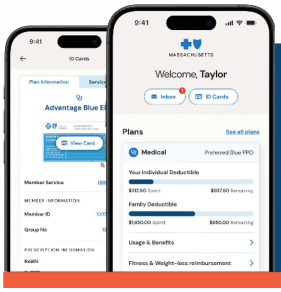
MASSACHUSETTS

Scan here to access all your plan information on your easy to use website.

Effective: 1/1/2026

WELCOME MIIA TOWN OF SHERBORN MEDICARE RETIREES



Get a personalized view of your plan
MyBlue is your online member account that gives you instant access to your plan benefits from any device.

Get Started
Register for MyBlue at **bluecrossma.org** or download the app.

GET THE MOST OUT OF YOUR PLAN

PLAN OPTIONS

SUPPLEMENTAL: Medicare Advantage PPO

Summary

SUPPLEMENTAL: Medex

Summary

SUPPLEMENTAL: Blue Medicare RX

Summary

RESOURCES

- Fitness Benefit
- Weight Loss Benefit
- Medex Enrollment form
- Blue Medicare Rx Enrollment Form
- Blue Medicare Rx Formulary
- Medicare Advantage Enrollment Form
- Medicare Advantage Formulary
- Medicare Advantage Fact Sheet
- Member Service
- MyBlue

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MASSACHUSETTS

Medicare PPO Blue (PPO)

2026 BENEFITS OVERVIEW

Drug copayments

$5 – $10 – $25

FreedomRx Option

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.[1]

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.

OVER 8 MILLION

Medicare members in America are enrolled in a Blue Cross Blue Shield plan.[2]

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[1] Hospital emergency room visits	$0 per visit	$0 per visit
Urgently needed care[1] 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[2]	$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
Routine dental services 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
Hearing services 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
Vision care 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)	
Other medicare-covered health services 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 Accu-Chek® 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
Prescription drug coverage[3, 4]		
At a participating retail pharmacy (up to a 30-day supply)[4]	$5 for generic drugs $10 for preferred drugs $25 for non-preferred drugs	Available under special circumstances: $5 for generic drugs $10 for preferred drugs $25 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)	$10 for generic drugs $20 for preferred drugs $50 for non-preferred drugs	Available under special circumstances: $10 for generic drugs $20 for preferred drugs $50 for non-preferred drugs

3. Prescription drug copayments/coinsurance apply until your out-of-pocket prescription drug costs for covered Part D drugs reach $2,100; thereafter, you will pay nothing for covered Part D 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**

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

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.

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

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

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MASSACHUSETTS | MIIA Nonprofit Locally based Member driven. Serving Massachusetts' communities since 1982

SUMMARY OF BENEFITS

MEDEX® 2

MIIA Town of Sherborn

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

TAP INTO YOUR HEALTH PLAN

MyBlue is your online member account that makes understanding and using your health plan simple.

Track claims and benefits

Find personalized care options

View your member ID card

Get started

Sign in or create an account today. Download the app or visit **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
Inpatient Care		
Hospital care—including surgical services, X-rays and lab tests, anesthesia, drugs and medications, and intensive care services†	• Coverage for days 1–60 per benefit period after Part A deductible • Coverage for days 61–90 after daily Part A coinsurance • Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance	• Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up††
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*	• Full coverage for days 1–20 • Coverage for days 21–100 after daily Part A coinsurance	• Full coverage of Medicare daily coinsurance for days 21–100 • $16 daily for days 101–365
Skilled nursing facility—not participating with Medicare*	No benefits	$16 daily for 365 days per benefit period
Outpatient Care		
Office visits, emergency services, surgery, radiation therapy, X-ray and lab tests, podiatrists' services, 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	• Full coverage of Medicare deductible and coinsurance for Medicare-approved charges only • 20% of the approved charges or services not covered by Medicare
Short-term rehabilitation – physical therapy, speech-pathology, and occupational therapy services approved by Medicare	80% of approved charges after annual Part B deductible	Full coverage of Medicare deductible and coinsurance

	Medicare Provides	Medex Provides
Mental Health and Substance Use Treatment		
Biologically based mental conditions**		
Inpatient admissions in a general or mental hospital	• Coverage for days 1–60 per benefit period after Part A deductible • Coverage for days 61–90 after daily Part A coinsurance • Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance • Coverage for mental hospital admissions is limited to a 190 day lifetime maximum	• Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up††
Outpatient visits	80% of approved charges after annual Part B deductible	• When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum • When not covered by Medicare, full coverage with no visit maximum
Non-biologically based mental conditions		
Inpatient admissions in a general hospital	• Coverage for days 1–60 per benefit period after Part A deductible • Coverage for days 61–90 after daily Part A coinsurance • Coverage for an additional 60 lifetime reserve days after daily Part A coinsurance	• Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • Full coverage up to a lifetime maximum of 365 additional hospital days when Medicare benefits are used up††
Inpatient admissions in a mental hospital	Same coverage as a general hospital, but coverage is limited to a 190 day lifetime maximum	• Full coverage of Medicare deductible and coinsurance • Full coverage of lifetime reserve day coinsurance • 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)††
Outpatient visits	80% of approved charges after annual Part B deductible	• When covered by Medicare, full coverage of Medicare deductible and coinsurance with no visit maximum • When not covered by Medicare, full coverage up to 24 visits per calendar year

† Dental services are not covered by Medicare, however, when your medical or dental condition requires an inpatient admission, Medex provides full coverage for hospital and participating dentist charges for surgical removal of unerupted teeth or teeth impacted in bone, and the extraction of seven or more permanent teeth.

†† 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.

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**. Some preventive covered services are highlighted below.

- One routine fecal-occult blood test every year for members age 50 or older (Full coverage for tests)
- One routine flexible sigmoidoscopy every four years for members age 50 or older (Full coverage for tests)
- One routine colonoscopy every two years for a high-risk member (Full coverage for tests)
- 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)
- 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)
- One routine gynecological exam every two years (Full coverage for exam if doctor accepts assignment)
- One routine gynecological exam per calendar year for a member at high risk for cancer (Full coverage for exam if doctor accepts assignment)
- 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)
- One routine Pap smear test per calendar year (Full coverage for test)

Important Information

- The Medicare deductible and coinsurance amounts are subject to change January 1 of each year.
- Benefits are available immediately upon your effective date.
- Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary.

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

Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs or equipment (see your plan description for details)	$150 per calendar year
Weight Loss Reimbursement: 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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MASSACHUSETTS

Blue MedicareRx℠ (PDP)

2026 SUMMARY OF BENEFITS

2026 Summary of Benefits

Blue MedicareRx (PDP)

Employer Group Medicare Prescription Drug Plan with Supplemental Coverage: $5 / $15 / $30

Option 28

S2893_2512_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, 2026 - December 31, 2026

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 covered drugs) and any restrictions on our Document Portal at: **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**,or contact Customer Care at the number listed on the previous page.

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**. Or, call us and we will send you a copy of the pharmacy directory.

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, 2026 – December 31, 2026

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 out-of-pocket drug costs reach $2,100[1], thereafter, you will pay nothing for covered Part D drugs:	
Standard Retail Cost-Sharing		**One-month supply**	**Three-month supply[2]**
Tier 1	Generic	$5	$15
Tier 2	Preferred Brand	$15	$45
Tier 3	Non-Preferred Drug	$30	$90
		Specialty drugs are limited to a one-month supply per fill.	
Mail Order Cost-Sharing		**One-month supply**	**Three-month supply**
Tier 1	Generic	$5	$10
Tier 2	Preferred Brand	$15	$30
Tier 3	Non-Preferred Drug	$30	$60
		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.

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, or sex, 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, the 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, 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
https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

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.

NOTES

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

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 on the web.

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

MASSACHUSETTS

SB-8582-3OPT28-26

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MASSACHUSETTS | MIIA Nonprofit Locally based Member driven
Serving Massachusetts' communities since 1982

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**.

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** 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):

- ❑ Subscriber (policyholder)
- ❑ Spouse (of policyholder)
- ❑ Ex-Spouse
- ❑ Dependent (up to age 26)
- ❑ 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

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MASSACHUSETTS | MIIA Nonprofit Locally based Member driven
Serving Massachusetts' communities since 1982

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® 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** 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**.

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** 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

MIIA

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	Remarks: (e.g., qualifying event for a new add, change to family, or other instruction)
❒ ADD ❒ CANCEL ❒ TRANSFER	❒ Open Enrollment ❒ Loss of Coverage (HIPAA Continuation of Coverage Letter required) ❒ Other:

2. Yourself

What products?		Membership Type (Dental)
❒ Medex with Blue Medicare Rx (Part D)	❒ Dental Blue	❒ Individual
❒ Managed Blue for Seniors with Blue Medicare Rx		❒ 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 ❒ / N ❒	Other Insurance Company Name	Member Identification Number

PCP ID # (see instructions)	Name of PCP	City / State	Is this your current PCP? Y ❒ / N ❒

Part A Effective Date MM DD YYYY	Part B Effective Date MM DD YYYY	Medicare #	❒ 65+ ❒ Disabled ❒ 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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MASSACHUSETTS

Employer/Broker Only: Receipt date

Blue MedicareRx (PDP) Medicare Prescription Drug Plan

2026 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 or if you'd like information in any languages other than English.

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

Group employer name: Requested effective date of coverage:

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

Birth date: (MM/DD/YYYY) (__ __/__ __/__ __ __ __) Sex: ❑ Male ❑ Female Home phone number:

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

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

Mailing address (only if different from your permanent residence address):

Street/P.O. Box: City: State: ZIP code:

Retirement date: (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 answer these important questions. All fields in this section are optional.

Do you work? ❑ Yes ❑ No Does your spouse work? ❑ Yes ❑ No

Will you have other prescription drug coverage (like VA, TRICARE®´) in addition to Blue MedicareRx? Yes ❑ No ❑

Name of other coverage:

Group number for this coverage: Member number for this coverage:

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: Application agreement important: Read this information before signing.

- I must keep Hospital (Part A) or Medical (Part B) to stay in Blue MedicareRx (PDP).
- By joining this Medicare Prescription Drug Plan, I acknowledge that Blue MedicareRx (PDP) 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 below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another Part D plan.
- 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.

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 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 (*f*)", 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 to submit your completed form.

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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Blue MedicareRx℠ (PDP) 3 Tier Select 2026 Formulary

(List of Covered Drugs or "Drug List")

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

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

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

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

This document includes a Drug List (formulary) for our plan which is current as of January 1, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

S2893_2507_GRP_C
09/05/2025

What is the Blue MedicareRx Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Blue MedicareRx in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the formulary change?

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

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

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

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

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

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug is not on the formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Blue MedicareRx formulary

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	Tier 1	
colchicine TABS .6mg QL (120 tabs / 30 days)	Tier 2	QL
colchicine w/ probenecid tab 0.5-500 mg	Tier 2	
probenecid TABS 500mg	Tier 2	
MISCELLANEOUS		
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	Tier 2	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 2	B/D
NSAIDS		
celecoxib (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 2	QL
celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
diclofenac sodium TB24 100mg	Tier 2	
diclofenac sodium TBEC 25mg, 50mg, 75mg	Tier 1	
flurbiprofen TABS 100mg	Tier 2	
ibu TABS 400mg, 600mg, 800mg	Tier 1	
ibuprofen SUSP 100mg/5ml	Tier 2	
ibuprofen TABS 400mg, 600mg, 800mg	Tier 1	
meloxicam TABS 7.5mg, 15mg	Tier 1	
nabumetone TABS 500mg, 750mg	Tier 1	
naproxen TABS 250mg, 375mg	Tier 1	
naproxen (generic of NAPROSYN) TABS 500mg	Tier 1	
sulindac TABS 150mg, 200mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 3	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	Tier 3	QL PA
hydrocodone bitartrate T24A 100mg, 120mg QL (30 tabs / 30 days)	Tier 1	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL PA
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	Tier 2	QL PA
morphine sulfate TBCR 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 2	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	Tier 1	QL
endocet tab 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
SUNLENCA TABS 300mg; TBPK 300mg	Tier 2	NM
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	Tier 3	NM
TIVICAY TABS 50mg	Tier 2	NM
TIVICAY PD TBSO 5mg	Tier 2	NM
TYBOST TABS 150mg	Tier 2	NM
VIRACEPT TABS 250mg, 625mg	Tier 2	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NM
zidovudine (generic of RETROVIR) CAPS 100mg	Tier 3	NM
zidovudine (generic of RETROVIR) SYRP 50mg/5ml	Tier 2	NM
zidovudine TABS 300mg	Tier 2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 3	NM
BIKTARVY TAB 30-120-15 MG	Tier 2	NM
BIKTARVY TAB 50-200-25 MG	Tier 2	NM
CIMDUO TAB 300-300	Tier 2	NM
DELSTRIGO TAB	Tier 2	NM
DESCOVY TAB 120-15MG	Tier 2	NM
DESCOVY TAB 200/25MG	Tier 2	NM
DOVATO TAB 50-300MG	Tier 2	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 3	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	Tier 1	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (generic of COMPLERA)	Tier 1	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	Tier 3	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	Tier 1	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	Tier 3	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	Tier 3	NM
EVOTAZ TAB 300-150	Tier 2	NM
GENVOYA TAB	Tier 2	NM
JULUCA TAB 50-25MG	Tier 2	NM
KALETRA SOL	Tier 3	NM
lamivudine-zidovudine tab 150-300 mg	Tier 3	NM
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	Tier 3	NM
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	Tier 3	NM
ODEFSEY TAB	Tier 2	NM
PREZCOBIX TAB 800-150	Tier 2	NM
STRIBILD TAB	Tier 2	NM
SYMTUZA TAB	Tier 2	NM
TRIUMEQ PD TAB	Tier 3	NM
TRIUMEQ TAB	Tier 2	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	Tier 1	
ethambutol hcl TABS 100mg, 400mg	Tier 2	
isoniazid TABS 100mg, 300mg	Tier 1	
PRIFTIN TABS 150mg	Tier 3	
pyrazinamide TABS 500mg	Tier 3	
rifabutin CAPS 150mg	Tier 3	
rifampin CAPS 150mg, 300mg	Tier 2	
rifampin (generic of RIFADIN) SOLR 600mg	Tier 3	
SIRTURO TABS 20mg, 100mg	Tier 2	NM PA
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
acyclovir sodium SOLN 50mg/ml	Tier 3	B/D
adefovir dipivoxil TABS 10mg	Tier 3	NM
BARACLUDE SOLN .05mg/ml	Tier 2	NM ST
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	Tier 3	NM
EPCLUSA PAK 150-37.5	Tier 2	NM PA
EPCLUSA PAK 200-50MG	Tier 2	NM PA
EPCLUSA TAB 200-50MG	Tier 2	NM PA
EPCLUSA TAB 400-100	Tier 2	NM PA
ganciclovir sodium SOLR 500mg	Tier 3	B/D
lamivudine (hbv) TABS 100mg	Tier 2	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 2	QL NM PA
MAVYRET PAK 50-20MG	Tier 2	NM PA
MAVYRET TAB 100-40MG	Tier 2	NM PA
oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 2	QL
oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 2	QL
oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 2	QL
PAXLOVID PAK QL (22 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	Tier 2	NM
rimantadine hydrochloride TABS 100mg	Tier 3	
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	Tier 2	
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml	Tier 1	
valganciclovir hcl (generic of VALCYTE) TABS 450mg	Tier 2	
VOSEVI TAB	Tier 2	NM PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	Tier 2	
cefadroxil CAPS 500mg	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 3	
CEFAZOLIN INJ 1GM/50ML	Tier 3	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 2	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 3	
cefdinir CAPS 300mg	Tier 1	
cefdinir SUSR 125mg/5ml, 250mg/5ml	Tier 2	
cefepime hcl SOLR 1gm, 2gm	Tier 3	
cefixime CAPS 400mg	Tier 3	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 3	
cefpodoxime proxetil TABS 100mg, 200mg	Tier 2	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 2	

