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	Tier 2	MO
clonidine hcl TABS .1mg, .2mg, .3mg	Tier 1	MO
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	Tier 4	MO
digoxin SOLN .05mg/ml, .25mg/ml	Tier 2	MO
digoxin TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 2	QL MO
droxidopa CAPS 100mg QL (90 caps / 30 days)	Tier 5	NEDS QL PA
droxidopa CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 5	NEDS QL PA
epinephrine (anaphylaxis) SOLN 1mg/ml	Tier 2	MO
guanfacine hcl TABS 1mg, 2mg PA if 70 years and older	Tier 1	MO PA
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	Tier 2	MO
metyrosine CAPS 250mg	Tier 5	NEDS PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	Tier 2	MO
minoxidil TABS 2.5mg, 10mg	Tier 1	MO
ranolazine TB12 500mg, 1000mg	Tier 2	MO
VERQUVO TABS 2.5mg, 5mg, 10mg	Tier 3	MO
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	Tier 2	MO
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	Tier 1	MO
NITRO-BID OINT 2%	Tier 3	MO
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	Tier 2	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 5	NEDS QL LA PA
ambrisentan TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 5	NEDS QL LA PA
bosentan TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 5	NEDS QL LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 5	NEDS QL LA PA
sildenafil citrate (pulmonary hypertension) TABS 20mg QL (360 tabs / 30 days)	Tier 2	QL PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 5	NEDS LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Tier 5	NEDS LA PA

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

Drug Name	Drug Tier	Requirements/ Limits
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 2	MO
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 5	NEDS QL LA PA
epitol TABS 200mg	Tier 2	MO
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 4	QL MO PA
ethosuximide CAPS 250mg; SOLN 250mg/5ml	Tier 2	MO
felbamate SUSP 600mg/5ml	Tier 5	NEDS
felbamate TABS 400mg, 600mg	Tier 2	MO
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 5	NEDS QL LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 5	NEDS QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 4	QL MO PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 5	NEDS QL PA
gabapentin CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	Tier 2	QL MO
gabapentin SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 2	QL MO
gabapentin TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL MO
gabapentin TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL MO
lacosamide SOLN 200mg/20ml	Tier 5	NEDS
lacosamide TABS 50mg QL (120 tabs / 30 days)	Tier 2	QL MO
lacosamide TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL MO
lacosamide oral SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 2	QL
lamotrigine CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	Tier 2	MO
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	Tier 1	MO
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 2	MO
levetiracetam in sodium chloride iv soln 500 mg/100ml	Tier 2	MO
levetiracetam in sodium chloride iv soln 1000 mg/100ml	Tier 2	MO
levetiracetam in sodium chloride iv soln 1500 mg/100ml	Tier 2	MO
methsuximide CAPS 300mg	Tier 2	MO
NAYZILAM SOLN 5mg/0.1ml	Tier 4	MO
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 2	MO
phenobarbital ELIX 20mg/5ml PA if 70 years and older	Tier 4	MO PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	Tier 3	MO PA
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA if 70 years and older	Tier 4	MO PA
phenytek CAPS 200mg, 300mg	Tier 2	MO
phenytoin CHEW 50mg; SUSP 125mg/5ml	Tier 2	MO
phenytoin sodium SOLN 50mg/ml	Tier 2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 5	NEDS QL LA PA
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL MO
donepezil hydrochloride TABS 10mg; TBDP 10mg	Tier 1	MO
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL MO
galantamine hydrobromide SOLN 4mg/ml	Tier 2	MO
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL MO
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA if < 30 yrs	Tier 2	MO PA
NAMZARIC CAP 7-10MG	Tier 4	MO
NAMZARIC CAP 14-10MG	Tier 4	MO
NAMZARIC CAP 21-10MG	Tier 4	MO
NAMZARIC CAP 28-10MG	Tier 4	MO
NAMZARIC CAP PACK	Tier 4	MO
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 2	QL MO
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	QL MO
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 3	MO
amoxapine TABS 25mg, 50mg, 100mg, 150mg	Tier 3	MO
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 4	QL MO PA
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	Tier 2	MO
citalopram hydrobromide SOLN 10mg/5ml	Tier 2	MO
citalopram hydrobromide TABS 10mg, 20mg, 40mg	Tier 1	MO
clomipramine hcl CAPS 25mg, 50mg, 75mg	Tier 4	MO PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 4	MO
desvenlafaxine succinate TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL MO PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	Tier 3	MO
doxepin hcl CAPS 150mg	Tier 4	MO
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 4	QL MO PA
duloxetine hcl CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 2	QL MO
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 5	NEDS QL PA
escitalopram oxalate SOLN 5mg/5ml	Tier 2	MO
escitalopram oxalate TABS 5mg, 10mg, 20mg	Tier 1	MO
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 4	QL MO PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 4	QL MO PA
FETZIMA CAP TITRATIO	Tier 4	MO PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg	Tier 1	MO
fluoxetine hcl SOLN 20mg/5ml	Tier 2	MO
imipramine hcl TABS 10mg, 25mg, 50mg	Tier 2	MO
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 4	QL MO
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	Tier 2	MO
mirtazapine TABS 15mg, 30mg, 45mg	Tier 1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL MO
amantadine hcl SOLN 50mg/5ml; TABS 100mg	Tier 2	MO
benztropine mesylate SOLN 1mg/ml	Tier 2	MO
benztropine mesylate TABS .5mg, 1mg, 2mg PA if 70 years and older	Tier 3	MO PA
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	Tier 2	MO
carb/levo orally disintegrating tab 10-100mg	Tier 2	MO
carb/levo orally disintegrating tab 25-100mg	Tier 2	MO
carb/levo orally disintegrating tab 25-250mg	Tier 2	MO
carbidopa TABS 25mg	Tier 2	MO
carbidopa & levodopa tab 10-100 mg	Tier 2	MO
carbidopa & levodopa tab 25-100 mg	Tier 2	MO
carbidopa & levodopa tab 25-250 mg	Tier 2	MO
carbidopa & levodopa tab er 25-100 mg	Tier 2	MO
carbidopa & levodopa tab er 50-200 mg	Tier 2	MO
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 2	MO
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 2	MO
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 2	MO
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 2	MO
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 2	MO
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 2	MO

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine cap er 24hr 30 mg QL (30 caps / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine tab 5 mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine tab 7.5 mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine tab 10 mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine tab 12.5 mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
amphetamine-dextroamphetamine tab 15 mg QL (60 tabs / 30 days)	Tier 2	QL MO PA

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

Drug Name	Drug Tier	Requirements/ Limits
zolpidem tartrate TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 2	QL MO PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 3	QL PA
dihydroergotamine mesylate SOLN 1mg/ml	Tier 5	NEDS
dihydroergotamine mesylate SOLN 4mg/ml QL (8 mL / 30 days)	Tier 5	NEDS QL PA
ergotamine w/ caffeine tab 1-100 mg QL (40 tabs / 28 days)	Tier 2	QL MO PA
naratriptan hcl TABS 1mg, 2.5mg QL (12 tabs / 30 days)	Tier 2	QL MO
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 3	QL MO PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	Tier 2	QL MO
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	Tier 2	QL MO
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	Tier 2	QL MO
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 2	QL MO
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 2	QL MO
sumatriptan succinate TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 2	QL MO
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	Tier 2	QL MO

