



MASSACHUSETTS

Medicare Advantage Group

2025 FORMULARY

(List of Covered Drugs)
2-Tier

Please read: this document contains information about the drugs we cover in this plan 23217, Version 2

This abridged and comprehensive formulary was updated on 10/01/2024.

Important message about what you pay for vaccines — Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible (if applicable.) Call Member Service for more information.

Important message about what you pay for insulin — You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on even if you haven't paid your deductible, if applicable. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare.



NOTE TO EXISTING MEMBERS:

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of 10/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/co-insurance may change on January 1, 2026, and from time to time during the year.



WHAT IS THE MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY?

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

CAN THE FORMULARY (DRUG LIST) CHANGE?

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2024. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages.

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

HOW DO I USE THE FORMULARY?

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

- **Medical condition.** The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular agents." If you know what your drug is used for, look for the category name in the list that begins on page 67. Then look under the category name for your drug.
- **Alphabeticallisting.** If you are not sure what category to look under, you should look for your drug in the index that begins on page 67. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

WHAT ARE GENERIC DRUGS?

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

ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

Some covered drugs may have additional requirements or limits on coverage.

These requirements and limits may include:

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

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

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

WHAT IF MY DRUG IS NOT ON THE FORMULARY?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FOR MORE INFORMATION

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

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

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

MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY

The formulary that begins on page 7 provides coverage information about the drugs covered by our Medicare Advantage Group Plans. If you have trouble finding your drug in the list, turn to the index that begins on page 67.

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

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

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

Quantity limits (QL): To help ensure that the quantity and dosage of your medications remains consistent with manufacturer, clinical, and FDA recommendations, we maintain a list of medications subject to QL. When you fill a prescription for a medication subject to QL, your prescription is reviewed for:

- **Dose consolidation.** Dose consolidation checks to see whether you're taking two or more daily doses of medicine that could be replaced with one daily dose providing the same total amount of medication.
- **Recommended monthly dosing level.** This process checks to see that your monthly dosage of medication is consistent with both the manufacturer's and the FDA's monthly dosing recommendations and clinical information. Your doctor can also apply for an exception to QL guidelines when medically necessary.
- **Mail order (MO):** These prescription drugs are available through mail order.

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1	
<i>colchicine</i> CAPS .6mg QL (60 caps / 30 days)	Tier 1	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	Tier 2	QL
<i>probenecid</i> TABS 500mg	Tier 1	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	Tier 1	B/D
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 1	QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	Tier 1	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	Tier 1	
<i>diflunisal</i> TABS 500mg	Tier 1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 1	
<i>flurbiprofen</i> TABS 100mg	Tier 1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1	
<i>nabumetone</i> TABS 500mg, 750mg	Tier 1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	Tier 1	QL
<i>naproxen dr</i> TBEC 500mg QL (90 tabs / 30 days)	Tier 1	QL
<i>naproxen sodium</i> TABS 275mg, 550mg	Tier 1	
<i>piroxicam</i> CAPS 10mg, 20mg	Tier 1	
<i>sulindac</i> TABS 150mg, 200mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 1	QL PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	Tier 1	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	Tier 1	QL

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 1	QL
<i>hydromorphone hcl</i> LIQD 1mg/ml QL (600 mL / 30 days)	Tier 1	QL
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 1	QL
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 2	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 1	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 2	
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	Tier 1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	Tier 1	QL

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

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> QL (240 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days)	Tier 1	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	Tier 1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i> QL (672 tabs / year)	Tier 1	QL NM PA
<i>amikacin sulfate SOLN 1gm/4ml</i>	Tier 1	
<i>amikacin sulfate SOLN 500mg/2ml</i>	Tier 1	HI
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	Tier 2	NEDS NM PA
<i>atovaquone SUSP 750mg/5ml</i> QL (300 mL / 30 days)	Tier 1	QL PA
<i>aztreonam SOLR 1gm</i>	Tier 1	HI
<i>aztreonam SOLR 2gm</i>	Tier 1	
<i>CAYSTON SOLR 75mg</i>	Tier 2	NEDS NM PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	Tier 1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	Tier 1	
<i>clindamycin phosphate SOLN 900mg/6ml</i>	Tier 1	HI
<i>clindamycin phosphate SOLN 900mg/60ml</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 1	HI
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 1	HI
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 1	HI
<i>CLINDMYC/NAC INJ 300/50ML</i>	Tier 2	
<i>CLINDMYC/NAC INJ 600/50ML</i>	Tier 2	
<i>CLINDMYC/NAC INJ 900/50ML</i>	Tier 2	
<i>colistimethate sodium SOLR 150mg</i>	Tier 1	HI
<i>dapsone TABS 25mg, 100mg</i>	Tier 1	
<i>DAPTOMYCIN SOLR 350mg</i>	Tier 2	NEDS NM
<i>daptomycin SOLR 350mg, 500mg</i>	Tier 1	HI NM
<i>EMVERM CHEW 100mg</i> QL (12 tabs / year)	Tier 2	NEDS QL NM
<i>ertapenem sodium SOLR 1gm</i>	Tier 1	HI
<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 1	HI
<i>gentamicin in saline inj 1 mg/ml</i>	Tier 1	HI
<i>gentamicin in saline inj 1.2 mg/ml</i>	Tier 1	HI
<i>gentamicin in saline inj 1.6 mg/ml</i>	Tier 1	HI
<i>gentamicin in saline inj 2 mg/ml</i>	Tier 1	
<i>gentamicin sulfate SOLN 10mg/ml</i>	Tier 1	
<i>gentamicin sulfate SOLN 40mg/ml</i>	Tier 1	HI
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 1	HI
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1	HI
<i>IMPAVIDO CAPS 50mg</i>	Tier 2	NEDS NM PA
<i>ivermectin TABS 3mg</i> QL (12 tabs / 90 days)	Tier 1	QL PA
<i>linezolid SOLN 600mg/300ml</i>	Tier 1	HI

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

Drug Name	Drug Tier	Requirements/ Limits
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	QL NM
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL
LINEZOLID INJ 2MG/ML	Tier 2	
<i>meropenem</i> SOLR 1gm, 500mg	Tier 1	HI
<i>methenamine hippurate</i> TABS 1gm	Tier 1	
<i>metronidazole</i> SOLN 500mg/100ml	Tier 1	HI
<i>metronidazole</i> TABS 250mg, 500mg	Tier 1	
<i>neomycin sulfate</i> TABS 500mg	Tier 1	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	Tier 1	QL NM
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	Tier 2	
<i>nitrofurantoin monohyd</i> <i>macro</i> CAPS 100mg	Tier 2	
<i>pentamidine isethionate inh</i> SOLR 300mg	Tier 1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	Tier 1	
<i>polymyxin b sulfate</i> SOLR 500000unit	Tier 1	
<i>praziquantel</i> TABS 600mg	Tier 1	
<i>pyrimethamine</i> TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>streptomycin sulfate</i> SOLR 1gm	Tier 1	NM
<i>sulfadiazine</i> TABS 500mg	Tier 1	NM
<i>sulfamethoxazole-</i> <i>trimethoprim iv soln 400-80</i> <i>mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-</i> <i>trimethoprim susp 200-40</i> <i>mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 800-160</i> <i>mg</i>	Tier 1	
<i>tinidazole</i> TABS 250mg, 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
TOBI PODHALER CAPS 28mg	Tier 2	NEDS NM PA
<i>tobramycin</i> NEBU 300mg/5ml	Tier 1	NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 40mg/ml	Tier 1	
<i>tobramycin sulfate</i> SOLN 10mg/ml, 80mg/2ml	Tier 1	HI
<i>trimethoprim</i> TABS 100mg	Tier 1	
<i>vancomycin hcl</i> CAPS 125mg QL (80 caps / 180 days)	Tier 1	QL
<i>vancomycin hcl</i> CAPS 250mg QL (160 caps / 180 days)	Tier 1	QL
<i>vancomycin hcl</i> SOLR 1.25gm, 1.5gm, 5gm	Tier 1	
<i>vancomycin hcl</i> SOLR 1gm, 10gm, 500mg, 750mg	Tier 1	HI
VANCOMYCIN INJ 1 GM	Tier 2	
VANCOMYCIN INJ 500MG	Tier 2	
VANCOMYCIN INJ 750MG	Tier 2	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	Tier 2	B/D
<i>amphotericin b</i> SOLR 50mg	Tier 1	HI B/D
<i>amphotericin b liposome</i> SUSR 50mg	Tier 1	B/D NM
<i>caspofungin acetate</i> SOLR 50mg, 70mg	Tier 1	HI
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 1	HI
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 1	HI
<i>flucytosine</i> CAPS 250mg, 500mg	Tier 1	NM PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 1	
<i>itraconazole</i> CAPS 100mg	Tier 1	PA
<i>ketoconazole</i> TABS 200mg	Tier 1	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>micafungin sodium</i> SOLR 50mg, 100mg	Tier 1	HI
<i>nystatin</i> TABS 500000unit	Tier 1	
<i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	Tier 1	QL NM PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL NM PA
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	Tier 1	QL PA
<i>voriconazole</i> SOLR 200mg	Tier 1	HI PA
<i>voriconazole</i> SUSP 40mg/ml QL (600 mL / 28 days)	Tier 1	QL NM PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	Tier 1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg	Tier 1	
<i>atovaquone-proguanil hcl</i> tab 250-100 mg	Tier 1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 1	
COARTEM TAB 20-120MG	Tier 2	
<i>mefloquine hcl</i> TABS 250mg	Tier 1	
<i>primaquine phosphate</i> TABS 26.3mg	Tier 1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2	
<i>quinine sulfate</i> CAPS 324mg	Tier 1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	Tier 1	
APTIVUS CAPS 250mg	Tier 2	NEDS NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>darunavir</i> TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL NM
<i>darunavir</i> TABS 800mg QL (30 tabs / 30 days)	Tier 1	QL NM
EDURANT TABS 25mg	Tier 2	NEDS NM
<i>efavirenz</i> TABS 600mg	Tier 1	
<i>emtricitabine</i> CAPS 200mg	Tier 1	
EMTRIVA SOLN 10mg/ml	Tier 2	
<i>etravirine</i> TABS 100mg, 200mg	Tier 1	NM
<i>fosamprenavir calcium</i> TABS 700mg	Tier 1	NM
FUZEON SOLR 90mg	Tier 2	NEDS NM
INTELENCE TABS 25mg	Tier 2	
ISENTRESS CHEW 25mg	Tier 2	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NEDS NM
ISENTRESS HD TABS 600mg	Tier 2	NEDS NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	Tier 1	
<i>maraviroc</i> TABS 150mg, 300mg	Tier 1	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	Tier 1	
NORVIR PACK 100mg	Tier 2	
PIFELTRO TABS 100mg	Tier 2	NEDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	NEDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 2	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	NEDS QL NM
REYATAZ PACK 50mg	Tier 2	NEDS NM
<i>ritonavir</i> TABS 100mg	Tier 1	
RUKOBIA TB12 600mg	Tier 2	NEDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 2	NEDS NM
SELZENTRY TABS 25mg	Tier 2	
SUNLENCA TBPK 300mg	Tier 2	NEDS NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
TIVICAY TABS 10mg	Tier 2	
TIVICAY TABS 25mg, 50mg	Tier 2	NEDS NM
TIVICAY PD TBSO 5mg	Tier 2	NEDS NM
TROGARZO SOLN 200mg/1.33ml	Tier 2	NEDS NM
TYBOST TABS 150mg	Tier 2	
VIRACEPT TABS 250mg, 625mg	Tier 2	NEDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NEDS NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 1	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 1	
BIKTARVY TAB 30-120-15 MG	Tier 2	NEDS NM
BIKTARVY TAB 50-200-25 MG	Tier 2	NEDS NM
CIMDUO TAB 300-300	Tier 2	NEDS NM
COMPLERA TAB	Tier 2	NEDS NM
DELSTRIGO TAB	Tier 2	NEDS NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	Tier 2	NEDS QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	Tier 2	NEDS QL NM
DOVATO TAB 50-300MG	Tier 2	NEDS NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 1	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 1	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg QL (30 tabs / 30 days)	Tier 1	QL NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg QL (30 tabs / 30 days)	Tier 1	QL NM