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

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

Drug Name	Drug Tier	Requirements/ Limits
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2	QL NM PA
TABLOID TABS 40mg	Tier 2	PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
abiraterone acetate (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
abirtega (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 3	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 2	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 2	QL NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	Tier 1	
bicalutamide (generic of CASODEX) TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 3	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
EULEXIN CAPS 125mg	Tier 1	
exemestane (generic of AROMASIN) TABS 25mg	Tier 3	
FIRMAGON SOLR 80mg	Tier 3	NM PA
FIRMAGON SOLR 120mg/vial	Tier 2	NM PA
letrozole (generic of FEMARA) TABS 2.5mg	Tier 1	
leuprolide acetate KIT 1mg/0.2ml	Tier 3	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2	NM PA
LYSODREN TABS 500mg	Tier 2	NM
megestrol acetate TABS 20mg, 40mg	Tier 2	
nilutamide (generic of NILANDRON) TABS 150mg	Tier 1	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ORGOVYX TABS 120mg	Tier 2	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
SOLTAMOX SOLN 10mg/5ml	Tier 2	
tamoxifen citrate TABS 10mg, 20mg	Tier 1	
toremifene citrate (generic of FARESTON) TABS 60mg	Tier 3	PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM PA
lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	QL NM PA

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	Tier 2	QL
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 2	QL
candesartan cilexetil (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 2	QL
irbesartan TABS 75mg QL (30 tabs / 30 days)	Tier 1	QL
irbesartan (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1	
olmesartan medoxomil (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 2	QL
olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
telmisartan TABS 20mg QL (30 tabs / 30 days)	Tier 2	QL

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 3	QL
digoxin SOLN .05mg/ml	Tier 3	
digoxin (generic of LANOXIN) SOLN .25mg/ml	Tier 3	
digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 3	QL NM PA
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA
epinephrine (anaphylaxis) SOLN 1mg/ml	Tier 3	
guanfacine hcl TABS 1mg, 2mg PA applies if 65 years and older	Tier 2	PA
hydralazine hcl SOLN 20mg/ml	Tier 3	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 3	QL
metyrosine (generic of DEMSER) CAPS 250mg	Tier 1	NM PA
midodrine hcl TABS 2.5mg, 5mg	Tier 2	
midodrine hcl TABS 10mg	Tier 3	
minoxidil TABS 2.5mg, 10mg	Tier 1	
ranolazine TB12 500mg, 1000mg	Tier 3	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL PA
NITRATES		
isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 2	
isosorbide dinitrate TABS 10mg, 20mg, 30mg	Tier 2	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	Tier 1	
NITRO-BID OINT 2%	Tier 2	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 2	
nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
alyq (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 2	QL NM PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	Tier 2	QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	Tier 2	QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	Tier 2	QL NM PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
amoxapine TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 3	QL PA
bupropion hcl TABS 75mg, 100mg	Tier 1	
bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 1	QL
bupropion hcl (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL
citalopram hydrobromide SOLN 10mg/5ml	Tier 2	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1	
clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 3	PA
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	Tier 3	PA
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 3	PA
desvenlafaxine succinate (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	Tier 2	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 3	QL PA
duloxetine hcl CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	QL PA
escitalopram oxalate SOLN 5mg/5ml	Tier 3	
escitalopram oxalate (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 3	QL PA
fluoxetine hcl CAPS 10mg, 40mg	Tier 1	
fluoxetine hcl (generic of PROZAC) CAPS 20mg	Tier 1	
fluoxetine hcl SOLN 20mg/5ml	Tier 2	
imipramine hcl TABS 10mg, 25mg, 50mg PA applies if 65 years and older	Tier 1	PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL
mirtazapine TABS 7.5mg	Tier 2	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	Tier 1	
mirtazapine TABS 45mg	Tier 1	
mirtazapine (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 3	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
diazepam intensol CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA
DILANTIN CAPS 30mg	Tier 3	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 3	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 2	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 3	QL NM PA
epitol (generic of TEGRETOL) TABS 200mg	Tier 2	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
eslicarbazepine acetate (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 3	QL
eslicarbazepine acetate (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL
ethosuximide (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Tier 2	
felbamate SUSP 600mg/5ml	Tier 3	
felbamate (generic of FELBATOL) TABS 400mg, 600mg	Tier 3	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 3	QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	Tier 3	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
pregabalin (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 2	QL PA
pregabalin (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
primidone (generic of MYSOLINE) TABS 50mg, 250mg	Tier 1	
primidone TABS 125mg	Tier 1	
roweepra (generic of KEPPRA) TABS 500mg	Tier 1	
rufinamide (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 3	QL PA
rufinamide (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 3	QL PA
rufinamide (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 3	QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 3	QL
subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 3	QL PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	Tier 3	
topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 2	
topiramate CPSP 50mg	Tier 3	
topiramate (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
valproate sodium SOLN 100mg/ml	Tier 3	
valproate sodium SOLN 250mg/5ml	Tier 2	
valproic acid CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
vigabatrin (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
vigabatrin (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
vigadrone (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
vigadrone (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA

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

Drug Name	Drug Tier	Requirements/ Limits
atomoxetine hcl CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL
atomoxetine hcl CAPS 40mg QL (60 caps / 30 days)	Tier 3	QL
atomoxetine hcl CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL PA
dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL PA
guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
guanfacine hcl (adhd) (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL PA
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA
methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA
methylphenidate hcl TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL
ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	Tier 2	QL
tasimelteon (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 1	QL NM PA
temazepam (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA
dihydroergotamine mesylate SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 2	QL NM PA

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 2	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	Tier 3	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	Tier 3	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	Tier 3	QL PA
FIASP SOLN 100unit/ml	Tier 2	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 2	
FIASP PENFILL SOCT 100unit/ml	Tier 2	
FIASP PUMPCART SOCT 100unit/ml	Tier 2	B/D
GAUZE PADS 2" X 2"	Tier 2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 2	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 2	PA
LANTUS SOLN 100unit/ml	Tier 2	
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 2	
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG SOLN 100unit/ml	Tier 2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	Tier 2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	
NOVOLOG PENFILL SOCT 100unit/ml	Tier 2	
NOVOLOG RELION SOLN 100unit/ml	Tier 2	B/D
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	Tier 3	QL PA
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
CALCIUM REGULATORS		
alendronate sodium TABS 10mg, 35mg	Tier 1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	Tier 1	
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	Tier 2	QL NM PA
calcitonin (salmon) spray SOLN 200unit/act	Tier 2	B/D
ibandronate sodium TABS 150mg	Tier 2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	Tier 2	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	Tier 2	QL NM PA
WYOST SOLN 120mg/1.7ml	Tier 2	NM PA
zoledronic acid CONC 4mg/5ml	Tier 3	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	Tier 3	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 2	
deferasirox (generic of JADENU) TABS 90mg	Tier 2	NM PA
deferasirox (generic of JADENU) TABS 180mg, 360mg	Tier 3	NM PA
deferasirox (generic of EXJADE) TBSO 125mg	Tier 3	NM PA
deferasirox (generic of EXJADE) TBSO 250mg, 500mg	Tier 1	NM PA
kionex SUSP 15gm/60ml	Tier 3	
LOKELMA PACK 5gm, 10gm	Tier 2	
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	Tier 1	NM
sodium polystyrene sulfonate powder	Tier 2	
sps SUSP 15gm/60ml	Tier 3	

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
budesonide (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	Tier 1	QL PA
hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	Tier 3	
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 3	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	Tier 3	QL
mesalamine ENEM 4gm QL (1680 mL / 28 days)	Tier 3	QL
mesalamine (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 3	QL
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 3	QL
sulfasalazine (generic of AZULFIDINE) TABS 500mg	Tier 1	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2	
LAXATIVES		
constulose SOLN 10gm/15ml	Tier 2	
enulose SOLN 10gm/15ml	Tier 2	
gavilyte-c	Tier 1	
gavilyte-g (generic of GOLYTELY)	Tier 1	
gavilyte-n/flavor pack	Tier 1	
generlac SOLN 10gm/15ml	Tier 2	
lactulose SOLN 10gm/15ml	Tier 2	
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	Tier 1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	
PLENVU SOL	Tier 3	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	Tier 2	
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	Tier 1	QL PA
alosetron hcl (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	Tier 3	QL PA
CREON CAP 3000UNIT	Tier 2	
CREON CAP 6000UNIT	Tier 2	
CREON CAP 12000UNT	Tier 2	
CREON CAP 24000UNT	Tier 2	
CREON CAP 36000UNT	Tier 2	
cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Tier 3	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	Tier 3	
GATTEX KIT 5mg	Tier 2	NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL
loperamide hcl CAPS 2mg	Tier 1	
misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 2	QL PA
RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
sucralfate (generic of CARAFATE) TABS 1gm	Tier 2	
ursodiol CAPS 300mg	Tier 3	
ursodiol TABS 250mg	Tier 2	
ursodiol (generic of URSO FORTE) TABS 500mg	Tier 2	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	Tier 2	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	Tier 2	QL PA
VOWST CAP QL (12 caps / 30 days)	Tier 2	QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
XIFAXAN TABS 550mg	Tier 2	PA
ZENPEP CAP 3000UNIT	Tier 3	
ZENPEP CAP 5000UNIT	Tier 3	
ZENPEP CAP 10000UNT	Tier 3	
ZENPEP CAP 15000UNT	Tier 3	
ZENPEP CAP 20000UNT	Tier 3	
ZENPEP CAP 25000UNT	Tier 3	
ZENPEP CAP 40000UNT	Tier 3	
ZENPEP CAP 60000UNT	Tier 3	
PROTON PUMP INHIBITORS		
omeprazole CPDR 10mg, 20mg, 40mg	Tier 1	
pantoprazole sodium (generic of PROTONIX) SOLR 40mg	Tier 3	
pantoprazole sodium (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1	
GENITOURINARY ***BENIGN PROSTATIC HYPERPLASIA***		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	Tier 1	QL
dutasteride (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	Tier 2	QL
finasteride (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
tadalafil (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL PA
tamsulosin hcl CAPS .4mg QL (60 caps / 30 days)	Tier 1	QL
MISCELLANEOUS		
acetic acid SOLN .25%	Tier 1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	Tier 2	
potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 2	
potassium citrate (alkalinizer) TBCR 540mg	Tier 2	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 2	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 3	QL
oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 2	QL
oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 2	QL
solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 3	QL
tolterodine tartrate TABS 1mg QL (60 tabs / 30 days)	Tier 3	QL
tolterodine tartrate (generic of DETROL) TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL
trospium chloride TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%	Tier 2	
metronidazole vaginal GEL .75%	Tier 2	
terconazole vaginal CREA .4%, .8%	Tier 2	
HEMATOLOGIC ***ANTICOAGULANTS***		
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 2	QL
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	Tier 2	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 2	QL
enoxaparin sodium (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 3	
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 3	
HEP SOD/NACL INJ 25000UNT	Tier 2	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
rivaroxaban (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
anagrelide hcl CAPS 1mg	Tier 3	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	Tier 3	
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2	QL NM PA
cilostazol TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 2	NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	QL NM PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
YESINTEK SOLN 130mg/26ml	Tier 2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	Tier 2	
JYLAMVO SOLN 2mg/ml	Tier 3	B/D
leflunomide (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
methotrexate sodium TABS 2.5mg	Tier 2	
XATMEP SOLN 2.5mg/ml	Tier 3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	Tier 2	NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NM PA
GAMASTAN INJ	Tier 3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 2	NM PA
ARCALYST SOLR 220mg	Tier 2	NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	Tier 2	B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 3	B/D NM
azathioprine (generic of IMURAN) TABS 50mg	Tier 2	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
BENLYSTA SOLR 120mg, 400mg	Tier 2	NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 3	B/D NM

Drug Name	Drug Tier	Requirements/ Limits
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	Tier 3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	Tier 1	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	Tier 3	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	B/D NM
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	Tier 1	B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 3	B/D NM
PROGRAF PACK .2mg, 1mg	Tier 3	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 3	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 3	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	PA
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO SUSY .5ml	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENGVAXIA SUS	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXCHIQ INJ	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI SOLN .5ml	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
TENIVAC INJ 5-2LF	Tier 1	B/D

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

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

Drug Name	Drug Tier	Requirements/ Limits
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	Tier 2	
multiple electrolytes ph 5.5 (generic of PLASMA-LYTE A)	Tier 3	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 3	
potassium chloride SOLN 2meq/ml	Tier 2	
potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 2	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%	Tier 2	
TPN ELECTROL INJ	Tier 3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	Tier 3	
klor-con 8 TBCR 8meq	Tier 1	
klor-con 10 TBCR 10meq	Tier 1	
klor-con m10 TBCR 10meq	Tier 1	
klor-con m15 TBCR 15meq	Tier 1	
klor-con m20 TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 2	
potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	Tier 1	
potassium chloride PACK 20meq; SOLN 10%, 20%	Tier 3	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	Tier 1	
PRENATAL TAB 27-1MG	Tier 2	
PRENATAL TAB PLUS	Tier 2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
WESTAB PLUS TAB 27-1MG	Tier 2	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	Tier 3	B/D
CLINIMIX INJ 4.25/D10	Tier 3	B/D
CLINIMIX INJ 5%/D15W	Tier 3	B/D
CLINIMIX INJ 5%/D20W	Tier 3	B/D
CLINIMIX INJ 6/5	Tier 3	B/D
CLINIMIX INJ 8/10	Tier 3	B/D
CLINIMIX INJ 8/14	Tier 3	B/D
clinisol sf 15%	Tier 3	B/D
CLINOLIPID EMU 20%	Tier 3	B/D
dextrose SOLN 5%, 10%	Tier 2	
dextrose SOLN 50%, 70%	Tier 2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 3	B/D
plenamine	Tier 3	B/D
PREMASOL SOL 10%	Tier 1	B/D
PROSOL INJ 20%	Tier 3	B/D
TRAVASOL INJ 10%	Tier 3	B/D
TROPHAMINE INJ 10%	Tier 3	B/D
OPHTHALMIC *ANTI-INFECTIVE/ANTI-INFLAMMATORY*		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 2	
neo-polycin hc ophth oint 1%	Tier 2	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 2	
ZYLET SUS 0.5-0.3%	Tier 2	

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

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
atropine sulfate (ophthalmic) SOLN 1%	Tier 2	
CYSTADROPS SOLN .37%	Tier 2	NM PA
CYSTARAN SOLN .44%	Tier 2	NM PA
EYSUVIS SUSP .25%	Tier 3	
MIEBO SOLN 1.338gm/ml	Tier 2	
proparacaine hcl (generic of ALCAINE) SOLN .5%	Tier 2	
RESTASIS EMUL .05%	Tier 2	
RESTASIS MULTIDOSE EMUL .05%	Tier 2	
XIIDRA SOLN 5%	Tier 2	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	Tier 2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 3	
flac (generic of DERMOTIC) OIL .01%	Tier 2	
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	Tier 2	
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 3	
neomycin-polymyxin-hc otic soln 1%	Tier 2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 2	
ofloxacin (otic) SOLN .3%	Tier 3	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	Tier 2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	Tier 2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	Tier 2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	Tier 2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	Tier 3	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 2	QL
ipratropium bromide SOLN .02%	Tier 1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 2	
SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)	Tier 3	QL
ANTIHISTAMINES		
azelastine hcl SOLN .1%	Tier 2	
cetirizine hcl SOLN 5mg/5ml QL (300 mL / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
diphenhydramine hcl SOLN 50mg/ml	Tier 2	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	Tier 3	PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
hydroxyzine pamoate CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
levocetirizine dihydrochloride TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 2	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D
albuterol sulfate NEBU .083%	Tier 1	B/D
albuterol sulfate SYRP 2mg/5ml	Tier 2	
albuterol sulfate TABS 2mg, 4mg	Tier 3	
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL
terbutaline sulfate TABS 2.5mg, 5mg	Tier 3	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 1	
montelukast sodium (generic of SINGULAIR) PACK 4mg	Tier 3	
zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg	Tier 2	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 3	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	Tier 2	QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	Tier 2	QL NM PA
ARALAST NP SOLR 500mg, 1000mg	Tier 2	NM PA
cromolyn sodium NEBU 20mg/2ml	Tier 2	B/D
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 2	

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

Drug Name	Drug Tier	Requirements/ Limits
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 2	NM PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 3	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	Tier 2	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL
breyna (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 3	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL

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

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

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

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

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

Index

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

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

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

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

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

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

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

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

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MASSACHUSETTS

2026

MEDICARE PPO BLUE (PPO)

To complete your group enrollment form:

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

WHO CAN USE THIS FORM?

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

To join a plan, you must:

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

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

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

WHEN DO I USE THIS FORM?

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

WHAT DO I NEED TO COMPLETE THIS FORM?