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 5	NEDS QL LA PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 5	NEDS QL LA PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 5	NEDS QL PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 5	NEDS QL PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 5	NEDS QL PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 5	NEDS QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	Tier 4	QL MO PA
GRALISE TABS 450mg QL (120 tabs / 30 days)	Tier 4	QL MO PA
GRALISE TABS 600mg QL (90 tabs / 30 days)	Tier 4	QL MO PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	Tier 4	QL MO PA
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	Tier 5	NEDS QL LA PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	Tier 5	NEDS QL LA PA
LITHIUM SOLN 8meq/5ml	Tier 4	MO
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	Tier 1	MO
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 4	QL MO PA
pyridostigmine bromide TABS 60mg	Tier 2	MO
riluzole TABS 50mg	Tier 2	MO
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	Tier 4	QL MO PA
SAVELLA MIS TITR PAK	Tier 4	MO PA

Drug Name	Drug Tier	Requirements/ Limits
tetrabenazine TABS 12.5mg QL (90 tabs / 30 days)	Tier 5	NEDS QL PA
tetrabenazine TABS 25mg QL (120 tabs / 30 days)	Tier 5	NEDS QL PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 5	NEDS QL LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 5	NEDS QL PA
dalfampridine TB12 10mg	Tier 2	PA
fingolimod hcl CAPS .5mg QL (28 caps / 28 days)	Tier 5	NEDS QL PA
glatiramer acetate SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	NEDS QL PA
glatiramer acetate SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	NEDS QL PA
glatopa SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 5	NEDS QL PA
glatopa SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 5	NEDS QL PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	Tier 5	NEDS QL LA PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg, 10mg, 20mg	Tier 2	MO
cyclobenzaprine hcl TABS 5mg, 10mg PA if 70 years and older	Tier 3	MO PA
dantrolene sodium CAPS 25mg, 50mg, 100mg	Tier 2	MO
tizanidine hcl TABS 2mg, 4mg	Tier 2	MO
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
armodafinil TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 2	QL MO PA
modafinil TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL MO PA
modafinil TABS 200mg QL (60 tabs / 30 days)	Tier 2	QL MO PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 5	NEDS QL LA PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	Tier 5	NEDS QL LA PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	Tier 2	MO
buprenorphine hcl SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 2	QL MO PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) QL (90 films / 30 days)	Tier 2	QL MO
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) QL (90 films / 30 days)	Tier 2	QL MO
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) QL (90 films / 30 days)	Tier 2	QL MO
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) QL (60 films / 30 days)	Tier 2	QL MO
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	Tier 2	QL MO
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	Tier 2	QL MO
bupropion hcl (smoking deterrent) TB12 150mg	Tier 2	MO
disulfiram TABS 250mg, 500mg	Tier 2	MO
naloxone hcl LIQD 4mg/0.1ml	Tier 1	MO

Drug Name	Drug Tier	Requirements/ Limits
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	Tier 2	MO
naltrexone hcl TABS 50mg	Tier 2	MO
NICOTROL INHALER INHA 10mg	Tier 4	MO
NICOTROL NS SOLN 10mg/ml	Tier 4	MO
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 2	QL MO PA
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	Tier 2	MO PA
VIVITROL SUSR 380mg	Tier 5	NEDS
ENDOCRINE AND METABOLIC		
ANDROGENS		
depo-testosterone SOLN 100mg/ml, 200mg/ml	Tier 2	MO PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 2	QL MO PA
testosterone GEL 1.62% QL (150 gm / 30 days)	Tier 2	QL MO PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 2	MO PA
testosterone enanthate SOLN 200mg/ml	Tier 2	MO PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	Tier 1	MO
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	Tier 3	QL MO PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	Tier 4	QL MO PA
DEXCOM G6 MIS RECEIVER QL (1 each / year)	MB	QL MO
DEXCOM G6 MIS SENSOR	MB	MO
DEXCOM G6 MIS TRANSMIT QL (1 box / 90 days)	MB	QL MO
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL MO
FREESTY LIBR KIT 2 SENSOR	MB	MO
FREESTY LIBR MIS 2 READER QL (1 each / year)	MB	QL MO
FREESTYLE KIT FREEDOM QL (1 box / year)	MB	QL MO
FREESTYLE KIT INSULINX QL (1 box / year)	MB	QL MO
FREESTYLE KIT LITE QL (1 box / year)	MB	QL MO
FREESTYLE KIT SENSOR	MB	MO
FREESTYLE MIS READER QL (1 each / year)	MB	QL MO
FREESTYLE TES QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	MO
FREESTYLE TES INSULINX QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	MO
FREESTYLE TES LITE QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	MO
FREESTYLE TES PREC NEO QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	MO
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL MO
glimepiride TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL MO
glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL MO
glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL MO

Drug Name	Drug Tier	Requirements/ Limits
glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL MO
glipizide TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL MO
glipizide xl TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL MO
glipizide xl TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL MO
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 1	QL MO
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 1	QL MO
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 1	QL MO
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 3	QL MO
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 3	QL MO
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL MO
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL MO
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL MO
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL MO
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 3	QL MO
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL MO
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL MO
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	Tier 3	QL MO
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 3	QL MO
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 3	QL MO
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 3	QL MO
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL MO
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	Tier 3	QL MO
metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL MO
metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL MO
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL MO
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL MO
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL MO
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL MO
ONETOUCH KIT ULT MINI QL (1 box / year)	MB	QL MO
ONETOUCH KIT ULTRA 2 QL (1 box / year)	MB	QL MO
ONETOUCH KIT VERIO QL (1 box / year)	MB	QL MO
ONETOUCH KIT VERIO FL QL (1 box / year)	MB	QL MO
ONETOUCH KIT VERIO IQ QL (1 box / year)	MB	QL MO
ONETOUCH KIT VERIO RE QL (1 box / year)	MB	QL MO
ONETOUCH TES ULTRA QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	MO

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

Drug Name	Drug Tier	Requirements/ Limits
FIASP FLEX INJ TOUCH SI	Tier 3	MO
FIASP INJ 100/ML SI	Tier 3	MO
FIASP PENFIL INJ U-100 SI	Tier 3	MO
FIASP PMPCRT INJ U-100 SI	Tier 3	B/D MO
GAUZE PADS 2" X 2"	Tier 3	MO
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 5	NEDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 5	NEDS
INSULIN PEN NEEDLES: BD/NOVO	Tier 3	MO
INSULIN SAFETY NEEDLES	Tier 3	MO
INSULIN SYRINGES: BD	Tier 3	MO
LANTUS SOLN 100unit/ml SI	Tier 3	MO
LANTUS SOLOSTAR SOPN 100unit/ml SI	Tier 3	MO
LEVEMIR SOLN 100unit/ml SI	Tier 3	MO
LEVEMIR FLEXPEN SOPN 100unit/ml SI	Tier 3	MO
LEVEMIR FLEXTOUCH SOPN 100unit/ml SI	Tier 3	MO
NOVOLIN INJ 70/30 SI (brand RELION not covered)	Tier 3	MO
NOVOLIN INJ 70/30 FP SI (brand RELION not covered)	Tier 3	MO
NOVOLIN N SUSP 100unit/ml SI (brand RELION not covered)	Tier 3	MO
NOVOLIN N FLEXPEN SUPN 100unit/ml SI (brand RELION not covered)	Tier 3	MO
NOVOLIN R SOLN 100unit/ml SI (brand RELION not covered)	Tier 3	MO
NOVOLIN R FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	Tier 3	MO
NOVOLOG SOLN 100unit/ml SI (brand RELION not covered)	Tier 3	MO
NOVOLOG FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	Tier 3	MO
NOVOLOG MIX INJ 70/30 SI (brand RELION not covered)	Tier 3	MO
NOVOLOG MIX INJ FLEXPEN SI (brand RELION not covered)	Tier 3	MO
NOVOLOG PENFILL SOCT 100unit/ml SI (brand RELION not covered)	Tier 3	MO
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 4	QL MO PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 4	QL MO PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 4	QL MO PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 4	QL MO PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 4	QL MO PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 4	QL MO PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 4	QL MO PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 4	QL MO PA