Drug Name	Drug Tier	Requirements/ Limits
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg QL (30 tabs / 30 days)	Tier 1	QL NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg QL (30 tabs / 30 days)	Tier 1	QL
EVOTAZ TAB 300-150	Tier 2	NEDS NM
GENVOYA TAB	Tier 2	NEDS NM
JULUCA TAB 50-25MG	Tier 2	NEDS NM
lamivudine-zidovudine tab 150-300 mg	Tier 1	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	Tier 1	
lopinavir-ritonavir tab 100-25 mg	Tier 1	
lopinavir-ritonavir tab 200-50 mg	Tier 1	
ODEFSEY TAB	Tier 2	NEDS NM
PREZCOBIX TAB 800-150	Tier 2	NEDS NM
STRIBILD TAB	Tier 2	NEDS NM
SYMTUZA TAB	Tier 2	NEDS NM
TRIUMEQ PD TAB	Tier 2	
TRIUMEQ TAB	Tier 2	NEDS NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	Tier 1	NM
ethambutol hcl TABS 100mg, 400mg	Tier 1	
isoniazid SYRP 50mg/5ml	Tier 1	
isoniazid TABS 100mg, 300mg	Tier 1	
PRIFTIN TABS 150mg	Tier 2	
pyrazinamide TABS 500mg	Tier 1	
rifabutin CAPS 150mg	Tier 1	
rifampin CAPS 150mg, 300mg	Tier 1	
rifampin SOLR 600mg	Tier 1	HI
SIRTURO TABS 20mg, 100mg	Tier 2	NEDS NM PA
TRECTOR TABS 250mg	Tier 2	
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1	
acyclovir SUSP 200mg/5ml	Tier 1	
acyclovir sodium SOLN 50mg/ml	Tier 1	HI B/D

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Drug Name	Drug Tier	Requirements/ Limits
<i>adefovir dipivoxil</i> TABS 10mg	Tier 1	
BARACLUDE SOLN .05mg/ml	Tier 2	NEDS NM ST
<i>entecavir</i> TABS .5mg, 1mg	Tier 1	
EPCLUSA PAK 150-37.5	Tier 2	NEDS NM PA
EPCLUSA PAK 200-50MG	Tier 2	NEDS NM PA
EPCLUSA TAB 200-50MG	Tier 2	NEDS NM PA
EPCLUSA TAB 400-100	Tier 2	NEDS NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	Tier 1	
<i>ganciclovir sodium</i> SOLR 500mg	Tier 1	B/D
HARVONI PAK 33.75-150MG	Tier 2	NEDS NM PA
HARVONI PAK 45-200MG	Tier 2	NEDS NM PA
HARVONI TAB 45-200MG	Tier 2	NEDS NM PA
HARVONI TAB 90-400MG	Tier 2	NEDS NM PA
<i>lamivudine (hbv)</i> TABS 100mg	Tier 1	
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 2	NEDS QL NM PA
MAVYRET PAK 50-20MG	Tier 2	NEDS NM PA
MAVYRET TAB 100-40MG	Tier 2	NEDS NM PA
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	Tier 1	QL
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg QL (84 caps / year)	Tier 1	QL
<i>oseltamivir phosphate</i> SUSR 6mg/ml QL (1080 mL / year)	Tier 1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 2	NEDS QL NM
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 2	NEDS QL NM
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NEDS NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	NEDS QL NM PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	Tier 1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	Tier 1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	Tier 1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	Tier 1	NM
<i>valganciclovir hcl</i> TABS 450mg	Tier 1	
VOSEVI TAB	Tier 2	NEDS NM PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	Tier 1	
<i>cefadroxil</i> CAPS 500mg	Tier 1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 2	
CEFAZOLIN INJ 1GM/50ML	Tier 2	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm	Tier 1	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	Tier 1	HI
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 2	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 1	HI
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	Tier 1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 1	HI
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 1	HI
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	HI
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 1	HI
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 1	
<i>tazicef</i> SOLR 1gm	Tier 1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 1	HI
TEFLARO SOLR 400mg, 600mg	Tier 2	NEDS HI NM
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SUSR 100mg/5ml, 200mg/5ml	Tier 1	
<i>azithromycin</i> SOLR 500mg	Tier 1	HI
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	Tier 1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 1	
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2	NEDS NM
e.e.s. 400 TABS 400mg	Tier 1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 2	HI
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	Tier 1	
<i>erythromycin lactobionate</i> SOLR 500mg	Tier 1	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> 200 mg/100ml in d5w	Tier 1	HI
<i>ciprofloxacin</i> 400 mg/200ml in d5w	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin</i> SOLN 25mg/ml	Tier 1	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 1	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 1	HI
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 1	HI
<i>moxifloxacin hcl</i> TABS 400mg	Tier 1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	Tier 1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
<i>amoxicillin</i> CHEW 125mg, 250mg	Tier 1	
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	Tier 1	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	Tier 1	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	Tier 1	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	Tier 1	
<i>amoxicillin & k clavulanate tab er</i> 12hr 1000-62.5 mg	Tier 1	
<i>ampicillin</i> CAPS 500mg	Tier 1	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	Tier 1	HI
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	Tier 1	HI

Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	Tier 1	HI
<i>ampicillin sodium 1gm, 2gm, 250mg, 500mg</i>	SOLR Tier 1	
<i>ampicillin sodium 1gm, 10gm, 125mg</i>	SOLR Tier 1	HI
<i>BICILLIN L-A 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	SUSY Tier 2	
<i>dicloxacillin sodium 250mg, 500mg</i>	CAPS Tier 1	
<i>nafcillin sodium 2gm</i>	SOLR 1gm, Tier 1	HI
<i>nafcillin sodium 10gm</i>	SOLR Tier 1	HI NM
<i>oxacillin sodium 1gm, 2gm, 10gm</i>	SOLR Tier 1	HI
<i>penicillin g potassium 20000000unit, 5000000unit</i>	SOLR Tier 1	
<i>penicillin g sodium 5000000unit</i>	SOLR Tier 1	HI
<i>penicillin v potassium 250mg/5ml, 500mg/5ml</i>	SOLR Tier 1	
<i>penicillin v potassium 250mg, 500mg</i>	TABS Tier 1	
<i>pfizerpen 5000000unit, 20000000unit</i>	SOLR Tier 1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1	HI
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 1	HI
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 1	HI
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 1	HI
TETRACYCLINES		
<i>doxy 100</i>	SOLR 100mg Tier 1	HI
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	Tier 1	
<i>doxycycline hyclate 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	CAPS Tier 1	
<i>minocycline hcl 50mg, 75mg, 100mg</i>	CAPS Tier 1	
<i>NUZYRA 100mg</i>	SOLR Tier 2	NEDS HI NM
<i>NUZYRA 150mg</i>	TABS Tier 2	NEDS QL NM
QL (30 tabs / 14 days)		
<i>tetracycline hcl 250mg, 500mg</i>	CAPS Tier 1	
<i>tigecycline 50mg</i>	SOLR Tier 1	HI NM
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDAMUSTINE 100mg/4ml</i>	SOLN Tier 2	NEDS B/D NM
<i>BENDEKA 100mg/4ml</i>	SOLN Tier 2	NEDS B/D NM
<i>carboplatin 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	SOLN Tier 1	B/D NM
<i>cisplatin 100mg/100ml, 200mg/200ml</i>	SOLN 50mg/50ml, Tier 1	B/D NM
<i>cyclophosphamide 25mg, 50mg</i>	CAPS Tier 1	B/D
<i>CYCLOPHOSPHAMIDE 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml</i>	SOLN Tier 2	NEDS B/D NM
<i>cyclophosphamide 1gm, 500mg</i>	SOLR Tier 1	B/D NM
<i>cyclophosphamide 2gm</i>	SOLR Tier 1	B/D NM
<i>CYCLOPHOSPHAMIDE 25mg, 50mg</i>	TABS Tier 2	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR 2gm/10ml</i>	SOLN Tier 2	NEDS B/D NM

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Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE CAPS 10mg, 40mg	Tier 2	NM
GLEOSTINE CAPS 100mg	Tier 2	NEDS NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	Tier 1	B/D NM
<i>oxaliplatin</i> SOLR 100mg	Tier 1	B/D NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	Tier 1	B/D NM
<i>cytarabine</i> SOLN 20mg/ml	Tier 1	B/D NM
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 1	B/D NM
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 1	B/D NM
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 2 NEDS	QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2 NEDS	QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2 NEDS	QL NM PA
<i>mercaptopurine</i> TABS 50mg	Tier 1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D NM
<i>methotrexate sodium</i> SOLN 50mg/2ml	Tier 1	HI B/D NM
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2 NEDS	QL NM PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	Tier 1	B/D NM
PURIXAN SUSP 2000mg/100ml	Tier 2	NEDS NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
<i>abiraterone acetate</i> TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
<i>anastrozole</i> TABS 1mg	Tier 1	
<i>bicalutamide</i> TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 2	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
EULEXIN CAPS 125mg	Tier 2	NEDS NM
<i>exemestane</i> TABS 25mg	Tier 1	
FIRMAGON SOLR 80mg	Tier 2	NM PA
FIRMAGON SOLR 120mg/vial	Tier 2 NEDS	NM PA
<i>fulvestrant</i> SOSY 250mg/5ml	Tier 1	B/D NM
<i>letrozole</i> TABS 2.5mg	Tier 1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2 NEDS	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2 NEDS	NM PA
LYSODREN TABS 500mg	Tier 2	NEDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 2	
<i>nilutamide</i> TABS 150mg	Tier 1	NM
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ORGOVYX TABS 120mg	Tier 2 NEDS	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
SOLTAMOX SOLN 10mg/5ml	Tier 2	NEDS NM
<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 1	
<i>toremifene citrate</i> TABS 60mg	Tier 1	PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA

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Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM PA
<i>lenalidomide</i> 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	NEDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	NEDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	NEDS QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 2	NEDS QL NM PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 2	NEDS QL NM PA
<i>bexarotene</i> CAPS 75mg QL (300 caps / 30 days)	Tier 1	QL NM PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	Tier 1	B/D NM
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	Tier 1	B/D NM
<i>hydroxyurea</i> CAPS 500mg	Tier 1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 1	B/D NM
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 2	NEDS QL NM PA
MATULANE CAPS 50mg <i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 2 Tier 1	NEDS NM NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA

