Blue MedicareRx℠ (PDP) 3 Tier Select 2026 Formulary

(List of Covered Drugs or "Drug List")

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

This formulary was updated on 09/05/2025. For more recent information or other questions, please contact Blue MedicareRx at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal (rxmedicareplans.memberdoc.com).

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. If you are unsure about which drugs may or may not be covered, please call Customer Care to verify drug coverage.

When this Drug List (formulary) refers to "we," "us," or "our," it means Blue MedicareRx℠ (PDP). When it refers to "plan" or "our plan," it means Blue MedicareRx.

This document includes a Drug List (formulary) for our plan which is current as of January 1, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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/coinsurance may change on January 1, 2026, and from time to time during the year.

S2893_2507_GRP_C
09/05/2025

What is the Blue MedicareRx Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Blue MedicareRx in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx 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 change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx may add or remove drugs on the formulary during the year, move them to different cost sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our Document Portal here: rxmedicareplans.memberdoc.com.

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

Immediate substitutions of certain new versions of brand name drugs and original biological products. We may immediately remove a drug on our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Blue MedicareRx formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the brand name drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find the information in the section below titled "How do I request an exception to the Blue MedicareRx formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 5, 2025. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages. If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier), we will notify you by mail. You may also access our formulary on our Document Portal (rxmedicareplans.memberdoc.com) to get information showing changes, additions, and/or deletions of medications contained in our formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. 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". If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 at the back of this document. 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?

Blue MedicareRx covers 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 work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

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: Blue MedicareRx requires you or your prescriber 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, we may not cover the drug.

Quantity Limits: For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for simivastatin 80 mg tablets. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, Blue MedicareRx requires 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 plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 1. 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 Blue MedicareRx 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 Blue MedicareRx formulary?" on page V 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 Customer Care and ask if your drug is covered.

If you learn that Blue MedicareRx does not cover your drug, you have two options:

You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

You can ask Blue MedicareRx to make an exception and cover your drug. See below for information about how to request an exception.

Compounds may or may not be covered by your plan benefit.

How do I request an exception to the Blue MedicareRx formulary?

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

> You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
>
> You can ask us to waive coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue MedicareRx limits 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.
>
> 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.

Generally, Blue MedicareRx will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost sharing drug or the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need this exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you talk to your prescriber 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 has a coverage restriction, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. If coverage is not approved, 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 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 are covered under Medicare Part B.

For more information

For more detailed information about your Blue MedicareRx prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Blue MedicareRx, 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/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Blue MedicareRx formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx. If you have trouble finding your drug on the list, turn to the Index that begins at the back of this document.

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

The information in the Requirements/Limits column tells you if Blue MedicareRx has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- B/D Covered under Medicare B or D. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- QL Quantity Limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for simvastatin 80 mg tablets.
- PA Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- ST Step Therapy. In some cases, our plan requires 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- NM Not Available at Mail Order. Drugs with this abbreviation are not typically available at CVS Caremark Mail Service Pharmacy. Maintenance medications (drugs you take on a regular basis for a chronic or long-term condition) without this abbreviation are typically available at CVS Caremark Mail Service Pharmacy. Actual availability may vary.

In the drug listing, the Tier column identifies which tier each drug is on. The amount you will pay at the pharmacy, also known as copayment or coinsurance, is determined by the drug tier.