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

Drug Name	Drug Tier	Requirements/ Limits
alyacen 7/7/7	Tier 2	MO
apri	Tier 2	MO
aranelle	Tier 2	MO
aubra eq	Tier 2	MO
aurovela 1/20	Tier 2	MO
aurovela fe 1.5/30	Tier 2	MO
aurovela fe 1/20	Tier 2	MO
aviane	Tier 2	MO
ayuna	Tier 2	MO
azurette	Tier 2	MO
balziva	Tier 2	MO
blisovi fe 1.5/30	Tier 2	MO
briellyn	Tier 2	MO
camila TABS .35mg	Tier 2	MO
chateal	Tier 2	MO
cryselle-28	Tier 2	MO
cyred eq	Tier 2	MO
dasetta 1/35	Tier 2	MO
dasetta 7/7/7	Tier 2	MO
deblitane TABS .35mg	Tier 2	MO
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 2	MO
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 2	MO
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 2	MO
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 2	MO
elinest	Tier 2	MO
eluryng	Tier 2	MO
emoquette	Tier 2	MO
enilloring	Tier 2	MO
enpresse-28	Tier 2	MO
enskyce	Tier 2	MO
errin TABS .35mg	Tier 2	MO
estarylla	Tier 2	MO
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 2	MO
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Tier 2	MO
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	Tier 2	MO
falmina	Tier 2	MO
femynor	Tier 2	MO
hailey 1.5/30	Tier 2	MO
haloette	Tier 2	MO
heather TABS .35mg	Tier 2	MO
iclevia	Tier 2	MO
incassia TABS .35mg	Tier 2	MO
introvale	Tier 2	MO
isibloom	Tier 2	MO
jasmiel	Tier 2	MO
jolessa	Tier 2	MO
juleber	Tier 2	MO
junel 1.5/30	Tier 2	MO
junel 1/20	Tier 2	MO
junel fe 1.5/30	Tier 2	MO
junel fe 1/20	Tier 2	MO
kariva	Tier 2	MO
kelnor 1/35	Tier 2	MO
kelnor 1/50	Tier 2	MO
kurvelo	Tier 2	MO
larin 1.5/30	Tier 2	MO
larin 1/20	Tier 2	MO
larin fe 1.5/30	Tier 2	MO
larin fe 1/20	Tier 2	MO
leena	Tier 2	MO
lessina	Tier 2	MO
levonest	Tier 2	MO
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 2	MO
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 2	MO
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 2	MO
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 2	MO
levora 0.15/30-28	Tier 2	MO
loestrin 1.5/30-21	Tier 2	MO
loestrin 1/20-21	Tier 2	MO
loestrin fe 1.5/30	Tier 2	MO
loestrin fe 1/20	Tier 2	MO
loryna	Tier 2	MO
low-ogestrel	Tier 2	MO
lutera	Tier 2	MO
lyleq TABS .35mg	Tier 2	MO
lyza TABS .35mg	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
marlissa	Tier 2	MO
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	Tier 2	MO
microgestin 1.5/30	Tier 2	MO
microgestin 1/20	Tier 2	MO
microgestin fe 1.5/30	Tier 2	MO
microgestin fe 1/20	Tier 2	MO
mili	Tier 2	MO
mono-linyah	Tier 2	MO
necon 0.5/35-28	Tier 2	MO
nikki	Tier 2	MO
nora-be TABS .35mg	Tier 2	MO
norethindrone (contraceptive) TABS .35mg	Tier 2	MO
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	Tier 2	MO
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 2	MO
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 2	MO
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 2	MO
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 2	MO
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 2	MO
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 2	MO
norlyroc TABS .35mg	Tier 2	MO
nortrel 0.5/35 (28)	Tier 2	MO
nortrel 1/35 (21)	Tier 2	MO
nortrel 1/35 (28)	Tier 2	MO
nortrel 7/7/7	Tier 2	MO
nylia 1/35	Tier 2	MO
nylia 7/7/7	Tier 2	MO
nymyo	Tier 2	MO
ocella	Tier 2	MO
philith	Tier 2	MO
pimtrea	Tier 2	MO
pirmella 1/35	Tier 2	MO
portia-28	Tier 2	MO
reclipsen	Tier 2	MO
setlakin	Tier 2	MO
sharobel TABS .35mg	Tier 2	MO
simliya	Tier 2	MO
sprintec 28	Tier 2	MO
sronyx	Tier 2	MO
syeda	Tier 2	MO
tarina fe 1/20 eq	Tier 2	MO
tilia fe	Tier 2	MO
tri-estarylla	Tier 2	MO
tri-legest fe	Tier 2	MO
tri-linyah	Tier 2	MO
tri-lo-estarylla	Tier 2	MO
tri-lo-marzia	Tier 2	MO
tri-lo-mili	Tier 2	MO
tri-lo-sprintec	Tier 2	MO
tri-mili	Tier 2	MO
tri-nymyo	Tier 2	MO
tri-sprintec	Tier 2	MO
tri-vylibra	Tier 2	MO
tri-vylibra lo	Tier 2	MO
trivora-28	Tier 2	MO
velivet	Tier 2	MO
vestura	Tier 2	MO
vienva	Tier 2	MO
viorele	Tier 2	MO
vyfemla	Tier 2	MO
vylibra	Tier 2	MO
wera	Tier 2	MO
xulane	Tier 2	MO
zafemy	Tier 2	MO
zovia 1/35	Tier 2	MO
zumandimine	Tier 2	MO
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	Tier 2	MO
SYNAREL SOLN 2mg/ml	Tier 5	NEDS
ESTROGENS		
amabelz	Tier 3	MO
DELESTROGEN OIL 10mg/ml	Tier 4	MO
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3	MO

Drug Name	Drug Tier	Requirements/ Limits
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 3	MO
estradiol TABS .5mg, 1mg, 2mg	Tier 2	MO
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 3	MO
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 3	MO
estradiol vaginal CREA .1mg/gm; TABS 10mcg	Tier 2	MO
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 2	MO
fyavolv tab 0.5mg-2.5mcg	Tier 3	MO
fyavolv tab 1mg-5mcg	Tier 3	MO
jinteli	Tier 3	MO
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3	MO
mimvey	Tier 3	MO
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 3	MO
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 3	MO
yuvafem TABS 10mcg	Tier 2	MO
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 2	MO
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 4	MO
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 2	MO
fludrocortisone acetate TABS .1mg	Tier 2	MO
hydrocortisone TABS 5mg, 10mg, 20mg	Tier 2	MO
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	Tier 2	B/D MO
methylprednisolone TBPK 4mg	Tier 2	MO
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	Tier 2	B/D MO
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	Tier 2	B/D MO
prednisolone SOLN 15mg/5ml	Tier 2	B/D MO
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	Tier 2	B/D MO
prednisone SOLN 5mg/5ml	Tier 2	B/D MO
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D MO
prednisone TBPK 5mg, 10mg	Tier 1	MO
PREDNISONE INTENSOL CONC 5mg/ml	Tier 4	B/D MO
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 4	MO
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	Tier 5	NEDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 3	MO
GVOKE KIT SOLN 1mg/0.2ml	Tier 3	MO
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	Tier 3	MO
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 5	NEDS LA PA
betaine powder for oral solution	Tier 5	NEDS LA
cabergoline TABS .5mg	Tier 2	MO
carglumic acid TBSO 200mg	Tier 5	NEDS LA PA
CERDELGA CAPS 84mg	Tier 5	NEDS LA PA
CEREZYME SOLR 400unit	Tier 5	NEDS LA PA
cinacalcet hcl TABS 30mg QL (60 tabs / 30 days)	Tier 2	B/D QL
cinacalcet hcl TABS 60mg QL (60 tabs / 30 days)	Tier 5	NEDS B/D QL