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

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

Drug Name	Drug Requirements/ Tier	Limits
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 2 NEDS	QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>everolimus</i> TBSO 2mg QL (150 tabs / 30 days)	Tier 1	QL NM PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>everolimus</i> TBSO 5mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2 NEDS	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 2 NEDS	QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 2 NEDS	QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
<i>gefitinib</i> TABS 250mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
HERCEP HYLEC SOL 60- 10000	Tier 2 NEDS	NM PA
HERCEPTIN SOLR 150mg	Tier 2 NEDS	NM PA
HERZUMA SOLR 150mg, 420mg	Tier 2 NEDS	NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 2 NEDS	QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 2 NEDS	QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2 NEDS	QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 2 NEDS	QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 2 NEDS	QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 2 NEDS	QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
KADCYLA SOLR 100mg, 160mg	Tier 2	NEDS B/D NM
KANJINTI SOLR 150mg, 420mg	Tier 2 NEDS	NM PA
KEYTRUDA SOLN 100mg/4ml	Tier 2 NEDS	NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 2 NEDS	QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 2 NEDS	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 2 NEDS	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 2 NEDS	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 2 NEDS	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 2 NEDS	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 2 NEDS	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 2 NEDS	QL NM PA
<i>lapatinib ditosylate</i> TABS 250mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 2 NEDS	QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 2 NEDS	QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 2 NEDS	QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 2 NEDS	QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 2 NEDS	QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 2 NEDS	QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 2 NEDS	QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 2 NEDS	QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 2 NEDS	QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 2 NEDS	QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 2 NEDS	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 2	NEDS QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 2	NEDS QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 2	NEDS QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 2	NEDS QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
MONJUVI SOLR 200mg	Tier 2	NEDS NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2	NEDS QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM PA
OGIVRI SOLR 150mg, 420mg	Tier 2	NEDS NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 2	NEDS QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 2	NEDS QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
ONTRUZANT SOLR 150mg, 420mg	Tier 2	NEDS NM PA
<i>pazopanib hcl</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 2	NEDS QL NM PA
PHESGO SOL	Tier 2	NEDS NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 2	NEDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 2	NEDS QL NM PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 2	NEDS QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 2	NEDS QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 2	NEDS QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 2	NEDS QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 2	NEDS QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA

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

Drug Name	Drug Tier	Requirements/Limits
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 2	NEDS QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 2	NEDS NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
TRAZIMERA SOLR 150mg, 420mg	Tier 2	NEDS NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 2	NEDS QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 2	NEDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	NEDS QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2	NEDS QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2	NEDS QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2	NEDS QL NM PA

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2 NEDS	QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	Tier 2 NEDS	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 2 NEDS	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	Tier 2 NEDS	QL NM PA

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 2 NEDS	NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 2 NEDS	QL NM PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 1	B/D NM
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 1	
MESNEX TABS 400mg	Tier 2	NEDS NM
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	Tier 1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	Tier 1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	Tier 1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Tier 1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	Tier 1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	Tier 1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	Tier 1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	Tier 1	
<i>KERENDIA TABS 10mg, 20mg</i>	Tier 2	QL
QL (30 tabs / 30 days)		
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	Tier 1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	Tier 1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	Tier 1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1	QL
QL (30 tabs / 30 days)		

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Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-valsartan tab 5-160 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> QL (30 tabs / 30 days)	Tier 1	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
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	Tier 2	QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan cilexetil</i> TABS 32mg QL (30 tabs / 30 days)	Tier 1	QL
<i>irbesartan</i> TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>olmesartan medoxomil</i> TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil</i> TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>telmisartan</i> TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan</i> TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL
<i>valsartan</i> TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 1	
<i>amiodarone hcl</i> TABS 200mg	Tier 1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	Tier 2	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	Tier 1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 1	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 2	QL
<i>pacerone</i> TABS 100mg, 400mg	Tier 1	
<i>pacerone</i> TABS 200mg	Tier 1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	Tier 1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	Tier 1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	Tier 1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 1	
<i>gemfibrozil</i> TABS 600mg	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	Tier 1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	Tier 1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	Tier 1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	Tier 1	
<i>ezetimibe</i> TABS 10mg	Tier 1	
<i>ezetimibe-simvastatin tab</i> 10-10 mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-20 mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-40 mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-80 mg QL (30 tabs / 30 days)	Tier 1	QL

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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
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 1	QL
<i>omega-3-acid ethyl esters</i> <i>cap 1 gm</i>	Tier 1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	Tier 1	
REPATHA SOSY 140mg/ml	Tier 2	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Tier 2	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	Tier 2	NM PA
VASCEPA CAPS .5gm, 1gm	Tier 2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> 50-25 mg	Tier 1	
<i>atenolol & chlorthalidone tab</i> 100-25 mg	Tier 1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> 2.5- 6.25 mg	Tier 1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> 5- 6.25 mg	Tier 1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> 10- 6.25 mg	Tier 1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 50- 25 mg	Tier 1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 100- 25 mg	Tier 1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 100- 50 mg	Tier 1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 1	

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	Tier 1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 1	
<i>nimodipine</i> CAPS 30mg	Tier 1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	Tier 1	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 1	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	Tier 1	
<i>amiloride hcl</i> TABS 5mg	Tier 1	
<i>bumetanide</i> SOLN .25mg/ml	Tier 1	HI
<i>bumetanide</i> TABS .5mg, 1mg, 2mg	Tier 1	
<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	Tier 1	
<i>furosemide inj</i> SOLN 10mg/ml	Tier 1	HI
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1	
<i>methazolamide</i> TABS 25mg, 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>spironolactone & hydrochlorothiazide tab</i> 25- 25 mg	Tier 1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	Tier 1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	Tier 1	
<i>triamterene & hydrochlorothiazide tab</i> 75- 50 mg	Tier 1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	Tier 1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	Tier 1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 2	QL
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	Tier 1	
<i>digoxin</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>droxidopa</i> CAPS 100mg QL (90 caps / 30 days)	Tier 1	QL NM PA
<i>droxidopa</i> CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	Tier 1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 70 years and older	Tier 2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 1	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ivabradine hcl</i> TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>metirosine</i> CAPS 250mg	Tier 1	NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1	
<i>ranolazine</i> TB12 500mg, 1000mg	Tier 1	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL PA
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	Tier 1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	Tier 1	
NITRO-BID OINT 2%	Tier 2	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
<i>alyq</i> TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>ambrisentan</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>bosentan</i> TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (360 tabs / 30 days)	Tier 1	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 1	NM PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	Tier 1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	Tier 1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	Tier 1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 1	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	Tier 1	PA
NAMZARIC CAP 7-10MG	Tier 2	
NAMZARIC CAP 14-10MG	Tier 2	
NAMZARIC CAP 21-10MG	Tier 2	
NAMZARIC CAP 28-10MG	Tier 2	
NAMZARIC CAP PACK	Tier 2	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 1	QL

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa & levodopa tab er</i> 50-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	Tier 1	
<i>entacapone</i> TABS 200mg	Tier 1	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 2	NEDS QL NM PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older	Tier 2	PA
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	Tier 1	PA
ANTIPSYCHOTICS		
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	Tier 1	QL

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Drug Name	Drug	Requirements/ Tier	Limits
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 1		QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 1		QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 2 NEDS		QL NM
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 2 NEDS		QL NM
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 2		NEDS NM
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 1		QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 2 NEDS		QL NM
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 1		
<i>clozapine</i> TABS 25mg, 50mg	Tier 1		
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	Tier 1		QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1		QL
<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 1		PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 1		QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 1		QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 1		QL PA

Drug Name	Drug	Requirements/ Tier	Limits
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 2 NEDS		QL NM PA
FANAPT PAK QL (2 packs / year)	Tier 2		QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 1		
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 1		
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 1		
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	Tier 1		
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 1		
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 2 NEDS		QL NM
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 2		QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 2 NEDS		QL NM
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 2 NEDS		QL NM
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 1		
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 1		QL
<i>lurasidone hcl</i> TABS 80mg QL (60 tabs / 30 days)	Tier 1		QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 1		

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Drug Name	Drug Tier	Requirements/ Limits
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	Tier 1	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL ST
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	Tier 1	QL ST
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 1	QL
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	Tier 1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 1	
<i>pimozide</i> TABS 1mg, 2mg	Tier 1	
<i>quetiapine fumarate</i> TABS 25mg QL (180 tabs / 30 days)	Tier 1	QL
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg QL (90 tabs / 30 days)	Tier 1	QL
<i>quetiapine fumarate</i> TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 1	QL
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 1	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM
<i>risperidone</i> SOLN 1mg/ml QL (240 mL / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 1	QL ST
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 1	QL ST
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 1	QL ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg QL (2 injections / 28 days)	Tier 1	QL
<i>risperidone microspheres</i> SRER 37.5mg, 50mg QL (2 injections / 28 days)	Tier 1	QL NM
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 2	NEDS QL NM
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 1	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 2	NEDS QL NM PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 2	NEDS QL NM
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM
VRAYLAR CAP 1.5-3MG QL (2 packs / year)	Tier 2	QL
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 1	QL
<i>ziprasidone mesylate</i> SOLR 20mg QL (6 injections / 3 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	Tier 2	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	Tier 2 NEDS	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 2 NEDS	QL NM PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 2 NEDS	QL NM PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 1	
<i>clobazam</i> SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 1	QL PA
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 1	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 2 NEDS	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 2 NEDS	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 2 NEDS	QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 2 NEDS	QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
<i>diazepam</i> 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
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 1	
<i>diazepam inj</i> SOLN 5mg/ml	Tier 1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
DILANTIN CAPS 30mg	Tier 2	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 2 NEDS	QL NM PA
<i>epitol</i> TABS 200mg	Tier 1	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 2	QL PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	Tier 1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 2 NEDS	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 2	NEDS QL NM PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 2	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
<i>gabapentin</i> CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 1	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
<i>lacosamide</i> SOLN 200mg/20ml	Tier 1	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 1	QL
<i>lamotrigine</i> CHEW 5mg, 25mg	Tier 1	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	Tier 1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days)	Tier 2	QL
<i>methsuximide</i> CAPS 300mg	Tier 1	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	Tier 2	QL
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 1	
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	Tier 2	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older	Tier 2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	Tier 2	PA
<i>phenytek</i> CAPS 200mg, 300mg	Tier 1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	Tier 1	
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	Tier 1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 1	QL PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	Tier 1	QL PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 1	QL PA
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	Tier 1	QL PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	Tier 1	
<i>roweepra</i> TABS 500mg	Tier 1	
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 1	QL NM PA
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	Tier 1	QL PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	Tier 1	QL NM PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 2	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 2	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 2	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 2	QL
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 2 NEDS	QL NM PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 1	
<i>topiramate</i> CPSP 15mg, 25mg	Tier 1	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	Tier 1	

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

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Drug Name	Drug Tier	Requirements/ Limits
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 2	NEDS QL NM
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 2	NEDS QL NM
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 2	NEDS QL NM PA
zonisamide CAPS 25mg, 50mg, 100mg	Tier 1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 2	NEDS QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine-dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine-dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine-dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine-dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine-dextroamphetamine cap er 24hr 30 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine-dextroamphetamine tab 5 mg QL (60 tabs / 30 days)	Tier 1	QL PA
amphetamine-dextroamphetamine tab 7.5 mg QL (60 tabs / 30 days)	Tier 1	QL PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl</i> SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 1	QL PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 1	QL PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 1	QL PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 1	QL PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 1	QL
<i>tasimelteon</i> CAPS 20mg QL (30 caps / 30 days)	Tier 1	QL NM PA
<i>temazepam</i> CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 1	QL PA
<i>temazepam</i> CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 1	QL PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	Tier 1	NM
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
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
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL NM PA
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 1	QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	Tier 1	QL
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
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	Tier 1	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 1	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 1	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 1	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 2	QL PA

