



Effective: 1/1/2025

# WELCOME MIAA TOWN OF WENHAM MEDICARE RETIREES

## GET THE MOST OUT OF YOUR PLAN



VISIT MYBLUE



FIND A DOCTOR



CONTACT US



SAVINGS AND DEALS



UNDERSTANDING YOUR PLAN AND BENEFITS

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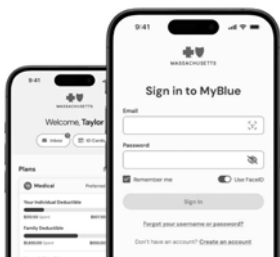
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**INTRODUCING THE NEW MYBLUE APP**  
The simplest way to tap into your health plan.

**Sign in to the MyBlue app.**

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# MEDEX<sup>®</sup> 2

This Medex plan provides benefits for:

- Medicare Part A and B Deductibles and Coinsurances
- OBRA Benefits

This Medex plan does not provide benefits for:

- Prescription Drugs

## UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan:



COVERAGE AND BENEFITS



CLAIMS AND BALANCES

**Sign in**

Download the app, or create an account at [bluecrossma.org](https://bluecrossma.org).



## QUESTIONS? CALL 1-800-258-2226. (TTY) 711.

The Member Service staff can assist you Monday through Friday, 8 a.m. to 6 p.m.

Medicare Office Telephone Number in Massachusetts: 1-800-MEDICARE (1-800-633-4227)



This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance; however, the Commonwealth of Massachusetts has stated that enrollment in Original Medicare (Medicare Part A and Medicare Part B) satisfies these standards.

# YOUR MEDICAL BENEFITS

	Medicare Provides	Medex Provides
<b>Inpatient Care</b>		
Hospital care—including surgical services, X-rays and lab tests, anesthesia, drugs and medications, and intensive care services	<ul style="list-style-type: none"> <li>• Coverage for days 1–60 per benefit period after Part A deductible</li> <li>• Coverage for days 61–90 after daily Part A coinsurance</li> <li>• Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Full coverage of Medicare deductible and coinsurance</li> <li>• Full coverage of lifetime reserve day coinsurance</li> <li>• Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up<sup>†</sup></li> </ul>
Physician or other professional provider services	80% of approved charges after annual Part B deductible	Full coverage of Medicare deductible and coinsurance
Skilled nursing facility—participating with Medicare*	<ul style="list-style-type: none"> <li>• Full coverage for days 1–20</li> <li>• Coverage for days 21–100 after daily Part A coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Full coverage of Medicare daily coinsurance for days 21–100</li> <li>• \$10 daily for days 101–365</li> </ul>
Skilled nursing facility—not participating with Medicare*	No benefits	\$8 daily for 365 days per benefit period
<b>Outpatient Care</b>		
Emergency services	80% of approved charges after annual Part B deductible	After a \$50 copayment per visit (waived if admitted or for observation stay), full coverage of Medicare deductible and coinsurance
Office visits, podiatrists' services	80% of approved charges after annual Part B deductible	After a \$10 copayment per visit, full coverage of Medicare deductible and coinsurance
Routine physical exam	No benefits	Full coverage for one routine physical exam per calendar year
Surgery, radiation therapy, X-ray and lab tests, durable medical equipment, and cardiac rehabilitation services	80% of approved charges after annual Part B deductible	Full coverage of Medicare deductible and coinsurance
Blood glucose monitors and materials to test for the presence of blood sugar	80% of approved charges after annual Part B deductible for all diabetics	Full coverage of Medicare deductible and coinsurance
Urine test strips (Claims must be submitted on a Medex Subscriber Claim form)	No benefits	Full coverage based on the allowed charge
Chiropractor services	80% of approved charges after annual Part B deductible, for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray	After a \$10 copayment per visit, full coverage of Medicare deductible and coinsurance for Medicare-approved charges only
Short-term rehabilitation – physical therapy, speech-pathology, and occupational therapy services approved by Medicare	80% of approved charges after annual Part B deductible	After a \$10 copayment per visit, full coverage of Medicare deductible and coinsurance

	Medicare Provides	Medex Provides
<b>Mental Health and Substance Use Treatment</b>		
<b>Biologically based mental conditions**</b>		
Inpatient admissions in a general or mental hospital	<ul style="list-style-type: none"> <li>• Coverage for days 1–60 per benefit period after Part A deductible</li> <li>• Coverage for days 61–90 after daily Part A coinsurance</li> <li>• Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance</li> <li>• Coverage for mental hospital admissions is limited to a 190 day lifetime maximum</li> </ul>	<ul style="list-style-type: none"> <li>• Full coverage of Medicare deductible and coinsurance</li> <li>• Full coverage of lifetime reserve day coinsurance</li> <li>• Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up†</li> </ul>
Outpatient visits	80% of approved charges after annual Part B deductible	After a \$10 copayment per visit: <ul style="list-style-type: none"> <li>• When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum</li> <li>• When not covered by Medicare, full coverage with no visit maximum</li> </ul>
<b>Non-biologically based mental conditions</b>		
Inpatient admissions in a general hospital	<ul style="list-style-type: none"> <li>• Coverage for days 1–60 per benefit period after Part A deductible</li> <li>• Coverage for days 61–90 after daily Part A coinsurance</li> <li>• Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Full coverage of Medicare deductible and coinsurance</li> <li>• Full coverage of lifetime reserve day coinsurance</li> <li>• Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up†</li> </ul>
Inpatient admissions in a mental hospital	Same coverage as a general hospital, but coverage is limited to a 190 day lifetime maximum	<ul style="list-style-type: none"> <li>• Full coverage of Medicare deductible and coinsurance</li> <li>• Full coverage of lifetime reserve day coinsurance</li> <li>• When Medicare benefits are used up, full coverage up to 120 days per benefit period (at least 60 days per calendar year), less any days in a mental hospital already covered by Medicare or Medex in that benefit period (or calendar year)†</li> </ul>
Outpatient visits	80% of approved charges after annual Part B deductible	After a \$10 copayment per visit: <ul style="list-style-type: none"> <li>• When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum</li> <li>• When not covered by Medicare, full coverage up to 24 visits per calendar year</li> </ul>

† The additional days are a combination of days in a general or mental hospital.

\* A combined maximum of 365 days per benefit period in a Medicare participating and non-participating skilled nursing facility.

\*\* Treatment of rape-related mental or emotional disorders for victims of an assault with intent to rape is covered to the same extent as biologically based conditions.

	Medicare Provides	Medex Provides
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### Vision Care

Services by participating ophthalmologists or optometrists	<ul style="list-style-type: none"> <li>80% of approved charges after annual Part B deductible for ophthalmologists</li> <li>80% of approved charges after annual Part B deductible for exams related to aphakia (condition following cataract surgery) for optometrists</li> </ul>	Full coverage for one routine vision exam every 2 calendar years
Vision supplies	No benefits	Full coverage, up to \$150 every 24 months, for one set of frames and prescription lenses (or contact lenses)

### Hearing Care

Hearing exams or tests	No benefits in most situations	For services not approved by Medicare, full coverage for one routine hearing exam every 2 calendar years
Hearing aids	No benefits	Full coverage for up to \$1,500 every 2 calendar years, for one hearing aid or one set of binaural hearing aids

### Preventive Services Approved by Medicare and Medex

Medicare provides coverage for certain preventive services at no cost to members. For the current list of covered preventive services, refer to your Medicare & You handbook or go to [medicare.gov](https://www.medicare.gov). Some preventive covered services are highlighted below.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>One routine fecal-occult blood test every year for members age 50 or older (Full coverage for tests)</li> <li>One routine flexible sigmoidoscopy every four years for members age 50 or older (Full coverage for tests)</li> <li>One routine colonoscopy every two years for a high-risk member (Full coverage for tests)</li> <li>Other routine colorectal cancer screening tests or procedures and changes to tests or procedures according to frequency limits set by Medicare (Full coverage for tests)</li> <li>Routine prostate cancer screening for members 50 or older including one (PSA) test and one digital rectal exam, per calendar year (Full coverage for exam if doctor accepts assignment, full coverage for PSA test)</li> </ul> | <ul style="list-style-type: none"> <li>One routine gynecological exam every two years (Full coverage for exam if doctor accepts assignment)</li> <li>One routine gynecological exam per calendar year for a member at high risk for cancer (Full coverage for exam if doctor accepts assignment)</li> <li>One baseline mammogram during the five year period a member is age 35-39 and one routine mammogram per calendar year for members age 40 and older (Full coverage for screening)</li> <li>One routine Pap smear test per calendar year (Full coverage for test)</li> </ul> |
|--|---|

### Important Information

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>The Medicare deductible and coinsurance amounts are subject to change January 1 of each year.</li> <li>Benefits are available immediately upon your effective date.</li> </ul> | <ul style="list-style-type: none"> <li>Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary.</li> </ul> |
|---|--|

**Get the Most from Your Plan: Visit us at [bluecrossma.org](https://bluecrossma.org) or call 1-800-258-2226 to learn about discounts, savings, resources, and special programs available to you, like those listed below.**

<b>Fitness Reimbursement:</b> a benefit that rewards participation in qualified fitness programs or equipment (see your plan description for details)	\$150 per calendar year
<b>Weight Loss Reimbursement:</b> a benefit that rewards participation in a qualified weight loss program (see your plan description for details)	\$150 per calendar year

Limitations and Exclusions. These pages summarize your health care plan. Your plan description and riders define the full terms and conditions. Should any questions arise concerning benefits, the plan description and riders will govern. For a complete list of limitations and exclusions, refer to your plan description and riders.

**Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.  
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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

## BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

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

If you need these services, call Member Service at the number on your ID card.

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 Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689 (TTY: 711)**; fax at **1-617-246-3616**; or email at **[civilrightscordinator@bcbsma.com](mailto:civilrightscordinator@bcbsma.com)**.

If you need help filing a grievance, the Civil Rights Coordinator 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](https://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](https://hhs.gov)**.

# PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

**Spanish/Español:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

**Portuguese/Português:** ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

**Chinese/简体中文:** 注意：如果您讲中文，我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部（TTY 号码：711）。

**Haitian Creole/Kreyòl Ayisyen:** ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

**Vietnamese/Tiếng Việt:** LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

**Russian/Русский:** ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

## Arabic/العربية:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": 711).

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនជំនាញ៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

**French/Français:** ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : 711).

**Italian/Italiano:** ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

**Korean/한국어:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

**Greek/Ελληνικά:** ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).

**Polish/Polski:** UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

**Hindi/हिंदी:** ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

**Gujarati/ગુજરાતી:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

**Tagalog/Tagalog:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

**Japanese/日本語:** お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

**German/Deutsch:** ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

**Persian/پارسیان:**

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

**Lao/ພາສາລາວ:** ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

**Navajo/Diné Bizaad:** BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowólgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béésh bee hodíílnih (TTY: 711).

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MASSACHUSETTS

Blue MedicareRx<sup>SM</sup> (PDP)  
**2025 SUMMARY  
OF BENEFITS**

2025 Summary of Benefits  
Blue MedicareRx (PDP)  
Employer Group Medicare  
Prescription Drug Plan with  
Supplemental Coverage:  
\$10 / \$20 / \$35

Option 37

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

S2893\_2414\_GRP\_M

# BLUE MEDICARERx (PDP)

(a Medicare Prescription Drug Plan (PDP) offered by ANTHEM INSURANCE CO., BCBSMA, BCBSRI, & BCBSVT with a Medicare contract)

## SUMMARY OF BENEFITS

**January 1, 2025 - December 31, 2025**

Thank you for your interest in Blue MedicareRx. Blue MedicareRx includes standard Medicare Part D benefits supplemented with coverage provided by your former employer/union health plan. Blue MedicareRx is referred to throughout this Summary of Benefits as “plan” or “this plan.”

This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call us and ask for the “Evidence of Coverage.”

## FOR MORE INFORMATION

### Hours of Operation

You can call us 24 hours a day, 7 days a week.

### Blue MedicareRx Phone Numbers and Website

Please call Blue MedicareRx for more information about our plan.

Current members should call toll-free **1-888-543-4917**. (TTY/TDD **711**).

Prospective Members, please contact your benefits administrator.

Visit us at our Document Portal:  
**rxmedicareplans.memberdoc.com**.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at **<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

This document is available in other formats such as Braille and large print. For additional information, call us at **1-888-543-4917**, 24 hours a day, 7 days a week. TTY/TDD users should call **711**.

## WHO CAN JOIN?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, are a US citizen or are lawfully present in the United States and live in the service area which includes the United States and its territories.

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA private fee-for-service (MA PFFS) plan that includes Medicare prescription drugs, you may not enroll in a prescription drug plan (PDP) unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service (PFFS) plan that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP. Please contact your local benefits administrator for more information.

## WHICH DRUGS ARE COVERED?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our Document Portal at: [rxmedicareplans.memberdoc.com](https://rxmedicareplans.memberdoc.com). Or, call us and we will send you a copy of the formulary.

## HOW WILL I DETERMINE MY DRUG COSTS?

Our plan groups each medication into one of 3 “tiers”. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier, your out-of-pocket prescription costs to date and what stage of the benefit you have reached. Later in this document we discuss the benefit stages in your Medicare prescription drug coverage that occur: Initial Coverage and Catastrophic Coverage. For more information about formulary tiers and stages of the benefit, please see the plan's formulary and the Evidence of Coverage on our Document Portal at: [rxmedicareplans.memberdoc.com](https://rxmedicareplans.memberdoc.com), or contact Customer Care at the number listed above.

## WHICH PHARMACIES CAN I USE?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's pharmacy directory on our Document Portal at: [rxmedicareplans.memberdoc.com](https://rxmedicareplans.memberdoc.com). Or, call us and we will send you a copy of the pharmacy directory.

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## ADDITIONAL BENEFIT INFORMATION FOR BLUE MEDICARERX

### Important message about what you pay for vaccines

Our plan covers most Part D vaccines at no cost to you. Call Customer Care 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.

# SUMMARY OF BENEFITS

January 1, 2025 – December 31, 2025

## PRESCRIPTION DRUG BENEFITS

The benefits described below are offered by Blue MedicareRx, a standard Medicare Part D plan supplemented with benefits provided by your former employer.

Initial Coverage		You pay the following until your total yearly drug costs reach \$2,000 <sup>1</sup> :	
Standard Retail Cost-Sharing		One-month supply	Three-month supply <sup>2</sup>
Tier 1	Generic	\$10	\$30
Tier 2	Preferred Brand	\$20	\$60
Tier 3	Non-Preferred Drug	\$35	\$105
Specialty drugs are limited to a one-month supply per fill.			
Mail Order Cost-Sharing		One-month supply	Three-month supply
Tier 1	Generic	\$10	\$20
Tier 2	Preferred Brand	\$20	\$40
Tier 3	Non-Preferred Drug	\$35	\$70
Specialty drugs are limited to a one-month supply per fill.			

### Catastrophic Coverage

During this payment stage, you pay nothing for your Part D covered drugs.

1. All covered drugs are on the Blue MedicareRx group formulary/drug list.
2. Available at retail pharmacies that have agreed to allow members to fill 90-day supplies of their prescriptions.  
Your former employer has provided additional coverage for Lifestyle drugs and select vitamins. Please contact Customer Care with any questions regarding this coverage.

# GENERAL INFORMATION

In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.

Certain prescription drugs will have maximum quantity limits.

Your provider must get prior authorization from Blue MedicareRx for certain prescription drugs.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances as long as the pharmacy is located within

the United States and its territories. For examples of what would qualify as special circumstances, refer to the Evidence of Coverage (EOC). Your copayment and/or coinsurance at out-of-network pharmacies is the same as at network pharmacies and depends on whether you purchase a Generic, Brand, or Non-Preferred drug. When using an out of network pharmacy, you may be responsible for any cost differential between the amount charged and the allowed charge.

Medicare considers drugs which cost more than \$950 for a one month supply to be specialty drugs.

## Blue MedicareRx:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - » Qualified sign language interpreters
  - » Written information in other formats (Braille, large print, audio CD, data CD, accessible electronic formats, and other formats)
- Provides free language services to people whose primary language is not English, such as:
  - » Qualified interpreters
  - » Information written in other languages

**If you need these services, call the number on the back of your Member ID Card. TTY/TDD users should call 711.**

**If you believe that Blue MedicareRx 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:**

### Blue MedicareRx (PDP)

Grievance Department Coordinator  
P.O. Box 30016  
Pittsburgh, PA 15222-0330  
Phone: 1-866-884-9478  
Fax: 1-866-217-3353

You can file a grievance in person, by mail, or fax.  
If you need help filing a grievance, Blue MedicareRx  
Grievance Department 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, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:**

### U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, TTY: 1-800-537-7697

Complaint forms are available at  
[hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

You can file a complaint if you feel that you received inaccurate, misleading, or inappropriate information. Please call Customer Care at the number listed on the back page of this booklet (TTY users call: 711). If your complaint involves a broker or agent, be sure to include the name of the broker/agent when filing your complaint.





## FOR QUESTIONS, OR TO ENROLL:

### **This information is not a complete description of benefits. Please refer to the contact list below for more information.**

Please call Blue MedicareRx for more information about our plan. Current members should call toll-free 1-888-543-4917. (TTY/TDD 711) Prospective Members, please contact your benefits administrator. Visit us at [rxmedicareplans.memberdoc.com](https://rxmedicareplans.memberdoc.com)

### **Customer Care Hours:**

24 hours a day, 7 days a week

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [medicare.gov](https://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.



**MASSACHUSETTS**

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

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans.

The joint enterprise is a Medicare-approved Part D Sponsor.

Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

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MASSACHUSETTS

Medicare PPO Blue (PPO)

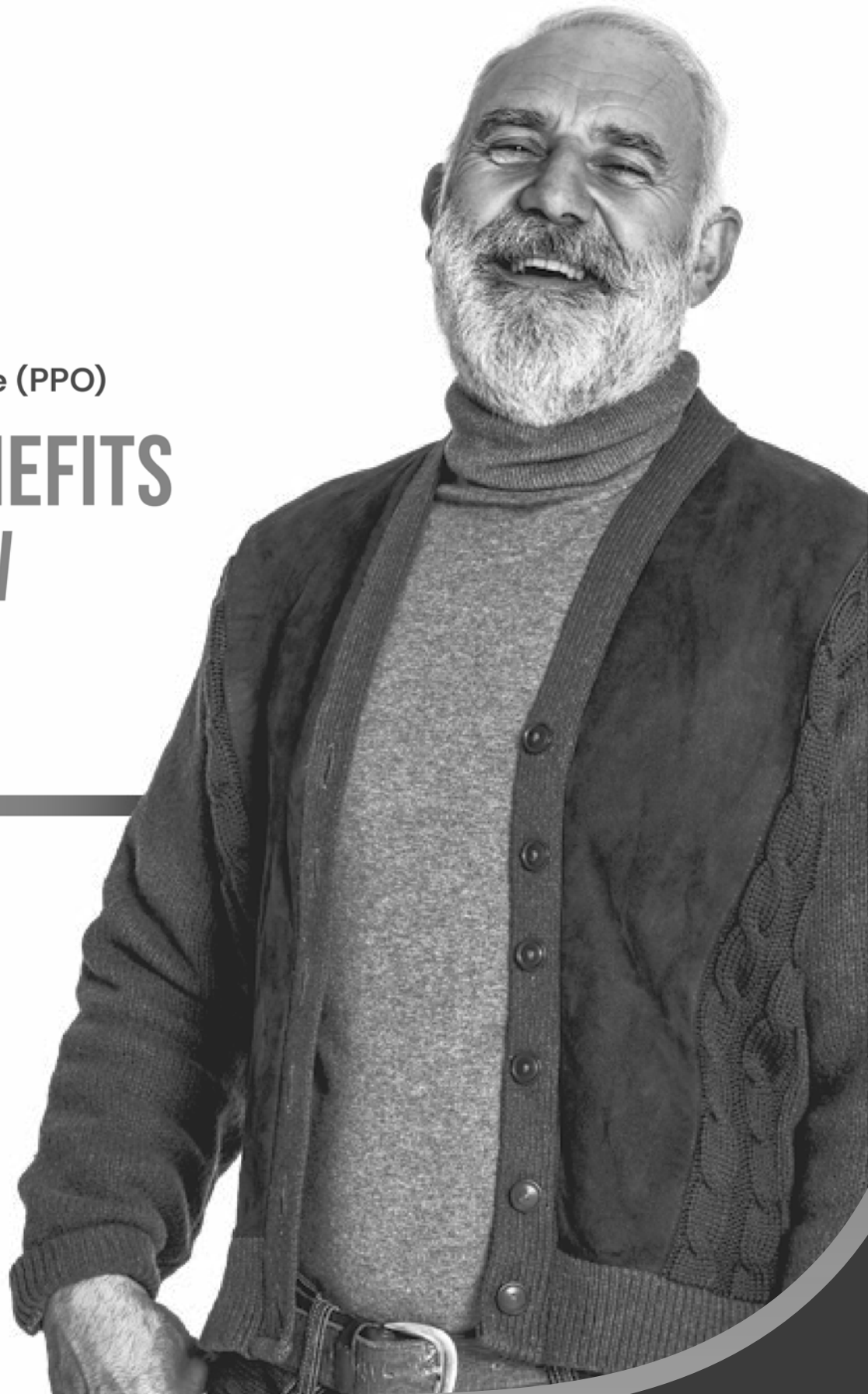
# 2025 BENEFITS OVERVIEW

Drug copayments

\$10 - \$20 - \$35

FreedomRx Option

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# WE KNOW MEDICARE

We have the knowledge and expertise to help you every step of the way.