Drug Name	Drug Tier	Requirements/ Limits
cinacalcet hcl TABS 90mg QL (120 tabs / 30 days)	Tier 5	NEDS B/D QL
CYSTAGON CAPS 50mg, 150mg	Tier 4	LA PA
desmopressin acetate SOLN 4mcg/ml	Tier 5	NEDS
desmopressin acetate TABS .1mg, .2mg	Tier 2	MO
desmopressin acetate spray SOLN .01%	Tier 2	MO
desmopressin acetate spray refrigerated SOLN .01%	Tier 2	MO
FABRAZYME SOLR 5mg, 35mg	Tier 5	NEDS LA PA
GENOTROPIN CART 5mg, 12mg	Tier 5	NEDS PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 5	NEDS PA
INCRELEX SOLN 40mg/4ml	Tier 5	NEDS LA PA
javygtor PACK 100mg, 500mg; TABS 100mg	Tier 5	NEDS LA PA
KORLYM TABS 300mg	Tier 5	NEDS LA PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	Tier 2	B/D MO
LUMIZYME SOLR 50mg	Tier 5	NEDS LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	Tier 5	NEDS PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	Tier 5	NEDS PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	Tier 5	NEDS PA
miglustat CAPS 100mg QL (90 caps / 30 days)	Tier 5	NEDS QL PA
NAGLAZYME SOLN 1mg/ml	Tier 5	NEDS LA PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	Tier 5	NEDS PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 2	PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 5	NEDS PA
raloxifene hcl TABS 60mg	Tier 2	MO
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	Tier 5	NEDS PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 5	NEDS LA PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	Tier 5	NEDS PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 5	NEDS LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 5	NEDS LA PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg QL (360 caps / 30 days)	Tier 2	QL MO
calcium acetate (phosphate binder) TABS 667mg QL (360 tabs / 30 days)	Tier 2	QL MO
sevelamer carbonate PACK 2.4gm QL (180 packets / 30 days)	Tier 5	NEDS QL
sevelamer carbonate PACK .8gm QL (540 packets / 30 days)	Tier 5	NEDS QL
sevelamer carbonate TABS 800mg QL (540 tabs / 30 days)	Tier 2	QL MO
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	Tier 5	NEDS QL
PROGESTINS		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	Tier 1	MO
megestrol acetate SUSP 40mg/ml	Tier 3	MO
megestrol acetate (appetite) SUSP 625mg/5ml	Tier 4	MO PA

Drug Name	Drug Tier	Requirements/ Limits
norethindrone acetate TABS 5mg	Tier 2	MO
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	MO
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	MO
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	MO
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	MO
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	Tier 2	MO
methimazole TABS 5mg, 10mg	Tier 1	MO
propylthiouracil TABS 50mg	Tier 1	MO
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 4	MO
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	MO
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	Tier 2	B/D MO
calcitriol (oral) SOLN 1mcg/ml	Tier 2	B/D MO
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	Tier 2	B/D MO
paricalcitol CAPS 1mcg, 2mcg, 4mcg	Tier 2	B/D MO
RAYALDEE CPCR 30mcg	Tier 5	NEDS

Drug Name	Drug Tier	Requirements/ Limits
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	Tier 2	B/D MO
aprepitant capsule therapy pack 80 & 125 mg	Tier 2	B/D MO
compro SUPP 25mg	Tier 2	MO
dronabinol CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 2	B/D QL MO
granisetron hcl SOLN 1mg/ml, 4mg/4ml	Tier 2	MO
granisetron hcl TABS 1mg	Tier 2	B/D MO
meclizine hcl TABS 12.5mg, 25mg	Tier 2	MO
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	Tier 2	MO
metoclopramide hcl TABS 5mg, 10mg	Tier 1	MO
ondansetron TBDP 4mg, 8mg	Tier 2	B/D MO
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 2	MO
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 2	B/D MO
prochlorperazine SUPP 25mg	Tier 2	MO
prochlorperazine edisylate SOLN 10mg/2ml	Tier 2	MO
prochlorperazine maleate TABS 5mg, 10mg	Tier 1	MO
promethazine hcl SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 3	MO PA
promethazine hcl SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	Tier 2	MO PA
scopolamine PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	Tier 4	QL MO PA
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg	Tier 3	MO

Drug Name	Drug Tier	Requirements/ Limits
dicyclomine hcl SOLN 10mg/5ml	Tier 4	MO
glycopyrrolate TABS 1mg, 2mg	Tier 2	MO
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 2	MO
famotidine SUSR 40mg/5ml QL (300 mL / 30 days)	Tier 2	QL MO
famotidine TABS 20mg QL (120 tabs / 30 days)	Tier 1	QL MO
famotidine TABS 40mg QL (60 tabs / 30 days)	Tier 1	QL MO
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 2	MO
nizatidine CAPS 150mg, 300mg	Tier 2	MO
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	Tier 2	MO
budesonide CPEP 3mg QL (90 caps / 30 days)	Tier 2	QL MO PA
budesonide TB24 9mg QL (30 tabs / 30 days)	Tier 5	NEDS QL PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	Tier 2	MO
mesalamine CP24 .375gm QL (120 caps / 30 days)	Tier 2	QL MO
mesalamine CPDR 400mg QL (180 caps / 30 days)	Tier 2	QL MO
mesalamine ENEM 4gm; SUPP 1000mg	Tier 2	MO
mesalamine TBEC 1.2gm QL (120 tabs / 30 days)	Tier 2	QL MO
mesalamine w/ cleanser KIT 4gm	Tier 2	MO
sulfasalazine TABS 500mg; TBEC 500mg	Tier 2	MO
LAXATIVES		
constulose SOLN 10gm/15ml	Tier 2	MO
enulose SOLN 10gm/15ml	Tier 2	MO
gavilyte-c	Tier 1	MO
gavilyte-g	Tier 1	MO
generlac SOLN 10gm/15ml	Tier 2	MO
GOLYTELY SOL	Tier 3	MO
lactulose SOLN 10gm/15ml	Tier 2	MO
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 2	MO
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 1	MO
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	MO
PLENVU SOL	Tier 4	MO
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 2	MO
SUPREP BOWEL SOL PREP KIT	Tier 4	MO
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg QL (60 tabs / 30 days)	Tier 5	NEDS QL PA
cromolyn sodium (mastocytosis) CONC 100mg/5ml	Tier 2	MO
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Tier 4	MO
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 3	MO
GATTEX KIT 5mg	Tier 5	NEDS LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 4	QL MO
loperamide hcl CAPS 2mg	Tier 2	MO
misoprostol TABS 100mcg, 200mcg	Tier 2	MO
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL MO
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	Tier 5	NEDS PA
sucralfate TABS 1gm	Tier 2	MO
ursodiol CAPS 300mg; TABS 250mg, 500mg	Tier 2	MO
XERMELO TABS 250mg QL (90 tabs / 30 days)	Tier 5	NEDS QL LA PA
XIFAXAN TABS 550mg	Tier 5	NEDS PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	Tier 3	MO
CREON CAP 6000UNIT	Tier 3	MO