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

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

REMINDERS:

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

INDIVIDUALS EXPERIENCING HOMELESSNESS

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

WHAT HAPPENS NEXT?

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

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

H2230_25116_C

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

Employer Group Received Date

Employer use only:

Group name: Group number: Requested effective date:

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

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

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

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

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

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

Street address: City: State: ZIP Code:

Your Medicare information:

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

IMPORTANT: Read and sign below:

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

Signature: Today's date:

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

Name: Address:

Phone number: Relationship to enrollee:

(Continued)

Answer these important questions:

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

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

Section 2 - All fields below are optional.

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

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

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

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

❑ Large print ❑ Braille ❑ Audio CD ❑ Data CD

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

Do you work? ❑ Yes ❑ No

Does your spouse work? ❑ Yes ❑ No

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

Privacy Act Statement

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

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

IMPORTANT

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

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

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MASSACHUSETTS

Medicare Advantage Group

2026 FORMULARY

(List of covered drugs)
3-Tier

Please read: this document contains information about the drugs we cover in this plan.
23217, Version 9

This formulary was updated on 10/01/2025.
Important message about what you pay for vaccines — Our plan covers most Part D vaccines at no cost to you. 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**.

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NOTE TO EXISTING MEMBERS:

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of 10/01/2025. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/co-insurance may change on January 1, 2026, and from time to time during the year.

WHAT IS THE MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY?

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

CAN THE FORMULARY (DRUG LIST) CHANGE?

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

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

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

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

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

The enclosed formulary is current as of 10/01/2025. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages.

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

HOW DO I USE THE FORMULARY?

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

- **Medical condition.** The formulary begins on page 8. 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 69. Then look under the category name for your drug.
- **Alphabeticallisting.** If you aren't sure what category to look under, you should look for your drug in the index that begins on page 69. 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'll need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity limits:** For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide up to 30 tablets per 30 days per prescription of Simvastatin 10 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Opioid safety edits**: For certain drugs or combinations of drugs, there may be a safety edit applied to prevent opioid overutilization. The safety edit on these medications may be cumulative with other similar, medications that you may be taking in the same class. A dosage adjustment by your physician or an exception may be required if you exceed the safety edit.
- **Step therapy:** In some cases, our plans require you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A doesn't work for you, our plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

WHAT IF MY DRUG ISN'T ON THE FORMULARY?

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

If you learn that your Medicare Advantage Group Plan doesn't cover your drug, you have two options:

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

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

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

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

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

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

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

As a new or continuing member in our plan, you may be taking drugs that aren't on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so that we'll cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you're 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'll cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we won't pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

Our transition supply won't cover drugs that Medicare doesn't allow Part D plans to cover, or drugs that might be covered under Medicare Part B.

FOR MORE INFORMATION

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

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

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

MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY

The formulary that begins on page 8 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 69.

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	Tier 1	
colchicine TABS .6mg QL (120 tabs / 30 days)	Tier 1	QL
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	
probenecid TABS 500mg	Tier 1	
MISCELLANEOUS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	Tier 1	B/D
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 1	QL
celecoxib CAPS 400mg QL (30 caps / 30 days)	Tier 1	QL
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	Tier 1	
diflunisal TABS 500mg	Tier 1	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 1	
flurbiprofen TABS 100mg	Tier 1	
ibu TABS 400mg, 600mg, 800mg	Tier 1	
ibuprofen SUSP 100mg/5ml	Tier 1	
ibuprofen TABS 400mg, 600mg, 800mg	Tier 1	
meloxicam TABS 7.5mg, 15mg	Tier 1	
nabumetone TABS 500mg, 750mg	Tier 1	
naproxen TABS 250mg, 375mg, 500mg	Tier 1	
naproxen TBEC 375mg QL (120 tabs / 30 days)	Tier 1	QL
naproxen sodium TABS 275mg, 550mg	Tier 1	
piroxicam CAPS 10mg, 20mg	Tier 1	
sulindac TABS 150mg, 200mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 1	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL PA
hydrocodone bitartrate T24A 100mg, 120mg QL (30 tabs / 30 days)	Tier 1	NEDS QL NM PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 1	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 1	QL PA
methadone hydrochloride i CONC 10mg/ml QL (90 mL / 30 days)	Tier 1	QL PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 1	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	Tier 3	
endocet tab 2.5-325mg QL (360 tabs / 30 days)	Tier 1	QL
endocet tab 5-325mg QL (360 tabs / 30 days)	Tier 1	QL
endocet tab 7.5-325mg QL (240 tabs / 30 days)	Tier 1	QL
endocet tab 10-325mg QL (180 tabs / 30 days)	Tier 1	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	Tier 1	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	Tier 1	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	Tier 1	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	Tier 1	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	Tier 1	QL
hydromorphone hcl LIQD 1mg/ml QL (600 mL / 30 days)	Tier 1	QL
hydromorphone hcl TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 1	QL
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 1	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 1	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	Tier 1	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 1	QL
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	Tier 1	QL
oxycodone w/ acetaminophen tab 5-325 mg QL (360 tabs / 30 days)	Tier 1	QL
oxycodone w/ acetaminophen tab 7.5-325 mg QL (240 tabs / 30 days)	Tier 1	QL
oxycodone w/ acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	Tier 1	QL
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL
tramadol-acetaminophen tab 37.5-325 mg QL (240 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg QL (672 tabs / year)	Tier 1	QL PA
amikacin sulfate SOLN 1gm/4ml	Tier 1	
amikacin sulfate SOLN 500mg/2ml	Tier 1	HI
ARIKAYCE SUSP 590mg/8.4ml	Tier 2	NEDS NM PA
atovaquone SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 1	QL PA
aztreonam SOLR 1gm, 2gm	Tier 1	HI
CAYSTON SOLR 75mg	Tier 2	NEDS NM PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	Tier 1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	Tier 1	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml	Tier 1	
clindamycin phosphate SOLN 900mg/6ml	Tier 1	HI
clindamycin phosphate in d5w iv soln 300 mg/50ml	Tier 1	HI
clindamycin phosphate in d5w iv soln 600 mg/50ml	Tier 1	HI
clindamycin phosphate in d5w iv soln 900 mg/50ml	Tier 1	HI
CLINDMYC/NAC INJ 300/50ML	Tier 3	
CLINDMYC/NAC INJ 600/50ML	Tier 3	
CLINDMYC/NAC INJ 900/50ML	Tier 3	
colistimethate sodium SOLR 150mg	Tier 1	HI
dapsone TABS 25mg, 100mg	Tier 1	
DAPTOMYCIN SOLR 350mg	Tier 2	NEDS NM
daptomycin SOLR 350mg, 500mg	Tier 1	NEDS HI NM
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 2	NEDS QL NM

Drug Name	Drug Tier	Requirements/ Limits
ertapenem sodium SOLR 1gm	Tier 1	HI
fosfomycin tromethamine PACK 3gm	Tier 1	
gentamicin in saline inj 0.8 mg/ml	Tier 1	HI
gentamicin in saline inj 1 mg/ml	Tier 1	HI
gentamicin in saline inj 1.2 mg/ml	Tier 1	HI
gentamicin in saline inj 1.6 mg/ml	Tier 1	HI
gentamicin in saline inj 2 mg/ml	Tier 1	
gentamicin sulfate SOLN 10mg/ml	Tier 1	
gentamicin sulfate SOLN 40mg/ml	Tier 1	HI
imipenem-cilastatin intravenous for soln 250 mg	Tier 1	HI
imipenem-cilastatin intravenous for soln 500 mg	Tier 1	HI
IMPAVIDO CAPS 50mg	Tier 2	NEDS NM PA
ivermectin TABS 3mg QL (20 tabs / 90 days)	Tier 1	QL PA
ivermectin TABS 6mg QL (10 tabs / 90 days)	Tier 1	QL PA
linezolid SOLN 600mg/300ml	Tier 1	HI
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	NEDS QL NM
linezolid TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL
LINEZOLID INJ 2MG/ML	Tier 3	
meropenem SOLR 1gm, 500mg	Tier 1	HI
meropenem SOLR 2gm	Tier 1	
methenamine hippurate TABS 1gm	Tier 1	
metronidazole SOLN 500mg/100ml	Tier 1	HI
metronidazole TABS 250mg, 500mg	Tier 1	
neomycin sulfate TABS 500mg	Tier 1	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	Tier 1	NEDS QL NM

Drug Name	Drug Tier	Requirements/ Limits
nitrofurantoin macrocrystal CAPS 50mg, 100mg	Tier 2	
nitrofurantoin monohyd macro CAPS 100mg	Tier 2	
pentamidine isethionate inh SOLR 300mg	Tier 1	B/D
pentamidine isethionate inj SOLR 300mg	Tier 1	
polymyxin b sulfate SOLR 500000unit	Tier 1	
praziquantel TABS 600mg	Tier 1	
pyrimethamine TABS 25mg QL (90 tabs / 30 days)	Tier 1	NEDS QL NM PA
streptomycin sulfate SOLR 1gm	Tier 1	NEDS NM
sulfadiazine TABS 500mg	Tier 1	NEDS NM
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	
tinidazole TABS 250mg, 500mg	Tier 1	
TOBI PODHALER CAPS 28mg	Tier 2	NEDS NM PA
tobramycin NEBU 300mg/5ml	Tier 1	NEDS NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 40mg/ml	Tier 1	
tobramycin sulfate SOLN 10mg/ml, 80mg/2ml	Tier 1	HI
trimethoprim TABS 100mg	Tier 1	
vancomycin hcl CAPS 125mg QL (80 caps / 180 days)	Tier 1	QL
vancomycin hcl CAPS 250mg QL (160 caps / 180 days)	Tier 1	QL
vancomycin hcl SOLR 1.25gm, 1.5gm, 5gm	Tier 1	
vancomycin hcl SOLR 1gm, 10gm, 500mg, 750mg	Tier 1	HI
VANCOMYCIN INJ 1 GM	Tier 3	
VANCOMYCIN INJ 500MG	Tier 3	
VANCOMYCIN INJ 750MG	Tier 3	
ANTIFUNGALS		
amphotericin b SOLR 50mg	Tier 1	HI B/D
amphotericin b liposome SUSR 50mg	Tier 1	NEDS B/D NM
caspofungin acetate SOLR 50mg, 70mg	Tier 1	HI
CRESEMBA CAPS 74.5mg, 186mg	Tier 2	NEDS NM PA
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 1	
fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 1	HI
fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 1	HI
flucytosine CAPS 250mg, 500mg	Tier 1	NEDS NM PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	Tier 1	
griseofulvin ultramicrosize TABS 125mg, 250mg	Tier 1	
itraconazole CAPS 100mg QL (120 caps / 30 days)	Tier 1	QL
ketoconazole TABS 200mg	Tier 1	PA
micafungin sodium SOLR 50mg, 100mg	Tier 1	HI
nystatin TABS 500000unit	Tier 1	
posaconazole TBEC 100mg QL (93 tabs / 30 days)	Tier 1	NEDS QL NM PA
terbinafine hcl TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	Tier 1	QL PA
voriconazole SOLR 200mg	Tier 1	HI PA
voriconazole SUSR 40mg/ml QL (600 mL / 28 days)	Tier 1	NEDS 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 **HI** - Home Infusion **NEDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/ Limits
voriconazole TABS 50mg QL (480 tabs / 30 days)	Tier 1	QL
voriconazole TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 1	
atovaquone-proguanil hcl tab 250-100 mg	Tier 1	
chloroquine phosphate TABS 250mg, 500mg	Tier 1	
COARTEM TAB 20-120MG	Tier 3	
mefloquine hcl TABS 250mg	Tier 1	
primaquine phosphate TABS 26.3mg	Tier 1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2	
quinine sulfate CAPS 324mg	Tier 1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	Tier 1	
APTIVUS CAPS 250mg	Tier 2	NEDS NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	Tier 1	
darunavir TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL
darunavir TABS 800mg QL (30 tabs / 30 days)	Tier 1	QL
EDURANT TABS 25mg	Tier 2	NEDS NM
EDURANT PED TBSO 2.5mg	Tier 2	NEDS NM
efavirenz TABS 600mg	Tier 1	
emtricitabine CAPS 200mg	Tier 1	
EMTRIVA SOLN 10mg/ml	Tier 3	
etravirine TABS 100mg, 200mg	Tier 1	NEDS NM
fosamprenavir calcium TABS 700mg	Tier 1	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
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	Tier 1	
maraviroc TABS 150mg, 300mg	Tier 1	NEDS NM
nevirapine 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
ritonavir TABS 100mg	Tier 1	
RUKOBIA TB12 600mg	Tier 2	NEDS NM
SELZENTRY SOLN 20mg/ml	Tier 2	NEDS NM
SUNLENCA TABS 300mg; TBPK 300mg	Tier 2	NEDS NM
tenofovir disoproxil fumarate TABS 300mg	Tier 1	
TIVICAY TABS 50mg	Tier 2	NEDS NM
TIVICAY PD TBSO 5mg	Tier 2	NEDS NM
TROGARZO SOLN 200mg/1.33ml	Tier 2	NEDS NM
TYBOST TABS 150mg	Tier 2	
VIRACEPT TABS 250mg, 625mg	Tier 2	NEDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NEDS NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 1	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 1	
BIKTARVY TAB 30-120-15 MG	Tier 2	NEDS NM

Drug Name	Drug Tier	Requirements/ Limits
BIKTARVY TAB 50-200-25 MG	Tier 2	NEDS NM
CIMDUO TAB 300-300	Tier 2	NEDS NM
DELSTRIGO TAB	Tier 2	NEDS NM
DESCOVY TAB 120-15MG	Tier 2	NEDS NM
DESCOVY TAB 200/25MG	Tier 2	NEDS NM
DOVATO TAB 50-300MG	Tier 2	NEDS NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 1	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	NEDS NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 1	NEDS NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	Tier 1	NEDS NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 1	NEDS NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 1	
EVOTAZ TAB 300-150	Tier 2	NEDS NM
GENVOYA TAB	Tier 2	NEDS NM
JULUCA TAB 50-25MG	Tier 2	NEDS NM
KALETRA SOL	Tier 3	
lamivudine-zidovudine tab 150-300 mg	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 675/150	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 3	
TRIUMEQ TAB	Tier 2	NEDS NM