## Quality

More people in Massachusetts choose our Medicare plans over any other option.<sup>1</sup>



## Service

Our dedicated Medicare experts are always ready to answer your questions.



## Trust

We've been providing high-quality, affordable Medicare coverage for more than 50 years.

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# OVER 8 MILLION

Medicare members in America are enrolled in a Blue Cross Blue Shield plan.<sup>2</sup>



**Getting the best benefits should be easy. That's why we're here. If you ever have any questions or concerns, we're always happy to talk you through them. Call 1-800-200-4255 (TTY: 711) for more information.**

1. Represents Medicare Advantage and Medicare Supplemental Individual and Group plan membership based on data from CMS (cms.gov) and the Massachusetts Department of Insurance (mass.gov).

2. Data attributed to all Blue Cross Blue Shield Association plans across America; CMS; Barclays Research, 2023, Quarter 1, Brand Protection Financial Services Reporting.



**IMPORTANT: IF YOU HAVEN'T ENROLLED IN MEDICARE, CONTACT YOUR LOCAL SOCIAL SECURITY OFFICE THREE MONTHS PRIOR TO YOUR 65TH BIRTHDAY.**

# COVERED SERVICES FOR MEDICARE PPO BLUE FREEDOMRx (PPO) MEMBERS

The information below provides a summary of the drug and health services covered under this plan. This information is not a complete description of benefits. For more information about this plan, or the actual premiums you will pay, please contact your employer group benefits plan administrator.

Plan specifics	In-network	Out-of-network
Calendar year medical deductible	\$0	\$0
Out-of-pocket maximum	\$3,400 in-network or \$5,100 for combined in- and out-of-network medical services each calendar year—this is the maximum out-of-pocket amount you pay each year for Medicare-covered services.	
Covered services	Your cost for in-network services	Your cost for out-of-network services
Doctor's office or telehealth visits	\$0 per office or telehealth visit	\$0 per visit (telehealth visits not covered)
Inpatient hospital care Hospital care for illness or chronic disease for as many days as medically necessary (includes hospital care in a rehabilitation hospital)	\$0	\$0
Emergency care <sup>1</sup> Hospital emergency room visits	\$0 per visit	\$0 per visit
Urgently needed care <sup>1</sup> Doctor's office or telehealth visit (telehealth visits not covered with an out-of-network provider)	\$0 per office or telehealth visit	\$0 per visit (telehealth visits not covered) \$0 per office visit for urgently needed care outside the United States
Skilled nursing facility (SNF) care Medically necessary care up to 100 days per benefit period <sup>2</sup>	\$0	\$0
Mental health and substance use Outpatient mental health and substance use care when medically necessary	\$0 per office or telehealth visit through a network provider	\$0 per office visit (telehealth not covered)
Inpatient care for mental health and substance use	\$0	\$0
Annual physical exam	\$0	\$0

1. Emergency and urgently needed care are available worldwide.

2. A benefit period begins with the first day of a Medicare-covered inpatient hospital stay and ends with the close of a period of 60 consecutive days during which you were not an inpatient of a hospital or a skilled nursing facility.

Covered services	Your cost for in-network services	Your cost for out-of-network services
Medicare-covered preventive care and screening tests	\$0	\$0
Mammography screening every 12 months	\$0	\$0
Routine gynecological exam once every 24 months	\$0	\$0
Prostate cancer screening exam once per year	\$0	\$0
<b>Routine dental services</b> Preventive routine dental care limited to one initial and periodic oral exam, one cleaning, (prophylaxis only — does not include periodontal cleaning) and one set of bitewing X-rays twice in a calendar year	\$0 per visit	\$45 per visit
<b>Hearing services</b> Routine diagnostic hearing exam once every 12 months	\$0 per visit with a TruHearing provider	\$45 per visit
Hearing aids: Up to two TruHearing®-branded hearing aids every year (one per ear per year). Benefit is limited to TruHearing's Advanced and Premium hearing aids. You must see a TruHearing provider to use this benefit.	\$699 or \$999 copay per aid	No coverage
<b>Vision care</b> Routine refractive eye exam once every 12 months	\$0 per visit with an EyeMed® vision provider	\$45 per visit
Eyewear once every 24 months, up to a \$200 maximum	All costs over \$200 (this allowance is combined in- and out-of-network)	
<b>Other medicare-covered health services</b> Home health services (non-custodial)	\$0	\$0
Durable medical equipment	\$0 (no cost for diabetes equipment and supplies*)	\$0 (no cost for diabetes equipment and supplies*)

\*Coverage for diabetic test strips and blood glucose monitors is limited to OneTouch® products when purchased at participating retail and mail order pharmacies, otherwise you pay all costs. No coverage for other test strips. For additional information, contact Member Service or refer to your Evidence of Coverage.

# COVERED SERVICES FOR MEDICARE PPO BLUE FREEDOMRx (PPO) MEMBERS

Covered services	Your cost for in-network services	Your cost for out-of-network services
Prosthetic devices and ostomy supplies	\$0	\$0
Outpatient diagnostic tests and X-rays	\$0 for cost of lab tests; \$0 per day for CT scans, MRIs, PET scans, and nuclear cardiac imaging tests; \$0 for X-rays and other diagnostic tests	\$0 for cost of lab tests; \$0 per day for CT scans, MRIs, PET scans, and nuclear cardiac imaging tests; \$0 for X-rays and other diagnostic tests
Outpatient radiation therapy	\$0	\$0
Outpatient hospital/ambulatory surgical center	\$0 per visit	\$0 per visit
Physical, occupational, and speech therapy	\$0 per visit	\$0 per visit
Podiatry services Medicare-covered services	\$0 per visit	\$0 per visit
Chiropractic services Manual manipulation of the spine to correct subluxation	\$0 per visit	\$0 per visit
Health and wellness programs Disease-specific health and wellness education	\$0	\$0
Smoking-cessation counseling	\$0	\$0
Health promotion programs Eligible health club membership, exercise classes, online class fees, or fitness equipment	Up to \$150 each calendar year	
Eligible weight-loss program	Up to \$150 each calendar year	

Covered services	Your cost for in-network services	Your cost for out-of-network services
<b>Prescription drug coverage<sup>3,4</sup></b>		
At a participating retail pharmacy (up to a 30-day supply) <sup>4</sup>	\$10 for generic drugs \$20 for preferred drugs \$35 for non-preferred drugs	Available under special circumstances: \$10 for generic drugs \$20 for preferred drugs \$35 for non-preferred drugs
Through a participating mail service pharmacy (up to a 100-day supply for generic drugs, and 90-day supply for other drugs)	\$20 for generic drugs \$40 for preferred drugs \$70 for non-preferred drugs	Available under special circumstances: \$20 for generic drugs \$40 for preferred drugs \$70 for non-preferred drugs

3. Prescription drug copayments/coinsurance apply until your out-of-pocket prescription drug costs for covered Part D drugs reach \$2,000; thereafter, you will pay nothing for all Part D covered drugs.
4. Prescription drugs may be available at retail pharmacies up to a 100-day supply. If available, calculate the copayment charge for each 30-day supply. Refer to the Evidence of Coverage for more details.

## IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES

Our plan covers most Part D vaccines at no cost to you. Call Member Service for more information.

## IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

## MEMBER ELIGIBILITY

To enroll in the plan, members must be eligible for Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium. In addition, members must permanently reside in the plan service area. Blue Cross Blue Shield of Massachusetts' plan service area includes all 50 states, excluding U.S. territories. Network providers may not be available in some states or in portions of a state within the plan service area; in such cases network cost sharing typically applies.

### To locate a participating network provider:

- Call the Member Service phone line during regular business hours
- Use our **Find a Doctor** tool at [bluecrossma.org](https://bluecrossma.org)



## QUESTIONS?

### Member Service

1-800-200-4255 (TTY: 711)

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

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

[bluecrossma.com/medicare](https://bluecrossma.com/medicare)

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

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

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

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

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MASSACHUSETTS

# GET YOUR NO-COST FLU SHOT

The flu shot is quick and easy, and will help protect you and everyone around you this flu season. The flu shot reduces your risk of catching the flu and eases your symptoms if you become sick.<sup>1</sup> Get your flu shot today at a convenient location near you.



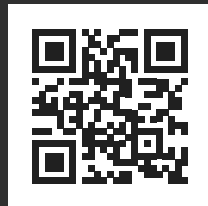
## WHERE TO GET YOUR SHOT

The flu shot is available at no additional cost<sup>2</sup> from in-network providers and locations, like a primary care provider or pharmacy. To find an in-network provider or location near you, go to [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor).



## LEARN MORE

Just about everyone six months and older should get the annual flu shot.<sup>1</sup> Learn more about the flu and the flu shot at [bluecrossma.org/flu](https://bluecrossma.org/flu).



1. CDC, "Seasonal Flu Vaccines," <https://www.cdc.gov/flu/prevent/flushot.htm>.

2. Flu vaccines recommended by the CDC are covered in full when administered by an in-network provider. Exceptions may apply. Check plan materials for details.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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# FITNESS REIMBURSEMENT

Get rewarded for your healthy habits!

Save up to

# \$150



#### Qualified for Reimbursement:

- A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs
- Online fitness memberships, subscriptions, programs, or classes
- Cardiovascular and strength-training equipment for fitness that is purchased for use in the home, such as stationary bikes, weights, exercise bands, treadmills, fitness machines



#### Not Qualified for Reimbursement:

- One-time initiation or termination fees
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
- Personal trainer sessions
- Fitness clothing

## Get Started

To submit your reimbursement, sign in to MyBlue at [bluecrossma.org](https://bluecrossma.org).

## Your reimbursement is waiting!

# FITNESS REIMBURSEMENT REQUEST

Please print all information clearly. To verify that this reimbursement is offered within your plan, or for more information, you can sign in to MyBlue at [bluecrossma.org](http://bluecrossma.org) or call the Member Service number on your ID card. All fitness reimbursement requests must be submitted by March 31 of the following year.

## Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address – Number and Street	City	State	ZIP Code
Employer's Name			

## Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth __/__/__
Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Dependent (up to age 26) <input type="checkbox"/> Other (specify): _____	Name, Address, and Phone Number of Qualified Fitness Expense		
	Total Dollars requested for Qualified Fitness Expense: \$ _____ Calendar year that fees were paid: _____		

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so you should consult your tax advisor.

### Certification and Authorization (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct, and that I have not previously submitted for these services. I enrolled in the qualified program with the full intention of using such program. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified fitness program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

### Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts,  
Local Claims Department,  
PO Box 986030, Boston, MA 02298

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).  
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).  
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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# WEIGHT-LOSS REIMBURSEMENT

Get Rewarded for participating  
in a qualified weight-loss program

Save up to

# \$150



### Qualified for Reimbursement:

#### Participation fees for:

- Hospital-based programs and Weight Watchers<sup>®</sup> in-person
- Weight Watchers online and other non-hospital programs (in-person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists.



### Not Qualified for Reimbursement:

- One-time initiation or termination fees
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions, doctor/nurse visits, lab tests, or other services that are covered benefits under your medical plan

## TWO EASY WAYS TO GET REIMBURSED

Start by picking a qualified program. Once you pay for the program, you can either:



#### SUBMIT ONLINE

Sign in to your MyBlue account, then go to [member.bluecrossma.com/fitness-and-weightloss](https://member.bluecrossma.com/fitness-and-weightloss) to fill out and submit the form.



#### MAIL THE ATTACHED REQUEST FORM

Fill out the attached form, then send the completed form to the address listed.

## Questions?

Visit [bluecrossma.org](https://bluecrossma.org).

# WEIGHT-LOSS REIMBURSEMENT REQUEST

Please Print All Information Clearly. To verify this reimbursement is offered within your plan, or for more information, sign in to MyBlue at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) or call the Member Service number on your ID card. All reimbursement requests must be submitted by March 31 of the following year.

Complete this form and mail it to: Blue Cross Blue Shield of Massachusetts, Local Claims Department, PO Box 986030, Boston, MA 02298

## Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address - Number and Street	City	State	Zip Code
Employer's Name			

## Claim Information

Member Last Name	First Name	Middle Initial	Date of Birth __/__/__
------------------	------------	----------------	---------------------------

Claim is for (choose one and color in the entire box):

- Subscriber (policyholder)
- Spouse (of policyholder)
- Ex-Spouse
- Dependent (up to age 26)
- Other (specify):

Name, Address, and Phone Number of Qualified Fitness or Weight-Loss Program

Total dollars requested: \$ \_\_\_\_\_ for (choose one and color in the entire box):

- Membership or participation fees. Monthly fee: \$ \_\_\_\_\_
- Class fees. Fee per class: \$ \_\_\_\_\_
- Year Fees Paid: \_\_\_\_\_

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

**Certification and Authorization** (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I enrolled in the qualified program with the full intention of using such program. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified fitness program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature:

Date: \_\_/\_\_/\_\_

### Important Information:

- Fitness and weight-loss reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a complete request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
  - Receipts (cash/check/credit/electronic) for membership, participation, or class fees clearly documenting your name, the qualified program name, and individual amounts charged with date paid.
  - Your fitness or weight-loss program membership or participation agreement clearly documenting your name and date of enrollment/participation.
- Reimbursement may be considered taxable income, so consult a tax advisor.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).  
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).  
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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Please Read the Instructions Before Filling Out This Form.

Please TYPE OR PRINT CLEARLY using blue or black ink to avoid coverage delay, or type in information



MASSACHUSETTS



Retiree Enrollment and Change Form

**1. To Be Filled Out by Your Employer**

Municipality Name		Current Medical Group #	Medical Group # Transferring to
Current BCBS ID #, If Any	Requested Effective Date MM DD YYYY	Current Dental Group #	Dental Group # Transferring to
Type of Transaction <input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> TRANSFER		Remarks: (e.g., qualifying event for a new add, change to family, or other instruction) <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Loss of Coverage (HIPAA Continuation of Coverage Letter required) <input type="checkbox"/> Other:	

**2. Yourself**

What products? <input type="checkbox"/> Medex with Blue Medicare Rx (Part D) <input type="checkbox"/> Dental Blue <input type="checkbox"/> Managed Blue for Seniors with Blue Medicare Rx			Membership Type (Dental) <input type="checkbox"/> Individual <input type="checkbox"/> Family	
First Name	M.I.	Last Name	Sex	Date of Birth
Street Address/ P.O. Box #	Apt. #	City/Town	State	ZIP Code
Home Phone ( )	Cell Phone ( )	Email		
Social Security # REQUIRED)	Other Insurance? Y <input type="checkbox"/> / N <input type="checkbox"/>	Other Insurance Company Name	Member Identification Number	
PCP ID # (see instructions)	Name of PCP	City / State	Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>	
Part A Effective Date MM DD YYYY	Part B Effective Date MM DD YYYY	Medicare #	<input type="checkbox"/> 65+ <input type="checkbox"/> Disabled <input type="checkbox"/> ESRD	
			If Retired, Date	

**3. Signatures (Employer & Employee)**

The information here is complete and true. I understand that Blue Cross and Blue Shield will rely on this information to enroll me and my dependents or to make changes to my membership. I understand that I should read the subscriber certificate or benefit booklet provided by my employer to understand my benefits and any restrictions that apply to my health care plan. I understand that Blue Cross and Blue Shield may obtain personal and medical information about me to carry out its business, and that it may use and disclose that information in accordance with law. I acknowledge that I may obtain further information about the collection, use, and disclosure of my information in "Our Commitment to Confidentiality," Blue Cross and Blue Shield's notice of privacy practices.

Retiree's Signature	Date	Employer's Signature	Date
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Employer/Broker Only: Receipt date

Blue MedicareRx (PDP) Medicare Prescription Drug Plan

# 2025 ENROLLMENT FORM

Return completed applications to your employer. Please refer to the Blue MedicareRx (PDP) Evidence of Coverage for a complete listing of all plan benefits, conditions, limitations, and exclusions of coverage.

Please contact Blue MedicareRx (PDP) if you need information in another format.

### Step 1: Please provide information about you. (Please print clearly.)

Group Employer Name:		Requested Effective Date of Coverage:	
LAST name:	FIRST name:	MI:	
Permanent residence street address (P.O. Box is not allowed):			
City:	State:	ZIP code:	
Birth date: (MM/DD/YYYY) ( __ / __ / ____ )		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home phone number:
Mailing address (only if different from your permanent residence address):			
Street/P.O. Box:	City:	State:	ZIP code:
Retirement date of retiree: (MM/DD/YYYY) ( __ / __ / ____ )			

### Step 2: Your Medicare information

Medicare Number: \_\_\_\_\_

### Step 3: Signature

Please read the front and back of this application before providing signatures.

I understand that my signature below (or the signature of the person authorized to act on my behalf under the laws of the State where I reside) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Blue MedicareRx (PDP) or by Medicare.

Signature: \_\_\_\_\_ Today's date: \_\_ / \_\_ / \_\_\_\_

If you're the authorized representative, you must sign above and provide the following information:

Name:	Phone number:	Relationship to enrollee:	
Street/P.O. Box:	City:	State:	ZIP code:

**Step 4: Please read and answer these important questions.**  
**All fields in this section are optional.**

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

**Are you Hispanic, Latino/a, or of Spanish origin?**

Select all that apply.

- No, not of Hispanic, Latino/a, or of Spanish origin
- Yes, Puerto Rican
- Yes, another Hispanic, Latino/a, or of Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Cuban
- I choose not to answer.

**What's your race? Select all that apply.**

- American Indian or Alaska Native
- Black or African American
- White

**Asian:**

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

**Native Hawaiian and Pacific Islander:**

- Guamanian or Chamorro
- Hawaiian
- Samoan
- Other Pacific Islander
- I choose not to answer.

**What is your gender? Select one.**

- Woman
- Man
- Non-binary
- I use a different term: \_\_\_\_\_
- \_\_\_\_\_
- I choose not to answer.

**Which of the following best represents how you think of yourself? Select one.**

- Lesbian or gay
- Bisexual
- Straight, that is, not gay or lesbian
- I use a different term: \_\_\_\_\_
- \_\_\_\_\_
- I don't know.
- I choose not to answer.

**Step 5: Please read this important information.**

**You may only enroll in this plan if you're a retiree or the spouse/dependent of a retiree** who qualifies for this Blue MedicareRx (PDP) plan based upon prior employment with the employer or union offering this plan. This plan isn't available to individuals who work enough hours to qualify to enroll in the employer health plans offered to active employees by the employer or union offering this plan.

**If you're a member of a Medicare Advantage Plan (like an HMO or PPO),** you may already have prescription drug coverage as part of your Medicare Advantage plan. By joining Blue MedicareRx (PDP), your membership in your Medicare Advantage plan may end. This will affect both your doctor and hospital coverage, as well as your prescription drug coverage. Read the information that your Medicare Advantage plan sends you and if you have questions, contact your Medicare Advantage plan.

**If you currently have health coverage from another employer or union,** joining Blue MedicareRx (PDP) could affect your employer or union health benefits. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

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

## Step 6: Please provide your enrollment period information.

Please read the following statements and check the box(es) that apply to you. We'll contact you for additional information.

I'm enrolling during my former employer's Open Enrollment Period.