Drug Name	Drug Tier	Requirements/ Limits
CREON CAP 12000UNT	Tier 3	MO
CREON CAP 24000UNT	Tier 3	MO
CREON CAP 36000UNT	Tier 3	MO
ZENPEP CAP 3000UNIT	Tier 4	MO
ZENPEP CAP 5000UNIT	Tier 4	MO
ZENPEP CAP 10000UNT	Tier 4	MO
ZENPEP CAP 15000UNT	Tier 4	MO
ZENPEP CAP 20000UNT	Tier 4	MO
ZENPEP CAP 25000UNT	Tier 4	MO
ZENPEP CAP 40000UNT	Tier 4	MO
PROTON PUMP INHIBITORS		
esomeprazole magnesium CPDR 20mg, 40mg QL (30 caps / 30 days)	Tier 2	QL MO ST
lansoprazole CPDR 15mg, 30mg QL (60 caps / 30 days)	Tier 2	QL MO
lansoprazole TBDD 15mg, 30mg QL (60 tabs / 30 days)	Tier 2	QL MO ST
omeprazole CPDR 10mg, 20mg, 40mg	Tier 2	MO
pantoprazole sodium SOLR 40mg	Tier 2	MO
pantoprazole sodium TBEC 20mg, 40mg	Tier 1	MO
rabeprazole sodium TBEC 20mg QL (30 tabs / 30 days)	Tier 2	QL MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg QL (30 tabs / 30 days)	Tier 1	QL MO
dutasteride CAPS .5mg QL (30 caps / 30 days)	Tier 2	QL MO
dutasteride-tamsulosin hcl cap 0.5-0.4 mg QL (30 caps / 30 days)	Tier 2	QL MO
finasteride TABS 5mg	Tier 1	MO
silodosin CAPS 4mg, 8mg QL (30 caps / 30 days)	Tier 2	QL MO
tamsulosin hcl CAPS .4mg	Tier 2	MO
MISCELLANEOUS		
acetic acid SOLN .25%	Tier 2	MO
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	Tier 2	MO
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	Tier 2	MO
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg QL (30 tabs / 30 days)	Tier 2	QL MO ST
fesoterodine fumarate TB24 4mg, 8mg QL (30 tabs / 30 days)	Tier 2	QL MO
GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 4	QL MO
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	Tier 4	QL MO
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 4	QL MO
oxybutynin chloride SOLN 5mg/5ml; TABS 5mg	Tier 2	MO
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL MO
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 2	QL MO
solifenacin succinate TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL MO
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 2	QL MO ST
tolterodine tartrate TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 2	QL MO
trospium chloride CP24 60mg QL (30 caps / 30 days)	Tier 2	QL MO
trospium chloride TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL MO
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	Tier 2	MO
metronidazole vaginal GEL .75%	Tier 2	MO
terconazole vaginal CREA .4%, .8%; SUPP 80mg	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 2	QL MO
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL MO
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 3	QL MO
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 3	QL MO
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	MO
fondaparinux sodium SOLN 2.5mg/0.5ml	Tier 2	MO
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 5	NEDS
HEP SOD/D5W INJ 20000UNT	Tier 2	MO
HEP SOD/D5W INJ 25000UNT	Tier 2	MO
HEP SOD/NACL INJ 12500UNT	Tier 3	MO
HEP SOD/NACL INJ 25000UNT	Tier 3	MO
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	HI B/D MO
HEPARIN/NACL INJ 25000UNT	Tier 3	MO
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	MO
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 4	QL MO
PRADAXA CAPS 110mg QL (120 caps / 30 days)	Tier 4	QL MO
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	MO
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 3	QL MO
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL MO
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL MO
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 3	QL MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 5	NEDS PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 5	NEDS PA
ZIEXTENZO SOSY 6mg/0.6ml	Tier 5	NEDS PA
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg	Tier 2	MO
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 5	NEDS QL LA PA
cilostazol TABS 50mg, 100mg	Tier 1	MO
DOPTELET TABS 20mg	Tier 5	NEDS LA PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 3	MO
ENDARI PACK 5gm	Tier 5	NEDS LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 5	NEDS QL LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 5	NEDS QL LA PA
icatibant acetate SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5	NEDS QL PA
pentoxifylline TBCR 400mg	Tier 1	MO

Drug Name	Drug Tier	Requirements/ Limits
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	Tier 5	NEDS QL LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	Tier 5	NEDS QL LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 5	NEDS QL LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 5	NEDS QL LA PA
sajazir SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5	NEDS QL LA PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	Tier 2	MO
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 2	MO
BRILINTA TABS 60mg, 90mg	Tier 3	MO
clopidogrel bisulfate TABS 75mg	Tier 1	MO
dipyridamole TABS 25mg, 50mg, 75mg PA if 70 years and older	Tier 3	MO PA
prasugrel hcl TABS 5mg, 10mg	Tier 2	MO
IMMUNOLOGIC AGENTS ***AUTOIMMUNE AGENTS***		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	Tier 5	NEDS PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	Tier 5	NEDS QL PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 5	NEDS QL PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 5	NEDS QL PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 5	NEDS QL PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 5	NEDS QL PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	Tier 5	NEDS QL PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 5	NEDS QL PA
HUMIRA PEDIA INJ CROHNS	Tier 5	NEDS PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Tier 5	NEDS PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 5	NEDS QL PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 5	NEDS QL PA
HUMIRA PEN KIT PS/UV	Tier 5	NEDS PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	Tier 5	NEDS PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Tier 5	NEDS PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Tier 5	NEDS PA
INFLIXIMAB SOLR 100mg	Tier 5	NEDS LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	Tier 5	NEDS QL PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	Tier 5	NEDS QL PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	Tier 5	NEDS QL PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	Tier 5	NEDS QL PA
REMICADE SOLR 100mg	Tier 5	NEDS LA PA
RENFLEXIS SOLR 100mg	Tier 5	NEDS LA PA

Drug Name	Drug Tier	Requirements/ Limits
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 5	NEDS QL PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 5	NEDS QL PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 5	NEDS QL PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	Tier 5	NEDS QL PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 5	NEDS QL PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 5	NEDS QL PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 5	NEDS QL LA PA
STELARA SOLN 130mg/26ml	Tier 5	NEDS LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 5	NEDS QL PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	Tier 5	NEDS QL LA PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 5	NEDS QL PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 5	NEDS QL PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 5	NEDS QL PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	Tier 2	MO
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL MO
methotrexate sodium TABS 2.5mg	Tier 2	MO
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	Tier 4	B/D MO
XATMEP SOLN 2.5mg/ml	Tier 4	B/D MO
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	Tier 5	NEDS LA PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 5	NEDS PA
GAMASTAN INJ	Tier 4	B/D LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml	Tier 5	NEDS HI PA
GAMMAGARD LIQUID SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NEDS PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 5	NEDS HI PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	NEDS PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 5	NEDS LA PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml	Tier 5	NEDS HI PA
GAMUNEX-C SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NEDS PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	Tier 5	NEDS PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NEDS PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NEDS PA

