

Medicare Advantage Group

2027 FORMULARY

(List of covered drugs)
3-Tier

Please read: this document
contains information about the
drugs we cover in this plan.
00027095, Version 7

This formulary was updated on
10/09/2026. **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.



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 10/09/2026. 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, 2027, 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 2027 formulary that was covered at the beginning of the year, we won't discontinue or reduce coverage of the drug during the 2027 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 10/09/2026. 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 71. Then look under the category name for your drug.
- **Alphabetical listing.** If you aren't sure what category to look under, you should look for your drug in the index that begins on page 71. 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](https://www.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 71.

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 1	
<i>probenecid</i> TABS 500mg	Tier 1	
MISCELLANEOUS		
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	Tier 2	QL PA
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	Tier 1	B/D
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 1	QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	Tier 1	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
<i>diclofenac sodium</i> TB24 100mg QL (60 tabs / 30 days)	Tier 1	QL
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	Tier 1	
<i>diflunisal</i> TABS 500mg	Tier 1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 1	
<i>flurbiprofen</i> TABS 100mg	Tier 1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1	
<i>nabumetone</i> TABS 500mg, 750mg	Tier 1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	Tier 1	QL
<i>naproxen sodium</i> TABS 275mg, 550mg	Tier 1	
<i>piroxicam</i> CAPS 10mg, 20mg	Tier 1	
<i>sulindac</i> TABS 150mg, 200mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 1	QL PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	Tier 1	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	Tier 1	QL

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

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	Tier 3	
<i>endocet tab 2.5-325mg</i> QL (360 tabs / 30 days)	Tier 1	QL
<i>endocet tab 7.5-325mg</i> QL (240 tabs / 30 days)	Tier 1	QL
<i>endocet tab 10-325mg</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	Tier 1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 1	QL
<i>hydromorphone hcl LIQD 1mg/ml</i> QL (600 mL / 30 days)	Tier 1	QL
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	Tier 3	B/D

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	Tier 2	
<i>nitrofurantoin monohydrate macro</i> CAPS 100mg	Tier 2	
<i>pentamidine isethionate inh</i> SOLR 300mg	Tier 1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	Tier 1	HI
<i>polymyxin b sulfate</i> SOLR 500000unit	Tier 1	HI
<i>praziquantel</i> TABS 600mg	Tier 1	
<i>pyrimethamine</i> TABS 25mg QL (90 tabs / 30 days)	Tier 1	NEDS QL NM PA
<i>streptomycin sulfate</i> SOLR 1gm	Tier 1	NEDS NM
<i>sulfadiazine</i> TABS 500mg	Tier 1	NEDS NM
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>tinidazole</i> TABS 250mg, 500mg	Tier 1	
TOBI PODHALER CAPS 28mg	Tier 2	NEDS NM PA
<i>tobramycin</i> NEBU 300mg/5ml	Tier 1	NEDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml	Tier 1	
<i>tobramycin sulfate</i> SOLN 10mg/ml, 80mg/2ml	Tier 1	HI
<i>trimethoprim</i> TABS 100mg	Tier 1	
<i>vancomycin hcl</i> CAPS 125mg QL (80 caps / 180 days)	Tier 1	QL
<i>vancomycin hcl</i> CAPS 250mg QL (160 caps / 180 days)	Tier 1	QL
<i>vancomycin hcl</i> SOLR 1.25gm, 1.5gm, 5gm	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl</i> SOLR 1gm, 10gm, 500mg, 750mg	Tier 1	HI
VANCOMYCIN INJ 1 GM	Tier 3	
VANCOMYCIN INJ 500MG	Tier 3	
VANCOMYCIN INJ 750MG	Tier 3	
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	Tier 2	QL
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	Tier 1	HI B/D
<i>amphotericin b liposome</i> SUSR 50mg	Tier 1	NEDS HI B/D NM
<i>caspofungin acetate</i> SOLR 50mg, 70mg	Tier 1	HI
CRESEMBA CAPS 74.5mg, 186mg	Tier 2	NEDS NM PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 1	HI
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 1	HI
<i>flucytosine</i> CAPS 250mg, 500mg	Tier 1	NEDS NM PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 1	
<i>itraconazole</i> CAPS 100mg QL (120 caps / 30 days)	Tier 1	QL
<i>ketoconazole</i> TABS 200mg	Tier 1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	Tier 1	HI
<i>nystatin</i> TABS 500000unit	Tier 1	
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL PA
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	Tier 1	QL PA
<i>voriconazole</i> SOLR 200mg	Tier 1	HI PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole</i> SUSR 40mg/ml QL (600 mL / 28 days)	Tier 1	NEDS QL NM PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	Tier 1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL

ANTIMALARIALS

<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg	Tier 1	
<i>atovaquone-proguanil hcl</i> tab 250-100 mg	Tier 1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 1	
COARTEM TAB 20-120MG	Tier 3	
<i>mefloquine hcl</i> TABS 250mg	Tier 1	
<i>primaquine phosphate</i> TABS 26.3mg	Tier 1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2	
<i>quinine sulfate</i> CAPS 324mg	Tier 1	PA

ANTI-RETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	Tier 1	
APTIVUS CAPS 250mg	Tier 2	NEDS NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	Tier 1	
<i>darunavir</i> TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL
<i>darunavir</i> TABS 800mg QL (30 tabs / 30 days)	Tier 1	QL
EDURANT TABS 25mg	Tier 2	NEDS NM
EDURANT PED TBSO 2.5mg	Tier 2	NEDS NM
<i>efavirenz</i> TABS 600mg	Tier 1	
<i>emtricitabine</i> CAPS 200mg	Tier 1	
EMTRIVA SOLN 10mg/ml	Tier 3	
<i>etravirine</i> TABS 100mg, 200mg	Tier 1	
<i>fosamprenavir calcium</i> TABS 700mg	Tier 1	
INTELENCE TABS 25mg	Tier 3	
ISENTRESS CHEW 25mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NEDS NM
ISENTRESS HD TABS 600mg	Tier 2	NEDS NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	Tier 1	
<i>maraviroc</i> TABS 150mg, 300mg	Tier 1	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	Tier 1	
NORVIR PACK 100mg	Tier 3	
PIFELTRO TABS 100mg	Tier 2	NEDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	NEDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 3	QL
REYATAZ PACK 50mg	Tier 2	NEDS NM
<i>rilpivirine hcl</i> TABS 25mg	Tier 1	
<i>ritonavir</i> TABS 100mg	Tier 1	
RUKOBIA TB12 600mg	Tier 2	NEDS NM
SELZENTRY SOLN 20mg/ml	Tier 2	NEDS NM
SUNLENCA TABS 300mg; TBPK 300mg	Tier 2	NEDS NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	Tier 1	
TIVICAY TABS 50mg	Tier 2	NEDS NM
TIVICAY PD TBSO 5mg	Tier 2	NEDS NM
TROGARZO SOLN 200mg/1.33ml	Tier 2	NEDS NM
VIRACEPT TABS 250mg, 625mg	Tier 3	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NEDS NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	
BIKTARVY TAB 30-120-15 MG	Tier 2	NEDS NM
BIKTARVY TAB 50-200-25 MG	Tier 2	NEDS NM
CIMDUO TAB 300-300	Tier 2	NEDS NM
DELSTRIGO TAB	Tier 2	NEDS NM
DESCOVY TAB 120-15MG	Tier 2	NEDS NM
DESCOVY TAB 200/25MG	Tier 2	NEDS NM
DOVATO TAB 50-300MG	Tier 2	NEDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i>	Tier 1	NEDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	
EVOTAZ TAB 300-150	Tier 2	NEDS NM
GENVOYA TAB	Tier 2	NEDS NM
IDVYNZO TAB 100-0.25	Tier 2	NEDS NM
JULUCA TAB 50-25MG	Tier 2	NEDS NM
KALETRA SOL	Tier 3	
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
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
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	Tier 1	NEDS NM
<i>ethambutol hcl TABS 100mg, 400mg</i>	Tier 1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	Tier 1	
PRETOMANID TABS 200mg	Tier 3	
<i>pyrazinamide TABS 500mg</i>	Tier 1	
<i>rifabutin CAPS 150mg</i>	Tier 1	
<i>rifampin CAPS 150mg, 300mg</i>	Tier 1	
<i>rifampin SOLR 600mg</i>	Tier 1	HI
<i>rifapentine TABS 150mg</i>	Tier 1	
SIRTURO TABS 20mg, 100mg	Tier 2	NEDS NM PA
ANTIVIRALS		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	Tier 1	
<i>acyclovir SUSP 200mg/5ml</i>	Tier 1	
<i>acyclovir sodium SOLN 50mg/ml</i>	Tier 1	HI B/D
<i>adefovir dipivoxil TABS 10mg</i>	Tier 1	
BARACLUDE SOLN .05mg/ml	Tier 2	NEDS NM ST
<i>entecavir TABS .5mg, 1mg</i>	Tier 1	
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	Tier 1	
<i>ganciclovir sodium SOLR 500mg</i>	Tier 1	B/D
<i>lamivudine (hbv) TABS 100mg</i>	Tier 1	
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 2	NEDS QL NM PA
MAVYRET PAK 50-20MG	Tier 2	NEDS NM PA
MAVYRET TAB 100-40MG	Tier 2	NEDS NM PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	Tier 1	QL
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg QL (84 caps / year)	Tier 1	QL
<i>oseltamivir phosphate</i> SUSR 6mg/ml QL (1080 mL / year)	Tier 1	QL
PAXLOVID PAK QL (22 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NEDS NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	NEDS QL NM PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	Tier 1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	Tier 1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	Tier 1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	Tier 1	NEDS NM
<i>valganciclovir hcl</i> TABS 450mg	Tier 1	
VOSEVI TAB	Tier 2	NEDS NM PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	Tier 1	
<i>cefadroxil</i> CAPS 500mg	Tier 1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 3	
CEFAZOLIN INJ 1GM/50ML	Tier 3	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	Tier 1	HI
<i>cefazolin sodium</i> SOLR 2gm, 3gm	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 1	HI
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	Tier 1	HI
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 1	HI
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
<i>ceftaroline fosamil</i> SOLR 400mg, 600mg	Tier 1	NEDS HI NM
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 1	HI
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm	Tier 1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	HI
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 1	HI
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 1	HI