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	Tier 1	
colchicine TABS .6mg QL (120 tabs / 30 days)	Tier 2	QL
colchicine w/ probenecid tab 0.5-500 mg	Tier 2	
probenecid TABS 500mg	Tier 2	
MISCELLANEOUS		
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	Tier 2	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 2	B/D
NSAIDS		
celecoxib (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 2	QL
celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
diclofenac sodium TB24 100mg	Tier 2	
diclofenac sodium TBEC 25mg, 50mg, 75mg	Tier 1	
flurbiprofen TABS 100mg	Tier 2	
ibu TABS 400mg, 600mg, 800mg	Tier 1	
ibuprofen SUSP 100mg/5ml	Tier 2	
ibuprofen TABS 400mg, 600mg, 800mg	Tier 1	
meloxicam TABS 7.5mg, 15mg	Tier 1	
nabumetone TABS 500mg, 750mg	Tier 1	
naproxen TABS 250mg, 375mg	Tier 1	
naproxen (generic of NAPROSYN) TABS 500mg	Tier 1	
sulindac TABS 150mg, 200mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl 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 3	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	Tier 3	QL PA
hydrocodone bitartrate T24A 100mg, 120mg QL (30 tabs / 30 days)	Tier 1	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL PA
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	Tier 2	QL PA
morphine sulfate TBCR 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 2	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	Tier 1	QL
endocet tab 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
endocet tab 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
endocet tab 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
endocet tab 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	Tier 3	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	Tier 2	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	Tier 2	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	Tier 2	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	Tier 2	QL
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 2	QL
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 3	QL
oxycodone hcl TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg QL (672 tabs / year)	Tier 3	QL PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
ARIKAYCE SUSP 590mg/8.4ml	Tier 2	NM PA
atovaquone (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 3	QL PA
aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	Tier 3	
CAYSTON SOLR 75mg	Tier 2	NM PA
clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 1	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	Tier 2	
colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg	Tier 3	
dapsone TABS 25mg, 100mg	Tier 2	
DAPTOMYCIN SOLR 350mg	Tier 2	
daptomycin (generic of DAPTOMYCIN) SOLR 350mg	Tier 1	
daptomycin SOLR 500mg	Tier 1	
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 1	QL
ertapenem sodium SOLR 1gm	Tier 2	
fosfomycin tromethamine PACK 3gm	Tier 3	
gentamicin in saline inj 0.8 mg/ml	Tier 2	
gentamicin in saline inj 2 mg/ml	Tier 2	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	Tier 2	
imipenem-cilastatin intravenous for soln 250 mg	Tier 3	
imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)	Tier 3	
IMPAVIDO CAPS 50mg	Tier 2	PA
ivermectin (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days)	Tier 2	QL PA
ivermectin TABS 6mg QL (10 tabs / 90 days)	Tier 2	QL PA
linezolid (generic of ZYVOX) SOLN 600mg/300ml	Tier 3	
linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	Tier 3	QL
LINEZOLID INJ 2MG/ML	Tier 3	
meropenem SOLR 1gm, 500mg	Tier 3	
meropenem (generic of MEROPENEM) SOLR 2gm	Tier 3	
methenamine hippurate (generic of HIPREX) TABS 1gm	Tier 2	
metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 2	
metronidazole TABS 250mg, 500mg	Tier 1	
neomycin sulfate TABS 500mg	Tier 1	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	Tier 1	QL
nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 2	
nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg	Tier 2	
pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg	Tier 3	B/D
pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg	Tier 3	
praziquantel TABS 600mg	Tier 3	
pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
streptomycin sulfate SOLR 1gm	Tier 3	
sulfadiazine TABS 500mg	Tier 3	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 3	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 2	
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	Tier 1	
tinidazole TABS 250mg, 500mg	Tier 2	
TOBI PODHALER CAPS 28mg	Tier 2	NM PA
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 1	NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 2	
trimethoprim TABS 100mg	Tier 2	
vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 3	QL
vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 3	QL
vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	Tier 3	
vancomycin hcl SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	Tier 3	
VANCOMYCIN INJ 1 GM	Tier 3	
VANCOMYCIN INJ 500MG	Tier 3	
VANCOMYCIN INJ 750MG	Tier 3	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	Tier 3	B/D
amphotericin b SOLR 50mg	Tier 3	B/D
amphotericin b liposome (generic of AMBISOME) SUSR 50mg	Tier 1	B/D
caspofungin acetate SOLR 50mg	Tier 3	
caspofungin acetate (generic of CANCIDAS) SOLR 70mg	Tier 3	
CRESEMBA CAPS 74.5mg, 186mg	Tier 2	PA
fluconazole SUSR 10mg/ml; TABS 50mg	Tier 2	
fluconazole (generic of DIFLUCAN) SUSR 40mg/ml	Tier 2	
fluconazole TABS 100mg, 200mg	Tier 1	
fluconazole (generic of DIFLUCAN) TABS 150mg	Tier 1	
fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 2	
fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 2	
flucytosine (generic of ANCOBON) CAPS 250mg, 500mg	Tier 1	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	Tier 3	
griseofulvin ultramicrosize TABS 125mg, 250mg	Tier 3	
itraconazole (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	Tier 3	QL
ketoconazole TABS 200mg	Tier 2	PA
micafungin sodium (generic of MYCAMINE) SOLR 50mg, 100mg	Tier 3	
nystatin TABS 500000unit	Tier 2	
posaconazole (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL PA
terbinafine hcl TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
voriconazole (generic of VFEND IV) SOLR 200mg	Tier 3	PA
voriconazole (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	Tier 1	QL PA
voriconazole TABS 50mg QL (480 tabs / 30 days)	Tier 3	QL
voriconazole TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	Tier 3	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	Tier 3	
chloroquine phosphate TABS 250mg, 500mg	Tier 3	
COARTEM TAB 20-120MG	Tier 3	
mefloquine hcl TABS 250mg	Tier 2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 2	
quinine sulfate CAPS 324mg	Tier 3	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	Tier 3	NM
abacavir sulfate TABS 300mg	Tier 3	NM
APTIVUS CAPS 250mg	Tier 2	NM
atazanavir sulfate CAPS 150mg	Tier 3	NM
atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg	Tier 3	NM
darunavir (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 3	QL NM
darunavir (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 3	QL NM
EDURANT TABS 25mg	Tier 2	NM
EDURANT PED TBSO 2.5mg	Tier 2	NM
efavirenz TABS 600mg	Tier 3	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	Tier 3	NM
EMTRIVA SOLN 10mg/ml	Tier 3	NM
etravirine (generic of INTELENCE) TABS 100mg, 200mg	Tier 1	NM
fosamprenavir calcium TABS 700mg	Tier 1	NM
INTELENCE TABS 25mg	Tier 3	NM
ISENTRESS CHEW 25mg	Tier 3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NM
ISENTRESS HD TABS 600mg	Tier 2	NM
lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM
maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	Tier 1	NM
nevirapine SUSP 50mg/5ml; TB24 400mg	Tier 3	NM
nevirapine TABS 200mg	Tier 1	NM
NORVIR PACK 100mg	Tier 3	NM
PIFELTRO TABS 100mg	Tier 2	NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NM
REYATAZ PACK 50mg	Tier 2	NM
ritonavir (generic of NORVIR) TABS 100mg	Tier 2	NM
RUKOBIA TB12 600mg	Tier 2	NM
SELZENTRY SOLN 20mg/ml	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
SUNLENCA TABS 300mg; TBPK 300mg	Tier 2	NM
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	Tier 3	NM
TIVICAY TABS 50mg	Tier 2	NM
TIVICAY PD TBSO 5mg	Tier 2	NM
TYBOST TABS 150mg	Tier 2	NM
VIRACEPT TABS 250mg, 625mg	Tier 2	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NM
zidovudine (generic of RETROVIR) CAPS 100mg	Tier 3	NM
zidovudine (generic of RETROVIR) SYRP 50mg/5ml	Tier 2	NM
zidovudine TABS 300mg	Tier 2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 3	NM
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
DELSTRIGO TAB	Tier 2	NM
DESCOVY TAB 120-15MG	Tier 2	NM
DESCOVY TAB 200/25MG	Tier 2	NM
DOVATO TAB 50-300MG	Tier 2	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 3	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	Tier 1	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (generic of COMPLERA)	Tier 1	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	Tier 3	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	Tier 1	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	Tier 3	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	Tier 3	NM
EVOTAZ TAB 300-150	Tier 2	NM
GENVOYA TAB	Tier 2	NM
JULUCA TAB 50-25MG	Tier 2	NM
KALETRA SOL	Tier 3	NM
lamivudine-zidovudine tab 150-300 mg	Tier 3	NM
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	Tier 3	NM
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	Tier 3	NM
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 3	NM
TRIUMEQ TAB	Tier 2	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	Tier 1	
ethambutol hcl TABS 100mg, 400mg	Tier 2	
isoniazid TABS 100mg, 300mg	Tier 1	
PRIFTIN TABS 150mg	Tier 3	
pyrazinamide TABS 500mg	Tier 3	
rifabutin CAPS 150mg	Tier 3	
rifampin CAPS 150mg, 300mg	Tier 2	
rifampin (generic of RIFADIN) SOLR 600mg	Tier 3	
SIRTURO TABS 20mg, 100mg	Tier 2	NM PA
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
acyclovir sodium SOLN 50mg/ml	Tier 3	B/D
adefovir dipivoxil TABS 10mg	Tier 3	NM
BARACLUDE SOLN .05mg/ml	Tier 2	NM ST
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	Tier 3	NM
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
ganciclovir sodium SOLR 500mg	Tier 3	B/D
lamivudine (hbv) TABS 100mg	Tier 2	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 2	QL NM PA
MAVYRET PAK 50-20MG	Tier 2	NM PA
MAVYRET TAB 100-40MG	Tier 2	NM PA
oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 2	QL
oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 2	QL
oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 2	QL
PAXLOVID PAK QL (22 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	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 PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	Tier 2	NM
rimantadine hydrochloride TABS 100mg	Tier 3	
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	Tier 2	
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml	Tier 1	
valganciclovir hcl (generic of VALCYTE) TABS 450mg	Tier 2	
VOSEVI TAB	Tier 2	NM PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	Tier 2	
cefadroxil CAPS 500mg	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 3	
CEFAZOLIN INJ 1GM/50ML	Tier 3	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 2	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 3	
cefdinir CAPS 300mg	Tier 1	
cefdinir SUSR 125mg/5ml, 250mg/5ml	Tier 2	
cefepime hcl SOLR 1gm, 2gm	Tier 3	
cefixime CAPS 400mg	Tier 3	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 3	
cefpodoxime proxetil TABS 100mg, 200mg	Tier 2	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ceftazidime SOLR 1gm, 2gm, 6gm	Tier 3	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
cefuroxime axetil TABS 250mg, 500mg	Tier 1	
cefuroxime sodium SOLR 1.5gm, 750mg	Tier 2	
cephalexin CAPS 250mg, 500mg	Tier 1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	Tier 2	
tazicef SOLR 1gm, 2gm, 6gm	Tier 3	
TEFLARO SOLR 400mg, 600mg	Tier 2	
ERYTHROMYCINS/MACROLIDES		
azithromycin (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2	
azithromycin (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1	
azithromycin TABS 600mg	Tier 1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml	Tier 3	
clarithromycin TABS 250mg, 500mg	Tier 2	
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 3	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 3	
erythromycin lactobionate (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 3	
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	Tier 2	
ciprofloxacin 400 mg/200ml in d5w	Tier 2	
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	Tier 1	
ciprofloxacin hcl TABS 750mg	Tier 1	
levofloxacin SOLN 25mg/ml	Tier 3	
levofloxacin TABS 250mg, 500mg, 750mg	Tier 1	
levofloxacin in d5w iv soln 250 mg/50ml	Tier 2	
levofloxacin in d5w iv soln 500 mg/100ml	Tier 2	
levofloxacin in d5w iv soln 750 mg/150ml	Tier 2	
moxifloxacin hcl TABS 400mg	Tier 2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Tier 3	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 3	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Tier 2	
amoxicillin & k clavulanate tab 250-125 mg	Tier 2	
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	
ampicillin CAPS 500mg	Tier 1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)	Tier 3	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	Tier 3	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	Tier 3	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	Tier 3	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 3	
dicloxacillin sodium CAPS 250mg, 500mg	Tier 2	
nafcillin sodium SOLR 1gm, 2gm	Tier 3	
nafcillin sodium SOLR 10gm	Tier 1	
penicillin g potassium SOLR 5000000unit, 20000000unit	Tier 3	
penicillin g sodium SOLR 5000000unit	Tier 3	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
pfizerpen SOLR 5000000unit, 20000000unit	Tier 3	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 3	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 3	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 3	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 3	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 3	
TETRACYCLINES		
doxy 100 SOLR 100mg	Tier 3	
doxycycline (monohydrate) CAPS 50mg, 100mg	Tier 1	
doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 2	
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	Tier 2	
doxycycline hyclate SOLR 100mg	Tier 3	
minocycline hcl CAPS 50mg, 75mg, 100mg	Tier 2	
tetracycline hcl CAPS 250mg, 500mg	Tier 3	
tigecycline (generic of TYGACIL) SOLR 50mg	Tier 3	
ANTINEOPLASTIC AGENTS ***ALKYLATING AGENTS***		
cyclophosphamide CAPS 25mg, 50mg	Tier 2	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 3	B/D
GLEOSTINE CAPS 10mg, 40mg	Tier 3	NM
GLEOSTINE CAPS 100mg	Tier 2	NM
LEUKERAN TABS 2mg	Tier 2	PA
ANTIMETABOLITES		
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 2	QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2	QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2	QL NM PA
mercaptopurine (generic of PURIXAN) SUSP 2000mg/100ml	Tier 1	NM
mercaptopurine TABS 50mg	Tier 2	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2	QL NM PA
TABLOID TABS 40mg	Tier 2	PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
abiraterone acetate (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
abirtega (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 3	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 2	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 2	QL NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	Tier 1	
bicalutamide (generic of CASODEX) TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 3	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
EULEXIN CAPS 125mg	Tier 1	
exemestane (generic of AROMASIN) TABS 25mg	Tier 3	
FIRMAGON SOLR 80mg	Tier 3	NM PA
FIRMAGON SOLR 120mg/vial	Tier 2	NM PA
letrozole (generic of FEMARA) TABS 2.5mg	Tier 1	
leuprolide acetate KIT 1mg/0.2ml	Tier 3	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
megestrol acetate TABS 20mg, 40mg	Tier 2	
nilutamide (generic of NILANDRON) TABS 150mg	Tier 1	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ORGOVYX TABS 120mg	Tier 2	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
SOLTAMOX SOLN 10mg/5ml	Tier 2	
tamoxifen citrate TABS 10mg, 20mg	Tier 1	
toremifene citrate (generic of FARESTON) TABS 60mg	Tier 3	PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM PA
lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
bexarotene (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 1	QL NM PA
hydroxyurea (generic of HYDREA) CAPS 500mg	Tier 1	
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 2	
MATULANE CAPS 50mg	Tier 2	NM
mesna (generic of MESNEX) TABS 400mg	Tier 1	
tretinoin (chemotherapy) CAPS 10mg	Tier 1	
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 2	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 2	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	Tier 2	QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	Tier 2	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	Tier 2	QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	Tier 2	QL 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 PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 2	QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 2	QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 2	QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 2	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 2	QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
dasatinib (generic of SPRYCEL) TABS 20mg	Tier 1	QL NM PA
QL (90 tabs / 30 days)		
dasatinib (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg	Tier 1	QL NM PA
QL (30 tabs / 30 days)		
DAURISMO TABS 25mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
DAURISMO TABS 100mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
ERIVEDGE CAPS 150mg	Tier 2	QL NM PA
QL (30 caps / 30 days)		
erlotinib hcl TABS 25mg	Tier 1	QL NM PA
QL (90 tabs / 30 days)		
erlotinib hcl (generic of TARCEVA) TABS 100mg	Tier 1	QL NM PA
QL (30 tabs / 30 days)		
erlotinib hcl TABS 150mg	Tier 1	QL NM PA
QL (30 tabs / 30 days)		
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 1	QL NM PA
QL (30 tabs / 30 days)		
everolimus (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg	Tier 1	QL NM PA
QL (60 tabs / 30 days)		
everolimus (generic of AFINITOR DISPERZ) TBSO 3mg	Tier 1	QL NM PA
QL (90 tabs / 30 days)		
FOTIVDA CAPS .89mg, 1.34mg	Tier 2	QL NM PA
QL (21 caps / 28 days)		
FRUZAQLA CAPS 1mg	Tier 2	QL NM PA
QL (84 caps / 28 days)		
FRUZAQLA CAPS 5mg	Tier 2	QL NM PA
QL (21 caps / 28 days)		
GAVRETO CAPS 100mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
gefitinib (generic of IRESSA) TABS 250mg	Tier 1	QL NM PA
QL (60 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
GILOTRIF TABS 20mg, 30mg, 40mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
GOMEKLI CAPS 1mg	Tier 2	QL NM PA
QL (168 caps / 28 days)		
GOMEKLI CAPS 2mg	Tier 2	QL NM PA
QL (84 caps / 28 days)		
GOMEKLI TBSO 1mg	Tier 2	QL NM PA
QL (168 tabs / 28 days)		
IBRANCE CAPS 75mg, 100mg, 125mg	Tier 2	QL NM PA
QL (21 caps / 28 days)		
IBRANCE TABS 75mg, 100mg, 125mg	Tier 2	QL NM PA
QL (21 tabs / 28 days)		
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
IDHIFA TABS 50mg, 100mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
imatinib mesylate (generic of GLEEVEC) TABS 100mg	Tier 3	QL NM PA
QL (90 tabs / 30 days)		
imatinib mesylate (generic of GLEEVEC) TABS 400mg	Tier 1	QL NM PA
QL (60 tabs / 30 days)		
IMBRUVICA CAPS 70mg	Tier 2	QL NM PA
QL (30 caps / 30 days)		
IMBRUVICA CAPS 140mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
IMBRUVICA SUSP 70mg/ml	Tier 2	QL NM PA
QL (216 mL / 27 days)		
IMBRUVICA TABS 140mg, 280mg, 420mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
IMKELDI SOLN 80mg/ml	Tier 2	QL NM PA
QL (280 mL / 28 days)		
INLYTA TABS 1mg	Tier 2	QL NM PA
QL (180 tabs / 30 days)		
INLYTA TABS 5mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
INREBIC CAPS 100mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
ITOVEBI TABS 3mg	Tier 2	QL NM PA
QL (56 tabs / 28 days)		
ITOVEBI TABS 9mg	Tier 2	QL NM PA
QL (28 tabs / 28 days)		
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
JAYPIRCA TABS 50mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
JAYPIRCA TABS 100mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
KISQALI 200 DOSE TBPK 200mg	Tier 2	QL NM PA
QL (21 tabs / 28 days)		
KISQALI 400 DOSE TBPK 200mg	Tier 2	QL NM PA
QL (42 tabs / 28 days)		
KISQALI 400 PAK FEMARA	Tier 2	QL NM PA
QL (70 tabs / 28 days)		
KISQALI 600 DOSE TBPK 200mg	Tier 2	QL NM PA
QL (63 tabs / 28 days)		
KISQALI 600 PAK FEMARA	Tier 2	QL NM PA
QL (91 tabs / 28 days)		
KOSELUGO CAPS 10mg	Tier 2	QL NM PA
QL (240 caps / 30 days)		
KOSELUGO CAPS 25mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
KRAZATI TABS 200mg	Tier 2	QL NM PA
QL (180 tabs / 30 days)		
lapatinib ditosylate (generic of TYKERB) TABS 250mg	Tier 1	QL NM PA
QL (180 tabs / 30 days)		
LAZCLUZE TABS 80mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
LAZCLUZE TABS 240mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 2	QL NM PA
QL (30 caps / 30 days)		
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 2	QL NM PA
QL (60 caps / 30 days)		
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 2	QL NM PA
QL (30 caps / 30 days)		
LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 2	QL NM PA
QL (90 caps / 30 days)		
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 2	QL NM PA
QL (60 caps / 30 days)		
LENVIMA CAP 14 MG	Tier 2	QL NM PA
QL (60 caps / 30 days)		
LENVIMA CAP 18 MG	Tier 2	QL NM PA
QL (90 caps / 30 days)		
LENVIMA CAP 24 MG	Tier 2	QL NM PA
QL (90 caps / 30 days)		
LORBRENA TABS 25mg	Tier 2	QL NM PA
QL (90 tabs / 30 days)		
LORBRENA TABS 100mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
LUMAKRAS TABS 120mg	Tier 2	QL NM PA
QL (240 tabs / 30 days)		
LUMAKRAS TABS 240mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
LUMAKRAS TABS 320mg	Tier 2	QL NM PA
QL (90 tabs / 30 days)		
LYNPARZA TABS 100mg, 150mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	Tier 2	QL NM PA
QL (84 tabs / 28 days)		
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	Tier 2	QL NM PA
QL (112 tabs / 28 days)		
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	Tier 2	QL NM PA
QL (140 tabs / 28 days)		
MEKINIST SOLR .05mg/ml	Tier 2	QL NM PA
QL (1260 mL / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
MEKINIST TABS 2mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
MEKINIST TABS .5mg	Tier 2	QL NM PA
QL (90 tabs / 30 days)		
MEKTOVI TABS 15mg	Tier 2	QL NM PA
QL (180 tabs / 30 days)		
NERLYNX TABS 40mg	Tier 2	QL NM PA
QL (180 tabs / 30 days)		
nilotinib hcl CAPS 50mg	Tier 1	QL NM PA
QL (120 caps / 30 days)		
nilotinib hcl (generic of TASIGNA) CAPS 150mg, 200mg	Tier 1	QL NM PA
QL (112 caps / 28 days)		
NINLARO CAPS 2.3mg, 3mg, 4mg	Tier 2	QL NM PA
QL (3 caps / 28 days)		
ODOMZO CAPS 200mg	Tier 2	QL NM PA
QL (30 caps / 30 days)		
OGSIVEO TABS 50mg	Tier 2	QL NM PA
QL (180 tabs / 30 days)		
OGSIVEO TABS 100mg, 150mg	Tier 2	QL NM PA
QL (56 tabs / 28 days)		
OJEMDA SUSR 25mg/ml	Tier 2	QL NM PA
QL (96 mL / 28 days)		
OJEMDA TABS 100mg	Tier 2	QL NM PA
QL (24 tabs / 28 days)		
OJJAARA TABS 100mg, 150mg, 200mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
pazopanib hcl (generic of VOTRIENT) TABS 200mg	Tier 1	QL NM PA
QL (120 tabs / 30 days)		
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 2	QL NM PA
QL (28 tabs / 28 days)		
PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 2	QL NM PA
QL (28 tabs / 28 days)		
PIQRAY 250MG TAB DOSE	Tier 2	QL NM PA
QL (56 tabs / 28 days)		
PIQRAY 300MG DAILY DOSE TBPK 150mg	Tier 2	QL NM PA
QL (56 tabs / 28 days)		
QINLOCK TABS 50mg	Tier 2	QL NM PA
QL (90 tabs / 30 days)		
RETEVMO TABS 40mg	Tier 2	QL NM PA
QL (90 tabs / 30 days)		
RETEVMO TABS 80mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
RETEVMO TABS 120mg, 160mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
REVUFORJ TABS 25mg	Tier 2	QL NM PA
QL (240 tabs / 30 days)		
REVUFORJ TABS 110mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
REVUFORJ TABS 160mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
REZLIDHIA CAPS 150mg	Tier 2	QL NM PA
QL (60 caps / 30 days)		
ROMVIMZA CAPS 14mg, 20mg, 30mg	Tier 2	QL NM PA
QL (8 caps / 28 days)		
ROZLYTREK CAPS 100mg	Tier 2	QL NM PA
QL (180 caps / 30 days)		
ROZLYTREK CAPS 200mg	Tier 2	QL NM PA
QL (90 caps / 30 days)		
ROZLYTREK PACK 50mg	Tier 2	QL NM PA
QL (336 packets / 28 days)		
RUBRACA TABS 200mg, 250mg, 300mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
RYDAPT CAPS 25mg	Tier 2	QL NM PA
QL (224 caps / 28 days)		
SCEMBLIX TABS 20mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
SCEMBLIX TABS 40mg	Tier 2	QL NM PA
QL (300 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
SCEMBLIX TABS 100mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
sorafenib tosylate (generic of NEXAVAR) TABS 200mg	Tier 1	QL NM PA
QL (120 tabs / 30 days)		
STIVARGA TABS 40mg	Tier 2	QL NM PA
QL (84 tabs / 28 days)		
sunitinib malate (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	Tier 1	QL NM PA
QL (30 caps / 30 days)		
TABRECTA TABS 150mg, 200mg	Tier 2	QL NM PA
QL (112 tabs / 28 days)		
TAFINLAR CAPS 50mg, 75mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
TAFINLAR TBSO 10mg	Tier 2	QL NM PA
QL (840 tabs / 28 days)		
TAGRISSO TABS 40mg, 80mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	Tier 2	QL NM PA
QL (30 caps / 30 days)		
TALZENNA CAPS .25mg	Tier 2	QL NM PA
QL (90 caps / 30 days)		
TAZVERIK TABS 200mg	Tier 2	QL NM PA
QL (240 tabs / 30 days)		
TEPMETKO TABS 225mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
TIBSOVO TABS 250mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
torpenz (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 1	QL NM PA
QL (30 tabs / 30 days)		
TRUQAP TABS 160mg, 200mg	Tier 2	QL NM PA
QL (64 tabs / 28 days)		
TRUQAP TBPK 160mg, 200mg	Tier 2	QL NM PA
QL (4 packs / 28 days)		
TUKYSA TABS 50mg, 150mg	Tier 2	QL NM PA
QL (120 tabs / 30 days)		
TURALIO CAPS 125mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
VANFLYTA TABS 17.7mg, 26.5mg	Tier 2	QL NM PA
QL (56 tabs / 28 days)		
VENCLEXTA TABS 10mg	Tier 2	QL NM PA
QL (112 tabs / 28 days)		
VENCLEXTA TABS 50mg	Tier 2	QL NM PA
QL (112 tabs / 28 days)		
VENCLEXTA TABS 100mg	Tier 2	QL NM PA
QL (180 tabs / 30 days)		
VENCLEXTA TAB START PK	Tier 2	QL NM PA
QL (42 tabs / 28 days)		
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	Tier 2	QL NM PA
QL (56 tabs / 28 days)		
VITRAKVI CAPS 25mg	Tier 2	QL NM PA
QL (180 caps / 30 days)		
VITRAKVI CAPS 100mg	Tier 2	QL NM PA
QL (60 caps / 30 days)		
VITRAKVI SOLN 20mg/ml	Tier 2	QL NM PA
QL (300 mL / 30 days)		
VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
VONJO CAPS 100mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
VORANIGO TABS 10mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
VORANIGO TABS 40mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 2	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
benazepril & hydrochlorothiazide tab 5-6.25mg	Tier 2	
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	Tier 2	
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	Tier 2	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 2	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 2	
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	Tier 1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	Tier 1	
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	Tier 1	
