



MASSACHUSETTS

Medicare Advantage Group

2024 FORMULARY

(List of covered drugs)
3-tier

**PLEASE READ: THIS DOCUMENT
CONTAINS INFORMATION ABOUT THE
DRUGS WE COVER IN THIS PLAN
23217, Version 4**

This formulary was updated on 10/01/2023.

**Important Message About What You Pay
for Vaccines** — Our plan covers most Part D
vaccines at no cost to you. Call Member
Service 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.

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



NOTE TO EXISTING MEMBERS:

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of 10/01/2023. 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, 2025, and from time to time during the year.



WHAT IS THE MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY?

A formulary is a list of covered drugs selected by our Medicare Advantage Group Plans in consultation with a team of health care providers, that represents the prescription therapies believed to be a necessary part of a quality treatment program. Our Medicare HMO Blue or Medicare PPO Blue plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare Advantage plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

CAN THE FORMULARY (DRUG LIST) CHANGE?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - » If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the Medicare Advantage Group Plan's Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

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

The enclosed formulary is current as of 10/01/2023. 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 7. 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 67. Then look under the category name for your drug.
- **Alphabetical Listing.** If you are not sure what category to look under, you should look for your drug in the index that begins on page 67. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

WHAT ARE GENERIC DRUGS?

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

ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

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

- **Prior Authorization:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide up to 30 tablets per 30 days per prescription of Simvastatin 10 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Opioid Safety Edits:** For certain drugs or combinations of drugs, there may be a safety edit applied to prevent opioid overutilization. The safety edit on these medications may be cumulative with other similar, medications that you may be taking in the same class. A dosage adjustment by your physician or an exception may be required if you exceed the safety edit.
- **Step Therapy:** In some cases, our plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Medicare Advantage Group Plan's formulary?" on page 4 for information about how to request an exception.

WHAT IF MY DRUG IS NOT ON THE FORMULARY?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Service and ask if your drug is covered.

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

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

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

You can ask your Medicare Advantage Group Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

- You can ask us to cover your drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

WHAT SHOULD I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION?

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover up to a temporary 30-day supply (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover, or drugs that might be covered under Medicare Part B.

FOR MORE INFORMATION

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

If you have questions about our Medicare Advantage Group Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit [medicare.gov](https://www.medicare.gov).

MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY

The formulary that begins on page 7 provides coverage information about the drugs covered by our Medicare Advantage Group Plans. If you have trouble finding your drug in the list, turn to the index that begins on page 99.

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're taking two or more daily doses of medicine that could be replaced with one daily dose providing the same total amount of medication.
- **Recommended Monthly Dosing Level.** This process checks to see that your monthly dosage of medication is consistent with both the manufacturer's and the FDA's monthly dosing recommendations and clinical information. Your doctor can also apply for an exception to QL guidelines when medically necessary.
- **Non-Mail Order (NM):** These prescription drugs are not available through mail order.

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	Tier 1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	Tier 3	
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	Tier 1	QL
<i>endocet tab</i> 2.5-325mg QL (360 tabs / 30 days)	Tier 1	QL
<i>endocet tab</i> 5-325mg QL (360 tabs / 30 days)	Tier 1	QL
<i>endocet tab</i> 7.5-325mg QL (240 tabs / 30 days)	Tier 1	QL
<i>endocet tab</i> 10-325mg QL (180 tabs / 30 days)	Tier 1	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	Tier 1	QL PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml QL (2700 mL / 30 days)	Tier 1	QL
<i>hydrocodone-acetaminophen tab</i> 5-325 mg QL (240 tabs / 30 days)	Tier 1	QL
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg QL (180 tabs / 30 days)	Tier 1	QL
<i>hydrocodone-acetaminophen tab</i> 10-325 mg QL (180 tabs / 30 days)	Tier 1	QL
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg QL (150 tabs / 30 days)	Tier 1	QL
<i>hydromorphone hcl</i> LIQD 1mg/ml QL (600 mL / 30 days)	Tier 1	QL
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 1	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 1	QL
<i>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	Tier 1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	Tier 3	B/D

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

Drug Name	Drug Tier	Requirements/ Limits
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 3	
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	Tier 1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	Tier 1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> QL (240 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	Tier 1	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	Tier 2	QL NM PA
<i>amikacin sulfate</i> SOLN 1gm/4ml	Tier 1	
<i>amikacin sulfate</i> SOLN 500mg/2ml	Tier 1	HI
<i>atovaquone</i> SUSP 750mg/5ml	Tier 1	
<i>aztreonam</i> SOLR 1gm	Tier 1	HI
<i>aztreonam</i> SOLR 2gm	Tier 1	
CAYSTON SOLR 75mg	Tier 2	NM LA PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	Tier 1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	Tier 1	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	Tier 1	HI
<i>clindamycin phosphate</i> SOLN 9000mg/60ml	Tier 1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 1	HI
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 1	HI
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 1	HI
CLINDMYC/NAC INJ 300/50ML	Tier 3	
CLINDMYC/NAC INJ 600/50ML	Tier 3	
CLINDMYC/NAC INJ 900/50ML	Tier 3	
<i>colistimethate sodium</i> SOLR 150mg	Tier 1	HI
<i>dapsone</i> TABS 25mg, 100mg	Tier 1	
DAPTOMYCIN SOLR 350mg	Tier 2	NM
<i>daptomycin</i> SOLR 350mg, 500mg	Tier 2	HI NM
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 2	QL NM
<i>ertapenem sodium</i> SOLR 1gm	Tier 1	HI

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>pentamidine isethionate inj SOLR 300mg</i>	Tier 1	
<i>praziquantel TABS 600mg</i>	Tier 1	
<i>SIVEXTRO SOLR 200mg</i>	Tier 2	HI NM
<i>SIVEXTRO TABS 200mg</i>	Tier 2	NM
<i>streptomycin sulfate SOLR 1gm</i>	Tier 2	NM
<i>sulfadiazine TABS 500mg</i>	Tier 2	NM
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>tinidazole TABS 250mg, 500mg</i>	Tier 1	
<i>tobramycin NEBU 300mg/5ml</i>	Tier 2	NM PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 40mg/ml</i>	Tier 1	
<i>tobramycin sulfate SOLN 10mg/ml, 80mg/2ml</i>	Tier 1	HI
<i>trimethoprim TABS 100mg</i>	Tier 1	
<i>vancomycin hcl CAPS 125mg QL (80 caps / 180 days)</i>	Tier 1	QL
<i>vancomycin hcl CAPS 250mg QL (160 caps / 180 days)</i>	Tier 1	QL
<i>vancomycin hcl SOLR 1gm, 10gm, 500mg, 750mg</i>	Tier 1	HI
<i>vancomycin hcl SOLR 5gm</i>	Tier 1	
<i>VANCOMYCIN INJ 1 GM</i>	Tier 3	
<i>VANCOMYCIN INJ 500MG</i>	Tier 3	
<i>VANCOMYCIN INJ 750MG</i>	Tier 3	
ANTIFUNGALS		
<i>ABELCET SUSP 5mg/ml</i>	Tier 3	B/D
<i>amphotericin b SOLR 50mg</i>	Tier 1	HI B/D
<i>amphotericin b liposome SUSR 50mg</i>	Tier 2	B/D NM

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Drug Name	Drug Tier	Requirements/Limits
<i>caspofungin acetate</i> SOLR 50mg, 70mg	Tier 1	HI
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 1	HI
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 1	HI
<i>flucytosine</i> CAPS 250mg, 500mg	Tier 2	NM PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 1	
<i>griseofulvin ultramicronsize</i> TABS 125mg, 250mg	Tier 1	
<i>itraconazole</i> CAPS 100mg	Tier 1	PA
<i>ketokonazole</i> TABS 200mg	Tier 1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	Tier 2	HI NM
<i>nystatin</i> TABS 500000unit	Tier 1	
<i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	Tier 2	QL NM PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	Tier 2	QL NM PA
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	Tier 1	QL
<i>voriconazole</i> SOLR 200mg	Tier 1	HI PA
<i>voriconazole</i> SUSR 40mg/ml	Tier 2	NM PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	Tier 1	QL PA
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg	Tier 1	
<i>atovaquone-proguanil hcl</i> tab 250-100 mg	Tier 1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 1	
COARTEM TAB 20-120MG	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine hcl</i> TABS 250mg	Tier 1	
<i>primaquine phosphate</i> TABS 26.3mg	Tier 1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2	
<i>quinine sulfate</i> CAPS 324mg	Tier 1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	Tier 1	
APTIVUS CAPS 250mg	Tier 2	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	Tier 1	
<i>darunavir</i> TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL NM
<i>darunavir</i> TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL NM
EDURANT TABS 25mg	Tier 2	NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	Tier 1	
<i>emtricitabine</i> CAPS 200mg	Tier 1	
EMTRIVA SOLN 10mg/ml	Tier 3	
<i>etravirine</i> TABS 100mg, 200mg	Tier 2	NM
<i>fosamprenavir calcium</i> TABS 700mg	Tier 2	NM
FUZEON SOLR 90mg	Tier 2	NM LA
INTELENCE TABS 25mg	Tier 3	
ISENTRESS CHEW 25mg	Tier 3	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NM
ISENTRESS HD TABS 600mg	Tier 2	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	Tier 1	
LEXIVA SUSP 50mg/ml	Tier 3	
<i>maraviroc</i> TABS 150mg, 300mg	Tier 2	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	Tier 1	
NORVIR PACK 100mg	Tier 3	
PIFELTRO TABS 100mg	Tier 2	NM