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Drug Name	Drug Tier	Requirements/ Limits
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg	Tier 1	HI
<i>azithromycin</i> SUSR 100mg/5ml, 200mg/5ml	Tier 1	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	Tier 1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 1	
DIFICID SUSR 40mg/ml	Tier 2	NEDS NM
e.e.s. 400 TABS 400mg	Tier 1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 3	HI
<i>erythromycin base</i> TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 1	
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml, 400mg/5ml	Tier 1	
<i>erythromycin lactobionate</i> SOLR 500mg	Tier 1	
<i>fidaxomicin</i> TABS 200mg	Tier 1	NEDS NM
FLUOROQUINOLONES		
<i>ciprofloxacin</i> 200 mg/100ml in d5w	Tier 1	HI
<i>ciprofloxacin</i> 400 mg/200ml in d5w	Tier 1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin</i> SOLN 25mg/ml	Tier 1	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 1	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 1	HI
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 1	HI
<i>moxifloxacin hcl</i> TABS 400mg	Tier 1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	Tier 1	HI

Drug Name	Drug Tier	Requirements/ Limits
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
<i>amoxicillin</i> CHEW 125mg, 250mg	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	Tier 1	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	Tier 1	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	Tier 1	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	Tier 1	
<i>ampicillin</i> CAPS 500mg	Tier 1	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	Tier 1	HI
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	Tier 1	HI
<i>ampicillin & sulbactam sodium for iv soln</i> 15 (10-5) gm	Tier 1	HI
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 1	HI
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 250mg, 500mg	Tier 1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 3	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	Tier 1	
<i>naftillin sodium</i> SOLR 1gm, 2gm	Tier 1	HI
<i>naftillin sodium</i> SOLR 10gm	Tier 1	NEDS HI NM
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 1	HI
<i>penicillin g potassium</i> SOLR 5000000unit	Tier 1	

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 3	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
EULEXIN CAPS 125mg	Tier 2	NEDS NM
<i>exemestane</i> TABS 25mg	Tier 1	
FIRMAGON SOLR 80mg	Tier 3	NM PA
FIRMAGON SOLR 120mg/vial	Tier 2 NEDS	NM PA
<i>fulvestrant</i> SOSY 250mg/5ml	Tier 1	B/D NM
INLURIYO TABS 200mg QL (56 tabs / 28 days)	Tier 2 NEDS	QL NM PA
<i>letrozole</i> TABS 2.5mg	Tier 1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 1	NM PA
LIFYORLI CAP 125MG DS QL (18 caps / 28 days)	Tier 2 NEDS	QL NM PA
LIFYORLI CAP 150MG DS QL (27 caps / 28 days)	Tier 2 NEDS	QL NM PA
LUPRON DEPOT (1- MONTH) KIT 3.75mg	Tier 2 NEDS	NM PA
LUPRON DEPOT (3- MONTH) KIT 11.25mg	Tier 2 NEDS	NM PA
LYSODREN TABS 500mg	Tier 2	NEDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 2	
<i>nilutamide</i> TABS 150mg	Tier 1	NEDS NM
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ORGOVYX TABS 120mg	Tier 2 NEDS	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
SOLTAMOX SOLN 10mg/5ml	Tier 2	NEDS NM
<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 1	
<i>toremifene citrate</i> TABS 60mg	Tier 1	PA
VEPPANU TABS 100mg QL (90 tabs / 30 days)	Tier 2 NEDS	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
VEPPANU TABS 200mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	NEDS QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	NEDS QL NM PA
<i>pomalidomide</i> CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 1	NEDS QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	NEDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	NEDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	NEDS QL NM PA
ZENBEXUS CAPS .75mg, 1mg QL (21 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
BESREMI PEN SOPN 500mcg/0.5ml QL (2 pens / 28 days)	Tier 2	NEDS QL NM PA
<i>bexarotene</i> CAPS 75mg QL (300 caps / 30 days)	Tier 1	NEDS QL NM PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	Tier 1	B/D NM
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	Tier 1	NEDS B/D NM

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyurea</i> CAPS 500mg	Tier 1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 1	B/D NM
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 2	NEDS QL NM PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 1	B/D NM
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 1	
MATULANE CAPS 50mg	Tier 2	NEDS NM
<i>mesna</i> TABS 400mg	Tier 1	
MODEYSO CAPS 125mg QL (20 caps / 28 days)	Tier 2	NEDS QL NM PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 1	NEDS NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
MITOTIC INHIBITORS		
BEIZRAY CONC 20mg/ml	Tier 3	B/D NM
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 3	B/D NM
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 3	B/D NM
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 3	B/D NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	Tier 1	B/D NM
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 1	B/D NM
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	Tier 1	NEDS B/D NM
<i>vincristine sulfate</i> SOLN 1mg/ml	Tier 1	B/D NM
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	Tier 1	B/D NM

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Drug Name	Drug Tier	Requirements/ Limits
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
<i>bortezomib</i> SOLR 3.5mg	Tier 1	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 500mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
<i>bosutinib</i> TABS 100mg QL (180 tabs / 30 days)	Tier 1 NEDS	QL NM PA
<i>bosutinib</i> TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 1 NEDS	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
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
BRUKINSA TABS 160mg QL (60 tabs / 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
CAVHANZA TBDP 60mg, 80mg QL (112 tabs / 28 days)	Tier 2 NEDS	QL NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 2 NEDS	QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 2 NEDS	QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 2 NEDS	QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 2 NEDS	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 2 NEDS	QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	Tier 2 NEDS	QL NM PA
<i>dasatinib</i> TABS 20mg QL (90 tabs / 30 days)	Tier 1 NEDS	QL NM PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 1 NEDS	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	Tier 2 NEDS	QL NM PA
ENSACOVE CAPS 100mg QL (60 caps / 30 days)	Tier 2 NEDS	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 2 NEDS	QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 1 NEDS	QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 1 NEDS	QL NM PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1 NEDS	QL NM PA
<i>everolimus</i> TBSO 2mg, 5mg QL (60 tabs / 30 days)	Tier 1 NEDS	QL NM PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	Tier 1 NEDS	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2 NEDS	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 2 NEDS	QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 2 NEDS	QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
<i>gefitinib</i> TABS 250mg QL (60 tabs / 30 days)	Tier 1 NEDS	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	Tier 2 NEDS	QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	Tier 2 NEDS	QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	Tier 2 NEDS	QL NM PA
HERCEP HYLEC SOL 60- 10000	Tier 2 NEDS	NM PA
HERCEPTIN SOLR 150mg	Tier 2 NEDS	NM PA
HERCESSI SOLR 150mg, 420mg	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
HYRNUO TABS 10mg QL (120 tabs / 30 days)	Tier 2 NEDS	QL NM PA
IBRANCE CAPS 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
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	Tier 1 NEDS	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2 NEDS	QL NM PA
IMBRUVICA CAPS 140mg QL (90 caps / 30 days)	Tier 2 NEDS	QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 30 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

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Drug Name	Drug Tier	Requirements/ Limits
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
JIDEYTRO TABS 25mg QL (90 tabs / 30 days)	Tier 2	NEDS QL NM PA
JIDEYTRO TABS 100mg QL (30 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
KEYTRUDA INJ QLEX 395- 4800 MG-UNIT/2.4ML QL (1 vial / 21 days)	Tier 2	NEDS QL NM PA
KEYTRUDA INJ QLEX 790- 9600 MG-UNIT/4.8ML QL (1 vial / 42 days)	Tier 2	NEDS QL 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 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 2	NEDS QL NM PA
KOMZIFTI CAPS 200mg QL (90 caps / 30 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
KOSELUGO CPSP 5mg QL (600 caps / 30 days)	Tier 2	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	Tier 2	NEDS QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
<i>lapatinib ditosylate</i> TABS 250mg QL (180 tabs / 30 days)	Tier 1	NEDS QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 2	NEDS QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM PA
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

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Drug Name	Drug Tier	Requirements/ Limits
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 2 NEDS	QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 2 NEDS	QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 2 NEDS	QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 2 NEDS	QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 2 NEDS	QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 2 NEDS	QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 2 NEDS	QL NM PA
MONJUVI SOLR 200mg	Tier 2 NEDS	NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 2 NEDS	QL NM PA
<i>nilotinib hcl</i> CAPS 50mg QL (120 caps / 30 days)	Tier 1 NEDS	QL NM PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 1 NEDS	QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2 NEDS	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 2 NEDS	QL NM PA
OGIVRI SOLR 150mg, 420mg	Tier 2 NEDS	NM PA
OGSIVEO TABS 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

Drug Name	Drug Tier	Requirements/ Limits
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 2 NEDS	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ONTRUZANT SOLR 150mg, 420mg	Tier 2 NEDS	NM PA
<i>pazopanib hcl</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1 NEDS	QL NM PA
<i>pazopanib hcl</i> TABS 400mg QL (60 tabs / 30 days)	Tier 1 NEDS	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 2 NEDS	QL NM PA
PHESGO SOL	Tier 2 NEDS	NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 2 NEDS	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 2 NEDS	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 2 NEDS	QL NM PA
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