ACE INHIBITORS		
benazepril hcl TABS 5mg	Tier 1	
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	
fosinopril sodium TABS 10mg, 20mg, 40mg	Tier 1	
lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
moexipril hcl TABS 7.5mg, 15mg	Tier 2	
perindopril erbumine TABS 2mg, 4mg, 8mg	Tier 2	
quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
ramipril CAPS 1.25mg, 5mg, 10mg	Tier 1	
ramipril (generic of ALTACE) CAPS 2.5mg	Tier 1	
trandolapril TABS 1mg, 2mg, 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone (generic of INSPRA) TABS 25mg, 50mg	Tier 2	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	Tier 1	
ALPHA BLOCKERS		
doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 1	
prazosin hcl CAPS 1mg, 2mg, 5mg	Tier 2	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	Tier 2	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
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
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 2	QL
candesartan cilexetil (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 2	QL
irbesartan TABS 75mg QL (30 tabs / 30 days)	Tier 1	QL
irbesartan (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1	
olmesartan medoxomil (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 2	QL
olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
telmisartan TABS 20mg QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
telmisartan (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL
valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL
valsartan (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	Tier 3	
amiodarone hcl TABS 200mg	Tier 1	
disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg	Tier 3	
dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 3	NM
flecainide acetate TABS 50mg, 100mg, 150mg	Tier 2	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 3	QL
pacerone TABS 100mg, 400mg	Tier 3	
pacerone TABS 200mg	Tier 1	
propafenone hcl CP12 225mg, 325mg, 425mg	Tier 3	
propafenone hcl TABS 150mg, 225mg, 300mg	Tier 2	
quinidine sulfate TABS 200mg, 300mg	Tier 3	
sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1	
sotalol hcl TABS 240mg	Tier 1	
sotalol hcl (afib/afl) (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 2	
ANTILIPEMICS, FIBRATES		
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	Tier 2	
fenofibrate TABS 54mg, 160mg	Tier 2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	Tier 2	
gemfibrozil (generic of LOPID) TABS 600mg	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
simvastatin TABS 5mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 2	
cholestyramine light PACK 4gm	Tier 2	
cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
colestipol hcl (generic of COLESTID) GRAN 5gm	Tier 3	
colestipol hcl PACK 5gm	Tier 3	
colestipol hcl (generic of COLESTID) TABS 1gm	Tier 2	
ezetimibe (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 2	QL
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 2	QL
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	Tier 2	PA
prevalite PACK 4gm	Tier 2	
prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	Tier 2	QL NM PA
VASCEPA CAPS .5gm, 1gm	Tier 2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	Tier 1	
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	Tier 1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	Tier 2	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1	
bisoprolol fumarate TABS 5mg, 10mg	Tier 1	
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
labetalol hcl TABS 100mg, 200mg, 300mg	Tier 2	
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
metoprolol tartrate SOLN 5mg/5ml	Tier 3	
metoprolol tartrate TABS 25mg	Tier 1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
nebivolol hcl (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL
pindolol TABS 5mg, 10mg	Tier 2	
propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 2	
propranolol hcl SOLN 20mg/5ml, 40mg/5ml	Tier 2	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	
timolol maleate TABS 5mg, 10mg, 20mg	Tier 2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Tier 1	
cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
dilt-xr CP24 120mg, 180mg, 240mg	Tier 1	
diltiazem hcl CP12 60mg, 90mg, 120mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 2	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
diltiazem hcl TABS 90mg	Tier 1	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 360mg	Tier 3	
diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
felodipine TB24 2.5mg, 5mg, 10mg	Tier 2	
nifedipine TB24 30mg, 60mg, 90mg	Tier 2	
nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 2	
nimodipine CAPS 30mg	Tier 3	
tiadylt er (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
verapamil hcl SOLN 2.5mg/ml	Tier 3	
verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	Tier 2	
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	
amiloride hcl TABS 5mg	Tier 1	
bumetanide SOLN .25mg/ml; TABS 1mg, 2mg	Tier 2	
bumetanide (generic of BUMEX) TABS .5mg	Tier 2	
chlorthalidone TABS 25mg, 50mg	Tier 1	
furosemide SOLN 10mg/ml, 40mg/5ml	Tier 1	
furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1	
furosemide inj SOLN 10mg/ml	Tier 2	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	
indapamide TABS 1.25mg, 2.5mg	Tier 1	
methazolamide TABS 25mg, 50mg	Tier 3	
metolazone TABS 2.5mg, 5mg, 10mg	Tier 1	
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	
MISCELLANEOUS		
aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 3	QL
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 2	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 2	
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 2	
clonidine hcl TABS .1mg, .2mg, .3mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 3	QL
digoxin SOLN .05mg/ml	Tier 3	
digoxin (generic of LANOXIN) SOLN .25mg/ml	Tier 3	
digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 3	QL NM PA
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA
epinephrine (anaphylaxis) SOLN 1mg/ml	Tier 3	
guanfacine hcl TABS 1mg, 2mg PA applies if 65 years and older	Tier 2	PA
hydralazine hcl SOLN 20mg/ml	Tier 3	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 3	QL
metyrosine (generic of DEMSER) CAPS 250mg	Tier 1	NM PA
midodrine hcl TABS 2.5mg, 5mg	Tier 2	
midodrine hcl TABS 10mg	Tier 3	
minoxidil TABS 2.5mg, 10mg	Tier 1	
ranolazine TB12 500mg, 1000mg	Tier 3	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL PA
NITRATES		
isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 2	
isosorbide dinitrate TABS 10mg, 20mg, 30mg	Tier 2	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	Tier 1	
NITRO-BID OINT 2%	Tier 2	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 2	
nitroglycerin (generic of NITROSTAT) 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 PA
alyq (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 2	QL NM PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	Tier 2	QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	Tier 2	QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	Tier 2	QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	Tier 2	QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	Tier 2	QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	Tier 2	QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	Tier 2	QL NM PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
buspirone hcl TABS 5mg, 10mg, 15mg	Tier 1	
buspirone hcl TABS 7.5mg, 30mg	Tier 2	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	Tier 2	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
lorazepam (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	Tier 1	
lorazepam (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
ANTIDEMENTIA		
donepezil hydrochloride (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
donepezil hydrochloride (generic of ARICEPT) TABS 10mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
donepezil hydrochloride TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
donepezil hydrochloride TBDP 10mg	Tier 1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL
galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	Tier 3	QL
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA applies if 29 years and younger	Tier 3	PA
memantine hcl TABS 5mg, 10mg PA applies if 29 years and younger	Tier 2	PA
memantine hcl-donepezil hcl cap er 24hr 14-10 mg (generic of NAMZARIC)	Tier 3	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg (generic of NAMZARIC)	Tier 3	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg (generic of NAMZARIC)	Tier 3	
NAMZARIC CAP 7-10MG	Tier 3	
rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 3	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
amoxapine TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 3	QL PA
bupropion hcl TABS 75mg, 100mg	Tier 1	
bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 1	QL
bupropion hcl (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL
citalopram hydrobromide SOLN 10mg/5ml	Tier 2	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1	
clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 3	PA
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	Tier 3	PA
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 3	PA
desvenlafaxine succinate (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	Tier 2	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 3	QL PA
duloxetine hcl CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	QL PA
escitalopram oxalate SOLN 5mg/5ml	Tier 3	
escitalopram oxalate (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1	
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
fluoxetine hcl CAPS 10mg, 40mg	Tier 1	
fluoxetine hcl (generic of PROZAC) CAPS 20mg	Tier 1	
fluoxetine hcl SOLN 20mg/5ml	Tier 2	
imipramine hcl TABS 10mg, 25mg, 50mg PA applies if 65 years and older	Tier 1	PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL
mirtazapine TABS 7.5mg	Tier 2	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	Tier 1	
mirtazapine TABS 45mg	Tier 1	
mirtazapine (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
nortriptyline hcl (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 1	
nortriptyline hcl SOLN 10mg/5ml	Tier 3	
paroxetine hcl SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
paroxetine hcl (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	Tier 1	PA
phenelzine sulfate (generic of NARDIL) TABS 15mg	Tier 2	
protriptyline hcl TABS 5mg, 10mg	Tier 3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	Tier 3	QL PA
sertraline hcl (generic of ZOLOFT) CONC 20mg/ml	Tier 2	
sertraline hcl (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1	
tranylcypromine sulfate (generic of PARNATE) TABS 10mg	Tier 3	
trazodone hcl TABS 50mg, 100mg, 150mg	Tier 1	
trimipramine maleate CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 3	QL
trimipramine maleate CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL PA
venlafaxine hcl (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 1	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2	
vilazodone hcl (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 2	QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 2	QL NM PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL
amantadine hcl SOLN 50mg/5ml	Tier 2	
benztropine mesylate SOLN 1mg/ml	Tier 3	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 65 years and older	Tier 1	PA
bromocriptine mesylate (generic of PARLODEL) TABS 2.5mg	Tier 3	
carb/levo orally disintegrating tab 10-100mg	Tier 2	
carb/levo orally disintegrating tab 25-100mg	Tier 2	
carb/levo orally disintegrating tab 25-250mg	Tier 2	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	Tier 1	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	Tier 1	
carbidopa & levodopa tab 25-250 mg	Tier 1	
carbidopa & levodopa tab er 25-100 mg	Tier 2	
carbidopa & levodopa tab er 50-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 3	
entacapone TABS 200mg	Tier 3	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 2	QL NM PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 3	QL
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
selegiline hcl CAPS 5mg; TABS 5mg	Tier 2	
trihexyphenidyl hcl SOLN .4mg/ml	Tier 2	
trihexyphenidyl hcl TABS 2mg, 5mg	Tier 1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	Tier 3	QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 3	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	Tier 3	QL
aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	Tier 3	QL
aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 3	QL
aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 3	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 3	QL
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 3	
asenapine maleate (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 3	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 3	QL
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 3	
clozapine (generic of CLOZARIL) TABS 25mg	Tier 2	
clozapine TABS 50mg	Tier 2	
clozapine (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 2	QL
clozapine TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL
clozapine TBDP 12.5mg, 25mg	Tier 3	PA
clozapine TBDP 100mg QL (270 tabs / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
clozapine TBDP 150mg QL (180 tabs / 30 days)	Tier 3	QL PA
clozapine TBDP 200mg QL (120 tabs / 30 days)	Tier 3	QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	Tier 3	QL PA
COBENFY CAP 100-20MG QL (60 caps / 30 days)	Tier 3	QL PA
COBENFY CAP 125-30MG QL (60 caps / 30 days)	Tier 3	QL PA
COBENFY STRT CAP PACK QL (2 packs / year)	Tier 3	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL PA
FANAPT PAK PACK A QL (2 packs / year)	Tier 3	QL PA
FANAPT PAK PACK C QL (2 packs / year)	Tier 3	QL PA
fluphenazine decanoate SOLN 25mg/ml	Tier 3	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 3	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2	
haloperidol decanoate SOLN 50mg/ml	Tier 2	
haloperidol decanoate (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 2	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	Tier 2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 3	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 3	QL
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	Tier 2	
lurasidone hcl (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
lurasidone hcl (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 3	QL
molindone hcl TABS 5mg, 10mg, 25mg	Tier 3	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 3	QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 3	QL NM PA
olanzapine (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 3	QL
olanzapine (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days)	Tier 2	QL
olanzapine TABS 7.5mg, 15mg QL (30 tabs / 30 days)	Tier 2	QL
olanzapine TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
olanzapine (generic of ZYPREXA) TABS 20mg	Tier 2	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	Tier 3	QL (30 tabs / 30 days) ST
olanzapine TBDP 10mg	Tier 3	QL (60 tabs / 30 days) ST
OPIPZA FILM 2mg, 5mg	Tier 3	QL (30 films / 30 days) PA
OPIPZA FILM 10mg	Tier 3	QL (90 films / 30 days) PA
paliperidone TB24 1.5mg	Tier 3	QL (30 tabs / 30 days)
paliperidone (generic of INVEGA) TB24 3mg, 9mg	Tier 3	QL (30 tabs / 30 days)
paliperidone (generic of INVEGA) TB24 6mg	Tier 3	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	Tier 2	
pimozide TABS 1mg, 2mg	Tier 3	
quetiapine fumarate (generic of SEROQUEL) TABS 25mg	Tier 2	QL (180 tabs / 30 days)
quetiapine fumarate (generic of SEROQUEL) TABS 50mg, 100mg, 200mg	Tier 2	QL (90 tabs / 30 days)
quetiapine fumarate TABS 150mg	Tier 2	QL (90 tabs / 30 days)
quetiapine fumarate (generic of SEROQUEL) TABS 300mg, 400mg	Tier 2	QL (60 tabs / 30 days)
quetiapine fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg	Tier 3	QL (60 tabs / 30 days) PA
quetiapine fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg	Tier 3	QL (30 tabs / 30 days) PA
REXULTI TABS 3mg, 4mg	Tier 3	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	Tier 3	QL (60 tabs / 30 days)
risperidone (generic of RISPERDAL) SOLN 1mg/ml	Tier 2	QL (240 mL / 30 days)
risperidone (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
risperidone TABS .25mg	Tier 1	
risperidone TBDP 1mg, 2mg, 3mg	Tier 3	QL (60 tabs / 30 days) ST
risperidone TBDP 4mg	Tier 3	QL (120 tabs / 30 days) ST
risperidone TBDP .25mg, .5mg	Tier 3	QL (90 tabs / 30 days) ST
risperidone microspheres (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg	Tier 3	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	Tier 3	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 2	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	Tier 3	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	Tier 2	
VERSACLOZ SUSP 50mg/ml	Tier 3	QL (600 mL / 30 days) PA
VRAYLAR CAPS 1.5mg	Tier 3	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	Tier 3	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 3	QL
ziprasidone mesylate (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 3	QL
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 3	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 3	QL PA
carbamazepine CHEW 100mg	Tier 2	
carbamazepine CHEW 200mg	Tier 3	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 3	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml	Tier 3	
carbamazepine (generic of TEGRETOL) TABS 200mg	Tier 2	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 3	
clobazam (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
clobazam (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 3	QL PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 3	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 3	QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 3	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 3	QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 3	QL NM PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA
diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 3	
diazepam inj SOLN 5mg/ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
diazepam intensol CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA
DILANTIN CAPS 30mg	Tier 3	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 3	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 2	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 3	QL NM PA
epitol (generic of TEGRETOL) TABS 200mg	Tier 2	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
eslicarbazepine acetate (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 3	QL
eslicarbazepine acetate (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL
ethosuximide (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Tier 2	
felbamate SUSP 600mg/5ml	Tier 3	
felbamate (generic of FELBATOL) TABS 400mg, 600mg	Tier 3	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 3	QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	Tier 3	QL 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 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
gabapentin (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 2	QL
gabapentin (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
lacosamide (generic of VIMPAT) SOLN 200mg/20ml	Tier 3	
lacosamide (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL
lacosamide (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
lacosamide oral (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 2	
lamotrigine (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
levetiracetam (generic of KEPPRA) SOLN 100mg/ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam (generic of KEPPRA) SOLN 500mg/5ml	Tier 3	
levetiracetam (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	Tier 1	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL
levetiracetam in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3	
levetiracetam in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3	
levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3	
methsuximide (generic of CELONTIN) CAPS 300mg	Tier 3	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	Tier 3	QL
oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 3	
oxcarbazepine (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 2	
perampanel (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA
perampanel (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA
phenobarbital ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	Tier 3	PA
phenytek CAPS 200mg, 300mg	Tier 2	
phenytoin (generic of DILANTIN INFATABS) CHEW 50mg	Tier 2	
phenytoin (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 2	
phenytoin sodium SOLN 50mg/ml	Tier 3	
phenytoin sodium extended (generic of DILANTIN) CAPS 100mg	Tier 2	
phenytoin sodium extended CAPS 200mg, 300mg	Tier 2	
pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	Tier 2	QL PA
pregabalin (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
pregabalin (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 2	QL PA
pregabalin (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
primidone (generic of MYSOLINE) TABS 50mg, 250mg	Tier 1	
primidone TABS 125mg	Tier 1	
roweepra (generic of KEPPRA) TABS 500mg	Tier 1	
rufinamide (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 3	QL PA
rufinamide (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 3	QL PA
rufinamide (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 3	QL 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
subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 3	QL PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	Tier 3	
topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 2	
topiramate CPSP 50mg	Tier 3	
topiramate (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
valproate sodium SOLN 100mg/ml	Tier 3	
valproate sodium SOLN 250mg/5ml	Tier 2	
valproic acid CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
vigabatrin (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
vigabatrin (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
vigadrone (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
vigadrone (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 2	QL NM PA
vigpoder (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 3	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2	
zonisamide CAPS 50mg	Tier 2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 3	QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
atomoxetine hcl CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL
atomoxetine hcl CAPS 40mg QL (60 caps / 30 days)	Tier 3	QL
atomoxetine hcl CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL PA
dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL PA
guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
guanfacine hcl (adhd) (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL PA
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA
methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA
methylphenidate hcl TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL
ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	Tier 2	QL
tasimelteon (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 1	QL NM PA
temazepam (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 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
dihydroergotamine mesylate SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL NM PA
ergotamine w/ caffeine tab 1-100 mg QL (40 tabs / 28 days)	Tier 2	QL PA
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL PA
rizatriptan benzoate TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 2	QL
rizatriptan benzoate (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL
rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	Tier 3	QL
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	Tier 3	QL
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL
sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL
sumatriptan succinate SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL
sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 2	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM 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 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 2	QL NM PA
lithium SOLN 8meq/5ml	Tier 3	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 1	
lithium carbonate (generic of LITHOBID) TBCR 300mg	Tier 1	
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 3	QL PA
pyridostigmine bromide (generic of MESTINON) TABS 60mg	Tier 2	
riluzole TABS 50mg	Tier 3	
tetrabenazine (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 3	QL NM PA
tetrabenazine (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2	QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	Tier 2	QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2	QL NM PA
dalfampridine (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
fingolimod hcl (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
glatopa (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
glatopa (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
OCREVUS SOLN 300mg/10ml	Tier 2	NM PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg QL (90 tabs / 30 days)	Tier 2	QL
baclofen TABS 10mg, 20mg	Tier 2	
cyclobenzaprine hcl TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
tizanidine hcl TABS 2mg	Tier 1	
tizanidine hcl (generic of ZANAFLEX) TABS 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
armodafinil (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 3	QL PA
armodafinil (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 3	QL PA
modafinil (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL PA
modafinil (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	Tier 2	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	QL NM PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	Tier 3	
buprenorphine hcl SUBL 2mg QL (180 tabs / 30 days)	Tier 2	QL
buprenorphine hcl SUBL 8mg QL (120 tabs / 30 days)	Tier 2	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (180 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (120 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (180 tabs / 30 days)	Tier 1	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (120 tabs / 30 days)	Tier 1	QL
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	Tier 1	QL
disulfiram TABS 250mg, 500mg	Tier 2	
KLOXXADO LIQD 8mg/0.1ml	Tier 2	
naloxone hcl LIQD 4mg/0.1ml	Tier 2	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1	
naltrexone hcl TABS 50mg	Tier 2	
NICOTROL NS SOLN 10mg/ml	Tier 3	
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 3	QL
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	Tier 3	QL
VIVITROL SUSR 380mg	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	Tier 3	
depo-testosterone SOLN 100mg/ml, 200mg/ml	Tier 2	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 2	PA
testosterone enanthate SOLN 200mg/ml	Tier 2	PA
testosterone pump (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	Tier 3	QL PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	Tier 2	
dapagliflozin propanediol TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 2	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL ST
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
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
metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 2	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 2	QL PA