I'm new to Medicare.  
(Initial Enrollment Period)

Do you work?  Yes  No

Does your spouse work?  Yes  No

## Step 7: Application agreement important: Read this information before signing in section 3.

By completing this enrollment application, I agree to the following: Blue MedicareRx (PDP) is a Medicare Part D drug plan and has a contract with the Federal Government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I'll need to keep my Medicare coverage. It's my responsibility to inform Blue MedicareRx (PDP) of any prescription drug coverage that I have or may get in the future.

I can only be in one Medicare prescription drug plan at a time. If I am currently in a Medicare prescription drug plan, my enrollment in Blue MedicareRx (PDP) will end my enrollment in my current plan. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan only at certain times of the year and under certain special circumstances by sending a request to my former employer.

Blue MedicareRx (PDP) serves a specific service area. If I move out of the area that Blue MedicareRx (PDP) serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies except in an emergency when I cannot reasonably use Blue MedicareRx (PDP) network pharmacies. Once I'm a member of Blue MedicareRx (PDP), I have the right to appeal plan decisions about payment or services if I disagree. I'll read the Evidence of Coverage document from Blue MedicareRx (PDP) when I get it to know which rules I must follow to get coverage.

I understand that if I leave this plan and don't have or obtain other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

## Privacy Act Statement:

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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

### **IMPORTANT**

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

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

Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

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

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# MEDICARE PPO BLUE (PPO)

## To complete your group enrollment form:

Be sure to complete all information, sign, and date your enrollment form. Return the completed form(s) to your employer. We'll contact you in writing when we receive your enrollment form, and notify you of your effective date of coverage.

## WHO CAN USE THIS FORM?

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

### To join a plan, you must:

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

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

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

## WHEN DO I USE THIS FORM?

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

## WHAT DO I NEED TO COMPLETE THIS FORM?

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

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

## REMINDERS:

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



## WHAT HAPPENS NEXT?

**Send your completed and signed form to your prior employer that is offering you retiree coverage.**

**2025 Blue Cross Medicare Advantage  
Medicare PPO Blue (PPO)  
Employer Group Enrollment Form**

Employer Group Received Date

**Employer use only:**

Group name:

Group number:

Requested eff date:

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

First name:

Last name:

Middle name (optional):

Birth date:

Sex:

Phone number:

County (optional):

(MM/DD/YYYY) ( \_ \_ \_ \_ \_ )

Male  Female

(     ) -

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

Street address:

City:

State:

ZIP Code:

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

Street address:

City:

State:

ZIP Code:

**Your Medicare information:**

Medicare Number: \_ \_ \_ - \_ \_ - \_ \_ \_

**IMPORTANT: Read and sign below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Medicare PPO Blue (the Plan).
- By joining this Medicare Advantage Plan, I acknowledge that the Plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement on the next page).
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the United States border.
- I understand that when the Plan coverage begins, I must get all my medical and prescription drug benefits from the Plan. Benefits and services provided by the Plan and contained in the Plan (Evidence of Coverage) document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor the Plan will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - 1) This person is authorized under state law to complete this enrollment, and
  - 2) Documentation of this authority is available upon request by Medicare.

Signature:

Today's date:

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

Name:

Address:

Phone number:

Relationship to enrollee:

(Continued)

**Section 2 - All fields below are optional.**

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

**Are you Hispanic, Latino/a, or of Spanish origin?**

Select all that apply.

- No, not of Hispanic, Latino/a, or of Spanish origin
- Yes, Puerto Rican
- Yes, another Hispanic, Latino/a, or of Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Cuban
- I choose not to answer.

**What's your race? Select all that apply.**

- American Indian or Alaska Native
- Black or African American
- White

**Asian:**

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

**Native Hawaiian and Pacific Islander:**

- Guamanian or Chamorro
- Native Hawaiian
- Samoan
- Other Pacific Islander
- I choose not to answer.

**What is your gender? Select one.**

- Woman
- Man
- Non-binary
- I use a different term: \_\_\_\_\_
- \_\_\_\_\_
- I choose not to answer.

**Which of the following best represents how you think of yourself? Select one.**

- Lesbian or gay
- Bisexual
- Straight, that is, not gay or lesbian
- I use a different term: \_\_\_\_\_
- \_\_\_\_\_
- I don't know
- I choose not to answer.

Check here if you want us to send you information in a language other than English.

Language: \_\_\_\_\_

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

- Large print
- Braille
- Audio CD
- Data CD

If you need information in an accessible format other than what's listed above, please call us at **1-800-200-4255**.

We're open 8:00 a.m. to 8:00 p.m. ET, Monday-Friday, from April 1 to September 30; and 8:00 a.m. to 8:00 p.m. ET, s even days a week, from October 1 to March 31. TTY users can call 711.

Do you work?  Yes  No

Does your spouse work?  Yes  No

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

**Answer these important questions:**

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

Name of other coverage: \_\_\_\_\_

Member number for this coverage: \_\_\_\_\_

Group number for this coverage: \_\_\_\_\_

**Privacy Act Statement**

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

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#### **IMPORTANT**

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

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

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MASSACHUSETTS

| Blue MedicareRx<sup>SM</sup> (PDP)

# Blue MedicareRx<sup>SM</sup> (PDP) 3 Tier Select 2025 Formulary (List of Covered Drugs or “Drug List”)

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

This formulary was updated on 09/20/2024. For more recent information or other questions, please contact Blue MedicareRx at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal ([rxmedicareplans.memberdoc.com](http://rxmedicareplans.memberdoc.com)).

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Care 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.

**Note to existing members:** This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. If you are unsure about which drugs may or may not be covered, please call Customer Care to verify drug coverage.

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means Blue MedicareRx<sup>SM</sup> (PDP). When it refers to “plan” or “our plan,” it means Blue MedicareRx.

This document includes a Drug List (Formulary) for our plan which is current as of January 1, 2025. For an updated Drug List (Formulary), please contact us. Our contact information, along with the date we last updated the Drug List (Formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.



## What is the Blue MedicareRx Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Blue MedicareRx in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. Please note that the formulary is being supplemented by your former employer/union health plan and those drugs are not listed in the formulary.

## Can the formulary change?

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

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

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

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

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Blue MedicareRx Formulary?”

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

**Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of September 20, 2024. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages. If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier), we will notify you by mail. You may also access our formulary on our Document Portal ([rxmedicareplans.memberdoc.com](http://rxmedicareplans.memberdoc.com)) to get information showing changes, additions, and/or deletions of medications contained in our formulary.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### Alphabetical Listing

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

## What are generic drugs?

Blue MedicareRx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

## Are there any restrictions on my coverage?

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

**Prior Authorization:** Blue MedicareRx requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**Quantity Limits:** For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for ATROVENT HFA. This may be in addition to a standard one-month or three-month supply.

**Step Therapy:** In some cases, Blue MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Blue MedicareRx to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Blue MedicareRx formulary?" on page V for information about how to request an exception.

## What if my drug is not on the Formulary?

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

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

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

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

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

Please note that the formulary is being supplemented by your former employer/union health plan and those drugs are not listed in the formulary.

## How do I request an exception to the Blue MedicareRx Formulary?

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

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.

You can ask us to waive coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

You can ask us to cover a formulary drug at a lower cost sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you talk to your prescriber to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

## For more information

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

If you have questions about Blue MedicareRx, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## Blue MedicareRx Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx. Please note that the formulary is being supplemented by your former employer/union health plan and those drugs are not listed in the formulary. If you have trouble finding your drug on the list, turn to the Index that begins at the back of this document.

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

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

- B/D stands for drugs covered under Medicare Part B or D.
- QL stands for Quantity Limits.
- PA stands for Prior Authorization.
- ST stands for Step Therapy.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-888-543-4917, 24 hours a day, 7 days a week. TTY/TDD users should call 711.
- NM stands for No Mail Order. This prescription drug is not available through mail order service.

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANALGESICS</b>			<b>naproxen</b> TABS 250mg, Tier 1		
<b>GOUT</b>			375mg		
<i>allopurinol</i> TABS 100mg, Tier 1			<i>naproxen</i> (generic of Tier 1		
300mg			NAPROSYN) TABS 500mg		
<i>colchicine</i> (generic of Tier 2	QL		<i>sulindac</i> TABS 150mg, Tier 1		
MITIGARE) CAPS .6mg			200mg		
QL (60 caps / 30 days)			<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>colchicine</i> TABS .6mg Tier 1	QL		<i>fentanyl</i> PT72 12mcg/hr, Tier 3		
QL (120 tabs / 30			25mcg/hr, 37.5mcg/hr, QL PA		
days)			50mcg/hr, 62.5mcg/hr,		
<i>colchicine w/ probenecid tab</i> Tier 2			75mcg/hr, 87.5mcg/hr,		
0.5-500 mg			100mcg/hr		
MITIGARE CAPS .6mg Tier 2	QL		QL (10 patches / 30		
QL (60 caps / 30 days)			days)		
<i>probenecid</i> TABS 500mg Tier 2			<i>hydrocodone bitartrate</i> Tier 3		
<b>MISCELLANEOUS</b>			T24A 20mg, 30mg, 40mg, QL PA		
<i>lidocaine hcl</i> (local anesth.) Tier 2	B/D		60mg, 80mg		
(generic of XYLOCAINE- Tier 2			QL (30 tabs / 30 days)		
MPF) SOLN .5%, 1%, 1.5%			<i>hydrocodone bitartrate</i> Tier 1		
<i>lidocaine hcl</i> (local anesth.) Tier 2	B/D		T24A 100mg, 120mg		
(generic of XYLOCAINE) Tier 2			QL (30 tabs / 30 days)		
SOLN .5%, 1%, 2%			<i>methadone hcl</i> TABS 5mg, Tier 2		
<b>NSAIDS</b>			10mg		
<i>celecoxib</i> (generic of Tier 2	QL		QL (90 tabs / 30 days)		
CELEBREX) CAPS 50mg, Tier 2			<i>morphine sulfate</i> (generic of Tier 2		
100mg, 200mg			MS CONTIN) TBCR 15mg, QL PA		
QL (60 caps / 30 days)			30mg, 60mg, 100mg,		
<i>celecoxib</i> (generic of Tier 2	QL		200mg		
CELEBREX) CAPS 400mg			QL (90 tabs / 30 days)		
QL (30 caps / 30 days)			<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>diclofenac potassium</i> TABS Tier 1	QL		<i>acetaminophen w/ codeine</i> Tier 1		
50mg			<i>soln</i> 120-12 mg/5ml		
QL (120 tabs / 30			QL (2700 mL / 30		
days)			days)		
<i>diclofenac sodium</i> TB24 Tier 2			<i>acetaminophen w/ codeine</i> Tier 1		
100mg			<i>tab</i> 300-15 mg		
<i>diclofenac sodium</i> TBEC Tier 1			QL (400 tabs / 30		
25mg, 50mg, 75mg			days)		
<i>flurbiprofen</i> TABS 100mg Tier 2			<i>acetaminophen w/ codeine</i> Tier 1		
<i>ibu</i> TABS 400mg, 600mg, Tier 1			<i>tab</i> 300-30 mg		
800mg			QL (360 tabs / 30		
<i>ibuprofen</i> SUSP 100mg/5ml Tier 2			days)		
<i>ibuprofen</i> TABS 400mg, Tier 1			<i>acetaminophen w/ codeine</i> Tier 1		
600mg, 800mg			<i>tab</i> 300-60 mg		
<i>meloxicam</i> TABS 7.5mg, Tier 1			QL (180 tabs / 30		
15mg			days)		
<i>nabumetone</i> TABS 500mg, Tier 1					
750mg					

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

Blue MedicareRx 3-Tier Select 2025 Comprehensive Drug List effective 01/01/2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 2	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL	<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	Tier 3	QL PA	<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	Tier 1	QL PA	<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 3	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 3	QL	<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 3	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	Tier 2	QL	<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL	<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 2	QL	<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
			<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOSET) QL (180 tabs / 30 days)	Tier 2	QL	<i>gentamicin in saline inj 2 mg/ml</i>	Tier 2	
<i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days)	Tier 1	QL	<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	Tier 2	
<b>ANTI-INFECTIVES</b>			<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 2	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>			<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	Tier 2	
<i>albendazole TABS 200mg</i> QL (672 tabs / year)	Tier 1	QL PA	IMPAVIDO CAPS 50mg	Tier 2	PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	Tier 3		<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (12 tabs / 90 days)	Tier 2	QL PA
ARIKAYCE SUSP 590mg/8.4ml	Tier 2	NM PA	<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	Tier 3	
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 3	QL PA	<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	Tier 3		<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	Tier 3	QL
CAYSTON SOLR 75mg	Tier 2	NM PA	LINEZOLID INJ 2MG/ML	Tier 3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 1		<i>meropenem SOLR 1gm, 500mg</i>	Tier 3	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml, 9000mg/60ml	Tier 2		<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	Tier 2	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	Tier 3		<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 2	
<i>dapsone TABS 25mg, 100mg</i>	Tier 2		<i>metronidazole TABS 250mg, 500mg</i>	Tier 1	
DAPTOMYCIN SOLR 350mg	Tier 2		<i>neomycin sulfate TABS 500mg</i>	Tier 1	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	Tier 1		<i>nitazoxanide TABS 500mg</i> QL (6 tabs / 30 days)	Tier 1	QL
<i>daptomycin SOLR 500mg</i>	Tier 1		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 2	
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 1	QL	<i>nitrofurantoin monohydrate macro</i> (generic of MACROBID) CAPS 100mg	Tier 2	
<i>ertapenem sodium SOLR 1gm</i>	Tier 2		<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	Tier 3	B/D
<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	Tier 3	
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	Tier 3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL PA
<i>streptomycin sulfate</i> SOLR 1gm	Tier 3	
<i>sulfadiazine</i> TABS 500mg	Tier 1	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	Tier 3	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	Tier 2	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	Tier 1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	Tier 1	
<i>tinidazole</i> TABS 250mg, 500mg	Tier 2	
TOBI PODHALER CAPS 28mg	Tier 2	NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 1	NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 2	
<i>trimethoprim</i> TABS 100mg	Tier 2	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 3	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 3	QL
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	Tier 3	
VANCOMYCIN INJ 1 GM	Tier 3	
VANCOMYCIN INJ 500MG	Tier 3	
VANCOMYCIN INJ 750MG	Tier 3	
<b>ANTIFUNGALS</b>		
ABELCET SUSP 5mg/ml	Tier 3	B/D
<i>amphotericin b</i> SOLR 50mg	Tier 3	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	Tier 1	B/D
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	Tier 3	
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	Tier 2	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml	Tier 2	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 100mg, 150mg, 200mg	Tier 1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 2	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 2	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	Tier 1	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 3	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 3	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	Tier 3	PA
<i>ketoconazole</i> TABS 200mg	Tier 2	PA
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	Tier 3	
<i>nystatin</i> TABS 500000unit	Tier 2	
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	Tier 1	QL PA
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	Tier 3	NM
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	Tier 3	PA	<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL NM
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	Tier 1	QL PA	<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 1	QL NM
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 3	QL	EDURANT TABS 25mg	Tier 2	NM
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL	<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	Tier 3	NM
<b>ANTIMALARIALS</b>			<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Tier 2	NM
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg (generic of MALARONE)	Tier 3		EMTRIVA SOLN 10mg/ml	Tier 3	NM
<i>atovaquone-proguanil hcl</i> tab 250-100 mg (generic of MALARONE)	Tier 3		<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	Tier 1	NM
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 3		<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	Tier 1	NM
COARTEM TAB 20-120MG	Tier 3		FUZEON SOLR 90mg	Tier 2	NM
<i>mefloquine hcl</i> TABS 250mg	Tier 2		INTELENCE TABS 25mg	Tier 3	NM
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2		ISENTRESS CHEW 25mg	Tier 3	NM
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 2		ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NM
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	Tier 3	PA	ISENTRESS HD TABS 600mg	Tier 2	NM
<b>ANTIRETROVIRAL AGENTS</b>			<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	Tier 3	NM	<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	Tier 1	NM
<i>abacavir sulfate</i> TABS 300mg	Tier 2	NM	<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	Tier 3	NM
APTIVUS CAPS 250mg	Tier 2	NM	<i>nevirapine</i> TABS 200mg	Tier 1	NM
<i>atazanavir sulfate</i> CAPS 150mg	Tier 3	NM	NORVIR PACK 100mg	Tier 3	NM
			PIFELTRO TABS 100mg	Tier 2	NM
			PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM
			PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NM

