

Medicare Advantage Group

2026 FORMULARY

(List of covered drugs)
2-Tier

Please read: this document
contains information about
the drugs we cover in this plan.
23217, Version 6

This abridged and comprehensive formulary was
updated on 10/01/2025.

**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 10/01/2025. 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'll 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're 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're 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'll 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 isn't 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 won't affect you if you're currently taking the drug. Generally, if you're taking a drug on our 2026 formulary that was covered at the beginning of the year, we won't discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You won't get direct notice this year about changes that don't affect you. However, on January 1 of the next year, such changes would affect you, and it's important to check the drug list for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2025. 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'll 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 68. Then look under the category name for your drug.
- **Alphabeticallisting.** If you aren't sure what category to look under, you should look for your drug in the index that begins on page 68. 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'll 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'll 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'll cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A doesn't work for you, our plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 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 ISN'T ON THE FORMULARY?

If your drug isn't 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 doesn't 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 isn't 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 isn't 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'll 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 aren't 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'll 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 isn't on our formulary or if your ability to get your drugs is limited, we'll 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 won't pay for these drugs, even if you have been a member of the plan less than 90 days.

If you're a resident of a long-term care facility and you need a drug that isn't on our formulary or if your ability to get your drugs is limited, but you're past the first 90 days of membership in our plan, we'll 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 isn't on our formulary or if your ability to get your drugs is limited, but you're past the first 90 days of membership in our plan, we'll 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're required to use the plan's exception process.

Our transition supply won't cover drugs that Medicare doesn't 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 68.

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.

Non-mail order (NM): These prescription drugs aren't available through mail order.

Home infusion (HI): This prescription drug may be covered under our medical benefit. For more information, call Member Service at **1-800-200-4255**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week. TTY users should call **711**. Our contact information appears on the front and back cover pages.

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

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

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

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 aren't listed on our formulary when purchased at a retail or mail order pharmacy.

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 1	
<i>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	
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	Tier 1	QL
<i>naproxen sodium</i> TABS 275mg, 550mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<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	NEDS 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
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	Tier 1	QL

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>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>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
<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 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	Tier 2	B/D

Drug Name	Drug Tier	Requirements/ Limits
<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>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	Tier 1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> QL (240 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	Tier 1	QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml	Tier 1	
<i>amikacin sulfate</i> SOLN 500mg/2ml	Tier 1	HI
ARIKAYCE SUSP 590mg/8.4ml	Tier 2	NEDS NM PA
<i>atovaquone</i> SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 1	QL PA
<i>aztreonam</i> SOLR 1gm, 2gm	Tier 1	HI
CAYSTON SOLR 75mg	Tier 2	NEDS NM PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	Tier 1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	Tier 1	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml	Tier 1	
<i>clindamycin phosphate</i> SOLN 900mg/6ml	Tier 1	HI
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 1	HI
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 1	HI
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 1	HI
CLINDMYC/NAC INJ 300/50ML	Tier 2	
CLINDMYC/NAC INJ 600/50ML	Tier 2	
CLINDMYC/NAC INJ 900/50ML	Tier 2	
<i>colistimethate sodium</i> SOLR 150mg	Tier 1	HI
<i>dapsone</i> TABS 25mg, 100mg	Tier 1	
DAPTOMYCIN SOLR 350mg	Tier 2	NEDS NM
<i>daptomycin</i> SOLR 350mg, 500mg	Tier 1	NEDS HI NM
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 2	NEDS QL NM

Drug Name	Drug Tier	Requirements/ Limits
<i>ertapenem sodium</i> SOLR 1gm	Tier 1	HI
<i>fosfomycin tromethamine</i> PACK 3gm	Tier 1	
<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</i> SOLN 10mg/ml	Tier 1	
<i>gentamicin sulfate</i> SOLN 40mg/ml	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
IMPAVIDO CAPS 50mg	Tier 2	NEDS NM PA
<i>ivermectin</i> TABS 3mg QL (20 tabs / 90 days)	Tier 1	QL PA
<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	Tier 1	QL PA
<i>linezolid</i> SOLN 600mg/300ml	Tier 1	HI
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	NEDS 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>meropenem</i> SOLR 2gm	Tier 1	
<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	NEDS QL NM

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Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	Tier 2	
<i>nitrofurantoin monohyd 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	NEDS QL NM PA
<i>streptomycin sulfate</i> SOLR 1gm	Tier 1	NEDS NM
<i>sulfadiazine</i> TABS 500mg	Tier 1	NEDS NM
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>tinidazole</i> TABS 250mg, 500mg	Tier 1	
TOBI PODHALER CAPS 28mg	Tier 2	NEDS NM PA
<i>tobramycin</i> NEBU 300mg/5ml	Tier 1	NEDS 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	

Drug Name	Drug Tier	Requirements/ Limits
<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	NEDS B/D NM
<i>caspofungin acetate</i> SOLR 50mg, 70mg	Tier 1	HI
CRESEMBA CAPS 74.5mg, 186mg	Tier 2	NEDS NM PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Tier 1	HI
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	Tier 1	HI
<i>flucytosine</i> CAPS 250mg, 500mg	Tier 1	NEDS 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 QL (120 caps / 30 days)	Tier 1	QL
<i>ketoconazole</i> TABS 200mg	Tier 1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	Tier 1	HI
<i>nystatin</i> TABS 500000unit	Tier 1	
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	Tier 1	NEDS 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> SUSR 40mg/ml QL (600 mL / 28 days)	Tier 1	NEDS QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
<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> <i>tab 62.5-25 mg</i>	Tier 1	
<i>atovaquone-proguanil hcl</i> <i>tab 250-100 mg</i>	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	
<i>darunavir</i> TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL
<i>darunavir</i> TABS 800mg QL (30 tabs / 30 days)	Tier 1	QL
EDURANT TABS 25mg	Tier 2	NEDS NM
EDURANT PED TBSO 2.5mg	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	NEDS NM
<i>fosamprenavir calcium</i> TABS 700mg	Tier 1	NEDS NM
INTELENCE TABS 25mg	Tier 2	
ISENTRESS CHEW 25mg	Tier 2	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NEDS NM

Drug Name	Drug Tier	Requirements/ Limits
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	NEDS 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	Tier 2	NEDS NM
SUNLENCA TABS 300mg; TBPK 300mg	Tier 2	NEDS NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	Tier 1	
TIVICAY TABS 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
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 1	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> <i>tab 600-300 mg</i>	Tier 1	
BIKTARVY TAB 30-120-15 MG	Tier 2	NEDS NM

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Drug Name	Drug Tier	Requirements/ Limits
BIKTARVY TAB 50-200-25 MG	Tier 2	NEDS NM
CIMDUO TAB 300-300	Tier 2	NEDS NM
DELSTRIGO TAB	Tier 2	NEDS NM
DESCOVY TAB 120-15MG	Tier 2	NEDS NM
DESCOVY TAB 200/25MG	Tier 2	NEDS NM
DOVATO TAB 50-300MG	Tier 2	NEDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	NEDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	NEDS NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	Tier 1	NEDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	NEDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	
EVOTAZ TAB 300-150	Tier 2	NEDS NM
GENVOYA TAB	Tier 2	NEDS NM
JULUCA TAB 50-25MG	Tier 2	NEDS NM
KALETRA SOL	Tier 2	
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	
ODEFSEY TAB	Tier 2	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

Drug Name	Drug Tier	Requirements/ Limits
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	Tier 1	NEDS NM
<i>ethambutol hcl TABS 100mg, 400mg</i>	Tier 1	
<i>isoniazid SYRP 50mg/5ml</i>	Tier 1	
<i>isoniazid TABS 100mg, 300mg</i>	Tier 1	
PRIFTIN TABS 150mg	Tier 2	
<i>pyrazinamide TABS 500mg</i>	Tier 1	
<i>rifabutin CAPS 150mg</i>	Tier 1	
<i>rifampin CAPS 150mg, 300mg</i>	Tier 1	
<i>rifampin SOLR 600mg</i>	Tier 1	HI
SIRTURO TABS 20mg, 100mg	Tier 2	NEDS NM PA
ANTIVIRALS		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	Tier 1	
<i>acyclovir SUSP 200mg/5ml</i>	Tier 1	
<i>acyclovir sodium SOLN 50mg/ml</i>	Tier 1	HI B/D
<i>adefovir dipivoxil TABS 10mg</i>	Tier 1	
BARACLUDGE SOLN .05mg/ml	Tier 2	NEDS NM ST
<i>entecavir TABS .5mg, 1mg</i>	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 TABS 125mg, 250mg, 500mg</i>	Tier 1	
<i>ganciclovir sodium SOLR 500mg</i>	Tier 1	B/D
<i>lamivudine (hbv) TABS 100mg</i>	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 CAPS 30mg QL (168 caps / year)</i>	Tier 1	QL
<i>oseltamivir phosphate CAPS 45mg, 75mg QL (84 caps / year)</i>	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate</i> SUSR 6mg/ml QL (1080 mL / year)	Tier 1	QL
PAXLOVID PAK QL (22 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	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
<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	NEDS 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	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 2	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 2	
CEFAZOLIN/DEX SOL 3GM/150ML-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	
<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> SOLR 500mg	Tier 1	HI
<i>azithromycin</i> SUSR 100mg/5ml, 200mg/5ml	Tier 1	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<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
<i>e.e.s. 400</i> TABS 400mg	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 200 mg/100ml in d5w</i>	Tier 1	HI
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin</i> SOLN 25mg/ml	Tier 1	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Tier 1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Tier 1	HI
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Tier 1	HI
<i>moxifloxacin hcl</i> TABS 400mg	Tier 1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Tier 1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
<i>amoxicillin</i> CHEW 125mg, 250mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	
<i>ampicillin</i> CAPS 500mg	Tier 1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Tier 1	HI
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	Tier 1	HI
<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</i> SOLR 1gm, 2gm, 250mg, 500mg	Tier 1	
<i>ampicillin sodium</i> SOLR 1gm, 10gm	Tier 1	HI
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 2	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	Tier 1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	Tier 1	HI
<i>nafcillin sodium</i> SOLR 10gm	Tier 1	NEDS HI NM
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 1	HI
<i>penicillin g potassium</i> SOLR 5000000unit	Tier 1	
<i>penicillin g potassium</i> SOLR 20000000unit	Tier 1	HI

Drug Name	Drug Tier	Requirements/ Limits
<i>penicillin g sodium</i> SOLR 5000000unit	Tier 1	HI
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	Tier 1	
<i>penicillin v potassium</i> TABS 250mg, 500mg	Tier 1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	Tier 1	
<i>piperacillin sod-tazobactam 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	
<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)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	Tier 1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	Tier 1	
NUZYRA SOLR 100mg	Tier 2	NEDS HI NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	Tier 2	NEDS QL NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	Tier 1	
<i>tigecycline</i> SOLR 50mg	Tier 1	HI
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	Tier 2	NEDS B/D NM
BENDEKA SOLN 100mg/4ml	Tier 2	NEDS B/D NM