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2 NEDS	QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 2 NEDS	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 2 NEDS	QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 2 NEDS	QL NM PA
<i>lithium</i> SOLN 8meq/5ml	Tier 1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	Tier 1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	Tier 1	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 2 NEDS	QL NM PA
<i>pyridostigmine bromide</i> TABS 60mg	Tier 1	
<i>riluzole</i> TABS 50mg	Tier 1	
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 2 NEDS	QL NM PA

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2 NEDS	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2 NEDS	QL NM PA
<i>dalfampridine</i> TB12 10mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i> fingolimod hcl</i> CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL NM PA
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	Tier 2 NEDS	QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>baclofen</i> TABS 10mg, 20mg	Tier 1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	QL PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	Tier 1	
<i>tizanidine hcl</i> TABS 2mg, 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	Tier 1	QL PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	Tier 1	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2 NEDS	QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	Tier 1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> QL (90 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> QL (90 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> QL (90 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> QL (60 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	Tier 1	QL
<i>disulfiram</i> TABS 250mg, 500mg	Tier 1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>naltrexone hcl</i> TABS 50mg	Tier 1	
NICOTROL INHALER INHA 10mg	Tier 2	
NICOTROL NS SOLN 10mg/ml	Tier 2	
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 1	QL
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	Tier 1	QL
VIVITROL SUSR 380mg	Tier 2	NEDS NM
ENDOCRINE AND METABOLIC ANDROGENS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 1	PA
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	Tier 1	QL NM PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 1	QL PA
<i>testosterone</i> GEL 1.62% QL (150 gm / 30 days)	Tier 1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 1	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 1	
DEXCOM G6 MIS RECEIVER QL (1 each / year)	MB	QL
DEXCOM G6 MIS SENSOR	MB	
DEXCOM G6 MIS TRANSMIT QL (1 box / 90 days)	MB	QL
DEXCOM G7 MIS RECEIVER QL (1 each / year)	MB	QL
DEXCOM G7 MIS SENSOR	MB	

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Drug Name	Drug Tier	Requirements/ Limits
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
FREESTY LIBR KIT 2 SENSOR	MB	
FREESTY LIBR KIT 3 SENSOR	MB	
FREESTY LIBR KIT SENSOR	MB	
FREESTY LIBR MIS 2 READER QL (1 each / year)	MB	QL
FREESTY LIBR MIS 3 READER QL (1 each / year)	MB	QL
FREESTY LIBR MIS READER QL (1 each / year)	MB	QL
FREESTYLE KIT FREEDOM QL (1 box / year)	MB	QL
FREESTYLE KIT INSULINX QL (1 box / year)	MB	QL
FREESTYLE KIT LITE QL (1 box / year)	MB	QL
FREESTYLE KIT SENSOR	MB	
FREESTYLE MIS READER QL (1 each / year)	MB	QL
FREESTYLE TES	MB	
FREESTYLE TES INSULINX	MB	
FREESTYLE TES LITE	MB	
FREESTYLE TES PREC NEO	MB	
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL

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

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Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL
ONETOUCH KIT ULT MINI QL (1 box / year)	MB	QL
ONETOUCH KIT ULTRA 2 QL (1 box / year)	MB	QL
ONETOUCH KIT VERIO QL (1 box / year)	MB	QL
ONETOUCH KIT VERIO FL QL (1 box / year)	MB	QL
ONETOUCH KIT VERIO IQ QL (1 box / year)	MB	QL
ONETOUCH KIT VERIO RE QL (1 box / year)	MB	QL
ONETOUCH TES ULTRA	MB	
ONETOUCH TES VERIO	MB	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
<i>pioglitazone hcl-metformin hcl tab</i> 15-500 mg QL (90 tabs / 30 days)	Tier 1	QL
<i>pioglitazone hcl-metformin hcl tab</i> 15-850 mg QL (90 tabs / 30 days)	Tier 1	QL
PREC NEO SYS KIT FREESTYL QL (1 box / year)	MB	QL
PRECISION MIS XTRA QL (1 each / year)	MB	QL
PRECISION TES XTRA	MB	
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 2	QL PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL

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Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	Tier 2	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 2	
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	Tier 2	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 2	
FIASP SOLN 100unit/ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
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	NEDS B/D NM
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	NEDS NM
INSULIN PEN NEEDLES: BD-EMBECTA	Tier 2	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	Tier 2	PA
INSULIN SYRINGES: BD-EMBECTA	Tier 2	PA
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 2	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	Tier 2	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 2	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 2	QL PA
SOLQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2	
TRESIBA SOLN 100unit/ml	Tier 2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	Tier 1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 1	B/D
<i>ibandronate sodium</i> TABS 150mg	Tier 1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D NM
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 1	B/D NM
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 2	QL NM
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 2	NEDS NM PA
XGEVA SOLN 120mg/1.7ml	Tier 2	NEDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	Tier 1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 2	NEDS NM
<i>deferasirox</i> TABS 90mg; TBSO 125mg	Tier 1	NM PA
<i>deferasirox</i> TABS 180mg, 360mg	Tier 2	NM PA
<i>deferasirox</i> TBSO 250mg, 500mg	Tier 1	NM PA
<i>kionex</i> SUSP 15gm/60ml	Tier 1	
LOKELMA PACK 5gm, 10gm	Tier 2	
<i>penicillamine</i> TABS 250mg	Tier 1	NM
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<i>sps</i> SUSP 15gm/60ml	Tier 1	
<i>trientine hcl</i> CAPS 250mg	Tier 1	NM PA
CONTRACEPTIVES		
<i>afirmelle</i>	Tier 1	
<i>altavera</i>	Tier 1	
<i>alyacen 1/35</i>	Tier 1	
<i>alyacen 7/7/7</i>	Tier 1	
<i>apri</i>	Tier 1	
<i>aranelle</i>	Tier 1	
<i>aubra eq</i>	Tier 1	
<i>aurovela 1/20</i>	Tier 1	
<i>aurovela fe 1.5/30</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>aurovela fe 1/20</i>	Tier 1	
<i>aviane</i>	Tier 1	
<i>ayuna</i>	Tier 1	
<i>azurette</i>	Tier 1	
<i>balziva</i>	Tier 1	
<i>blisovi fe 1.5/30</i>	Tier 1	
<i>briellyn</i>	Tier 1	
<i>camila TABS .35mg</i>	Tier 1	
<i>chateal eq</i>	Tier 1	
<i>cryselle-28</i>	Tier 1	
<i>cyred eq</i>	Tier 1	
<i>dasetta 1/35</i>	Tier 1	
<i>dasetta 7/7/7</i>	Tier 1	
<i>deblitane TABS .35mg</i>	Tier 1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	
<i>elinest</i>	Tier 1	
<i>eluryng</i>	Tier 1	
<i>emzahh TABS .35mg</i>	Tier 1	
<i>enilloring</i>	Tier 1	
<i>enpresse-28</i>	Tier 1	
<i>enskyce</i>	Tier 1	
<i>errin TABS .35mg</i>	Tier 1	
<i>estarylla</i>	Tier 1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	Tier 1	
<i>falmina</i>	Tier 1	
<i>hailey 1.5/30</i>	Tier 1	
<i>haloette</i>	Tier 1	
<i>heather TABS .35mg</i>	Tier 1	
<i>iclevia</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>incassia TABS .35mg</i>	Tier 1	
<i>introvale</i>	Tier 1	
<i>isibloom</i>	Tier 1	
<i>jasmiel</i>	Tier 1	
<i>jolessa</i>	Tier 1	
<i>juleber</i>	Tier 1	
<i>junel 1.5/30</i>	Tier 1	
<i>junel 1/20</i>	Tier 1	
<i>junel fe 1.5/30</i>	Tier 1	
<i>junel fe 1/20</i>	Tier 1	
<i>kariva</i>	Tier 1	
<i>kelnor 1/35</i>	Tier 1	
<i>kelnor 1/50</i>	Tier 1	
<i>kurvelo</i>	Tier 1	
<i>larin 1.5/30</i>	Tier 1	
<i>larin 1/20</i>	Tier 1	
<i>larin fe 1.5/30</i>	Tier 1	
<i>larin fe 1/20</i>	Tier 1	
<i>leena</i>	Tier 1	
<i>lessina</i>	Tier 1	
<i>levonest</i>	Tier 1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	Tier 1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	Tier 1	
<i>levora 0.15/30-28</i>	Tier 1	
LILETTA IUD 20.1mcg/day	Tier 2	NM
<i>loestrin 1.5/30-21</i>	Tier 1	
<i>loestrin 1/20-21</i>	Tier 1	
<i>loestrin fe 1.5/30</i>	Tier 1	
<i>loestrin fe 1/20</i>	Tier 1	
<i>loryna</i>	Tier 1	
<i>low-ogestrel</i>	Tier 1	
<i>lutura</i>	Tier 1	
<i>lyleq TABS .35mg</i>	Tier 1	
<i>lyza TABS .35mg</i>	Tier 1	
<i>marlissa</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	Tier 1	
<i>microgestin 1.5/30</i>	Tier 1	
<i>microgestin 1/20</i>	Tier 1	
<i>microgestin fe 1.5/30</i>	Tier 1	
<i>microgestin fe 1/20</i>	Tier 1	
<i>mili</i>	Tier 1	
<i>mono-linyah</i>	Tier 1	
<i>necon 0.5/35-28</i>	Tier 1	
NEXPLANON IMPL 68mg	Tier 2	NM
<i>nikki</i>	Tier 1	
<i>nora-be TABS .35mg</i>	Tier 1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 1	
<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	
<i>norlyroc TABS .35mg</i>	Tier 1	
<i>nortrel 0.5/35 (28)</i>	Tier 1	
<i>nortrel 1/35 (21)</i>	Tier 1	
<i>nortrel 1/35 (28)</i>	Tier 1	
<i>nortrel 7/7/7</i>	Tier 1	
<i>nylia 1/35</i>	Tier 1	
<i>nylia 7/7/7</i>	Tier 1	
<i>nymyo</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ocella</i>	Tier 1	
<i>philith</i>	Tier 1	
<i>pimtreea</i>	Tier 1	
<i>portia-28</i>	Tier 1	
<i>reclipsen</i>	Tier 1	
<i>setlakin</i>	Tier 1	
<i>sharobel TABS .35mg</i>	Tier 1	
<i>simliya</i>	Tier 1	
<i>sprintec 28</i>	Tier 1	
<i>sronyx</i>	Tier 1	
<i>syeda</i>	Tier 1	
<i>tarina fe 1/20 eq</i>	Tier 1	
<i>tilia fe</i>	Tier 1	
<i>tri-estarylla</i>	Tier 1	
<i>tri-legest fe</i>	Tier 1	
<i>tri-linyah</i>	Tier 1	
<i>tri-lo-estarylla</i>	Tier 1	
<i>tri-lo-marzia</i>	Tier 1	
<i>tri-lo-mili</i>	Tier 1	
<i>tri-lo-sprintec</i>	Tier 1	
<i>tri-mili</i>	Tier 1	
<i>tri-nymyo</i>	Tier 1	
<i>tri-sprintec</i>	Tier 1	
<i>tri-vylibra</i>	Tier 1	
<i>tri-vylibra lo</i>	Tier 1	
<i>trivora-28</i>	Tier 1	
<i>turqoz</i>	Tier 1	
<i>velivet</i>	Tier 1	
<i>vestura</i>	Tier 1	
<i>vienva</i>	Tier 1	
<i>viorele</i>	Tier 1	
<i>vyfemla</i>	Tier 1	
<i>vylibra</i>	Tier 1	
<i>wera</i>	Tier 1	
<i>xulane</i>	Tier 1	
<i>zafemy</i>	Tier 1	
<i>zovia 1/35</i>	Tier 1	
<i>zumandimine</i>	Tier 1	
ESTROGENS		
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	Tier 1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Tier 2	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	Tier 1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 2	
<i>fyavolv tab 1mg-5mcg</i>	Tier 2	
<i>jinteli</i>	Tier 2	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
<i>mimvey</i>	Tier 2	
<i>norethindrone acetate- ethinyl estradiol tab 0.5 mg- 2.5 mcg</i>	Tier 2	
<i>norethindrone acetate- ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2	
<i>yuvaferm</i> TABS 10mcg	Tier 1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 2	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	Tier 1	
<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	Tier 1	B/D
<i>methylprednisolone</i> TBPK 4mg	Tier 1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	Tier 1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	Tier 1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	Tier 1	B/D
<i>prednisone</i> SOLN 5mg/5ml	Tier 1	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	Tier 1	
PREDNISONE INTENSOL CONC 5mg/ml	Tier 2	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 2	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	Tier 1	NM
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 2	NEDS NM PA
<i>betaine powder for oral solution</i>	Tier 1	NM
<i>cabergoline</i> TABS .5mg	Tier 1	
<i>carglumic acid</i> TBSO 200mg	Tier 1	NM PA
CERDELGA CAPS 84mg	Tier 2	NEDS NM PA
CEREZYME SOLR 400unit	Tier 2	NEDS NM PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 1	B/D QL NM
<i>cinacalcet hcl</i> TABS 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	Tier 2	NM PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate</i> SOLN 4mcg/ml	Tier 1	NM
<i>desmopressin acetate</i> TABS .1mg, .2mg	Tier 1	
<i>desmopressin acetate spray</i> SOLN .01%	Tier 1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 1	
FABRAZYME SOLR 5mg, 35mg	Tier 2	NEDS NM PA
GENOTROPIN CART 5mg, 12mg	Tier 2	NEDS 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	NEDS NM PA
INCRELEX SOLN 40mg/4ml	Tier 2	NEDS NM PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 1	NM PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	Tier 1	B/D
LUMIZYME SOLR 50mg	Tier 2	NEDS NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	Tier 2	NEDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	Tier 2	NEDS NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	Tier 2	NEDS NM PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	Tier 1	NM PA
NAGLAZYME SOLN 1mg/ml	Tier 2	NEDS NM PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NM PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 1	NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NM PA
<i>raloxifene hcl</i> TABS 60mg	Tier 1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NEDS NM PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	Tier 1	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 2	NEDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NEDS NM PA
SYNAREL SOLN 2mg/ml	Tier 2	NEDS NM PA
VEOZAH TABS 45mg	Tier 2	PA
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	Tier 2	PA
<i>norethindrone acetate</i> TABS 5mg	Tier 1	
<i>progesterone</i> CAPS 100mg, 200mg	Tier 1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	