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NM	<i>efavirenz-lamivudine- tenofovir df tab 400-300-300 mg (generic of SYMFI LO)</i>	Tier 1	NM
REYATAZ PACK 50mg <i>ritonavir</i> (generic of NORVIR) TABS 100mg	Tier 2 Tier 2	NM NM	<i>efavirenz-lamivudine- tenofovir df tab 600-300-300 mg (generic of SYMFI)</i>	Tier 1	NM
RUKOBIA TB12 600mg	Tier 2	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg (generic of TRUVADA)</i>	Tier 1	QL NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 2	NM	QL (30 tabs / 30 days)		
SELZENTRY TABS 25mg	Tier 3	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg (generic of TRUVADA)</i>	Tier 1	QL NM
SUNLENCA TBPK 300mg <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 2	NM	QL (30 tabs / 30 days)		
TIVICAY TABS 10mg	Tier 2	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg (generic of TRUVADA)</i>	Tier 1	QL NM
TIVICAY TABS 25mg, 50mg	Tier 2	NM	QL (30 tabs / 30 days)		
TIVICAY PD TBSO 5mg	Tier 2	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg (generic of TRUVADA)</i>	Tier 3	QL NM
TYBOST TABS 150mg	Tier 2	NM	QL (30 tabs / 30 days)		
VIRACEPT TABS 250mg, 625mg	Tier 2	NM	<i>EVOTAZ TAB 300-150</i>	Tier 2	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NM	<i>GENVOYA TAB</i>	Tier 2	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	Tier 3	NM	<i>JULUCA TAB 50-25MG</i>	Tier 2	NM
<i>zidovudine</i> TABS 300mg	Tier 2	NM	<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 3	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>			<i>lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	Tier 3	NM
<i>abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)</i>	Tier 2	NM	<i>lopinavir-ritonavir tab 100-25</i> Tier 3	NM	
BIKTARVY TAB 30-120-15 MG	Tier 2	NM	<i>mg (generic of KALETRA)</i>		
BIKTARVY TAB 50-200-25 MG	Tier 2	NM	<i>lopinavir-ritonavir tab 200-50</i> Tier 3	NM	
CIMDUO TAB 300-300	Tier 2	NM	<i>mg (generic of KALETRA)</i>		
COMPLERA TAB	Tier 2	NM	<i>ODEFSEY TAB</i>	Tier 2	NM
DELSTRIGO TAB	Tier 2	NM	<i>PREZCOBIX TAB 800-150</i>	Tier 2	NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	Tier 2	QL NM	<i>STRIBILD TAB</i>	Tier 2	NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	Tier 2	QL NM	<i>SYMTUZA TAB</i>	Tier 2	NM
DOVATO TAB 50-300MG	Tier 2	NM	<i>TRIUMEQ PD TAB</i>	Tier 2	NM
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg (generic of ATRIPLA)</i>	Tier 1	NM	<i>TRIUMEQ TAB</i>	Tier 2	NM
			<b>ANTITUBERCULAR AGENTS</b>		
			<i>cycloserine</i> CAPS 250mg	Tier 1	
			<i>ethambutol hcl</i> TABS 100mg, 400mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>isoniazid</i> TABS 100mg, 300mg	Tier 1		<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 2	QL
PRIFTIN TABS 150mg	Tier 3		<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 2	QL
<i>pyrazinamide</i> TABS 500mg	Tier 3		<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 2	QL
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	Tier 3		PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 2	QL
<i>rifampin</i> CAPS 150mg, 300mg	Tier 2		PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 2	QL
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	Tier 3		PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NM PA
SIRTURO TABS 20mg, 100mg	Tier 2	NM PA	PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	QL PA
TRECTOR TABS 250mg	Tier 3		RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
<b>ANTIVIRALS</b>			<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	Tier 2	NM
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	Tier 1		<i>rimantadine hydrochloride</i> TABS 100mg	Tier 3	
<i>acyclovir sodium</i> SOLN 50mg/ml	Tier 3	B/D	<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	Tier 2	
<i>adefovir dipivoxil</i> TABS 10mg	Tier 3	NM	<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	Tier 1	
BARACLUDE SOLN .05mg/ml	Tier 2	NM ST	<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	Tier 2	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	Tier 3	NM	VOSEVI TAB	Tier 2	NM PA
EPCLUSA PAK 150-37.5	Tier 2	NM PA	<b>CEPHALOSPORINS</b>		
EPCLUSA PAK 200-50MG	Tier 2	NM PA	<i>cefaclor</i> CAPS 250mg, 500mg	Tier 2	
EPCLUSA TAB 200-50MG	Tier 2	NM PA	<i>cefadroxil</i> CAPS 500mg	Tier 1	
EPCLUSA TAB 400-100	Tier 2	NM PA	CEFAZOLIN SOLR 2gm, 3gm	Tier 3	
<i>ganciclovir sodium</i> SOLR 500mg	Tier 3	B/D	CEFAZOLIN INJ 1GM/50ML	Tier 3	
HARVONI PAK 33.75- 150MG	Tier 2	NM PA	<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 2	
HARVONI PAK 45-200MG	Tier 2	NM PA			
HARVONI TAB 45-200MG	Tier 2	NM PA			
HARVONI TAB 90-400MG	Tier 2	NM PA			
<i>lamivudine (hbv)</i> TABS 100mg	Tier 3	NM			
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 2	QL NM PA			
MAVYRET PAK 50-20MG	Tier 2	NM PA			
MAVYRET TAB 100-40MG	Tier 2	NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3		<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 3	
<i>cefdinir</i> CAPS 300mg	Tier 1		ERYTHROCIN	Tier 3	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2		LACTOBIONATE SOLR 500mg		
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 3		<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 3	
<i>cefixime</i> CAPS 400mg	Tier 3		<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 3		<b>FLUOROQUINOLONES</b>		
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	Tier 2		<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 2	
<i>cefprozil</i> TABS 250mg, 500mg	Tier 2		<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 3		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3		<i>ciprofloxacin hcl</i> TABS 750mg	Tier 1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 1		<i>levofloxacin</i> SOLN 25mg/ml	Tier 3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 2		<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1		<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 2	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2		<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 3		<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 2	
TEFLARO SOLR 400mg, 600mg	Tier 2		<i>moxifloxacin hcl</i> TABS 400mg	Tier 2	
<b>ERYTHROMYCINS/MACROLIDES</b>			<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Tier 3	
<i>azithromycin</i> PACK 1gm	Tier 2		<b>PENICILLINS</b>		
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2		<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	Tier 1	
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1		<i>amoxicillin</i> (generic of AMOXICILLIN) SUSR 400mg/5ml	Tier 1	
<i>azithromycin</i> TABS 600mg	Tier 1		<i>amoxicillin &amp; k clavulanate</i> <i>chew tab 400-57 mg</i>	Tier 2	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3				
<i>clarithromycin</i> TABS 250mg, 500mg	Tier 2				
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 2		<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 3		<i>penicillin g sodium SOLR 5000000unit</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 2		<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	Tier 2		<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 2		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	Tier 1		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1		<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 3	
<i>ampicillin CAPS 500mg</i>	Tier 1		<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 3	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	Tier 3		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 3	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	Tier 3		<b>TETRACYCLINES</b>		
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 3		<i>doxy 100 SOLR 100mg</i>	Tier 3	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 3		<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	Tier 1	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	Tier 3		<i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	Tier 2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	Tier 3		<i>doxycycline hyclate CAPS 50mg; TABS 20mg, 100mg</i>	Tier 2	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	Tier 3		<i>doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg</i>	Tier 2	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	Tier 2		<i>doxycycline hyclate SOLR 100mg</i>	Tier 3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	Tier 3		<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	Tier 2	
<i>nafcillin sodium SOLR 10gm</i>	Tier 1		<i>tetracycline hcl CAPS 250mg, 500mg</i>	Tier 3	
			<i>tigecycline (generic of TYGACIL) SOLR 50mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANTINEOPLASTIC AGENTS</b>			<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>			<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 2	B/D	ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 3	B/D	EULEXIN CAPS 125mg	Tier 1	
GLEOSTINE CAPS 10mg, 40mg	Tier 3	NM	<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Tier 3	
GLEOSTINE CAPS 100mg	Tier 2	NM	FIRMAGON SOLR 80mg	Tier 3	NM PA
<b>ANTIMETABOLITES</b>			FIRMAGON SOLR 120mg/vial	Tier 2	NM PA
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 2	QL NM PA	<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 1	
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2	QL NM PA	<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 3	NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2	QL NM PA	LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2	NM PA
<i>mercaptopurine</i> TABS 50mg	Tier 2		LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2	NM PA
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D	LYSODREN TABS 500mg	Tier 2	NM
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2	QL NM PA	<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 2	
PURIXAN SUSP 2000mg/100ml	Tier 2	NM	<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	Tier 1	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>			NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA	ORGOVYX TABS 120mg	Tier 2	NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA	ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 2	QL NM PA	ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 2	QL NM PA	SOLTAMOX SOLN 10mg/5ml	Tier 2	
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Tier 1		<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 1	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Tier 1		<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	Tier 3	PA
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 3	NM PA	XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2	QL NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
			XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>IMMUNOMODULATORS</b>					
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM PA	ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	QL NM PA	AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 2	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL NM PA	AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	QL NM PA	BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	QL NM PA	BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 2	QL NM PA	BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
<b>MISCELLANEOUS</b>					
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 2	QL NM PA	BOSULIF CAPS 50mg QL (360 caps / 30 days)	Tier 2	QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 1	QL NM PA	BOSULIF CAPS 100mg QL (150 caps / 25 days)	Tier 2	QL NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	Tier 1		BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 2	QL NM PA	BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
MATULANE CAPS 50mg <i>tretinoin</i> (chemotherapy) CAPS 10mg	Tier 2 Tier 1	NM	BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 2	QL NM PA
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA	BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM PA
<b>MOLECULAR TARGET AGENTS</b>					
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 2	QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
			CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
			CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 2	QL NM PA	FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 2	QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 2	QL NM PA	GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 2	QL NM PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 2	QL NM PA	GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 2	QL NM PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 2	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 2	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 2	QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	Tier 1	QL NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 2	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	Tier 1	QL NM PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2	QL NM PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 2	QL NM PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL NM PA

Blue MedicareRx 3-Tier Select 2025 Comprehensive Drug List effective 01/01/2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA	LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 2	QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 2	QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 2	QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 2	QL NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 2	QL NM PA	LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 2	QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 2	QL NM PA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 2	QL NM PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 2	QL NM PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 2	QL NM PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 2	QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 2	QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 2	QL NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 2	QL NM PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 2	QL NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	Tier 1	QL NM PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 2	QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 2	QL NM PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 2	QL NM PA	MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 2	QL NM PA	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 2	QL NM PA	RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2	QL NM PA	REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 2	QL NM PA	ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 2	QL NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 2	QL NM PA	ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA	ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 2	QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 2	QL NM PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 2	QL NM PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 2	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA	SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 2	QL NM PA	<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 2	QL NM PA	SPRYCEL TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA	SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 2	QL NM PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 2	QL NM PA	<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 1	QL NM PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM PA	TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 2	QL NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	Tier 2	QL NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2	QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 2	QL NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2	QL NM PA	VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2	QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	Tier 2	QL NM PA	VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 2	QL NM PA	VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2	QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 2	QL NM PA	VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	Tier 2	QL NM PA
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	XALKORI CPSP 20mg QL (240 caps / 30 days)	Tier 2	QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 2	QL NM PA	XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 2	QL NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 2	QL NM PA	XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	Tier 2	QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 2	QL NM PA	XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 2	QL NM PA	XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 2	QL NM PA

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 2	QL NM PA	<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA	<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	Tier 2	QL NM PA	<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	Tier 2	QL NM PA	<i>benazepril &amp; hydrochlorothiazide tab 5- 6.25mg</i>	Tier 2	
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	<i>benazepril &amp; hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	Tier 2	
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2	QL NM PA	<i>benazepril &amp; hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	Tier 2	
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA	<i>benazepril &amp; hydrochlorothiazide tab 20- 25 mg</i> (generic of LOTENSIN HCT)	Tier 2	
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	<i>enalapril maleate &amp; hydrochlorothiazide tab 5- 12.5 mg</i>	Tier 1	
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 2	QL NM PA	<i>enalapril maleate &amp; hydrochlorothiazide tab 10- 25 mg</i> (generic of VASERETIC)	Tier 1	
<b>PROTECTIVE AGENTS</b>			<i>fosinopril sodium &amp; hydrochlorothiazide tab 10- 12.5 mg</i>	Tier 2	
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 2		<i>fosinopril sodium &amp; hydrochlorothiazide tab 20- 12.5 mg</i>	Tier 2	
MESNEX TABS 400mg	Tier 2		<i>lisinopril &amp; hydrochlorothiazide tab 10- 12.5 mg</i> (generic of ZESTORETIC)	Tier 1	
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>			<i>lisinopril &amp; hydrochlorothiazide tab 20- 12.5 mg</i> (generic of ZESTORETIC)	Tier 1	
<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> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL			
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	Tier 1		<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	Tier 1	
<b>ACE INHIBITORS</b>			<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>benazepril hcl TABS 5mg</i>	Tier 1		<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1		<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1		<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	Tier 1		<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1		ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	Tier 2	QL
<i>moexipril hcl TABS 7.5mg, 15mg</i>	Tier 2		ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	Tier 2	QL
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	Tier 2		ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	Tier 2	QL
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	Tier 1		ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	Tier 2	QL
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1		ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	Tier 2	QL
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	Tier 1		<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>			<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	Tier 2		<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 1	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL			
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	Tier 1				
<b>ALPHA BLOCKERS</b>					
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 1				
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 1		<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	Tier 1		<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 2	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL	<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 2	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL	<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL	<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL	<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL	<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL	<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL	<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 2	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL	<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 2	QL
			<b>ANTIARRHYTHMICS</b>		
			<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 3	
			<i>amiodarone hcl</i> TABS 200mg	Tier 1	
			<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	Tier 3	
			<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 3	NM