Drug Name	Drug Tier	Requirements/ Limits
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 1	B/D NM
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 1	B/D NM
<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 1gm/5ml, 2gm/4ml, 500mg/2.5ml, 500mg/5ml, 500mg/ml, 1000mg/10ml, 2000mg/20ml	Tier 2	NEDS B/D NM
<i>cyclophosphamide</i> SOLR 1gm, 500mg	Tier 1	B/D NM
<i>cyclophosphamide</i> SOLR 2gm	Tier 1	NEDS B/D NM
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 2	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 2	NEDS B/D NM
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	Tier 2	NEDS B/D NM
GLEOSTINE CAPS 10mg, 40mg	Tier 2	NM
GLEOSTINE CAPS 100mg	Tier 2	NEDS NM
LEUKERAN TABS 2mg	Tier 2	NEDS NM PA
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	Tier 1	B/D NM
<i>oxaliplatin</i> SOLR 50mg, 100mg	Tier 1	NEDS B/D NM
VIVIMUSTA SOLN 100mg/4ml	Tier 2	NEDS B/D NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	Tier 1	NEDS 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

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Drug Name	Drug Tier	Requirements/ Limits
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> SUSP 2000mg/100ml	Tier 1	NEDS NM
<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	NEDS B/D NM
TABLOID TABS 40mg	Tier 2	NEDS NM PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg QL (120 tabs / 30 days)	Tier 1	NEDS QL NM PA
<i>abiraterone acetate</i> TABS 500mg QL (60 tabs / 30 days)	Tier 1	NEDS QL NM PA
<i>abirtega</i> TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
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

Drug Name	Drug Tier	Requirements/ Limits
FIRMAGON SOLR 120mg/vial	Tier 2	NEDS NM PA
<i>fulvestrant</i> SOSY 250mg/5ml	Tier 1	NEDS 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	NEDS 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
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
YONSA TABS 125mg QL (120 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	NEDS QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	NEDS QL NM PA

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Drug Name	Drug Tier	Requirements/Limits
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
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	NEDS QL NM PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	Tier 1	B/D NM
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	Tier 1	NEDS 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
<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	
MATULANE CAPS 50mg	Tier 2	NEDS NM
<i>mesna</i> TABS 400mg	Tier 1	NEDS NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 1	NEDS NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	Tier 1	B/D NM
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	NEDS B/D NM

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 2	NEDS B/D NM
DOCIVYX 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>paclitaxel inj 100mg</i>	Tier 1	NEDS 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
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	Tier 2	NEDS QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 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

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Drug Name	Drug Requirements/ Tier	Limits
<i>bortezomib</i> SOLR 3.5mg	Tier 1 NEDS	NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	Tier 2 NEDS	QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 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 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
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	Tier 2 NEDS	QL NM PA
<i>dasatinib</i> TABS 20mg QL (90 tabs / 30 days)	Tier 1 NEDS	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 1 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
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 NEDS	QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 1 NEDS	QL NM PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1 NEDS	QL NM PA
<i>everolimus</i> TBSO 2mg, 5mg QL (60 tabs / 30 days)	Tier 1 NEDS	QL NM PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	Tier 1 NEDS	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 NEDS	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	Tier 2 NEDS	QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	Tier 2 NEDS	QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 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

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits
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
<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	NEDS 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
IMKELDI SOLN 80mg/ml QL (280 mL / 28 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
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 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

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
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 QL (21 tabs / 28 days)	Tier 2	NEDS QL NM PA
KISQALI 400 DOSE TBPK 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
KISQALI 600 DOSE TBPK 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	NEDS QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	Tier 2	NEDS 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

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Drug Name	Drug Tier	Requirements/Limits
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 240mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
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

Drug Name	Drug Tier	Requirements/Limits
MONJUVI SOLR 200mg	Tier 2	NEDS NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
<i>nilotinib hcl</i> CAPS 50mg QL (120 caps / 30 days)	Tier 1	NEDS QL NM PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 1	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
ONTRUZANT SOLR 150mg, 420mg	Tier 2	NEDS NM PA
<i>pazopanib hcl</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	NEDS 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

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Drug Name	Drug Tier	Requirements/Limits
QINLOCK TABS 50mg QL (90 tabs / 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 QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	Tier 2	NEDS QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
REVUFORJ TABS 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
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 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
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2	NEDS QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	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	NEDS 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 (840 tabs / 28 days)	Tier 2	NEDS QL NM PA
TAGRISSO 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
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
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	Tier 2	NEDS QL 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 1	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

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Drug Name	Drug Requirements/ Tier	Limits
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	Tier 2NEDS	QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 2NEDS	NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 2NEDS	QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 2NEDS	QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 2NEDS	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 2NEDS	QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2NEDS	QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2NEDS	QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2NEDS	QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2NEDS	QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2NEDS	QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2NEDS	QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2NEDS	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2NEDS	QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	Tier 2NEDS	QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	Tier 2NEDS	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	Tier 2NEDS	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 2NEDS	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2NEDS	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	Tier 2NEDS	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	Tier 2NEDS	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2NEDS	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 2NEDS	QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 2NEDS	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2NEDS	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	Tier 2NEDS	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	Tier 2NEDS	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2NEDS	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2NEDS	QL NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 2NEDS	NM PA

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Drug Name	Drug Tier	Requirements/Limits
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

CARDIOVASCULAR ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20- 25 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 25- 15 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 25- 25 mg</i>	Tier 1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
ENTRESTO CAP 6-6MG	Tier 2	QL
QL (240 caps / 30 days)		
ENTRESTO CAP 15-16MG	Tier 2	QL
QL (240 caps / 30 days)		
ENTRESTO TAB 24-26MG	Tier 2	QL
QL (60 tabs / 30 days)		
ENTRESTO TAB 49-51MG	Tier 2	QL
QL (60 tabs / 30 days)		
ENTRESTO TAB 97-103MG	Tier 2	QL
QL (60 tabs / 30 days)		
<i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg	Tier 1	QL
QL (60 tabs / 30 days)		
<i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>losartan potassium & hydrochlorothiazide tab</i> 50-12.5 mg	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab</i> 100-12.5 mg	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab</i> 100-25 mg	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 20-12.5 mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-12.5 mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-25 mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 20-5-12.5 mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-5-12.5 mg	Tier 1	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>candesartan cilexetil TABS 32mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>irbesartan TABS 75mg, 150mg, 300mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	Tier 1	
<i>olmesartan medoxomil TABS 5mg</i> QL (60 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil TABS 20mg, 40mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>telmisartan TABS 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan TABS 40mg, 80mg, 160mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>valsartan TABS 320mg</i> QL (30 tabs / 30 days)	Tier 1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>	Tier 1	
<i>amiodarone hcl TABS 200mg</i>	Tier 1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	Tier 2	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	Tier 1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	Tier 1	
<i>MULTAQ TABS 400mg</i> QL (60 tabs / 30 days)	Tier 2	QL
<i>pacерone TABS 100mg, 400mg</i>	Tier 1	
<i>pacерone TABS 200mg</i>	Tier 1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	Tier 1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	Tier 1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	Tier 1	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	Tier 1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	Tier 1	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	Tier 1	
<i>gemfibrozil TABS 600mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
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 QL (30 tabs / 30 days)	Tier 1	QL
<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
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

Drug Name	Drug Tier	Requirements/ Limits
<i>omega-3-acid ethyl esters cap</i> 1 gm	Tier 1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	Tier 1	
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	Tier 2	QL NM PA
VASCEPA CAPS .5gm, 1gm	Tier 2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> 50-25 mg	Tier 1	
<i>atenolol & chlorthalidone tab</i> 100-25 mg	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab</i> 5-6.25 mg	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg	Tier 1	
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	Tier 1	
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg	Tier 1	
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg	Tier 1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<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>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<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 5-50 mg</i>	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	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	Tier 1	QL QL (30 tabs / 30 days)
<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	Tier 2	QL QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	Tier 1	
<i>digoxin</i> TABS 125mcg, 250mcg	Tier 1	QL QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	Tier 1	QL NM PA QL (90 caps / 30 days)
<i>droxidopa</i> CAPS 200mg, 300mg	Tier 1	NEDS QL NM PA QL (180 caps / 30 days)
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	Tier 1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	Tier 2	PA PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 1	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	Tier 1	QL QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	Tier 1	NEDS 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	

Drug Name	Drug Tier	Requirements/ Limits
VERQUVO TABS 2.5mg, 5mg, 10mg	Tier 2	QL PA QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	Tier 1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	Tier 1	
NITRO-BID OINT 2%	Tier 2	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	Tier 2	NEDS QL NM PA QL (90 tabs / 30 days)
<i>alyq</i> TABS 20mg	Tier 1	NEDS QL NM PA QL (60 tabs / 30 days)
<i>ambriasant</i> TABS 5mg, 10mg	Tier 1	NEDS QL NM PA QL (30 tabs / 30 days)
<i>bosentan</i> TABS 62.5mg, 125mg	Tier 1	NEDS QL NM PA QL (60 tabs / 30 days)
OPSUMIT TABS 10mg	Tier 2	NEDS QL NM PA QL (30 tabs / 30 days)
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	Tier 1	QL NM PA QL (360 tabs / 30 days)
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	Tier 1	QL NM PA QL (60 tabs / 30 days)
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 1	NEDS NM PA
UPTRAVI TABS 200mcg	Tier 2	NEDS QL NM PA QL (140 tabs / 28 days)
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	Tier 2	NEDS QL NM PA QL (60 tabs / 30 days)
UPTRAVI PACK TAB 200/800	Tier 2	NEDS QL NM PA QL (1 pack / 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	Tier 2	NEDS QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	Tier 2	NEDS QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	Tier 2	NEDS QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	Tier 2	NEDS QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	Tier 2	NEDS QL NM PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
bupirone hcl TABS 5mg, 10mg, 15mg	Tier 1	
bupirone hcl TABS 7.5mg, 30mg	Tier 1	
flvoxamine maleate TABS 25mg, 50mg, 100mg	Tier 1	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
lorazepam SOLN 4mg/ml, 20mg/10ml	Tier 1	
lorazepam TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBP 5mg QL (30 tabs / 30 days)	Tier 1	QL
donepezil hydrochloride TABS 10mg; TBP 10mg	Tier 1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	Tier 1	QL
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 1	QL
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	Tier 1	PA
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	Tier 1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	Tier 1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	Tier 1	
NAMZARIC CAP 7-10MG	Tier 2	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 1	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 1	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA
amoxapine TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 2	QL PA
bupropion hcl TABS 75mg, 100mg	Tier 1	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)	Tier 1	QL
bupropion hcl TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL
citalopram hydrobromide SOLN 10mg/5ml	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<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 PA applies if 65 years and older	Tier 2	PA
<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 PA applies if 65 years and older	Tier 2	PA
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	
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 PA applies if 65 years and older	Tier 1	PA