Drug Name	Drug Tier	Requirements/ Limits
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	Tier 1	NEDS 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
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1	
acyclovir SUSP 200mg/5ml	Tier 1	
acyclovir sodium SOLN 50mg/ml	Tier 1	HI B/D
adefovir dipivoxil TABS 10mg	Tier 1	
BARACLUDE SOLN .05mg/ml	Tier 2	NEDS NM ST
entecavir 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
famciclovir TABS 125mg, 250mg, 500mg	Tier 1	
ganciclovir sodium SOLR 500mg	Tier 1	B/D
lamivudine (hbv) 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
oseltamivir phosphate CAPS 30mg QL (168 caps / year)	Tier 1	QL
oseltamivir phosphate CAPS 45mg, 75mg QL (84 caps / year)	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
oseltamivir phosphate SUSR 6mg/ml QL (1080 mL / year)	Tier 1	QL
PAXLOVID PAK QL (22 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NEDS NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	NEDS QL NM PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	Tier 1	NM
rimantadine hydrochloride TABS 100mg	Tier 1	
valacyclovir hcl TABS 1gm, 500mg	Tier 1	
valganciclovir hcl SOLR 50mg/ml	Tier 1	NEDS NM
valganciclovir hcl TABS 450mg	Tier 1	
VOSEVI TAB	Tier 2	NEDS NM PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	Tier 1	
cefadroxil CAPS 500mg	Tier 1	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 3	
CEFAZOLIN INJ 1GM/50ML	Tier 3	
cefazolin sodium SOLR 1gm, 2gm, 3gm	Tier 1	
cefazolin sodium SOLR 1gm, 10gm, 500mg	Tier 1	HI
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 3	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	
cefepime hcl SOLR 1gm, 2gm	Tier 1	HI
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 1	
cefotetan disodium SOLR 1gm, 2gm	Tier 1	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 1	HI
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
ceftazidime SOLR 1gm, 2gm, 6gm	Tier 1	HI
ceftriaxone sodium SOLR 1gm, 2gm	Tier 1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	HI
cefuroxime axetil TABS 250mg, 500mg	Tier 1	
cefuroxime sodium SOLR 1.5gm, 750mg	Tier 1	HI
cephalexin CAPS 250mg, 500mg	Tier 1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	Tier 1	
tazicef SOLR 1gm	Tier 1	
tazicef SOLR 1gm, 2gm, 6gm	Tier 1	HI
TEFLARO SOLR 400mg, 600mg	Tier 2	NEDS HI NM
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg	Tier 1	HI
azithromycin SUSR 100mg/5ml, 200mg/5ml	Tier 1	
azithromycin TABS 250mg, 500mg, 600mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 1	
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2	NEDS NM
e.e.s. 400 TABS 400mg	Tier 1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 3	HI
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 1	
erythromycin ethylsuccinate TABS 400mg	Tier 1	
erythromycin lactobionate SOLR 500mg	Tier 1	
fidaxomicin TABS 200mg	Tier 1	NEDS NM
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	Tier 1	HI
ciprofloxacin 400 mg/200ml in d5w	Tier 1	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	Tier 1	
levofloxacin SOLN 25mg/ml	Tier 1	
levofloxacin TABS 250mg, 500mg, 750mg	Tier 1	
levofloxacin in d5w iv soln 250 mg/50ml	Tier 1	
levofloxacin in d5w iv soln 500 mg/100ml	Tier 1	HI
levofloxacin in d5w iv soln 750 mg/150ml	Tier 1	HI
moxifloxacin hcl TABS 400mg	Tier 1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Tier 1	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
amoxicillin CHEW 125mg, 250mg	Tier 1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 1	
amoxicillin & k clavulanate tab 250-125 mg	Tier 1	
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	
ampicillin CAPS 500mg	Tier 1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	Tier 1	HI
ampicillin & sulbactam sodium for inj 3 (2-1) gm	Tier 1	HI
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	Tier 1	HI
ampicillin sodium SOLR 1gm, 2gm, 250mg, 500mg	Tier 1	
ampicillin sodium SOLR 1gm, 10gm	Tier 1	HI
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 3	
dicloxacillin sodium CAPS 250mg, 500mg	Tier 1	
nafcillin sodium SOLR 1gm, 2gm	Tier 1	HI
nafcillin sodium SOLR 10gm	Tier 1	NEDS HI NM
oxacillin sodium SOLR 1gm, 2gm, 10gm	Tier 1	HI
penicillin g potassium SOLR 5000000unit	Tier 1	
penicillin g potassium SOLR 20000000unit	Tier 1	HI

Drug Name	Drug Tier	Requirements/ Limits
penicillin g sodium SOLR 5000000unit	Tier 1	HI
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	Tier 1	
penicillin v potassium TABS 250mg, 500mg	Tier 1	
pfizerpen SOLR 5000000unit, 20000000unit	Tier 1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 1	HI
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 1	HI
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 1	HI
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 1	HI
TETRACYCLINES		
doxy 100 SOLR 100mg	Tier 1	HI
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	Tier 1	
minocycline hcl CAPS 50mg, 75mg, 100mg	Tier 1	
NUZYRA SOLR 100mg	Tier 2	NEDS HI NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	Tier 2	NEDS QL NM
tetracycline hcl CAPS 250mg, 500mg	Tier 1	
tigecycline SOLR 50mg	Tier 1	HI
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	Tier 2	NEDS B/D NM
BENDEKA SOLN 100mg/4ml	Tier 2	NEDS B/D NM

Drug Name	Drug Tier	Requirements/ Limits
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 1	B/D NM
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 1	B/D NM
cyclophosphamide CAPS 25mg, 50mg	Tier 1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 1gm/5ml, 2gm/4ml, 500mg/2.5ml, 500mg/5ml, 500mg/ml, 1000mg/10ml, 2000mg/20ml	Tier 2	NEDS B/D NM
cyclophosphamide SOLR 1gm, 500mg	Tier 1	B/D NM
cyclophosphamide SOLR 2gm	Tier 1	NEDS B/D NM
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 2	NEDS B/D NM
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	Tier 2	NEDS B/D NM
GLEOSTINE CAPS 10mg, 40mg	Tier 3	NM
GLEOSTINE CAPS 100mg	Tier 2	NEDS NM
LEUKERAN TABS 2mg	Tier 2	NEDS NM PA
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	Tier 1	B/D NM
oxaliplatin SOLR 50mg, 100mg	Tier 1	NEDS B/D NM
VIVIMUSTA SOLN 100mg/4ml	Tier 2	NEDS B/D NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	Tier 1	NEDS B/D NM
cytarabine SOLN 20mg/ml	Tier 1	B/D NM
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 1	B/D NM
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 1	B/D NM
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 2	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2	NEDS QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2	NEDS QL NM PA
mercaptopurine SUSP 2000mg/100ml	Tier 1	NEDS NM
mercaptopurine TABS 50mg	Tier 1	
methotrexate sodium SOLN 1gm/40ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D NM
methotrexate sodium SOLN 50mg/2ml	Tier 1	HI B/D NM
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2	NEDS QL NM PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	Tier 1	NEDS B/D NM
TABLOID TABS 40mg	Tier 2	NEDS NM PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg QL (120 tabs / 30 days)	Tier 1	NEDS QL NM PA
abiraterone acetate TABS 500mg QL (60 tabs / 30 days)	Tier 1	NEDS QL NM PA
abirtega TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
anastrozole TABS 1mg	Tier 1	
bicalutamide 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
exemestane TABS 25mg	Tier 1	
FIRMAGON SOLR 80mg	Tier 3	NM PA
FIRMAGON SOLR 120mg/vial	Tier 2	NEDS NM PA
fulvestrant SOSY 250mg/5ml	Tier 1	NEDS B/D NM
letrozole TABS 2.5mg	Tier 1	
leuprolide acetate 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
megestrol acetate TABS 20mg, 40mg	Tier 2	
nilutamide TABS 150mg	Tier 1	NEDS NM
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
ORGOVYX TABS 120mg	Tier 2	NEDS NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
SOLTAMOX SOLN 10mg/5ml	Tier 2	NEDS NM
tamoxifen citrate TABS 10mg, 20mg	Tier 1	
toremifene citrate TABS 60mg	Tier 1	PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	NEDS QL NM PA
lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	NEDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	NEDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	NEDS QL NM PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 2	NEDS QL NM PA
bexarotene CAPS 75mg QL (300 caps / 30 days)	Tier 1	NEDS QL NM PA
doxorubicin hcl SOLN 2mg/ml	Tier 1	B/D NM
doxorubicin hcl liposomal SUSP 2mg/ml	Tier 1	NEDS B/D NM
hydroxyurea CAPS 500mg	Tier 1	
irinotecan hcl 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
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 1	B/D NM
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 1	
MATULANE CAPS 50mg	Tier 2	NEDS NM
mesna TABS 400mg	Tier 1	NEDS NM
MODEYSO CAPS 125mg QL (20 caps / 28 days)	Tier 2	NEDS QL NM PA
tretinoin (chemotherapy) CAPS 10mg	Tier 1	NEDS NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	Tier 1	B/D NM
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	NEDS B/D NM
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 2	NEDS B/D NM
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 2	NEDS B/D NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	Tier 1	B/D NM
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 1	B/D NM
paclitaxel inj 100mg	Tier 1	NEDS B/D NM
vincristine sulfate SOLN 1mg/ml	Tier 1	B/D NM
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	Tier 1	B/D NM
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 2	NEDS QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 2	NEDS QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	Tier 2	NEDS QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	Tier 2	NEDS QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 2	NEDS QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 2	NEDS QL NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	Tier 3	NM PA

Drug Name	Drug Tier	Requirements/ Limits
bortezomib SOLR 3.5mg	Tier 1	NEDS NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	Tier 2	NEDS QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 2	NEDS QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 2	NEDS QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 2	NEDS QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 2	NEDS QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 2	NEDS QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 2	NEDS QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	Tier 2	NEDS QL NM PA
dasatinib TABS 20mg QL (90 tabs / 30 days)	Tier 1	NEDS QL NM PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 1	NEDS QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM PA
erlotinib hcl TABS 25mg QL (90 tabs / 30 days)	Tier 1	NEDS QL NM PA
erlotinib hcl TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 1	NEDS QL NM PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	NEDS QL NM PA
everolimus TBSO 2mg, 5mg QL (60 tabs / 30 days)	Tier 1	NEDS QL NM PA
everolimus TBSO 3mg QL (90 tabs / 30 days)	Tier 1	NEDS QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2	NEDS QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 2	NEDS QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 2	NEDS QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM PA
gefitinib TABS 250mg QL (60 tabs / 30 days)	Tier 1	NEDS QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	Tier 2	NEDS QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	Tier 2	NEDS QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	Tier 2	NEDS QL NM PA
HERCEP HYLEC SOL 60-10000	Tier 2	NEDS NM PA
HERCEPTIN SOLR 150mg	Tier 2	NEDS NM PA

Drug Name	Drug Tier	Requirements/ Limits
HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	Tier 2	NEDS QL 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
IBTROZI CAPS 200mg QL (90 caps / 30 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
imatinib mesylate TABS 100mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
imatinib mesylate TABS 400mg QL (60 tabs / 30 days)	Tier 1	NEDS QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 2	NEDS QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	Tier 2	NEDS QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	Tier 2	NEDS QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
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 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
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
lapatinib ditosylate TABS 250mg QL (180 tabs / 30 days)	Tier 1	NEDS QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM PA

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
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 240mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 2	NEDS QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 2	NEDS QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 2	NEDS QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 2	NEDS QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
MONJUVI SOLR 200mg	Tier 2	NEDS NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
nilotinib hcl CAPS 50mg QL (120 caps / 30 days)	Tier 1	NEDS QL NM PA
nilotinib hcl CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 1	NEDS QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2	NEDS QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM PA
OGIVRI SOLR 150mg, 420mg	Tier 2	NEDS NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 2	NEDS QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 2	NEDS QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	Tier 2	NEDS NM PA
pazopanib hcl TABS 200mg QL (120 tabs / 30 days)	Tier 1	NEDS QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 2	NEDS QL NM PA
PHESGO SOL	Tier 2	NEDS NM PA