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Drug Name	Drug Tier	Requirements/ Limits
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
SCSEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2	NEDS QL NM PA
SCSEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
<i>sorafenib tosylate</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	NEDS QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 2	NEDS QL NM PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 1	NEDS QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 2	NEDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	Tier 2	NEDS QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
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
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 2	NEDS NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	Tier 2	NEDS QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	NEDS QL NM PA
TRAZIMERA SOLR 150mg, 420mg	Tier 2	NEDS NM PA
TRUQAP TABS 200mg; TBPK 160mg, 200mg QL (64 tabs / 28 days)	Tier 2	NEDS QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 2	NEDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 2	NEDS QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 2	NEDS QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	NEDS QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2	NEDS QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2	NEDS QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2	NEDS QL NM PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
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Drug Name	Drug Tier	Requirements/ Limits
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2 NEDS	QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2 NEDS	QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2 NEDS	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 2 NEDS	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPB 10mg QL (16 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPB 40mg QL (8 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPB 60mg QL (4 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPB 20mg QL (24 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPB 40mg QL (8 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPB 80mg QL (4 tabs / 28 days)	Tier 2 NEDS	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO PAK (80 MG TWICE WEEKLY) TBPB 20mg QL (32 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPB 50mg QL (8 tabs / 28 days)	Tier 2 NEDS	QL NM PA
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2 NEDS	QL NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 2 NEDS	NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
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	

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>sacubitril-valsartan tab 24-26 mg</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>sacubitril-valsartan tab 49-51 mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>sacubitril-valsartan tab 97-103 mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>candesartan cilexetil TABS 32mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>irbesartan TABS 75mg, 150mg, 300mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium TABS 25mg, 50mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>losartan potassium TABS 100mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil TABS 5mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil TABS 20mg, 40mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>telmisartan TABS 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>valsartan TABS 40mg, 80mg, 160mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>valsartan TABS 320mg</i> QL (30 tabs / 30 days)	Tier 1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>	Tier 1	
<i>amiodarone hcl TABS 200mg</i>	Tier 1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	Tier 1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	Tier 1	
<i>MULTAQ TABS 400mg</i> QL (60 tabs / 30 days)	Tier 3	QL
<i>pacerone TABS 100mg</i>	Tier 1	
<i>pacerone TABS 200mg</i>	Tier 1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	Tier 1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	Tier 1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	Tier 1	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	Tier 1	
ANTIPEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	Tier 1	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	Tier 1	
<i>gemfibrozil TABS 600mg</i>	Tier 1	
ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>lovastatin TABS 10mg, 20mg, 40mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg</i> QL (30 tabs / 30 days)	Tier 1	QL
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	Tier 1	QL
ANTIPEMICS, MISCELLANEOUS		
<i>cholestyramine PACK 4gm; POWD 4gm/dose</i>	Tier 1	
<i>cholestyramine light PACK 4gm; POWD 4gm/dose</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	Tier 1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	Tier 1	
<i>ezetimibe</i> TABS 10mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-10 mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-20 mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-40 mg QL (30 tabs / 30 days)	Tier 1	QL
<i>ezetimibe-simvastatin tab</i> 10-80 mg QL (30 tabs / 30 days)	Tier 1	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 2	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 1	QL
<i>omega-3-acid ethyl esters cap</i> 1 gm	Tier 1	
REDEMPLO SOSY 25mg/0.5ml QL (1 syringe / 90 days)	Tier 2	NEDS QL NM PA
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 pens / 28 days)	Tier 2	QL NM PA
VASCEPA CAPS .5gm, 1gm	Tier 2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> 50-25 mg	Tier 1	
<i>atenolol & chlorthalidone tab</i> 100-25 mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab</i> 5-6.25 mg	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg	Tier 1	
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	Tier 1	
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg	Tier 1	
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg	Tier 1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	Tier 1	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	Tier 1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL
<i>nebivolol hcl</i> TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL
<i>pindolol</i> TABS 5mg, 10mg	Tier 1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	Tier 1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 1	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	Tier 1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 1	
<i>nimodipine</i> CAPS 30mg	Tier 1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	Tier 1	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	
<i>amiloride hcl</i> TABS 5mg	Tier 1	
<i>bumetanide</i> SOLN .25mg/ml	Tier 1	HI

Drug Name	Drug Tier	Requirements/ Limits
<i>bumetanide</i> TABS .5mg, 1mg, 2mg	Tier 1	
<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	Tier 1	
<i>furosemide inj</i> SOLN 10mg/ml	Tier 1	HI
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1	
<i>methazolamide</i> TABS 25mg, 50mg	Tier 1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	Tier 1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	Tier 1	
<i>digoxin</i> TABS 125mcg, 250mcg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>droxidopa</i> CAPS 100mg	Tier 1	QL NM PA
QL (90 caps / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
<i>droxidopa</i> CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	NEDS QL NM PA
<i>epinephrine</i> SOLN 1mg/ml	Tier 1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 65 years and older	Tier 2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 1	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>metirosine</i> CAPS 250mg	Tier 1	NEDS NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1	
<i>ranolazine</i> TB12 500mg, 1000mg	Tier 1	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM PA
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	Tier 1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	Tier 1	
<i>nitro-bid</i> OINT 2%	Tier 1	
<i>nitroglycerin</i> OINT 2%; 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
<i>alyq</i> TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>ambrisentan</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>bosentan</i> TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	NEDS QL NM PA
<i>bosentan</i> TBSO 32mg QL (120 tabs / 30 days)	Tier 1	NEDS QL NM PA
<i>macitentan</i> TABS 10mg QL (30 tabs / 30 days)	Tier 1	NEDS QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (360 tabs / 30 days)	Tier 1	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 1	NEDS NM PA
UPTRAVI TABS 100mcg, 150mcg QL (280 tabs / 28 days)	Tier 2	NEDS QL NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	Tier 2	NEDS QL NM PA
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 (200 tabs / 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

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Drug Name	Drug Tier	Requirements/ Limits
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	Tier 1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	Tier 1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 1	QL
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBP 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> TABS 10mg; TBP 10mg	Tier 1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 1	QL
LEQEMBI IQLIK SOAJ 250mg/1.25ml QL (8 pens / 28 days)	Tier 2 NEDS	QL NM PA
LEQEMBI IQLIK SOAJ 360mg/1.8ml QL (4 pens / 28 days)	Tier 2 NEDS	QL NM PA
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	Tier 1	PA
<i>memantine hcl-donepezil hcl</i> cap er 24hr 14-10 mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl-donepezil hcl</i> cap er 24hr 21-10 mg	Tier 1	
<i>memantine hcl-donepezil hcl</i> cap er 24hr 28-10 mg	Tier 1	
NAMZARIC CAP 7-10MG	Tier 3	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 1	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA
<i>amoxapine</i> 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
AUVELITY TAB TITRATION QL (2 packs / year)	Tier 2 NEDS	QL NM
<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl</i> TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 1	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	Tier 1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	Tier 3	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 3	PA
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	Tier 2	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 3	QL PA
<i>duloxetine hcl</i> CPEP 20mg QL (120 caps / 30 days)	Tier 1	QL
<i>duloxetine hcl</i> CPEP 30mg QL (90 caps / 30 days)	Tier 1	QL
<i>duloxetine hcl</i> CPEP 60mg QL (60 caps / 30 days)	Tier 1	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2 NEDS	QL NM PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 1	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	Tier 1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	Tier 2 NEDS	QL NM PA
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 TITRATION QL (2 packs / year)	Tier 3	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	Tier 1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	Tier 1	PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	Tier 1	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	Tier 1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	Tier 1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 3	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	Tier 1	PA
<i>phenelzine sulfate</i> TABS 15mg	Tier 1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	Tier 3	QL PA
<i>sertraline hcl</i> CONC 20mg/ml	Tier 1	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>tranylcypromine sulfate</i> TABS 10mg	Tier 1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	Tier 1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	Tier 1	QL
QL (30 tabs / 30 days)		
ZURZUVAE CAPS 20mg, 25mg	Tier 2	NEDS QL NM PA
QL (28 caps / 14 days)		
ZURZUVAE CAPS 30mg	Tier 2	NEDS QL NM PA
QL (14 caps / 14 days)		
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	Tier 1	QL
QL (120 caps / 30 days)		
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	Tier 1	
<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	Tier 1	PA
PA applies if 65 years and older		
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	Tier 1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	Tier 1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	Tier 1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	Tier 1	
<i>carbidopa & levodopa tab</i> 10-100 mg	Tier 1	
<i>carbidopa & levodopa tab</i> 25-100 mg	Tier 1	
<i>carbidopa & levodopa tab</i> 25-250 mg	Tier 1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	Tier 1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	Tier 1	
<i>entacapone</i> TABS 200mg	Tier 1	
INBRIJA CAPS 42mg	Tier 2	NEDS QL NM PA
QL (300 caps / 30 days)		
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	Tier 2	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	Tier 1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFI PRSY 720mg/2.4ml, 960mg/3.2ml	Tier 2	NEDS QL NM
QL (1 syringe / 56 days)		
ABILIFY MAINTENA PRSY 300mg, 400mg	Tier 2	NEDS QL NM
QL (1 syringe / 28 days)		
ABILIFY MAINTENA SRER 300mg, 400mg	Tier 2	NEDS QL NM
QL (1 vial / 28 days)		
<i>aripiprazole</i> SOLN 1mg/ml	Tier 1	QL
QL (900 mL / 30 days)		