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 2		<i>simvastatin</i> TABS 5mg, 80mg	Tier 1	QL
MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 3	QL	QL (30 tabs / 30 days)		
<i>pacerone</i> TABS 100mg, 400mg	Tier 3		<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg	Tier 1	QL
<i>pacerone</i> TABS 200mg	Tier 1		QL (30 tabs / 30 days)		
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	Tier 3		<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	Tier 2		<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 3		<i>cholestyramine light</i> PACK 4gm	Tier 2	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1		<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
<i>sotalol hcl</i> TABS 240mg	Tier 1		<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm	Tier 3	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 2		<i>colestipol hcl</i> PACK 5gm	Tier 3	
<b>ANTILIPEMICS, FIBRATES</b>			<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	Tier 2	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2		<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	Tier 2	
<i>fenofibrate</i> TABS 54mg, 160mg	Tier 2		NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 2	QL
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 2		NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 2	QL
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	Tier 1		<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	Tier 2	QL
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>			QL (60 tabs / 30 days)		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	<i>omega-3-acid ethyl esters</i> <i>cap 1 gm</i> (generic of LOVAZA)	Tier 2	PA
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL	<i>prevalite</i> PACK 4gm	Tier 2	
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL	REPATHA SOSY 140mg/ml	Tier 2	NM PA
			REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Tier 2	NM PA
			REPATHA SURECLICK SOAJ 140mg/ml	Tier 2	NM PA
			VASCEPA CAPS .5gm, 1gm	Tier 2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>			<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab</i>	Tier 1		<i>pindolol TABS</i>	Tier 2	5mg, 10mg
50-25 mg (generic of TENORETIC 50)			<i>propranolol hcl</i> (generic of INDERAL LA)	Tier 2	CP24 60mg, 80mg, 120mg, 160mg
<i>atenolol &amp; chlorthalidone tab</i>	Tier 1		<i>propranolol hcl SOLN</i>	Tier 2	20mg/5ml, 40mg/5ml
100-25 mg (generic of TENORETIC 100)			<i>propranolol hcl TABS</i>	Tier 1	10mg, 20mg, 40mg, 60mg, 80mg
<i>bisoprolol &amp; hydrochlorothiazide tab</i>	Tier 1		<i>timolol maleate TABS</i>	Tier 2	5mg, 10mg, 20mg
2.5-6.25 mg			<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>bisoprolol &amp; hydrochlorothiazide tab</i>	Tier 1		<i>amlodipine besylate</i>	Tier 1	(generic of NORVASC) TABS 2.5mg, 5mg
5-6.25 mg			<i>amlodipine besylate TABS</i>	Tier 1	10mg
<i>bisoprolol &amp; hydrochlorothiazide tab</i>	Tier 1		<i>cartia xt</i> (generic of CARDIZEM CD)	Tier 1	CP24 120mg, 180mg, 240mg, 300mg
10-6.25 mg			<i>dilt-xr</i>	Tier 1	CP24 120mg, 180mg, 240mg
<b>BETA-BLOCKERS</b>			<i>diltiazem hcl</i>	Tier 3	CP12 60mg, 90mg, 120mg
<i>acebutolol hcl CAPS</i>	Tier 2		<i>diltiazem hcl SOLN</i>	Tier 2	25mg/5ml, 50mg/10ml, 125mg/25ml
200mg, 400mg			<i>diltiazem hcl</i> (generic of CARDIZEM)	Tier 1	TABS 30mg, 60mg, 120mg
<i>atenolol</i> (generic of TENORMIN)	Tier 1		<i>diltiazem hcl TABS</i>	Tier 1	90mg
TABS 25mg, 50mg, 100mg			<i>diltiazem hcl coated beads</i>	Tier 1	(generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg
<i>bisoprolol fumarate TABS</i>	Tier 1		<i>diltiazem hcl coated beads</i>	Tier 3	(generic of CARDIZEM CD) CP24 360mg
5mg, 10mg			<i>diltiazem hcl extended release beads</i>	Tier 2	(generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg
<i>carvedilol</i> (generic of COREG)	Tier 1		<i>felodipine TB24</i>	Tier 2	2.5mg, 5mg, 10mg
TABS 3.125mg, 6.25mg, 12.5mg, 25mg			<i>nifedipine TB24</i>	Tier 2	30mg, 60mg, 90mg
<i>labetalol hcl TABS</i>	Tier 2				
100mg, 200mg, 300mg					
<i>metoprolol succinate</i>	Tier 1				
(generic of TOPROL XL) TB24					
25mg, 50mg, 100mg, 200mg					
<i>metoprolol tartrate SOLN</i>	Tier 3				
5mg/5ml					
<i>metoprolol tartrate TABS</i>	Tier 1				
25mg					
<i>metoprolol tartrate</i> (generic of LOPRESSOR)	Tier 1				
TABS 50mg, 100mg					
<i>nebivolol hcl</i> (generic of BYSTOLIC)	Tier 2	QL			
TABS 2.5mg, 5mg, 10mg					
QL (30 tabs / 30 days)					
<i>nebivolol hcl</i> (generic of BYSTOLIC)	Tier 2	QL			
TABS 20mg					
QL (60 tabs / 30 days)					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 2		<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg	Tier 1	
<i>nimodipine</i> CAPS 30mg	Tier 3		<i>triamterene &amp; hydrochlorothiazide tab</i> 37.5-25 mg	Tier 1	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2		<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1	
<i>verapamil hcl</i> SOLN 2.5mg/ml	Tier 3		<b>MISCELLANEOUS</b>		
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1		<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg	Tier 3	
<b>DIURETICS</b>			<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 2	
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 2		<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 2	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1		<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 2	
<i>amiloride hcl</i> TABS 5mg	Tier 1		<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	Tier 2		CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 3	QL
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 2		<i>digoxin</i> SOLN .05mg/ml	Tier 3	
<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 1		<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 3	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	Tier 1		<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1		<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 1	QL NM PA
<i>furosemide inj</i> SOLN 10mg/ml	Tier 2		<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1		<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	Tier 3	
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1		<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 70 years and older	Tier 2	PA
<i>methazolamide</i> TABS 25mg, 50mg	Tier 3				
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 1				
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1				
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 3		<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 2	QL NM PA
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1		<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 3	QL	<b>CENTRAL NERVOUS SYSTEM</b> <b>ANTI-ANXIETY</b>		
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	Tier 1	NM PA	<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>midodrine hcl</i> TABS 2.5mg, 5mg	Tier 2		<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1	
<i>midodrine hcl</i> TABS 10mg	Tier 3		<i>buspirone hcl</i> TABS 7.5mg, 30mg	Tier 2	
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1		<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 2	
<i>ranolazine</i> TB12 500mg, 1000mg	Tier 3		<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL PA	<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	Tier 1	
<b>NITRATES</b>			<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 2		<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	Tier 2		<b>ANTIDEMENTIA</b>		
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	Tier 1		<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
NITRO-BID OINT 2%	Tier 2		<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 2		<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 1		<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1	
<b>PULMONARY ARTERIAL HYPERTENSION</b>					
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA			
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA			
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL	<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 3	QL	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL
<i>memantine hcl</i> CP24 7mg; SOLN 2mg/ml PA applies if 29 years and younger	Tier 3	PA	<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 2	
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	Tier 3	PA	<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1	
<i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger	Tier 2	PA	<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 3	PA
NAMZARIC CAP 7-10MG	Tier 3		<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 3	
NAMZARIC CAP 14-10MG	Tier 3		<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 3	
NAMZARIC CAP 21-10MG	Tier 3		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
NAMZARIC CAP 28-10MG	Tier 3		<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 2	
NAMZARIC CAP PACK	Tier 3		DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 3	QL PA
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 3	QL	<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	QL	EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	QL PA
<b>ANTIDEPRESSANTS</b>			<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 3	
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 2				
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 2				
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 3	QL PA			
<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1		<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	Tier 2	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL PA	<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1	
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA	<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	Tier 3	
FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 3	QL PA	<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	Tier 1		<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 3	QL
<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 2		<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	Tier 1		TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL	<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 1	
<i>mirtazapine</i> TABS 7.5mg	Tier 2		<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1		<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL
<i>mirtazapine</i> TABS 45mg	Tier 1		ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 2	QL NM PA
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 2		ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 2	QL NM PA
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 3		<b>ANTIPARKINSONIAN AGENTS</b>		
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 1		<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 3		<i>amantadine hcl</i> SOLN 50mg/5ml	Tier 2	
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	Tier 1		<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 70 years and older	Tier 1	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Tier 2				
<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine mesylate</i> (generic of PARLODEL) TABS 2.5mg	Tier 3	
<i>carb/levo orally disintegrating tab 10-100mg</i>	Tier 2	
<i>carb/levo orally disintegrating tab 25-100mg</i>	Tier 2	
<i>carb/levo orally disintegrating tab 25-250mg</i>	Tier 2	
<i>carbidopa &amp; levodopa tab 10-100 mg</i> (generic of SINEMET)	Tier 1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i> (generic of SINEMET)	Tier 1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 2	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 3	
<i>entacapone</i> TABS 200mg	Tier 3	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 2	QL NM PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 3	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 2	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older	Tier 2	PA
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	Tier 1	PA
<b>ANTIPSYCHOTICS</b>		
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	Tier 3	QL
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 3	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 3	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 3	QL
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 3	
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 3	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 3		<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 2	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	Tier 2		<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 2	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 2	QL	INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 3	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL	INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 3	PA	INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 3	QL
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 3	QL PA	<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 2	
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 3	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 3	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 3	QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 3	
FANAPT PAK QL (2 packs / year)	Tier 3	QL PA	NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 3	QL NM PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 3		NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 3	QL NM PA
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 3		<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 3	QL
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2		<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 2		<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL ST	<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days)	Tier 3	QL ST	<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	Tier 3	QL	<i>risperidone</i> TABS .25mg	Tier 1	
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL	<i>risperidone</i> TBP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 3	QL ST
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 3	QL	<i>risperidone</i> TBP 4mg QL (120 tabs / 30 days)	Tier 3	QL ST
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 2		<i>risperidone</i> TBP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL ST
<i>pimozide</i> TABS 1mg, 2mg	Tier 3		<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	Tier 3	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	Tier 2	QL	SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 3	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL	<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 2	
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	Tier 2	QL	<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 3	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 2	QL	<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 2	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL PA	VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL PA	VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 3	QL
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL	VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 3	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL	VRAYLAR CAP 1.5-3MG QL (2 packs / year)	Tier 3	QL
			<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 3	QL	<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 3	QL NM PA	<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 3	QL NM PA	<i>clonazepam</i> TBDP .125mg, Tier 2 .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
<b>ANTISEIZURE AGENTS</b>			<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 3	QL PA
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 3	QL	DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 3	QL NM PA
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL	DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 3	QL NM PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 3	QL PA	DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 3	QL NM PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 3	QL PA	DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 3	QL NM PA
<i>carbamazepine</i> CHEW 100mg	Tier 2		<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 2	QL PA
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 3		<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	Tier 3		<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	Tier 2		<i>diazepam inj</i> SOLN 5mg/ml	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 3				
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 3	QL PA			
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 3	QL PA			
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam intencol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA	<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
DILANTIN CAPS 30mg	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 2	QL
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 2		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 1		<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	Tier 3	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 3	QL NM PA	<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	Tier 2		<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA	<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Tier 2		<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 2	
<i>felbamate</i> SUSP 600mg/5ml	Tier 3		<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 3		<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml	Tier 2	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 3	QL NM PA	<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 3	
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 3	QL PA			
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA			
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA			
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 1	QL			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam</i> (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	Tier 1		<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	Tier 3	PA
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml (generic of LEVETIRACETAM)	Tier 3		<i>phenytek</i> CAPS 200mg, 300mg	Tier 2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml (generic of LEVETIRACETAM)	Tier 3		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml (generic of LEVETIRACETAM)	Tier 3		<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 2	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days)	Tier 3	QL	<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 2	
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	Tier 3		<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 2	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	Tier 3	QL	<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	Tier 2	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 3		<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 2		<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	Tier 3	QL PA	<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older	Tier 2	QL PA	<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	Tier 3	QL PA
			<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 1	
			<i>primidone</i> TABS 125mg	Tier 1	
			<i>roweepra</i> (generic of KEPPRA) TABS 500mg	Tier 1	
			<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 3	QL PA	VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	Tier 3	QL
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 3	QL PA	VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	Tier 3	QL
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 3	QL	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 3	QL	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 3	QL	<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1		VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 2	QL NM PA
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 3	QL PA	<i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 3		XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 2		XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 1		XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 3	QL
<i>valproate sodium</i> SOLN 100mg/ml	Tier 3		XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 3	QL
<i>valproate sodium</i> SOLN 250mg/5ml	Tier 2		XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 3	QL
<i>valproic acid</i> CAPS 250mg	Tier 2		XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 3	QL
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days)	Tier 3	QL	XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	Tier 3	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>amphetamine- dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
<i>zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg</i>	Tier 2		<i>amphetamine- dextroamphetamine tab 10 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
<i>zonisamide CAPS 50mg</i>	Tier 2		<i>amphetamine- dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 3	QL NM PA	<i>amphetamine- dextroamphetamine tab 15 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>					
<i>amphetamine- dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA	<i>amphetamine- dextroamphetamine tab 20 mg (generic of ADDERALL)</i> QL (90 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA	<i>amphetamine- dextroamphetamine tab 30 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA	<i>atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	Tier 3	QL
<i>amphetamine- dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA	<i>atomoxetine hcl (generic of STRATTERA) CAPS 40mg</i> QL (60 caps / 30 days)	Tier 3	QL
<i>amphetamine- dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA	<i>atomoxetine hcl (generic of STRATTERA) CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days)	Tier 3	QL
<i>amphetamine- dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	Tier 3	QL PA	<i>dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg</i> QL (120 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine- dextroamphetamine tab 5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	Tier 2	QL PA	<i>dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg</i> QL (60 tabs / 30 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older	Tier 2	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	Tier 2	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL PA	<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA	<b>MIGRAINE</b>		
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA	AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA	<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	Tier 1	
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL PA	<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	QL PA
<b>HYPNOTICS</b>			EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 2	QL NM PA
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL	EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 2	QL NM PA
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL	EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL NM PA
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 1	QL NM PA	<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 2	QL PA
			NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA
			QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL PA
			<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL	AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL	AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 3	QL	AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 3	QL	AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 2	QL NM PA
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL	<i>lithium</i> SOLN 8meq/5ml Tier 3	Tier 3	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	Tier 1	
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 3	QL PA
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg Tier 2	Tier 2	
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 2	QL PA	<i>riluzole</i> TABS 50mg Tier 3	Tier 3	
<b>MISCELLANEOUS</b>			<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 2	QL NM PA	BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2	QL NM PA
			BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 2	QL NM PA
			COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2	QL NM PA
			COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL NM PA	<i> modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i> glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA	<i> modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	Tier 2	QL PA
<i> glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA	SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	QL NM PA
<i> glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA	<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i> glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA	<i>acamprosate calcium</i> TBEC 333mg	Tier 3	
OCREVUS SOLN 300mg/10ml	Tier 2	NM PA	<i> buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 2	QL
<b>MUSCULOSKELETAL THERAPY AGENTS</b>			<i> buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i> baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 2	QL	<i> buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i> baclofen</i> TABS 10mg, 20mg	Tier 2		<i> buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i> cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	QL PA	<i> buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	Tier 3	QL
<i> tizanidine hcl</i> TABS 2mg	Tier 1		<i> buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 1	QL
<i> tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1		<i> buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 1	QL
<b>NARCOLEPSY/CATAPLEXY</b>					
<i> armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 3	QL PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	Tier 1	QL	FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>disulfiram</i> TABS 250mg, 500mg	Tier 2		<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
<i>naloxone hcl</i> LIQD 4mg/0.1ml	Tier 2		<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1		<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>naltrexone hcl</i> TABS 50mg	Tier 2		<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
NICOTROL INHALER INHA 10mg	Tier 3		<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
NICOTROL NS SOLN 10mg/ml	Tier 3		<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 3	QL	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> QL (2 packs / year)	Tier 3	QL	<i>glipizide xl</i> TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
VIVITROL SUSR 380mg	Tier 2	NM	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>					
<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 3		<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 2	PA	<i>glipizide-metformin hcl tab 2.5-250 mg</i> QL (240 tabs / 30 days)	Tier 2	QL
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	Tier 1	QL PA	<i>glipizide-metformin hcl tab 2.5-500 mg</i> QL (120 tabs / 30 days)	Tier 2	QL
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL PA	<i>GLYXAMBI TAB 10-5 MG</i> QL (30 tabs / 30 days)	Tier 2	QL
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	Tier 3	QL PA			
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 2	PA			
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 2	PA			
<b>ANTIDIABETICS</b>					
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL	MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL	<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 2	QL	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	Tier 2	QL PA
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL	OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 2	QL	OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL	OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL	<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 2	QL	RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 2	QL PA
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL	SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 2	QL	SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL	SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	Tier 2	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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	Tier 2	PA
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	Tier 2	QL	BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 2	
SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days)	Tier 2	QL	FIASP SOLN 100unit/ml	Tier 2	
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	Tier 2	QL	FIASP FLEXTOUCH SOPN 100unit/ml	Tier 2	
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL	FIASP PENFILL SOCT 100unit/ml	Tier 2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	FIASP PUMPCART SOCT 100unit/ml	Tier 2	B/D
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL	GAUZE PADS 2" X 2"	Tier 2	PA
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	Tier 2	B/D
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL	HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA	INSULIN PEN NEEDLES: BD-EMBECTA	Tier 2	PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL	INSULIN SAFETY NEEDLES: BD-EMBECTA	Tier 2	PA
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL	INSULIN SYRINGES: BD-EMBECTA	Tier 2	PA
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL	NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL	NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	
<b>ANTIDIABETICS, INSULINS</b>			NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	
ADMELOG SOLN 100unit/ml	Tier 2		NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	
			NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2		TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2		XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 3	QL PA	<b>CALCIUM REGULATORS</b>		
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA	<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1	
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	Tier 3	QL PA	<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA	<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 2	B/D
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 3	QL PA	<i>ibandronate sodium</i> TABS 150mg	Tier 2	B/D
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA	PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 2	B/D
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	TERIPARATIDE SOPN 620mcg/2.48ml	Tier 2	NM PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	XGEVA SOLN 120mg/1.7ml	Tier 2	NM PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	<i>zoledronic acid</i> CONC 4mg/5ml	Tier 3	B/D NM
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 3	B/D NM
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA	<b>CHELATING AGENTS</b>		
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 3	QL PA	CHEMET CAPS 100mg	Tier 2	
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL	<i>deferasirox</i> (generic of JADENU) TABS 90mg	Tier 2	NM PA
TRESIBA SOLN 100unit/ml	Tier 2		<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	Tier 3	NM PA
			<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	Tier 3	NM PA
			<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	Tier 1	NM PA
			<i>kionex</i> SUSP 15gm/60ml	Tier 2	
			LOKELMA PACK 5gm, 10gm	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	Tier 1	NM	<i>eluryng</i> (generic of NUVARING)	Tier 2	
<i>sodium polystyrene sulfonate powder</i>	Tier 2		<i>emzahh</i> TABS .35mg	Tier 2	
<i>sps</i> SUSP 15gm/60ml	Tier 2		<i>enilloring</i> (generic of NUVARING)	Tier 2	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	Tier 1	NM PA	<i>enpresse-28</i>	Tier 2	
<b>CONTRACEPTIVES</b>			<i>enskyce</i>	Tier 2	
<i>afirmelle</i>	Tier 2		<i>errin</i> TABS .35mg	Tier 2	
<i>altavera</i>	Tier 2		<i>estarylla</i>	Tier 2	
<i>alyacen 1/35</i>	Tier 2		<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 2	
<i>alyacen 7/7/7</i>	Tier 2		<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 2	
<i>apri</i>	Tier 2		<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	Tier 2	
<i>aranelle</i>	Tier 2		<i>falmina</i>	Tier 2	
<i>abra eq</i>	Tier 2		<i>hailey 1.5/30</i>	Tier 2	
<i>aurovela 1/20</i>	Tier 2		<i>haloette</i> (generic of NUVARING)	Tier 2	
<i>aurovela fe 1.5/30</i>	Tier 2		<i>heather</i> TABS .35mg	Tier 2	
<i>aurovela fe 1/20</i>	Tier 2		<i>iclevia</i>	Tier 2	
<i>aviane</i>	Tier 2		<i>incassia</i> TABS .35mg	Tier 2	
<i>ayuna</i>	Tier 2		<i>introvale</i>	Tier 2	
<i>azurette</i>	Tier 2		<i>isibloom</i>	Tier 2	
<i>balziva</i>	Tier 2		<i>jasmiel</i> (generic of YAZ)	Tier 2	
<i>blisovi fe 1.5/30</i>	Tier 2		<i>jolessa</i>	Tier 2	
<i>briellyn</i>	Tier 2		<i>juleber</i>	Tier 2	
<i>camila</i> TABS .35mg	Tier 2		<i>junel 1.5/30</i>	Tier 2	
<i>chateal eq</i>	Tier 2		<i>junel 1/20</i>	Tier 2	
<i>cryselle-28</i>	Tier 2		<i>junel fe 1.5/30</i>	Tier 2	
<i>cyred eq</i>	Tier 2		<i>junel fe 1/20</i>	Tier 2	
<i>dasetta 1/35</i>	Tier 2		<i>kariva</i>	Tier 2	
<i>dasetta 7/7/7</i>	Tier 2		<i>kelnor 1/35</i>	Tier 2	
<i>deblitane</i> TABS .35mg	Tier 2		<i>kelnor 1/50</i>	Tier 2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 2		<i>kurvelo</i>	Tier 2	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 2		<i>larin 1.5/30</i>	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	Tier 2		<i>larin 1/20</i>	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	Tier 2		<i>larin fe 1.5/30</i>	Tier 2	
<i>elinest</i>	Tier 2		<i>larin fe 1/20</i>	Tier 2	
			<i>leena</i>	Tier 2	
			<i>lessina</i>	Tier 2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levonest</i>	Tier 2		<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 2		<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 2		<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2		<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 2		<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 2	
<i>levora 0.15/30-28</i>	Tier 2		<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 2	
LILETTA IUD 20.1mcg/day	Tier 2	NM	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 2	
<i>loestrin 1.5/30-21</i>	Tier 2		<i>norlyroc TABS .35mg</i>	Tier 2	
<i>loestrin 1/20-21</i>	Tier 2		<i>nortrel 0.5/35 (28)</i>	Tier 2	
<i>loestrin fe 1.5/30</i>	Tier 2		<i>nortrel 1/35 (21)</i>	Tier 2	
<i>loestrin fe 1/20</i>	Tier 2		<i>nortrel 1/35 (28)</i>	Tier 2	
<i>loryna (generic of YAZ)</i>	Tier 2		<i>nortrel 7/7/7</i>	Tier 2	
<i>low-ogestrel</i>	Tier 2		<i>nylia 1/35</i>	Tier 2	
<i>lutea</i>	Tier 2		<i>nylia 7/7/7</i>	Tier 2	
<i>lyleq TABS .35mg</i>	Tier 2		<i>nymyo</i>	Tier 2	
<i>lyza TABS .35mg</i>	Tier 2		<i>ocella (generic of YASMIN 28)</i>	Tier 2	
<i>marlissa</i>	Tier 2		<i>philith</i>	Tier 2	
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	Tier 2		<i>pimtrea</i>	Tier 2	
<i>microgestin 1.5/30</i>	Tier 2		<i>portia-28</i>	Tier 2	
<i>microgestin 1/20</i>	Tier 2		<i>reclipsen</i>	Tier 2	
<i>microgestin fe 1.5/30</i>	Tier 2		<i>setlakin</i>	Tier 2	
<i>microgestin fe 1/20</i>	Tier 2		<i>sharobel TABS .35mg</i>	Tier 2	
<i>mili</i>	Tier 2		<i>simliya</i>	Tier 2	
<i>mono-linyah</i>	Tier 2		<i>sprintec 28</i>	Tier 2	
<i>necon 0.5/35-28</i>	Tier 2		<i>sronyx</i>	Tier 2	
NEXPLANON IMPL 68mg	Tier 2	NM	<i>syeda (generic of YASMIN 28)</i>	Tier 2	
<i>nikki (generic of YAZ)</i>	Tier 2		<i>tarina fe 1/20 eq</i>	Tier 2	
<i>nora-be TABS .35mg</i>	Tier 2		<i>tilia fe</i>	Tier 2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 2		<i>tri-estarylla</i>	Tier 2	
<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 2		<i>tri-legest fe</i>	Tier 2	
			<i>tri-linyah</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 2	
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVEVELLA)	Tier 2	
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Tier 2	
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	Tier 3	
<i>tri-mili</i>	Tier 2		<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 3	
<i>tri-nymyo</i>	Tier 2		<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 2	
<i>tri-sprintec</i>	Tier 2		<i>fyavolv tab 1mg-5mcg</i>	Tier 2	
<i>tri-vylibra</i>	Tier 2		<i>jinteli</i>	Tier 2	
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
<i>trivora-28</i>	Tier 2		<i>mimvey</i> (generic of ACTIVEVELLA)	Tier 2	
<i>turqoz</i>	Tier 2		<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2	
<i>velivet</i>	Tier 2		<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2	
<i>vestura</i> (generic of YAZ)	Tier 2		<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	Tier 3	
<i>vienna</i>	Tier 2		<b>GLUCOCORTICOIDS</b>		
<i>viorele</i>	Tier 2		<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 2	
<i>vyfemla</i>	Tier 2		<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	Tier 2	
<i>vylibra</i>	Tier 2		<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>wera</i>	Tier 2		<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 2	
<i>xulane</i>	Tier 2		<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	Tier 2	B/D
<i>zafemy</i>	Tier 2				
<i>zovia 1/35</i>	Tier 2				
<i>zumandimine</i> (generic of YASMIN 28)	Tier 2				
<b>ESTROGENS</b>					
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2				
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2				
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2				
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	Tier 1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone</i> TABS 32mg	Tier 2	B/D	<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 3	B/D QL NM
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 1		<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NM
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 2	B/D	CYSTAGON CAPS 50mg, 150mg	Tier 3	NM PA
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	Tier 2	B/D	<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	Tier 1	
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 1000mg	Tier 2	B/D	<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Tier 2	
<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D	<i>desmopressin acetate spray</i> SOLN .01%	Tier 3	
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	Tier 3	B/D	<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 3	
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 1	B/D	GENOTROPIN CART 5mg, 12mg	Tier 2	NM PA
<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	Tier 3	B/D	GENOTROPIN MINIQUICK PRSY .2mg	Tier 2	NM PA
<i>prednisone</i> SOLN 5mg/5ml	Tier 3	B/D	GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NM PA
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D	INCRELEX SOLN 40mg/4ml	Tier 2	NM PA
<i>prednisone</i> TBPK 5mg, 10mg	Tier 2		<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 3		<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 1	NM PA
<b>GLUCOSE ELEVATING AGENTS</b>			<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 3	B/D
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Tier 1		<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	Tier 1	NM PA
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 2		<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NM PA
<b>MISCELLANEOUS</b>			<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 3	NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	Tier 1	NM			
<i>cabergoline</i> TABS .5mg	Tier 2				
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	Tier 1	NM PA			
CERDELGA CAPS 84mg	Tier 2	NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 3	NM PA	<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 1	NM PA	<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NM PA	<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 2		<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA	<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM PA	<i>propylthiouracil</i> TABS 50mg SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 1	NM PA	<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 2	NM PA	<b>VITAMIN D ANALOGS</b>		
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM PA	<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 1	B/D
SYNAREL SOLN 2mg/ml	Tier 2	PA	<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	Tier 3	B/D
VEOZAH TABS 45mg	Tier 3	PA	<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
<b>PROGESTINS</b>			<i>paricalcitol</i> CAPS 4mcg	Tier 3	B/D
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1				
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 2				
<i>norethindrone acetate</i> TABs 5mg	Tier 2				
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 2				
<b>THYROID AGENTS</b>					
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>GASTROINTESTINAL ANTIEMETICS</b>					
<i>aprepitant</i> CAPS 40mg, 125mg	Tier 3	B/D	<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 3	QL PA
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	Tier 3	B/D			
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 3	B/D			
<i>compro</i> SUPP 25mg	Tier 3		<b>ANTISPASMODICS</b>		
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 3	B/D QL	<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 2	
<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 1		<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 3	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 2		<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	Tier 2	QL
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	Tier 1		<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	Tier 2	QL
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 2	B/D	<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 2		<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 2	
<i>ondansetron hcl</i> TABS 4mg, 8mg	Tier 2	B/D	<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
<i>prochlorperazine</i> SUPP 25mg	Tier 3		<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 3		<i>nizatidine</i> CAPS 150mg, 300mg	Tier 3	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1		<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA	<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	Tier 2	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA	<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 3	QL PA
			<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	Tier 1	QL PA
			<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	Tier 3	
			<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	Tier 3	QL	<b>MISCELLANEOUS</b>		
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	Tier 3	QL	<i>alosecron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 3	QL	<i>alosecron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL	CREON CAP 3000UNIT	Tier 2	
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 3	QL	CREON CAP 6000UNIT	Tier 2	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 1		CREON CAP 12000UNIT	Tier 2	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2		CREON CAP 24000UNIT	Tier 2	
<b>LAXATIVES</b>			CREON CAP 36000UNIT	Tier 2	
<i>constulose</i> SOLN 10gm/15ml	Tier 2		<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Tier 3	
<i>enulose</i> SOLN 10gm/15ml	Tier 2		<i>diphenoxylate w/ atropine</i> tab 2.5-0.025 mg (generic of LOMOTIL)	Tier 2	
<i>gavilyte-c</i>	Tier 1		GATTEX KIT 5mg	Tier 2	NM PA
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1		LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL
<i>gavilyte-n/ flavor pack</i>	Tier 1		<i>loperamide hcl</i> CAPS 2mg	Tier 2	
<i>generlac</i> SOLN 10gm/15ml	Tier 2		<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2	
<i>lactulose</i> SOLN 10gm/15ml	Tier 2		MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 2		RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 2	QL PA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 1		<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	Tier 2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1		<i>ursodiol</i> CAPS 300mg	Tier 2	
PLENVU SOL	Tier 3		<i>ursodiol</i> TABS 250mg	Tier 3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	Tier 2		<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 3	
			VOWST CAP QL (12 caps / 30 days)	Tier 2	QL NM PA
			XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
			XIFAXAN TABS 550mg	Tier 2	PA
			ZENPEP CAP 3000UNIT	Tier 3	
			ZENPEP CAP 5000UNIT	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CAP 10000UNT	Tier 3		<i>potassium citrate</i>	Tier 2	
ZENPEP CAP 15000UNT	Tier 3		(alkalinizer) (generic of		
ZENPEP CAP 20000UNT	Tier 3		UROCIT-K 10) TBCR		
ZENPEP CAP 25000UNT	Tier 3		1080mg		
ZENPEP CAP 40000UNT	Tier 3		<b>URINARY ANTISPASMODICS</b>		
ZENPEP CAP 60000UNT	Tier 3		MYRBETRIQ SRER	Tier 3	QL
<b>PROTON PUMP INHIBITORS</b>			8mg/ml		
<i>lansoprazole</i> CPDR 15mg	Tier 2	QL	QL (300 mL / 28 days)		
QL (60 caps / 30 days)			MYRBETRIQ TB24 25mg,	Tier 3	QL
<i>lansoprazole</i> (generic of	Tier 2	QL	50mg		
PREVACID) CPDR 30mg			QL (30 tabs / 30 days)		
QL (60 caps / 30 days)			<i>oxybutynin chloride</i> SOLN	Tier 2	QL
<i>omeprazole</i> CPDR 10mg,	Tier 1		5mg/5ml		
20mg, 40mg			QL (600 mL / 30 days)		
<i>pantoprazole sodium</i>	Tier 3		<i>oxybutynin chloride</i> TABS	Tier 2	QL
(generic of PROTONIX)			5mg		
SOLR 40mg			QL (120 tabs / 30		
<i>pantoprazole sodium</i>	Tier 1		days)		
(generic of PROTONIX)			<i>oxybutynin chloride</i> TB24	Tier 2	QL
TBEC 20mg, 40mg			5mg		
<b>GENITOURINARY</b>			QL (30 tabs / 30 days)		
<b>BENIGN PROSTATIC HYPERPLASIA</b>			<i>oxybutynin chloride</i> TB24	Tier 2	QL
<i>alfuzosin hcl</i> (generic of	Tier 1	QL	10mg, 15mg		
UROXATRAL) TB24 10mg			QL (60 tabs / 30 days)		
QL (30 tabs / 30 days)			<i>solifenacin succinate</i>	Tier 3	QL
<i>dutasteride</i> (generic of	Tier 2	QL	(generic of VESICARE)		
AVODART) CAPS .5mg			TABS 5mg, 10mg		
QL (30 caps / 30 days)			QL (30 tabs / 30 days)		
<i>finasteride</i> (generic of	Tier 1	QL	<i>tolterodine tartrate</i> (generic	Tier 3	QL ST
PROSCAR) TABS 5mg			of DETROL LA) CP24 2mg,		
QL (30 tabs / 30 days)			4mg		
<i>tadalafil</i> (generic of CIALIS)	Tier 2	QL PA	QL (30 caps / 30 days)		
TABS 5mg			<i>tolterodine tartrate</i> (generic	Tier 3	QL
QL (30 tabs / 30 days)			of DETROL) TABS 1mg,		
<i>tamsulosin hcl</i> (generic of	Tier 1	QL	2mg		
FLOMAX) CAPS .4mg			QL (60 tabs / 30 days)		
QL (60 caps / 30 days)			<i>tropium chloride</i> TABS	Tier 2	QL
<b>MISCELLANEOUS</b>			20mg		
<i>acetic acid</i> SOLN .25%	Tier 1		QL (60 tabs / 30 days)		
<i>bethanechol chloride</i> TABS	Tier 2		<b>VAGINAL ANTI-INFECTIVES</b>		
5mg, 10mg, 25mg, 50mg			<i>clindamycin phosphate</i>	Tier 2	
<i>potassium citrate</i>	Tier 2		vaginal (generic of		
(alkalinizer) (generic of			CLEOCIN) CREA 2%		
UROCIT-K 15) TBCR			<i>metronidazole vaginal</i> GEL	Tier 2	
15meq			.75%		
<i>potassium citrate</i>	Tier 2		<i>terconazole vaginal</i> CREA	Tier 2	
(alkalinizer) TBCR 540mg			.4%, .8%		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>HEMATOLOGIC ANTICOAGULANTS</b>			<b>HEMATOPOIETIC GROWTH FACTORS</b>		
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 3	QL	XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	Tier 3	QL	XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL	<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 2	QL	FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 2	QL	PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 3		PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NM PA
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 3		ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA
HEP SOD/NAACL INJ 25000UNT	Tier 2		<b>MISCELLANEOUS</b>		
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D	ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		<i>anagrelide hcl</i> CAPS 1mg	Tier 3	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 2	QL	<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	Tier 3	
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL	BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2	QL NM PA
			<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
			DOPTELET TABS 20mg	Tier 2	NM PA
			DROXIA CAPS 200mg, 300mg, 400mg	Tier 2	
			HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	QL NM PA
			HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	QL NM PA
			<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
			<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	Tier 1	NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pentoxifylline</i> TBCR 400mg	Tier 1		COSENTYX	Tier 2	QL NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA	SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)		
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 2	QL NM PA	COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	Tier 2	QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 3		DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
<i>tranexamic acid</i> TABS 650mg	Tier 2		DUPIXENT SOSY 100mg/0.67ml	Tier 2	NM PA
<b>PLATELET AGGREGATION INHIBITORS</b>			DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 3		ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 2	QL NM PA
BRILINTA TABS 60mg, 90mg	Tier 2		ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	QL NM PA
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Tier 1		ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 70 years and older	Tier 2	PA	ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 2	QL NM PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	Tier 2		ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
<b>IMMUNOLOGIC AGENTS</b>			HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
<b>AUTOIMMUNE AGENTS</b>			HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 2	QL NM PA	HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
ADALIMUMAB-AACF (2 SYRING) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 2	QL NM PA	HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA
COSENTYX SOLN 125mg/5ml	Tier 2	NM PA			
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	Tier 2	QL NM PA			
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	Tier 2	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA	STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 2	QL NM PA	STELARA SOLN 130mg/26ml	Tier 2	NM PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 2	QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA	TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 2	QL NM PA	TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 2	QL NM PA	TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 2	QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	Tier 2	QL NM PA	TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 2	NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	Tier 2	QL NM PA	TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2	QL NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 2	QL NM PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2	QL NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
SKYRIZI SOLN 600mg/10ml	Tier 2	NM PA	<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 2	QL NM PA	<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	Tier 2	
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 2	QL NM PA	JYLAMVO SOLN 2mg/ml	Tier 3	B/D
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
			<i>methotrexate sodium</i> TABS 2.5mg	Tier 2	
			XATMEP SOLN 2.5mg/ml	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>IMMUNOGLOBULINS</b>					
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	PA	ASTAGRAF XL CP24 .5mg, 1mg	Tier 3	B/D NM
BIVIGAM SOLN 5gm/50ml, 10%	Tier 2	NM PA	<i>azathioprine</i> (generic of IMURAN) TABS 50mg	Tier 2	B/D
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NM PA	BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
GAMASTAN INJ	Tier 3	B/D NM	BENLYSTA SOLR 120mg, 400mg	Tier 2	NM PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA	<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 3	B/D NM
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NM PA	<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA	<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 3	B/D NM
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA	<i>everolimus</i> ( <i>immunosuppressant</i> ) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	Tier 1	B/D NM
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA	<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA	<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	Tier 1	B/D NM
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA	<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 3	B/D NM
<b>IMMUNOMODULATORS</b>					
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 2	NM PA	PROGRAF PACK .2mg, 1mg	Tier 3	B/D NM
ARCALYST SOLR 220mg	Tier 2	NM PA	REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<b>IMMUNOSUPPRESSANTS</b>					
ASTAGRAF XL CP24 5mg	Tier 2	B/D NM	<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	Tier 1	B/D NM
			<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	Tier 3	B/D NM