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Drug Name	Drug Tier	Requirements/ Limits
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NM
REYATAZ PACK 50mg <i>ritonavir</i> TABS 100mg	Tier 2 Tier 1	NM
RUKOBIA TB12 600mg	Tier 2	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 2	NM
SELZENTRY TABS 25mg <i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	Tier 3 Tier 1	
SUNLENCA TBPK 300mg <i>tenofovir disoproxil fumarate</i> TABS 300mg	Tier 2 Tier 1	NM LA
TIVICAY TABS 10mg	Tier 2	
TIVICAY TABS 25mg, 50mg	Tier 2	NM
TIVICAY PD TBSO 5mg	Tier 2	NM
TROGARZO SOLN 200mg/1.33ml	Tier 2	NM LA
TYBOST TABS 150mg	Tier 2	
VIRACEPT TABS 250mg, 625mg	Tier 2	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg <i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 2 Tier 1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> tab 600-300 mg	Tier 1	
BIKTARVY TAB 30-120-15 MG	Tier 2	NM
BIKTARVY TAB 50-200-25 MG	Tier 2	NM
CIMDUO TAB 300-300	Tier 2	NM
COMPLERA TAB	Tier 2	NM
DELSTRIGO TAB	Tier 2	NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	Tier 2	QL NM

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>ethambutol hcl</i> TABS 100mg, 400mg	Tier 1	
<i>isoniazid</i> SYRP 50mg/5ml	Tier 1	
<i>isoniazid</i> TABS 100mg, 300mg	Tier 1	
PRIFTIN TABS 150mg	Tier 3	
<i>pyrazinamide</i> TABS 500mg	Tier 1	
<i>rifabutin</i> CAPS 150mg	Tier 1	
<i>rifampin</i> CAPS 150mg, 300mg	Tier 1	
<i>rifampin</i> SOLR 600mg	Tier 1	HI
SIRTURO TABS 20mg, 100mg	Tier 2	NM LA PA
TRECTOR TABS 250mg	Tier 3	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	Tier 1	
<i>acyclovir</i> SUSP 200mg/5ml	Tier 1	
<i>acyclovir sodium</i> SOLN 50mg/ml	Tier 1	HI B/D
<i>adefovir dipivoxil</i> TABS 10mg	Tier 1	
BARACLUE SOLN .05mg/ml	Tier 2	NM
<i>entecavir</i> TABS .5mg, 1mg	Tier 1	
EPCLUSA PAK 150-37.5	Tier 2	NM PA
EPCLUSA PAK 200-50MG	Tier 2	NM PA
EPCLUSA TAB 200-50MG	Tier 2	NM PA
EPCLUSA TAB 400-100	Tier 2	NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	Tier 1	
<i>ganciclovir sodium</i> SOLR 500mg	Tier 1	B/D
HARVONI PAK 33.75-150MG	Tier 2	NM PA
HARVONI PAK 45-200MG	Tier 2	NM PA
HARVONI TAB 45-200MG	Tier 2	NM PA
HARVONI TAB 90-400MG	Tier 2	NM PA
<i>lamivudine (hbv)</i> TABS 100mg	Tier 1	
MAVYRET PAK 50-20MG	Tier 2	NM PA
MAVYRET TAB 100-40MG	Tier 2	NM PA
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg QL (84 caps / year)	Tier 1	QL
<i>oseltamivir phosphate</i> SUSR 6mg/ml QL (1080 mL / year)	Tier 1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	Tier 1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	Tier 1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	Tier 1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	Tier 2	NM
<i>valganciclovir hcl</i> TABS 450mg	Tier 1	
VEMLIDY TABS 25mg	Tier 2	NM
VOSEVI TAB	Tier 2	NM PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	Tier 1	
CEFACTOR ER TB12 500mg	Tier 3	
<i>cefadroxil</i> CAPS 500mg	Tier 1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 3	
CEFAZOLIN INJ 1GM/50ML	Tier 3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm	Tier 1	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	Tier 1	HI
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 1	HI
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 1	HI
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 1	HI
CEFTAZIDIME/ SOL D5W 1GM	Tier 3	
CEFTAZIDIME/ SOL D5W 2GM	Tier 3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm	Tier 1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	HI
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 1	HI
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 1	
<i>tazicef</i> SOLR 1gm	Tier 1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 1	HI
TEFLARO SOLR 400mg, 600mg	Tier 2	HI NM
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SUSR 100mg/5ml, 200mg/5ml	Tier 1	
<i>azithromycin</i> SOLR 500mg	Tier 1	HI
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	Tier 1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2	NM
<i>e.e.s. 400</i> TABS 400mg	Tier 1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 3	HI
<i>erythrocin stearate</i> TABS 250mg	Tier 1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	Tier 1	
<i>erythromycin lactobionate</i> SOLR 500mg	Tier 1	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	Tier 3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 1	HI
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 1	
<i>ciprofloxacin hcl</i> TABS 100mg	Tier 1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin</i> SOLN 25mg/ml	Tier 1	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Tier 1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Tier 1	HI
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Tier 1	HI
<i>moxifloxacin hcl</i> TABS 400mg	Tier 1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Tier 1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>nafcillin sodium</i> SOLR 10gm	Tier 2	HI NM
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 1	HI
PEN GK/DEXTR INJ 40000/ML	Tier 3	
PEN GK/DEXTR INJ 60000/ML	Tier 3	
<i>penicillin g potassium</i> SOLR 5000000unit	Tier 1	
<i>penicillin g potassium</i> SOLR 20000000unit	Tier 1	HI
PENICILLIN G PROCAINE SUSP 600000unit/ml	Tier 3	
<i>penicillin g sodium</i> SOLR 5000000unit	Tier 1	HI
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	Tier 1	
<i>penicillin v potassium</i> TABS 250mg, 500mg	Tier 1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	Tier 1	
<i>piperacillin sod-tazobactam</i> na for inj 3.375 gm (3-0.375 gm)	Tier 1	HI
<i>piperacillin sod-tazobactam</i> sod for inj 2.25 gm (2-0.25 gm)	Tier 1	HI
<i>piperacillin sod-tazobactam</i> sod for inj 4.5 gm (4-0.5 gm)	Tier 1	HI
<i>piperacillin sod-tazobactam</i> sod for inj 13.5 gm (12-1.5 gm)	Tier 1	
<i>piperacillin sod-tazobactam</i> sod for inj 40.5 gm (36-4.5 gm)	Tier 1	HI
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	Tier 1	HI
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	Tier 1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	Tier 1	
NUZYRA SOLR 100mg	Tier 2	HI NM LA

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Drug Name	Drug Tier	Requirements/ Limits
NUZYRA TABS 150mg	Tier 2	NM LA
tetracycline hcl CAPS 250mg, 500mg	Tier 1	PA
tigecycline SOLR 50mg	Tier 2	HI NM
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	Tier 2	B/D NM LA
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 1	B/D NM
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 1	B/D NM
cyclophosphamide CAPS 25mg, 50mg	Tier 1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	Tier 2	B/D NM
cyclophosphamide SOLR 1gm, 500mg	Tier 1	B/D NM
cyclophosphamide SOLR 2gm	Tier 2	B/D NM
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 2	B/D NM
GLEOSTINE CAPS 10mg, 40mg	Tier 3	NM
GLEOSTINE CAPS 100mg	Tier 2	NM
LEUKERAN TABS 2mg	Tier 2	NM
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	Tier 1	B/D NM
oxaliplatin SOLR 100mg	Tier 2	B/D NM
paraplatin SOLN 1000mg/100ml	Tier 1	B/D NM
ANTIBIOTICS		
doxorubicin hcl SOLN 2mg/ml	Tier 1	B/D NM
doxorubicin hcl liposomal INJ 2mg/ml	Tier 2	B/D NM
ELLECE SOLN 50mg/25ml, 200mg/100ml	Tier 3	B/D NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	Tier 2	B/D NM
cytarabine SOLN 20mg/ml	Tier 1	B/D NM

Drug Name	Drug Tier	Requirements/ Limits
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 1	B/D NM
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 1	B/D NM
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 2 QL	NM LA PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2 QL	NM LA PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2 QL	NM LA PA
mercaptopurine TABS 50mg	Tier 1	
methotrexate sodium SOLN 1gm/40ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D NM
methotrexate sodium SOLN 50mg/2ml	Tier 1	HI B/D NM
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2 QL	NM LA PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	Tier 2	B/D NM
PURIXAN SUSP 2000mg/100ml	Tier 2	NM LA
TABLOID TABS 40mg	Tier 3	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
abiraterone acetate TABS 500mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
anastrozole TABS 1mg	Tier 1	
bicalutamide TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 3	NM PA
EMCYT CAPS 140mg	Tier 2	NM
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2 QL	NM LA PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2 QL	NM LA PA

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Drug Name	Drug Tier	Requirements/ Limits
EULEXIN CAPS 125mg	Tier 2	NM
<i>exemestane</i> TABS 25mg	Tier 1	
FIRMAGON SOLR 80mg	Tier 3	NM PA
FIRMAGON SOLR 120mg/vial	Tier 2	NM PA
<i>fulvestrant</i> SOSY 250mg/5ml	Tier 2	B/D NM
<i>letrozole</i> TABS 2.5mg	Tier 1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2	NM PA
LYSODREN TABS 500mg	Tier 2	NM LA
<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 2	
<i>nilutamide</i> TABS 150mg	Tier 2	NM
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2 QL	NM LA PA
ORGOVYX TABS 120mg	Tier 2	NM LA PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2 QL	NM LA PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2 QL	NM LA PA
SOLTAMOX SOLN 10mg/5ml	Tier 2	NM
<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 1	
<i>toremifene citrate</i> TABS 60mg	Tier 1	
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2 QL	NM LA PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2 QL	NM LA PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2 QL	NM LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 2 QL	NM LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 2 QL	NM LA PA