Drug Name	Drug Tier	Requirements/ Limits
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) PA applies if 65 years and older	Tier 2	QL PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	Tier 1	PA
<i>phenelzine sulfate</i> TABS 15mg	Tier 1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 2	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	Tier 2	QL PA
<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
<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

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Drug Name	Drug Tier	Requirements/ Limits
<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 65 years and older	Tier 1	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	Tier 1	
<i>carb/levo orally</i> <i>disintegrating tab</i> 10-100mg	Tier 1	
<i>carb/levo orally</i> <i>disintegrating tab</i> 25-100mg	Tier 1	
<i>carb/levo orally</i> <i>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	
<i>carbidopa & levodopa tab er</i> 50-200 mg	Tier 1	
<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 12.5-50- 200 mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 18.75-75- 200 mg	Tier 1	
<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 25-100- 200 mg	Tier 1	
<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 31.25-125- 200 mg	Tier 1	
<i>carbidopa-levodopa-</i> <i>entacapone tabs</i> 37.5-150- 200 mg	Tier 1	
<i>carbidopa-levodopa-</i> <i>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	Tier 2	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	Tier 1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	Tier 2	NEDS QL NM
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 2	NEDS QL NM
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	Tier 2	NEDS QL NM
<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
COBENFY CAP 50-20MG QL (60 caps / 30 days)	Tier 2	NEDS	QL NM PA
COBENFY CAP 100-20MG QL (60 caps / 30 days)	Tier 2	NEDS	QL NM PA
COBENFY CAP 125-30MG QL (60 caps / 30 days)	Tier 2	NEDS	QL NM PA
COBENFY STRT CAP PACK QL (2 packs / year)	Tier 2	NEDS	QL NM PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 2	NEDS	QL NM PA
FANAPT PAK PACK A QL (2 packs / year)	Tier 2		QL PA
FANAPT PAK PACK C 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

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Drug Name	Drug Requirements/ Tier	Limits
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
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 1	
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
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	Tier 2 NEDS	QL NM PA
OPIPZA FILM 10mg QL (90 films / 30 days)	Tier 2 NEDS	QL NM PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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
<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 NEDS	QL NM

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Drug Name	Drug Tier	Requirements/ Limits
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
<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
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, 200mg; 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

Drug Name	Drug Tier	Requirements/ Limits
<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
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 <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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 2	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>eslicarbazepine acetate</i> TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 1	QL
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 1	QL
<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
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	Tier 2	QL
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Tier 1	
<i>methsuximide</i> CAPS 300mg	Tier 1	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	Tier 2	QL
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 1	
<i>perampanel</i> TABS 2mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 1	NEDS QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 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 65 years and older	Tier 2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 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	
<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) PA applies if 65 years and older	Tier 1	QL PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	Tier 1	QL PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 1	QL PA
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 1	QL PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>roweepra</i> TABS 500mg	Tier 1	
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 1	NEDS 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	NEDS 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, 50mg	Tier 1	
<i>topiramate</i> SOLN 25mg/ml QL (480 mL / 30 days)	Tier 1	QL PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	Tier 1	
<i>valproic acid</i> CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	Tier 2	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 2	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	Tier 2	QL

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Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 2	QL
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	Tier 1	NEDS QL NM PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	Tier 1	NEDS QL NM PA
<i>vigadrone</i> PACK 500mg QL (180 packets / 30 days)	Tier 1	NEDS QL NM PA
<i>vigadrone</i> TABS 500mg QL (180 tabs / 30 days)	Tier 1	NEDS 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	NEDS 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
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
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	Tier 1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 2	NEDS QL NM PA

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tab 20 mg</i> QL (90 tabs / 30 days)	Tier 1	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> QL (60 tabs / 30 days)	Tier 1	QL PA
<i>atomoxetine hcl CAPS</i> 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 1	QL
<i>atomoxetine hcl CAPS</i> 40mg QL (60 caps / 30 days)	Tier 1	QL
<i>atomoxetine hcl CAPS</i> 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 1	QL
<i>dexmethylphenidate hcl TABS</i> 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 1	QL PA
<i>dexmethylphenidate hcl TABS</i> 10mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>guanfacine hcl (adhd)</i> 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	TB24 Tier 2	QL PA
<i>guanfacine hcl (adhd)</i> 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	TB24 Tier 2	QL PA
<i>methylphenidate hcl SOLN</i> 5mg/5ml QL (1800 mL / 30 days)	Tier 1	QL PA
<i>methylphenidate hcl SOLN</i> 10mg/5ml QL (900 mL / 30 days)	Tier 1	QL PA
<i>methylphenidate hcl TABS</i> 5mg, 10mg QL (180 tabs / 30 days)	Tier 1	QL PA
<i>methylphenidate hcl TABS</i> 20mg; TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
HYPNOTICS		
<i>DAYVIGO TABS</i> 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>doxepin hcl (sleep) TABS</i> 3mg, 6mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ramelteon TABS</i> 8mg QL (30 tabs / 30 days)	Tier 1	QL
<i>tasimelteon CAPS</i> 20mg QL (30 caps / 30 days)	Tier 1	NEDS QL NM PA
<i>temazepam CAPS</i> 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 1	QL PA
<i>temazepam CAPS</i> 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 1	QL PA
<i>zolpidem tartrate TABS</i> 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
MIGRAINE		
<i>AIMOVIG SOAJ</i> 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA
<i>dihydroergotamine mesylate SOLN</i> 4mg/ml QL (8 mL / 30 days)	Tier 1	NEDS QL NM PA
<i>EMGALITY SOAJ</i> 120mg/ml QL (2 pens / 30 days)	Tier 2	QL NM PA
<i>EMGALITY SOSY</i> 100mg/ml QL (3 syringes / 30 days)	Tier 2	QL NM PA
<i>EMGALITY SOSY</i> 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

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Drug Name	Drug Tier	Requirements/ Limits
<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

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, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO XR TB24 24mg QL (60 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 NEDS	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 kits / 28 days)	Tier 2 NEDS	QL NM PA
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 NEDS	QL NM PA
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1 NEDS	QL NM PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1 NEDS	QL NM PA

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Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	NEDS QL NM PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	NEDS 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 65 years and older	Tier 2	QL PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	Tier 1	
<i>tizanidine hcl</i> TABS 2mg, 4mg	Tier 1	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	Tier 1	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	NEDS QL NM PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	Tier 1	
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	Tier 1	QL
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv) QL (180 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv) QL (90 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv) QL (120 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv) QL (90 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv) QL (180 tabs / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv) QL (120 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	
KLOXXADO LIQD 8mg/0.1ml	Tier 2	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1	
<i>naltrexone hcl</i> TABS 50mg	Tier 1	
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</i> 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
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>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 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
<i>testosterone pump</i> GEL 1.62% QL (150 gm / 30 days)	Tier 1	QL PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 1	
ACCU-CHEK KIT GUIDE QL (1 box / year)	MB	QL
ACCU-CHEK KIT GUIDE ME QL (1 box / year)	MB	QL
ACCU-CHEK TES AVIVA PL QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
ACCU-CHEK TES GUIDE QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
ACCU-CHEK TES SMART QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
DEXCOM G6 MIS RECEIVER QL (1 each / year)	MB	QL
DEXCOM G6 MIS SENSOR	MB	

Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G6 MIS TRANSMIT QL (1 box / 90 days)	MB	QL
DEXCOM G7 MIS RECEIVER QL (1 each / year)	MB	QL
DEXCOM G7 MIS SENSOR	MB	
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
FREE LIBRE2 KIT PLUS/SEN	MB	
FREE LIBRE3 KIT PLUS/SEN	MB	
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 QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	

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

Drug Name	Drug Tier	Requirements/ Limits
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 2	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL ST
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 2	QL
<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

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Drug Name	Drug Tier	Requirements/ Limits
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> QL (90 tabs / 30 days)	Tier 1	QL
PREC NEO SYS KIT FREESTYL QL (1 box / year)	MB	QL
PRECISION MIS XTRA QL (1 each / year)	MB	QL
PRECISION TES XTRA QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 2	QL PA
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10- 500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	
ALCOHOL SWABS: EMBECTA- BD/MHC/RUGBY	Tier 2	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	Tier 2	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	Tier 2	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	Tier 2	QL PA
FIASP SOLN 100unit/ml	Tier 2	B/D

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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: EMBECTA-BD	Tier 2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 2	PA
LANTUS SOLN 100unit/ml	Tier 2	
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 2	
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG SOLN 100unit/ml	Tier 2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	Tier 2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	
NOVOLOG PENFILL SOCT 100unit/ml	Tier 2	
NOVOLOG RELION SOLN 100unit/ml	Tier 2	B/D
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 2	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	Tier 2	QL PA
OMNIPOD 5 L2 MIS PODS G6 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
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	Tier 1	
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	Tier 2	NEDS QL NM PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 1	B/D
<i>ibandronate sodium</i> TABS 150mg	Tier 1	B/D