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 SOAJ .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	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 2	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	Tier 3	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	Tier 3	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	Tier 3	QL PA
FIASP SOLN 100unit/ml	Tier 2	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 2	
FIASP PENFILL SOCT 100unit/ml	Tier 2	
FIASP PUMPCART SOCT 100unit/ml	Tier 2	B/D
GAUZE PADS 2" X 2"	Tier 2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 2	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 2	PA
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	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG SOLN 100unit/ml	Tier 2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	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	Tier 2	
NOVOLOG RELION SOLN 100unit/ml	Tier 2	B/D
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	Tier 3	QL PA
OMNIPOD 5 L2 MIS PODS G6 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
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	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
CALCIUM REGULATORS		
alendronate sodium TABS 10mg, 35mg	Tier 1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	Tier 1	
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	Tier 2	QL NM PA
calcitonin (salmon) spray SOLN 200unit/act	Tier 2	B/D
ibandronate sodium TABS 150mg	Tier 2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	Tier 2	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	Tier 2	QL NM PA
WYOST SOLN 120mg/1.7ml	Tier 2	NM PA
zoledronic acid CONC 4mg/5ml	Tier 3	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	Tier 3	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 2	
deferasirox (generic of JADENU) TABS 90mg	Tier 2	NM PA
deferasirox (generic of JADENU) TABS 180mg, 360mg	Tier 3	NM PA
deferasirox (generic of EXJADE) TBSO 125mg	Tier 3	NM PA
deferasirox (generic of EXJADE) TBSO 250mg, 500mg	Tier 1	NM PA
kionex SUSP 15gm/60ml	Tier 3	
LOKELMA PACK 5gm, 10gm	Tier 2	
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	Tier 1	NM
sodium polystyrene sulfonate powder	Tier 2	
sps SUSP 15gm/60ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
sps rectal SUSP 15gm/60ml	Tier 3	
trientine hcl (generic of SYPRINE) CAPS 250mg	Tier 1	NM PA
CONTRACEPTIVES		
afirmelle	Tier 2	
altavera	Tier 2	
alyacen 1/35	Tier 2	
alyacen 7/7/7	Tier 2	
apri	Tier 2	
aranelle	Tier 2	
aubra eq	Tier 2	
aurovela 1/20	Tier 2	
aurovela fe 1.5/30	Tier 2	
aurovela fe 1/20	Tier 2	
aviane	Tier 2	
ayuna	Tier 2	
azurette	Tier 2	
balziva	Tier 2	
blisovi fe 1.5/30	Tier 2	
briellyn	Tier 2	
camila TABS .35mg	Tier 2	
chateal eq	Tier 2	
cryselle-28	Tier 2	
cyred eq	Tier 2	
dasetta 1/35	Tier 2	
dasetta 7/7/7	Tier 2	
deblitane TABS .35mg	Tier 2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 2	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 2	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	Tier 2	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	Tier 2	
elinest	Tier 2	
eluryng (generic of NUVARING)	Tier 2	
emzahh TABS .35mg	Tier 2	
enilloring (generic of NUVARING)	Tier 2	
enskyce	Tier 2	
errin TABS .35mg	Tier 2	
estarylla	Tier 2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)	Tier 2	
falmina	Tier 2	
feirza 1.5/30	Tier 2	
feirza 1/20	Tier 2	
hailey 1.5/30	Tier 2	
haloette (generic of NUVARING)	Tier 2	
heather TABS .35mg	Tier 2	
iclevia	Tier 2	
incassia TABS .35mg	Tier 2	
introvale	Tier 2	
isibloom	Tier 2	
jasmiel (generic of YAZ)	Tier 2	
jolessa	Tier 2	
juleber	Tier 2	
junel 1.5/30	Tier 2	
junel 1/20	Tier 2	
junel fe 1.5/30	Tier 2	
junel fe 1/20	Tier 2	
kariva	Tier 2	
kelnor 1/35	Tier 2	
kelnor 1/50	Tier 2	
kurvelo	Tier 2	
larin 1.5/30	Tier 2	
larin 1/20	Tier 2	
larin fe 1.5/30	Tier 2	
larin fe 1/20	Tier 2	
lessina	Tier 2	
levonest	Tier 2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 2	
levora 0.15/30-28	Tier 2	
LILETTA IUD 20.1mcg/day	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
loestrin 1.5/30-21	Tier 2	
loestrin 1/20-21	Tier 2	
loestrin fe 1.5/30	Tier 2	
loestrin fe 1/20	Tier 2	
loryna (generic of YAZ)	Tier 2	
low-ogestrel	Tier 2	
lutera	Tier 2	
lyleq TABS .35mg	Tier 2	
lyza TABS .35mg	Tier 2	
marlissa	Tier 2	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	Tier 2	
meleya TABS .35mg	Tier 2	
microgestin 1.5/30	Tier 2	
microgestin 1/20	Tier 2	
microgestin fe 1.5/30	Tier 2	
microgestin fe 1/20	Tier 2	
mili	Tier 2	
mono-linyah	Tier 2	
necon 0.5/35-28	Tier 2	
NEXPLANON IMPL 68mg	Tier 2	NM
nikki (generic of YAZ)	Tier 2	
nora-be TABS .35mg	Tier 2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	Tier 2	
norethindrone (contraceptive) TABS .35mg	Tier 2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 2	
norlyroc TABS .35mg	Tier 2	
nortrel 0.5/35 (28)	Tier 2	
nortrel 1/35 (21)	Tier 2	
nortrel 1/35 (28)	Tier 2	
nortrel 7/7/7	Tier 2	
nylia 1/35	Tier 2	
nylia 7/7/7	Tier 2	
ocella (generic of YASMIN 28)	Tier 2	
orquidea TABS .35mg	Tier 2	
philith	Tier 2	
pimtrea	Tier 2	
portia-28	Tier 2	
reclipsen	Tier 2	
setlakin	Tier 2	
sharobel TABS .35mg	Tier 2	
simliya	Tier 2	
sprintec 28	Tier 2	
sronyx	Tier 2	
syeda (generic of YASMIN 28)	Tier 2	
tarina fe 1/20 eq	Tier 2	
tilia fe	Tier 2	
tri-estarylla	Tier 2	
tri-legest fe	Tier 2	
tri-linyah	Tier 2	
tri-lo-estarylla	Tier 2	
tri-lo-marzia	Tier 2	
tri-lo-mili	Tier 2	
tri-lo-sprintec	Tier 2	
tri-mili	Tier 2	
tri-sprintec	Tier 2	
tri-vylibra	Tier 2	
tri-vylibra lo	Tier 2	
turqoz	Tier 2	
valtya 1/50	Tier 2	
velivet	Tier 2	
vestura (generic of YAZ)	Tier 2	
vienva	Tier 2	
viorele	Tier 2	
vyfemla	Tier 2	
vylibra	Tier 2	
wera	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
xarah fe	Tier 2	
xulane	Tier 2	
zafemy	Tier 2	
zovia 1/35	Tier 2	
zumandimine (generic of YASMIN 28)	Tier 2	
ESTROGENS		
abigale (generic of ACTIVELLA)	Tier 2	
abigale lo	Tier 2	
dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2	
estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg	Tier 1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 2	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	Tier 2	
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	Tier 2	
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	Tier 3	
estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	Tier 3	
estradiol valerate OIL 40mg/ml	Tier 3	
fyavolv tab 0.5mg-2.5mcg	Tier 2	
fyavolv tab 1mg-5mcg	Tier 2	
jinteli	Tier 2	
lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
mimvey (generic of ACTIVELLA)	Tier 2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 2	
yuvafem (generic of VAGIFEM) TABS 10mcg	Tier 3	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 2	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	Tier 2	
fludrocortisone acetate TABS .1mg	Tier 1	
hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 2	
hydrocortisone sod succinate (generic of SOLU-CORTEF) SOLR 100mg	Tier 3	
methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg	Tier 2	B/D
methylprednisolone TABS 32mg	Tier 2	B/D
methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 1	
methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 2	B/D
methylprednisolone sod succ SOLR 40mg, 125mg	Tier 2	B/D