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Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 1	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 2	NEDS QL NM
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 2	NEDS QL NM
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 2	NEDS NM
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	QL
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
BYSANTI TAB PACK A QL (2 packs / year)	Tier 3	QL PA
BYSANTI TAB PACK B QL (2 packs / year)	Tier 3	QL PA
BYSANTI TAB PACK C QL (2 packs / year)	Tier 3	QL PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 2	NEDS QL NM
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>clozapine</i> TABS 25mg, 50mg	Tier 1	
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	Tier 1	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 1	QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	Tier 2	NEDS QL NM
COBENFY CAP 100-20MG QL (60 caps / 30 days)	Tier 2	NEDS QL NM
COBENFY CAP 125-30MG QL (60 caps / 30 days)	Tier 2	NEDS QL NM
COBENFY STRT CAP QL (2 packs / year)	Tier 2	NEDS QL NM
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
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	Tier 1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 syringe / 180 days)	Tier 2 NEDS	QL NM
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	Tier 3	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 2 NEDS	QL NM
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 2 NEDS	QL NM
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 1	QL
<i>lurasidone hcl</i> TABS 80mg QL (60 tabs / 30 days)	Tier 1	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 2 NEDS	QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	Tier 1	QL

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

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<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 1	QL ST
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 1	QL ST
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 1	QL ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg QL (2 vials / 28 days)	Tier 1	QL
<i>risperidone microspheres</i> SRER 37.5mg, 50mg QL (2 vials / 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
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 1	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 2	NEDS QL NM PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 2	QL
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 2	QL
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 1	QL
<i>ziprasidone mesylate</i> SOLR 20mg QL (6 vials / 3 days)	Tier 1	QL
ZYPREXA RELPREVV SUSR 210mg, 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		
<i>brivaracetam</i> SOLN 10mg/ml QL (600 mL / 30 days)	Tier 1	QL PA
<i>brivaracetam</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 1	
<i>clobazam</i> SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 1	QL PA
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 1	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 2	NEDS QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 2	NEDS QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 2	NEDS QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 2	NEDS QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 1	
<i>diazepam inj</i> SOLN 5mg/ml	Tier 1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
DILANTIN CAPS 30mg	Tier 3	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg	Tier 1	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 2 NEDS	QL NM PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 1	QL
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 1	QL
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	Tier 1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 2 NEDS	QL NM PA
<i>gabapentin</i> CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin</i> CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 1	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
<i>lacosamide</i> SOLN 200mg/20ml	Tier 1	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 1	QL
<i>lamotrigine</i> CHEW 5mg, 25mg	Tier 1	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 1	
<i>levetiracetam</i> TB3D 250mg QL (360 tabs / 30 days)	Tier 1	QL
<i>levetiracetam</i> TB3D 500mg QL (180 tabs / 30 days)	Tier 1	QL
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Tier 1	
<i>methsuximide CAPS 300mg</i>	Tier 1	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	Tier 3	QL
<i>oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg</i>	Tier 1	
<i>perampanel SUSP .5mg/ml</i> QL (680 mL / 28 days)	Tier 1	NEDS QL NM PA
<i>perampanel TABS 2mg</i> QL (60 tabs / 30 days)	Tier 1	QL PA
<i>perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg</i> QL (30 tabs / 30 days)	Tier 1	QL PA
<i>phenobarbital ELIX 20mg/5ml</i> QL (1500 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i> QL (120 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
<i>phenobarbital sodium SOLN 65mg/ml, 130mg/ml</i> PA applies if 65 years and older	Tier 3	PA
<i>phenytek CAPS 200mg, 300mg</i>	Tier 1	
<i>phenytoin CHEW 50mg; SUSP 125mg/5ml</i>	Tier 1	
<i>phenytoin sodium SOLN 50mg/ml</i>	Tier 1	
<i>phenytoin sodium extended CAPS 100mg, 200mg, 300mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg</i> QL (120 caps / 30 days)	Tier 1	QL
<i>pregabalin CAPS 200mg</i> QL (90 caps / 30 days)	Tier 1	QL
<i>pregabalin CAPS 225mg, 300mg</i> QL (60 caps / 30 days)	Tier 1	QL
<i>pregabalin SOLN 20mg/ml</i> QL (900 mL / 30 days) PA applies if 65 years and older	Tier 1	QL PA
<i>primidone TABS 50mg, 125mg, 250mg</i>	Tier 1	
<i>relgaabi CAPS 300mg</i> QL (360 caps / 30 days)	Tier 1	QL
<i>relgaabi CAPS 400mg</i> QL (270 caps / 30 days)	Tier 1	QL
<i>roweepra TABS 500mg</i>	Tier 1	
<i>rufinamide SUSP 40mg/ml</i> QL (2400 mL / 30 days)	Tier 1	NEDS QL NM PA
<i>rufinamide TABS 200mg</i> QL (480 tabs / 30 days)	Tier 1	QL PA
<i>rufinamide TABS 400mg</i> QL (240 tabs / 30 days)	Tier 1	QL PA
SUBVENITE SUSP 10mg/ml	Tier 2	NEDS NM ST
<i>subvenite TABS 25mg, 100mg, 150mg, 200mg</i>	Tier 1	
SYMPAZAN FILM 5mg QL (60 films / 30 days)	Tier 3	QL PA
SYMPAZAN FILM 10mg, 20mg QL (60 films / 30 days)	Tier 2	NEDS QL NM PA
<i>tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg</i>	Tier 1	
<i>topiramate CPSP 15mg, 25mg, 50mg</i>	Tier 1	
<i>topiramate SOLN 25mg/ml</i> QL (480 mL / 30 days)	Tier 1	QL PA
<i>topiramate TABS 25mg, 50mg, 100mg, 200mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	Tier 1	
<i>valproic acid</i> CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 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
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	Tier 1 NEDS	QL NM PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	Tier 1 NEDS	QL NM PA
<i>vigadrone</i> PACK 500mg QL (180 packets / 30 days)	Tier 1 NEDS	QL NM PA
<i>vigadrone</i> TABS 500mg QL (180 tabs / 30 days)	Tier 1 NEDS	QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 2 NEDS	QL NM PA
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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tab</i> 12.5 mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>amphetamine-dextroamphetamine tab</i> 15 mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>amphetamine-dextroamphetamine tab</i> 20 mg QL (90 tabs / 30 days)	Tier 1	QL PA
<i>amphetamine-dextroamphetamine tab</i> 30 mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 1	QL
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	Tier 1	QL
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 1	QL
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 1	QL PA
<i>dexmethylphenidate hcl</i> TABS 10mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
<i>guanfacine hcl (adhd)</i> TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 1	QL PA

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

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Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL NM PA
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 1	QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	Tier 1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	Tier 1	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 1	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml QL (12 syringes / 30 days)	Tier 1	QL
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 vials / 30 days)	Tier 1	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 2	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2 NEDS	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
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
<i>dextromethorphan hbr-quinidine sulfate cap</i> 20-10 mg QL (60 caps / 30 days)	Tier 1	QL PA
<i>lithium</i> SOLN 8meq/5ml	Tier 1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	Tier 1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	Tier 1	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 2 NEDS	QL NM PA
<i>pyridostigmine bromide</i> TABS 60mg	Tier 1	
<i>riluzole</i> TABS 50mg	Tier 1	
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	Tier 1 NEDS	QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	Tier 2 NEDS	QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2 NEDS	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2 NEDS	QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>dalfampridine</i> TB12 10mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i> fingolimod hcl</i> CAPS .5mg QL (30 caps / 30 days)	Tier 1	NEDS QL NM PA
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	NEDS QL NM PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	NEDS QL NM PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	NEDS QL NM PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	NEDS QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	Tier 2	NEDS QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>baclofen</i> TABS 10mg, 20mg	Tier 1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	QL PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	Tier 1	
<i>tizanidine hcl</i> TABS 2mg, 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium oxybate</i> SOLN 500mg/ml QL (540 mL / 30 days)	Tier 1	NEDS QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBECT 333mg	Tier 1	
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	Tier 1	QL
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> QL (180 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> QL (90 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> QL (120 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> QL (90 films / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	Tier 1	QL
<i>disulfiram</i> TABS 250mg, 500mg	Tier 1	
KLOXXADO LIQD 8mg/0.1ml	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1	
<i>naltrexone hcl</i> TABS 50mg	Tier 1	
NICOTROL NS SOLN 10mg/ml	Tier 3	
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 1	QL
<i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	Tier 1	QL
VIVITROL SUSR 380mg	Tier 2	NEDS NM
ENDOCRINE AND METABOLIC ANDROGENS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 1	PA
<i>testosterone</i> GEL 12.5mg/act, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 1	PA
<i>testosterone pump</i> GEL 20.25mg/act QL (150 gm / 30 days)	Tier 1	QL PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 1	
ACCU-CHEK KIT GUIDE QL (1 box / year)	MB	QL
ACCU-CHEK KIT GUIDE ME QL (1 box / year)	MB	QL
ACCU-CHEK TES AVIVA PL QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK TES GUIDE QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
ACCU-CHEK TES SMART QL of 100/90 days for non-insulin users and 400/90 days for insulin users	MB	
<i>dapagliflozin</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL
<i>dapagliflozin-metformin hcl</i> tab er 24hr 5-500 mg QL (60 tabs / 30 days)	Tier 1	QL
<i>dapagliflozin-metformin hcl</i> tab er 24hr 5-1000 mg QL (60 tabs / 30 days)	Tier 1	QL
<i>dapagliflozin-metformin hcl</i> tab er 24hr 10-500 mg QL (30 tabs / 30 days)	Tier 1	QL
<i>dapagliflozin-metformin hcl</i> tab er 24hr 10-1000 mg QL (30 tabs / 30 days)	Tier 1	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
FREESTYLE KIT FREE LIT 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 PREC NEO QL (1 box / year)	MB	QL
FREESTYLE KIT SENSOR	MB	