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Drug Name	Drug Tier	Requirements/ Limits
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 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	Tier 2	NEDS QL NM PA
WYOST 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	NEDS NM PA
<i>kionex</i> SUSP 15gm/60ml	Tier 1	
LOKELMA PACK 5gm, 10gm	Tier 2	
<i>penicillamine</i> TABS 250mg	Tier 1	NEDS NM
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<i>sps</i> SUSP 15gm/60ml	Tier 1	
<i>sps rectal</i> SUSP 15gm/60ml	Tier 1	
<i>trientine hcl</i> CAPS 250mg	Tier 1	NEDS 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	
<i>aurovela fe 1/20</i>	Tier 1	
<i>aviane</i>	Tier 1	
<i>ayuna</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>azurette</i>	Tier 1	
<i>balziva</i>	Tier 1	
<i>blisovi fe 1.5/30</i>	Tier 1	
<i>briellyn</i>	Tier 1	
<i>camila</i> TABS .35mg	Tier 1	
<i>chateal 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</i> TABS .35mg	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>emzahn</i> TABS .35mg	Tier 1	
<i>enilloring</i>	Tier 1	
<i>enskyce</i>	Tier 1	
<i>errin</i> TABS .35mg	Tier 1	
<i>estarylla</i>	Tier 1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	Tier 1	
<i>falmina</i>	Tier 1	
<i>feirza 1.5/30</i>	Tier 1	
<i>feirza 1/20</i>	Tier 1	
<i>hailey 1.5/30</i>	Tier 1	
<i>haloette</i>	Tier 1	
<i>heather</i> TABS .35mg	Tier 1	
<i>iclevia</i>	Tier 1	
<i>incassia</i> TABS .35mg	Tier 1	
<i>introvale</i>	Tier 1	
<i>isibloom</i>	Tier 1	
<i>jasmiel</i>	Tier 1	
<i>jolessa</i>	Tier 1	
<i>juleber</i>	Tier 1	
<i>junel 1.5/30</i>	Tier 1	
<i>junel 1/20</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<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>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-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	Tier 1	
<i>levora 0.15/30-28</i>	Tier 1	
<i>LILETTA IUD 20.1mcg/day</i>	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>lutea</i>	Tier 1	
<i>lyleq TABS .35mg</i>	Tier 1	
<i>lyza TABS .35mg</i>	Tier 1	
<i>marlissa</i>	Tier 1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	Tier 1	
<i>meleya TABS .35mg</i>	Tier 1	
<i>microgestin 1.5/30</i>	Tier 1	
<i>microgestin 1/20</i>	Tier 1	
<i>microgestin fe 1.5/30</i>	Tier 1	
<i>microgestin fe 1/20</i>	Tier 1	
<i>mili</i>	Tier 1	
<i>mono-linyah</i>	Tier 1	
<i>necon 0.5/35-28</i>	Tier 1	
<i>NEXPLANON IMPL 68mg</i>	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
<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 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>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>ocella</i>	Tier 1	
<i>orquidea TABS .35mg</i>	Tier 1	
<i>philith</i>	Tier 1	
<i>pimtrea</i>	Tier 1	
<i>portia-28</i>	Tier 1	
<i>reclipsen</i>	Tier 1	
<i>setlakin</i>	Tier 1	
<i>sharobel TABS .35mg</i>	Tier 1	
<i>simliya</i>	Tier 1	
<i>sprintec 28</i>	Tier 1	
<i>sronyx</i>	Tier 1	
<i>syeda</i>	Tier 1	
<i>tarina fe 1/20 eq</i>	Tier 1	
<i>tilia fe</i>	Tier 1	
<i>tri-estarylla</i>	Tier 1	
<i>tri-legest fe</i>	Tier 1	
<i>tri-linyah</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<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-sprintec</i>	Tier 1	
<i>tri-vylibra</i>	Tier 1	
<i>tri-vylibra lo</i>	Tier 1	
<i>turqoz</i>	Tier 1	
<i>valtya 1/50</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>xarah fe</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>abigale</i>	Tier 2	
<i>abigale lo</i>	Tier 2	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	Tier 1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Tier 2	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	Tier 1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>fyavolv tab 1mg-5mcg</i>	Tier 2	
<i>jinteli</i>	Tier 2	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
<i>mimvey</i>	Tier 2	
<i>norethindrone acetate- ethinyl estradiol tab 0.5 mg- 2.5 mcg</i>	Tier 2	
<i>norethindrone acetate- ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2	
<i>yuvafem</i> TABS 10mcg	Tier 1	
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, 10mg/ml	Tier 1	
<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	Tier 1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	Tier 1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	Tier 1	B/D
<i>methylprednisolone</i> TBPK 4mg	Tier 1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	Tier 1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 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

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Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
<i>prednisone</i> TBPk 5mg, 10mg	Tier 1	
PREDNISON INTENSOL CONC 5mg/ml	Tier 2	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	Tier 2	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	Tier 1	NEDS 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	NEDS NM
<i>cabergoline</i> TABS .5mg	Tier 1	
<i>carglumic acid</i> TBSO 200mg	Tier 1	NEDS 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
<i>desmopressin acetate</i> SOLN 4mcg/ml	Tier 1	NEDS 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

Drug Name	Drug Tier	Requirements/ Limits
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	NEDS NM PA
JYNARQUE TABS 15mg, 30mg	Tier 2	NEDS NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 1	NEDS 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	NEDS NM PA
NAGLAZYME SOLN 1mg/ml	Tier 2	NEDS NM PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NEDS NM PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 1	NM PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NEDS NM PA
<i>raloxifene hcl</i> TABS 60mg	Tier 1	
REVCOVI SOLN 2.4mg/1.5ml	Tier 2	NEDS NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	Tier 1	NEDS NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NEDS NM PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	Tier 1	NEDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	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
<i>tolvaptan</i> TBPK 15mg	Tier 1	NEDS NM PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	Tier 1	NEDS NM PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	Tier 1	NEDS NM PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	Tier 1	NEDS NM PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	Tier 1	NEDS NM PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	Tier 1	
<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>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	
<i>levoxyf</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<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 PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 1	PA
<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 65 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 65 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)	Tier 2	QL
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older	Tier 2	PA
<i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older	Tier 2	PA
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>budesonide</i> TB24 9mg QL (30 tabs / 30 days)	Tier 1	NEDS 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 236 gm</i>	Tier 1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
PLENVU SOL	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 1	
MISCELLANEOUS		
<i>alose tron hcl TABS 1mg QL (60 tabs / 30 days)</i>	Tier 1	NEDS QL NM PA
<i>alose tron hcl TABS .5mg QL (60 tabs / 30 days)</i>	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) CONC 100mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	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 CAPS 2mg</i>	Tier 1	
<i>misoprostol TABS 100mcg, 200mcg</i>	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
RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	Tier 2	NEDS QL NM PA
<i>sucral fate TABS 1gm</i>	Tier 1	
<i>ursodi ol CAPS 300mg; TABS 250mg, 500mg</i>	Tier 1	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	Tier 2	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	Tier 2	QL PA
VOWST CAP QL (12 caps / 30 days)	Tier 2	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

Drug Name	Drug Tier	Requirements/ Limits
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	
ZENPEP CAP 25000UNT	Tier 2	
ZENPEP CAP 40000UNT	Tier 2	
ZENPEP CAP 60000UNT	Tier 2	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium CPDR 20mg, 40mg QL (30 caps / 30 days)</i>	Tier 1	QL ST
<i>lansoprazole CPDR 15mg, 30mg QL (60 caps / 30 days)</i>	Tier 1	QL
<i>omeprazole CPDR 10mg, 20mg, 40mg</i>	Tier 1	
<i>pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg</i>	Tier 1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl TB24 10mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>dutasteride CAPS .5mg QL (30 caps / 30 days)</i>	Tier 1	QL
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg QL (30 caps / 30 days)</i>	Tier 1	QL
<i>finasteride TABS 5mg QL (30 tabs / 30 days)</i>	Tier 1	QL
<i>tadalafil TABS 5mg QL (30 tabs / 30 days)</i>	Tier 1	QL PA
<i>tamsulosin hcl CAPS .4mg QL (60 caps / 30 days)</i>	Tier 1	QL
MISCELLANEOUS		
<i>acetic acid SOLN .25%</i>	Tier 1	
<i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i>	Tier 1	
<i>potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg</i>	Tier 1	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 2	QL
<i>oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)</i>	Tier 1	QL

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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
<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 vaginal</i> CREA 2%	Tier 1	
<i>metronidazole vaginal</i> GEL .75%	Tier 1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	Tier 1	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 1	QL
<i>dabigatran etexilate mesylate</i> 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

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	NEDS 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>rivaroxaban</i> TABS 2.5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
HEMATOPOIETIC GROWTH FACTORS		
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

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Drug Name	Drug Requirements/ Tier	Limits
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2 NEDS	NM PA
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
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 NEDS	QL NM PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	Tier 1 NEDS	NM PA
<i>pentoxifylline</i> TBCR 400mg	Tier 1	
<i>sajazir</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1 NEDS	QL NM PA
SIKLOS TABS 100mg	Tier 2	
SIKLOS TABS 1000mg	Tier 2 NEDS	NM
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	
<i>clopidogrel bisulfate</i> TABS 75mg	Tier 1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 years and older	Tier 2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>prasugrel hcl</i> TABS 5mg, 10mg	Tier 1	
<i>ticagrelor</i> TABS 60mg, 90mg	Tier 1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	Tier 2 NEDS	QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	Tier 2 NEDS	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2 NEDS	QL 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
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
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2 NEDS	QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	Tier 2 NEDS	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 2 NEDS	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
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 AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	NEDS QL NM PA
HUMIRA PEN AJKT 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 AJKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 2	NEDS QL NM PA
INFLIXIMAB SOLR 100mg	Tier 2	NEDS NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	Tier 2	NEDS QL NM PA
PYZCHIVA SOLN 130mg/26ml	Tier 2	NEDS NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2	NEDS QL NM PA
REMICADE SOLR 100mg	Tier 2	NEDS NM PA
RENFLEXIS SOLR 100mg	Tier 2	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

Drug Name	Drug Tier	Requirements/ Limits
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 SOAJ 100mg/ml QL (1 pen / 28 days)	Tier 2	NEDS QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 2	NEDS QL NM PA
TREMFYA SOLN 200mg/20ml	Tier 2	NEDS NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 2	NEDS QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	Tier 2	NEDS QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 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
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 2	NEDS QL NM PA
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	NEDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
USTEKINUMAB SOLN 130mg/26ml	Tier 2 NEDS	NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 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
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
YESINTEK SOLN 130mg/26ml	Tier 2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2 NEDS	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	Tier 1	
JYLAMVO SOLN 2mg/ml	Tier 2	B/D
<i>leflunomide</i> TABS 20mg QL (30 tabs / 30 days)	Tier 1	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

Drug Name	Drug Requirements/ Tier	Limits
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
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

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
ASTAGRAF XL CP24 .5mg, 1mg	Tier 2	B/D
<i>azathioprine</i> TABS 50mg	Tier 1	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	Tier 2	NEDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	Tier 2	NEDS NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	NEDS QL NM PA
<i>cyclosporine</i> CAPS 25mg, 100mg	Tier 1	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1	B/D
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	Tier 1	NEDS B/D NM
<i>everolimus (immunosuppressant)</i> TABS .25mg	Tier 1	B/D
<i>gengraf</i> CAPS 25mg, 100mg	Tier 1	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	Tier 1	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	Tier 1	NEDS B/D NM
<i>mycophenolate sodium</i> 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
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 1	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	Tier 1	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
AREXVY SUSR 120mcg/0.5ml	Tier 1	PA
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO SUSY .5ml	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENGVAXIA SUS	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXCHIQ INJ	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI SOLN .5ml	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	

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
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA SUSY .5ml	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA SUSY 40mcg/0.8ml	Tier 1	
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	Tier 2	HI
D10W/NACL INJ 0.2%	Tier 2	HI
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	Tier 1	
<i>dextrose 5% in lactated ringers</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 1	HI
<i>dextrose 5% w/ sodium chloride 0.3%</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 1	HI
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 1	HI
<i>dextrose 5% w/ sodium chloride 0.225%</i>	Tier 1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 1	HI
ISOLYTE-P INJ /D5W	Tier 2	
ISOLYTE-S INJ PH 7.4	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 2	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 2	
<i>potassium chloride</i> SOLN 2meq/ml	Tier 1	HI
<i>potassium chloride</i> SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 1	
<i>potassium chloride 20 meq/l</i> <i>(0.15%) in dextrose 5% inj</i>	Tier 1	HI
<i>sodium chloride</i> SOLN 2.5meq/ml	Tier 1	
<i>sodium chloride</i> SOLN .45%, .9%, 3%, 5%	Tier 1	HI
TPN ELECTROL INJ	Tier 2	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	Tier 1	
<i>klor-con 8</i> TBCR 8meq	Tier 1	
<i>klor-con 10</i> TBCR 10meq	Tier 1	
<i>klor-con m10</i> TBCR 10meq	Tier 1	
<i>klor-con m15</i> TBCR 15meq	Tier 1	
<i>klor-con m20</i> TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 2	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	Tier 1	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	Tier 1	
<i>potassium chloride</i> <i>microencapsulated crystals</i> <i>er</i> TBCR 10meq, 20meq	Tier 1	
<i>potassium chloride</i> <i>microencapsulated crystals</i> <i>er</i> TBCR 15meq	Tier 1	
PRENATAL TAB 27-1MG	Tier 2	
PRENATAL TAB PLUS	Tier 2	
<i>sodium fluoride chew; tab;</i> <i>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