Drug Name	Drug Tier	Requirements/ Limits
methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	Tier 2	B/D
prednisolone SOLN 15mg/5ml	Tier 1	B/D
prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml	Tier 3	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	Tier 1	B/D
prednisolone sodium phosphate SOLN 25mg/5ml	Tier 3	B/D
prednisone SOLN 5mg/5ml	Tier 3	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
prednisone TBPK 5mg, 10mg	Tier 1	
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	Tier 3	
GLUCOSE ELEVATING AGENTS		
diazoxide (generic of PROGLYCEM) SUSP 50mg/ml	Tier 1	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 2	
MISCELLANEOUS		
betaine powder for oral solution (generic of CYSTADANE)	Tier 1	NM
cabergoline TABS .5mg	Tier 2	
carglumic acid (generic of CARBAGLU) TBSO 200mg	Tier 1	NM PA
CERDELGA CAPS 84mg	Tier 2	NM PA
cinacalcet hcl (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 3	B/D QL NM
cinacalcet hcl (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 3	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	Tier 3	NM PA
desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml	Tier 1	
desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg	Tier 2	
desmopressin acetate spray SOLN .01%	Tier 3	
desmopressin acetate spray refrigerated SOLN .01%	Tier 3	
GENOTROPIN CART 5mg, 12mg	Tier 2	NM PA
GENOTROPIN MINIQUICK PRSY .2mg	Tier 2	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NM PA
INCRELEX SOLN 40mg/4ml	Tier 2	NM PA
javygtor (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
JYNARQUE TABS 15mg, 30mg	Tier 2	NM PA
lanreotide acetate SOLN 120mg/0.5ml	Tier 1	NM PA
levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 3	B/D
mifepristone (hyperglycemia) (generic of KORLYM) TABS 300mg	Tier 1	NM PA
nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 3	NM PA
octreotide acetate SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 3	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 1	NM PA