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LB KIT 2/SENSOR	MB	
FREESTYLE LB KIT 2PLS/SEN	MB	
FREESTYLE LB KIT 3/SENSOR	MB	
FREESTYLE LB KIT 3PLS/SEN	MB	
FREESTYLE LB KIT 14D/SEN	MB	
FREESTYLE LB MIS 2/READER QL (1 each / year)	MB	QL
FREESTYLE LB MIS 3/READER QL (1 each / year)	MB	QL
FREESTYLE LB MIS 14D/RDR QL (1 each / year)	MB	QL
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	
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days)	Tier 1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 1	QL
OZEMPIC TABS 1.5mg, 4mg, 9mg QL (30 tabs / 30 days)	Tier 2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> QL (90 tabs / 30 days)	Tier 1	QL
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
<i>sitagliptin phosphate</i> TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 1	QL
<i>sitagliptin phosphate- metformin hcl tab 50-500 mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>sitagliptin phosphate- metformin hcl tab 50-1000 mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>sitagliptin phosphate- metformin hcl tab er 24hr 50-500 mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>sitagliptin phosphate- metformin hcl tab er 24hr 50-1000 mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>sitagliptin phosphate- metformin hcl tab er 24hr 100-1000 mg</i> QL (30 tabs / 30 days)	Tier 1	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL 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
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 EXT WR MIS INSERTER QL (2 inserters / year)	Tier 3	QL PA
CEQUR SIMPL KIT 1U EXTND QL (8 patches / 24 days)	Tier 3	QL PA
CEQUR SIMPL KIT 2U EXTND 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 KWIKPEN SOPN 500unit/ml	Tier 2	NEDS NM
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 2	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 2	PA
LANTUS SOLN 100unit/ml	Tier 2	
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 2	
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
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 (brand RELION not covered)	Tier 2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	
NOVOLOG PENFILL SOCT 100unit/ml	Tier 2	
OMNIPOD5 LIB KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD5 LIB MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
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 DASH KIT INTRO QL (1 kit / year)	Tier 3	QL 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
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		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	Tier 1	
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 1	B/D
<i>ibandronate sodium</i> TABS 150mg	Tier 1	B/D
OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 3	B/D NM
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 1	B/D NM
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	Tier 2	NEDS QL NM PA
WYOST SOLN 120mg/1.7ml	Tier 2	NEDS NM PA
XTRENBO SOLN 120mg/1.7ml	Tier 3	NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	Tier 1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 2	NEDS NM
<i>deferasirox</i> TABS 90mg; TBSO 125mg	Tier 1	NM PA
<i>deferasirox</i> TABS 180mg, 360mg	Tier 3	NM PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	
<i>elinest</i>	Tier 1	
<i>eluryng</i>	Tier 1	
<i>emzahh TABS .35mg</i>	Tier 1	
<i>enilloring</i>	Tier 1	
<i>enskyce</i>	Tier 1	
<i>errin TABS .35mg</i>	Tier 1	
<i>estarylla</i>	Tier 1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	Tier 1	
<i>falmina</i>	Tier 1	
<i>feirza 1.5/30</i>	Tier 1	
<i>feirza 1/20</i>	Tier 1	
<i>hailey 1.5/30</i>	Tier 1	
<i>hailey fe 1/20</i>	Tier 1	
<i>heather TABS .35mg</i>	Tier 1	
<i>iclevia</i>	Tier 1	
<i>incassia TABS .35mg</i>	Tier 1	
<i>introvale</i>	Tier 1	
<i>isibloom</i>	Tier 1	
<i>jasmiel</i>	Tier 1	
<i>jencycla TABS .35mg</i>	Tier 1	
<i>jolessa</i>	Tier 1	
<i>juleber</i>	Tier 1	
<i>junel 1.5/30</i>	Tier 1	
<i>junel 1/20</i>	Tier 1	
<i>junel fe 1.5/30</i>	Tier 1	
<i>junel fe 1/20</i>	Tier 1	
<i>kariva</i>	Tier 1	
<i>kelnor 1/35</i>	Tier 1	
<i>kurvelo</i>	Tier 1	
<i>larin 1.5/30</i>	Tier 1	
<i>larin 1/20</i>	Tier 1	
<i>larin fe 1.5/30</i>	Tier 1	
<i>larin fe 1/20</i>	Tier 1	
<i>lessina</i>	Tier 1	
<i>levonest</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 1	
<i>LILETTA IUD 20.1mcg/day</i>	Tier 2	NM
<i>loestrin 1.5/30-21</i>	Tier 1	
<i>loestrin 1/20-21</i>	Tier 1	
<i>loestrin fe 1.5/30</i>	Tier 1	
<i>loestrin fe 1/20</i>	Tier 1	
<i>loryna</i>	Tier 1	
<i>luizza 1.5/30</i>	Tier 1	
<i>luizza 1/20</i>	Tier 1	
<i>lutra</i>	Tier 1	
<i>lyleq TABS .35mg</i>	Tier 1	
<i>lyza TABS .35mg</i>	Tier 1	
<i>marlissa</i>	Tier 1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	Tier 1	
<i>meleya TABS .35mg</i>	Tier 1	
<i>microgestin 1.5/30</i>	Tier 1	
<i>microgestin 1/20</i>	Tier 1	
<i>microgestin fe 1.5/30</i>	Tier 1	
<i>microgestin fe 1/20</i>	Tier 1	
<i>mili</i>	Tier 1	
<i>mono-lynyah</i>	Tier 1	
<i>necon 0.5/35-28</i>	Tier 1	
<i>NEXPLANON IMPL 68mg</i>	Tier 2	NM
<i>nikki</i>	Tier 1	
<i>nora-be TABS .35mg</i>	Tier 1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 1	
<i>norethindrone (contraceptive) TABS .35mg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	
<i>norlyroc TABS .35mg</i>	Tier 1	
<i>nortrel 0.5/35 (28)</i>	Tier 1	
<i>nortrel 1/35 (21)</i>	Tier 1	
<i>nortrel 1/35 (28)</i>	Tier 1	
<i>nortrel 7/7/7</i>	Tier 1	
<i>nylia 1/35</i>	Tier 1	
<i>nylia 7/7/7</i>	Tier 1	
<i>orquidea TABS .35mg</i>	Tier 1	
<i>philith</i>	Tier 1	
<i>pimtrea</i>	Tier 1	
<i>portia-28</i>	Tier 1	
<i>reclipsen</i>	Tier 1	
<i>setlakin</i>	Tier 1	
<i>sharobel TABS .35mg</i>	Tier 1	
<i>simliya</i>	Tier 1	
<i>sprintec 28</i>	Tier 1	
<i>syeda</i>	Tier 1	
<i>tarina fe 1/20 eq</i>	Tier 1	
<i>tilia fe</i>	Tier 1	
<i>tri-estarylla</i>	Tier 1	
<i>tri-legest fe</i>	Tier 1	
<i>tri-lynyah</i>	Tier 1	
<i>tri-lo-estarylla</i>	Tier 1	
<i>tri-lo-marzia</i>	Tier 1	
<i>tri-lo-mili</i>	Tier 1	
<i>tri-lo-sprintec</i>	Tier 1	
<i>tri-mili</i>	Tier 1	
<i>tri-sprintec</i>	Tier 1	
<i>tri-vylibra</i>	Tier 1	
<i>tri-vylibra lo</i>	Tier 1	
<i>turqoz</i>	Tier 1	
<i>valtya 1/35</i>	Tier 1	
<i>valtya 1/50</i>	Tier 1	
<i>velivet</i>	Tier 1	
<i>vestura</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>vienva</i>	Tier 1	
<i>viorele</i>	Tier 1	
<i>vyfemla</i>	Tier 1	
<i>vylibra</i>	Tier 1	
<i>wera</i>	Tier 1	
<i>xarah fe</i>	Tier 1	
<i>xulane</i>	Tier 1	
<i>zafemy</i>	Tier 1	
<i>zovia 1/35</i>	Tier 1	
<i>zumandimine</i>	Tier 1	
ESTROGENS		
<i>abigale</i>	Tier 1	
<i>abigale lo</i>	Tier 1	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Tier 1	
<i>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; TABS .5mg, 1mg, 2mg</i>	Tier 1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Tier 1	
<i>estradiol vaginal CREA .1mg/gm; TABS 10mcg</i>	Tier 1	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	Tier 1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 1	
<i>fyavolv tab 1mg-5mcg</i>	Tier 1	
<i>jinteli</i>	Tier 1	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Tier 1	
<i>mimvey</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 1	
<i>yuvaferm TABS 10mcg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	Tier 1	
<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	Tier 1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	Tier 1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	Tier 1	B/D
<i>methylprednisolone</i> TBPK 4mg	Tier 1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	Tier 1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	Tier 1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	Tier 1	B/D
<i>prednisone</i> SOLN 5mg/5ml	Tier 1	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	Tier 1	
PREDNISONE INTENSOL CONC 5mg/ml	Tier 3	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	Tier 3	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	Tier 1	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 2	
GVOKE KIT SOLN 1mg/0.2ml	Tier 2	
GVOKE PFS SOSY 1mg/0.2ml	Tier 2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 2	NEDS NM PA
<i>betaine powder for oral solution</i>	Tier 1	NEDS NM
<i>cabergoline</i> TABS .5mg	Tier 1	
<i>carglumic acid</i> TBSO 200mg	Tier 1	NEDS NM PA
CERDELGA CAPS 84mg	Tier 2	NEDS NM PA
CEREZYME SOLR 400unit	Tier 2	NEDS NM PA
<i>cinacalcet hcl</i> TABS 60mg QL (60 tabs / 30 days)	Tier 1	B/D QL NM
<i>cinacalcet hcl</i> TABS 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	Tier 3	NM PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	Tier 1	
<i>desmopressin acetate spray</i> SOLN .01%	Tier 1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 1	
FABRAZYME SOLR 5mg, 35mg	Tier 2	NEDS NM PA
GENOTROPIN CART 5mg, 12mg	Tier 2	NEDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg	Tier 2	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NEDS NM PA
INCRELEX SOLN 40mg/4ml	Tier 2	NEDS NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	Tier 2	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
ISTURISA TABS 5mg QL (360 tabs / 30 days)	Tier 2 NEDS	QL 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
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