Drug Name	Drug Tier	Requirements/ Limits
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</i> SOLN 5%, 10%	Tier 1	HI
<i>dextrose</i> SOLN 50%, 70%	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
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</i> 1%	Tier 1	
<i>neomycin-polymyxin- dexamethasone ophth oint</i> 0.1%	Tier 1	
<i>neomycin-polymyxin- dexamethasone ophth susp</i> 0.1%	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</i> <i>ophth susp 0.3-0.1%</i>	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 2	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	Tier 1	
<i>bacitracin-polymyxin b ophth</i> <i>oint</i>	Tier 1	
BESIVANCE SUSP .6%	Tier 2	
CILOXAN OINT .3%	Tier 2	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (ophth)</i> OINT	Tier 1	
5mg/gm		
<i>gatifloxacin (ophth)</i> SOLN	Tier 1	
.5%		
<i>gentamicin sulfate (ophth)</i> SOLN	Tier 1	
.3%		
<i>moxifloxacin hcl (ophth)</i> SOLN	Tier 1	QL
.5%		
QL (12 mL / 30 days)		
NATACYN SUSP 5%	Tier 2	
<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	
<i>ofloxacin (ophth)</i> SOLN	Tier 1	
.3%		
<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)</i> OINT 10%; SOLN 10%	Tier 1	
<i>tobramycin (ophth)</i> SOLN	Tier 1	
.3%		
<i>trifluridine</i> SOLN 1%	Tier 1	
XDEMY SOLN .25%	Tier 2	NEDS NM PA
ZIRGAN GEL .15%	Tier 2	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth)</i> SOLN	Tier 1	
.1%		
<i>diclofenac sodium (ophth)</i> SOLN	Tier 1	
.1%		
<i>fluorometholone (ophth)</i> SUSP	Tier 1	
.1%		
<i>flurbiprofen sodium</i> SOLN	Tier 1	
.03%		
<i>ketorolac tromethamine (ophth)</i> SOLN	Tier 1	
.4%, .5%		
LOTEMAX OINT .5%	Tier 2	
<i>prednisolone acetate (ophth)</i> SUSP	Tier 1	
1%		
PREDNISOLONE SODIUM PHOSP SOLN	Tier 2	
1%		

Drug Name	Drug Tier	Requirements/ Limits
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN	Tier 1	
.05%		
<i>cromolyn sodium (ophth)</i> SOLN	Tier 1	
4%		
ZERVIATE SOLN .24%	Tier 2	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN	Tier 1	
.5%		
<i>brimonidine tartrate</i> SOLN	Tier 1	
.2%		
<i>brinzolamide</i> SUSP 1%	Tier 1	ST
<i>carteolol hcl (ophth)</i> SOLN	Tier 1	
1%		
COMBIGAN SOL 0.2/0.5%	Tier 2	
<i>dorzolamide hcl</i> SOLN	Tier 1	
2%		
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 1	
<i>latanoprost</i> SOLN	Tier 1	
.005%		
<i>levobunolol hcl</i> SOLN	Tier 1	
.5%		
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	Tier 1	
.25%, .5%		
<i>timolol maleate (ophth)</i> SOLN	Tier 1	
.25%, .5%		
VYZULTA SOLN .024%	Tier 2	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
<i>atropine sulfate (ophthalmic)</i> SOLN	Tier 1	
1%		
CYSTARAN SOLN	Tier 2	NEDS NM PA
.37%		
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	Tier 1	
.5%		
RESTASIS EMUL .05%	Tier 2	
RESTASIS MULTIDOSE EMUL .05%	Tier 2	
XIIDRA SOLN 5%	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
OTIC		
OTIC AGENTS		
<i>acetic acid (otic) SOLN 2%</i>	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	
<i>flac OIL .01%</i>	Tier 1	
<i>fluocinolone acetonide (otic) OIL .01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<i>ofloxacin (otic) SOLN .3%</i>	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 0.5-2.5(3) mg/3ml</i>	Tier 1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 2	QL QL (60 blisters / 30 days)

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>ipratropium bromide SOLN .02%</i>	Tier 1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	Tier 1	
SPIRIVA RESPIMAT 1.25mcg/act	Tier 2	QL QL (1 inhaler / 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	Tier 1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	Tier 1	QL QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	Tier 2	PA PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl SOLN 50mg/ml</i>	Tier 1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	Tier 2	PA PA applies if 65 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	Tier 2	PA PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	Tier 2	PA PA applies if 65 years and older after a 30 day supply in a calendar year

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Drug Name	Drug Tier	Requirements/ Limits
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	Tier 1	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	Tier 1	
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 1	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	Tier 1	
<i>montelukast sodium</i> TABS 10mg	Tier 1	
<i>zafirlukast</i> TABS 10mg, 20mg	Tier 1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 1	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	Tier 2	NEDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA
ARALAST NP SOLR 500mg	Tier 2	NEDS NM PA
ARALAST NP SOLR 1000mg	Tier 2	NEDS HI NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	Tier 1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 1	
FASENRA SOSY 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

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Drug Name	Drug Tier	Requirements/ Limits
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	NEDS QL NM PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	Tier 1	NEDS QL NM PA
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	Tier 1	NEDS QL NM PA
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
ARNUIITY 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

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Drug Name	Drug Tier	Requirements/ Limits
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	Tier 2	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL
<i>breyna</i> QL (3 inhalers / 30 days)	Tier 1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> QL (3 inhalers / 30 days)	Tier 1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> QL (3 inhalers / 30 days)	Tier 1	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

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 1	QL
<i>wixela inhub</i> QL (60 inhalations / 30 days)	Tier 1	QL
TOPICAL DERMATOLOGY, ACNE		
<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
<i>amnesteam</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i> QL (46.6 gm / 30 days)	Tier 1	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	Tier 1	QL
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 mL / 30 days)	Tier 1	QL PA
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1% QL (60 mL / 30 days)	Tier 1	QL
<i>ery PADS 2%</i> QL (60 pledgets / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid)</i> GEL 2% QL (60 gm / 30 days)	Tier 1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	Tier 1	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
<i>neuac</i> QL (45 gm / 30 days)	Tier 1	QL
<i>sulfacetamide sodium (acne)</i> LOTN 10% QL (118 mL / 30 days)	Tier 1	QL
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 1	QL PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1% QL (60 gm / 30 days)	Tier 1	QL
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	Tier 1	QL
<i>silver sulfadiazine</i> CREA 1%	Tier 1	
<i>ssd</i> CREA 1%	Tier 1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	Tier 2	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days)	Tier 1	QL
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	Tier 1	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	Tier 1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole (topical)</i> SOLN 1% QL (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</i> CREA 1% QL (85 gm / 30 days)	Tier 1	QL
<i>keconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	Tier 1	QL
<i>keconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	Tier 1	QL
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
<i>selenium sulfide</i> LOTN 2.5%	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 1	PA
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	Tier 1	QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	Tier 1	QL PA
ENSTILAR AER QL (120 gm / 30 days)	Tier 2	NEDS QL NM PA
<i>tazarotene</i> CREA .05%, .1% QL (60 gm / 30 days)	Tier 1	QL PA

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Drug Name	Drug Tier	Requirements/ Limits
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 (topical)</i> CREA .05%; OINT .05%	Tier 1	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate (topical)</i> LOTN .05%	Tier 1	QL
QL (120 mL / 30 days)		
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	Tier 1	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate augmented</i> LOTN .05%	Tier 1	QL
QL (120 mL / 30 days)		
<i>betamethasone valerate</i> CREA .1%; OINT .1%	Tier 1	QL
QL (120 gm / 30 days)		
<i>betamethasone valerate</i> LOTN .1%	Tier 1	QL
QL (120 mL / 30 days)		
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	Tier 1	QL
QL (120 gm / 30 days)		
<i>clobetasol propionate</i> SHAM .05%	Tier 1	QL
QL (236 mL / 30 days)		
<i>clobetasol propionate</i> SOLN .05%	Tier 1	QL
QL (100 mL / 30 days)		
<i>clobetasol propionate e</i> CREA .05%	Tier 1	QL
QL (120 gm / 30 days)		
<i>clodan</i> SHAM .05%	Tier 1	QL
QL (236 mL / 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)		

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide</i> OIL .01%	Tier 1	QL
QL (118.28 mL / 30 days)		
<i>fluocinolone acetonide</i> SOLN .01%	Tier 1	QL
QL (60 mL / 30 days)		
<i>fluocinonide</i> CREA .05%, .1%	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 (topical)</i> CREA .025%, .1%, .5%	Tier 1	QL
QL (454 gm / 30 days)		
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	Tier 1	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	Tier 1	
<i>triderm</i> CREA .5%	Tier 1	QL
QL (454 gm / 30 days)		
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	Tier 1	QL PA
QL (60 mL / 30 days)		

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Drug Name	Drug Tier	Requirements/ Limits
<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 2	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 2	QL PA
<i>tridacaine ii</i> PTCH 5% QL (3 patches / 1 day)	Tier 2	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1% QL (60 gm / 30 days)	Tier 1	NEDS QL NM PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	Tier 1	QL
EUCRISA OINT 2% QL (120 gm / 30 days)	Tier 2	QL PA
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	Tier 1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 1	QL
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	Tier 1	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 1	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	Tier 1	QL
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	Tier 1	QL
<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