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<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	Tier 1	
<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
<i>propylthiouracil</i> TABS 50mg	Tier 1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	Tier 1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	Tier 1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	Tier 1	B/D
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	Tier 1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	B/D
<i>compro</i> SUPP 25mg	Tier 1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 1	B/D QL
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	Tier 1	
<i>granisetron hcl</i> TABS 1mg	Tier 1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 1	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	Tier 1	
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 1	B/D
<i>prochlorperazine</i> SUPP 25mg	Tier 1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 1	PA
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 2	
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	Tier 1	QL
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	Tier 1	
<i>famotidine</i> TABS 20mg, 40mg	Tier 1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 1	

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<i>nizatidine</i> CAPS 150mg, 300mg	Tier 1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	Tier 1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 1	QL PA
<i>budesonide</i> TB24 9mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	Tier 1	
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	Tier 1	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	Tier 1	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	Tier 1	QL
<i>mesalamine</i> SUPP 1000mg QL (30 suppositories / 30 days)	Tier 1	QL
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	Tier 1	QL
<i>mesalamine w/ cleanser</i> KIT 4gm QL (28 bottles / 28 days)	Tier 1	QL
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	Tier 1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	Tier 1	
<i>enulose</i> SOLN 10gm/15ml	Tier 1	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>gavilyte-n/ flavor pack</i>	Tier 1	
<i>generlac</i> SOLN 10gm/15ml	Tier 1	
<i>lactulose</i> SOLN 10gm/15ml	Tier 1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln</i> 236 gm	Tier 1	
<i>peg 3350-kcl-sod bicarb- nacl for soln</i> 420 gm	Tier 1	
PLENVU SOL	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	Tier 1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>alosetron hcl</i> TABS .5mg QL (60 tabs / 30 days)	Tier 1	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	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	Tier 1	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	Tier 2	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	Tier 2	
GATTEX KIT 5mg	Tier 2	NEDS NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL
<i>loperamide hcl</i> CAPS 2mg	Tier 1	
<i>misoprostol</i> TABS 100mcg, 200mcg	Tier 1	
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	NEDS QL NM PA
<i>sucralfate</i> TABS 1gm	Tier 1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	Tier 1	
VOWST CAP QL (12 caps / 30 days)	Tier 2	NEDS QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 2	NEDS QL NM PA
XIFAXAN TABS 550mg	Tier 2	NEDS NM PA
ZENPEP CAP 3000UNIT	Tier 2	
ZENPEP CAP 5000UNIT	Tier 2	
ZENPEP CAP 10000UNT	Tier 2	
ZENPEP CAP 15000UNT	Tier 2	
ZENPEP CAP 20000UNT	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CAP 25000UNT	Tier 2	
ZENPEP CAP 40000UNT	Tier 2	
ZENPEP CAP 60000UNT	Tier 2	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg QL (30 caps / 30 days)	Tier 1	QL ST
<i>lansoprazole</i> CPDR 15mg, 30mg QL (60 caps / 30 days)	Tier 1	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	Tier 1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg QL (30 tabs / 30 days)	Tier 1	QL
<i>dutasteride</i> CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL
<i>dutasteride-tamsulosin hcl</i> cap 0.5-0.4 mg QL (30 caps / 30 days)	Tier 1	QL
<i>finasteride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>tadalafil</i> TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	Tier 1	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	Tier 1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 1	
<i>potassium citrate</i> (alkalinizer) TBCR 15meq, 540mg, 1080mg	Tier 1	
URINARY ANTISPASMODICS		
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	Tier 2	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 2	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	Tier 1	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 1	QL
<i>solifenacin succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 1	QL ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 1	QL
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> vaginal CREA 2%	Tier 1	
<i>metronidazole vaginal</i> GEL .75%	Tier 1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	Tier 1	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate</i> mesylate CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 1	QL
<i>dabigatran etexilate</i> mesylate CAPS 110mg QL (120 caps / 30 days)	Tier 1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 2	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	Tier 1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	NM
HEP SOD/NACL INJ 25000UNT	Tier 2	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml	Tier 1	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 1	HI B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 2 NEDS	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 NEDS	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2 NEDS	NM PA

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 2 NEDS	QL NM PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	Tier 1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2 NEDS	QL NM PA
<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 2 NEDS	NM PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 2	
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2 NEDS	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2 NEDS	QL NM PA
<i>icatibant acetate</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	Tier 1	NM PA
<i>pentoxifylline</i> TBCR 400mg	Tier 1	
<i>sajazir</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 2 NEDS	QL NM PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	Tier 1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 1	
BRILINTA TABS 60mg, 90mg	Tier 2	
<i>clopidogrel bisulfate</i> TABS 75mg	Tier 1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 70 years and older	Tier 2	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>prasugrel hcl</i> TABS 5mg, 10mg	Tier 1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 2 NEDS	QL NM PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 2 NEDS	QL NM PA
COSENTYX SOLN 125mg/5ml	Tier 2 NEDS	NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	Tier 2 NEDS	QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	Tier 2 NEDS	QL NM PA
COSENTYX SENSOREADY PEN 150mg/ml QL (32 pens / 365 days)	Tier 2 NEDS	QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	Tier 2 NEDS	QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2 NEDS	QL NM PA
DUPIXENT SOSY 100mg/0.67ml	Tier 2 NEDS	NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2 NEDS	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 2 NEDS	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2 NEDS	QL NM PA

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

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Drug Name	Drug Tier	Requirements/Limits
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	Tier 2	NEDS QL NM PA
INFLIXIMAB SOLR 100mg REMICADE SOLR 100mg RENFLEXIS SOLR 100mg	Tier 2	NEDS NM PA NEDS NM PA NEDS NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2	NEDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 2	NEDS QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2	NEDS QL NM PA
SKYRIZI SOLN 600mg/10ml	Tier 2	NEDS NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 2	NEDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 2	NEDS QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	NEDS QL NM PA
STELARA SOLN 130mg/26ml	Tier 2	NEDS NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	NEDS QL NM PA
TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	Tier 2	NEDS QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 2	NEDS QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 2	NEDS QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 2	NEDS NM PA

Drug Name	Drug Tier	Requirements/Limits
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 2	NEDS QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2	NEDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	Tier 1	
JYLAMVO SOLN 2mg/ml <i>leflunomide</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2 Tier 1	B/D QL
<i>methotrexate sodium</i> TABS 2.5mg	Tier 1	
XATMEP SOLN 2.5mg/ml	Tier 2	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NEDS NM PA
BIVIGAM SOLN 5gm/50ml	Tier 2	NEDS HI NM PA
BIVIGAM SOLN 10%	Tier 2	NEDS NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NEDS NM PA
GAMASTAN INJ	Tier 2	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NEDS NM PA
GAMMAGARD LIQUID SOLN 2.5gm/25ml	Tier 2	NEDS HI NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NEDS HI NM PA
GAMMAKED SOLN 1gm/10ml	Tier 2	NEDS HI NM PA

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

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	Tier 1	B/D NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 1	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	Tier 1	B/D
mycophenolate mofetil SUSR 200mg/ml	Tier 1	B/D NM
mycophenolate sodium TBEC 180mg, 360mg	Tier 1	B/D
NULOJIX SOLR 250mg	Tier 2	NEDS B/D NM
PROGRAF PACK .2mg, 1mg	Tier 2	B/D
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
sirolimus SOLN 1mg/ml	Tier 1	B/D NM
sirolimus TABS .5mg, 1mg, 2mg	Tier 1	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	Tier 1	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO INJ	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENGVAXIA SUS	Tier 1	
DIP/TET PED INJ 25-5LFU	Tier 1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 INJ	Tier 1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	