Drug Name	Drug Tier	Requirements/ Limits
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 5	NEDS LA PA
ARCALYST SOLR 220mg	Tier 5	NEDS LA PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	Tier 5	NEDS B/D LA
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	Tier 2	B/D MO
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 5	NEDS QL LA PA
BENLYSTA SOLR 120mg, 400mg	Tier 5	NEDS LA PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	Tier 2	B/D MO
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 2	B/D MO
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	Tier 5	NEDS B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 2	B/D MO
mycophenolate mofetil CAPS 250mg; TABS 500mg	Tier 2	B/D MO
mycophenolate mofetil SUSR 200mg/ml	Tier 5	NEDS B/D
mycophenolate sodium TBEC 180mg, 360mg	Tier 2	B/D MO
NULOJIX SOLR 250mg	Tier 5	NEDS B/D
PROGRAF PACK .2mg, 1mg	Tier 4	B/D MO
REZUROCK TABS 200mg	Tier 5	NEDS LA PA
SANDIMMUNE SOLN 100mg/ml	Tier 4	B/D MO
sirolimus SOLN 1mg/ml	Tier 5	NEDS B/D
sirolimus TABS .5mg, 1mg, 2mg	Tier 2	B/D MO
tacrolimus CAPS .5mg, 1mg, 5mg	Tier 2	B/D MO
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	MO
ACTHIB INJ	Tier 1	MO
ADACEL INJ	Tier 1	MO
AREXVY SUSR 120mcg/0.5ml	Tier 1	MO
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO INJ	Tier 1	MO
BOOSTRIX INJ	Tier 1	MO
DAPTACEL INJ	Tier 1	MO
DENGVAXIA SUS	Tier 1	MO
DIP/TET PED INJ 25-5LFU	Tier 1	B/D MO
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D MO
GARDASIL 9 INJ	Tier 1	MO
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	MO
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D MO
HIBERIX SOLR 10mcg	Tier 1	MO
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D MO
INFANRIX INJ	Tier 1	MO
IPOL INJ INACTIVE	Tier 1	MO
IXIARO INJ	Tier 1	MO
KINRIX INJ	Tier 1	MO
M-M-R II INJ	Tier 1	MO
MENACTRA INJ	Tier 1	MO
MENQUADFI INJ	Tier 1	MO
MENVEO INJ	Tier 1	MO
MENVEO SOL	Tier 1	MO
PEDIARIX INJ 0.5ML	Tier 1	MO
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	MO
PENTACEL INJ	Tier 1	MO
PREHEVBRIO SUSP 10mcg/ml	Tier 1	B/D MO
PRIORIX INJ	Tier 1	MO
PROQUAD INJ	Tier 1	MO
QUADRACEL INJ	Tier 1	MO
QUADRACEL INJ 0.5ML	Tier 1	MO
RABAVERT INJ	Tier 1	B/D MO
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D MO
ROTARIX SUS	Tier 1	MO
ROTATEQ SOL	Tier 1	MO

Drug Name	Drug Tier	Requirements/ Limits
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL MO
TDVAX INJ 2-2 LF	Tier 1	B/D MO
TENIVAC INJ 5-2LF	Tier 1	B/D MO
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	MO
TRUMENBA INJ	Tier 1	MO
TWINRIX INJ	Tier 1	MO
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	MO
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	MO
VARIVAX INJ 1350pfu/0.5ml	Tier 1	MO
YF-VAX INJ	Tier 1	MO
NUTRITIONAL/SUPPLEMENTS *ELECTROLYTES/MINERALS, INJECTABLE*		
D2.5W/NACL INJ 0.45%	Tier 4	HI MO
D5W/LYTES INJ #48	Tier 4	MO
D10W/NACL INJ 0.2%	Tier 3	HI MO
dextrose 2.5% w/ sodium chloride 0.45%	Tier 2	HI MO
dextrose 5% in lactated ringers	Tier 2	MO
dextrose 5% w/ sodium chloride 0.2%	Tier 2	HI MO
dextrose 5% w/ sodium chloride 0.3%	Tier 2	MO
dextrose 5% w/ sodium chloride 0.9%	Tier 2	HI MO
dextrose 5% w/ sodium chloride 0.45%	Tier 2	HI MO
dextrose 5% w/ sodium chloride 0.225%	Tier 2	MO
dextrose 10% w/ sodium chloride 0.45%	Tier 2	HI MO
ISOLYTE-P INJ /D5W	Tier 4	MO
ISOLYTE-S INJ	Tier 4	MO
ISOLYTE-S INJ PH 7.4	Tier 4	MO
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 2	HI MO
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 2	HI MO
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 2	HI MO
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 2	HI MO
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 2	HI MO
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 2	HI MO
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 2	HI MO
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	Tier 2	HI MO
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 2	HI MO
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 2	HI MO
KCL/D5W/NACL INJ 0.3/0.9%	Tier 4	MO
lactated ringer's solution	Tier 2	MO
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3	MO
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3	MO
magnesium sulfate SOLN 50%	Tier 3	HI MO
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 3	MO
MG SO4/D5W INJ 10MG/ML	Tier 3	MO
multiple electrolytes ph 5.5	Tier 2	MO
multiple electrolytes ph 7.4	Tier 2	MO
PLASMA-LYTE INJ -148	Tier 4	MO
PLASMA-LYTE INJ -A	Tier 4	MO
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 2	MO
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 4	MO
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 4	MO