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 3	B/D NM	PENTACEL INJ	Tier 1	
<b>VACCINES</b>			PREHEVBRIO SUSP 10mcg/ml	Tier 1	B/D
ABRYSVO SOLR 120mcg/0.5ml	Tier 1		PRIORIX INJ	Tier 1	
ACTHIB INJ	Tier 1		PROQUAD INJ	Tier 1	
ADACEL INJ	Tier 1		QUADRACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1		QUADRACEL INJ 0.5ML	Tier 1	
BCG VACCINE SOLR 50mg	Tier 1		RABAVERT INJ	Tier 1	B/D
BEXSERO INJ	Tier 1		RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
BOOSTRIX INJ	Tier 1		ROTARIX SUS	Tier 1	
DAPTACEL INJ	Tier 1		ROTATEQ SOL	Tier 1	
DENGVAXIA SUS	Tier 1		SHINGRIX SUSR 50mcg/0.5ml	Tier 1	QL
DIP/TET PED INJ 25-5LFU	Tier 1	B/D	QL (2 vials per lifetime)		
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D	TDVAX INJ 2-2 LF	Tier 1	B/D
GARDASIL 9 INJ	Tier 1		TENIVAC INJ 5-2LF	Tier 1	B/D
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1		TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D	TRUMENBA INJ	Tier 1	
HIBERIX SOLR 10mcg	Tier 1		TWINRIX INJ	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D	TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
INFANRIX INJ	Tier 1		VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	
IPOL INJ INACTIVE	Tier 1		VARIVAX INJ 1350pfu/0.5ml	Tier 1	
IXCHIQ INJ	Tier 1		YF-VAX INJ	Tier 1	
IXIARO INJ	Tier 1		<b>NUTRITIONAL/SUPPLEMENTS</b>		
JYNNEOS SUSP .5ml	Tier 1	B/D	<b>ELECTROLYTES/MINERALS,</b>		
KINRIX INJ	Tier 1		<b>INJECTABLE</b>		
M-M-R II INJ	Tier 1		D2.5W/NACL INJ 0.45%	Tier 3	
MENACTRA INJ	Tier 1		D10W/NACL INJ 0.2%	Tier 2	
MENQUADFI INJ	Tier 1		<i>dextrose 2.5% w/ sodium chloride 0.45%</i> (generic of DEXTROSE 2.5%/SODIUM CHLO)	Tier 2	
MENVEO INJ	Tier 1		<i>dextrose 5% in lactated ringers</i>	Tier 2	
MENVEO SOL	Tier 1		<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 2	
MRESVIA SUSY 50mcg/0.5ml	Tier 1				
PEDIARIX INJ 0.5ML	Tier 1				
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1				
PENBRAYA INJ	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	Tier 2		kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2	
dextrose 5% w/ sodium chloride 0.9%	Tier 2		KCL/D5W/NACL INJ 0.3/0.9%	Tier 3	
dextrose 5% w/ sodium chloride 0.45%	Tier 2		lactated ringer's solution	Tier 2	
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	Tier 2		MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
dextrose 10% w/ sodium chloride 0.45%	Tier 2		magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
ISOLYTE-P INJ /D5W	Tier 3		magnesium sulfate SOLN 50%	Tier 2	
ISOLYTE-S INJ PH 7.4	Tier 3		magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	Tier 2	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 2		multiple electrolytes ph 5.5	Tier 3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 2		multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)	Tier 3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 2		POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 2		POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2		POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2		potassium chloride SOLN 2meq/ml	Tier 2	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 2		potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 2	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 2		potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	Tier 2		sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%	Tier 2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 2		TPN ELECTROL INJ	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>			<b>OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>klor-con</i> PACK 20meq	Tier 3		TROPHAMINE INJ 10%	Tier 3	B/D
<i>klor-con 8</i> TBCR 8meq	Tier 1		<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	Tier 2	
<i>klor-con 10</i> TBCR 10meq	Tier 1		<i>neo-polycin hc ophth oint 1%</i>	Tier 2	
<i>klor-con m10</i> TBCR 10meq	Tier 1		<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	Tier 1	
<i>klor-con m15</i> TBCR 15meq	Tier 1		<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	Tier 1	
<i>klor-con m20</i> TBCR 20meq	Tier 1		<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	Tier 1	
M-NATAL PLUS TAB	Tier 2		TOBRADEX OIN 0.3-0.1%	Tier 2	
<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq	Tier 1		<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 2	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	Tier 3		ZYLET SUS 0.5-0.3%	Tier 2	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	Tier 1		<b>ANTI-INFECTIVES</b>		
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	Tier 1		<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	Tier 2	
PRENATAL TAB 27-1MG	Tier 2		<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
PRENATAL TAB PLUS	Tier 2		BESIVANCE SUSP .6%	Tier 2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1		CILOXAN OINT .3%	Tier 2	
WESTAB PLUS TAB 27-1MG	Tier 2		<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	Tier 1	
<b>IV NUTRITION</b>			<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 1	
CLINIMIX INJ 4.25/D5W	Tier 3	B/D	<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 1	
CLINIMIX INJ 4.25/D10	Tier 3	B/D	<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	Tier 2	QL
CLINIMIX INJ 5%/D15W	Tier 3	B/D	QL (12 mL / 30 days)		
CLINIMIX INJ 5%/D20W	Tier 3	B/D	<i>neo-polycin 5(3.5)mg- 400unt-10000unt op oin</i>	Tier 2	
CLINIMIX INJ 6/5	Tier 3	B/D	<i>neomycin-bacitrac zn- polymyx 5(3.5)mg-400unt- 10000unt op oin</i>	Tier 2	
CLINIMIX INJ 8/10	Tier 3	B/D	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg- unt-mg/ml</i>	Tier 2	
CLINIMIX INJ 8/14	Tier 3	B/D			
<i>clinisol sf 15%</i>	Tier 3	B/D			
CLINOLIPID EMU 20%	Tier 3	B/D			
<i>dextrose</i> SOLN 5%, 10%	Tier 2				
<i>dextrose</i> SOLN 50%, 70%	Tier 2	B/D			
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	B/D			
NUTRILIPID EMUL 20gm/100ml	Tier 3	B/D			
<i>plenamine</i>	Tier 3	B/D			
PREMASOL SOL 10%	Tier 1	B/D			
PROSOL INJ 20%	Tier 3	B/D			
TRAVASOL INJ 10%	Tier 3	B/D			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	Tier 1		<i>cromolyn sodium (ophth)</i> SOLN 4%	Tier 1	
<i>polycin ophth oint</i>	Tier 1		<b>ANTI-GLAUCOMA</b>		
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1		<i>betaxolol hcl (ophth)</i> SOLN .5%	Tier 2	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	Tier 2		BETOPTIC-S SUSP .25%	Tier 3	
<i>tobramycin (ophth)</i> SOLN .3%	Tier 1		<i>brimonidine tartrate</i> SOLN .2%	Tier 1	
<i>trifluridine</i> SOLN 1%	Tier 3		<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	Tier 3	
XDEMY SOLN .25%	Tier 2	NM PA	<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	Tier 3	
ZIRGAN GEL .15%	Tier 3		<i>carteolol hcl (ophth)</i> SOLN 1%	Tier 1	
<b>ANTI-INFLAMMATORIES</b>			COMBIGAN SOL 0.2/0.5%	Tier 2	
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	Tier 2		<i>dorzolamide hcl</i> SOLN 2%	Tier 1	
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	Tier 3		<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	Tier 1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	Tier 2		<i>latanoprost</i> (generic of XALATAN) SOLN .005%	Tier 1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	Tier 1		<i>levobunolol hcl</i> SOLN .5%	Tier 1	
FLAREX SUSP .1%	Tier 3		<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 2	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	Tier 2		RHOPRESSA SOLN .02%	Tier 3	
<i>flurbiprofen sodium</i> SOLN .03%	Tier 2		ROCKLATAN DRO	Tier 3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	Tier 2		SIMBRINZA SUS 1-0.2%	Tier 3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	Tier 1		<i>timolol maleate (ophth)</i> SOLG .25%, .5%	Tier 2	
LOTEMAX OINT .5%	Tier 2		<i>timolol maleate (ophth)</i> SOLN .25%, .5%	Tier 1	
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	Tier 2		VYZULTA SOLN .024%	Tier 3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	Tier 2		<b>MISCELLANEOUS</b>		
<b>ANTIALLERGICS</b>			ATROPINE SULFATE SOLN 1%	Tier 2	
<i>azelastine hcl (ophth)</i> SOLN .05%	Tier 1		<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 2	
			CYSTADROPS SOLN .37%	Tier 2	NM PA
			CYSTARAN SOLN .44%	Tier 2	NM PA
			EYSUVIS SUSP .25%	Tier 3	
			MIEBO SOLN 1.338gm/ml	Tier 2	
			<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	Tier 2	
			RESTASIS EMUL .05%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RESTASIS MULTIDOSE EMUL .05%	Tier 2		TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 2	QL
XIIDRA SOLN 5%	Tier 2		QL (60 blisters / 30 days)		
<b>OTIC</b>			<b>ANTICHOLINERGICS</b>		
<b>OTIC AGENTS</b>			<b>ANTICHOLINERGICS</b>		
acetic acid (otic) SOLN 2%	Tier 2		ATROVENT HFA AERS 17mcg/act	Tier 3	QL
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 3		QL (2 inhalers / 30 days)		
flac (generic of DERMOTIC) OIL .01%	Tier 2		INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 2	QL
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	Tier 2		QL (30 blisters / 30 days)		
neomycin-polymyxin-hc otic soln 1%	Tier 2		ipratropium bromide SOLN .02%	Tier 1	B/D
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 2		ipratropium bromide (nasal) SOLN .03%, .06%	Tier 2	
ofloxacin (otic) SOLN .3%	Tier 3		<b>ANTI-HISTAMINES</b>		
<b>RESPIRATORY</b>			azelastine hcl SOLN .1%	Tier 2	
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>			cetirizine hcl SOLN 5mg/5ml	Tier 1	QL
ANORO ELLIPT AER 62.5-25	Tier 2	QL	QL (300 mL / 30 days)		
QL (60 blisters / 30 days)			cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	Tier 2	PA
BEVESPI AER 9-4.8MCG	Tier 2	QL	PA applies if 70 years and older after a 30 day supply in a calendar year		
QL (1 inhaler / 30 days)			diphenhydramine hcl SOLN 50mg/ml	Tier 2	
BREZTRI AERO AER SPHERE	Tier 2	QL	hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	Tier 3	PA
QL (1 inhaler / 30 days)			PA applies if 70 years and older		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 2	QL	hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 2	PA
QL (4 inhalers / 28 days)			PA applies if 70 years and older after a 30 day supply in a calendar year		
COMBIVENT AER 20-100	Tier 3	QL	hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg	Tier 2	PA
QL (2 inhalers / 30 days)			PA applies if 70 years and older after a 30 day supply in a calendar year		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	B/D			
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 2	QL			
QL (60 blisters / 30 days)					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine pamoate</i> CAPS 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA	VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL
<i>levocetirizine</i> <i>dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL	<b>LEUKOTRIENE MODULATORS</b>		
<b>BETA AGONISTS</b>			<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 1	
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL	<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 3	
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL	<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	Tier 2	
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 2	QL	<b>MISCELLANEOUS</b>		
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D	<i>acetylcysteine</i> SOLN 10%, 20%	Tier 3	B/D
<i>albuterol sulfate</i> NEBU .083%	Tier 1	B/D	ARALAST NP SOLR 500mg, 1000mg	Tier 2	NM PA
<i>albuterol sulfate</i> SYRP 2mg/5ml	Tier 2		BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	Tier 2	QL NM PA
<i>albuterol sulfate</i> TABS 2mg, 4mg	Tier 3		<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL ST	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 2	
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 2	
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 3		<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenallick)	Tier 2	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL	FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
			FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 2	QL NM PA	SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA	<i>theophylline</i> TB12 100mg, 200mg, 300mg, 450mg	Tier 3	
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 2	QL NM PA	<i>theophylline</i> TB24 400mg, 600mg	Tier 2	
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 2	QL NM PA	TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 2	QL NM PA	TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA	TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA	TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	Tier 1	QL NM PA	XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 1	QL NM PA	XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 2	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 2	NM PA	XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NM PA	ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 2	NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 3	QL	<b>NASAL STEROIDS</b>		
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 3	QL	<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL
			<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
			XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>STEROID INHALANTS</b>					
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 3	QL	<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 3	QL	DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL	DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
<i>budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml</i>	Tier 3	B/D	DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>			<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL	<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	Tier 2	QL	<b>TOPICAL DERMATOLOGY, ACNE</b>		
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL	<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL	<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	Tier 3	PA
<i>breyna</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL			
<i>budesonide-formoterol fumarate dihyd aerosol 80- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA	<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	Tier 2	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	Tier 2	QL	QL (45 gm / 30 days)		
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	Tier 2	QL	<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	Tier 2	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	Tier 2	QL	<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	Tier 1	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA	<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 3	QL	<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>tretinoin</i> (generic of RETIN- A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 3	QL PA	<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA	<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<b>DERMATOLOGY, ANTIBIOTICS</b>			<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 2	QL	<i>selenium sulfide</i> LOTN 2.5%	Tier 1	
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	Tier 1	QL	<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	Tier 1		<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 3	PA
<i>ssd</i> (generic of SILVADENE) CREA 1%	Tier 1		<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 2	QL PA
<b>DERMATOLOGY, ANTIFUNGALS</b>			ENSTILAR AER QL (120 gm / 30 days)	Tier 3	QL PA
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	Tier 2	QL	<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	Tier 2	QL PA
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	Tier 2	QL	TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 3	QL PA
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	Tier 1	QL	<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	Tier 2	QL	<i>ala-cort</i> CREA 1% Tier 1		
			<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL
			<i>betamethasone dipropionate (topical)</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	Tier 2	QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL
<i>betamethasone dipropionate (topical)</i> OINT .05% QL (120 gm / 30 days)	Tier 3	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone dipropionate augmented</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL	<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	Tier 3	QL
<i>betamethasone dipropionate augmented</i> GEL .05% QL (120 gm / 30 days)	Tier 3	QL	<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	Tier 3	QL	<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	Tier 3	QL	<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	Tier 2	QL
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 2	QL	<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	Tier 2	QL	<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 2	
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL	<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 3	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	Tier 3	QL	<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1	
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	Tier 3	QL	<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	Tier 1	QL
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	Tier 3	QL	<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	Tier 2	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	Tier 3	QL	<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 2	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL	<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 1	QL
			<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	Tier 2	
			<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	Tier 1	QL	<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	Tier 2	QL
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>			<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	Tier 2	QL
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	Tier 2	QL PA	<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	Tier 3	QL
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 3	QL PA	PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA	<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	Tier 3	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 2	QL PA	<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 2	QL
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 1	B/D QL	<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA	<i>proctocort</i> CREA 1%	Tier 2	
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA	<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>			<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	Tier 1	QL NM PA	<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 3	QL PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	Tier 2	QL	VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 2	QL NM PA
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	Tier 3	QL	<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 2	QL	<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 3	QL
<i>hydrocortisone (rectal)</i> CREA 1%	Tier 2		<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	Tier 2	QL
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2		<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 2	QL	REGRANEX GEL .01% QL (30 gm / 30 days)	Tier 2	QL PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 1		SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 3	QL
			<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 2	
			<i>water for irrigation, sterile irrigation soln</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<b><i>MOUTH/THROAT/DENTAL AGENTS</i></b>		
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%</i>	Tier 1	
<i>clotrimazole TROC 10mg QL (150 lozenges / 30 days)</i>	Tier 2	QL
<i>kourzeq PSTE .1%</i>	Tier 2	
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	Tier 1	
<i>nystatin (mouth-throat) (generic of NYSTATIN) SUSP 100000unit/ml</i>	Tier 2	
<i>periogard (generic of PERIDEX) SOLN .12%</i>	Tier 1	
<i>pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg</i>	Tier 2	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	Tier 2	

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## MASSACHUSETTS

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

This formulary was updated on 09/20/2024. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal ([rxmedicareplans.memberdoc.com](https://rxmedicareplans.memberdoc.com)).