Drug Name	Drug Tier	Requirements/ Limits
octreotide acetate SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NM PA
raloxifene hcl (generic of EVISTA) TABS 60mg	Tier 2	
REVCOVI SOLN 2.4mg/1.5ml	Tier 2	NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM PA
sodium phenylbutyrate (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 1	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	Tier 2	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM PA
SYNAREL SOLN 2mg/ml	Tier 2	PA
tolvaptan (generic of JYNARQUE) TBPK 15mg	Tier 1	NM PA
tolvaptan tab therapy pack 30 & 15 mg	Tier 1	NM PA
tolvaptan tab therapy pack 45 & 15 mg	Tier 1	NM PA
tolvaptan tab therapy pack 60 & 30 mg	Tier 1	NM PA
tolvaptan tab therapy pack 90 & 30 mg	Tier 1	NM PA
PROGESTINS		
gallifrey TABS 5mg	Tier 2	
medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1	
megestrol acetate SUSP 40mg/ml	Tier 2	
norethindrone acetate TABS 5mg	Tier 2	
progesterone (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 2	
THYROID AGENTS		
levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
levoxyl (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
methimazole TABS 5mg, 10mg	Tier 1	
propylthiouracil TABS 50mg	Tier 2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 3	
unithroid (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
VITAMIN D ANALOGS		
calcitriol (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 1	B/D
calcitriol (oral) (generic of ROCALTROL) SOLN 1mcg/ml	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
paricalcitol CAPS 4mcg	Tier 3	B/D
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 125mg	Tier 3	B/D
aprepitant (generic of EMEND BIPACK) CAPS 80mg	Tier 3	B/D
aprepitant capsule therapy pack 80 & 125 mg	Tier 3	B/D
compro SUPP 25mg	Tier 3	
dronabinol (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	Tier 3	B/D QL
dronabinol CAPS 5mg, 10mg QL (60 caps / 30 days)	Tier 3	B/D QL
meclizine hcl TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 1	PA
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	Tier 2	
metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg	Tier 1	
ondansetron TBDP 4mg, 8mg	Tier 2	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 2	
ondansetron hcl TABS 4mg, 8mg	Tier 2	B/D
prochlorperazine SUPP 25mg	Tier 3	
prochlorperazine edisylate SOLN 10mg/2ml	Tier 3	
prochlorperazine maleate TABS 5mg, 10mg	Tier 1	
promethazine hcl SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
scopolamine PT72 1mg/3days QL (10 patches / 30 days)	Tier 3	QL
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg PA applies if 65 years and older	Tier 2	PA
dicyclomine hcl SOLN 10mg/5ml PA applies if 65 years and older	Tier 3	PA
glycopyrrolate TABS 1mg QL (90 tabs / 30 days)	Tier 2	QL
glycopyrrolate TABS 2mg QL (120 tabs / 30 days)	Tier 2	QL
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 2	
famotidine (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 2	
nizatidine CAPS 150mg, 300mg	Tier 3	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium (generic of COLAZAL) CAPS 750mg	Tier 2	
budesonide CPEP 3mg QL (90 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
budesonide (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	Tier 1	QL PA
hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	Tier 3	
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 3	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	Tier 3	QL
mesalamine ENEM 4gm QL (1680 mL / 28 days)	Tier 3	QL
mesalamine (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 3	QL
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 3	QL
sulfasalazine (generic of AZULFIDINE) TABS 500mg	Tier 1	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2	
LAXATIVES		
constulose SOLN 10gm/15ml	Tier 2	
enulose SOLN 10gm/15ml	Tier 2	
gavilyte-c	Tier 1	
gavilyte-g (generic of GOLYTELY)	Tier 1	
gavilyte-n/flavor pack	Tier 1	
generlac SOLN 10gm/15ml	Tier 2	
lactulose SOLN 10gm/15ml	Tier 2	
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	Tier 1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	
PLENVU SOL	Tier 3	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	Tier 2	
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	Tier 1	QL PA
alosetron hcl (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	Tier 3	QL PA
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	
cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Tier 3	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	Tier 3	
GATTEX KIT 5mg	Tier 2	NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL
loperamide hcl CAPS 2mg	Tier 1	
misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 2	QL PA
RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
sucralfate (generic of CARAFATE) TABS 1gm	Tier 2	
ursodiol CAPS 300mg	Tier 3	
ursodiol TABS 250mg	Tier 2	
ursodiol (generic of URSO FORTE) TABS 500mg	Tier 2	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	Tier 2	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	Tier 2	QL PA
VOWST CAP QL (12 caps / 30 days)	Tier 2	QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
XIFAXAN TABS 550mg	Tier 2	PA
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	
ZENPEP CAP 60000UNT	Tier 3	
PROTON PUMP INHIBITORS		
omeprazole CPDR 10mg, 20mg, 40mg	Tier 1	
pantoprazole sodium (generic of PROTONIX) SOLR 40mg	Tier 3	
pantoprazole sodium (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1	
GENITOURINARY ***BENIGN PROSTATIC HYPERPLASIA***		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	Tier 1	QL
dutasteride (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	Tier 2	QL
finasteride (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
tadalafil (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL PA
tamsulosin hcl CAPS .4mg QL (60 caps / 30 days)	Tier 1	QL
MISCELLANEOUS		
acetic acid SOLN .25%	Tier 1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	Tier 2	
potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 2	
potassium citrate (alkalinizer) TBCR 540mg	Tier 2	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 2	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 3	QL
oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 2	QL
oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 2	QL
solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 3	QL
tolterodine tartrate TABS 1mg QL (60 tabs / 30 days)	Tier 3	QL
tolterodine tartrate (generic of DETROL) TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL
trospium chloride TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%	Tier 2	
metronidazole vaginal GEL .75%	Tier 2	
terconazole vaginal CREA .4%, .8%	Tier 2	
HEMATOLOGIC ***ANTICOAGULANTS***		
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 2	QL
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	Tier 2	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
enoxaparin sodium (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 3	
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 3	
HEP SOD/NACL INJ 25000UNT	Tier 2	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
rivaroxaban (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
warfarin sodium 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		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
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
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
anagrelide hcl CAPS 1mg	Tier 3	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	Tier 3	
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2	QL NM PA
cilostazol TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 2	NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	QL NM PA
icatibant acetate (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
l-glutamine (sickle cell) (generic of ENDARI) PACK 5gm	Tier 1	NM PA
pentoxifylline TBCR 400mg	Tier 1	
sajazir (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
SIKLOS TABS 100mg	Tier 3	
SIKLOS TABS 1000mg	Tier 2	
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 2	QL NM PA
tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 3	
tranexamic acid TABS 650mg	Tier 2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 3	
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 65 years and older	Tier 2	PA
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	Tier 2	
ticagrelor (generic of BRILINTA) TABS 60mg, 90mg	Tier 2	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	Tier 2	QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 2	QL NM PA
ENBREL SOSY 25mg/0.5ml 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 50mg/ml QL (8 cartridges / 28 days)	Tier 2	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	Tier 2	QL NM PA
QL (6 pens / 28 days)		
HUMIRA PEN AJKT 80mg/0.8ml	Tier 2	QL NM PA
QL (4 pens / 28 days)		
HUMIRA PEN KIT PS/UV	Tier 2	QL NM PA
QL (3 pens / 28 days)		
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	Tier 2	QL NM PA
QL (3 pens / 28 days)		
KINERET SOSY 100mg/0.67ml	Tier 2	QL NM PA
QL (28 syringes / 28 days)		
PYZCHIVA SOLN 130mg/26ml	Tier 2	NM PA
PYZCHIVA SOSY 45mg/0.5ml	Tier 2	QL NM PA
QL (1 syringe / 28 days)		
PYZCHIVA SOSY 90mg/ml	Tier 2	QL NM PA
QL (1 syringe / 28 days)		
RINVOQ TB24 15mg, 30mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
RINVOQ TB24 45mg	Tier 2	QL NM PA
QL (168 tabs / year)		
RINVOQ LQ SOLN 1mg/ml	Tier 2	QL NM PA
QL (360 mL / 30 days)		
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	Tier 2	QL NM PA
QL (1 cartridge / 56 days)		
SKYRIZI SOLN 600mg/10ml	Tier 2	NM PA
SKYRIZI SOSY 150mg/ml	Tier 2	QL NM PA
QL (6 syringes / 365 days)		
SKYRIZI PEN SOAJ 150mg/ml	Tier 2	QL NM PA
QL (6 pens / 365 days)		
SOTYKTU TABS 6mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
STELARA SOLN 45mg/0.5ml	Tier 2	QL NM PA
QL (1 vial / 28 days)		
STELARA SOLN 130mg/26ml	Tier 2	NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	Tier 2	QL NM PA
QL (1 syringe / 28 days)		
TREMFYA SOAJ 100mg/ml	Tier 2	QL NM PA
QL (1 pen / 28 days)		
TREMFYA SOAJ 200mg/2ml	Tier 2	QL NM PA
QL (2 pens / 28 days)		
TREMFYA SOLN 200mg/20ml	Tier 2	NM PA
TREMFYA SOSY 100mg/ml	Tier 2	QL NM PA
QL (1 syringe / 28 days)		
TREMFYA SOSY 200mg/2ml	Tier 2	QL NM PA
QL (2 syringes / 28 days)		
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	Tier 2	QL NM PA
QL (2 pens / 28 days)		
TYENNE SOAJ 162mg/0.9ml	Tier 2	QL NM PA
QL (4 pens / 28 days)		
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 2	NM PA
TYENNE SOSY 162mg/0.9ml	Tier 2	QL NM PA
QL (4 syringes / 28 days)		
USTEKINUMAB SOLN 45mg/0.5ml	Tier 2	QL NM PA
QL (1 vial / 28 days)		
USTEKINUMAB SOLN 130mg/26ml	Tier 2	NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	Tier 2	QL NM PA
QL (1 syringe / 28 days)		
VELSIPITY TABS 2mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
XELJANZ SOLN 1mg/ml	Tier 2	QL NM PA
QL (480 mL / 24 days)		