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

Drug Name	Drug Tier	Requirements/ Limits
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 INJ 1350pfu/0.5ml	Tier 1	
YF-VAX INJ	Tier 1	
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NAACL INJ 0.45%	Tier 2	HI
D10W/NAACL INJ 0.2%	Tier 2	HI
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	Tier 1	
<i>dextrose 5% in lactated ringers</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 1	HI
<i>dextrose 5% w/ sodium chloride 0.3%</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 1	HI
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 1	HI
<i>dextrose 5% w/ sodium chloride 0.225%</i>	Tier 1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 1	HI
ISOLYTE-P INJ /D5W	Tier 2	
ISOLYTE-S INJ PH 7.4	Tier 2	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	HI
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	Tier 1	HI
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	HI
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	Tier 1	HI
KCL/D5W/NACL INJ 0.3/0.9%	Tier 2	
<i>lactated ringer's solution</i>	Tier 1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	Tier 2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
<i>magnesium sulfate SOLN 50%</i>	Tier 2	HI
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	Tier 2	
<i>multiple electrolytes ph 5.5</i>	Tier 1	
<i>multiple electrolytes ph 7.4</i>	Tier 1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 2	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 2	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 2	
<i>potassium chloride SOLN 2meq/ml</i>	Tier 1	HI
<i>potassium chloride SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	Tier 1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 1	HI
<i>sodium chloride SOLN 2.5meq/ml</i>	Tier 1	
<i>sodium chloride SOLN .45%, .9%, 3%, 5%</i>	Tier 1	HI
TPN ELECTROL INJ	Tier 2	B/D

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

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Drug Name	Drug Tier	Requirements/ Limits
TROPHAMINE INJ 10%	Tier 2	HI B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>neo-polycin hc ophth oint 1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 2	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUSP .6%	Tier 2	
CILOXAN OINT .3%	Tier 2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	Tier 1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 1	
<i>gatifloxacin (ophth) SOLN .5%</i>	Tier 1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i> QL (12 mL / 30 days)	Tier 1	QL
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin (ophth) SOLN .3%</i>	Tier 1	
<i>polycin ophth oint</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	Tier 1	
<i>tobramycin (ophth) SOLN .3%</i>	Tier 1	
<i>trifluridine SOLN 1%</i>	Tier 1	
XDEMVIY SOLN .25%	Tier 2	NEDS NM PA
ZIRGAN GEL .15%	Tier 2	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	Tier 1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 1	
FLAREX SUSP .1%	Tier 2	
<i>fluorometholone (ophth) SUSP .1%</i>	Tier 1	
<i>flurbiprofen sodium SOLN .03%</i>	Tier 1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	Tier 1	
LOTEMAX OINT .5%	Tier 2	
<i>loteprednol etabonate SUSP .2%</i>	Tier 1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	Tier 1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 2	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	Tier 1	
<i>cromolyn sodium (ophth) SOLN 4%</i>	Tier 1	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth) SOLN .5%</i>	Tier 1	
BETOPTIC-S SUSP .25%	Tier 2	
<i>brimonidine tartrate SOLN .2%</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>brimonidine tartrate</i> SOLN .15%	Tier 1	
<i>brinzolamide</i> SUSP 1%	Tier 1	
<i>carteolol hcl (ophth)</i> SOLN 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 2	
<i>dorzolamide hcl</i> SOLN 2%	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	Tier 1	
<i>latanoprost</i> SOLN .005%	Tier 1	
<i>levobunolol hcl</i> SOLN .5%	Tier 1	
LUMIGAN SOLN .01%	Tier 2	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 1	
RHOPRESSA SOLN .02%	Tier 2	
ROCKLATAN DRO	Tier 2	
SIMBRINZA SUS 1-0.2%	Tier 2	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	Tier 1	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 2	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 1	
CYSTADROPS SOLN .37%	Tier 2	NEDS NM PA
CYSTARAN SOLN .44%	Tier 2	NEDS NM PA
EYSUVIS SUSP .25%	Tier 2	
MIEBO SOLN 1.338gm/ml	Tier 2	
<i>proparacaine hcl</i> SOLN .5%	Tier 1	
RESTASIS EMUL .05%	Tier 2	
RESTASIS MULTIDOSE EMUL .05%	Tier 2	
XIIDRA SOLN 5%	Tier 2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	Tier 1	
<i>flac</i> OIL .01%	Tier 1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	Tier 1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide</i> SOLN .02%	Tier 1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 1	
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%	Tier 1	
<i>cetirizine hcl</i> SOLN 5mg/5ml	Tier 1	QL
		QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	Tier 2	PA
		PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	Tier 2	PA
		PA applies if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 2	PA
		PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	Tier 2	PA
		PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	Tier 1	QL
		QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	Tier 1	QL
		QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	Tier 1	QL
		QL (2 inhalers / 30 days) (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	Tier 1	QL
		QL (2 inhalers / 30 days) (generic of Proventil HFA)

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	Tier 1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 1	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 2 NEDS	QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 2 NEDS	QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 2 NEDS	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2 NEDS	QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 2 NEDS	QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 2 NEDS	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 2 NEDS	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2 NEDS	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2 NEDS	QL NM PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	Tier 1	QL NM PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	Tier 1	QL NM PA
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
PROLASTIN-C SOLN 1000mg/20ml	Tier 2	NEDS HI NM PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NEDS NM PA
<i>roflumilast</i> TABS 250mcg QL (56 tabs / year)	Tier 1	QL
<i>roflumilast</i> TABS 500mcg QL (30 tabs / 30 days)	Tier 1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2 NEDS	QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2 NEDS	QL NM PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	Tier 1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2 NEDS	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2 NEDS	QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2 NEDS	QL NM PA
TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2 NEDS	QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 2 NEDS	QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 2 NEDS	QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2 NEDS	QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 2 NEDS	QL NM PA
ZEMAIRA SOLR 1000mg	Tier 2 NEDS	HI NM PA
ZEMAIRA SOLR 4000mg, 5000mg	Tier 2 NEDS	NM PA

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Drug Name	Drug Tier	Requirements/ Limits
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 2	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 2	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	Tier 1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL
BREO ELLIPTA INH 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

Drug Name	Drug Tier	Requirements/ Limits
<i>breyna</i> QL (3 inhalers / 30 days)	Tier 2	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> QL (3 inhalers / 30 days)	Tier 2	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> QL (3 inhalers / 30 days)	Tier 2	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 2	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 2	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 2	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 1	QL
<i>wixela inhub</i> QL (60 inhalations / 30 days)	Tier 1	QL
TOPICAL DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	Tier 1	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide-erythromycin gel 5-3%</i> QL (46.6 gm / 30 days)	Tier 1	QL
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 1	PA
<i>clindamycin phosphate (topical) GEL 1%</i> QL (75 mL / 30 days)	Tier 1	QL
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i> QL (60 mL / 30 days)	Tier 1	QL
<i>ery PADS 2%</i> QL (60 pledgets / 30 days)	Tier 1	QL
<i>erythromycin (acne aid) GEL 2%</i> QL (60 gm / 30 days)	Tier 1	QL
<i>erythromycin (acne aid) SOLN 2%</i> QL (60 mL / 30 days)	Tier 1	QL
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 1	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i> QL (118 mL / 30 days)	Tier 1	QL
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i> QL (45 gm / 30 days)	Tier 1	QL PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i> QL (75 gm / 30 days)	Tier 1	QL
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i> QL (30 gm / 30 days)	Tier 1	QL
<i>mupirocin OINT 2%</i> QL (220 gm / 30 days)	Tier 1	QL
<i>silver sulfadiazine CREA 1%</i>	Tier 1	
<i>ssd CREA 1%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	Tier 2	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox SHAM 1%</i> QL (120 mL / 30 days)	Tier 1	QL
<i>ciclopirox olamine CREA .77%</i> QL (90 gm / 30 days)	Tier 1	QL
<i>ciclopirox olamine SUSP .77%</i> QL (60 mL / 30 days)	Tier 1	QL
<i>clotrimazole (topical) CREA 1%</i> QL (45 gm / 30 days)	Tier 1	QL
<i>clotrimazole (topical) SOLN 1%</i> QL (60 mL / 30 days)	Tier 1	QL
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days)	Tier 1	QL
<i>econazole nitrate CREA 1%</i> QL (85 gm / 30 days)	Tier 1	QL
<i>ketoconazole (topical) CREA 2%</i> QL (60 gm / 30 days)	Tier 1	QL
<i>ketoconazole (topical) SHAM 2%</i> QL (120 mL / 30 days)	Tier 1	QL
<i>klayesta POWD 100000unit/gm</i> QL (60 gm / 30 days)	Tier 1	QL
<i>nyamyc POWD 100000unit/gm</i> QL (60 gm / 30 days)	Tier 1	QL
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i> QL (30 gm / 30 days)	Tier 1	QL
<i>nystatin (topical) POWD 100000unit/gm</i> QL (60 gm / 30 days)	Tier 1	QL
<i>nystop POWD 100000unit/gm</i> QL (60 gm / 30 days)	Tier 1	QL
<i>selenium sulfide LOTN 2.5%</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	Tier 1	QL PA
QL (120 gm / 30 days)		
<i>calcipotriene</i> SOLN .005%	Tier 1	QL PA
QL (120 mL / 30 days)		
<i>calcitrene</i> OINT .005%	Tier 1	QL PA
QL (120 gm / 30 days)		
ENSTILAR AER	Tier 2	NEDS QL NM
QL (120 gm / 30 days)		PA
<i>tazarotene</i> CREA .1%	Tier 1	QL PA
QL (60 gm / 30 days)		
TAZORAC CREA .05%	Tier 2	QL PA
QL (60 gm / 30 days)		
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	Tier 1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	Tier 1	QL
QL (60 gm / 30 days)		
<i>betamethasone dipropionate</i> (topical) CREA .05%; OINT .05%	Tier 1	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate</i> (topical) LOTN .05%	Tier 1	QL
QL (120 mL / 30 days)		
<i>betamethasone dipropionate</i> <i>augmented</i> CREA .05%; GEL .05%; OINT .05%	Tier 1	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate</i> <i>augmented</i> LOTN .05%	Tier 1	QL
QL (120 mL / 30 days)		
<i>betamethasone valerate</i> CREA .1%; OINT .1%	Tier 1	QL
QL (120 gm / 30 days)		
<i>betamethasone valerate</i> LOTN .1%	Tier 1	QL
QL (120 mL / 30 days)		
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	Tier 1	QL
QL (60 gm / 30 days)		
<i>clobetasol propionate</i> SOLN .05%	Tier 1	QL
QL (50 mL / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate e</i> CREA .05%	Tier 1	QL
QL (60 gm / 30 days)		
<i>fluocinolone acetonide</i> CREA .01%	Tier 1	QL
QL (60 gm / 30 days)		
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	Tier 1	QL
QL (120 gm / 30 days)		
<i>fluocinolone acetonide</i> .01%	Tier 1	QL
QL (118.28 mL / 30 days)		
<i>fluocinolone acetonide</i> SOLN .01%	Tier 1	QL
QL (60 mL / 30 days)		
<i>fluocinonide</i> CREA .05%	Tier 1	QL
QL (120 gm / 30 days)		
<i>fluocinonide</i> GEL .05%; OINT .05%	Tier 1	QL
QL (60 gm / 30 days)		
<i>fluocinonide</i> SOLN .05%	Tier 1	QL
QL (60 mL / 30 days)		
<i>fluocinonide emulsified base</i> CREA .05%	Tier 1	QL
QL (120 gm / 30 days)		
<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	Tier 1	QL
QL (50 gm / 30 days)		
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	Tier 1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	Tier 1	
<i>hydrocortisone (topical)</i> OINT 1%	Tier 1	QL
QL (30 gm / 30 days)		
<i>hydrocortisone valerate</i> CREA .2%	Tier 1	QL
QL (60 gm / 30 days)		
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 1	
<i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5%	Tier 1	QL
QL (454 gm / 30 days)		
<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	Tier 1	
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	Tier 1	QL
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	Tier 1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 1	QL PA
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	Tier 1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 1	B/D QL
<i>lidocan</i> PTCH 5% QL (3 patches / 1 day)	Tier 1	QL PA
<i>tridacaine ii</i> PTCH 5% QL (3 patches / 1 day)	Tier 1	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1% QL (60 gm / 30 days)	Tier 1	QL NM PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	Tier 1	QL
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	Tier 1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 1	QL
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	Tier 1	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 1	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	Tier 1	QL
<i>nitroglycerin (intra-anal)</i> OINT .4% QL (30 gm / 30 days)	Tier 1	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2 NEDS	QL NM PA
<i>pimecrolimus</i> CREA 1% QL (100 gm / 30 days)	Tier 1	QL PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 1	QL
<i>procto-med hc</i> CREA 2.5%	Tier 1	
<i>proctocort</i> CREA 1%	Tier 1	
<i>proctosol hc</i> CREA 2.5%	Tier 1	
<i>proctozone-hc</i> CREA 2.5%	Tier 1	
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 1	QL PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 2 NEDS	QL NM PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 1	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	Tier 1	QL
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	Tier 2 NEDS	QL NM PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 2	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	Tier 1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	Tier 1	QL
<i>kourzeq</i> PSTE .1%	Tier 1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	Tier 1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>perigard</i> SOLN .12%	Tier 1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	Tier 1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	Tier 1	