Drug Name	Drug Tier	Requirements/ Limits
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 TABS 40mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	Tier 2	NEDS QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 2	NEDS QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	Tier 2	NEDS QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 2	NEDS QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 2	NEDS QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 2	NEDS QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 2	NEDS QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2	NEDS QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
sorafenib tosylate TABS 200mg QL (120 tabs / 30 days)	Tier 1	NEDS QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 2	NEDS QL NM PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 1	NEDS QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 2	NEDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	Tier 2	NEDS QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2	NEDS QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 2	NEDS QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 2	NEDS NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	Tier 2	NEDS QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
TRAZIMERA SOLR 150mg, 420mg	Tier 2	NEDS NM PA
TRUQAP TABS 160mg, 200mg	Tier 2	NEDS QL NM PA
QL (64 tabs / 28 days)		
TRUQAP TBPK 160mg, 200mg	Tier 2	NEDS QL NM PA
QL (4 packs / 28 days)		
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 2	NEDS NM PA
TUKYSA TABS 50mg, 150mg	Tier 2	NEDS QL NM PA
QL (120 tabs / 30 days)		
TURALIO CAPS 125mg	Tier 2	NEDS QL NM PA
QL (120 caps / 30 days)		
VANFLYTA TABS 17.7mg, 26.5mg	Tier 2	NEDS QL NM PA
QL (56 tabs / 28 days)		
VENCLEXTA TABS 10mg	Tier 2	QL NM PA
QL (112 tabs / 28 days)		
VENCLEXTA TABS 50mg	Tier 2	NEDS QL NM PA
QL (112 tabs / 28 days)		
VENCLEXTA TABS 100mg	Tier 2	NEDS QL NM PA
QL (180 tabs / 30 days)		
VENCLEXTA TAB START PK	Tier 2	NEDS QL NM PA
QL (42 tabs / 28 days)		
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	Tier 2	NEDS QL NM PA
QL (56 tabs / 28 days)		
VITRAKVI CAPS 25mg	Tier 2	NEDS QL NM PA
QL (180 caps / 30 days)		
VITRAKVI CAPS 100mg	Tier 2	NEDS QL NM PA
QL (60 caps / 30 days)		
VITRAKVI SOLN 20mg/ml	Tier 2	NEDS QL NM PA
QL (300 mL / 30 days)		
VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 2	NEDS QL NM PA
QL (30 tabs / 30 days)		
VONJO CAPS 100mg	Tier 2	NEDS QL NM PA
QL (120 caps / 30 days)		
VORANIGO TABS 10mg	Tier 2	NEDS QL NM PA
QL (60 tabs / 30 days)		
VORANIGO TABS 40mg	Tier 2	NEDS QL NM PA
QL (30 tabs / 30 days)		
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	Tier 2	NEDS QL NM PA
QL (120 caps / 30 days)		
XALKORI CPSP 150mg	Tier 2	NEDS QL NM PA
QL (180 caps / 30 days)		
XOSPATA TABS 40mg	Tier 2	NEDS QL NM PA
QL (90 tabs / 30 days)		
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	Tier 2	NEDS QL NM PA
QL (16 tabs / 28 days)		
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	Tier 2	NEDS QL NM PA
QL (4 tabs / 28 days)		
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	Tier 2	NEDS QL NM PA
QL (8 tabs / 28 days)		
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	Tier 2	NEDS QL NM PA
QL (4 tabs / 28 days)		
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	Tier 2	NEDS QL NM PA
QL (24 tabs / 28 days)		
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	Tier 2	NEDS QL NM PA
QL (8 tabs / 28 days)		
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	Tier 2	NEDS QL NM PA
QL (32 tabs / 28 days)		
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	Tier 2	NEDS QL NM PA
QL (8 tabs / 28 days)		
ZEJULA TABS 100mg, 200mg, 300mg	Tier 2	NEDS QL NM PA
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
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
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 5-10 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 10-20 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 10-40 mg QL (30 caps / 30 days)	Tier 1	QL
benazepril & hydrochlorothiazide tab 5-6.25mg	Tier 1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20-25 mg	Tier 1	
captopril & hydrochlorothiazide tab 25-15 mg	Tier 1	
captopril & hydrochlorothiazide tab 25-25 mg	Tier 1	
captopril & hydrochlorothiazide tab 50-15 mg	Tier 1	
captopril & hydrochlorothiazide tab 50-25 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-25 mg	Tier 1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	Tier 1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	
fosinopril sodium TABS 10mg, 20mg, 40mg	Tier 1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
moexipril hcl TABS 7.5mg, 15mg	Tier 1	
perindopril erbumine TABS 2mg, 4mg, 8mg	Tier 1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
trandolapril TABS 1mg, 2mg, 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	Tier 1	
KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
spironolactone TABS 25mg, 50mg, 100mg	Tier 1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	Tier 1	
prazosin hcl CAPS 1mg, 2mg, 5mg	Tier 1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg QL (30 tabs / 30 days)	Tier 1	QL
amlodipine besylate-olmesartan medoxomil tab 5-40 mg QL (30 tabs / 30 days)	Tier 1	QL
amlodipine besylate-olmesartan medoxomil tab 10-20 mg QL (30 tabs / 30 days)	Tier 1	QL
amlodipine besylate-olmesartan medoxomil tab 10-40 mg QL (30 tabs / 30 days)	Tier 1	QL
amlodipine besylate-valsartan tab 5-160 mg QL (30 tabs / 30 days)	Tier 1	QL
amlodipine besylate-valsartan tab 5-320 mg QL (30 tabs / 30 days)	Tier 1	QL
amlodipine besylate-valsartan tab 10-160 mg QL (30 tabs / 30 days)	Tier 1	QL
amlodipine besylate-valsartan tab 10-320 mg 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
irbesartan-hydrochlorothiazide tab 150-12.5 mg QL (60 tabs / 30 days)	Tier 1	QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg QL (30 tabs / 30 days)	Tier 1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg QL (30 tabs / 30 days)	Tier 1	QL
sacubitril-valsartan tab 24-26 mg QL (60 tabs / 30 days)	Tier 1	QL
sacubitril-valsartan tab 49-51 mg QL (60 tabs / 30 days)	Tier 1	QL
sacubitril-valsartan tab 97-103 mg QL (60 tabs / 30 days)	Tier 1	QL
valsartan-hydrochlorothiazide tab 80-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL
valsartan-hydrochlorothiazide tab 160-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL
valsartan-hydrochlorothiazide tab 160-25 mg QL (30 tabs / 30 days)	Tier 1	QL
valsartan-hydrochlorothiazide tab 320-12.5 mg QL (30 tabs / 30 days)	Tier 1	QL
valsartan-hydrochlorothiazide tab 320-25 mg QL (30 tabs / 30 days)	Tier 1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 1	QL
candesartan cilexetil TABS 32mg QL (30 tabs / 30 days)	Tier 1	QL
irbesartan TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium TABS 25mg, 50mg, 100mg	Tier 1	
olmesartan medoxomil TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL
olmesartan medoxomil TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
telmisartan TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
valsartan TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL
valsartan TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	Tier 1	
amiodarone hcl TABS 200mg	Tier 1	
disopyramide phosphate CAPS 100mg, 150mg	Tier 3	
dofetilide CAPS 125mcg, 250mcg, 500mcg	Tier 1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	Tier 1	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 3	QL
pacerone TABS 100mg, 400mg	Tier 1	
pacerone TABS 200mg	Tier 1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	Tier 1	
quinidine sulfate TABS 200mg, 300mg	Tier 1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	Tier 1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	Tier 1	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
fenofibrate micronized CAPS 67mg, 134mg, 200mg	Tier 1	
gemfibrozil TABS 600mg	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	Tier 1	
cholestyramine light PACK 4gm; POWD 4gm/dose	Tier 1	
colesevelam hcl PACK 3.75gm; TABS 625mg	Tier 1	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	Tier 1	
ezetimibe TABS 10mg QL (30 tabs / 30 days)	Tier 1	QL
ezetimibe-simvastatin tab 10-10 mg QL (30 tabs / 30 days)	Tier 1	QL
ezetimibe-simvastatin tab 10-20 mg QL (30 tabs / 30 days)	Tier 1	QL
ezetimibe-simvastatin tab 10-40 mg QL (30 tabs / 30 days)	Tier 1	QL
ezetimibe-simvastatin tab 10-80 mg QL (30 tabs / 30 days)	Tier 1	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 2	QL
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 1	QL
omega-3-acid ethyl esters cap 1 gm	Tier 1	PA
prevalite PACK 4gm; POWD 4gm/dose	Tier 1	
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	Tier 2	QL NM PA
VASCEPA CAPS .5gm, 1gm	Tier 2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	Tier 1	
atenolol & chlorthalidone tab 100-25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	Tier 1	
atenolol TABS 25mg, 50mg, 100mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
bisoprolol fumarate TABS 5mg, 10mg	Tier 1	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
labetalol hcl TABS 100mg, 200mg, 300mg	Tier 1	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
metoprolol tartrate SOLN 5mg/5ml	Tier 1	
metoprolol tartrate TABS 25mg, 50mg, 100mg	Tier 1	
nadolol TABS 20mg, 40mg, 80mg	Tier 1	
nebivolol hcl TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL
nebivolol hcl TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL
pindolol TABS 5mg, 10mg	Tier 1	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	
timolol maleate TABS 5mg, 10mg, 20mg	Tier 1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	Tier 1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
dilt-xr CP24 120mg, 180mg, 240mg	Tier 1	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 1	
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	Tier 1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
felodipine TB24 2.5mg, 5mg, 10mg	Tier 1	
nifedipine TB24 30mg, 60mg, 90mg	Tier 1	
nimodipine CAPS 30mg	Tier 1	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	Tier 1	
verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	Tier 1	
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	
amiloride hcl TABS 5mg	Tier 1	
bumetanide SOLN .25mg/ml	Tier 1	HI
bumetanide TABS .5mg, 1mg, 2mg	Tier 1	
chlorthalidone TABS 25mg, 50mg	Tier 1	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	Tier 1	
furosemide inj SOLN 10mg/ml	Tier 1	HI
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	
indapamide TABS 1.25mg, 2.5mg	Tier 1	
methazolamide TABS 25mg, 50mg	Tier 1	
metolazone TABS 2.5mg, 5mg, 10mg	Tier 1	
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	Tier 1	
clonidine hcl TABS .1mg, .2mg, .3mg	Tier 1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 3	QL
digoxin SOLN .05mg/ml, .25mg/ml	Tier 1	
digoxin TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
droxidopa CAPS 100mg QL (90 caps / 30 days)	Tier 1	QL NM PA
droxidopa CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	NEDS QL NM PA
epinephrine (anaphylaxis) SOLN 1mg/ml	Tier 1	
guanfacine hcl TABS 1mg, 2mg PA applies if 65 years and older	Tier 2	PA
hydralazine hcl SOLN 20mg/ml	Tier 1	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
ivabradine hcl TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 1	QL
metyrosine CAPS 250mg	Tier 1	NEDS NM PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	Tier 1	
minoxidil TABS 2.5mg, 10mg	Tier 1	
ranolazine TB12 500mg, 1000mg	Tier 1	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	Tier 1	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	Tier 1	
NITRO-BID OINT 2%	Tier 2	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
alyq TABS 20mg QL (60 tabs / 30 days)	Tier 1	NEDS QL NM PA
ambrisentan TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	NEDS QL NM PA
bosentan TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	NEDS QL NM PA
bosentan TBSO 32mg QL (120 tabs / 30 days)	Tier 1	NEDS QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
sildenafil citrate (pulmonary hypertension) TABS 20mg QL (360 tabs / 30 days)	Tier 1	QL NM PA
tadalafil (pulmonary hypertension) TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 1	NEDS NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	Tier 2	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	Tier 2	NEDS QL NM PA
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	Tier 2	NEDS QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	Tier 2	NEDS QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	Tier 2	NEDS QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	Tier 2	NEDS QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	Tier 2	NEDS QL NM PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
buspirone hcl TABS 5mg, 10mg, 15mg	Tier 1	
buspirone hcl TABS 7.5mg, 30mg	Tier 1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	Tier 1	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
lorazepam SOLN 4mg/ml, 20mg/10ml	Tier 1	
lorazepam TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
donepezil hydrochloride TABS 10mg; TBDP 10mg	Tier 1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 1	QL
galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	Tier 1	QL
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 1	QL
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	Tier 1	PA
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	Tier 1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	Tier 1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	Tier 1	
NAMZARIC CAP 7-10MG	Tier 3	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 1	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 1	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA
amoxapine TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 3	QL PA
bupropion hcl TABS 75mg, 100mg	Tier 1	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL
citalopram hydrobromide SOLN 10mg/5ml	Tier 1	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	Tier 1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	Tier 3	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 3	PA
desvenlafaxine succinate TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 1	QL
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	Tier 2	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 3	QL PA
duloxetine hcl CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 1	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	NEDS QL NM PA
escitalopram oxalate SOLN 5mg/5ml	Tier 1	
escitalopram oxalate TABS 5mg, 10mg, 20mg	Tier 1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 3	QL PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg	Tier 1	
fluoxetine hcl SOLN 20mg/5ml	Tier 1	
imipramine hcl TABS 10mg, 25mg, 50mg PA applies if 65 years and older	Tier 1	PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	Tier 1	
mirtazapine TABS 15mg, 30mg, 45mg	Tier 1	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 1	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	Tier 1	
nortriptyline hcl SOLN 10mg/5ml	Tier 3	
paroxetine hcl SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	Tier 1	PA
phenelzine sulfate TABS 15mg	Tier 1	
protriptyline hcl TABS 5mg, 10mg	Tier 3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	Tier 3	QL PA
sertraline hcl CONC 20mg/ml	Tier 1	
sertraline hcl TABS 25mg, 50mg, 100mg	Tier 1	
tranylcypromine sulfate TABS 10mg	Tier 1	
trazodone hcl TABS 50mg, 100mg, 150mg	Tier 1	
trimipramine maleate CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 3	QL
trimipramine maleate CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	Tier 1	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 1	
vilazodone hcl TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 2	NEDS QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 2	NEDS QL NM PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	Tier 1	QL
amantadine hcl SOLN 50mg/5ml; TABS 100mg	Tier 1	
benztropine mesylate SOLN 1mg/ml	Tier 1	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 65 years and older	Tier 1	PA
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	Tier 1	
carb/levo orally disintegrating tab 10-100mg	Tier 1	
carb/levo orally disintegrating tab 25-100mg	Tier 1	
carb/levo orally disintegrating tab 25-250mg	Tier 1	
carbidopa & levodopa tab 10-100 mg	Tier 1	
carbidopa & levodopa tab 25-100 mg	Tier 1	
carbidopa & levodopa tab 25-250 mg	Tier 1	
carbidopa & levodopa tab er 25-100 mg	Tier 1	
carbidopa & levodopa tab er 50-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 1	
entacapone TABS 200mg	Tier 1	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 2	NEDS QL NM PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
rasagiline mesylate TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 1	QL
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
selegiline hcl CAPS 5mg; TABS 5mg	Tier 1	
trihexyphenidyl hcl SOLN .4mg/ml	Tier 2	
trihexyphenidyl hcl TABS 2mg, 5mg	Tier 1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	Tier 2	NEDS QL NM
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 2	NEDS QL NM

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	Tier 2	NEDS QL NM
aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	Tier 1	QL
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 1	QL
aripiprazole 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
asenapine maleate 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
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 1	
clozapine TABS 25mg, 50mg	Tier 1	
clozapine TABS 100mg QL (270 tabs / 30 days)	Tier 1	QL
clozapine TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL
clozapine TBDP 12.5mg, 25mg	Tier 1	PA
clozapine TBDP 100mg QL (270 tabs / 30 days)	Tier 1	QL PA
clozapine TBDP 150mg QL (180 tabs / 30 days)	Tier 1	QL PA
clozapine TBDP 200mg QL (120 tabs / 30 days)	Tier 1	QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	Tier 2	NEDS QL NM PA
COBENFY CAP 100-20MG QL (60 caps / 30 days)	Tier 2	NEDS QL NM PA
COBENFY CAP 125-30MG QL (60 caps / 30 days)	Tier 2	NEDS QL NM PA
COBENFY STRT CAP PACK QL (2 packs / year)	Tier 2	NEDS QL NM PA
ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 3	QL
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 2	NEDS QL NM
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	Tier 2	NEDS QL NM
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
FANAPT PAK PACK A QL (2 packs / year)	Tier 3	QL PA
FANAPT PAK PACK B QL (2 packs / year)	Tier 3	QL PA
FANAPT PAK PACK C QL (2 packs / year)	Tier 3	QL PA
fluphenazine decanoate SOLN 25mg/ml	Tier 1	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 1	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
haloperidol lactate 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
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	Tier 1	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 1	QL
lurasidone hcl TABS 80mg QL (60 tabs / 30 days)	Tier 1	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	Tier 2	NEDS QL NM
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	Tier 2	NEDS QL NM
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	Tier 2	NEDS QL NM
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 2	NEDS QL NM
molindone hcl TABS 5mg, 10mg, 25mg	Tier 1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
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
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	Tier 2	NEDS QL NM PA
OPIPZA FILM 10mg QL (90 films / 30 days)	Tier 2	NEDS QL NM PA
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
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
risperidone TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 1	QL ST

Drug Name	Drug Tier	Requirements/ Limits
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	NEDS 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
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
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

Drug Name	Drug Tier	Requirements/ Limits
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 2	NEDS QL NM PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 1	
clobazam SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 1	QL PA
clobazam TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 1	QL PA
clonazepam TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	Tier 1	QL
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 1	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 2	NEDS QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 2	NEDS QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 2	NEDS QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 2	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
diazepam 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
diazepam TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 1	
diazepam inj SOLN 5mg/ml	Tier 1	
diazepam intensol 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	
divalproex sodium 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
eslicarbazepine acetate TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 1	QL
eslicarbazepine acetate TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 1	QL
ethosuximide CAPS 250mg; SOLN 250mg/5ml	Tier 1	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 2	NEDS QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	Tier 2	NEDS QL NM PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
gabapentin CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 1	QL
gabapentin CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
gabapentin SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 1	QL
gabapentin TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
gabapentin TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
lacosamide SOLN 200mg/20ml	Tier 1	
lacosamide TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
lacosamide TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL
lacosamide oral SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 1	QL
lamotrigine CHEW 5mg, 25mg	Tier 1	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 1	ST
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 1	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam in sodium chloride iv soln 500 mg/100ml	Tier 1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	Tier 1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	Tier 1	
methsuximide CAPS 300mg	Tier 1	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	Tier 3	QL
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 1	
perampanel TABS 2mg QL (60 tabs / 30 days)	Tier 1	QL PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 1	QL PA
phenobarbital ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	Tier 3	PA
phenytek CAPS 200mg, 300mg	Tier 1	
phenytoin CHEW 50mg; SUSP 125mg/5ml	Tier 1	
phenytoin sodium SOLN 50mg/ml	Tier 1	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	Tier 1	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	Tier 1	QL PA
pregabalin CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	Tier 1	QL PA
pregabalin CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 1	QL PA
pregabalin SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 1	QL PA
primidone TABS 50mg, 125mg, 250mg	Tier 1	
roweepra TABS 500mg	Tier 1	
rufinamide SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 1	NEDS QL NM PA
rufinamide TABS 200mg QL (480 tabs / 30 days)	Tier 1	QL PA
rufinamide TABS 400mg QL (240 tabs / 30 days)	Tier 1	NEDS 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
subvenite TABS 25mg, 100mg, 150mg, 200mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 2	NEDS QL NM PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	Tier 1	
topiramate CPSP 15mg, 25mg, 50mg	Tier 1	
topiramate SOLN 25mg/ml QL (480 mL / 30 days)	Tier 1	QL PA
topiramate TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
valproate sodium SOLN 100mg/ml, 250mg/5ml	Tier 1	
valproic acid CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
vigabatrin PACK 500mg QL (180 packets / 30 days)	Tier 1	NEDS QL NM PA
vigabatrin TABS 500mg QL (180 tabs / 30 days)	Tier 1	NEDS QL NM PA
vigadrone PACK 500mg QL (180 packets / 30 days)	Tier 1	NEDS QL NM PA
vigadrone TABS 500mg QL (180 tabs / 30 days)	Tier 1	NEDS QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 2	NEDS QL NM PA
vigpoder PACK 500mg QL (180 packets / 30 days)	Tier 1	NEDS QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 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
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 2	NEDS QL NM
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 2	NEDS QL NM
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 2	NEDS QL NM PA
zonisamide CAPS 25mg, 50mg, 100mg	Tier 1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 2	NEDS QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine-dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine-dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine-dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	Tier 1	QL PA
amphetamine-dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
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
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) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
guanfacine hcl (adhd) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
methylphenidate hcl SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 1	QL PA
methylphenidate hcl SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 1	QL PA
methylphenidate hcl TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 1	QL PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 1	QL PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
doxepin hcl (sleep) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 1	QL
ramelteon TABS 8mg QL (30 tabs / 30 days)	Tier 1	QL
tasimelteon CAPS 20mg QL (30 caps / 30 days)	Tier 1	NEDS QL NM PA
temazepam CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 1	QL PA
temazepam CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
zolpidem tartrate TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA
dihydroergotamine mesylate SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	NEDS QL NM PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL NM PA
ergotamine w/ caffeine tab 1-100 mg QL (40 tabs / 28 days)	Tier 1	QL PA
naratriptan hcl 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
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	Tier 1	QL
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	Tier 1	QL
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	Tier 1	QL
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 1	QL
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 1	QL
sumatriptan succinate TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 2	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 2	NEDS QL NM PA
lithium SOLN 8meq/5ml	Tier 1	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	Tier 1	
lithium carbonate TBCR 300mg, 450mg	Tier 1	
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 2	NEDS QL NM PA
pyridostigmine bromide TABS 60mg	Tier 1	
riluzole TABS 50mg	Tier 1	
tetrabenazine TABS 12.5mg QL (90 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
tetrabenazine TABS 25mg QL (120 tabs / 30 days)	Tier 1	NEDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	Tier 2	NEDS QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2	NEDS QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2	NEDS QL NM PA
dalfampridine TB12 10mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
fingolimod hcl CAPS .5mg QL (30 caps / 30 days)	Tier 1	NEDS QL NM PA
glatiramer acetate SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	NEDS QL NM PA
glatiramer acetate SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	NEDS QL NM PA
glatopa SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	NEDS QL NM PA
glatopa SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	NEDS QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	Tier 2	NEDS QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg QL (90 tabs / 30 days)	Tier 1	QL
baclofen TABS 10mg, 20mg	Tier 1	
cyclobenzaprine hcl TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
dantrolene sodium CAPS 25mg, 50mg, 100mg	Tier 1	
tizanidine hcl TABS 2mg, 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg QL (60 tabs / 30 days)	Tier 1	QL PA
armodafinil TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 1	QL PA
modafinil TABS 100mg QL (30 tabs / 30 days)	Tier 1	QL PA
modafinil TABS 200mg QL (60 tabs / 30 days)	Tier 1	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	NEDS QL NM PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	Tier 1	
buprenorphine hcl SUBL 2mg QL (180 tabs / 30 days)	Tier 1	QL
buprenorphine hcl SUBL 8mg QL (120 tabs / 30 days)	Tier 1	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) QL (180 films / 30 days)	Tier 1	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) QL (90 films / 30 days)	Tier 1	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) QL (120 films / 30 days)	Tier 1	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) QL (90 films / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (180 tabs / 30 days)	Tier 1	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (120 tabs / 30 days)	Tier 1	QL
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	Tier 1	QL
disulfiram TABS 250mg, 500mg	Tier 1	
KLOXXADO LIQD 8mg/0.1ml	Tier 2	
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1	
naltrexone hcl TABS 50mg	Tier 1	
NICOTROL NS SOLN 10mg/ml	Tier 3	
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 1	QL
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	Tier 1	QL
VIVITROL SUSR 380mg	Tier 2	NEDS NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	Tier 1	
depo-testosterone SOLN 100mg/ml, 200mg/ml	Tier 1	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 1	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 1	PA
testosterone enanthate SOLN 200mg/ml	Tier 1	PA
testosterone pump GEL 1.62% QL (150 gm / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	Tier 1	
ACCU-CHEK KIT GUIDE QL (1 box / year)	MB	QL
ACCU-CHEK KIT GUIDE ME QL (1 box / year)	MB	QL
ACCU-CHEK TES AVIVA PL QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
ACCU-CHEK TES GUIDE QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
ACCU-CHEK TES SMART QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
dapagliflozin propanediol TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
DEXCOM G6 MIS RECEIVER QL (1 each / year)	MB	QL
DEXCOM G6 MIS SENSOR	MB	
DEXCOM G6 MIS TRANSMIT QL (1 box / 90 days)	MB	QL
DEXCOM G7 MIS RECEIVER QL (1 each / year)	MB	QL
DEXCOM G7 MIS SENSOR	MB	
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
FREE LIBRE2 KIT PLUS/SEN	MB	
FREE LIBRE3 KIT PLUS/SEN	MB	
FREESTY LIBR KIT 2 SENSOR	MB	
FREESTY LIBR KIT 3 SENSOR	MB	