Drug Name	Drug Tier	Requirements/ Limits
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
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml QL (4 pens / 28 days)	Tier 2	QL PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL PA
zelvysia PACK 100mg, 500mg	Tier 1 NEDS	NM PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg QL (360 caps / 30 days)	Tier 1	B/D QL
sevelamer carbonate TABS 800mg QL (540 tabs / 30 days)	Tier 1	B/D QL
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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>progesterone</i> CAPS 100mg, 200mg	Tier 1	
THYROID AGENTS		
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	Tier 1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	Tier 1	
<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
<i>propylthiouracil</i> TABS 50mg	Tier 1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	Tier 1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	Tier 1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	Tier 1	B/D
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg	Tier 1	B/D
<i>aprepitant</i> CAPS 125mg	Tier 1	NEDS B/D NM
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	B/D
<i>compro</i> SUPP 25mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 1	B/D QL
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	Tier 1	
<i>granisetron hcl</i> TABS 1mg	Tier 1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 1	PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 1	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	Tier 1	
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 1	B/D
<i>prochlorperazine</i> SUPP 25mg	Tier 1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA
<i>promethazine hcl</i> TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 1	PA
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days)	Tier 3	QL
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older	Tier 3	PA
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	Tier 1	QL
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	Tier 1	
<i>famotidine</i> TABS 20mg, 40mg	Tier 1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	Tier 1	
<i>nizatidine</i> CAPS 150mg, 300mg	Tier 1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	Tier 1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 1	QL
<i>budesonide</i> TB24 9mg QL (30 tabs / 30 days)	Tier 1	QL PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	Tier 1	
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	Tier 1	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	Tier 1	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	Tier 1	QL
<i>mesalamine</i> SUPP 1000mg QL (30 suppositories / 30 days)	Tier 1	QL
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	Tier 1	QL
<i>mesalamine w/ cleanser</i> KIT 4gm QL (28 bottles / 28 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	Tier 1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	Tier 1	
<i>enulose</i> SOLN 10gm/15ml	Tier 1	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>gavilyte-n/ flavor pack</i>	Tier 1	
<i>generlac</i> SOLN 10gm/15ml	Tier 1	
<i>lactulose</i> SOLN 10gm/15ml	Tier 1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	Tier 1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	Tier 1	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	Tier 1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>bismuth subcit-metronidazole-tetracycline cap</i> 140-125-125 mg	Tier 1	
CREON CAP 3000UNIT	Tier 2	
CREON CAP 6000UNIT	Tier 2	
CREON CAP 12000UNT	Tier 2	
CREON CAP 24000UNT	Tier 2	
CREON CAP 36000UNT	Tier 2	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	Tier 1	
<i>diphenoxylate w/ atropine tab</i> 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
<i>loperamide hcl</i> CAPS 2mg	Tier 1	
<i>lubiprostone</i> CAPS 8mcg, 24mcg QL (60 caps / 30 days)	Tier 1	QL
<i>misoprostol</i> TABS 100mcg, 200mcg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
sucralfate TABS 1gm	Tier 1	
TALICIA CAP	Tier 2	
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	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	
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

Drug Name	Drug Tier	Requirements/ Limits
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	
FILSPARI TABS 200mg QL (30 tabs / 30 days)	Tier 2 NEDS	QL NM PA
FILSPARI TABS 400mg QL (60 tabs / 30 days)	Tier 2 NEDS	QL NM PA
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	Tier 1	
TARPEYO CPDR 4mg QL (120 caps / 30 days)	Tier 2 NEDS	QL NM PA
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 2	QL
mirabegron SRER 8mg/ml QL (300 mL / 28 days)	Tier 1	QL
mirabegron TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 1	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

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Drug Name	Drug Tier	Requirements/ Limits
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> vaginal CREA 2%	Tier 1	
<i>metronidazole vaginal</i> GEL .75%	Tier 1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	Tier 1	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 1	QL
<i>dabigatran etexilate mesylate</i> CAPS 110mg QL (120 caps / 30 days)	Tier 1	QL
ELIQUIS CPSP .15mg QL (56 caps / 21 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 TBSO .5mg QL (588 tabs / 29 days)	Tier 2	QL
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	Tier 2	QL
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	Tier 2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 2	QL
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	NEDS NM
HEP SOD/NACL INJ 25000UNT	Tier 3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml	Tier 1	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 1	HI B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
<i>rivaroxaban</i> SUSR 1mg/ml QL (620 mL / 30 days)	Tier 1	QL
<i>rivaroxaban</i> TABS 2.5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO 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
LEUKINE SOLR 250mcg	Tier 2	NEDS 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
<i>anagrelide hcl</i> CAPS .5mg, 1mg	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
BERINERT KIT 500unit QL (24 kits / 30 days)	Tier 2	NEDS HI QL NM PA
<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 2	NEDS NM PA
DOPTELET SPRINKLE CPSP 10mg	Tier 2	NEDS NM PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 3	
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	NEDS QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	NEDS QL NM PA
<i>icatibant acetate</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	NEDS QL NM PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	Tier 1	NEDS NM PA
<i>pentoxifylline</i> TBCR 400mg	Tier 1	
<i>sajazir</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	NEDS QL NM PA
SIKLOS TABS 100mg	Tier 3	
SIKLOS TABS 1000mg	Tier 2	NEDS NM
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 2	NEDS QL NM PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	Tier 1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 1	
<i>clopidogrel bisulfate</i> TABS 75mg	Tier 1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 years and older	Tier 3	PA
<i>prasugrel hcl</i> TABS 5mg, 10mg	Tier 1	
<i>ticagrelor</i> TABS 60mg, 90mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 pens / 28 days)	Tier 2	NEDS QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	Tier 2	NEDS QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	Tier 2	NEDS QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	Tier 2	NEDS QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	NEDS QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	NEDS QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	Tier 2	NEDS QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 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

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Drug Name	Drug Tier	Requirements/ Limits
ENTYVIO PEN SOAJ 108mg/0.68ml QL (2 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 pens / 28 days)	Tier 2	NEDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 2	NEDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 2	NEDS QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	NEDS QL NM PA
HUMIRA PEN 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
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	Tier 2	NEDS QL NM PA
OTEZLA TAB 10/20 QL (2 packs / year)	Tier 2	NEDS QL NM PA
OTEZLA TAB 10/20/30 QL (2 packs / year)	Tier 2	NEDS QL NM PA
OTEZLA XR TB24 75mg QL (30 tabs / 30 days)	Tier 2	NEDS QL NM PA
OTEZLA/XR TAB 28 DAY QL (2 packs / year)	Tier 2	NEDS QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
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
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 55mg/0.37ml, 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
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

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Drug Name	Drug Tier	Requirements/ Limits
<i>tofacitinib citrate</i> SOLN 1mg/ml QL (480 mL / 24 days)	Tier 1	NEDS QL NM PA
<i>tofacitinib citrate</i> TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	NEDS QL NM PA
<i>tofacitinib citrate</i> TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 1	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
TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 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

Drug Name	Drug Tier	Requirements/ Limits
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
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
ZYMFENTRA 2-PEN AJKT 120mg/ml QL (2 pens / 28 days)	Tier 2	NEDS QL NM PA
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml QL (2 syringes / 28 days)	Tier 2	NEDS QL NM PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	Tier 1	
JYLAMVO SOLN 2mg/ml	Tier 3	B/D
<i>leflunomide</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
<i>methotrexate sodium</i> TABS 2.5mg	Tier 1	
XATMEP SOLN 2.5mg/ml	Tier 3	B/D
<i>IMMUNOGLOBULINS</i>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NEDS NM PA
BIVIGAM SOLN 5gm/50ml	Tier 2	NEDS HI NM PA
BIVIGAM SOLN 10%	Tier 2	NEDS NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NEDS NM PA
GAMASTAN INJ	Tier 3	B/D NM

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Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD LIQUID SOLN 1gm/10ml, 20gm/200ml, 30gm/300ml	Tier 2	NEDS NM PA
GAMMAGARD LIQUID SOLN 2.5gm/25ml, 5gm/50ml, 10gm/100ml	Tier 2	NEDS HI NM PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	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	Tier 3	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
OCTAGAM SOLN 2gm/20ml	Tier 2	NEDS HI 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