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<i>bexarotene (topical)</i>65	<i>budesonide-formoterol fumarate dihyd aerosol</i>	<i>captopril & hydrochlorothiazide tab</i>
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<i> disintegrating tab 25-</i>	<i>cefotetan disodium</i>	<i> d5w iv soln 300 mg/50ml</i>
<i> 250mg</i>	<i>cefoxitin sodium</i>
<i>carbamazepine</i>	<i>cefopodoxime proxetil</i>	<i>clindamycin phosphate in</i>
<i>carbidopa & levodopa tab</i>	<i>cefprozil</i>	<i> d5w iv soln 600 mg/50ml</i>
<i> 10-100 mg</i>	<i>ceftazidime</i>
<i>carbidopa & levodopa tab</i>	<i>ceftriaxone sodium</i>	<i>clindamycin phosphate in</i>
<i> 25-100 mg</i>	<i> 14, 15</i>	<i> d5w iv soln 900 mg/50ml</i>
<i>carbidopa & levodopa tab</i>	<i>cefuroxime axetil</i>
<i> 25-250 mg</i>	<i> 15</i>	<i>clindamycin phosphate</i>
<i>carbidopa & levodopa tab</i>	<i>celecoxib</i>	<i> vaginal</i>
<i> er 25-100 mg</i>	<i>cephalexin</i>	<i>CLINDMYC/NAC INJ</i>
<i>carbidopa & levodopa tab</i>	<i>CERDELGA</i>	<i> 300/50ML</i>
<i> er 50-200 mg</i>	<i>CEREZYME</i>	<i>CLINDMYC/NAC INJ</i>
<i>carbidopa-levodopa-</i>	<i> cetirizine hcl</i>	<i> 600/50ML</i>
<i> entacapone tabs 12.5-</i>	<i>chateal eq</i>	<i>CLINDMYC/NAC INJ</i>
<i> 50-200 mg</i>	<i>CHEMET</i>	<i> 900/50ML</i>
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<i>casprofungin acetate</i>	<i> 15</i>	<i> 63</i>
<i> 11</i>	<i>ciprofloxacin 400 mg/200ml</i>	<i> clotrimazole w/</i>
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<i> 10</i>	<i> 15</i>	<i> 0.05%</i>
<i>cefaclor</i>	<i>ciprofloxacin hcl</i>	<i> 63</i>
<i> 14</i>	<i> 15</i>	<i>clozapine</i>
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<i> 14</i>	<i> dexamethasone otic susp</i>	<i> 12</i>
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<i> 1GM/50ML</i>	<i> 59</i>	<i> colchicine w/ probenecid</i>
<i> 14</i>	<i>cisplatin</i>	<i> tab 0.5-500 mg</i>
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<i> 14</i>	<i>citalopram hydrobromide</i> 30	<i> 26</i>
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<i>cefdinir</i>	<i> 15</i>	
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<i>iclevia</i>	JENTADUETO TAB XR	
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IDACIO (2 PEN).....	<i>soln 0.5-2.5(3) mg/3ml</i>	JENTADUETO TAB XR 5-	
IDACIO (2 SYRINGE).....	<i>irbesartan</i>	1000MG	42
IDACIO CROHN INJ	<i>irbesartan-</i>	<i>jinteli</i>	47
DISEASE	<i>hydrochlorothiazide tab</i>	<i>jolessa</i>	45
IDACIO PLAQU INJ	150-12.5 mg.....	<i>juleber</i>	45
PSORIASIS.....	<i>irbesartan-</i>	JULUCA TAB 50-25MG ..	13
IDHIFA.....	<i>hydrochlorothiazide tab</i>	<i>junel 1.5/30</i>	45
<i>imatinib mesylate</i>	300-12.5 mg.....	<i>junel 1/20</i>	45
IMBRUVICA.....	<i>irinotecan hcl</i>	<i>junel fe 1.5/30</i>	45
<i>imipenem-cilastatin</i>	ISENTRESS	<i>junel fe 1/20</i>	45
<i>intravenous for soln 250</i>	ISENTRESS HD	JYLAMVO.....	54
<i>mg</i>	<i>isibloom</i>	JYNNEOS.....	56
<i>imipenem-cilastatin</i>	ISOLYTE-P INJ /D5W.....	K	
<i>intravenous for soln 500</i>	ISOLYTE-S INJ PH 7.4...56	KADCYLA.....	20
<i>mg</i>	<i>isoniazid</i>	KALYDECO	61
<i>imipramine hcl</i>	<i>isosorbide dinitrate</i>	KANJINTI.....	20
<i>imiquimod</i>	<i>isosorbide mononitrate</i> ..	<i>kariva</i>	45
IMOVAX RABIES	<i>isotretinoin</i>	<i>kcl 10 meq/l (0.075%) in</i>	
(H.D.C.V.)	<i>itraconazole</i>	<i>dextrose 5% & nacl</i>	
IMPAVIDO	<i>ivabradine hcl</i>	0.45% inj.....	56
INBRIJA.....	<i>ivermectin</i>	<i>kcl 20 meq/l (0.149%) in</i>	
<i>incassia</i>	IWILFIN	<i>nacl 0.45% inj</i>	56
INCRELEX.....	IXCHIQ INJ.....	<i>kcl 20 meq/l (0.15%) in</i>	
INCRUSE ELLIPTA	IXIARO INJ.....	<i>dextrose 5% & nacl 0.2%</i>	
<i>indapamide</i>	J	<i>inj</i>	56
INFANRIX INJ.....	JAKAFI	<i>kcl 20 meq/l (0.15%) in</i>	
INFLIXIMAB.....	<i>jantoven</i>	<i>dextrose 5% & nacl</i>	
INLYTA.....	JANUMET TAB 50-1000.41	0.45% inj.....	56
INQOVI TAB 35-100MG .17	JANUMET TAB 50-500MG	<i>kcl 20 meq/l (0.15%) in</i>	
INREBIC	<i>dextrose 5% & nacl 0.9%</i>	
INSULIN PEN NEEDLES:	JANUMET XR TAB 100-	<i>inj</i>	56
BD-EMBECTA.....	1000	<i>kcl 20 meq/l (0.15%) in nacl</i>	
INSULIN SAFETY	JANUMET XR TAB 50-	0.45% inj.....	56
NEEDLES: BD-	1000	<i>kcl 20 meq/l (0.15%) in nacl</i>	
EMBECTA.....	JANUMET XR TAB 50-	0.9% inj.....	56
	500MG		