Drug Name	Drug Tier	Requirements/ Limits
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2 QL	NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 2 QL	NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 2 QL	NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	Tier 2 QL	NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 2 QL	NM LA PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 2 QL	NM LA PA
<i>bexarotene</i> CAPS 75mg QL (300 caps / 30 days)	Tier 2	QL NM PA
<i>hydroxyurea</i> CAPS 500mg	Tier 1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 1	B/D NM
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 2	QL NM PA
MATULANE CAPS 50mg	Tier 2	NM LA
SYNRIBO SOLR 3.5mg	Tier 2	NM PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 2	NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2 QL	NM LA PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	Tier 1	B/D NM
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 2	B/D NM

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Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 2	B/D NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	Tier 1	B/D NM
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 1	B/D NM
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	Tier 2	B/D NM
<i>vincristine sulfate</i> SOLN 1mg/ml	Tier 1	B/D NM
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	Tier 1	B/D NM
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 2	QL NM LA PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 2	QL NM LA PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 2	QL NM LA PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 2	QL NM LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	Tier 2	NM PA
<i>bortezomib</i> SOLR 3.5mg	Tier 2	NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 2	QL NM LA PA

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 2	QL NM LA PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 2	QL NM LA PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 2	QL NM LA PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 2	QL NM LA PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 2	QL NM LA PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>everolimus</i> TBSO 2mg QL (150 tabs / 30 days)	Tier 2	QL NM PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	Tier 2	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus</i> TBSO 5mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
EXKIVITY CAPS 40mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2	QL NM LA PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
<i>gefitinib</i> TABS 250mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
HERCEP HYLEC SOL 60- 10000	Tier 2	NM LA PA
HERCEPTIN SOLR 150mg	Tier 2	NM LA PA
HERZUMA SOLR 150mg, 420mg	Tier 2	NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 2	QL NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 2	QL NM LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 2	QL NM LA PA

Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 2	QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
KADCYLA SOLR 100mg, 160mg	Tier 2	B/D NM LA
KANJINTI SOLR 150mg, 420mg	Tier 2	NM LA PA
KEYTRUDA SOLN 100mg/4ml	Tier 2	NM LA PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 2	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 2	QL NM LA PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 2	QL NM LA PA
<i>lapatinib ditosylate</i> TABS 250mg QL (180 tabs / 30 days)	Tier 2	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 2	QL NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 2	QL NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 2	QL NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 2	QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 2	QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 2	QL NM LA PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 2	QL NM LA PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 2	QL NM LA PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 2	QL NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 2	QL NM LA PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 2	QL NM LA PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 2	QL NM LA PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 2	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 2	QL NM LA PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 2	QL NM LA PA
MONJUVI SOLR 200mg	Tier 2	NM LA PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 2	QL NM LA PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA
OGIVRI SOLR 150mg	Tier 2	NM LA PA
OGIVRI INJ 420MG	Tier 2	NM LA PA
ONTRUZANT SOLR 150mg, 420mg	Tier 2	NM LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (14 tabs / 21 days)	Tier 2	QL NM LA PA
PHESGO SOL	Tier 2	NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 2	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 2	QL NM LA PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 2	QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 2	QL NM LA PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	Tier 2	QL NM LA PA

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Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 2	QL NM PA
SCSEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2	QL NM PA
<i>sorafenib tosylate</i> TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 2	QL NM LA PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 2	QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	Tier 2	QL NM LA PA
TAGRISO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2	QL NM LA PA

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS 50mg QL (120 caps / 30 days)	Tier 2	QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 2	QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 2	QL NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 2	NM LA PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
TRAZIMERA SOLR 150mg, 420mg	Tier 2	NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 2	NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 3	QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2	QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2	QL NM LA PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2	QL NM LA PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM LA PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2	QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
XALKORI CAPS 200mg, 250mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	Tier 2	QL NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	Tier 2	QL NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	Tier 2	QL NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	Tier 2	QL NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	Tier 2	QL NM LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	Tier 2	QL NM LA PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2	QL NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 2	NM LA PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	Tier 3	QL
EDARBYCLOR TAB 40-25MG QL (30 tabs / 30 days)	Tier 3	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	Tier 2	QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>candesartan cilexetil TABS 32mg</i> QL (30 tabs / 30 days)	Tier 1	QL
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 3	QL
<i>irbesartan TABS 75mg, 150mg, 300mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	Tier 1	
<i>olmesartan medoxomil TABS 5mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil TABS 20mg, 40mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>telmisartan TABS 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan TABS 40mg, 80mg, 160mg</i> QL (60 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan TABS 320mg</i> QL (30 tabs / 30 days)	Tier 1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	Tier 1	
<i>amiodarone hcl TABS 200mg</i>	Tier 1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	Tier 3	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	Tier 1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	Tier 1	
MULTAQ TABS 400mg	Tier 3	
NORPACE CR CP12 100mg, 150mg	Tier 3	
<i>pacerone TABS 100mg, 400mg</i>	Tier 1	
<i>pacerone TABS 200mg</i>	Tier 1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	Tier 1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	Tier 1	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	Tier 1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	Tier 1	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	Tier 1	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate CPDR 45mg, 135mg</i>	Tier 1	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	Tier 1	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	Tier 1	
<i>gemfibrozil TABS 600mg</i>	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL NM ST

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Drug Name	Drug Tier	Requirements/ Limits
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	Tier 3	QL ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	Tier 1	QL ST
<i>fluvastatin sodium</i> TB24 80mg QL (30 tabs / 30 days)	Tier 1	QL ST
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	Tier 1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	Tier 1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	Tier 1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	Tier 1	
<i>ezetimibe</i> TABS 10mg	Tier 1	
<i>ezetimibe-simvastatin tab</i> 10-10 mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-20 mg QL (30 tabs / 30 days)	Tier 1	QL

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

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Drug Name	Drug Tier	Requirements/ Limits
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	Tier 1	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	Tier 1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL
<i>nebivolol hcl</i> TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL
<i>pindolol</i> TABS 5mg, 10mg	Tier 1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	Tier 1	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	Tier 1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Tier 1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	Tier 1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 3	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 3	QL
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	Tier 1	
<i>digoxin</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>droxidopa</i> CAPS 100mg QL (90 caps / 30 days)	Tier 2	QL NM PA
<i>droxidopa</i> CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 2	QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	Tier 1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	Tier 2	PA

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

Drug Name	Drug Tier	Requirements/ Limits
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	Tier 1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	Tier 1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	Tier 1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 1	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	Tier 1	PA
NAMZARIC CAP 7-10MG	Tier 3	
NAMZARIC CAP 14-10MG	Tier 3	
NAMZARIC CAP 21-10MG	Tier 3	
NAMZARIC CAP 28-10MG	Tier 3	
NAMZARIC CAP PACK	Tier 3	

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

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 3	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	Tier 1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	Tier 1	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	Tier 1	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	Tier 1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	Tier 1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 3	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	Tier 1	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	Tier 3	QL
<i>phenelzine sulfate</i> TABS 15mg	Tier 1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 3	
<i>sertraline hcl</i> CONC 20mg/ml	Tier 1	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>tranylcypromine sulfate</i> TABS 10mg	Tier 1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 3	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	Tier 1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 1	
<i>vilazodone hcl</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 1	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	Tier 1	
<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	Tier 1	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	Tier 1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	Tier 1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	Tier 1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	Tier 1	
<i>carbidopa</i> TABS 25mg	Tier 1	
<i>carbidopa & levodopa tab</i> 10-100 mg	Tier 1	
<i>carbidopa & levodopa tab</i> 25-100 mg	Tier 1	
<i>carbidopa & levodopa tab</i> 25-250 mg	Tier 1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa & levodopa tab er</i> 50-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	Tier 1	
<i>entacapone</i> TABS 200mg	Tier 1	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 2	QL NM LA PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Tier 3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	Tier 1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	Tier 1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA if 70 years and older	Tier 2	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA if 70 years and older	Tier 1	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 2	QL NM
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	Tier 2	QL NM
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	Tier 1	QL
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 1	QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 2	QL NM
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 2	QL NM
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 2	NM
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 2	QL NM PA
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>clozapine</i> TABS 25mg, 50mg	Tier 1	
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
FANAPT PAK QL (2 packs / year)	Tier 3	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	Tier 1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 2	QL NM
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 3	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 2	QL NM