Drug Name	Drug Tier	Requirements/ Limits
FREESTY LIBR KIT SENSOR	MB	
FREESTY LIBR MIS 2 READER QL (1 each / year)	MB	QL
FREESTY LIBR MIS 3 READER QL (1 each / year)	MB	QL
FREESTY LIBR MIS READER QL (1 each / year)	MB	QL
FREESTYLE KIT FREEDOM QL (1 box / year)	MB	QL
FREESTYLE KIT INSULINX QL (1 box / year)	MB	QL
FREESTYLE KIT LITE QL (1 box / year)	MB	QL
FREESTYLE KIT SENSOR	MB	
FREESTYLE MIS READER QL (1 each / year)	MB	QL
FREESTYLE TES QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
FREESTYLE TES INSULINX QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
FREESTYLE TES LITE QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
FREESTYLE TES PREC NEO QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide-metformin hcl tab 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 ST
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
pioglitazone hcl TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days)	Tier 1	QL
pioglitazone hcl-metformin hcl tab 15-850 mg QL (90 tabs / 30 days)	Tier 1	QL
PREC NEO SYS KIT FREESTYL QL (1 box / year)	MB	QL
PRECISION MIS XTRA QL (1 each / year)	MB	QL
PRECISION TES XTRA QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
repaglinide TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 2	QL PA
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 2	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	Tier 3	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	Tier 3	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	Tier 3	QL PA
FIASP SOLN 100unit/ml	Tier 2	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 2	
FIASP PENFILL SOCT 100unit/ml	Tier 2	
FIASP PUMPCART SOCT 100unit/ml	Tier 2	B/D
GAUZE PADS 2" X 2"	Tier 2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 2	NEDS B/D NM
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	NEDS NM
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 2	PA
LANTUS SOLN 100unit/ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 2	
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG SOLN 100unit/ml	Tier 2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	Tier 2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	
NOVOLOG PENFILL SOCT 100unit/ml	Tier 2	
NOVOLOG RELION SOLN 100unit/ml	Tier 2	B/D
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	Tier 3	QL PA
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
CALCIUM REGULATORS		
alendronate sodium TABS 10mg, 35mg, 70mg	Tier 1	
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	Tier 2	NEDS QL NM PA
calcitonin (salmon) spray SOLN 200unit/act	Tier 1	B/D
ibandronate sodium TABS 150mg	Tier 1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D NM
pamidronate disodium 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 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	Tier 2	NEDS QL NM PA
WYOST SOLN 120mg/1.7ml	Tier 2	NEDS NM PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	Tier 1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 2	NEDS NM

Drug Name	Drug Tier	Requirements/ Limits
deferasirox TABS 90mg; TBSO 125mg	Tier 1	NM PA
deferasirox TABS 180mg, 360mg	Tier 3	NM PA
deferasirox TBSO 250mg, 500mg	Tier 1	NEDS NM PA
kionex SUSP 15gm/60ml	Tier 1	
LOKELMA PACK 5gm, 10gm	Tier 2	
penicillamine TABS 250mg	Tier 1	NEDS NM
sodium polystyrene sulfonate powder	Tier 1	
sps SUSP 15gm/60ml	Tier 1	
sps rectal SUSP 15gm/60ml	Tier 1	
trientine hcl CAPS 250mg	Tier 1	NEDS NM PA
CONTRACEPTIVES		
afirmelle	Tier 1	
altavera	Tier 1	
alyacen 1/35	Tier 1	
alyacen 7/7/7	Tier 1	
apri	Tier 1	
aranelle	Tier 1	
aubra eq	Tier 1	
aurovela 1/20	Tier 1	
aurovela fe 1.5/30	Tier 1	
aurovela fe 1/20	Tier 1	
aviane	Tier 1	
ayuna	Tier 1	
azurette	Tier 1	
balziva	Tier 1	
blisovi fe 1.5/30	Tier 1	
briellyn	Tier 1	
camila TABS .35mg	Tier 1	
chateal eq	Tier 1	
cryselle-28	Tier 1	
cyred eq	Tier 1	
dasetta 1/35	Tier 1	
dasetta 7/7/7	Tier 1	
deblitane TABS .35mg	Tier 1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 2	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 1	
elinest	Tier 1	
eluryng	Tier 1	
emzahh TABS .35mg	Tier 1	
enilloring	Tier 1	
enskyce	Tier 1	
errin TABS .35mg	Tier 1	
estarylla	Tier 1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	Tier 1	
falmina	Tier 1	
feirza 1.5/30	Tier 1	
feirza 1/20	Tier 1	
hailey 1.5/30	Tier 1	
haloette	Tier 1	
heather TABS .35mg	Tier 1	
iclevia	Tier 1	
incassia TABS .35mg	Tier 1	
introvale	Tier 1	
isibloom	Tier 1	
jasmiel	Tier 1	
jolessa	Tier 1	
juleber	Tier 1	
junel 1.5/30	Tier 1	
junel 1/20	Tier 1	
junel fe 1.5/30	Tier 1	
junel fe 1/20	Tier 1	
kariva	Tier 1	
kelnor 1/35	Tier 1	
kurvelo	Tier 1	
larin 1.5/30	Tier 1	
larin 1/20	Tier 1	
larin fe 1.5/30	Tier 1	
larin fe 1/20	Tier 1	
lessina	Tier 1	
levonest	Tier 1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 1	
levora 0.15/30-28	Tier 1	
LILETTA IUD 20.1mcg/day	Tier 2	NM
loestrin 1.5/30-21	Tier 1	
loestrin 1/20-21	Tier 1	
loestrin fe 1.5/30	Tier 1	
loestrin fe 1/20	Tier 1	
loryna	Tier 1	
low-ogestrel	Tier 1	
lutera	Tier 1	
lyleq TABS .35mg	Tier 1	
lyza TABS .35mg	Tier 1	
marlissa	Tier 1	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	Tier 1	
meleya TABS .35mg	Tier 1	
microgestin 1.5/30	Tier 1	
microgestin 1/20	Tier 1	
microgestin fe 1.5/30	Tier 1	
microgestin fe 1/20	Tier 1	
mili	Tier 1	
mono-linyah	Tier 1	
necon 0.5/35-28	Tier 1	
NEXPLANON IMPL 68mg	Tier 2	NM
nikki	Tier 1	
nora-be TABS .35mg	Tier 1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	Tier 1	
norethindrone (contraceptive) TABS .35mg	Tier 1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 1	
norlyroc TABS .35mg	Tier 1	
nortrel 0.5/35 (28)	Tier 1	
nortrel 1/35 (21)	Tier 1	
nortrel 1/35 (28)	Tier 1	
nortrel 7/7/7	Tier 1	
nylia 1/35	Tier 1	
nylia 7/7/7	Tier 1	
ocella	Tier 1	
orquidea TABS .35mg	Tier 1	
philith	Tier 1	
pimtrea	Tier 1	
portia-28	Tier 1	
reclipsen	Tier 1	
setlakin	Tier 1	
sharobel TABS .35mg	Tier 1	
simliya	Tier 1	
sprintec 28	Tier 1	
sronyx	Tier 1	
syeda	Tier 1	
tarina fe 1/20 eq	Tier 1	
tilia fe	Tier 1	
tri-estarylla	Tier 1	
tri-legest fe	Tier 1	
tri-linyah	Tier 1	
tri-lo-estarylla	Tier 1	
tri-lo-marzia	Tier 1	
tri-lo-mili	Tier 1	
tri-lo-sprintec	Tier 1	
tri-mili	Tier 1	
tri-sprintec	Tier 1	
tri-vylibra	Tier 1	
tri-vylibra lo	Tier 1	
turqoz	Tier 1	
valtya 1/50	Tier 1	
velivet	Tier 1	
vestura	Tier 1	
vienva	Tier 1	
viorele	Tier 1	
vyfemla	Tier 1	
vylibra	Tier 1	
wera	Tier 1	
xarah fe	Tier 1	
xulane	Tier 1	
zafemy	Tier 1	
zovia 1/35	Tier 1	
zumandimine	Tier 1	
ESTROGENS		
abigale	Tier 2	
abigale lo	Tier 2	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
estradiol 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	
estradiol TABS .5mg, 1mg, 2mg	Tier 1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 2	
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 2	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	Tier 1	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 1	
fyavolv tab 0.5mg-2.5mcg	Tier 2	
fyavolv tab 1mg-5mcg	Tier 2	
jinteli	Tier 2	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
mimvey	Tier 2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 2	
yuvafem TABS 10mcg	Tier 1	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 3	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	Tier 1	
fludrocortisone acetate TABS .1mg	Tier 1	
hydrocortisone TABS 5mg, 10mg, 20mg	Tier 1	
hydrocortisone sod succinate SOLR 100mg	Tier 1	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	Tier 1	B/D
methylprednisolone TBPK 4mg	Tier 1	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	Tier 1	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	Tier 1	B/D
prednisolone SOLN 15mg/5ml	Tier 1	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	Tier 1	B/D
prednisone SOLN 5mg/5ml	Tier 1	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
prednisone TBPK 5mg, 10mg	Tier 1	
PREDNISONE INTENSOL CONC 5mg/ml	Tier 3	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	Tier 3	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	Tier 1	NEDS NM
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 2	NEDS NM PA
betaine powder for oral solution	Tier 1	NEDS NM
cabergoline TABS .5mg	Tier 1	
carglumic acid TBSO 200mg	Tier 1	NEDS NM PA
CERDELGA CAPS 84mg	Tier 2	NEDS NM PA
CEREZYME SOLR 400unit	Tier 2	NEDS NM PA
cinacalcet hcl TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 1	B/D QL NM
cinacalcet hcl TABS 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	Tier 3	NM PA
desmopressin acetate SOLN 4mcg/ml	Tier 1	NEDS NM
desmopressin acetate TABS .1mg, .2mg	Tier 1	
desmopressin acetate spray SOLN .01%	Tier 1	
desmopressin acetate spray refrigerated 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
javygtor PACK 100mg, 500mg; TABS 100mg	Tier 1	NEDS NM PA
lanreotide acetate SOLN 120mg/0.5ml	Tier 1	NEDS NM PA
levocarnitine (metabolic modifiers) 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