<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>57	<i>lactic acid (ammonium lactate)</i>65	<i>levobunolol hcl</i>59
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>57	<i>lactulose</i>50	<i>levocarnitine (metabolic modifiers)</i>48
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>57	<i>lactulose (encephalopathy)</i>50	<i>levocetirizine dihydrochloride</i>60
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>57	<i>lamivudine</i>12	<i>levofloxacin</i>15
KCL/D5W/NACL INJ 0.3/0.9%.....57	<i>lamivudine (hbv)</i>14	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>15
<i>kelnor 1/35</i>45	<i>lamivudine-zidovudine tab 150-300 mg</i>13	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>15
<i>kelnor 1/50</i>45	<i>lamotrigine</i>35	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>15
KERENDIA24	<i>lanreotide acetate</i>48	<i>levonest</i>45
KESIMPTA39	<i>lansoprazole</i>51	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>45
<i>ketoconazole</i>11	<i>lapatinib ditosylate</i>20	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>45
<i>ketoconazole (topical)</i>63	<i>larin 1.5/30</i>45	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>45
<i>ketorolac tromethamine (ophth)</i>58	<i>larin 1/20</i>45	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>45
KEYTRUDA20	<i>larin fe 1.5/30</i>45	<i>levora 0.15/30-28</i>45
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<i>kionex</i>44	<i>latanoprost</i>59	<i>levothyroxine sodium</i>48
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KISQALI 600 DOSE20	LENVIMA 12MG DAILY DOSE20	<i>lidocaine hcl</i>65
KISQALI 600 PAK FEMARA20	LENVIMA 20 MG DAILY DOSE20	<i>lidocaine hcl (local anesth.)</i>8
<i>klayesta</i>63	LENVIMA 4 MG DAILY DOSE20	<i>lidocaine hcl (mouth-throat)</i>65
<i>klor-con</i>57	LENVIMA 8 MG DAILY DOSE20	<i>lidocaine-prilocaine cream 2.5-2.5%</i>65
<i>klor-con 10</i>57	LENVIMA CAP 14 MG ...20	<i>lidocan</i>65
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<i>kurvelo</i>45	<i>levetiracetam</i>35	
L	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>35	
<i>labetalol hcl</i>27	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>35	
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<i>loestrin 1/20-21</i>	45		
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<i>lopinavir-ritonavir tab 100-25 mg</i>	13		
<i>lopinavir-ritonavir tab 200-50 mg</i>	13		
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<i>losartan potassium & hydrochlorothiazide tab</i>			
100-25 mg.....	25		
<i>losartan potassium & hydrochlorothiazide tab</i>			
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<i>maraviroc</i>	12		
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<i>metoclopramide hcl</i>	49		
<i>metolazone</i>	28		
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<i>metoprolol & hydrochlorothiazide tab</i>			
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<i>metoprolol & hydrochlorothiazide tab</i>			
50-25 mg.....	27		
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<i>metoprolol tartrate</i>	27		
<i>metronidazole</i>	11		
<i>metronidazole (topical)</i> ...	65		
<i>metronidazole vaginal</i>	51		
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<i>micafungin sodium</i>	12		
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<i>microgestin 1/20</i>	46		
<i>microgestin fe 1.5/30</i>	46		
<i>microgestin fe 1/20</i>	46		
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<i>minoxidil</i>29	<i>naproxen</i>8	<i>nimodipine</i>28
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<i>misoprostol</i>50	<i>naproxen sodium</i>8	<i>nitazoxanide</i>11
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<i>moexipril hcl</i>24	<i>necon 0.5/35-28</i>46	<i>nitrofurantoin monohyd</i>
<i>molindone hcl</i>32	<i>nefazodone hcl</i>30	<i>macro</i>11
<i>mometasone furoate</i>64	<i>neomycin sulfate</i>11	<i>nitroglycerin</i>29
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<i>mono-linyah</i>46	<i>polymyx 5(3.5)mg-</i>	<i>nizatidine</i>50
<i>montelukast sodium</i>60	400unt-10000unt op oin	<i>nora-be</i>46
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MOVANTIK.....50	op sol 1.75-10000-	<i>mcg/24hr</i>46
<i>moxifloxacin hcl</i>15	0.025mg-unt-mg/ml58	<i>norethindrone</i>
<i>moxifloxacin hcl (ophth)</i> ..58	<i>neomycin-polymyxin-</i>	(<i>contraceptive</i>)46
<i>moxifloxacin hcl 400</i>	<i>dexamethasone ophth</i>	<i>norethindrone ace & ethinyl</i>
<i>mg/250ml in sodium</i>	<i>oint 0.1%</i>58	<i>estradiol tab 1 mg-20</i>
<i>chloride 0.8% inj</i>15	<i>neomycin-polymyxin-</i>	<i>mcg</i>46
MRESVIA56	<i>dexamethasone ophth</i>	<i>norethindrone ace & ethinyl</i>
MULTAQ.....26	<i>susp 0.1%</i>58	<i>estradiol tab 1.5 mg-30</i>
<i>multiple electrolytes ph 5.5</i>	<i>neomycin-polymyxin-hc</i>	<i>mcg</i>46
.....57	<i>ophth susp</i>58	<i>norethindrone ace & ethinyl</i>
<i>multiple electrolytes ph 7.4</i>	<i>neomycin-polymyxin-hc otic</i>	<i>estradiol-fe tab 1 mg-20</i>
.....57	<i>soln 1%</i>59	<i>mcg</i>46
<i>mupirocin</i>63	<i>neomycin-polymyxin-hc otic</i>	<i>norethindrone acetate</i>48
<i>mycophenolate mofetil</i> ...55	<i>susp 3.5 mg/ml-10000</i>	<i>norethindrone acetate-</i>
<i>mycophenolate sodium</i> ...55	<i>unit/ml-1%</i>59	<i>ethinyl estradiol tab 0.5</i>
MYRBETRIQ51	<i>neo-polycin 5(3.5)mg-</i>	<i>mg-2.5 mcg</i>47
N	400unt-10000unt op oin	<i>norethindrone acetate-</i>
<i>nabumetone</i>858	<i>ethinyl estradiol tab 1</i>
<i>nadolol</i>27	<i>neo-polycin hc ophth oint</i>	<i>mg-5 mcg</i>47
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<i>naloxone hcl</i>40	NEXLETOL.....27	<i>norgestimate & ethinyl</i>
<i>naltrexone hcl</i>40	NEXLIZET TAB 180/10MG	<i>estradiol tab 0.25 mg-35</i>
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.....29	NEXPLANON.....46	<i>norgestimate-eth estrad tab</i>
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.....2927	mg-mcg46
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<i>norgestimate-eth estrad tab</i>	<i>olanzapine</i>	OMNIPOD GO KIT
0.18-35/0.215-35/0.25-35	olmesartan medoxomil....	30UNT/DY
mg-mcg	olmesartan medoxomil-	OMNIPOD GO KIT
<i>norlyroc</i>	hydrochlorothiazide tab	35UNT/DY
<i>nortrel 0.5/35 (28)</i>	20-12.5 mg.....	OMNIPOD GO KIT
<i>nortrel 1/35 (21)</i>	olmesartan medoxomil-	40UNT/DY
<i>nortrel 1/35 (28)</i>	hydrochlorothiazide tab	OMNIPOD MIS CLASSIC
<i>nortrel 7/7/7</i>	40-12.5 mg.....	.....
<i>nortriptyline hcl</i>	olmesartan medoxomil-	<i>ondansetron</i>
NORVIR.....	hydrochlorothiazide tab	<i>ondansetron hcl</i>
NOVOLIN INJ 70/30	40-25 mg.....	ONETOUCH KIT ULT MINI
NOVOLIN INJ 70/30 FP	olmesartan-amlodipine-	.....
NOVOLIN N	hydrochlorothiazide tab	ONETOUCH KIT ULTRA 2
NOVOLIN N FLEXPEN... ..	20-5-12.5 mg.....	.....
NOVOLIN R	olmesartan-amlodipine-	ONETOUCH KIT VERIO
NOVOLIN R FLEXPEN... ..	hydrochlorothiazide tab	ONETOUCH KIT VERIO FL
NOVOLOG MIX INJ 70/30	40-10-12.5 mg.....	.....
.....	olmesartan-amlodipine-	ONETOUCH KIT VERIO IQ
NOVOLOG MIX INJ	hydrochlorothiazide tab	.....
FLEXPEN.....	40-10-25 mg.....	ONETOUCH KIT VERIO
NUBEQA	olmesartan-amlodipine-	RE
NUDEXTA CAP 20-10MG	hydrochlorothiazide tab	ONETOUCH TES ULTRA
.....	40-5-12.5 mg.....	.....
NULOJIX	olmesartan-amlodipine-	ONETOUCH TES VERIO
NUPLAZID	hydrochlorothiazide tab	.....
NURTEC.....	40-5-25 mg.....	ONTRUZANT.....
NUTRILIPID.....	<i>omega-3-acid ethyl esters</i>	ONUREG
NUZYRA	cap 1 gm	ORGOVYX.....
<i>nyamyc</i>	<i>omeprazole</i>	ORKAMBI GRA 100-125
<i>nylia 1/35</i>	OMNIPOD 5 G6 KIT	ORKAMBI GRA 150-188
<i>nylia 7/7/7</i>	INTRO	ORKAMBI GRA 75-94MG
<i>nymyo</i>	OMNIPOD 5 G6 MIS PODS	.....
<i>nystatin</i> .....	.....	ORKAMBI TAB 100-125
<i>nystatin (mouth-throat)</i> ...	OMNIPOD 5 G7 KIT	ORKAMBI TAB 200-125
<i>nystatin (topical)</i>	INTRO	ORSERDU.....
<i>nystop</i>	OMNIPOD 5 G7 MIS PODS	<i>oseltamivir phosphate</i>
O	.....	<i>oxacillin sodium</i>
<i>ocella</i>	OMNIPOD DASH KIT	<i>oxaliplatin</i>
OCTAGAM	INTRO	<i>oxcarbazepine</i>
<i>octreotide acetate</i>	OMNIPOD DASH MIS	<i>oxybutynin chloride</i>
ODEFSEY TAB.....	PODS.....	<i>oxycodone hcl</i>
ODOMZO	OMNIPOD GO KIT	<i>oxycodone w/</i>
OFEV	10UNT/DY	<i>acetaminophen tab 10-</i>
<i>ofloxacin (ophth)</i>	OMNIPOD GO KIT	325 mg
<i>ofloxacin (otic)</i>	15UNT/DY	<i>oxycodone w/</i>
OGIVRI	OMNIPOD GO KIT	<i>acetaminophen tab 2.5-</i>
OGSIVEO	20UNT/DY	325 mg
OJEMDA.....	OMNIPOD GO KIT	
OJJAARA	25UNT/DY	

<i>oxycodone w/</i>	<i>periogard</i>	<i>plenamine</i>
<i>acetaminophen tab 5-325</i>	<i>permethrin</i>	PLENVU SOL
<i>mg</i>	<i>perphenazine</i>	<i>podofilox</i>
<i>oxycodone w/</i>	<i>pfizerpen</i>	<i>polycin ophth oint</i>
<i>acetaminophen tab 7.5-</i>	<i>phenelzine sulfate</i>	<i>polymyxin b sulfate</i>
<i>325 mg</i>	<i>phenobarbital</i>	<i>polymyxin b-trimethoprim</i>
OZEMPIC (0.25 OR 0.5	<i>phenobarbital sodium</i>	<i>ophth soln 10000 unit/ml-</i>
MG/DOSE)	<i>phenytek</i>	<i>0.1%</i>
OZEMPIC (0.25 OR	<i>phenytoin</i>	POMALYST
0.5MG/DOSE)	<i>phenytoin sodium</i>	<i>portia-28</i>
OZEMPIC (1MG/DOSE) .42	<i>phenytoin sodium extended</i>	<i>posaconazole</i>
OZEMPIC (2MG/DOSE) .42	.....	POT CHL 20MEQ/L IN
P	PHESGO SOL	NACL 0.45% INJ
<i>pacerone</i>	<i>philith</i>	POT CHL 20MEQ/L IN
<i>paclitaxel</i>	PIFELTRO	NACL 0.9% INJ
<i>paliperidone</i>	<i>pilocarpine hcl</i>	POT CHL 40MEQ/L IN
<i>pamidronate disodium</i>	<i>pilocarpine hcl (oral)</i>	NACL 0.9% INJ
PAMIDRONATE	<i>pimecrolimus</i>	<i>potassium chloride</i>
DISODIUM	<i>pimozide</i>	<i>potassium chloride 20</i>
PANRETIN	<i>pimtrea</i>	<i>meq/l (0.15%) in</i>
<i>pantoprazole sodium</i>	<i>pindolol</i>	<i>dextrose 5% inj</i>
PANZYGA	<i>pioglitazone hcl</i>	<i>potassium chloride</i>
<i>paricalcitol</i>	<i>pioglitazone hcl-metformin</i>	<i>microencapsulated</i>
<i>paroxetine hcl</i>	<i>hcl tab 15-500 mg</i>	<i>crystals er</i>
PAXLOVID TAB 150-10014	<i>pioglitazone hcl-metformin</i>	<i>potassium citrate</i>
PAXLOVID TAB 300-10014	<i>hcl tab 15-850 mg</i>	<i>(alkalinizer)</i>
<i>pazopanib hcl</i>	<i>piperacillin sod-tazobactam</i>	<i>pramipexole</i>
PEDIARIX INJ 0.5ML	<i>na for inj 3.375 gm (3-</i>	<i>dihydrochloride</i>
PEDVAX HIB	<i>0.375 gm)</i>	<i>prasugrel hcl</i>
<i>peg 3350-kcl-na bicarb-</i>	<i>piperacillin sod-tazobactam</i>	<i>pravastatin sodium</i>
<i>nacl-na sulfate for soln</i>	<i>sod for inj 13.5 gm (12-</i>	<i>praziquantel</i>
<i>236 gm</i>	<i>1.5 gm)</i>	<i>prazosin hcl</i>
<i>peg 3350-kcl-sod bicarb-</i>	<i>piperacillin sod-tazobactam</i>	PREC NEO SYS KIT
<i>nacl for soln 420 gm</i>	<i>sod for inj 2.25 gm (2-</i>	FREESTYL
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<i>penicillamine</i>	<i>piperacillin sod-tazobactam</i>	<i>(ophth)</i>
<i>penicillin g potassium</i>	<i>sod for inj 40.5 gm (36-</i>	PREDNISOLONE SODIUM
<i>penicillin g sodium</i>	<i>4.5 gm)</i>	PHOSP
<i>penicillin v potassium</i>	PIQRAY 200MG DAILY	<i>prednisolone sodium</i>
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.....	DOSE	PREDNISONE INTENSOL
<i>pentamidine isethionate inj</i>	PIQRAY 300MG DAILY
.....	DOSE	<i>pregabalin</i>
<i>pentoxifylline</i>	<i>pirfenidone</i>	PREHEVBRIO
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Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-200-4255** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-200-4255** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-200-4255**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-200-4255**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-200-4255** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-200-4255**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-200-4255**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-200-4255**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-200-4255**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-200-4255** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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RESOURCES

Medicare plan sales:

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

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

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

bluecrossma.com/medicare

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

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

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare.

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

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