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Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 2	QL NM
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 1	QL
<i>lurasidone hcl</i> TABS 80mg QL (60 tabs / 30 days)	Tier 1	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	Tier 1	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 1	QL
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	Tier 1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 1	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	Tier 2	QL NM
<i>pimozide</i> TABS 1mg, 2mg	Tier 1	
<i>quetiapine fumarate</i> TABS 25mg QL (180 tabs / 30 days)	Tier 1	QL
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg QL (90 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate</i> TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 1	QL
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 1	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 2	QL NM
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 2	QL NM
RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	Tier 3	QL
RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	Tier 2	QL NM
<i>risperidone</i> SOLN 1mg/ml QL (240 mL / 30 days)	Tier 1	QL
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 1	QL
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 1	QL
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 1	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 2	QL NM
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 1	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 2	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 2	QL NM
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 2	QL NM
VRAYLAR CAP 1.5-3MG QL (2 packs / year)	Tier 3	QL
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 1	QL
<i>ziprasidone mesylate</i> SOLR 20mg QL (6 injections / 3 days)	Tier 1	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 2	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 2	QL NM PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 2	QL NM
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 2	QL NM
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 2	QL NM PA
BRIVIACT SOLN 50mg/5ml	Tier 3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 1	
<i>clobazam</i> SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 1	QL PA
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 2	QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 2	QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 2	QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 2	QL NM LA PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	Tier 1	QL PA
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	Tier 1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 1	
<i>diazepam inj</i> SOLN 5mg/ml	Tier 1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	Tier 1	QL PA
DILANTIN CAPS 30mg, 100mg	Tier 3	
DILANTIN INFATABS CHEW 50mg	Tier 3	
DILANTIN-125 SUSP 125mg/5ml	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 2	QL NM LA PA
<i>epitol</i> TABS 200mg	Tier 1	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	Tier 1	
<i>felbamate</i> SUSP 600mg/5ml	Tier 2	NM
<i>felbamate</i> TABS 400mg, 600mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 2	QL NM LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 2	QL NM PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 1	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
<i>lacosamide</i> SOLN 200mg/20ml	Tier 1	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 1	QL
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Tier 1	
<i>methsuximide</i> CAPS 300mg	Tier 1	
NAYZILAM SOLN 5mg/0.1ml	Tier 3	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 1	
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older	Tier 3	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older	Tier 2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	Tier 3	PA
PHENYTEK CAPS 200mg, 300mg	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	Tier 1	
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	Tier 1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 1	QL PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	Tier 1	QL PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 1	QL PA
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	Tier 1	QL PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	Tier 1	
<i>roweepra</i> TABS 500mg	Tier 1	
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 2	QL NM PA
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	Tier 1	QL PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 3	QL
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 2	QL NM PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate</i> CPSP 15mg, 25mg	Tier 1	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	Tier 1	
<i>valproic acid</i> CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 3	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 3	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 3	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 3	
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	Tier 2	QL NM LA PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	Tier 2	QL NM LA PA
<i>vigadrone</i> PACK 500mg QL (180 packets / 30 days)	Tier 2	QL NM LA PA
XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL NM
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 2	QL NM
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 2	QL NM
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 2	QL NM
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 2	QL NM
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 2	QL NM PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 2	QL NM LA PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> QL (30 caps / 30 days)	Tier 1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> QL (30 caps / 30 days)	Tier 1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i> QL (30 caps / 30 days)	Tier 1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i> QL (30 caps / 30 days)	Tier 1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i> QL (30 caps / 30 days)	Tier 1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i> QL (30 caps / 30 days)	Tier 1	QL PA
<i>amphetamine- dextroamphetamine tab 5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL PA
<i>amphetamine- dextroamphetamine tab 7.5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL PA
<i>amphetamine- dextroamphetamine tab 10 mg</i> QL (60 tabs / 30 days)	Tier 1	QL PA
<i>amphetamine- dextroamphetamine tab 12.5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL PA
<i>amphetamine- dextroamphetamine tab 15 mg</i> QL (60 tabs / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine- dextroamphetamine tab 20 mg</i> QL (90 tabs / 30 days)	Tier 1	QL PA
<i>amphetamine- dextroamphetamine tab 30 mg</i> QL (60 tabs / 30 days)	Tier 1	QL PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	Tier 1	QL
<i>atomoxetine hcl CAPS 40mg</i> QL (60 caps / 30 days)	Tier 1	QL
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i> QL (120 tabs / 30 days)	Tier 1	QL PA
<i>dexmethylphenidate hcl TABS 10mg</i> QL (60 tabs / 30 days)	Tier 1	QL PA
<i>guanfacine hcl (adhd) 1mg, 2mg, 4mg</i> QL (30 tabs / 30 days) PA if 70 years and older	TB24 Tier 2	QL PA
<i>guanfacine hcl (adhd) 3mg</i> QL (60 tabs / 30 days) PA if 70 years and older	TB24 Tier 2	QL PA
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i> QL (180 tabs / 30 days)	Tier 1	QL PA
<i>methylphenidate hcl SOLN 5mg/5ml</i> QL (1800 mL / 30 days)	Tier 1	QL PA
<i>methylphenidate hcl SOLN 10mg/5ml</i> QL (900 mL / 30 days)	Tier 1	QL PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i> QL (90 tabs / 30 days)	Tier 1	QL PA

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

Drug Name	Drug Tier	Requirements/ Limits
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	Tier 1	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 1	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 1	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 1	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	Tier 3	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	Tier 3	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	Tier 3	QL PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	Tier 1	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 3	QL PA
<i>pyridostigmine bromide</i> TABS 60mg	Tier 1	
<i>riluzole</i> TABS 50mg	Tier 1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	Tier 3	QL PA
SAVELLA MIS TITR PAK QL (2 packs / year)	Tier 3	QL PA
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 2	QL NM PA
<i>dalfampridine</i> TB12 10mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i> fingolimod hcl</i> CAPS .5mg QL (30 caps / 30 days)	Tier 2	QL NM PA
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2	QL NM PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2	QL NM PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2	QL NM PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2	QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	Tier 2	QL NM LA PA

Drug Name	Drug Tier	Requirements/ Limits
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>baclofen</i> TABS 10mg, 20mg	Tier 1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	QL PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	Tier 1	
<i>tizanidine hcl</i> TABS 2mg, 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	Tier 1	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	Tier 1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 1	QL PA
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 2-0.5 mg (base</i> <i>equiv)</i> QL (90 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 4-1 mg (base</i> <i>equiv)</i> QL (90 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 8-2 mg (base</i> <i>equiv)</i> QL (90 films / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> QL (60 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl (smoking deterrent) TB12 150mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>disulfiram TABS 250mg, 500mg</i>	Tier 1	
<i>naloxone hcl LIQD 4mg/0.1ml</i>	Tier 1	
<i>naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	Tier 1	
<i>naltrexone hcl TABS 50mg</i>	Tier 1	
NICOTROL INHALER INHA 10mg	Tier 3	
NICOTROL NS SOLN 10mg/ml	Tier 3	
<i>varenicline tartrate TABS .5mg, 1mg</i> QL (56 tabs / 28 days)	Tier 1	QL PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	Tier 1	QL PA
VIVITROL SUSR 380mg	Tier 2	NM
ENDOCRINE AND METABOLIC ANDROGENS		
<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	Tier 1	PA
<i>methyltestosterone CAPS 10mg</i> QL (600 caps / 30 days)	Tier 2	QL NM PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i> QL (300 gm / 30 days)	Tier 1	QL PA
<i>testosterone GEL 1.62%</i> QL (150 gm / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	Tier 1	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	Tier 1	PA
ANTIDIABETICS		
<i>acarbose TABS 25mg, 50mg, 100mg</i>	Tier 1	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	Tier 2	QL PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	Tier 3	QL PA
DEXCOM G6 MIS RECEIVER QL (1 each / year)	MB	QL
DEXCOM G6 MIS SENSOR	MB	
DEXCOM G6 MIS TRANSMIT QL (1 box / 90 days)	MB	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
FREESTY LIBR KIT 2 SENSOR	MB	
FREESTY LIBR MIS 2 READER QL (1 each / year)	MB	QL
FREESTYLE KIT FREEDOM QL (1 box / year)	MB	QL
FREESTYLE KIT INSULINX QL (1 box / year)	MB	QL
FREESTYLE KIT LITE QL (1 box / year)	MB	QL
FREESTYLE KIT SENSOR	MB	
FREESTYLE MIS READER QL (1 each / year)	MB	QL
FREESTYLE TES QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE TES INSULINX QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
FREESTYLE TES LITE QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
FREESTYLE TES PREC NEO QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glipizide xl</i> TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glipizide xl</i> TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 2	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL
ONE TOUCH KIT VERIO FL QL (1 box / year)	MB	QL
ONETOUCH KIT ULT MINI QL (1 box / year)	MB	QL
ONETOUCH KIT ULTRA 2 QL (1 box / year)	MB	QL
ONETOUCH KIT VERIO QL (1 box / year)	MB	QL
ONETOUCH KIT VERIO FL QL (1 box / year)	MB	QL
ONETOUCH KIT VERIO IQ QL (1 box / year)	MB	QL
ONETOUCH KIT VERIO RE QL (1 box / year)	MB	QL
ONETOUCH TES ULTRA QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
ONETOUCH TES VERIO QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	Tier 2	QL PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl-metformin</i> <i>hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>pioglitazone hcl-metformin</i> <i>hcl tab 15-850 mg</i> QL (90 tabs / 30 days)	Tier 1	QL
PREC NEO SYS KIT FREESTYL QL (1 box / year)	MB	QL
PRECISION MIS XTRA QL (1 each / year)	MB	QL
PRECISION TES XTRA QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 2	QL PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 10- 1000 QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 12.5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 25- 1000 QL (30 tabs / 30 days)	Tier 2	QL