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	Tier 2	HI MO
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	Tier 4	MO
potassium chloride SOLN 20meq/50ml	Tier 2	MO
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 2	HI MO
sodium chloride SOLN 2.5meq/ml	Tier 2	MO
sodium chloride SOLN .45%, .9%, 3%, 5%	Tier 2	HI MO
TPN ELECTROL INJ	Tier 4	B/D MO
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	Tier 2	MO
klor-con 8 TBCR 8meq	Tier 1	MO
klor-con 10 TBCR 10meq	Tier 1	MO
klor-con m10 TBCR 10meq	Tier 1	MO
klor-con m15 TBCR 15meq	Tier 2	MO
klor-con m20 TBCR 20meq	Tier 1	MO
M-NATAL PLUS TAB	Tier 3	MO
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	Tier 2	MO
potassium chloride TBCR 8meq, 10meq, 20meq	Tier 1	MO
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	Tier 1	MO
potassium chloride microencapsulated crystals er TBCR 15meq	Tier 2	MO
PRENATAL TAB 27-1MG	Tier 3	MO
PRENATAL TAB PLUS	Tier 3	MO
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 2	MO
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	Tier 4	HI B/D MO
CLINIMIX INJ 4.25/D10	Tier 4	HI B/D MO
CLINIMIX INJ 5%/D15W	Tier 4	HI B/D MO
CLINIMIX INJ 5%/D20W	Tier 4	HI B/D MO
CLINIMIX INJ 6/5	Tier 4	B/D MO
CLINIMIX INJ 8/10	Tier 4	B/D MO
CLINIMIX INJ 8/14	Tier 4	B/D MO
clinisol sf 15%	Tier 2	HI B/D MO
CLINOLIPID EMU 20%	Tier 4	B/D MO
dextrose SOLN 5%, 10%	Tier 2	HI MO
dextrose SOLN 50%, 70%	Tier 2	B/D MO
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 4	HI B/D MO
NUTRILIPID EMUL 20gm/100ml	Tier 4	B/D MO
plenamine	Tier 2	HI B/D MO
PREMASOL SOL 10%	Tier 5	NEDS HI B/D
PROSOL INJ 20%	Tier 4	HI B/D MO
TRAVASOL INJ 10%	Tier 4	HI B/D
TROPHAMINE INJ 10%	Tier 4	HI B/D
OPHTHALMIC *ANTI-INFECTIVE/ANTI-INFLAMMATORY*		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 2	MO
neo-polycin hc ophth oint 1%	Tier 2	MO
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	MO
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	MO
neomycin-polymyxin-hc ophth susp	Tier 2	MO
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 2	MO
TOBRADEX OIN 0.3-0.1%	Tier 3	MO
TOBRADEX ST SUS 0.3-0.05	Tier 3	MO
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 2	MO
ZYLET SUS 0.5-0.3%	Tier 3	MO
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	Tier 2	MO
bacitracin-polymyxin b ophth oint	Tier 1	MO
BESIVANCE SUSP .6%	Tier 3	MO
CILOXAN OINT .3%	Tier 3	MO
ciprofloxacin hcl (ophth) SOLN .3%	Tier 1	MO
erythromycin (ophth) OINT 5mg/gm	Tier 1	MO
gatifloxacin (ophth) SOLN .5%	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
gentak OINT .3%	Tier 1	MO
gentamicin sulfate (ophth) SOLN .3%	Tier 1	MO
moxifloxacin hcl (ophth) SOLN .5%	Tier 2	MO
NATACYN SUSP 5%	Tier 4	MO
neo-polycin 5(3.5)mg-400unt-10000unt op oin	Tier 2	MO
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 2	MO
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 2	MO
ofloxacin (ophth) SOLN .3%	Tier 2	MO
polycin ophth oint	Tier 1	MO
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	MO
sulfacetamide sodium (ophth) OINT 10%	Tier 2	MO
sulfacetamide sodium (ophth) SOLN 10%	Tier 1	MO
tobramycin (ophth) SOLN .3%	Tier 1	MO
trifluridine SOLN 1%	Tier 2	MO
ZIRGAN GEL .15%	Tier 4	MO
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	Tier 3	MO
bromfenac sodium (ophth) SOLN .09%	Tier 2	MO
BROMSITE SOLN .075%	Tier 4	MO
dexamethasone sodium phosphate (ophth) SOLN .1%	Tier 2	MO
diclofenac sodium (ophth) SOLN .1%	Tier 2	MO
difluprednate EMUL .05%	Tier 2	MO
EYSUVIS SUSP .25%	Tier 4	MO
FLAREX SUSP .1%	Tier 4	MO
fluorometholone (ophth) SUSP .1%	Tier 2	MO
flurbiprofen sodium SOLN .03%	Tier 2	MO
ILEVRO SUSP .3%	Tier 3	MO
ketorolac tromethamine (ophth) SOLN .4%, .5%	Tier 2	MO
LOTEMAX OINT .5%	Tier 3	MO
prednisolone acetate (ophth) SUSP 1%	Tier 2	MO
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 3	MO
PROLENSA SOLN .07%	Tier 3	MO
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	Tier 2	MO
cromolyn sodium (ophth) SOLN 4%	Tier 1	MO
olopatadine hcl SOLN .1%	Tier 2	MO
ZERVIATE SOLN .24%	Tier 4	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	Tier 3	MO
betaxolol hcl (ophth) SOLN .5%	Tier 2	MO
BETOPTIC-S SUSP .25%	Tier 3	MO
brimonidine tartrate SOLN .1%, .15%	Tier 2	MO
brimonidine tartrate SOLN .2%	Tier 1	MO
brinzolamide SUSP 1%	Tier 2	MO
carteolol hcl (ophth) SOLN 1%	Tier 1	MO
COMBIGAN SOL 0.2/0.5%	Tier 3	MO
dorzolamide hcl SOLN 2%	Tier 1	MO
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	Tier 1	MO
latanoprost SOLN .005%	Tier 1	MO
levobunolol hcl SOLN .5%	Tier 1	MO
LUMIGAN SOLN .01%	Tier 3	MO
pilocarpine hcl SOLN 1%, 2%, 4%	Tier 1	MO
RHOPRESSA SOLN .02%	Tier 3	MO
ROCKLATAN DRO	Tier 4	MO
SIMBRINZA SUS 1-0.2%	Tier 3	MO
timolol maleate (ophth) SOLG .25%, .5%	Tier 2	MO
timolol maleate (ophth) SOLN .25%, .5%	Tier 1	MO
travoprost SOLN .004%	Tier 2	MO
VYZULTA SOLN .024%	Tier 4	MO
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 3	MO
atropine sulfate (ophthalmic) SOLN 1%	Tier 2	MO

Drug Name	Drug Tier	Requirements/ Limits
CYSTADROPS SOLN .37%	Tier 5	NEDS LA PA
CYSTARAN SOLN .44%	Tier 5	NEDS LA PA
proparacaine hcl SOLN .5%	Tier 2	MO
RESTASIS EMUL .05%	Tier 3	MO
RESTASIS MULTIDOSE EMUL .05%	Tier 3	MO
TYRVAYA SOLN .03mg/act	Tier 4	MO
XIIDRA SOLN 5%	Tier 3	MO
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	Tier 2	MO
CIPRO HC SUS OTIC	Tier 4	MO
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 2	MO
flac OIL .01%	Tier 2	MO
fluocinolone acetonide (otic) OIL .01%	Tier 2	MO
neomycin-polymyxin-hc otic soln 1%	Tier 2	MO
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 2	MO
ofloxacin (otic) SOLN .3%	Tier 2	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	Tier 3	QL MO
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	Tier 3	QL MO
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	Tier 3	QL MO
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	Tier 3	QL MO
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	Tier 4	QL MO
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	B/D MO
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	Tier 3	QL MO
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	Tier 3	QL MO
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 4	QL MO
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 3	QL MO
ipratropium bromide SOLN .02%	Tier 2	B/D MO
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 2	MO
ANTIHISTAMINES		
azelastine hcl SOLN .1%, .15%	Tier 2	MO
cetirizine hcl SOLN 1mg/ml	Tier 1	MO
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	Tier 3	MO PA
desloratadine TABS 5mg	Tier 2	MO
diphenhydramine hcl SOLN 50mg/ml	Tier 2	MO
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 4	MO PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	Tier 3	MO PA
hydroxyzine pamoate CAPS 25mg, 50mg PA if 70 years and older	Tier 3	MO PA
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	Tier 2	MO
olopatadine hcl (nasal) SOLN .6%	Tier 2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg	Tier 2	MO
montelukast sodium TABS 10mg	Tier 1	MO
zafirlukast TABS 10mg, 20mg	Tier 2	MO
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 2	B/D MO
ARALAST NP SOLR 500mg, 1000mg	Tier 5	NEDS HI LA PA
cromolyn sodium NEBU 20mg/2ml	Tier 2	B/D MO
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	Tier 2	MO
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	MO
FASENRA SOSY 30mg/ml	Tier 5	NEDS LA PA
FASENRA PEN SOAJ 30mg/ml	Tier 5	NEDS LA PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	Tier 5	NEDS QL LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 5	NEDS QL LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 5	NEDS QL LA PA
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	Tier 5	NEDS QL LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	Tier 5	NEDS QL LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	Tier 5	NEDS QL LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 5	NEDS QL LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 5	NEDS QL LA PA

Drug Name	Drug Tier	Requirements/ Limits
pirfenidone CAPS 267mg QL (270 caps / 30 days)	Tier 5	NEDS QL PA
pirfenidone TABS 267mg QL (270 tabs / 30 days)	Tier 5	NEDS QL PA
pirfenidone TABS 534mg, 801mg QL (90 tabs / 30 days)	Tier 5	NEDS QL PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 5	NEDS LA PA
PROLASTIN-C SOLR 1000mg	Tier 5	NEDS HI LA PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 5	NEDS PA
roflumilast TABS 250mcg, 500mcg	Tier 2	MO
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 5	NEDS QL LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 5	NEDS QL LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	Tier 4	MO
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	Tier 4	MO
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	Tier 2	MO
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 5	NEDS QL LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 5	NEDS QL LA PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 5	NEDS QL LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 5	NEDS QL LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	Tier 5	NEDS LA PA
ZEMAIRA SOLR 1000mg	Tier 5	NEDS LA PA