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

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<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	<i>amphotericin b</i>	<i>atomoxetine hcl</i>
<i>..... 15</i>	<i>amphotericin b liposome .11</i>	<i>atorvastatin calcium</i>
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	<i>ampicillin</i>	<i>atovaquone</i>
<i>..... 15</i>	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	<i>atovaquone-proguanil hcl tab 250-100 mg</i>
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	<i>..... 15</i>	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>
<i>..... 15</i>	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	<i>ATROPINE SULFATE ...</i>
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	<i>..... 15</i>	<i>atropine sulfate (ophthalmic)</i>
<i>..... 15</i>	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1- 0.5) gm</i>	<i>..... 60</i>
<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i>	<i>..... 15</i>	<i>ATROVENT HFA</i>
<i>..... 38</i>	<i>ampicillin & sulbactam sodium for iv soln 15 (10- 5) gm</i>	<i>..... 61</i>
<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i>	<i>..... 15</i>	<i>abra eq</i>
<i>..... 38</i>	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	<i>AUGTYRO</i>
<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i>	<i>..... 15</i>	<i>..... 18</i>
<i>..... 38</i>	<i>ampicillin sodium</i>	<i>aurovela 1/20</i>
<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i>	<i>..... 15</i>	<i>aurovela fe 1.5/30</i>
<i>..... 38</i>	<i>anagrelide hcl</i>	<i>aurovela fe 1/20</i>
<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i>	<i>..... 54</i>	<i>AUSTEDO</i>
<i>..... 38</i>	<i>anastrozole</i>	<i>..... 40</i>
<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i>	<i>ANORO ELLIPT AER 62.5- 25</i>	<i>AUSTEDO XR</i>
<i>..... 38</i>	<i>..... 61</i>	<i>AUSTEDO XR TAB TITR KIT</i>
<i>amphetamine- dextroamphetamine tab 10 mg</i>	<i>aprepitant</i>	<i>..... 40</i>
<i>..... 38</i>	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	<i>AUVELITY TAB 45-105MG</i>
<i>amphetamine- dextroamphetamine tab 12.5 mg</i>	<i>..... 50</i>	<i>..... 30</i>
<i>..... 38</i>	<i>apri</i>	<i>aviane</i>
<i>amphetamine- dextroamphetamine tab 15 mg</i>	<i>..... 46</i>	<i>AVMAPKI PAK FAKZYNJA</i>
<i>..... 38</i>	<i>APTIOM</i>	<i>..... 18</i>
<i>amphetamine- dextroamphetamine tab 20 mg</i>	<i>..... 35</i>	<i>ayuna</i>
<i>..... 39</i>	<i>APTIVUS</i>	<i>AYVAKIT</i>
<i>amphetamine- dextroamphetamine tab 30 mg</i>	<i>..... 12</i>	<i>..... 18</i>
<i>..... 39</i>	<i>ARALAST NP</i>	<i>azacitidine</i>
	<i>..... 62</i>	<i>..... 16</i>
	<i>aranelle</i>	<i>azathioprine</i>
	<i>..... 46</i>	<i>..... 57</i>
	<i>ARCALYST</i>	<i>azelastrone hcl</i>
	<i>..... 56</i>	<i>..... 61</i>
	<i>AREXVY</i>	<i>azelastrone hcl (ophth)</i>
	<i>..... 57</i>	<i>..... 60</i>
	<i>ARIKAYCE</i>	<i>azithromycin</i>
	<i>..... 10</i>	<i>..... 14</i>
	<i>aripiprazole</i>	<i>aztreonam</i>
	<i>..... 32, 33</i>	<i>..... 10</i>
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	<i>..... 33</i>	<i>..... 46</i>
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	<i>armodafinil</i>	<i>..... 59</i>
	<i>..... 41</i>	<i>bacitracin-polymyxin b ophth oint</i>
	<i>ARNUITY ELLIPTA</i>	<i>..... 59</i>
	<i>..... 63</i>	<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>
	<i>asenapine maleate</i>	<i>..... 59</i>
	<i>..... 33</i>	<i>baclofen</i>
	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	<i>..... 41</i>
	<i>..... 54</i>	<i>BAFIERTAM</i>
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<i>balsalazide disodium</i>51	BIKTARVY TAB 50-200-25	<i>bumetanide</i>28
BALVERSA18	MG13	<i>buprenorphine hcl</i>41
<i>balziva</i>46	BIMZELX54	<i>buprenorphine hcl-</i>
BARACLUDE13	<i>bisoprolol &</i>	<i>naloxone hcl sl film 12-3</i>
BCG VACCINE57	<i>hydrochlorothiazide tab</i>	<i>mg (base equiv)</i>41
<i>benazepril &</i>	10-6.25 mg.....27	<i>buprenorphine hcl-</i>
<i>hydrochlorothiazide tab</i>	<i>bisoprolol &</i>	<i>naloxone hcl sl film 2-0.5</i>
10-12.5 mg.....24	<i>hydrochlorothiazide tab</i>	<i>mg (base equiv)</i>41
<i>benazepril &</i>	2.5-6.25 mg.....27	<i>buprenorphine hcl-</i>
<i>hydrochlorothiazide tab</i>	<i>bisoprolol &</i>	<i>naloxone hcl sl film 4-1</i>
20-12.5 mg.....24	<i>hydrochlorothiazide tab</i>	<i>mg (base equiv)</i>41
<i>benazepril &</i>	5-6.25 mg.....27	<i>buprenorphine hcl-</i>
<i>hydrochlorothiazide tab</i>	<i>bisoprolol fumarate</i>27	<i>naloxone hcl sl film 8-2</i>
20-25 mg.....24	BIVIGAM.....56	<i>mg (base equiv)</i>41
<i>benazepril hcl</i>24	<i>blisovi fe 1.5/30</i>46	<i>buprenorphine hcl-</i>
BENDAMUSTINE	BONSITY45	<i>naloxone hcl sl tab 2-0.5</i>
HYDROCHLORID16	BOOSTRIX INJ57	<i>mg (base equiv)</i>41
BENDEKA16	<i>bortezomib</i>19	<i>buprenorphine hcl-</i>
BENLYSTA.....57	BOORTEZOMIB.....18	<i>naloxone hcl sl tab 8-2</i>
<i>benzoyl peroxide-</i>	<i>bosentan</i>29	<i>mg (base equiv)</i>41
<i>erythromycin gel 5-3%</i> 64	BOSULIF19	<i>bupropion hcl</i>30
<i>benztropine mesylate</i>32	BRAFTOVI19	<i>bupropion hcl (smoking</i>
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<i>solution</i>49	BREO ELLIPTA INH 50-	<i>cabergoline</i>49
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<i>dipropionate (topical)</i> ...66	<i>breyna</i>64	<i>calcipotriene</i>65
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<i>dipropionate augmented</i>	SPHERE61	<i>calcitrene</i>65
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<i>betamethasone valerate</i> .66	SPHERE	<i>calcitriol (oral)</i>50
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<i>bethanechol chloride</i>52	<i>brillyn</i>46	<i>candesartan cilexetil</i>26
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<i>bexarotene</i>18	BRIVIACT35	<i>captopril</i>24
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<i>bicalutamide</i>17	<i>budesonide</i>51	25-15 mg.....24
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MG12	<i>fumarate dihyd aerosol</i>	25-25 mg.....24
	160-4.5 mcg/act.....64	<i>captopril &</i>
	<i>budesonide-formoterol</i>	<i>hydrochlorothiazide tab</i>
	<i>fumarate dihyd aerosol</i>	50-15 mg.....24
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<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	24	<i>cefadroxil</i>	14	CILOXAN	59
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<i>carb/levo orally disintegrating tab 25-100mg</i>	32	CEFAZOLIN INJ 1GM/50ML	14	<i>cinacalcet hcl</i>	49
<i>carb/levo orally disintegrating tab 25-250mg</i>	32	<i>cefazolin sodium</i>	14	<i>ciprofloxacin 200 mg/100ml in d5w</i>	15
<i>carbamazepine</i>	35	CEFAZOLIN SOLN 2GM/100ML-4%	14	<i>ciprofloxacin 400 mg/200ml in d5w</i>	15
<i>carbidopa & levodopa tab 10-100 mg</i>	32	CEFAZOLIN/DEX SOL 1GM/50ML-4%	14	<i>ciprofloxacin hcl</i>	15
<i>carbidopa & levodopa tab 25-100 mg</i>	32	CEFAZOLIN/DEX SOL 2GM/50ML-3%	14	<i>ciprofloxacin hcl (ophth)</i> ..	59
<i>carbidopa & levodopa tab 25-250 mg</i>	32	CEFAZOLIN/DEX SOL 3GM/150ML-4%	14	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	61
<i>carbidopa & levodopa tab er 25-100 mg</i>	32	CEFAZOLIN/DEX SOL 3GM/50ML-2%	14	<i>cisplatin</i>	16
<i>carbidopa & levodopa tab er 50-200 mg</i>	32	<i>cefdinir</i>	14	<i>citalopram hydrobromide</i>	30, 31
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	32	<i>cefepime hcl</i>	14	<i>claravis</i>	64
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	32	<i>cefexime</i>	14	<i>clarithromycin</i>	15
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	32	<i>cefotetan disodium</i>	14	<i>clindamycin hcl</i>	10
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	32	<i>cefoxitin sodium</i>	14	<i>clindamycin palmitate hydrochloride</i>	10
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	32	<i>cefpodoxime proxetil</i>	14	<i>clindamycin phosphate</i> ...	10
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	32	<i>cefprozil</i>	14	<i>clindamycin phosphate (topical)</i>	64
<i>carboplatin</i>	16	<i>ceftazidime</i>	14	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	10
<i>carglumic acid</i>	49	<i>ceftriaxone sodium</i>	14	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	10
<i>carteolol hcl (ophth)</i>	60	<i>cefuroxime axetil</i>	14	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	10
<i>cartia xt</i>	28	<i>cefuroxime sodium</i>	14	<i>clindamycin phosphate vaginal</i>	53
<i>carvedilol</i>	27	<i>celecoxib</i>	8	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	64
<i>caspofungin acetate</i>	11	<i>cephalexin</i>	14	CLINDMYC/NAC INJ 300/50ML	10
CAYSTON	10	CEQUR SIMPL KIT PATCH 2U (3-DAY)	44	CLINDMYC/NAC INJ 600/50ML	10
<i>cefaclor</i>	14	CEQUR SIMPL KIT PATCH 2U (4-DAY)	44	CLINDMYC/NAC INJ 900/50ML	10
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		<i>chateal eq</i>	46	CLINIMIX INJ 6/5	59
		CHEMET	46	CLINIMIX INJ 8/10	59
		<i>chlorhexidine gluconate (mouth-throat)</i>	67		
		<i>chloroquine phosphate</i>	12		
		<i>chlorpromazine hcl</i>	33		
		<i>chlorthalidone</i>	28		
		<i>cholestyramine</i>	27		
		<i>cholestyramine light</i>	27		
		<i>ciclopirox</i>	65		
		<i>ciclopirox olamine</i>	65		
		<i>cilostazol</i>	54		