Drug Name	Drug Tier	Requirements/ Limits
XELJANZ TABS 5mg, 10mg 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
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
YESINTEK SOLN 130mg/26ml	Tier 2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	Tier 2	
JYLAMVO SOLN 2mg/ml	Tier 3	B/D
leflunomide (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
methotrexate sodium TABS 2.5mg	Tier 2	
XATMEP SOLN 2.5mg/ml	Tier 3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	Tier 2	NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NM PA
GAMASTAN INJ	Tier 3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	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 PA
GAMUNEX-C SOLN 1gm/10ml, 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 100mcg/0.5ml	Tier 2	NM PA
ARCALYST SOLR 220mg	Tier 2	NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	Tier 2	B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 3	B/D NM
azathioprine (generic of IMURAN) TABS 50mg	Tier 2	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
BENLYSTA SOLR 120mg, 400mg	Tier 2	NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 3	B/D NM

Drug Name	Drug Tier	Requirements/ Limits
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	Tier 3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	Tier 1	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	Tier 3	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	B/D NM
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	Tier 1	B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 3	B/D NM
PROGRAF PACK .2mg, 1mg	Tier 3	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 3	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 3	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	PA
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO SUSY .5ml	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENGVAXIA SUS	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXCHIQ INJ	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI SOLN .5ml	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD 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
TENIVAC INJ 5-2LF	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA SUSY .5ml	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA SUSY 40mcg/0.8ml	Tier 1	
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	
NUTRITIONAL/SUPPLEMENTS *ELECTROLYTES/MINERALS, INJECTABLE*		
D2.5W/NACL INJ 0.45%	Tier 3	
D10W/NACL INJ 0.2%	Tier 2	
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	Tier 2	
dextrose 5% in lactated ringers	Tier 2	
dextrose 5% w/ sodium chloride 0.2%	Tier 2	
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	Tier 2	
dextrose 5% w/ sodium chloride 0.9%	Tier 2	
dextrose 5% w/ sodium chloride 0.45%	Tier 2	
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	Tier 2	
dextrose 10% w/ sodium chloride 0.45%	Tier 2	
ISOLYTE-P INJ /D5W	Tier 3	
ISOLYTE-S INJ PH 7.4	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 2	
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2	
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 2	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	Tier 2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 2	
kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 3	
lactated ringer's solution	Tier 2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate SOLN 50%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	Tier 2	
multiple electrolytes ph 5.5 (generic of PLASMA-LYTE 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	
potassium chloride SOLN 2meq/ml	Tier 2	
potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 2	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%	Tier 2	
TPN ELECTROL INJ	Tier 3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	Tier 3	
klor-con 8 TBCR 8meq	Tier 1	
klor-con 10 TBCR 10meq	Tier 1	
klor-con m10 TBCR 10meq	Tier 1	
klor-con m15 TBCR 15meq	Tier 1	
klor-con m20 TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 2	
potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	Tier 1	
potassium chloride PACK 20meq; SOLN 10%, 20%	Tier 3	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	Tier 1	
PRENATAL TAB 27-1MG	Tier 2	
PRENATAL TAB PLUS	Tier 2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
WESTAB PLUS TAB 27-1MG	Tier 2	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	Tier 3	B/D
CLINIMIX INJ 4.25/D10	Tier 3	B/D
CLINIMIX INJ 5%/D15W	Tier 3	B/D
CLINIMIX INJ 5%/D20W	Tier 3	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
clinisol sf 15%	Tier 3	B/D
CLINOLIPID EMU 20%	Tier 3	B/D
dextrose SOLN 5%, 10%	Tier 2	
dextrose SOLN 50%, 70%	Tier 2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 3	B/D
plenamine	Tier 3	B/D
PREMASOL SOL 10%	Tier 1	B/D
PROSOL INJ 20%	Tier 3	B/D
TRAVASOL INJ 10%	Tier 3	B/D
TROPHAMINE INJ 10%	Tier 3	B/D
OPHTHALMIC *ANTI-INFECTIVE/ANTI-INFLAMMATORY*		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 2	
neo-polycin hc ophth oint 1%	Tier 2	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 2	
ZYLET SUS 0.5-0.3%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	Tier 2	
bacitracin-polymyxin b ophth oint	Tier 1	
BESIVANCE SUSP .6%	Tier 2	
CILOXAN OINT .3%	Tier 2	
ciprofloxacin hcl (ophth) SOLN .3%	Tier 1	
erythromycin (ophth) OINT 5mg/gm	Tier 1	
gentamicin sulfate (ophth) SOLN .3%	Tier 1	
moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5% QL (12 mL / 30 days)	Tier 2	QL
NATACYN SUSP 5%	Tier 3	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	Tier 2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 2	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	Tier 1	
polycin ophth oint	Tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	Tier 2	
tobramycin (ophth) SOLN .3%	Tier 1	
trifluridine SOLN 1%	Tier 3	
XDEMVY SOLN .25%	Tier 2	NM PA
ZIRGAN GEL .15%	Tier 3	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	Tier 2	
diclofenac sodium (ophth) SOLN .1%	Tier 1	
fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%	Tier 2	
flurbiprofen sodium SOLN .03%	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	Tier 1	
LOTEMAX OINT .5%	Tier 2	
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	Tier 2	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	Tier 1	
cromolyn sodium (ophth) SOLN 4%	Tier 1	
ZERVIATE SOLN .24%	Tier 3	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	Tier 2	
brimonidine tartrate SOLN .2%	Tier 1	
carteolol hcl (ophth) SOLN 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 2	
dorzolamide hcl SOLN 2%	Tier 1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	Tier 1	
latanoprost (generic of XALATAN) SOLN .005%	Tier 1	
levobunolol hcl SOLN .5%	Tier 1	
pilocarpine hcl SOLN 1%, 2%, 4%	Tier 2	
RHOPRESSA SOLN .02%	Tier 3	
ROCKLATAN DRO	Tier 3	
SIMBRINZA SUS 1-0.2%	Tier 3	
timolol maleate (ophth) SOLG .25%, .5%	Tier 2	
timolol maleate (ophth) SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
atropine sulfate (ophthalmic) SOLN 1%	Tier 2	
CYSTADROPS SOLN .37%	Tier 2	NM PA
CYSTARAN SOLN .44%	Tier 2	NM PA
EYSUVIS SUSP .25%	Tier 3	
MIEBO SOLN 1.338gm/ml	Tier 2	
proparacaine hcl (generic of ALCAINE) SOLN .5%	Tier 2	
RESTASIS EMUL .05%	Tier 2	
RESTASIS MULTIDOSE EMUL .05%	Tier 2	
XIIDRA SOLN 5%	Tier 2	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	Tier 2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 3	
flac (generic of DERMOTIC) OIL .01%	Tier 2	
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	Tier 2	
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 3	
neomycin-polymyxin-hc otic soln 1%	Tier 2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 2	
ofloxacin (otic) SOLN .3%	Tier 3	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	Tier 2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	Tier 2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	Tier 2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	Tier 2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	Tier 3	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL
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
ipratropium bromide SOLN .02%	Tier 1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 2	
SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)	Tier 3	QL
ANTIHISTAMINES		
azelastine hcl SOLN .1%	Tier 2	
cetirizine hcl SOLN 5mg/5ml QL (300 mL / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
diphenhydramine hcl SOLN 50mg/ml	Tier 2	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	Tier 3	PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
hydroxyzine pamoate CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
levocetirizine dihydrochloride TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 2	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D
albuterol sulfate NEBU .083%	Tier 1	B/D
albuterol sulfate SYRP 2mg/5ml	Tier 2	
albuterol sulfate TABS 2mg, 4mg	Tier 3	
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL
terbutaline sulfate TABS 2.5mg, 5mg	Tier 3	
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
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 1	
montelukast sodium (generic of SINGULAIR) PACK 4mg	Tier 3	
zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg	Tier 2	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 3	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	Tier 2	QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	Tier 2	QL NM PA
ARALAST NP SOLR 500mg, 1000mg	Tier 2	NM PA
cromolyn sodium NEBU 20mg/2ml	Tier 2	B/D
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 2	
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 2	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 2	QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 2	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
pirfenidone (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	Tier 1	QL NM PA
pirfenidone (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 1	QL NM PA
pirfenidone TABS 534mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
pirfenidone (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 2	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NM PA
roflumilast (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 3	QL
roflumilast (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 3	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2	QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2	QL NM PA
theophylline TB12 100mg, 200mg, 300mg, 450mg	Tier 3	
theophylline TB24 400mg, 600mg	Tier 2	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2	QL NM PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 2	QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 2	NM PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 3	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
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	Tier 2	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL
breyna (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
wixela inhub (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% QL (45 gm / 30 days)	Tier 2	QL
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	Tier 2	QL
clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)	Tier 2	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	Tier 2	QL
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
neuac QL (45 gm / 30 days)	Tier 2	QL
sulfacetamide sodium (acne) (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 3	QL
tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 3	QL PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 2	QL
mupirocin OINT 2% QL (220 gm / 30 days)	Tier 1	QL
silver sulfadiazine (generic of SILVADENE) CREA 1%	Tier 1	
ssd (generic of SILVADENE) CREA 1%	Tier 1	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	Tier 2	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	Tier 2	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	Tier 1	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	Tier 2	QL
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	Tier 2	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	Tier 2	QL
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	Tier 1	QL
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
nystop POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
selenium sulfide LOTN 2.5%	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	Tier 3	PA
calcipotriene SOLN .005% QL (120 mL / 30 days)	Tier 2	QL PA
ENSTILAR AER QL (120 gm / 30 days)	Tier 3	QL PA
tazarotene (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	Tier 2	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	Tier 1	
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL
betamethasone dipropionate (topical) CREA .05% QL (120 gm / 30 days)	Tier 2	QL
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	Tier 2	QL
betamethasone dipropionate (topical) OINT .05% QL (120 gm / 30 days)	Tier 3	QL
betamethasone dipropionate augmented CREA .05% QL (120 gm / 30 days)	Tier 2	QL
betamethasone dipropionate augmented GEL .05% QL (120 gm / 30 days)	Tier 3	QL
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	Tier 3	QL
betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	Tier 3	QL
betamethasone valerate CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 2	QL
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	Tier 2	QL
clobetasol propionate CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	Tier 3	QL
clobetasol propionate (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	Tier 3	QL
clobetasol propionate SOLN .05% QL (100 mL / 30 days)	Tier 3	QL
clobetasol propionate e CREA .05% QL (120 gm / 30 days)	Tier 3	QL
clodan (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	Tier 3	QL
fluocinolone acetonide CREA .01% QL (60 gm / 30 days)	Tier 3	QL
fluocinolone acetonide (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	Tier 3	QL
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL
fluocinolone acetonide (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	Tier 2	QL
fluocinolone acetonide SOLN .01% QL (60 mL / 30 days)	Tier 3	QL
fluocinonide (generic of VANOS) CREA .1% QL (120 gm / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
fluocinonide CREA .05% QL (120 gm / 30 days)	Tier 2	QL
fluocinonide GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL
fluocinonide SOLN .05% QL (60 mL / 30 days)	Tier 2	QL
fluocinonide emulsified base CREA .05% QL (120 gm / 30 days)	Tier 3	QL
fluticasone propionate CREA .05%; OINT .005%	Tier 2	
halobetasol propionate CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 3	QL
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1	
hydrocortisone (topical) OINT 1% QL (30 gm / 30 days)	Tier 1	QL
hydrocortisone valerate CREA .2% QL (60 gm / 30 days)	Tier 2	QL
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	Tier 2	
triamcinolone acetonide (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 1	QL
triamcinolone acetonide (topical) LOTN .025%, .1%	Tier 2	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	Tier 1	
triderm CREA .5% QL (454 gm / 30 days)	Tier 1	QL
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2% QL (60 mL / 30 days)	Tier 2	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	Tier 3	QL PA
lidocaine (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	Tier 2	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	Tier 1	B/D QL
lidocan (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
tridacaine ii (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	Tier 1	QL NM PA
diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days)	Tier 2	QL
EUCRISA OINT 2% QL (120 gm / 30 days)	Tier 3	QL PA
fluorouracil (topical) CREA 5% QL (40 gm / 30 days)	Tier 3	QL
fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)	Tier 2	QL
hydrocortisone (rectal) CREA 1%	Tier 2	
hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
imiquimod CREA 5% QL (24 packets / 30 days)	Tier 2	QL
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	Tier 1	
metronidazole (topical) (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	Tier 2	QL
metronidazole (topical) GEL .75% QL (45 gm / 30 days)	Tier 2	QL
nitroglycerin (intra-anal) (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2	QL PA
pimecrolimus (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	Tier 3	QL PA
podofilox SOLN .5% QL (7 mL / 28 days)	Tier 2	QL
procto-med hc (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
proctocort CREA 1%	Tier 2	
proctosol hc (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
proctozone-hc (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	Tier 3	QL PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 2	QL NM PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5% QL (59 mL / 30 days)	Tier 3	QL
permethrin (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)	Tier 2	QL
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	Tier 2	QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 3	QL PA
sodium chloride (gu irrigant) SOLN .9%	Tier 2	
water for irrigation, sterile irrigation soln	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%	Tier 1	
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	Tier 2	QL
kourzeq PSTE .1%	Tier 2	
lidocaine hcl (mouth-throat) SOLN 2%	Tier 1	
nystatin (mouth-throat) (generic of NYSTATIN) SUSP 100000unit/ml	Tier 2	
periogard (generic of PERIDEX) SOLN .12%	Tier 1	
pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	Tier 2	
triamcinolone acetonide (mouth) PSTE .1%	Tier 2	