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Drug Name	Drug Tier	Requirements/ Limits
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10- 500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 2	
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 2	
BD ALCOHOL SWABS	Tier 2	
FIASP FLEX INJ TOUCH	Tier 2	
FIASP INJ 100/ML	Tier 2	
FIASP PENFIL INJ U-100	Tier 2	
GAUZE PADS 2" X 2"	Tier 2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 2	B/D NM
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
INSULIN PEN NEEDLES: BD/NOVO	Tier 2	
INSULIN SAFETY NEEDLES	Tier 2	
INSULIN SYRINGES: BD	Tier 2	
LANTUS SOLN 100unit/ml	Tier 2	
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 2	
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 3	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2	
TRESIBA SOLN 100unit/ml	Tier 2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 2	
V-GO 20 KIT QL (30 devices / 30 days)	Tier 3	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
V-GO 40 KIT QL (30 devices / 30 days)	Tier 3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	Tier 1	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	Tier 1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 1	B/D
FOSAMAX + D TAB 70- 2800	Tier 3	ST
FOSAMAX + D TAB 70- 5600	Tier 3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	Tier 1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	Tier 1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 2	NM LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D NM
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 1	B/D NM
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	Tier 1	
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 2	NM PA
XGEVA SOLN 120mg/1.7ml	Tier 2	NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	Tier 1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 2	NM
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg	Tier 2	NM PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>deferasirox</i> TABS 90mg; TBSO 125mg	Tier 1	NM PA
<i>penicillamine</i> TABS 250mg	Tier 2	NM
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<i>sps</i> SUSP 15gm/60ml	Tier 1	
<i>trientine hcl</i> CAPS 250mg	Tier 2	NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 2	
CONTRACEPTIVES		
<i>afirmelle</i>	Tier 1	
<i>altavera</i>	Tier 1	
<i>alyacen 1/35</i>	Tier 1	
<i>alyacen 7/7/7</i>	Tier 1	
<i>apri</i>	Tier 1	
<i>aranelle</i>	Tier 1	
<i>aubra eq</i>	Tier 1	
<i>aurovela 1/20</i>	Tier 1	
<i>aurovela fe 1.5/30</i>	Tier 1	
<i>aurovela fe 1/20</i>	Tier 1	
<i>aviane</i>	Tier 1	
<i>ayuna</i>	Tier 1	
<i>azurette</i>	Tier 1	
<i>balziva</i>	Tier 1	
<i>blisovi fe 1.5/30</i>	Tier 1	
<i>briellyn</i>	Tier 1	
<i>camila</i> TABS .35mg	Tier 1	
<i>chateal</i>	Tier 1	
<i>cryselle-28</i>	Tier 1	
<i>cyred eq</i>	Tier 1	
<i>dasetta 1/35</i>	Tier 1	
<i>dasetta 7/7/7</i>	Tier 1	
<i>deblitane</i> TABS .35mg	Tier 1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 3	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>elimest</i>	Tier 1	
<i>eluryng</i>	Tier 1	
<i>enpresse-28</i>	Tier 1	
<i>enskyce</i>	Tier 1	
<i>errin</i> TABS .35mg	Tier 1	
<i>estarylla</i>	Tier 1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 1	
<i>falmina</i>	Tier 1	
<i>hailey 1.5/30</i>	Tier 1	
<i>heather</i> TABS .35mg	Tier 1	
<i>iclevia</i>	Tier 1	
<i>incassia</i> TABS .35mg	Tier 1	
<i>introvale</i>	Tier 1	
<i>isibloom</i>	Tier 1	
<i>jasmiel</i>	Tier 1	
<i>jolessa</i>	Tier 1	
<i>juleber</i>	Tier 1	
<i>junel 1.5/30</i>	Tier 1	
<i>junel 1/20</i>	Tier 1	
<i>junel fe 1.5/30</i>	Tier 1	
<i>junel fe 1/20</i>	Tier 1	
<i>kariva</i>	Tier 1	
<i>kelnor 1/35</i>	Tier 1	
<i>kelnor 1/50</i>	Tier 1	
<i>kurvelo</i>	Tier 1	
<i>larin 1.5/30</i>	Tier 1	
<i>larin 1/20</i>	Tier 1	
<i>larin fe 1.5/30</i>	Tier 1	
<i>larin fe 1/20</i>	Tier 1	
<i>leena</i>	Tier 1	
<i>lessina</i>	Tier 1	
<i>levonest</i>	Tier 1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	Tier 1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 1	
<i>levora 0.15/30-28</i>	Tier 1	
<i>loestrin 1.5/30-21</i>	Tier 1	
<i>loestrin 1/20-21</i>	Tier 1	
<i>loestrin fe 1.5/30</i>	Tier 1	
<i>loestrin fe 1/20</i>	Tier 1	
<i>loryna</i>	Tier 1	
<i>low-ogestrel</i>	Tier 1	
<i>lutra</i>	Tier 1	
<i>lyleq TABS .35mg</i>	Tier 1	
<i>lyza TABS .35mg</i>	Tier 1	
<i>marlissa</i>	Tier 1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	Tier 1	
<i>microgestin 1.5/30</i>	Tier 1	
<i>microgestin 1/20</i>	Tier 1	
<i>microgestin fe 1.5/30</i>	Tier 1	
<i>microgestin fe 1/20</i>	Tier 1	
<i>mili</i>	Tier 1	
<i>mono-linyah</i>	Tier 1	
<i>necon 0.5/35-28</i>	Tier 1	
<i>nikki</i>	Tier 1	
<i>nora-be TABS .35mg</i>	Tier 1	
<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	
<i>norlyroc TABS .35mg</i>	Tier 1	
<i>nortrel 0.5/35 (28)</i>	Tier 1	
<i>nortrel 1/35 (21)</i>	Tier 1	
<i>nortrel 1/35 (28)</i>	Tier 1	
<i>nortrel 7/7/7</i>	Tier 1	
<i>nylia 1/35</i>	Tier 1	
<i>nylia 7/7/7</i>	Tier 1	
<i>nymyo</i>	Tier 1	
<i>ocella</i>	Tier 1	
<i>philith</i>	Tier 1	
<i>pimtrea</i>	Tier 1	
<i>portia-28</i>	Tier 1	
<i>reclipsen</i>	Tier 1	
<i>setlakin</i>	Tier 1	
<i>sharobel TABS .35mg</i>	Tier 1	
<i>simliya</i>	Tier 1	
<i>sprintec 28</i>	Tier 1	
<i>sronyx</i>	Tier 1	
<i>syeda</i>	Tier 1	
<i>tarina fe 1/20 eq</i>	Tier 1	
<i>tilia fe</i>	Tier 1	
<i>tri-estarylla</i>	Tier 1	
<i>tri-legest fe</i>	Tier 1	
<i>tri-linyah</i>	Tier 1	
<i>tri-lo-estarylla</i>	Tier 1	
<i>tri-lo-marzia</i>	Tier 1	
<i>tri-lo-mili</i>	Tier 1	
<i>tri-lo-sprintec</i>	Tier 1	
<i>tri-mili</i>	Tier 1	
<i>tri-nymyo</i>	Tier 1	
<i>tri-sprintec</i>	Tier 1	
<i>tri-vylibra</i>	Tier 1	
<i>tri-vylibra lo</i>	Tier 1	
<i>trivora-28</i>	Tier 1	
<i>velivet</i>	Tier 1	
<i>vestura</i>	Tier 1	
<i>vienva</i>	Tier 1	
<i>viorele</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 3	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 1	
<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	Tier 1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	Tier 1	B/D
<i>methylprednisolone</i> TBPK 4mg	Tier 1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	Tier 1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	Tier 1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	Tier 1	B/D
<i>prednisone</i> SOLN 5mg/5ml	Tier 1	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	Tier 1	
PREDNISONE INTENSOL CONC 5mg/ml	Tier 3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 3	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	Tier 2	NM
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 2	
GVOKE KIT SOLN 1mg/0.2ml	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	Tier 2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 2	NM LA PA
<i>betaine powder for oral solution</i>	Tier 2	NM LA
<i>cabergoline</i> TABS .5mg	Tier 1	
<i>carglumic acid</i> TBSO 200mg	Tier 2	NM LA PA
CERDELGA CAPS 84mg	Tier 2	NM LA PA
CEREZYME SOLR 400unit	Tier 2	NM LA PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 1	B/D QL NM
<i>cinacalcet hcl</i> TABS 90mg QL (120 tabs / 30 days)	Tier 2	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	Tier 3	NM LA PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	Tier 2	NM
<i>desmopressin acetate</i> TABS .1mg, .2mg	Tier 1	
<i>desmopressin acetate spray</i> SOLN .01%	Tier 1	
<i>desmopressin acetate spray</i> <i>refrigerated</i> SOLN .01%	Tier 1	
FABRAZYME SOLR 5mg, 35mg	Tier 2	NM LA PA
GENOTROPIN CART 5mg, 12mg	Tier 2	NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NM PA
INCRELEX SOLN 40mg/4ml	Tier 2	NM LA PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	Tier 2	NM LA PA
KORLYM TABS 300mg	Tier 2	NM LA PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	Tier 1	B/D
LUMIZYME SOLR 50mg	Tier 2	NM LA PA
LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	Tier 2	NM PA
LUPRON DEPOT-PED (6- MONTH KIT 45mg	Tier 2	NM PA
<i>miglustat</i> CAPS 100mg QL (90 caps / 30 days)	Tier 2	QL NM PA
NAGLAZYME SOLN 1mg/ml	Tier 2	NM LA PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	Tier 2	NM PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 1	NM PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 2	NM PA
<i>raloxifene hcl</i> TABS 60mg	Tier 1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	Tier 2	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM LA PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	Tier 2	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 2	NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM LA PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	Tier 1	QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	Tier 1	QL
<i>sevelamer carbonate</i> PACK 2.4gm QL (180 packets / 30 days)	Tier 1	QL
<i>sevelamer carbonate</i> PACK .8gm QL (540 packets / 30 days)	Tier 1	QL