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<i>clobazam</i>	35	CREON CAP 36000UNT	52	<i>depo-testosterone</i>	42
<i>clobetasol propionate</i>	66	CREON CAP 6000UNIT	52	DESCOVY TAB 120-15MG	
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<i>clodan</i>	66	<i>cromolyn sodium</i>	62	DESCOVY TAB 200/25MG	
<i>clomipramine hcl</i>	31	<i>cromolyn sodium</i>		13
<i>clonazepam</i>	35	(<i>mastocytosis</i>)	52	<i>desipramine hcl</i>	31
<i>clonidine</i>	29	<i>cromolyn sodium (ophth)</i>	60	<i>desmopressin acetate</i>	49
<i>clonidine hcl</i>	29	<i>cryselle-28</i>	46	<i>desmopressin acetate</i>	
<i>clopidogrel bisulfate</i>	54	<i>cyclobenzaprine hcl</i>	41	<i>spray</i>	49
<i>clorazepate dipotassium</i> .	35	<i>cyclophosphamide</i>	16	<i>desmopressin acetate</i>	
<i>clotrimazole</i>	67	CYCLOPHOSPHAMIDE .	16	<i>spray refrigerated</i>	49
<i>clotrimazole (topical)</i>	65	CYCLOPHOSPHAMIDE		<i>desogest-eth estrad & eth</i>	
<i>clotrimazole w/</i>		MONOHYDR	16	<i>estrad tab 0.15-0.02/0.01</i>	
<i>betamethasone cream 1-</i>		<i>cycloserine</i>	13	<i>mg(21/5)</i>	46
<i>0.05%</i>	65	<i>cyclosporine</i>	57	<i>desvenlafaxine succinate</i>	31
<i>clozapine</i>	33	<i>cyclosporine modified (for</i>		<i>dexamethasone</i>	48
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<i>colesevelam hcl</i>	27	<i>danazol</i>	42	RECEIVER	42
<i>colestipol hcl</i>	27	<i>dantrolene sodium</i>	41	DEXCOM G7 MIS	
<i>colistimethate sodium</i>	10	DANZITEN	19	SENSOR.....	42
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.....	61	<i>daptomycin</i>	10	<i>chloride 0.45%</i>	58
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.....	19	<i>darunavir</i>	12	<i>chloride 0.45%</i>	58
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<i>compro</i>	50	<i>dasetta 7/7/7</i>	46	<i>dextrose 5% w/ sodium</i>	
<i>constulose</i>	51	DAURISMO	19	<i>chloride 0.2%</i>	58
COPAXONE	40	DAYVIGO	39	<i>dextrose 5% w/ sodium</i>	
COPIKTRA	19	<i>deblitane</i>	46	<i>chloride 0.225%</i>	58
CORLANOR	29	<i>deferasirox</i>	46	<i>dextrose 5% w/ sodium</i>	
COTELLIC	19	DELSTRIGO TAB	13	<i>chloride 0.3%</i>	58

<i>dextrose 5% w/ sodium chloride 0.45%</i>	58	DOVATO TAB 50-300MG	13	EMGALITY	39
<i>dextrose 5% w/ sodium chloride 0.9%</i>	58	<i>doxazosin mesylate</i>	25	EMSAM	31
DIACOMIT	35	<i>doxepin hcl</i>	31	<i>emtricitabine</i>	12
<i>diazepam</i>	35	<i>doxepin hcl (sleep)</i>	39	<i>emtricitabine- rilpivirine- tenofovir df tab 200-25-300 mg</i>	13
<i>diazepam (anticonvulsant)</i>	35	<i>doxorubicin hcl</i>	18	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	13
<i>diazepam inj</i>	35	<i>doxorubicin hcl liposomal</i>	18	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	13
<i>diazepam intensol</i>	35	<i>doxy 100</i>	16	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	13
<i>diazoxide</i>	49	<i>doxycycline (monohydrate)</i>	16	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	13
<i>diclofenac potassium</i>	8	<i>doxycycline hyclate</i>	16	EMTRIVA.....	12
<i>diclofenac sodium</i>	8	DRIZALMA SPRINKLE ...	31	EMVERM.....	10
<i>diclofenac sodium (ophth)</i>	60	<i>dronabinol</i>	50	<i>emzahn</i>	46
<i>diclofenac sodium (topical)</i>	67	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	46	<i>enalapril maleate</i>	24
<i>dicloxacillin sodium</i>	15	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	46	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	24
<i>dicyclomine hcl</i>	51	<i>droxidopa</i>	29	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	24
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DILANTIN	35	DUPIXENT	54	<i>endocet tab 2.5-325mg</i>	9
<i>diltiazem hcl</i>	28	<i>dutasteride</i>	52	<i>endocet tab 5-325mg</i>	9
<i>diltiazem hcl coated beads</i>	28	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	52	<i>endocet tab 7.5-325mg</i>	9
<i>diltiazem hcl extended release beads</i>	28	E		ENGERIX-B.....	57
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<i>diphenhydramine hcl</i>	61	<i>econazole nitrate</i>	65	<i>enoxaparin sodium</i>	53
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	52	EDURANT	12	<i>enskyce</i>	46
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<i>0.45% inj</i>	58	<i>lacosamide</i>	36	<i>mg/100ml</i>	36
<i>kcl 20 meq/l (0.15%) in nacl</i>		<i>lacosamide oral</i>	36	<i>levetiracetam in sodium</i>	
<i>0.9% inj</i>	58	<i>lactated ringer's solution</i>	58	<i>chloride iv soln 1500</i>	
<i>kcl 30 meq/l (0.224%) in</i>		<i>lactic acid (ammonium</i>		<i>mg/100ml</i>	36
<i>dextrose 5% & nacl</i>		<i>lactate)</i>	67	<i>levetiracetam in sodium</i>	
<i>0.45% inj</i>	58	<i>lactulose</i>	51	<i>chloride iv soln 500</i>	
<i>kcl 40 meq/l (0.3%) in</i>		<i>lactulose (encephalopathy)</i>		<i>mg/100ml</i>	36
<i>dextrose 5% & nacl</i>		51	<i>levobunolol hcl</i>	60
<i>0.45% inj</i>	58	<i>lamivudine</i>	12	<i>levocarnitine (metabolic</i>	
<i>kcl 40 meq/l (0.3%) in</i>		<i>lamivudine (hbv)</i>	13	<i>modifiers)</i>	49
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<i>prednisolone ophth soln</i>		TAZVERIK	22	<i>tolvaptan tab therapy pack</i>	
10-0.23(0.25)%	59	TECENTRIQ	22	30 & 15 mg	50
<i>sulfadiazine</i>	11	TECENTRIQ INJ		<i>tolvaptan tab therapy pack</i>	
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<i>trimethoprim iv soln 400-</i>		TEFLARO	14	<i>tolvaptan tab therapy pack</i>	
80 mg/5ml	11	<i>telmisartan</i>	26	60 & 30 mg	50
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<i>trimethoprim susp 200-40</i>		TENIVAC INJ 5-2LF	58	90 & 30 mg	50
mg/5ml	11	<i>tenofovir disoproxil</i>		<i>topiramate</i>	37
<i>sulfamethoxazole-</i>		<i>fumarate</i>	12	<i>toremifene citrate</i>	17
<i>trimethoprim tab 400-80</i>		TEPMETKO	22	<i>torpenz</i>	22
mg	11	<i>terazosin hcl</i>	25	<i>torse mide</i>	28
<i>sulfamethoxazole-</i>		<i>terbinafine hcl</i>	11	TOUJEO MAX SOLOSTAR	
<i>trimethoprim tab 800-160</i>		<i>terbutaline sulfate</i>	62	45
mg	11	<i>terconazole vaginal</i>	53	TOUJEO SOLOSTAR	45
SULFAMYLON	65	TERIPARATIDE	46	TPN ELECTROL INJ	59
<i>sulfasalazine</i>	51	<i>testosterone</i>	42	TRADJENTA	44
<i>sulindac</i>	8	<i>testosterone cypionate</i> ...	42	<i>tramadol hcl</i>	9
<i>sumatriptan</i>	40	<i>testosterone enanthate</i> ...	42	<i>tramadol-acetaminophen</i>	
<i>sumatriptan succinate</i>	40	<i>testosterone pump</i>	42	<i>tab 37.5-325 mg</i>	9
<i>sunitinib malate</i>	22	<i>tetrabenazine</i>	40	<i>trandolapril</i>	24
SUNLENCA	12	<i>tetracycline hcl</i>	16	<i>tranexamic acid</i>	54
<i>syeda</i>	47	THALOMID	18	<i>tranylcypromine sulfate</i> ...	31
SYMDEKO TAB 100-150	63	<i>theophylline</i>	63	TRAVASOL INJ 10%	59
		<i>thioridazine hcl</i>	35	TRAZIMERA	22

<i>trazodone hcl</i>	31	<i>tri-lo-marzia</i>	48	<i>valsartan-</i>	
TRELEGY AER ELLIPTA		<i>tri-lo-mili</i>	48	<i>hydrochlorothiazide tab</i>	
100-62.5-25 MCG.....	61	<i>tri-lo-sprintec</i>	48	320-12.5 mg.....	26
TRELEGY AER ELLIPTA		<i>trimethoprim</i>	11	<i>valsartan-</i>	
200-62.5-25 MCG.....	61	<i>tri-mili</i>	48	<i>hydrochlorothiazide tab</i>	
TREMFYA	55	<i>trimipramine maleate</i>	31	320-25 mg.....	26
TREMFYA INDUCTION		TRINTELLIX.....	31	<i>valsartan-</i>	
PACK FO	55	<i>tri-sprintec</i>	48	<i>hydrochlorothiazide tab</i>	
<i>treprostinil</i>	29	TRIUMEQ PD TAB.....	13	80-12.5 mg.....	26
<i>tretinoin</i>	65	TRIUMEQ TAB.....	13	VALTOCO 10 MG DOSE	37
<i>tretinoin (chemotherapy)</i>	18	<i>tri-vylibra</i>	48	VALTOCO 15 MG DOSE	37
<i>triamcinolone acetonide</i>		<i>tri-vylibra lo</i>	48	VALTOCO 20 MG DOSE	38
(mouth).....	67	TROGARZO	12	VALTOCO 5 MG DOSE ..	37
<i>triamcinolone acetonide</i>		TROPHAMINE INJ 10%	59	<i>valtya 1/50</i>	48
(topical)	66	<i>tropium chloride</i>	53	<i>vancomycin hcl</i>	11
<i>triamterene &</i>		TRULICITY	44	VANCOMYCIN INJ 1 GM	11
<i>hydrochlorothiazide cap</i>		TRUMENBA	58	VANCOMYCIN INJ 500MG	
37.5-25 mg.....	28	TRUQAP.....	22, 23	.....	11
<i>triamterene &</i>		TRUXIMA	23	VANCOMYCIN INJ 750MG	
<i>hydrochlorothiazide tab</i>		TUKYSA	23	.....	11
37.5-25 mg.....	29	TURALIO	23	VANFLYTA.....	23
<i>triamterene &</i>		<i>turqoz</i>	48	VAQTA	58
<i>hydrochlorothiazide tab</i>		<i>twice-daily clindamycin</i>		<i>varenicline tartrate</i>	41
75-50 mg.....	29	<i>phosphate (topical)</i>	65	<i>varenicline tartrate tab 11 x</i>	
<i>tridacaine ii</i>	67	TWINRIX INJ	58	0.5 mg & 42 x 1 mg start	
<i>triderm</i>	66	TYBOST	12	<i>pack</i>	41
<i>trientine hcl</i>	46	TYENNE	55	VARIVAX	58
<i>tri-estarylla</i>	47	TYPHIM VI	58	VASCEPA.....	27
<i>trifluoperazine hcl</i>	35	U		VAXCHORA SUS.....	58
<i>trifluridine</i>	60	UBRELVY.....	40	<i>velivet</i>	48
<i>trihexyphenidyl hcl</i>	32	<i>unithroid</i>	50	VELSIPITY	56
TRIJARDY XR TAB ER		UPTRAVI	29	VENCLEXTA	23
24HR 10-5-1000MG	44	UPTRAVI PACK TAB		VENCLEXTA TAB START	
TRIJARDY XR TAB ER		200/800	29	PK	23
24HR 12.5-2.5-1000MG		<i>ursodiol</i>	52	<i>venlafaxine hcl</i>	32
.....	44	USTEKINUMAB	55, 56	VENTOLIN HFA	62
TRIJARDY XR TAB ER		V		VENTOLIN HFA	
24HR 25-5-1000MG	44	<i>valacyclovir hcl</i>	14	(INSTITUTIONAL PACK)	
TRIJARDY XR TAB ER		VALCHLOR	67	.....	62
24HR 5-2.5-1000MG ...	44	<i>valganciclovir hcl</i>	14	<i>verapamil hcl</i>	28
TRIKAFTA PAK 59.5MG	63	<i>valproate sodium</i>	37	VERQUVO	29
TRIKAFTA PAK 75MG....	63	<i>valproic acid</i>	37	VERSACLOZ.....	35
TRIKAFTA TAB 100-50-		<i>valsartan</i>	26	VERZENIO	23
75MG & 150MG.....	63	<i>valsartan-</i>		<i>vestura</i>	48
TRIKAFTA TAB 50-25-		<i>hydrochlorothiazide tab</i>		<i>vienna</i>	48
37.5MG & 75MG.....	63	160-12.5 mg.....	26	<i>vigabatrin</i>	38
<i>tri-legest fe</i>	47	<i>valsartan-</i>		<i>vigadrone</i>	38
<i>tri-linyah</i>	47	<i>hydrochlorothiazide tab</i>		VIGAFYDE	38
<i>tri-lo-estarylla</i>	48	160-25 mg.....	26	<i>vigpoder</i>	38