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

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

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

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

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09/20/2024

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MASSACHUSETTS

Medicare Advantage Group

# 2025 FORMULARY

(List of Covered Drugs)  
3-Tier

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

This formulary was updated on 10/01/2024.  
**Important message about what you pay for vaccines** — Our plan covers most Part D vaccines at no cost to you. Call Member Service for more information.

**Important message about what you pay for insulin** — You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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



## **NOTE TO EXISTING MEMBERS:**

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

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

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



## WHAT IS THE MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY?

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

## CAN THE FORMULARY (DRUG LIST) CHANGE?

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

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

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

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

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

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

If we have a mid-year, non-maintenance formulary change, we will provide a notice in the monthly Explanation of Benefits and on our website, [bluecrossma.com/medicare](https://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 153. Then look under the category name for your drug.
- **Alphabeticallisting.** If you are not sure what category to look under, you should look for your drug in the index that begins on page 67. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

## WHAT ARE GENERIC DRUGS?

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

## ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

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

These requirements and limits may include:

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

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

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

## WHAT IF MY DRUG IS NOT ON THE FORMULARY?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## FOR MORE INFORMATION

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

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

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

## MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 1	QL
<i>hydromorphone hcl</i> LIQD 1mg/ml QL (600 mL / 30 days)	Tier 1	QL
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 1	QL
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 1	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 3	
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	Tier 1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	Tier 1	QL

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

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> QL (240 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days)	Tier 1	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	Tier 1	QL
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole TABS 200mg</i> QL (672 tabs / year)	Tier 1	QL NM PA
<i>amikacin sulfate SOLN 1gm/4ml</i>	Tier 1	
<i>amikacin sulfate SOLN 500mg/2ml</i>	Tier 1	HI
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	Tier 2	NEDS NM PA
<i>atovaquone SUSP 750mg/5ml</i> QL (300 mL / 30 days)	Tier 1	QL PA
<i>aztreonam SOLR 1gm</i>	Tier 1	HI
<i>aztreonam SOLR 2gm</i>	Tier 1	
<i>CAYSTON SOLR 75mg</i>	Tier 2	NEDS NM PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	Tier 1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	Tier 1	
<i>clindamycin phosphate SOLN 900mg/6ml</i>	Tier 1	HI
<i>clindamycin phosphate SOLN 9000mg/60ml</i>	Tier 1	

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	QL NM
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL
LINEZOLID INJ 2MG/ML	Tier 3	
<i>meropenem</i> SOLR 1gm, 500mg	Tier 1	HI
<i>methenamine hippurate</i> TABS 1gm	Tier 1	
<i>metronidazole</i> SOLN 500mg/100ml	Tier 1	HI
<i>metronidazole</i> TABS 250mg, 500mg	Tier 1	
<i>neomycin sulfate</i> TABS 500mg	Tier 1	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	Tier 1	QL NM
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	Tier 2	
<i>nitrofurantoin monohyd</i> <i>macro</i> CAPS 100mg	Tier 2	
<i>pentamidine isethionate inh</i> SOLR 300mg	Tier 1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	Tier 1	
<i>polymyxin b sulfate</i> SOLR 500000unit	Tier 1	
<i>praziquantel</i> TABS 600mg	Tier 1	
<i>pyrimethamine</i> TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>streptomycin sulfate</i> SOLR 1gm	Tier 1	NM
<i>sulfadiazine</i> TABS 500mg	Tier 1	NM
<i>sulfamethoxazole-</i> <i>trimethoprim iv soln 400-80</i> <i>mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-</i> <i>trimethoprim susp 200-40</i> <i>mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 800-160</i> <i>mg</i>	Tier 1	
<i>tinidazole</i> TABS 250mg, 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
TOBI PODHALER CAPS 28mg	Tier 2	NEDS NM PA
<i>tobramycin</i> NEBU 300mg/5ml	Tier 1	NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 40mg/ml	Tier 1	
<i>tobramycin sulfate</i> SOLN 10mg/ml, 80mg/2ml	Tier 1	HI
<i>trimethoprim</i> TABS 100mg	Tier 1	
<i>vancomycin hcl</i> CAPS 125mg QL (80 caps / 180 days)	Tier 1	QL
<i>vancomycin hcl</i> CAPS 250mg QL (160 caps / 180 days)	Tier 1	QL
<i>vancomycin hcl</i> SOLR 1.25gm, 1.5gm, 5gm	Tier 1	
<i>vancomycin hcl</i> SOLR 1gm, 10gm, 500mg, 750mg	Tier 1	HI
VANCOMYCIN INJ 1 GM	Tier 3	
VANCOMYCIN INJ 500MG	Tier 3	
VANCOMYCIN INJ 750MG	Tier 3	
<b>ANTIFUNGALS</b>		
ABELCET SUSP 5mg/ml	Tier 3	B/D
<i>amphotericin b</i> SOLR 50mg	Tier 1	HI B/D
<i>amphotericin b liposome</i> SUSR 50mg	Tier 1	B/D NM
<i>caspofungin acetate</i> SOLR 50mg, 70mg	Tier 1	HI
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 1	HI
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 1	HI
<i>flucytosine</i> CAPS 250mg, 500mg	Tier 1	NM PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 1	
<i>itraconazole</i> CAPS 100mg	Tier 1	PA
<i>ketoconazole</i> TABS 200mg	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>micafungin sodium</i> SOLR 50mg, 100mg	Tier 1	HI
<i>nystatin</i> TABS 500000unit	Tier 1	
<i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	Tier 1	QL NM PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL NM PA
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	Tier 1	QL PA
<i>voriconazole</i> SOLR 200mg	Tier 1	HI PA
<i>voriconazole</i> SUSP 40mg/ml QL (600 mL / 28 days)	Tier 1	QL NM PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	Tier 1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg	Tier 1	
<i>atovaquone-proguanil hcl</i> tab 250-100 mg	Tier 1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 1	
COARTEM TAB 20-120MG	Tier 3	
<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
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	Tier 1	
APTIVUS CAPS 250mg	Tier 2	NEDS NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>darunavir</i> TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL NM
<i>darunavir</i> TABS 800mg QL (30 tabs / 30 days)	Tier 1	QL NM
EDURANT TABS 25mg	Tier 2	NEDS NM
<i>efavirenz</i> TABS 600mg	Tier 1	
<i>emtricitabine</i> CAPS 200mg	Tier 1	
EMTRIVA SOLN 10mg/ml	Tier 3	
<i>etravirine</i> TABS 100mg, 200mg	Tier 1	NM
<i>fosamprenavir calcium</i> TABS 700mg	Tier 1	NM
FUZEON SOLR 90mg	Tier 2	NEDS NM
INTELENCE TABS 25mg	Tier 3	
ISENTRESS CHEW 25mg	Tier 3	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NEDS NM
ISENTRESS HD TABS 600mg	Tier 2	NEDS NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	Tier 1	
<i>maraviroc</i> TABS 150mg, 300mg	Tier 1	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	Tier 1	
NORVIR PACK 100mg	Tier 3	
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 3	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	NEDS QL NM
REYATAZ PACK 50mg	Tier 2	NEDS NM
<i>ritonavir</i> TABS 100mg	Tier 1	
RUKOBIA TB12 600mg	Tier 2	NEDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 2	NEDS NM
SELZENTRY TABS 25mg	Tier 3	
SUNLENCA TBPK 300mg	Tier 2	NEDS NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	Tier 1	

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

Drug Name	Drug Tier	Requirements/ Limits
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg QL (30 tabs / 30 days)	Tier 1	QL NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg QL (30 tabs / 30 days)	Tier 1	QL
EVOTAZ TAB 300-150	Tier 2	NEDS NM
GENVOYA TAB	Tier 2	NEDS NM
JULUCA TAB 50-25MG	Tier 2	NEDS NM
lamivudine-zidovudine tab 150-300 mg	Tier 1	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	Tier 1	
lopinavir-ritonavir tab 100-25 mg	Tier 1	
lopinavir-ritonavir tab 200-50 mg	Tier 1	
ODEFSEY TAB	Tier 2	NEDS NM
PREZCOBIX TAB 800-150	Tier 2	NEDS NM
STRIBILD TAB	Tier 2	NEDS NM
SYMTUZA TAB	Tier 2	NEDS NM
TRIUMEQ PD TAB	Tier 2	
TRIUMEQ TAB	Tier 2	NEDS NM
<b>ANTITUBERCULAR AGENTS</b>		
cycloserine CAPS 250mg	Tier 1	NM
ethambutol hcl TABS 100mg, 400mg	Tier 1	
isoniazid SYRP 50mg/5ml	Tier 1	
isoniazid TABS 100mg, 300mg	Tier 1	
PRIFTIN TABS 150mg	Tier 3	
pyrazinamide TABS 500mg	Tier 1	
rifabutin CAPS 150mg	Tier 1	
rifampin CAPS 150mg, 300mg	Tier 1	
rifampin SOLR 600mg	Tier 1	HI
SIRTURO TABS 20mg, 100mg	Tier 2	NEDS NM PA
TRECTOR TABS 250mg	Tier 3	
<b>ANTIVIRALS</b>		
acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1	
acyclovir SUSP 200mg/5ml	Tier 1	
acyclovir sodium SOLN 50mg/ml	Tier 1	HI B/D

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	HI
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 1	HI
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 1	
<i>tazicef</i> SOLR 1gm	Tier 1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 1	HI
TEFLARO SOLR 400mg, 600mg	Tier 2	NEDS HI NM
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK 1gm; SUSR 100mg/5ml, 200mg/5ml	Tier 1	
<i>azithromycin</i> SOLR 500mg	Tier 1	HI
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	Tier 1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 1	
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2	NEDS NM
<i>e.e.s. 400</i> TABS 400mg	Tier 1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 3	HI
<i>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	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 1	HI
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 1	HI
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	SOLR 100mg Tier 1	HI
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	Tier 1	
<i>doxycycline hyclate 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	CAPS Tier 1	
<i>minocycline hcl 50mg, 75mg, 100mg</i>	CAPS Tier 1	
<i>NUZYRA 100mg</i>	SOLR Tier 2	NEDS HI NM
<i>NUZYRA 150mg</i>	TABS Tier 2	NEDS QL NM
QL (30 tabs / 14 days)		
<i>tetracycline hcl 250mg, 500mg</i>	CAPS Tier 1	
<i>tigecycline 50mg</i>	SOLR Tier 1	HI NM
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>BENDAMUSTINE 100mg/4ml</i>	SOLN Tier 2	NEDS B/D NM
<i>BENDEKA 100mg/4ml</i>	SOLN Tier 2	NEDS B/D NM
<i>carboplatin 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	SOLN Tier 1	B/D NM
<i>cisplatin 100mg/100ml, 200mg/200ml</i>	SOLN 50mg/50ml, Tier 1	B/D NM
<i>cyclophosphamide 25mg, 50mg</i>	CAPS Tier 1	B/D
<i>CYCLOPHOSPHAMIDE 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml</i>	SOLN Tier 2	NEDS B/D NM
<i>cyclophosphamide 1gm, 500mg</i>	SOLR Tier 1	B/D NM
<i>cyclophosphamide 2gm</i>	SOLR Tier 1	B/D NM
<i>CYCLOPHOSPHAMIDE 25mg, 50mg</i>	TABS Tier 3	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR 2gm/10ml</i>	SOLN Tier 2	NEDS B/D NM

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Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE CAPS 10mg, 40mg	Tier 3	NM
GLEOSTINE CAPS 100mg	Tier 2	NEDS NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	Tier 1	B/D NM
<i>oxaliplatin</i> SOLR 100mg	Tier 1	B/D NM
<b>ANTIMETABOLITES</b>		
<i>azacitidine</i> SUSR 100mg	Tier 1	B/D NM
<i>cytarabine</i> SOLN 20mg/ml	Tier 1	B/D NM
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 1	B/D NM
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 1	B/D NM
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 2 NEDS	QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2 NEDS	QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2 NEDS	QL NM PA
<i>mercaptopurine</i> TABS 50mg	Tier 1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D NM
<i>methotrexate sodium</i> SOLN 50mg/2ml	Tier 1	HI B/D NM
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2 NEDS	QL NM PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	Tier 1	B/D NM
PURIXAN SUSP 2000mg/100ml	Tier 2	NEDS NM
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
<i>abiraterone acetate</i> TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA

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

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Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	NEDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	NEDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	NEDS QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 2	NEDS QL NM PA
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 2	NEDS QL NM PA
<i>bexarotene</i> CAPS 75mg QL (300 caps / 30 days)	Tier 1	QL NM PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	Tier 1	B/D NM
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	Tier 1	B/D NM
<i>hydroxyurea</i> CAPS 500mg	Tier 1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 1	B/D NM
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 2	NEDS QL NM PA
MATULANE CAPS 50mg <i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 2 Tier 1	NEDS NM NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA

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

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

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

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

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

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

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

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-valsartan tab 5-160 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	Tier 2	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	Tier 2	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	Tier 2	QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan cilexetil</i> TABS 32mg QL (30 tabs / 30 days)	Tier 1	QL
<i>irbesartan</i> TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>olmesartan medoxomil</i> TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil</i> TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>telmisartan</i> TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan</i> TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL
<i>valsartan</i> TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 1	
<i>amiodarone hcl</i> TABS 200mg	Tier 1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	Tier 3	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	Tier 1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 1	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 3	QL
<i>pacerone</i> TABS 100mg, 400mg	Tier 1	
<i>pacerone</i> TABS 200mg	Tier 1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	Tier 1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	Tier 1	

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

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Drug Name	Drug Tier	Requirements/ Limits
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 2	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 1	QL
<i>omega-3-acid ethyl esters</i> <i>cap 1 gm</i>	Tier 1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	Tier 1	
REPATHA SOSY 140mg/ml	Tier 2	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Tier 2	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	Tier 2	NM PA
VASCEPA CAPS .5gm, 1gm	Tier 2	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab</i> 50-25 mg	Tier 1	
<i>atenolol &amp; chlorthalidone tab</i> 100-25 mg	Tier 1	
<i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab</i> 2.5- 6.25 mg	Tier 1	
<i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab</i> 5- 6.25 mg	Tier 1	
<i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab</i> 10- 6.25 mg	Tier 1	
<i>metoprolol &amp;</i> <i>hydrochlorothiazide tab</i> 50- 25 mg	Tier 1	
<i>metoprolol &amp;</i> <i>hydrochlorothiazide tab</i> 100- 25 mg	Tier 1	
<i>metoprolol &amp;</i> <i>hydrochlorothiazide tab</i> 100- 50 mg	Tier 1	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 1	

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	Tier 1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	Tier 1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	Tier 1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 1	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	Tier 1	PA
NAMZARIC CAP 7-10MG	Tier 3	
NAMZARIC CAP 14-10MG	Tier 3	
NAMZARIC CAP 21-10MG	Tier 3	
NAMZARIC CAP 28-10MG	Tier 3	
NAMZARIC CAP PACK	Tier 3	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 1	QL

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	Tier 1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 2	NEDS QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 2	NEDS QL NM PA
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 1	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	Tier 1	
<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 70 years and older	Tier 1	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	Tier 1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	Tier 1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	Tier 1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 1	

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

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

Drug Name	Drug	Requirements/ Tier	Limits
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 2	NEDS	QL NM PA
FANAPT PAK QL (2 packs / year)	Tier 3		QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 1		
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 1		
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 1		
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	Tier 1		
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 1		
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 2	NEDS	QL NM
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 3		QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 2	NEDS	QL NM
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 2	NEDS	QL NM
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 1		
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 1		QL
<i>lurasidone hcl</i> TABS 80mg QL (60 tabs / 30 days)	Tier 1		QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 1		

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

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

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Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	Tier 3	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	Tier 2 NEDS	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 2 NEDS	QL NM PA
<b>ANTISEIZURE AGENTS</b>		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 2 NEDS	QL NM PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 1	
<i>clobazam</i> SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 1	QL PA
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 1	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 2 NEDS	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 2 NEDS	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 2 NEDS	QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 2 NEDS	QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 1	
<i>diazepam inj</i> SOLN 5mg/ml	Tier 1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
DILANTIN CAPS 30mg	Tier 3	
<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 3	QL PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	Tier 1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 2 NEDS	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 2	NEDS QL NM PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
<i>gabapentin</i> CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 1	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
<i>lacosamide</i> SOLN 200mg/20ml	Tier 1	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 1	QL
<i>lamotrigine</i> CHEW 5mg, 25mg	Tier 1	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	Tier 1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days)	Tier 3	QL
<i>methsuximide</i> CAPS 300mg	Tier 1	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	Tier 3	QL
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 1	
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	Tier 3	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older	Tier 2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	Tier 3	PA
<i>phenytek</i> CAPS 200mg, 300mg	Tier 1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	Tier 1	
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	Tier 1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 1	QL PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	Tier 1	QL PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 1	QL PA
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	Tier 1	QL PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	Tier 1	
<i>roweepra</i> TABS 500mg	Tier 1	
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 1	QL NM PA
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	Tier 1	QL PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	Tier 1	QL NM PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 3	QL
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 2 NEDS	QL NM PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 1	
<i>topiramate</i> CPSP 15mg, 25mg	Tier 1	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	Tier 1	

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL NM PA
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 1	QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	Tier 1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	Tier 1	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 1	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 1	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 1	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 2	QL PA