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<i>sevelamer carbonate</i> TABS 800mg QL (540 tabs / 30 days)	Tier 1	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	Tier 2	QL NM
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	Tier 3	PA
<i>norethindrone acetate</i> TABS 5mg	Tier 1	
<i>progesterone</i> CAPS 100mg, 200mg	Tier 1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>levoxyf</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	Tier 1	
<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
<i>propylthiouracil</i> TABS 50mg	Tier 1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	Tier 1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	Tier 1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	Tier 1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	Tier 1	B/D
RAYALDEE CPCR 30mcg	Tier 2	NM
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	Tier 1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	B/D
<i>compro</i> SUPP 25mg	Tier 1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 1	B/D QL
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	Tier 1	
<i>granisetron hcl</i> TABS 1mg	Tier 1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 1	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	Tier 1	
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 1	B/D
<i>prochlorperazine</i> SUPP 25mg	Tier 1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 2	PA
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	Tier 1	PA
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	Tier 3	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 3	
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	Tier 1	QL
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 1	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	Tier 1	QL
<i>famotidine</i> TABS 20mg QL (120 tabs / 30 days)	Tier 1	QL
<i>famotidine</i> TABS 40mg QL (60 tabs / 30 days)	Tier 1	QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	Tier 1	
<i>nizatidine</i> CAPS 150mg, 300mg	Tier 1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	Tier 1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 1	QL PA
<i>budesonide</i> TB24 9mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	Tier 1	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	Tier 1	QL
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	Tier 1	
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	Tier 1	QL
<i>mesalamine w/ cleanser</i> KIT 4gm	Tier 1	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	Tier 1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	Tier 1	
<i>enulose</i> SOLN 10gm/15ml	Tier 1	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>generlac</i> SOLN 10gm/15ml	Tier 1	
<i>lactulose</i> SOLN 10gm/15ml	Tier 1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	Tier 1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	Tier 1	
PLENVU SOL	Tier 3	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	Tier 1	
MISCELLANEOUS		
<i>alose tron hcl</i> TABS .5mg, 1mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	Tier 1	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	Tier 3	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	Tier 2	
GATTEX KIT 5mg	Tier 2	NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 3	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>loperamide hcl</i> CAPS 2mg	Tier 1	
<i>misoprostol</i> TABS 100mcg, 200mcg	Tier 1	
MOVANTI ^K TABS 12.5mg, 25mg	Tier 2	QL
QL (30 tabs / 30 days)		
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	Tier 2	QL NM PA
QL (28 syringes / 28 days)		
<i>sucralfate</i> TABS 1gm	Tier 1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	Tier 1	
XERMELO TABS 250mg	Tier 2	QL NM LA PA
QL (84 tabs / 28 days)		
XIFAXAN TABS 550mg	Tier 2	NM PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	Tier 2	
CREON CAP 6000UNIT	Tier 2	
CREON CAP 12000UNT	Tier 2	
CREON CAP 24000UNT	Tier 2	
CREON CAP 36000UNT	Tier 2	
ZENPEP CAP 3000UNIT	Tier 3	
ZENPEP CAP 5000UNIT	Tier 3	
ZENPEP CAP 10000UNT	Tier 3	
ZENPEP CAP 15000UNT	Tier 3	
ZENPEP CAP 20000UNT	Tier 3	
ZENPEP CAP 25000UNT	Tier 3	
ZENPEP CAP 40000UNT	Tier 3	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	Tier 1	QL ST
QL (30 caps / 30 days)		
<i>lansoprazole</i> CPDR 15mg, 30mg	Tier 1	QL
QL (60 caps / 30 days)		
<i>lansoprazole</i> TBDD 15mg, 30mg	Tier 1	QL ST
QL (60 tabs / 30 days)		
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	Tier 1	
<i>rabeprazole sodium</i> TBEC 20mg	Tier 1	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>dutasteride</i> CAPS .5mg	Tier 1	QL
QL (30 caps / 30 days)		
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	Tier 1	QL
QL (30 caps / 30 days)		
<i>finasteride</i> TABS 5mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>silodosin</i> CAPS 4mg, 8mg	Tier 1	QL
QL (30 caps / 30 days)		
<i>tamsulosin hcl</i> CAPS .4mg	Tier 1	QL
QL (60 caps / 30 days)		
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	Tier 1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	Tier 1	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	Tier 1	QL ST
QL (30 tabs / 30 days)		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	Tier 1	QL
QL (30 tabs / 30 days)		
GEMTESA TABS 75mg	Tier 3	QL
QL (30 tabs / 30 days)		
MYRBETRIQ SRER 8mg/ml	Tier 3	QL
QL (300 mL / 28 days)		
MYRBETRIQ TB24 25mg, 50mg	Tier 3	QL
QL (30 tabs / 30 days)		
<i>oxybutynin chloride</i> SYRP 5mg/5ml	Tier 1	QL
QL (600 mL / 30 days)		
<i>oxybutynin chloride</i> TABS 5mg	Tier 1	QL
QL (120 tabs / 30 days)		
<i>oxybutynin chloride</i> TB24 5mg	Tier 1	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 1	QL
<i>solifenacin succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 1	QL ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 1	QL
<i>tropium chloride</i> CP24 60mg QL (30 caps / 30 days)	Tier 1	QL
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	Tier 1	
<i>metronidazole vaginal</i> GEL .75%	Tier 1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	Tier 1	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 2	QL
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	Tier 1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
HEP SOD/D5W INJ 20000UNT	Tier 3	
HEP SOD/D5W INJ 25000UNT	Tier 3	
HEP SOD/NACL INJ 12500UNT	Tier 2	
HEP SOD/NACL INJ 25000UNT	Tier 2	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 1	HI B/D
HEPARIN/NACL INJ 25000UNT	Tier 2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
PRADAXA CAPS 110mg QL (120 caps / 30 days)	Tier 3	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 2	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	Tier 1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2	QL NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
DOPTLET TABS 20mg	Tier 2	NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 2	
ENDARI PACK 5gm	Tier 2	NM LA PA
HAEGARDA SOLR QL (30 vials / 30 days)	Tier 2	QL NM LA PA
HAEGARDA SOLR QL (20 vials / 30 days)	Tier 2	QL NM LA PA
<i>icatibant acetate</i> SOSY QL (9 syringes / 30 days)	Tier 2	QL NM PA
<i>pentoxifylline</i> TBCR 400mg	Tier 1	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	Tier 2	QL NM LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	Tier 2	QL NM LA PA
PROMACTA TABS QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
<i>sajazir</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 2	QL NM LA PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	Tier 1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 1	
BRILINTA TABS 60mg, 90mg	Tier 2	
<i>clopidogrel bisulfate</i> TABS 75mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	Tier 2	PA
<i>prasugrel hcl</i> TABS 5mg, 10mg	Tier 1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	Tier 2	NM PA
ENBREL SOLN QL (16 vials / 28 days)	Tier 2	QL NM PA
ENBREL SOSY QL (16 syringes / 28 days)	Tier 2	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
ENBREL MINI SOCT QL (8 cartridges / 28 days)	Tier 2	QL NM PA
ENBREL SURECLICK QL (8 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT QL (2 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT QL (6 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PEDIA INJ QL (2 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PEDIATRIC QL (3 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PEN PNKT QL (6 pens / 28 days)	Tier 2	QL NM PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA
INFLIXIMAB SOLR 100mg	Tier 2	NM LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	Tier 2	QL NM PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	Tier 2	QL NM PA
REMICADE SOLR 100mg	Tier 2	NM LA PA
RENFLEXIS SOLR 100mg	Tier 2	NM LA PA
RINVOQ TB24 15mg, QL (30 tabs / 30 days)	Tier 2	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2	QL NM PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	Tier 2	QL NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 2	QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM LA PA
STELARA SOLN 130mg/26ml	Tier 2	NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	Tier 2	QL NM LA PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2	QL NM PA
XELJANZ TABS 5mg, QL (60 tabs / 30 days)	Tier 2	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	Tier 1	
<i>leflunomide</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
<i>methotrexate sodium</i> TABS 2.5mg	Tier 1	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	Tier 3	B/D
XATMEP SOLN 2.5mg/ml	Tier 3	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	Tier 2	NM LA PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA
GAMASTAN INJ	Tier 3	B/D NM LA

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Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
GAMMAGARD LIQUID SOLN 2.5gm/25ml	Tier 2	HI NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	HI NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM LA PA
GAMUNEX-C SOLN 1gm/10ml	Tier 2	HI NM PA
GAMUNEX-C SOLN 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 2	NM LA PA
ARCALYST SOLR 220mg	Tier 2	NM LA PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	Tier 2	B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 3	B/D
azathioprine TABS 50mg	Tier 1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2 QL	NM LA PA

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SOLR 120mg, 400mg	Tier 2	NM LA PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	Tier 1	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	Tier 2	B/D NM
engraf CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 1	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	Tier 1	B/D
mycophenolate mofetil SUSR 200mg/ml	Tier 2	B/D NM
mycophenolate sodium TBEC 180mg, 360mg	Tier 1	B/D
NULOJIX SOLR 250mg	Tier 2	B/D NM
PROGRAF PACK .2mg, 1mg	Tier 3	B/D
REZUROCK TABS 200mg	Tier 2	NM LA PA
SANDIMMUNE SOLN 100mg/ml	Tier 3	B/D
sirolimus SOLN 1mg/ml	Tier 2	B/D NM
sirolimus TABS .5mg, 1mg, 2mg	Tier 1	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	Tier 1	B/D
VACCINES		
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
BCG VACCINE SOLR 50mg	Tier 1	NM
BEXSERO INJ	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENGVAXIA SUS	Tier 1	
DIP/TET PED INJ 25-5LFU	Tier 1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 INJ	Tier 1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENACTRA INJ	Tier 1	
MENQUADFI INJ	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENTACEL INJ	Tier 1	
PREHEVBRIO SUSP 10mcg/ml	Tier 1	B/D
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
TDVAX INJ 2-2 LF	Tier 1	B/D
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA INJ	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX INJ 1350pfu/0.5ml	Tier 1	
YF-VAX INJ	Tier 1	
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	Tier 3	HI
D5W/LYTES INJ #48	Tier 3	
D10W/NACL INJ 0.2%	Tier 2	HI
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	Tier 1	
<i>dextrose 5% in lactated ringers</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 1	HI
<i>dextrose 5% w/ sodium chloride 0.3%</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 1	HI
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 1	HI
<i>dextrose 5% w/ sodium chloride 0.225%</i>	Tier 1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 1	HI
ISOLYTE-P INJ /D5W	Tier 3	
ISOLYTE-S INJ	Tier 3	
ISOLYTE-S INJ PH 7.4	Tier 3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	Tier 1	HI
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	HI

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Drug Name	Drug Tier	Requirements/ Limits
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	Tier 1	HI
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	HI
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	Tier 1	HI
KCL/D5W/NACL INJ 0.3/0.9%	Tier 3	
<i>lactated ringer's solution</i>	Tier 1	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
<i>magnesium sulfate 50%</i>	Tier 2	HI
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	Tier 2	
MG SO4/D5W INJ 10MG/ML	Tier 2	
<i>multiple electrolytes ph 5.5</i>	Tier 1	
<i>multiple electrolytes ph 7.4</i>	Tier 1	
PLASMA-LYTE INJ -148	Tier 3	
PLASMA-LYTE INJ -A	Tier 3	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 3	
<i>potassium chloride 2meq/ml</i>	Tier 1	HI
POTASSIUM CHLORIDE SOLN 10meq/50ml	Tier 3	
<i>potassium chloride 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	Tier 1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 1	HI
<i>sodium chloride 2.5meq/ml</i>	Tier 1	