Drug Name	Drug Tier	Requirements/ Limits
ARCALYST SOLR 220mg	Tier 2	NEDS NM PA
VYVGART SOLN 400mg/20ml	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	Tier 2	NEDS QL NM PA
QL (8 pens / 28 days)		
BENLYSTA SOLR 120mg, 400mg	Tier 2	NEDS NM PA
BENLYSTA SOSY 200mg/ml	Tier 2	NEDS QL NM PA
QL (8 syringes / 28 days)		
cyclosporine CAPS 25mg, 100mg	Tier 1	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1	B/D
ENVARUSUS XR TB24 .75mg, 1mg, 4mg	Tier 3	B/D
everolimus (immunosuppressant) TABS 1mg	Tier 1	NEDS B/D NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg	Tier 1	B/D
engraf CAPS 25mg, 100mg	Tier 1	B/D
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	Tier 1	B/D
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	Tier 2	NEDS QL NM PA
QL (30 tabs / 30 days)		
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 1	B/D

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Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg; CP24 .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	
BEXSERO SUSY .5ml	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	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	
PEDVAXHIB 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	

Drug Name	Drug Tier	Requirements/ Limits
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
SHINGRIX SUSY 50mcg/0.5ml QL (2 syringes 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 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
D5W/NACL INJ 0.2%	Tier 3	HI
D5W/NACL INJ 0.45%	Tier 3	
D10W/NACL INJ 0.2%	Tier 3	HI
D10W/NACL INJ 0.45%	Tier 3	HI
dextrose 2.5% w/ sodium chloride 0.45%	Tier 3	
dextrose 5% in lactated ringers	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose 5% w/ sodium chloride 0.3%</i>	Tier 3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 3	HI
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 3	HI
<i>dextrose 5% w/ sodium chloride 0.225%</i>	Tier 3	
ISOLYTE-P INJ /D5W	Tier 3	HI
ISOLYTE-S INJ PH 7.4	Tier 3	HI
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	Tier 3	HI
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	Tier 3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	Tier 3	HI
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	Tier 3	HI
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	Tier 3	HI
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	Tier 3	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	Tier 3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	Tier 3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	Tier 3	HI
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	Tier 3	HI
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	Tier 3	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 3	
KCL/D5W/NACL INJ 0.15/0.2	Tier 3	
<i>lactated ringer's solution</i>	Tier 3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	Tier 3	
<i>magnesium sulfate</i> SOLN 50%	Tier 3	HI
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	Tier 3	
<i>multiple electrolytes ph 5.5</i>	Tier 3	HI
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 3	
<i>potassium chloride</i> SOLN 2meq/ml	Tier 3	HI
<i>potassium chloride</i> SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 3	
<i>sodium chloride</i> SOLN 2.5meq/ml	Tier 3	
<i>sodium chloride</i> SOLN .45%, .9%, 3%, 5%	Tier 3	HI
TPN ELECTROL INJ	Tier 3	HI B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	Tier 1	
<i>klor-con 8</i> TBCR 8meq	Tier 1	
<i>klor-con 10</i> TBCR 10meq	Tier 1	
<i>klor-con m10</i> TBCR 10meq	Tier 1	
<i>klor-con m15</i> TBCR 15meq	Tier 1	
<i>klor-con m20</i> TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 2	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	Tier 1	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	Tier 1	
<i>potassium chloride microencapsulated crystals</i> er TBCR 10meq, 20meq	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride microencapsulated crystals</i> er TBCR 15meq	Tier 1	
PRENATAL TAB 27-1MG	Tier 2	
PRENATAL TAB PLUS	Tier 2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1	
WESTAB PLUS TAB 27-1MG	Tier 2	

IV NUTRITION

<i>aminosyn ii soln 15%</i>	Tier 3	B/D
AMINOSYN INJ 10%	Tier 3	B/D
AMINOSYN-PF INJ 10%	Tier 3	B/D
CLINIMIX INJ 4.25/D5W	Tier 3	HI B/D
CLINIMIX INJ 4.25/D10	Tier 3	HI B/D
CLINIMIX INJ 5%/D15W	Tier 3	HI B/D
CLINIMIX INJ 5%/D20W	Tier 3	HI B/D
CLINIMIX INJ 6/5	Tier 3	B/D
CLINIMIX INJ 8/10	Tier 3	B/D
CLINIMIX INJ 8/14	Tier 3	B/D
<i>clinisol sf 15%</i>	Tier 3	HI B/D
CLINOLIPID EMU 20%	Tier 3	B/D
<i>dextrose SOLN 5%</i>	Tier 3	HI
<i>dextrose SOLN 10%</i>	Tier 3	
<i>dextrose SOLN 50%</i>	Tier 3	B/D
DEXTROSE 10% SOLN 10%	Tier 3	HI
DEXTROSE 70% SOLN 70%	Tier 3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	HI B/D
NUTRILIPID EMUL 20gm/100ml	Tier 3	HI B/D
<i>plenamine</i>	Tier 3	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

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	
ANTI-INFECTIVES		
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
<i>besifloxacin hcl SUSP .6%</i>	Tier 1	
CILOXAN OINT .3%	Tier 2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	Tier 1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 1	
<i>gatifloxacin (ophth) SOLN .5%</i>	Tier 1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	Tier 1	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	Tier 3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin (ophth) SOLN .3%</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	Tier 1	
<i>tobramycin (ophth) SOLN .3%</i>	Tier 1	
<i>trifluridine SOLN 1%</i>	Tier 1	
XDEMVIY SOLN .25%	Tier 2	NEDS NM PA
ZIRGAN GEL .15%	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
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	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	Tier 1	
cromolyn sodium (ophth) SOLN 4%	Tier 1	
ZERVIAE SOLN .24%	Tier 3	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	Tier 1	
brimonidine tartrate SOLN .2%	Tier 1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	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	

Drug Name	Drug Tier	Requirements/ Limits
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	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	Tier 1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	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	Tier 2	QL
QL (60 blisters / 30 days)		
BEVESPI AER 9-4.8MCG	Tier 2	QL
QL (1 inhaler / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
BREZTRI AERO AER 9MCG QL (1 inhaler / 30 days)	Tier 2	QL
BREZTRI AERO AER 18MCG 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
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG 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
<i>ipratropium bromide SOLN .02%</i>	Tier 1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	Tier 1	
<i>ipratropium bromide hfa AERS 17mcg/act</i> QL (2 inhalers / 30 days)	Tier 1	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)	Tier 3	QL
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cetirizine hcl SOLN 5mg/5ml</i> QL (300 mL / 30 days)	Tier 1	QL
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i> PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
<i>diphenhydramine hcl SOLN 50mg/ml</i>	Tier 1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i> PA applies if 65 years and older	Tier 3	PA
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i> PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i> PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i> QL (300 mL / 30 days)	Tier 1	QL
<i>levocetirizine dihydrochloride TABS 5mg</i> QL (30 tabs / 30 days)	Tier 1	QL
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i> QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 1	QL
<i>albuterol sulfate AERS 108mcg/act</i> QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 1	QL
<i>albuterol sulfate AERS 108mcg/act</i> QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	Tier 1	
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 1	QL ST
SEREVENT DISKUS 50mcg/dose QL (60 inhalations / 30 days)	AEPB Tier 2	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 1	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	Tier 1	
<i>montelukast sodium</i> TABS 10mg	Tier 1	
<i>zafirlukast</i> TABS 10mg, 20mg	Tier 1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 1	B/D
<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	Tier 1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 1	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 2 NEDS	QL NM PA
FASENRA PEN 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 (56 tabs / 28 days)	Tier 2 NEDS	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>nintedanib esylate</i> CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 1 NEDS	QL NM PA
NUCALA SOAJ 100mg/ml QL (3 pens / 28 days)	Tier 2 NEDS	QL NM PA
NUCALA SOLR 100mg QL (3 vials / 28 days)	Tier 2 NEDS	QL NM PA
NUCALA SOSY 40mg/0.4ml QL (1 syringe / 28 days)	Tier 2 NEDS	QL NM PA
NUCALA SOSY 100mg/ml QL (3 syringes / 28 days)	Tier 2 NEDS	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2 NEDS	QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 2 NEDS	QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 2 NEDS	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 2 NEDS	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2 NEDS	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2 NEDS	QL NM PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	Tier 1 NEDS	QL NM PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	Tier 1 NEDS	QL NM PA
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	Tier 1 NEDS	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 2 NEDS	HI NM PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2 NEDS	NM PA
<i>roflumilast</i> TABS 250mcg QL (56 tabs / year)	Tier 1	QL
<i>roflumilast</i> TABS 500mcg QL (30 tabs / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	Tier 1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2 NEDS	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2 NEDS	QL NM PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2 NEDS	QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 2 NEDS	QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2 NEDS	QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 2 NEDS	QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 2 NEDS	QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2 NEDS	QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 2 NEDS	QL NM PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act, 160mcg/act QL (2 inhalers / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	Tier 1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	Tier 2	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL
<i>breyna</i> QL (3 inhalers / 30 days)	Tier 1	QL
<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act QL (3 inhalers / 30 days)	Tier 1	QL
<i>budesonide-formoterol fumarate dihyd aerosol</i> 160-4.5 mcg/act QL (3 inhalers / 30 days)	Tier 1	QL
<i>fluticasone furoate-vilanterol aero powd ba</i> 100-25 mcg/act QL (60 blisters / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone furoate-vilanterol</i> aero powd ba 200-25 mcg/act QL (60 blisters / 30 days)	Tier 1	QL
<i>fluticasone-salmeterol</i> aer powder ba 100-50 mcg/act QL (60 inhalations / 30 days)	Tier 1	QL
<i>fluticasone-salmeterol</i> aer powder ba 250-50 mcg/act QL (60 inhalations / 30 days)	Tier 1	QL
<i>fluticasone-salmeterol</i> aer powder ba 500-50 mcg/act QL (60 inhalations / 30 days)	Tier 1	QL
<i>wixela inhub</i> QL (60 inhalations / 30 days)	Tier 1	QL
TOPICAL DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
<i>amnesteam</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3% QL (46.6 gm / 30 days)	Tier 1	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel</i> 1.2 (1)-5% QL (45 gm / 30 days)	Tier 1	QL
<i>clindamycin phosphate (topical) GEL</i> 1% QL (75 mL / 30 days)	Tier 1	QL PA
<i>clindamycin phosphate (topical) LOTN</i> 1%; SOLN 1% QL (60 mL / 30 days)	Tier 1	QL
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	Tier 1	QL
<i>erythromycin (acne aid) GEL</i> 2% QL (60 gm / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid) SOLN</i> 2% QL (60 mL / 30 days)	Tier 1	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
<i>neuac</i> QL (45 gm / 30 days)	Tier 1	QL
<i>sulfacetamide sodium (acne) LOTN</i> 10% QL (118 mL / 30 days)	Tier 1	QL
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 1	QL PA
<i>twice-daily clindamycin phosphate (topical) GEL</i> 1% QL (60 gm / 30 days)	Tier 1	QL
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA</i> .1%; OINT .1% QL (30 gm / 30 days)	Tier 1	QL
<i>mupirocin</i> OINT 2% QL (30 gm / 30 days)	Tier 1	QL
<i>silver sulfadiazine</i> CREA 1%	Tier 1	
<i>ssd</i> CREA 1%	Tier 1	
<i>SULFAMYLON</i> CREA 85mg/gm QL (453.6 gm / 30 days)	Tier 3	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days)	Tier 1	QL
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	Tier 1	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	Tier 1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	Tier 1	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	Tier 1	QL