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl</i> TABS 50mg	Tier 1	
NICOTROL INHALER INHA 10mg	Tier 3	
NICOTROL NS SOLN 10mg/ml	Tier 3	
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 1	QL
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> QL (2 packs / year)	Tier 1	QL
VIVITROL SUSR 380mg	Tier 2	NEDS NM
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 1	PA
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	Tier 1	QL NM PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 1	QL PA
<i>testosterone</i> GEL 1.62% QL (150 gm / 30 days)	Tier 1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 1	PA
<b>ANTIDIABETICS</b>		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 1	
DEXCOM G6 MIS RECEIVER QL (1 each / year)	MB	QL NM
DEXCOM G6 MIS SENSOR	MB	NM
DEXCOM G6 MIS TRANSMIT QL (1 box / 90 days)	MB	QL NM
DEXCOM G7 MIS RECEIVER QL (1 each / year)	MB	QL NM
DEXCOM G7 MIS SENSOR	MB	NM

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Drug Name	Drug Tier	Requirements/ Limits
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
FREESTY LIBR KIT 2 SENSOR	MB	NM
FREESTY LIBR KIT 3 SENSOR	MB	NM
FREESTY LIBR KIT SENSOR	MB	NM
FREESTY LIBR MIS 2 READER QL (1 each / year)	MB	QL NM
FREESTY LIBR MIS 3 READER QL (1 each / year)	MB	QL NM
FREESTY LIBR MIS READER QL (1 each / year)	MB	QL NM
FREESTYLE KIT FREEDOM QL (1 box / year)	MB	QL NM
FREESTYLE KIT INSULINX QL (1 box / year)	MB	QL NM
FREESTYLE KIT LITE QL (1 box / year)	MB	QL NM
FREESTYLE KIT SENSOR	MB	NM
FREESTYLE MIS READER QL (1 each / year)	MB	QL NM
FREESTYLE TES	MB	NM
FREESTYLE TES INSULINX	MB	NM
FREESTYLE TES LITE	MB	NM
FREESTYLE TES PREC NEO	MB	NM
<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

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

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

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

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

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

**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
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 3	QL PA
SOLQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2	
TRESIBA SOLN 100unit/ml	Tier 2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	Tier 1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 1	B/D
<i>ibandronate sodium</i> TABS 150mg	Tier 1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D NM
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 1	B/D NM
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 2	NEDS NM PA
XGEVA SOLN 120mg/1.7ml	Tier 2	NEDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	Tier 1	B/D NM
<b>CHELATING AGENTS</b>		
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 3	NM PA
<i>deferasirox</i> TBSO 250mg, 500mg	Tier 1	NM PA
<i>kionex</i> SUSP 15gm/60ml	Tier 1	
LOKELMA PACK 5gm, 10gm	Tier 2	
<i>penicillamine</i> TABS 250mg	Tier 1	NM
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<i>sps</i> SUSP 15gm/60ml	Tier 1	
<i>trientine hcl</i> CAPS 250mg	Tier 1	NM PA
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	Tier 1	
<i>altavera</i>	Tier 1	
<i>alyacen 1/35</i>	Tier 1	
<i>alyacen 7/7/7</i>	Tier 1	
<i>apri</i>	Tier 1	
<i>aranelle</i>	Tier 1	
<i>aubra eq</i>	Tier 1	
<i>aurovela 1/20</i>	Tier 1	
<i>aurovela fe 1.5/30</i>	Tier 1	

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	Tier 1	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 2	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	Tier 2	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	Tier 1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 2	
<i>fyavolv tab 1mg-5mcg</i>	Tier 2	
<i>jinteli</i>	Tier 2	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
<i>mimvey</i>	Tier 2	
<i>norethindrone acetate- ethinyl estradiol tab 0.5 mg- 2.5 mcg</i>	Tier 2	
<i>norethindrone acetate- ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2	
<i>yuvaferm</i> TABS 10mcg	Tier 1	
<b>GLUCOCORTICOIDS</b>		
<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 3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	Tier 1	
<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	Tier 1	B/D
<i>methylprednisolone</i> TBPK 4mg	Tier 1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	Tier 1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	Tier 1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	Tier 1	B/D
<i>prednisone</i> SOLN 5mg/5ml	Tier 1	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	Tier 1	
PREDNISONO INTENSOL CONC 5mg/ml	Tier 3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 3	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP 50mg/ml	Tier 1	NM
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 2	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	Tier 2	NEDS NM PA
<i>betaine powder for oral solution</i>	Tier 1	NM
<i>cabergoline</i> TABS .5mg	Tier 1	
<i>carglumic acid</i> TBSO 200mg	Tier 1	NM PA
CERDELGA CAPS 84mg	Tier 2	NEDS NM PA
CEREZYME SOLR 400unit	Tier 2	NEDS NM PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 1	B/D QL NM
<i>cinacalcet hcl</i> TABS 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	Tier 3	NM PA

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<i>desmopressin acetate</i> SOLN 4mcg/ml	Tier 1	NM
<i>desmopressin acetate</i> TABS .1mg, .2mg	Tier 1	
<i>desmopressin acetate spray</i> SOLN .01%	Tier 1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 1	
FABRAZYME SOLR 5mg, 35mg	Tier 2 NEDS	NM PA
GENOTROPIN CART 5mg, 12mg	Tier 2 NEDS	NM PA
GENOTROPIN MINIQUICK PRSY .2mg	Tier 2	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2 NEDS	NM PA
INCRELEX SOLN 40mg/4ml	Tier 2 NEDS	NM PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 1	NM PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	Tier 1	B/D
LUMIZYME SOLR 50mg	Tier 2 NEDS	NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	Tier 2 NEDS	NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	Tier 2 NEDS	NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	Tier 2 NEDS	NM PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	Tier 1	NM PA
NAGLAZYME SOLN 1mg/ml	Tier 2 NEDS	NM PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NM PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 1	NM PA

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>nizatidine</i> CAPS 150mg, 300mg	Tier 1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i> CAPS 750mg	Tier 1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 1	QL PA
<i>budesonide</i> TB24 9mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	Tier 1	
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	Tier 1	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	Tier 1	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	Tier 1	QL
<i>mesalamine</i> SUPP 1000mg QL (30 suppositories / 30 days)	Tier 1	QL
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	Tier 1	QL
<i>mesalamine w/ cleanser</i> KIT 4gm QL (28 bottles / 28 days)	Tier 1	QL
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	Tier 1	
<b>LAXATIVES</b>		
<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 3	

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	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i> TABS 1mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>alosetron hcl</i> TABS .5mg QL (60 tabs / 30 days)	Tier 1	QL PA
CREON CAP 3000UNIT	Tier 2	
CREON CAP 6000UNIT	Tier 2	
CREON CAP 12000UNIT	Tier 2	
CREON CAP 24000UNIT	Tier 2	
CREON CAP 36000UNIT	Tier 2	
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 3	
<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</i> CAPS 2mg	Tier 1	
<i>misoprostol</i> TABS 100mcg, 200mcg	Tier 1	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 2	NEDS QL NM PA
<i>sucralfate</i> TABS 1gm	Tier 1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	Tier 1	
VOWST CAP QL (12 caps / 30 days)	Tier 2	NEDS QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 2	NEDS QL NM PA
XIFAXAN TABS 550mg	Tier 2	NEDS NM PA
ZENPEP CAP 3000UNIT	Tier 3	
ZENPEP CAP 5000UNIT	Tier 3	
ZENPEP CAP 10000UNT	Tier 3	
ZENPEP CAP 15000UNT	Tier 3	
ZENPEP CAP 20000UNT	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CAP 25000UNT	Tier 3	
ZENPEP CAP 40000UNT	Tier 3	
ZENPEP CAP 60000UNT	Tier 3	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg QL (30 caps / 30 days)	Tier 1	QL ST
<i>lansoprazole</i> CPDR 15mg, 30mg QL (60 caps / 30 days)	Tier 1	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	Tier 1	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> TB24 10mg QL (30 tabs / 30 days)	Tier 1	QL
<i>dutasteride</i> CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL
<i>dutasteride-tamsulosin hcl</i> cap 0.5-0.4 mg QL (30 caps / 30 days)	Tier 1	QL
<i>finasteride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>tadalafil</i> TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	Tier 1	QL
<b>MISCELLANEOUS</b>		
<i>acetic acid</i> SOLN .25%	Tier 1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 1	
<i>potassium citrate</i> (alkalinizer) TBCR 15meq, 540mg, 1080mg	Tier 1	
<b>URINARY ANTISPASMODICS</b>		
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	Tier 3	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 3	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 1	QL

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	Tier 1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	NM
HEP SOD/NACL INJ 25000UNT	Tier 2	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml	Tier 1	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 1	HI B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 2 NEDS	QL NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2 NEDS	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2 NEDS	NM PA

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 2	NEDS QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2	NEDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	Tier 1	
JYLAMVO SOLN 2mg/ml	Tier 3	B/D
<i>leflunomide</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
<i>methotrexate sodium</i> TABS 2.5mg	Tier 1	
XATMEP SOLN 2.5mg/ml	Tier 3	B/D
<b>IMMUNOGLOBULINS</b>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NEDS NM PA
BIVIGAM SOLN 5gm/50ml	Tier 2	NEDS HI NM PA
BIVIGAM SOLN 10%	Tier 2	NEDS NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NEDS NM PA
GAMASTAN INJ	Tier 3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NEDS NM PA
GAMMAGARD LIQUID SOLN 2.5gm/25ml	Tier 2	NEDS HI NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NEDS HI NM PA
GAMMAKED SOLN 1gm/10ml	Tier 2	NEDS HI NM PA

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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
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 2	NEDS NM PA
ARCALYST SOLR 220mg	Tier 2	NEDS NM PA
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 5mg	Tier 2	NEDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 3	B/D
azathioprine TABS 50mg	Tier 1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	NEDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	Tier 2	NEDS NM PA
cyclosporine CAPS 25mg, 100mg	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1	B/D
everolimus (immunosuppressant) TABs .25mg, .5mg, .75mg, 1mg	Tier 1	B/D NM
engraf CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 1	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	Tier 1	B/D
mycophenolate mofetil SUSR 200mg/ml	Tier 1	B/D NM
mycophenolate sodium TBEC 180mg, 360mg	Tier 1	B/D
NULOJIX SOLR 250mg	Tier 2	NEDS B/D NM
PROGRAF PACK .2mg, 1mg	Tier 3	B/D
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
sirolimus SOLN 1mg/ml	Tier 1	B/D NM
sirolimus TABS .5mg, 1mg, 2mg	Tier 1	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	Tier 1	B/D
<b>VACCINES</b>		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO INJ	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENG VAXIA SUS	Tier 1	
DIP/TET PED INJ 25-5LFU	Tier 1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 INJ	Tier 1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	

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

Drug Name	Drug Tier	Requirements/ Limits
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX INJ 1350pfu/0.5ml	Tier 1	
YF-VAX INJ	Tier 1	
<b>NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE</b>		
D2.5W/NAACL INJ 0.45%	Tier 3	HI
D10W/NAACL INJ 0.2%	Tier 2	HI
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	Tier 1	
<i>dextrose 5% in lactated ringers</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 1	HI
<i>dextrose 5% w/ sodium chloride 0.3%</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 1	HI
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 1	HI
<i>dextrose 5% w/ sodium chloride 0.225%</i>	Tier 1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 1	HI
ISOLYTE-P INJ /D5W	Tier 3	
ISOLYTE-S INJ PH 7.4	Tier 3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	Tier 1	HI
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 1	

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>brimonidine tartrate</i> SOLN .15%	Tier 1	
<i>brinzolamide</i> SUSP 1%	Tier 1	
<i>carteolol hcl (ophth)</i> SOLN 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 2	
<i>dorzolamide hcl</i> SOLN 2%	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	Tier 1	
<i>latanoprost</i> SOLN .005%	Tier 1	
<i>levobunolol hcl</i> SOLN .5%	Tier 1	
LUMIGAN SOLN .01%	Tier 2	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 1	
RHOPRESSA SOLN .02%	Tier 3	
ROCKLATAN DRO	Tier 3	
SIMBRINZA SUS 1-0.2%	Tier 3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	Tier 1	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 3	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	Tier 2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 1	
CYSTADROPS SOLN .37%	Tier 2	NEDS NM PA
CYSTARAN SOLN .44%	Tier 2	NEDS NM PA
EYSUVIS SUSP .25%	Tier 3	
MIEBO SOLN 1.338gm/ml	Tier 2	
<i>proparacaine hcl</i> SOLN .5%	Tier 1	
RESTASIS EMUL .05%	Tier 2	
RESTASIS MULTIDOSE EMUL .05%	Tier 2	
XIIDRA SOLN 5%	Tier 2	
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid (otic)</i> SOLN 2%	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	Tier 1	
<i>flac</i> OIL .01%	Tier 1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	Tier 1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide</i> SOLN .02%	Tier 1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 1	
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl</i> SOLN .1%	Tier 1	
<i>cetirizine hcl</i> SOLN 5mg/5ml	Tier 1	QL
		QL (300 mL / 30 days)
<i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	Tier 2	PA
		PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	Tier 3	PA
		PA applies if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 2	PA
		PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	Tier 2	PA
		PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	Tier 1	QL
		QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	Tier 1	QL
		QL (30 tabs / 30 days)
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act	Tier 1	QL
		QL (2 inhalers / 30 days) (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	Tier 1	QL
		QL (2 inhalers / 30 days) (generic of Proventil HFA)

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal) SOLN</i> .025% QL (3 bottles / 30 days)	Tier 1	QL
<i>fluticasone propionate (nasal) SUSP</i> 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA
<b>STEROID INHALANTS</b>		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
<i>budesonide (inhalation) SUSP</i> .25mg/2ml, .5mg/2ml	Tier 1	B/D
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>SULFAMYLON CREA 85mg/gm</i> QL (453.6 gm / 30 days)	Tier 3	QL
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox SHAM 1%</i> QL (120 mL / 30 days)	Tier 1	QL
<i>ciclopirox olamine CREA .77%</i> QL (90 gm / 30 days)	Tier 1	QL
<i>ciclopirox olamine SUSP .77%</i> QL (60 mL / 30 days)	Tier 1	QL
<i>clotrimazole (topical) CREA 1%</i> QL (45 gm / 30 days)	Tier 1	QL
<i>clotrimazole (topical) SOLN 1%</i> QL (60 mL / 30 days)	Tier 1	QL
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days)	Tier 1	QL
<i>econazole nitrate CREA 1%</i> QL (85 gm / 30 days)	Tier 1	QL
<i>ketoconazole (topical) CREA 2%</i> QL (60 gm / 30 days)	Tier 1	QL
<i>ketoconazole (topical) SHAM 2%</i> QL (120 mL / 30 days)	Tier 1	QL
<i>klayesta POWD 100000unit/gm</i> QL (60 gm / 30 days)	Tier 1	QL
<i>nyamyc POWD 100000unit/gm</i> QL (60 gm / 30 days)	Tier 1	QL
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i> QL (30 gm / 30 days)	Tier 1	QL
<i>nystatin (topical) POWD 100000unit/gm</i> QL (60 gm / 30 days)	Tier 1	QL
<i>nystop POWD 100000unit/gm</i> QL (60 gm / 30 days)	Tier 1	QL
<i>selenium sulfide LOTN 2.5%</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	Tier 1	QL PA
QL (120 gm / 30 days)		
<i>calcipotriene</i> SOLN .005%	Tier 1	QL PA
QL (120 mL / 30 days)		
<i>calcitrene</i> OINT .005%	Tier 1	QL PA
QL (120 gm / 30 days)		
ENSTILAR AER	Tier 2	NEDS QL NM
QL (120 gm / 30 days)		PA
<i>tazarotene</i> CREA .1%	Tier 1	QL PA
QL (60 gm / 30 days)		
TAZORAC CREA .05%	Tier 3	QL PA
QL (60 gm / 30 days)		
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> CREA 1%	Tier 1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	Tier 1	QL
QL (60 gm / 30 days)		
<i>betamethasone dipropionate</i> (topical) CREA .05%; OINT .05%	Tier 1	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate</i> (topical) LOTN .05%	Tier 1	QL
QL (120 mL / 30 days)		
<i>betamethasone dipropionate</i> <i>augmented</i> CREA .05%; GEL .05%; OINT .05%	Tier 1	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate</i> <i>augmented</i> LOTN .05%	Tier 1	QL
QL (120 mL / 30 days)		
<i>betamethasone valerate</i> CREA .1%; OINT .1%	Tier 1	QL
QL (120 gm / 30 days)		
<i>betamethasone valerate</i> LOTN .1%	Tier 1	QL
QL (120 mL / 30 days)		
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	Tier 1	QL
QL (60 gm / 30 days)		
<i>clobetasol propionate</i> SOLN .05%	Tier 1	QL
QL (50 mL / 30 days)		

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	Tier 1	QL
<i>nitroglycerin (intra-anal)</i> OINT .4% QL (30 gm / 30 days)	Tier 1	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2 NEDS	QL NM PA
<i>pimecrolimus</i> CREA 1% QL (100 gm / 30 days)	Tier 1	QL PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 1	QL
<i>procto-med hc</i> CREA 2.5%	Tier 1	
<i>proctocort</i> CREA 1%	Tier 1	
<i>proctosol hc</i> CREA 2.5%	Tier 1	
<i>proctozone-hc</i> CREA 2.5%	Tier 1	
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 1	QL PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 2 NEDS	QL NM PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<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
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX GEL .01% QL (30 gm / 30 days)	Tier 2 NEDS	QL NM PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 3	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	Tier 1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	Tier 1	QL
<i>kourzeq</i> PSTE .1%	Tier 1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	Tier 1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	Tier 1	

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<i>perio gard</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>  250mg</i> .....	<i>cefoxitin sodium</i> .....	.....
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.....57	<i>ophth susp</i> .....58	<i>norethindrone ace &amp; ethinyl</i>
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<i>triamcinolone acetonide</i>	<i>tri-vylibra lo</i> .....46	VANCOMYCIN INJ 500MG
<i>(topical)</i> .....64, 65	TROGARZO .....13	.....11
<i>triamterene &amp;</i>	TROPHAMINE INJ 10% .58	VANCOMYCIN INJ 750MG
<i>hydrochlorothiazide cap</i>	<i>trosipium chloride</i> .....51	.....11
37.5-25 mg.....28	TRULICITY .....43	VANFLYTA.....22
<i>triamterene &amp;</i>	TRUMENBA INJ .....56	VAQTA .....56
<i>hydrochlorothiazide tab</i>	TRUQAP .....22	<i>varenicline tartrate</i> .....40
37.5-25 mg.....28	TRUXIMA .....22	<i>varenicline tartrate tab 11 x</i>
<i>triamterene &amp;</i>	TUKYSA .....22	0.5 mg & 42 x 1 mg start
<i>hydrochlorothiazide tab</i>	TURALIO .....22	<i>pack</i> .....40
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24HR 12.5-2.5-1000MG	<b>V</b>	.....60
.....43	<i>valacyclovir hcl</i> .....14	VEOZAH.....48
TRIJARDY XR TAB ER	VALCHLOR .....65	<i>verapamil hcl</i> .....28
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**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-200-4255**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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

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

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

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

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

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

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

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## RESOURCES

### Medicare plan sales:

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

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

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

[bluecrossma.com/medicare](https://bluecrossma.com/medicare)

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

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

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

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

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## BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

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

If you need these services, call Member Service at the number on your ID card.

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 Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689 (TTY: 711)**; fax at **1-617-246-3616**; or email at **[civilrightscordinator@bcbsma.com](mailto:civilrightscordinator@bcbsma.com)**.

If you need help filing a grievance, the Civil Rights Coordinator 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](https://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](https://www.hhs.gov)**.

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# PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

**Spanish/Español:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

**Portuguese/Português:** ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

**Chinese/简体中文:** 注意：如果您讲中文，我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部（TTY 号码：711）。

**Haitian Creole/Kreyòl Ayisyen:** ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

**Vietnamese/Tiếng Việt:** LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

**Russian/Русский:** ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

**Arabic/العربية:**

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": 711).

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

**French/Français:** ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : 711).

**Italian/Italiano:** ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

**Korean/한국어:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

**Greek/Ελληνικά:** ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).

**Polish/Polski:** UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

**Hindi/हिंदी:** ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

**Gujarati/ગુજરાતી:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કૉલ કરો (TTY: 711).

**Tagalog/Tagalog:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

**Japanese/日本語:** お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

**German/Deutsch:** ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

**Persian/پارسیان:**

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

**Lao/ພາສາລາວ:** ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

**Navajo/Diné Bizaad:** BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowłgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béésh bee hodíílnih (TTY: 711).