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

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Drug Name	Drug Tier	Requirements/ Limits
TRAVASOL INJ 10%	Tier 3	HI B/D
TROPHAMINE INJ 10%	Tier 3	HI B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>neo-polycin hc ophth oint 1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
TOBRADEX ST SUS 0.3-0.05	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 2	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUSP .6%	Tier 2	
CILOXAN OINT .3%	Tier 2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	Tier 1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 1	
<i>gatifloxacin (ophth) SOLN .5%</i>	Tier 1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	Tier 1	
NATACYN SUSP 5%	Tier 3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin (ophth) SOLN .3%</i>	Tier 1	
<i>polycin ophth oint</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	Tier 1	
<i>tobramycin (ophth) SOLN .3%</i>	Tier 1	
<i>trifluridine SOLN 1%</i>	Tier 1	
ZIRGAN GEL .15%	Tier 3	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	Tier 2	
<i>bromfenac sodium (ophth) SOLN .09%</i>	Tier 1	
BROMSITE SOLN .075%	Tier 3	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 1	
<i>difluprednate EMUL .05%</i>	Tier 1	
EYSUVIS SUSP .25%	Tier 3	
FLAREX SUSP .1%	Tier 3	
<i>fluorometholone (ophth) SUSP .1%</i>	Tier 1	
<i>flurbiprofen sodium SOLN .03%</i>	Tier 1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	Tier 1	
LOTEMAX OINT .5%	Tier 2	
<i>prednisolone acetate (ophth) SUSP 1%</i>	Tier 1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 2	
PROLENSA SOLN .07%	Tier 2	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	Tier 1	
<i>cromolyn sodium (ophth) SOLN 4%</i>	Tier 1	
<i>olopatadine hcl SOLN .1%</i>	Tier 1	
ZERVIATE SOLN .24%	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	Tier 1	
BETOPTIC-S SUSP .25%	Tier 3	
<i>brimonidine tartrate</i> SOLN .2%	Tier 1	
<i>brimonidine tartrate</i> SOLN .15%	Tier 1	
<i>brinzolamide</i> SUSP 1%	Tier 1	
<i>carteolol hcl (ophth)</i> SOLN 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 2	
<i>dorzolamide hcl</i> SOLN 2%	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	Tier 1	
<i>latanoprost</i> SOLN .005%	Tier 1	
<i>levobunolol hcl</i> SOLN .5%	Tier 1	
LUMIGAN SOLN .01%	Tier 2	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 1	
RHOPRESSA SOLN .02%	Tier 3	
ROCKLATAN DRO	Tier 3	
SIMBRINZA SUS 1-0.2%	Tier 3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	Tier 1	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	Tier 1	
<i>travoprost</i> SOLN .004%	Tier 1	
VYZULTA SOLN .024%	Tier 3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 1	
CYSTADROPS SOLN .37%	Tier 2	NM LA PA
CYSTARAN SOLN .44%	Tier 2	NM LA PA
<i>proparacaine hcl</i> SOLN .5%	Tier 1	
RESTASIS EMUL .05%	Tier 2	
RESTASIS MULTIDOSE EMUL .05%	Tier 2	
TYRVAYA SOLN .03mg/act	Tier 3	
XIIDRA SOLN 5%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	Tier 1	
CIPRO HC SUS OTIC	Tier 3	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	Tier 1	
<i>flac</i> OIL .01%	Tier 1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	Tier 1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	Tier 1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	Tier 1	
<i>ofloxacin (otic)</i> SOLN .3%	Tier 1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	Tier 2	QL
QL (60 blisters / 30 days)		
BEVESPI AER 9-4.8MCG	Tier 2	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE	Tier 2	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 2	QL
QL (4 inhalers / 28 days)		
COMBIVENT AER 20-100	Tier 3	QL
QL (2 inhalers / 30 days)		
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	Tier 1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 2	QL
QL (60 blisters / 30 days)		
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 2	QL
QL (60 blisters / 30 days)		

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Drug Name	Drug Tier	Requirements/ Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 2	QL
<i>ipratropium bromide</i> SOLN .02%	Tier 1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 1	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	Tier 1	
<i>cetirizine hcl</i> SOLN 1mg/ml QL (300 mL / 30 days)	Tier 1	QL
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	Tier 2	PA
<i>desloratadine</i> TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	Tier 2	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA if 70 years and older	Tier 2	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	Tier 1	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>olopatadine hcl (nasal)</i> SOLN .6%	Tier 1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM LA PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	Tier 2	QL NM PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	Tier 2	QL NM PA
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 2	NM LA PA
PROLASTIN-C SOLR 1000mg	Tier 2	HI NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NM PA
<i>roflumilast</i> TABS 250mcg QL (56 tabs / year)	Tier 1	QL
<i>roflumilast</i> TABS 500mcg QL (30 tabs / 30 days)	Tier 1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2	QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2	QL NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	Tier 3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	Tier 3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	Tier 1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2	QL NM LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2	QL NM LA PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	QL NM LA PA

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Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 2	QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	Tier 2	NM LA PA
ZEMAIRA SOLR 1000mg NASAL STEROIDS	Tier 2	NM LA PA
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	Tier 1	QL ST
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	Tier 3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	Tier 1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1% QL (60 mL / 30 days)	Tier 1	QL
<i>ery PADS</i> 2% QL (60 pledgets / 30 days)	Tier 1	QL
<i>erythromycin (acne aid)</i> GEL 2% QL (60 gm / 30 days)	Tier 1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	Tier 1	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10% QL (118 mL / 30 days)	Tier 1	QL
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 1	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	Tier 1	QL
<i>silver sulfadiazine</i> CREA 1%	Tier 1	
<i>ssd</i> CREA 1%	Tier 1	
<i>SULFAMYLON</i> CREA 85mg/gm QL (453.6 gm / 30 days)	Tier 3	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	Tier 1	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	Tier 1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole (topical)</i> SOLN 1% QL (30 mL / 30 days)	Tier 1	QL
<i>clotrimazole w/ betamethasone cream</i> 1-0.05% QL (45 gm / 30 days)	Tier 1	QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	Tier 1	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 1	PA
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	Tier 1	QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	Tier 1	QL PA
<i>tazarotene</i> CREA .1% QL (60 gm / 30 days)	Tier 1	QL PA
<i>TAZORAC</i> CREA .05% QL (60 gm / 30 days)	Tier 3	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	Tier 1	QL
<i>selenium sulfide</i> LOTN 2.5%	Tier 1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	Tier 1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	Tier 1	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate (topical)</i> LOTN .05%	Tier 1	QL
QL (120 mL / 30 days)		
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	Tier 1	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate augmented</i> LOTN .05%	Tier 1	QL
QL (120 mL / 30 days)		
<i>betamethasone valerate</i> CREA .1%; OINT .1%	Tier 1	QL
QL (120 gm / 30 days)		
<i>betamethasone valerate</i> LOTN .1%	Tier 1	QL
QL (120 mL / 30 days)		
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	Tier 1	QL
QL (60 gm / 30 days)		
<i>clobetasol propionate</i> SOLN .05%	Tier 1	QL
QL (50 mL / 30 days)		
<i>clobetasol propionate e</i> CREA .05%	Tier 1	QL
QL (60 gm / 30 days)		
ENSTILAR AER	Tier 3	QL PA
QL (120 gm / 30 days)		
<i>fluocinolone acetonide</i> CREA .01%	Tier 1	QL
QL (60 gm / 30 days)		
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	Tier 1	QL
QL (120 gm / 30 days)		
<i>fluocinolone acetonide</i> OIL .01%	Tier 1	QL
QL (118.28 mL / 30 days)		
<i>fluocinolone acetonide</i> SOLN .01%	Tier 1	QL
QL (90 mL / 30 days)		
<i>fluocinonide</i> CREA .05%	Tier 1	QL
QL (120 gm / 30 days)		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	Tier 1	QL
FINACEA FOAM 15% QL (50 gm / 30 days)	Tier 3	QL
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	Tier 1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 1	QL
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	Tier 1	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 1	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	Tier 1	QL
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	Tier 1	QL
NORITATE CREA 1% QL (60 gm / 30 days)	Tier 2	QL NM
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2	QL NM PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 1	QL
<i>procto-med hc</i> CREA 2.5%	Tier 1	
<i>proctosol hc</i> CREA 2.5%	Tier 1	
<i>proctozone-hc</i> CREA 2.5%	Tier 1	
RECTIV OINT .4% QL (30 gm / 30 days)	Tier 3	QL
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 1	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 2	QL NM LA PA
ZYCLARA PUMP CREA 2.5% QL (7.5 gm / 28 days)	Tier 2	QL NM

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 1	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	Tier 1	QL
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	Tier 2	QL NM PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 3	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	Tier 1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	Tier 1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	Tier 1	QL
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	Tier 1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	Tier 1	
<i>periogard</i> SOLN .12%	Tier 1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	Tier 1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	Tier 1	