Drug Name	Drug Tier	Requirements/ Limits
mifepristone (hyperglycemia) TABS 300mg	Tier 1	NEDS NM PA
NAGLAZYME SOLN 1mg/ml	Tier 2	NEDS NM PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NEDS NM PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 1	NM PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NEDS NM PA
raloxifene hcl TABS 60mg	Tier 1	
REVCOVI SOLN 2.4mg/1.5ml	Tier 2	NEDS NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	Tier 1	NEDS NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NEDS NM PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	Tier 1	NEDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	Tier 2	NEDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NEDS NM PA
SYNAREL SOLN 2mg/ml	Tier 2	NEDS NM PA
tolvaptan TABS 15mg, 30mg (generic of JYNARQUE)	Tier 1	NEDS NM PA
tolvaptan TBPK 15mg	Tier 1	NEDS NM PA
tolvaptan tab therapy pack 30 & 15 mg	Tier 1	NEDS NM PA
tolvaptan tab therapy pack 45 & 15 mg	Tier 1	NEDS NM PA
tolvaptan tab therapy pack 60 & 30 mg	Tier 1	NEDS NM PA
tolvaptan tab therapy pack 90 & 30 mg	Tier 1	NEDS NM PA
PROGESTINS		
gallifrey TABS 5mg	Tier 1	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	Tier 1	
megestrol acetate SUSP 40mg/ml	Tier 2	
megestrol acetate (appetite) SUSP 625mg/5ml	Tier 3	PA
norethindrone acetate TABS 5mg	Tier 1	
progesterone CAPS 100mg, 200mg	Tier 1	
THYROID AGENTS		
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	Tier 1	
methimazole TABS 5mg, 10mg	Tier 1	
propylthiouracil TABS 50mg	Tier 1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	Tier 1	B/D
calcitriol (oral) SOLN 1mcg/ml	Tier 1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	Tier 1	B/D
aprepitant capsule therapy pack 80 & 125 mg	Tier 1	B/D
compro SUPP 25mg	Tier 1	
dronabinol CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 1	B/D QL
granisetron hcl SOLN 1mg/ml, 4mg/4ml	Tier 1	
granisetron hcl TABS 1mg	Tier 1	B/D
meclizine hcl TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 1	PA
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	Tier 1	
metoclopramide hcl TABS 5mg, 10mg	Tier 1	
ondansetron TBDP 4mg, 8mg	Tier 1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 1	B/D
prochlorperazine SUPP 25mg	Tier 1	
prochlorperazine edisylate SOLN 10mg/2ml	Tier 1	
prochlorperazine maleate TABS 5mg, 10mg	Tier 1	
promethazine hcl SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 1	PA
promethazine hcl SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
scopolamine PT72 1mg/3days QL (10 patches / 30 days)	Tier 3	QL
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg PA applies if 65 years and older	Tier 2	PA
dicyclomine hcl SOLN 10mg/5ml PA applies if 65 years and older	Tier 3	PA
glycopyrrolate TABS 1mg QL (90 tabs / 30 days)	Tier 1	QL
glycopyrrolate TABS 2mg QL (120 tabs / 30 days)	Tier 1	QL
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	Tier 1	
famotidine TABS 20mg, 40mg	Tier 1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 1	
nizatidine CAPS 150mg, 300mg	Tier 1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	Tier 1	
budesonide CPEP 3mg QL (90 caps / 30 days)	Tier 1	QL
budesonide TB24 9mg QL (30 tabs / 30 days)	Tier 1	NEDS QL NM PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	Tier 1	
mesalamine CP24 .375gm QL (120 caps / 30 days)	Tier 1	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	Tier 1	QL
mesalamine ENEM 4gm QL (1680 mL / 28 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
mesalamine SUPP 1000mg QL (30 suppositories / 30 days)	Tier 1	QL
mesalamine TBEC 1.2gm QL (120 tabs / 30 days)	Tier 1	QL
mesalamine w/ cleanser KIT 4gm QL (28 bottles / 28 days)	Tier 1	QL
sulfasalazine TABS 500mg; TBEC 500mg	Tier 1	
LAXATIVES		
constulose SOLN 10gm/15ml	Tier 1	
enulose SOLN 10gm/15ml	Tier 1	
gavilyte-c	Tier 1	
gavilyte-g	Tier 1	
gavilyte-n/flavor pack	Tier 1	
generlac SOLN 10gm/15ml	Tier 1	
lactulose SOLN 10gm/15ml	Tier 1	
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	
PLENVU SOL	Tier 3	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 1	
MISCELLANEOUS		
alosetron hcl TABS 1mg QL (60 tabs / 30 days)	Tier 1	NEDS QL NM PA
alosetron hcl TABS .5mg QL (60 tabs / 30 days)	Tier 1	QL PA
CREON CAP 3000UNIT	Tier 2	
CREON CAP 6000UNIT	Tier 2	
CREON CAP 12000UNT	Tier 2	
CREON CAP 24000UNT	Tier 2	
CREON CAP 36000UNT	Tier 2	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	Tier 1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 3	
GATTEX KIT 5mg	Tier 2	NEDS NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL
loperamide hcl CAPS 2mg	Tier 1	
misoprostol TABS 100mcg, 200mcg	Tier 1	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	Tier 2	NEDS QL NM PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 2	NEDS QL NM PA
sucralfate TABS 1gm	Tier 1	
ursodiol CAPS 300mg; TABS 250mg, 500mg	Tier 1	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	Tier 2	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	Tier 2	QL PA
VOWST CAP QL (12 caps / 30 days)	Tier 2	NEDS QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 2	NEDS QL NM PA
XIFAXAN TABS 550mg	Tier 2	NEDS NM PA
ZENPEP CAP 3000UNIT	Tier 3	
ZENPEP CAP 5000UNIT	Tier 3	
ZENPEP CAP 10000UNT	Tier 3	
ZENPEP CAP 15000UNT	Tier 3	
ZENPEP CAP 20000UNT	Tier 3	
ZENPEP CAP 25000UNT	Tier 3	
ZENPEP CAP 40000UNT	Tier 3	
ZENPEP CAP 60000UNT	Tier 3	
PROTON PUMP INHIBITORS		
esomeprazole magnesium CPDR 20mg, 40mg QL (30 caps / 30 days)	Tier 1	QL ST
lansoprazole CPDR 15mg, 30mg QL (60 caps / 30 days)	Tier 1	QL
omeprazole CPDR 10mg, 20mg, 40mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	Tier 1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg QL (30 tabs / 30 days)	Tier 1	QL
dutasteride CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL
dutasteride-tamsulosin hcl cap 0.5-0.4 mg QL (30 caps / 30 days)	Tier 1	QL
finasteride TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
tadalafil TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL PA
tamsulosin hcl CAPS .4mg QL (60 caps / 30 days)	Tier 1	QL
MISCELLANEOUS		
acetic acid SOLN .25%	Tier 1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	Tier 1	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	Tier 1	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 2	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	Tier 2	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 2	QL
oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 1	QL
oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)	Tier 1	QL
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	Tier 1	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 1	QL
solifenacin succinate TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 1	QL
tolterodine tartrate TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 1	QL
trospium chloride TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	Tier 1	
metronidazole vaginal GEL .75%	Tier 1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	Tier 1	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 1	QL
dabigatran etexilate 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
enoxaparin sodium 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	
fondaparinux sodium SOLN 2.5mg/0.5ml	Tier 1	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	NEDS NM
HEP SOD/NACL INJ 25000UNT	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
heparin sodium (porcine) SOLN 1000unit/ml	Tier 1	B/D
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 1	HI B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
rivaroxaban SUSR 1mg/ml QL (620 mL / 30 days)	Tier 1	QL
rivaroxaban TABS 2.5mg QL (60 tabs / 30 days)	Tier 1	QL
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 2	NEDS QL NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NEDS NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NEDS NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
anagrelide hcl CAPS .5mg, 1mg	Tier 1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
cilostazol TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 2	NEDS NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	NEDS QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	NEDS QL NM PA
icatibant acetate SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	NEDS QL NM PA
l-glutamine (sickle cell) PACK 5gm	Tier 1	NEDS NM PA
pentoxifylline TBCR 400mg	Tier 1	
sajazir SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	NEDS QL NM PA
SIKLOS TABS 100mg	Tier 3	
SIKLOS TABS 1000mg	Tier 2	NEDS NM
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 2	NEDS QL NM PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	Tier 1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 1	
clopidogrel bisulfate TABS 75mg	Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 65 years and older	Tier 2	PA
prasugrel hcl TABS 5mg, 10mg	Tier 1	
ticagrelor TABS 60mg, 90mg	Tier 1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	Tier 2	NEDS QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	Tier 2	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	NEDS QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	NEDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 2	NEDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	NEDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	NEDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 2	NEDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 2	NEDS QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	NEDS QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	Tier 2	NEDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 2	NEDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 2	NEDS QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	NEDS QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	NEDS QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	NEDS QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 2	NEDS QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 2	NEDS QL NM PA
INFLIXIMAB SOLR 100mg	Tier 2	NEDS NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	Tier 2	NEDS QL NM PA
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	Tier 2	NEDS QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOLN 130mg/26ml	Tier 2	NEDS NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2	NEDS QL NM PA
REMICADE SOLR 100mg	Tier 2	NEDS NM PA
RENFLEXIS SOLR 100mg	Tier 2	NEDS NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2	NEDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 2	NEDS QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2	NEDS QL NM PA
SKYRIZI SOLN 600mg/10ml	Tier 2	NEDS NM PA
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

Drug Name	Drug Tier	Requirements/ Limits
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	NEDS QL NM PA
STELARA SOLN 130mg/26ml	Tier 2	NEDS NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	NEDS QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 2	NEDS QL NM PA
TREMFYA SOLN 200mg/20ml	Tier 2	NEDS 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
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	Tier 2	NEDS QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 2	NEDS QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 2	NEDS QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 2	NEDS NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 2	NEDS QL NM PA
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	NEDS QL NM PA
USTEKINUMAB SOLN 130mg/26ml	Tier 2	NEDS NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	NEDS QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2	NEDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
YESINTEK SOLN 130mg/26ml	Tier 2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2	NEDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	Tier 1	
JYLAMVO SOLN 2mg/ml	Tier 3	B/D
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
methotrexate sodium TABS 2.5mg	Tier 1	
XATMEP SOLN 2.5mg/ml	Tier 3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NEDS NM PA
BIVIGAM SOLN 5gm/50ml	Tier 2	NEDS HI NM PA
BIVIGAM SOLN 10%	Tier 2	NEDS NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NEDS NM PA
GAMASTAN INJ	Tier 3	B/D
GAMMAGARD LIQUID SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NEDS NM PA

Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD LIQUID SOLN 2.5gm/25ml	Tier 2	NEDS HI NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NEDS HI NM PA
GAMMAKED SOLN 1gm/10ml	Tier 2	NEDS HI NM PA
GAMMAKED SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NEDS NM PA
GAMMAPLEX SOLN 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml	Tier 2	NEDS HI NM PA
GAMMAPLEX SOLN 5gm/100ml, 20gm/400ml	Tier 2	NEDS NM PA
GAMUNEX-C SOLN 1gm/10ml	Tier 2	NEDS HI NM PA
GAMUNEX-C SOLN 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NEDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml	Tier 2	NEDS HI NM PA
OCTAGAM SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 2	NEDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NEDS HI NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 40gm/400ml	Tier 2	NEDS NM PA
PRIVIGEN SOLN 20gm/200ml	Tier 2	NEDS HI NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 2	NEDS NM PA
ARCALYST SOLR 220mg	Tier 2	NEDS NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	Tier 2	NEDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 3	B/D
azathioprine TABS 50mg	Tier 1	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	Tier 2	NEDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	Tier 2	NEDS NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	NEDS QL NM PA
cyclosporine CAPS 25mg, 100mg	Tier 1	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1	B/D
everolimus (immunosuppressant) TABS .5mg, .75mg, 1mg	Tier 1	NEDS B/D NM
everolimus (immunosuppressant) TABS .25mg	Tier 1	B/D
gengraf CAPS 25mg, 100mg	Tier 1	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	Tier 1	B/D
mycophenolate mofetil SUSR 200mg/ml	Tier 1	NEDS 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; TABS .5mg, 1mg, 2mg	Tier 1	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	Tier 1	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	PA
BCG VACCINE SOLR 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
BEXSERO SUSY .5ml	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENGVAXIA SUS	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI SOLN .5ml	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENMENVY INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA SUSY .5ml	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA SUSY 40mcg/0.8ml	Tier 1	
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	
NUTRITIONAL/SUPPLEMENTS ***ELECTROLYTES/MINERALS, INJECTABLE***		
D2.5W/NACL INJ 0.45%	Tier 3	HI
D10W/NACL INJ 0.2%	Tier 2	HI
dextrose 2.5% w/ sodium chloride 0.45%	Tier 1	
dextrose 5% in lactated ringers	Tier 1	
dextrose 5% w/ sodium chloride 0.2%	Tier 1	HI
dextrose 5% w/ sodium chloride 0.3%	Tier 1	
dextrose 5% w/ sodium chloride 0.9%	Tier 1	HI
dextrose 5% w/ sodium chloride 0.45%	Tier 1	HI
dextrose 5% w/ sodium chloride 0.225%	Tier 1	
dextrose 10% w/ sodium chloride 0.45%	Tier 1	HI
ISOLYTE-P INJ /D5W	Tier 3	
ISOLYTE-S INJ PH 7.4	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 1	HI
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 1	HI
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 1	HI
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 1	HI
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 1	HI
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 1	HI
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 1	HI
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	Tier 1	HI
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 1	HI
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 1	HI
KCL/D5W/NACL INJ 0.3/0.9%	Tier 3	
lactated ringer's solution	Tier 1	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate SOLN 50%	Tier 2	HI
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 2	
multiple electrolytes ph 5.5	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	
potassium chloride SOLN 2meq/ml	Tier 1	HI
potassium chloride SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 1	HI
sodium chloride SOLN 2.5meq/ml	Tier 1	
sodium chloride SOLN .45%, .9%, 3%, 5%	Tier 1	HI
TPN ELECTROL INJ	Tier 3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	Tier 1	
klor-con 8 TBCR 8meq	Tier 1	
klor-con 10 TBCR 10meq	Tier 1	
klor-con m10 TBCR 10meq	Tier 1	
klor-con m15 TBCR 15meq	Tier 1	
klor-con m20 TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 2	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	Tier 1	
potassium chloride TBCR 8meq, 10meq, 20meq	Tier 1	
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	Tier 1	
potassium chloride microencapsulated crystals er TBCR 15meq	Tier 1	
PRENATAL TAB 27-1MG	Tier 2	
PRENATAL TAB PLUS	Tier 2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
WESTAB PLUS TAB 27-1MG	Tier 2	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	Tier 3	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

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX INJ 8/10	Tier 3	B/D
CLINIMIX INJ 8/14	Tier 3	B/D
clinisol sf 15%	Tier 1	HI B/D
CLINOLIPID EMU 20%	Tier 3	B/D
dextrose SOLN 5%, 10%	Tier 1	HI
dextrose SOLN 50%, 70%	Tier 1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	HI B/D
NUTRILIPID EMUL 20gm/100ml	Tier 3	HI B/D
plenamine	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
TROPHAMINE INJ 10%	Tier 3	HI B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1	
neo-polycin hc ophth oint 1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	
neomycin-polymyxin-hc ophth susp	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 2	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	Tier 1	
bacitracin-polymyxin b ophth oint	Tier 1	
BESIVANCE SUSP .6%	Tier 2	
CILOXAN OINT .3%	Tier 2	
ciprofloxacin hcl (ophth) SOLN .3%	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
erythromycin (ophth) OINT 5mg/gm	Tier 1	
gatifloxacin (ophth) SOLN .5%	Tier 1	
gentamicin sulfate (ophth) SOLN .3%	Tier 1	
moxifloxacin hcl (ophth) SOLN .5% QL (12 mL / 30 days)	Tier 1	QL
NATACYN SUSP 5%	Tier 3	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	Tier 1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 1	
ofloxacin (ophth) SOLN .3%	Tier 1	
polycin ophth oint	Tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	Tier 1	
tobramycin (ophth) SOLN .3%	Tier 1	
trifluridine SOLN 1%	Tier 1	
XDEMVY SOLN .25%	Tier 2	NEDS NM PA
ZIRGAN GEL .15%	Tier 3	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	Tier 1	
diclofenac sodium (ophth) SOLN .1%	Tier 1	
fluorometholone (ophth) SUSP .1%	Tier 1	
flurbiprofen sodium SOLN .03%	Tier 1	
ketorolac tromethamine (ophth) SOLN .4%, .5%	Tier 1	
LOTEMAX OINT .5%	Tier 2	
prednisolone acetate (ophth) SUSP 1%	Tier 1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	Tier 1	
cromolyn sodium (ophth) SOLN 4%	Tier 1	
ZERVIATE SOLN .24%	Tier 3	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	Tier 1	
brimonidine tartrate SOLN .2%	Tier 1	
brinzolamide SUSP 1%	Tier 1	ST
carteolol hcl (ophth) SOLN 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 2	
dorzolamide hcl SOLN 2%	Tier 1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	Tier 1	
latanoprost SOLN .005%	Tier 1	
levobunolol hcl SOLN .5%	Tier 1	
LUMIGAN SOLN .01%	Tier 2	
pilocarpine hcl SOLN 1%, 2%, 4%	Tier 1	
RHOPRESSA SOLN .02%	Tier 3	
ROCKLATAN DRO	Tier 3	
SIMBRINZA SUS 1-0.2%	Tier 3	
timolol maleate (ophth) SOLG .25%, .5%	Tier 1	
timolol maleate (ophth) SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
atropine sulfate (ophthalmic) 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	
proparacaine hcl SOLN .5%	Tier 1	
RESTASIS EMUL .05%	Tier 2	
RESTASIS MULTIDOSE EMUL .05%	Tier 2	
XIIDRA SOLN 5%	Tier 2	

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

Drug Name	Drug Tier	Requirements/ Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 2	QL
ipratropium bromide SOLN .02%	Tier 1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 1	
SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)	Tier 3	QL
ANTIHISTAMINES		
azelastine hcl SOLN .1%	Tier 1	
cetirizine hcl SOLN 5mg/5ml QL (300 mL / 30 days)	Tier 1	QL
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
diphenhydramine hcl SOLN 50mg/ml	Tier 1	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	Tier 3	PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
hydroxyzine pamoate CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
levocetirizine dihydrochloride SOLN 2.5mg/5ml QL (300 mL / 30 days)	Tier 1	QL
levocetirizine dihydrochloride TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 1	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 1	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 1	QL
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	Tier 1	
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 1	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL
terbutaline sulfate TABS 2.5mg, 5mg	Tier 1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg	Tier 1	
montelukast sodium TABS 10mg	Tier 1	
zafirlukast TABS 10mg, 20mg	Tier 1	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 1	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	Tier 2	NEDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA
ARALAST NP SOLR 500mg	Tier 2	NEDS NM PA
ARALAST NP SOLR 1000mg	Tier 2	NEDS HI NM PA
cromolyn sodium NEBU 20mg/2ml	Tier 1	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	Tier 1	
epinephrine (anaphylaxis) 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
pirfenidone CAPS 267mg QL (270 caps / 30 days)	Tier 1	NEDS QL NM PA
pirfenidone TABS 267mg QL (270 tabs / 30 days)	Tier 1	NEDS QL NM PA
pirfenidone TABS 534mg, 801mg QL (90 tabs / 30 days)	Tier 1	NEDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 2	NEDS HI NM PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NEDS NM PA
roflumilast TABS 250mcg QL (56 tabs / year)	Tier 1	QL
roflumilast 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
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	Tier 1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2	NEDS QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2	NEDS QL NM PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 2	NEDS QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	NEDS QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 2	NEDS QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 2	NEDS QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	NEDS QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 2	NEDS QL NM PA
ZEMAIRA SOLR 1000mg	Tier 2	NEDS HI NM PA
ZEMAIRA SOLR 4000mg, 5000mg	Tier 2	NEDS NM PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	Tier 1	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	Tier 1	B/D