<i>vilazodone hcl</i>	32	XCOPRI PAK 100-150.....	38	YONSA.....	17
VIMKUNYA.....	58	XCOPRI PAK 12.5-25.....	38	YUTREPIA.....	30
<i>vincristine sulfate</i>	18	XCOPRI PAK 150-200MG		<i>yuvafem</i>	48
<i>vinorelbine tartrate</i>	18	(MAINTENANCE).....	38	Z	
<i>viorele</i>	48	XCOPRI PAK 150-200MG		<i>zafemy</i>	48
VIRACEPT.....	12	(TITRATION).....	38	<i>zafirlukast</i>	62
VIREAD.....	12	XCOPRI PAK 50-100MG	38	ZARXIO.....	54
VITRAKVI.....	23	XDEMVI.....	60	ZEGALOGUE.....	49
VIVIMUSTA.....	16	XELJANZ.....	56	ZEJULA.....	23
VIVITROL.....	42	XELJANZ XR.....	56	ZELBORAF.....	23
VIVOTIF CAP EC.....	58	XERMELO.....	52	ZEMAIRA.....	63
VIZIMPRO.....	23	XHANCE.....	63	<i>zenatane</i>	65
VONJO.....	23	XIFAXAN.....	52	ZENPEP CAP 10000UNT	
VOQUEZNA PAK DUAL		XIGDUO XR TAB 10-1000		.....	52
PAK.....	52	.....	44	ZENPEP CAP 15000UNT	
VOQUEZNA PAK TRIP PK		XIGDUO XR TAB 10-		.....	52
.....	52	500MG.....	44	ZENPEP CAP 20000UNT	
VORANIGO.....	23	XIGDUO XR TAB 2.5-1000		.....	52
<i>voriconazole</i>	11, 12	.....	44	ZENPEP CAP 25000UNT	
VOSEVI TAB.....	14	XIGDUO XR TAB 5-		.....	52
VOWST CAP.....	52	1000MG.....	44	ZENPEP CAP 3000UNIT	52
VRAYLAR.....	35	XIGDUO XR TAB 5-500MG		ZENPEP CAP 40000UNT	
<i>vyfemla</i>	48	.....	44	.....	52
<i>vylibra</i>	48	XIIDRA.....	60	ZENPEP CAP 5000UNIT	52
VYZULTA.....	60	XOLAIR.....	63	ZENPEP CAP 60000UNT	
W		XOSPATA.....	23	.....	52
<i>warfarin sodium</i>	53	XPOVIO PAK (100 MG		ZERVIATE.....	60
<i>water for irrigation, sterile</i>		ONCE WEEKLY).....	23	<i>zidovudine</i>	12
<i>irrigation soln</i>	67	XPOVIO PAK (40 MG		<i>ziprasidone hcl</i>	35
WELIREG.....	18	ONCE WEEKLY).....	23	<i>ziprasidone mesylate</i>	35
<i>wera</i>	48	XPOVIO PAK (40 MG		ZIRABEV.....	23
WESTAB PLUS TAB 27-		TWICE WEEKLY).....	23	ZIRGAN.....	60
1MG.....	59	XPOVIO PAK (60 MG		<i>zoledronic acid</i>	46
WINREVAIR.....	30	ONCE WEEKLY).....	23	ZOLINZA.....	24
WINREVAIR INJ 45MG..	30	XPOVIO PAK (60 MG		<i>zolpidem tartrate</i>	39
WINREVAIR INJ 60MG..	30	TWICE WEEKLY).....	23	ZONISADE.....	38
<i>wixela inhub</i>	64	XPOVIO PAK (80 MG		<i>zonisamide</i>	38
WYOST.....	46	ONCE WEEKLY).....	23	<i>zovia 1/35</i>	48
X		XPOVIO PAK (80 MG		ZTALMY.....	38
XALKORI.....	23	TWICE WEEKLY).....	23	<i>zumandimine</i>	48
<i>xarah fe</i>	48	XTANDI.....	17	ZURZUVAE.....	32
XARELTO.....	53	<i>xulane</i>	48	ZYDELIG.....	24
XARELTO STAR TAB		XULTOPHY INJ 100/3.6	.45	ZYKADIA.....	24
15/20MG.....	53	Y		ZYLET SUS 0.5-0.3%.....	59
XATMEP.....	56	YESINTEK.....	56		
XCOPRI.....	38	YF-VAX INJ.....	58		

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

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

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

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

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

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



MASSACHUSETTS

TRANSLATION SERVICES

English: If you speak a language other than English, Blue Cross Blue Shield of Massachusetts has language assistance services and appropriate auxiliary aids and services available free of charge. Call **1-800-200-4255** (TTY: **711**).

Spanish: Si hablas un idioma distinto al inglés, Blue Cross Blue Shield of Massachusetts ofrece servicios de asistencia lingüística y ayudas auxiliares apropiadas de forma gratuita. Llama al **1-800-200-4255** (TTY: **711**).

Chinese Mandarin: 如果您使用的语言不是英语，Blue Cross Blue Shield of Massachusetts 可为您免费提供语言协助服务，以及相应的辅助工具和服务。请致电 **1-800-200-4255**（文字电话：**711**）。

Chinese Cantonese: 如您使用英語以外的語言，Blue Cross Blue Shield of Massachusetts 會提供免費語言協助服務，還有其他適當的輔助及服務。致電 **1-800-200-4255**（聽障熱線 (TTY) : **711**）。

French: Si vous parlez une langue autre que l'Anglais, Blue Cross Blue Shield of Massachusetts propose gratuitement des services d'assistance linguistique et des aides et services auxiliaires appropriés. Appelez le **1-800-200-4255** (le **711** pour le service TTY).

Vietnamese: Nếu quý vị nói một ngôn ngữ khác ngoài tiếng Anh, Blue Cross Blue Shield of Massachusetts có các dịch vụ trợ giúp ngôn ngữ cũng như các dịch vụ và hỗ trợ bổ sung thích hợp miễn phí. Xin gọi số **1-800-200-4255** (TTY: **711**).

Korean: 영어 이외의 언어를 사용하시는 경우, Blue Cross Blue Shield of Massachusetts 는 언어 지원 서비스 및 적절한 보조 기구와 서비스를 무료로 제공해 드립니다. **1-800-200-4255** (TTY: **711**) 번으로 전화하십시오.

Russian: Если вы не говорите на английском языке, Blue Cross Blue Shield of Massachusetts предлагает бесплатные услуги перевода, а также соответствующие вспомогательные средства и услуги. Звоните по телефону **1-800-200-4255** (TTY: **711**).

Arabic: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن Blue Cross Blue Shield of Massachusetts لديها خدمات مساعدة لغوية ووسائل مساعدة وخدمات مناسبة متاحة مجانًا. اتصل بالرقم **1-800-200-4255** (الهاتف النصي: 711).

Hindi: यदि आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो Blue Cross Blue Shield of Massachusetts में भाषा सहायता सेवाएँ और उपयुक्त सहायक उपकरण और सेवाएँ मुफ्त उपलब्ध हैं। **1-800-200-4255** (TTY: 711) पर फोन करें।

Italian: Se parli una lingua diversa dall'inglese, Blue Cross Blue Shield of Massachusetts fornisce gratuitamente servizi di assistenza linguistica, nonché aiuti e servizi ausiliari adeguati. Chiama il numero **1-800-200-4255** (TTY: 711).

Portuguese: Se você fala um idioma diferente do inglês, a Blue Cross Blue Shield of Massachusetts tem serviços de assistência linguística e auxílios e serviços auxiliares apropriados disponíveis gratuitamente. Ligue para **1-800-200-4255** (TTY: 711).

Haitian Creole: Si w pale yon lòt lang ki pa Anglè, Blue Cross Blue Shield of Massachusetts gen sèvis asistans pou lang, epitou èd ak sèvis oksilyè apwopriye ki disponib gratis. Rele **1-800-200-4255** (TTY: 711).

Polish: Jeśli użytkownik mówi w języku innym niż angielski, Blue Cross Blue Shield of Massachusetts oferuje bezpłatne usługi językowe oraz dostosowane opcje i pomoce w zakresie komunikacji. Prosimy zadzwonić pod numer **1-800-200-4255** (TTY: 711).

Gujarati: જો તમે અંગ્રેજી સિવાયની ભાષા બોલો છો, તો Blue Cross Blue Shield of Massachusetts માં ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સહાય અને સેવાઓ મફતમાં ઉપલબ્ધ છે. **1-800-200-4255** (TTY: 711) પર કોલ કરો.

Greek: Εάν μιλάτε άλλη γλώσσα εκτός της αγγλικής, η Blue Cross Blue Shield of Massachusetts διαθέτει υπηρεσίες γλωσσικής υποστήριξης και κατάλληλα βοηθήματα και υπηρεσίες που διατίθενται δωρεάν. Καλέστε στο **1-800-200-4255** (TTY: 711).

Khmer: ប្រសិនបើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស នោះ Blue Cross Blue Shield of Massachusetts នឹងផ្តល់ជូនសេវាកម្មជំនួយផ្នែកភាសា និងជំនួយ និងសេវាកម្មបន្ថែមសមស្របដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ **1-800-200-4255** (TTY: 711)។

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ATENÇÃO: Se você fala um idioma diferente do inglês, a Blue Cross Blue Shield of Massachusetts tem serviços de assistência linguística e auxílios e serviços auxiliares apropriados disponíveis gratuitamente. Ligue para **1-800-200-4255** (TTY: 711).

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare.

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