Drug Name	Drug Tier	Requirements/ Limits
NASAL STEROIDS		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL MO
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 2	QL MO
mometasone furoate (nasal) SUSP 50mcg/act QL (2 inhalers / 30 days)	Tier 2	QL MO ST
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	Tier 4	QL MO ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 4	QL MO PA
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 3	QL MO
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	Tier 2	B/D MO
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	Tier 3	QL MO
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	Tier 3	QL MO
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	Tier 3	QL MO
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	Tier 4	QL MO
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	Tier 4	QL MO

Drug Name	Drug Tier	Requirements/ Limits
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	Tier 3	QL MO
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	Tier 3	QL MO
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	Tier 3	QL MO
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 3	QL MO
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 3	QL MO
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 3	QL MO
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	Tier 3	QL MO
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 3	QL MO
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 3	QL MO
SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days)	Tier 3	QL MO
SYMBICORT AER 160-4.5 QL (3 inhalers / 30 days)	Tier 3	QL MO
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	MO PA
amnesteem CAPS 10mg, 20mg, 40mg	Tier 2	MO PA
benzoyl peroxide-erythromycin gel 5-3% QL (46.6 gm / 30 days)	Tier 2	QL MO
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	MO PA
clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)	Tier 2	QL MO
clindamycin phosphate (topical) LOTN 1%; SOLN 1% QL (60 mL / 30 days)	Tier 2	QL MO
ery PADS 2% QL (60 pledgets / 30 days)	Tier 2	QL MO
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	Tier 2	QL MO
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	MO PA
sulfacetamide sodium (acne) LOTN 10% QL (118 mL / 30 days)	Tier 2	QL MO
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 2	QL MO PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	MO PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 2	QL MO
mupirocin OINT 2% QL (220 gm / 30 days)	Tier 1	QL MO
silver sulfadiazine CREA 1%	Tier 2	MO
ssd CREA 1%	Tier 2	MO
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	Tier 4	QL MO
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	Tier 2	QL MO
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	Tier 2	QL MO
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	Tier 2	QL MO

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole (topical) SOLN 1% QL (30 mL / 30 days)	Tier 2	QL MO
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	Tier 2	QL MO
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	Tier 2	QL MO
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL MO
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 2	QL MO
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL MO
nystop POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL MO
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	Tier 2	MO PA
calcipotriene OINT .005% QL (120 gm / 30 days)	Tier 2	QL MO PA
calcipotriene SOLN .005% QL (120 mL / 30 days)	Tier 2	QL MO PA
calcitrene OINT .005% QL (120 gm / 30 days)	Tier 2	QL MO PA
tazarotene CREA .1% QL (60 gm / 30 days)	Tier 2	QL MO PA
TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 4	QL MO PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	Tier 1	QL MO
selenium sulfide LOTN 2.5%	Tier 2	MO
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	Tier 1	MO
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL MO
betamethasone dipropionate (topical) CREA .05%; OINT .05% QL (120 gm / 30 days)	Tier 2	QL MO
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	Tier 2	QL MO
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	Tier 2	QL MO
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	Tier 2	QL MO
betamethasone valerate CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 2	QL MO
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	Tier 2	QL MO
clobetasol propionate CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL MO
clobetasol propionate SOLN .05% QL (50 mL / 30 days)	Tier 2	QL MO
clobetasol propionate e CREA .05% QL (60 gm / 30 days)	Tier 2	QL MO
ENSTILAR AER QL (120 gm / 30 days)	Tier 4	QL MO PA
fluocinolone acetonide CREA .01% QL (60 gm / 30 days)	Tier 2	QL MO
fluocinolone acetonide CREA .025%; OINT .025% QL (120 gm / 30 days)	Tier 2	QL MO
fluocinolone acetonide OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL MO
fluocinolone acetonide SOLN .01% QL (90 mL / 30 days)	Tier 2	QL MO
fluocinonide CREA .05% QL (120 gm / 30 days)	Tier 2	QL MO

Drug Name	Drug Tier	Requirements/ Limits
fluocinonide GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL MO
fluocinonide SOLN .05% QL (60 mL / 30 days)	Tier 2	QL MO
fluocinonide emulsified base CREA .05% QL (120 gm / 30 days)	Tier 2	QL MO
fluticasone propionate CREA .05%; OINT .005%	Tier 2	MO
halobetasol propionate CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 2	QL MO
hydrocortisone (topical) CREA 1%, 2.5%	Tier 1	MO
hydrocortisone (topical) LOTN 2.5%; OINT 2.5%	Tier 2	MO
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	Tier 2	MO
triamcinolone acetonide (topical) CREA .1% QL (454 gm / 30 days)	Tier 1	QL MO
triamcinolone acetonide (topical) CREA .025%, .5%; OINT .025%, .1%, .5%	Tier 1	MO
triamcinolone acetonide (topical) LOTN .025%, .1%	Tier 2	MO
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2% QL (60 mL / 30 days)	Tier 2	QL MO PA
lidocaine OINT 5% QL (50 gm / 30 days)	Tier 2	QL MO PA
lidocaine PTCH 5% QL (3 patches / 1 day)	Tier 2	QL MO PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	Tier 2	QL MO PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	Tier 2	QL MO PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
azelaic acid GEL 15% QL (50 gm / 30 days)	Tier 2	QL MO
bexarotene (topical) GEL 1% QL (60 gm / 30 days)	Tier 5	NEDS QL PA
diclofenac sodium (topical) GEL 1% QL (1000 gm / 30 days)	Tier 2	QL MO
FINACEA FOAM 15% QL (50 gm / 30 days)	Tier 4	QL MO
fluorouracil (topical) CREA 5% QL (40 gm / 30 days)	Tier 2	QL MO
fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)	Tier 2	QL MO
hydrocortisone (rectal) CREA 1%	Tier 2	MO
hydrocortisone (rectal) CREA 2.5%	Tier 1	MO
imiquimod CREA 5% QL (24 packets / 30 days)	Tier 2	QL MO
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	Tier 2	MO
metronidazole (topical) CREA .75%; GEL .75% QL (45 gm / 30 days)	Tier 2	QL MO
metronidazole (topical) LOTN .75% QL (59 mL / 30 days)	Tier 2	QL MO
NORITATE CREA 1% QL (60 gm / 30 days)	Tier 5	NEDS QL
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 5	NEDS QL PA
podofilox SOLN .5% QL (7 mL / 28 days)	Tier 2	QL MO
procto-med hc CREA 2.5%	Tier 2	MO
proctosol hc CREA 2.5%	Tier 2	MO
proctozone-hc CREA 2.5%	Tier 2	MO
RECTIV OINT .4% QL (30 gm / 30 days)	Tier 4	QL MO
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	Tier 2	QL MO
VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 5	NEDS QL LA PA
ZYCLARA PUMP CREA 2.5% QL (7.5 gm / 28 days)	Tier 5	NEDS QL

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

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NONDISCRIMINATION NOTICE

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

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

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

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

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

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

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

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

TRANSLATION RESOURCES

Proficiency of Language Assistance Services

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

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

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

Chinese 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 quí vị cần thông dịch viên xin gọi [**1-800-200-4255**] sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 أسئلة 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 Italianovi 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。

NOTES

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

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

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

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

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

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit **bluecrossma.com/medicare**.

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

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