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

Drug Name	Drug Tier	Requirements/ Limits
fluticasone-salmeterol aer powder ba 100-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 1	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 1	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 1	QL
wixela inhub QL (60 inhalations / 30 days)	Tier 1	QL
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
benzoyl peroxide-erythromycin gel 5-3% QL (46.6 gm / 30 days)	Tier 1	QL
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% QL (45 gm / 30 days)	Tier 1	QL
clindamycin phosphate (topical) GEL 1% QL (75 mL / 30 days)	Tier 1	QL PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1% QL (60 mL / 30 days)	Tier 1	QL
ery PADS 2% QL (60 pledgets / 30 days)	Tier 1	QL
erythromycin (acne aid) GEL 2% QL (60 gm / 30 days)	Tier 1	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	Tier 1	QL
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
neuac QL (45 gm / 30 days)	Tier 1	QL
sulfacetamide sodium (acne) LOTN 10% QL (118 mL / 30 days)	Tier 1	QL
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 1	QL PA
twice-daily clindamycin phosphate (topical) GEL 1% QL (60 gm / 30 days)	Tier 1	QL
zenatane CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 1	QL
mupirocin OINT 2% QL (220 gm / 30 days)	Tier 1	QL
silver sulfadiazine CREA 1%	Tier 1	
ssd CREA 1%	Tier 1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	Tier 3	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox SHAM 1% QL (120 mL / 30 days)	Tier 1	QL
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	Tier 1	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	Tier 1	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	Tier 1	QL
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	Tier 1	QL
econazole nitrate CREA 1% QL (85 gm / 30 days)	Tier 1	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	Tier 1	QL
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	Tier 1	QL
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
nystop POWD 100000unit/gm QL (60 gm / 30 days)	Tier 1	QL
selenium sulfide LOTN 2.5%	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	Tier 1	PA
calcipotriene CREA .005%; OINT .005% QL (120 gm / 30 days)	Tier 1	QL PA
calcipotriene SOLN .005% QL (120 mL / 30 days)	Tier 1	QL PA
calcitrene OINT .005% QL (120 gm / 30 days)	Tier 1	QL PA
ENSTILAR AER QL (120 gm / 30 days)	Tier 2	NEDS QL NM PA
tazarotene CREA .05%, .1% QL (60 gm / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	Tier 1	
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 1	QL
betamethasone dipropionate (topical) CREA .05%; OINT .05% QL (120 gm / 30 days)	Tier 1	QL
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	Tier 1	QL
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	Tier 1	QL
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	Tier 1	QL
betamethasone valerate CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 1	QL
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	Tier 1	QL
clobetasol propionate CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	Tier 1	QL
clobetasol propionate SHAM .05% QL (236 mL / 30 days)	Tier 1	QL
clobetasol propionate SOLN .05% QL (100 mL / 30 days)	Tier 1	QL
clobetasol propionate e CREA .05% QL (120 gm / 30 days)	Tier 1	QL
clodan SHAM .05% QL (236 mL / 30 days)	Tier 1	QL
fluocinolone acetonide CREA .01% QL (60 gm / 30 days)	Tier 1	QL
fluocinolone acetonide CREA .025%; OINT .025% QL (120 gm / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
fluocinolone acetonide OIL .01% QL (118.28 mL / 30 days)	Tier 1	QL
fluocinolone acetonide SOLN .01% QL (60 mL / 30 days)	Tier 1	QL
fluocinonide CREA .05%, .1% QL (120 gm / 30 days)	Tier 1	QL
fluocinonide GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 1	QL
fluocinonide SOLN .05% QL (60 mL / 30 days)	Tier 1	QL
fluocinonide emulsified base CREA .05% QL (120 gm / 30 days)	Tier 1	QL
fluticasone propionate CREA .05%; OINT .005%	Tier 1	
halobetasol propionate CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 1	QL
hydrocortisone (topical) CREA 1%, 2.5%	Tier 1	
hydrocortisone (topical) LOTN 2.5%; OINT 2.5%	Tier 1	
hydrocortisone (topical) OINT 1% QL (30 gm / 30 days)	Tier 1	QL
hydrocortisone valerate CREA .2% QL (60 gm / 30 days)	Tier 1	QL
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	Tier 1	
triamcinolone acetonide (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 1	QL
triamcinolone acetonide (topical) LOTN .025%, .1%	Tier 1	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	Tier 1	
triderm CREA .5% QL (454 gm / 30 days)	Tier 1	QL
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2% QL (60 mL / 30 days)	Tier 1	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	Tier 1	QL PA
lidocaine PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	Tier 1	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	Tier 1	B/D QL
lidocan PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
tridacaine ii PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1% QL (60 gm / 30 days)	Tier 1	NEDS QL NM PA
diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days)	Tier 1	QL
EUCRISA OINT 2% QL (120 gm / 30 days)	Tier 3	QL PA
fluorouracil (topical) CREA 5% QL (40 gm / 30 days)	Tier 1	QL
fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)	Tier 1	QL
hydrocortisone (rectal) CREA 1%, 2.5%	Tier 1	
imiquimod CREA 5% QL (24 packets / 30 days)	Tier 1	QL
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	Tier 1	
metronidazole (topical) CREA .75%; GEL .75% QL (45 gm / 30 days)	Tier 1	QL
metronidazole (topical) LOTN .75% QL (59 mL / 30 days)	Tier 1	QL
nitroglycerin (intra-anal) OINT .4% QL (30 gm / 30 days)	Tier 1	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2	NEDS QL NM PA

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

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MASSACHUSETTS

TRANSLATION SERVICES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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MASSACHUSETTS

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS
2026 FLEX CARD MEMBER GUIDE

ONE CARD WITH ACCESS TO ALL OF THESE BENEFITS:

Fitness Allowance	**Weight Loss Allowance**	**Rewards & Incentives**

Your debit card is restricted to eligible items at participating stores which can be found online at **MAFlexCard.com** or by calling Flex Card Member Services weekdays from 8 a.m. to 8 p.m. Eastern Time (ET) at **1-800-971-6798** (TTY **711**).

2026 FLEX CARD MEMBER GUIDE OVERVIEW

1. To activate your card, call the activation number: **1-(844) 210-2175** (TTY **711**) or visit **MAFlexCard.com.** *Cards must be activated prior to use.*
2. Use this card for the following:
   - Fitness Allowance
   - Weight Loss Allowance
   - Rewards & Incentives
3. Use your card on eligible items at participating stores. To find eligible items and participating stores, visit **MAFlexCard.com** and create an account, or call **1-800-971-6798** (TTY **711**).
4. Download the ***myTotal Benefits*** app from the app store on your smart phone and use it to view balances, make purchases, manage your account and more.

The first time you go to **MAFlexCard.com** or use the ***myTotal Benefits*** app you need to register, create a username and password, to log in. You only need to do this one time. Once done, you can use the same username and password to log in to both **MAFlexCard.com** and the ***myTotal Benefits*** app.

Fitness Allowance

You can use your Flex Card on personal fitness. To help you select options that are covered by your allowance, please review the lists below. For allowance amounts and additional details, visit **MAFlexCard.com** or refer to your Evidence of Coverage. All purchases must be made at approved locations listed on **MAFlexCard.com**.

Qualified for Allowance:

- Full service health clubs with cardiovascular and strength-training equipment
- Fitness classes at participating Council on Aging sites, and instructor-led group classes including yoga, Pilates, Zumba®, kickboxing, CrossFit®, and indoor cycling/spinning
- Pool-only facility memberships, fitness classes, and aqua therapy at facilities with pools
- Online fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform
- Home fitness equipment like stationary bikes, weights, exercise bands, treadmills, and other fitness machines.

Not Qualified for Allowance:

- Fees paid for gymnastics, tennis, martial arts schools, instructional dance studios, country clubs or social clubs, and sports teams or leagues
- Personal trainer sessions
- Fitness trackers or items that are considered “recreational” or sports equipment, like kayaks, inline skates, bicycles, ice skates, trampolines, fitness clothing, and sneakers.
- Purchases made from Amazon, Facebook Marketplace, Ebay, and TikTok Shop.

Weight Loss Allowance

You can use your Flex Card on Weight Loss programs. A qualified weight loss program can be a hospital-based or a non-hospital-based weight loss program. The program must focus on weight loss by modifying eating and physical activity habits and requires that you participate in behavioral/lifestyle counseling with nutritionists, registered dieticians, exercise physiologists or other certified health professionals in multiple sessions throughout enrollment in the program. Program delivery and counseling may be in-person, over the phone, or online. Meal provisions are not covered. For allowance amounts, please visit **MAFlexCard.com** or refer to your Evidence of Coverage.

For more information about using this benefit, visit **MAFlexCard.com** or call **1-800-971-6798** (TTY **711**).

Rewards & Incentives

As our valued member, your health is important to us. You can earn up to $130 in rewards while taking care of your health.

Earn up to $85 in rewards per year when you complete your:

- Annual Wellness Visit or Routine Physical - $50
- In-Home Health Assessment - $25
  To schedule your In-Home Health Assessment with Signify, call **1-617-580-2500.** *In-Home Health Assessments are administered by Signify Health, an independent company, on behalf of Blue Cross Blue Shield of Massachusetts. For more information, visit* ***signifycares.com***.
- Health Risk Assessment - $10

Plus, you can earn up to $45 a year by having important conversations with your doctor about:

- Fall Prevention - $15
- Physical Activity Levels - $15
- Bladder/Urinary Health - $15

USE REWARDS FOR:

- Quick-Service Restaurants (e.g. Starbucks, Panera)
- Public Transportation
- Parking Expenses
- Utilities
- Online Entertainment – Including Streaming (Netflix, Hulu, etc.), Games (Steam, Epic, etc.), and other media (iTunes, Spotify, etc.)

To check if you are eligible for additional rewards, and to find out where you can use your rewards, visit **MAFlexCard.com** or call **1-800-971-6798** (TTY **711**).

*Reward dollars expire 12 months after termination of coverage.

QUESTIONS?

1-800-971-6798 (TTY: 711)
Monday through Friday, 8 a.m. to 8 p.m. ET
MAFlexCard.com

MASSACHUSETTS

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QUESTIONS ABOUT YOUR PLAN?

Call Member Service:

1-800-262-BLUE (2583)

GET MORE FROM YOUR PLAN

Understanding your benefits is the best way to get the most from your plan.
Call Member Service when you have questions about:

- Coverage
- Claims
- Deductibles
- Copays
- Pharmacy benefits
- Medications
- Prior Authorization
- MyBlue
- ID card replacement
- Fitness and weight-loss reimbursements
- Billing
- Coverage when traveling
- Pre-existing conditions
- Care management

Questions?

Give Us a Call - Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

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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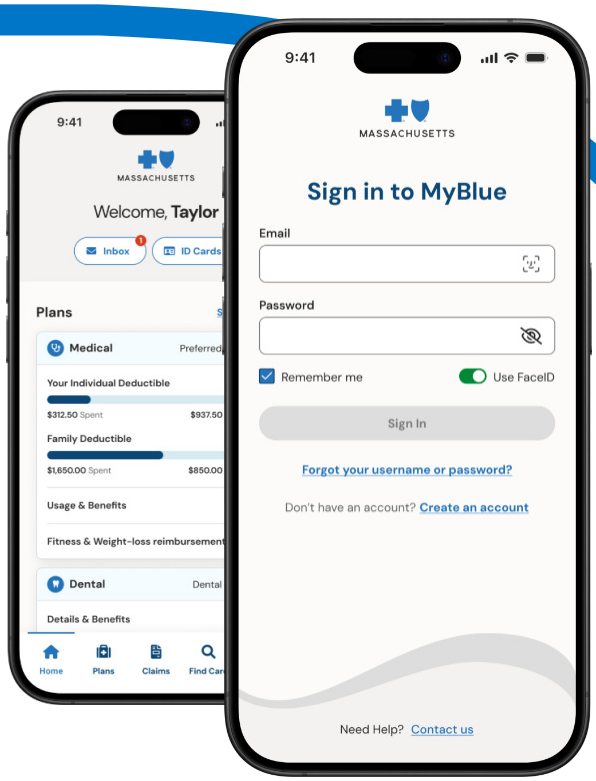
MASSACHUSETTS

EASILY ACCESS YOUR HEALTH PLAN WITH MYBLUE

MyBlue is your personalized online member account that makes understanding and using your health plan simple.



DISCOVER THE POWER OF MYBLUE

Stay on top of your health from anywhere, at any time with access to:

COVERAGE AND BENEFITS INFORMATION

YOUR CLAIMS AND BALANCES

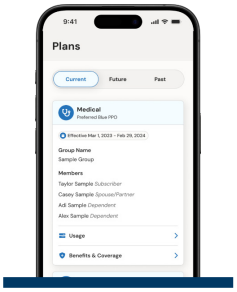
VIDEO DOCTOR VISITS USING WELL CONNECTION

Get started

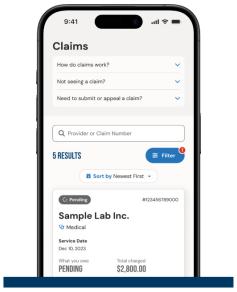
Create an account at **bluecrossma.org** or download the app from the App Store®✓ or Google Play™. If you have questions, call Member Service at **1-800-832-3871**.

YOUR HEALTH PLAN IN YOUR POCKET

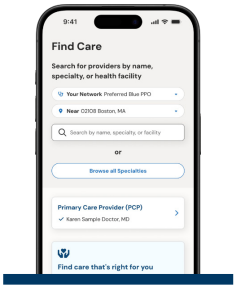
The MyBlue app makes it easy to:



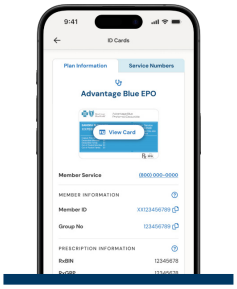
Find, understand, and use your benefits



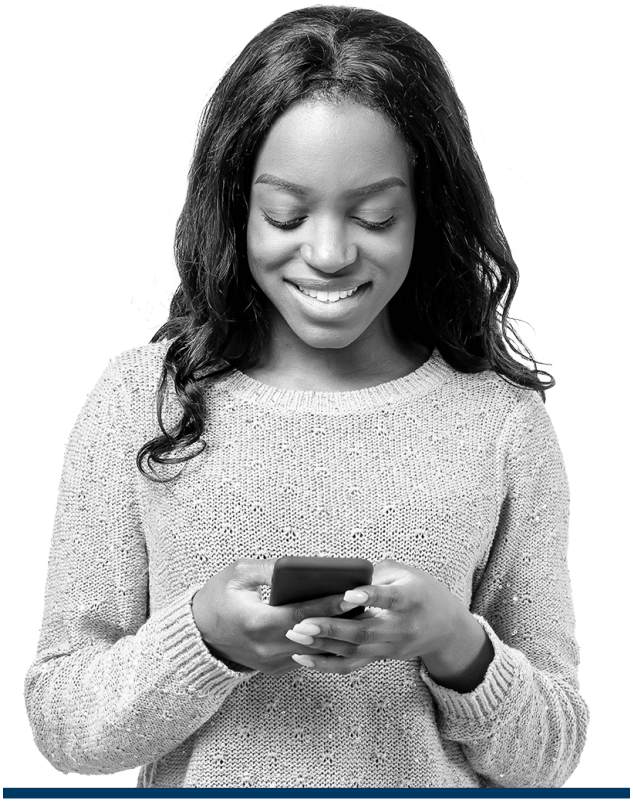
Review your claim details with guidance on next steps



Get personalized care options that fit your unique needs



Instantly access your digital members ID cards, and add them to your wallet



Download the MyBlue app and see your covered benefits and services by clicking on Benefits & Coverage under Plans.

GET THE MYBLUE APP

You can download the MyBlue app from the App Store®℠ or Google Play™.

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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.

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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MASSACHUSETTS

NONDISCRIMINATION NOTICE

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

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

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

If you need these services, 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 **civilrightscoordinator@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**; 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**.

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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 Idantitifkasyon 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/ةيبر:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هُويتك (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 नि:शुल्क 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 شمار تلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: **711**).

Lao/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍເສຍຄ່າ. 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'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'dééʼ nóomba biká'ígíiji' béésh bee hodíílnih (TTY: **711**).

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