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.....65	BRIVIACT35	<i>candesartan cilexetil-</i>
<i>betamethasone valerate</i> .65	<i>bromfenac sodium (ophth)</i>	<i>hydrochlorothiazide tab</i>
BETASERON4059	<i>16-12.5 mg</i>25
<i>betaxolol hcl (ophth)</i>60	<i>bromocriptine mesylate</i> ...32	<i>candesartan cilexetil-</i>
<i>bethanechol chloride</i>52	BROMSITE59	<i>hydrochlorothiazide tab</i>
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<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i>	25	<i>carbidopa-levodopa- entacapone tabs 31.25- 125-200 mg</i>	32	<i>chloroquine phosphate</i> ...	12
CAPLYTA	33	<i>carbidopa-levodopa- entacapone tabs 37.5- 150-200 mg</i>	32	<i>chlorpromazine hcl</i>	33
CAPRELSA	19	<i>carbidopa-levodopa- entacapone tabs 50-200- 200 mg</i>	32	<i>chlorthalidone</i>	29
<i>captopril</i>	24	<i>carboplatin</i>	17	<i>cholestyramine</i>	27
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	23	<i>carglumic acid</i>	49	<i>cholestyramine light</i>	27
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	24	<i>carteolol hcl (ophth)</i>	60	<i>choline fenofibrate</i>	26
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	24	<i>cartia xt</i>	28	<i>ciclopirox olamine</i>	64
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	24	<i>carvedilol</i>	28	<i>cilostazol</i>	54
<i>carb/levo orally disintegrating tab 10- 100mg</i>	32	<i>casprofungin acetate</i>	12	CILOXAN	59
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<i>carb/levo orally disintegrating tab 25- 250mg</i>	32	<i>cefactor</i>	14	<i>cinacalcet hcl</i>	49
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<i>carbidopa</i>	32	<i>cefadroxil</i>	14	CIPRO HC SUS OTIC ...	60
<i>carbidopa & levodopa tab 10-100 mg</i>	32	CEFAZOLIN.....	14	<i>ciprofloxacin 200 mg/100ml in d5w</i>	15
<i>carbidopa & levodopa tab 25-100 mg</i>	32	CEFAZOLIN INJ 1GM/50ML	14	<i>ciprofloxacin 400 mg/200ml in d5w</i>	15
<i>carbidopa & levodopa tab 25-250 mg</i>	32	<i>cefazolin sodium</i>	14	<i>ciprofloxacin hcl</i>	15
<i>carbidopa & levodopa tab er 25-100 mg</i>	32	CEFAZOLIN SOLN 2GM/100ML-4%	14	<i>ciprofloxacin hcl (ophth)</i> ..	59
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<i>carbidopa-levodopa- entacapone tabs 18.75- 75-200 mg</i>	32	<i>cefepime</i>	15	<i>citalopram hydrobromide</i>	31
<i>carbidopa-levodopa- entacapone tabs 25-100- 200 mg</i>	32	<i>cefexime</i>	15	<i>claravis</i>	63
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		<i>cefpodoxime proxetil</i>	15	<i>clindamycin hcl</i>	10
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		<i>ceftriaxone sodium</i>	15	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	10
		<i>cefuroxime axetil</i>	15	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	10
		<i>cefuroxime sodium</i>	15	<i>clindamycin phosphate vaginal</i>	53
		<i>celecoxib</i>	8	CLINDMYC/NAC INJ 300/50ML	10
		<i>cephalexin</i>	15	CLINDMYC/NAC INJ 600/50ML	10
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JANUMET XR TAB 50-500MG	42	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	58	<i>lactulose</i>	51
JANUVIA	42	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	58	<i>lactulose (encephalopathy)</i>	51
JARDIANCE	42	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	58	<i>lamivudine</i>	12
<i>jasmiel</i>	46	KCL/D5W/NAACL INJ 0.3/0.9%	58	<i>lamivudine (hbv)</i>	14
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<i>hydrochlorothiazide tab</i>		58	<i>soln 1%</i>	60
<i>50-25 mg</i>	27	<i>mupirocin</i>	64	<i>neomycin-polymyxin-hc otic</i>	
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<i>nilutamide</i>	18	<i>nortrel 1/35 (28)</i>	47	<i>hydrochlorothiazide tab</i>	
<i>nimodipine</i>	28	<i>nortrel 7/7/7</i>	47	<i>20-12.5 mg</i>	25
NINLARO	21	<i>nortriptyline hcl</i>	31	<i>olmesartan medoxomil-</i>	
<i>nisoldipine</i>	28	NORVIR	12	<i>hydrochlorothiazide tab</i>	
<i>nitazoxanide</i>	11	NOVOLIN INJ 70/30	44	<i>40-12.5 mg</i>	25
<i>nitisinone</i>	49	NOVOLIN INJ 70/30 FP	44	<i>olmesartan medoxomil-</i>	
NITRO-BID	30	NOVOLIN N	44	<i>hydrochlorothiazide tab</i>	
<i>nitrofurantoin macrocrystal</i>		NOVOLIN N FLEXPEN	44	<i>40-25 mg</i>	25
.....	11	NOVOLIN R	44	<i>olmesartan-amlodipine-</i>	
<i>nitrofurantoin monohyd</i>		NOVOLIN R FLEXPEN	44	<i>hydrochlorothiazide tab</i>	
<i>macro</i>	11	NOVOLOG	44	<i>20-5-12.5 mg</i>	25
<i>nitroglycerin</i>	30	NOVOLOG FLEXPEN	44	<i>olmesartan-amlodipine-</i>	
<i>nizatidine</i>	51	NOVOLOG MIX INJ 70/30		<i>hydrochlorothiazide tab</i>	
<i>nora-be</i>	47	44	<i>40-10-12.5 mg</i>	25
<i>norethindrone</i>		NOVOLOG MIX INJ		<i>olmesartan-amlodipine-</i>	
<i>(contraceptive)</i>	47	FLEXPEN	44	<i>hydrochlorothiazide tab</i>	
<i>norethindrone ace & ethinyl</i>		NOVOLOG PENFILL	44	<i>40-10-25 mg</i>	25
<i>estradiol tab 1 mg-20</i>		NUBEQA	18	<i>olmesartan-amlodipine-</i>	
<i>mcg</i>	47	NUDEXTA CAP 20-10MG		<i>hydrochlorothiazide tab</i>	
<i>norethindrone ace & ethinyl</i>		40	<i>40-5-12.5 mg</i>	25
<i>estradiol tab 1.5 mg-30</i>		NULOJIX	56	<i>olmesartan-amlodipine-</i>	
<i>mcg</i>	47	NUPLAZID	34	<i>hydrochlorothiazide tab</i>	
<i>norethindrone ace & ethinyl</i>		NURTEC	39	<i>40-5-25 mg</i>	25
<i>estradiol-fe tab 1 mg-20</i>		NUTRILIPID	58	<i>olopatadine hcl</i>	59
<i>mcg</i>	47	NUZYRA	16, 17	<i>olopatadine hcl (nasal)</i>	61
<i>norethindrone acetate</i>	50	<i>nyamyc</i>	64	<i>omega-3-acid ethyl esters</i>	
<i>norethindrone acetate-</i>		<i>nylia 1/35</i>	47	<i>cap 1 gm</i>	27
<i>ethinyl estradiol tab 0.5</i>		<i>nylia 7/7/7</i>	47	<i>omeprazole</i>	52
<i>mg-2.5 mcg</i>	48	NYMALIZE	28	OMNARIS	63
<i>norethindrone acetate-</i>		<i>nymyo</i>	47	OMNIPOD 5 G6 KIT	
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<i>mg-5 mcg</i>	48	<i>nystatin (mouth-throat)</i>	66	OMNIPOD 5 G6 MIS PODS	
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<i>mcg</i>	47	<i>octreotide acetate</i>	49	OMNIPOD GO KIT	
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<i>0.18-25/0.215-25/0.25-25</i>		ODOMZO	21	OMNIPOD GO KIT	
<i>mg-mcg</i>	47	OFEV	62	15UNT/DY	45
<i>norgestimate-eth estrad tab</i>		<i>ofloxacin (ophth)</i>	59	OMNIPOD GO KIT	
<i>0.18-35/0.215-35/0.25-35</i>		<i>ofloxacin (otic)</i>	60	20UNT/DY	45
<i>mg-mcg</i>	47	OGIVRI	21	OMNIPOD GO KIT	
NORITATE	66	OGIVRI INJ 420MG	21	25UNT/DY	45
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<i>ondansetron hcl.....</i>	50	OZEMPIC (0.25 OR 0.5MG/DOSE).....	43	<i>pentamidine isethionate inh</i>	11
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1000MG	44	Z		ZIRABEV	23
XIGDUO XR TAB 5-500MG		<i>zafemy</i>	48	ZIRGAN	59
.....	44	<i>zafirlukast</i>	62	<i>zoledronic acid</i>	45
XIIDRA.....	60	ZARXIO	53	ZOLINZA.....	23
XOLAIR	63	ZEJULA	23	<i>zolpidem tartrate</i>	39
XOSPATA.....	23	ZELBORAF.....	23	ZONISADE	37
XPOVIO 100 MG ONCE		ZEMAIRA.....	63	<i>zonisamide</i>	37
WEEKLY	23	<i>zenatane</i>	64	<i>zovia 1/35</i>	48
XPOVIO 40 MG ONCE		ZENPEP CAP 10000UNT		ZTALMY	38
WEEKLY	23	52	<i>zumandimine</i>	48
XPOVIO 40 MG TWICE		ZENPEP CAP 15000UNT		ZYCLARA PUMP	66
WEEKLY	23	52	ZYDELIG	23
XPOVIO 60 MG ONCE		ZENPEP CAP 20000UNT		ZYKADIA	23
WEEKLY	23	52	ZYLET SUS 0.5-0.3%.....	59
XPOVIO 60 MG TWICE		ZENPEP CAP 25000UNT		ZYPITAMAG	27
WEEKLY	23	52	ZYPREXA RELPREVV...35	
XPOVIO 80 MG ONCE		ZENPEP CAP 3000UNIT	52		
WEEKLY	23				

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**.



PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

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

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

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

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

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

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

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

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

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 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。通訳をご用命になるには、**1-800-200-4255** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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RESOURCES

Medicare Plan Sales:

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

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

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

bluecrossma.com/medicare

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

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

This formulary was updated on 10/01/2023. 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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