Index

W

MASSACHUSETTS
P.O. Box 30011, Pittsburgh, PA 15222-0330

This formulary was updated on 09/05/2025. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal (rxmedicareplans.memberdoc.com).

You can get prescription drugs shipped to your home through our network mail order delivery program which is called CVS Caremark Mail Service Pharmacy.

You also have the option to enroll your prescriptions in an automatic refill program. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. And, when your prescription is going to expire or is out of refills, we'll contact your doctor for a new one. We'll contact you by phone, text message or email (your choice) before we mail your medication. Enrollment in an automatic refill program may not transfer between plans. You may be required to re-enroll your prescriptions in the new plan's automatic refill program.

For new prescriptions, we'll let you know before we send the first fill of your medication. There may be times when Medicare requires us to get your approval before sending your prescription to you. On every order, you'll have time to make changes or cancel and you won't be charged until it ships. You can start or stop automatic refills at any time.

Typically, you should expect to receive your prescription drugs within 10 calendar days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us at 1-888-543-4917. TTY/TDD users should call 711.

Blue Cross and Blue Shield of Massachusetts, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

Left Blank Intentionally

MASSACHUSETTS

2026

MEDICARE PPO BLUE (PPO)

To complete your group enrollment form:

Be sure to complete all information, sign, and date your enrollment form. Return the completed form(s) to your employer.

WHO CAN USE THIS FORM?

People with Medicare who want to join a Medicare Advantage plan supported by their prior employer, also referred to as retiree coverage.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the United States
- Live in the plan's service area

Important: To join a Medicare Advantage plan, you must also have both:

- Medicare Part A (hospital insurance)
- Medicare Part B (medical insurance)

WHEN DO I USE THIS FORM?

You'll receive this form from your prior employer to enroll in the retiree coverage.

WHAT DO I NEED TO COMPLETE THIS FORM?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

REMINDERS:

Your prior employer will be invoiced for this Medicare Advantage plan coverage.

INDIVIDUALS EXPERIENCING HOMELESSNESS

If you want to join this plan but have no permanent residence, a P.O. Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

WHAT HAPPENS NEXT?

Return completed form to your employer. We'll contact you in writing when we receive your enrollment form, and notify you of your effective date of coverage.

OMB No. 0938-1378 Expires: 12/31/2025

H2230_25116_C

2026 Blue Cross Medicare Advantage Medicare PPO Blue (PPO) Employer Group Enrollment Form

Employer Group Received Date

Employer use only:

Group name: Group number: Requested effective date:

Section 1 — Member use — All fields are required (unless marked optional).

First name: Last name: Middle name (optional):

Birth date: (MM/DD/YYYY) (_____) Sex: ☐ Male ☐ Female Phone number: ( ) -

Permanent residence street address (Don't enter a P. O. Box):

City: State: ZIP Code: County (optional):

Mailing address, if different from your permanent address (P. O. Box allowed):

Street address: City: State: ZIP Code:

Your Medicare information:

Medicare Number: ____ ____ ____ ____ - ____ ____ ____ -____ ____ ____ ____

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Medicare PPO Blue (the Plan).
- By joining this Medicare Advantage Plan, I acknowledge that the Plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement on the next page). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when the Plan coverage begins, I must get all my medical and prescription drug benefits from the Plan. Benefits and services provided by the Plan and contained in the Plan (Evidence of Coverage) document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor the Plan will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that: 1) This person is authorized under state law to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.

Signature: Today's date:

If you're the authorized representative, sign above and fill out these fields:

Name: Address:

Phone number: Relationship to enrollee:

(Continued)

Answer these important questions:

Will you have prescription drug coverage (like VA, TRICARE®) in addition to this Plan? ☐ Yes ☐ No

Name of other coverage:	Member number for this coverage:	Group number for this coverage:

Section 2 - All fields below are optional.

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English:

☐ Spanish ☐ Chinese Mandarin ☐ Chinese Cantonese ☐ French ☐ Vietnamese
☐ Korean ☐ Russian ☐ Arabic

Select if you want us to send you information in an accessible format.

❑ Large print ❑ Braille ❑ Audio CD ❑ Data CD

If you need information in an accessible format other than what's listed above, please call us at **1-800-200-4255**. We're open 8:00 a.m. to 8:00 p.m. ET, Monday-Friday, from April 1 to September 30; and 8:00 a.m. to 8:00 p.m. ET, seven days a week, from October 1 to March 31. TTY users can call **711**.

Do you work? ❑ Yes ❑ No

Does your spouse work? ❑ Yes ❑ No

I would like to receive materials via email: ☐ Yes ☐ No Email address:

Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See **What happens next?** on the first page of this document to submit your completed form.

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