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 1	QL PA
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
<i>lidocaine hcl</i> PRSY 2% QL (60 mL / 30 days)	Tier 1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 1	B/D QL
<i>lidocan</i> PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
<i>tridacaine iii</i> PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1% QL (60 gm / 30 days)	Tier 1	NEDS QL NM PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	Tier 1	QL
<i>EUCRISA</i> OINT 2% QL (120 gm / 30 days)	Tier 3	QL PA
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	Tier 1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 1	QL
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	Tier 1	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 1	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	Tier 1	QL
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	Tier 1	QL
<i>nitroglycerin (intra-anal)</i> OINT .4% QL (30 gm / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2	NEDS QL NM PA
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
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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<i>200-300 mg</i>	<i>erythromycin ethylsuccinate</i>	F
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<i>enalapril maleate &</i>	<i>escitalopram oxalate</i>	<i>famotidine in nacl 0.9% iv</i>
<i>hydrochlorothiazide tab</i>	<i>eslicarbazepine acetate</i> ..	<i>soln 20 mg/50ml</i>
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ENBREL MINI	<i>acetate tab 0.5-0.1 mg</i> ..	FASENRA
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<i>endocet tab 2.5-325mg</i>	<i>estradiol vaginal</i>	<i>feirza 1.5/30</i>
<i>endocet tab 7.5-325mg</i>	<i>estradiol valerate</i>	<i>felbamate</i>
ENGERIX-B	<i>ethambutol hcl</i>	<i>felodipine</i>
<i>enilloring</i>	<i>ethosuximide</i>	<i>fenofibrate</i>
<i>enoxaparin sodium</i>	<i>ethynodiol diacetate &</i>	<i>fenofibrate micronized</i>
ENSACOVE	<i>ethinyl estradiol tab 1</i>	<i>fentanyl</i>
<i>enskyce</i>	<i>mg-50 mcg</i>	FETZIMA
ENSTILAR AER	<i>etodolac</i>	FETZIMA CAP TITRATIO
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<i>entecavir</i>	<i>estradiol va ring 0.12-</i>	FIASP
ENTRESTO CAP 15-16MG	<i>0.015 mg/24hr</i>	FIASP FLEXTOUCH
.....	<i>etoposide</i>	FIASP PENFILL
ENTRESTO CAP 6-6MG	<i>etravirine</i>	FIASP PUMPCART
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<i>enulose</i>	EULEXIN	FILSPARI
ENVARUSUS XR	<i>everolimus</i>	<i>finasteride</i>
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<i>eplerenone</i>	EXXUA	<i>flecainide acetate</i>
<i>ergotamine w/ caffeine tab</i>	EXXUA TITRATION PACK	<i>fluconazole</i>
<i>1-100 mg</i>		<i>fluconazole in nacl 0.9% inj</i>
ERIVEDGE	EYSUVIS	<i>200 mg/100ml</i>
ERLEADA	<i>ezetimibe</i>	<i>fluconazole in nacl 0.9% inj</i>
<i>erlotinib hcl</i>	<i>ezetimibe-simvastatin tab</i>	<i>400 mg/200ml</i>
<i>errin</i>	<i>10-10 mg</i>	<i>flucytosine</i>
<i>ertapenem sodium</i>	<i>ezetimibe-simvastatin tab</i>	<i>fludrocortisone acetate</i> ...
<i>ery</i>	<i>10-20 mg</i>	<i>flunisolide (nasal)</i>
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<i>(nasal)</i>66	44	<i>gentamicin in saline inj 1.2</i>
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			<i>tasimelteon</i>	40

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<i>tazarotene</i>	68	<i>tolvaptan tab therapy pack</i>		<i>hydrochlorothiazide tab</i>	
<i>tazicef</i>	14	30 & 15 mg	51	75-50 mg	29
TECENTRIQ	23	<i>tolvaptan tab therapy pack</i>		<i>tridacaine iii</i>	69
TECENTRIQ INJ		45 & 15 mg	51	<i>triderm</i>	69
HYBREZA	23	<i>tolvaptan tab therapy pack</i>		<i>trientine hcl</i>	47
<i>telmisartan</i>	27	60 & 30 mg	51	<i>tri-estarylla</i>	49
<i>temazepam</i>	40	<i>tolvaptan tab therapy pack</i>		<i>trifluoperazine hcl</i>	36
TENIVAC INJ 5-2LF.....	60	90 & 30 mg	51	<i>trifluridine</i>	62
<i>tenofovir disoproxil</i>		<i>topiramate</i>	38	<i>trihexyphenidyl hcl</i>	33
<i>fumarate</i>	12	<i>toremifene citrate</i>	17	TRIJARDY XR TAB ER	
TEPMETKO	23	<i>torpenz</i>	23	24HR 10-5-1000MG	45
<i>terazosin hcl</i>	25	<i>torsemide</i>	29	TRIJARDY XR TAB ER	
<i>terbinafine hcl</i>	11	TOUJEO MAX SOLOSTAR		24HR 12.5-2.5-1000MG	
<i>terbutaline sulfate</i>	65		47		45
<i>terconazole vaginal</i>	55	TOUJEO SOLOSTAR.....	47	TRIJARDY XR TAB ER	
<i>testosterone</i>	43	TPN ELECTROL INJ	61	24HR 25-5-1000MG	45
<i>testosterone cypionate</i>	43	TRADJENTA.....	45	TRIJARDY XR TAB ER	
<i>testosterone enanthate</i> ...	43	<i>tramadol-acetaminophen</i>		24HR 5-2.5-1000MG ...	45
<i>testosterone pump</i>	43	<i>tab 37.5-325 mg</i>	9	TRIKAFTA PAK 59.5MG.66	
<i>tetrabenazine</i>	41	<i>tramadol hcl</i>	9	TRIKAFTA PAK 75MG....	66
<i>tetracycline hcl</i>	16	<i>trandolapril</i>	25	TRIKAFTA TAB 100-50-	
THALOMID	18	<i>tranexamic acid</i>	56	75MG & 150MG	66
<i>theophylline</i>	66	<i>tranylcypromine sulfate</i> ...	32	TRIKAFTA TAB 50-25-	
<i>thioridazine hcl</i>	36	TRAVASOL INJ 10%	62	37.5MG & 75MG	66
<i>thiothixene</i>	36	TRAZIMERA	23	<i>tri-legest fe</i>	49
<i>tiadylt er</i>	29	<i>trazodone hcl</i>	32	<i>tri-lynyah</i>	49
<i>tiagabine hcl</i>	38	TRELEGY AER ELLIPTA		<i>tri-lo-estarylla</i>	49
TIBSOVO	23	100-62.5-25 MCG.....	64	<i>tri-lo-marzia</i>	49
<i>ticagrelor</i>	56	TRELEGY AER ELLIPTA		<i>tri-lo-mili</i>	49
TICOVAC	60	200-62.5-25 MCG.....	64	<i>tri-lo-sprintec</i>	49
<i>tigecycline</i>	16	TREMFYA.....	58	<i>trimethoprim</i>	11
<i>tilia fe</i>	49	TREMFYA INDUCTION		<i>tri-mili</i>	49
<i>timolol maleate</i>	29	PACK FO.....	58	<i>trimipramine maleate</i>	32
<i>timolol maleate (ophth)</i> ...	63	TREMFYA PEN	58	TRINTELLIX.....	32
<i>tinidazole</i>	11	<i>treprostinil</i>	30	<i>tri-sprintec</i>	49
TIVICAY	12	<i>tretinoin</i>	67	TRIUMEQ PD TAB	13
TIVICAY PD	12	<i>tretinoin (chemotherapy)</i> .	18	TRIUMEQ TAB	13
<i>tizanidine hcl</i>	42	<i>triamcinolone acetonide</i>		<i>tri-vylibra</i>	49
TOBI PODHALER.....	11	(mouth)	70	<i>tri-vylibra lo</i>	49
TOBRADEX OIN 0.3-0.1%		<i>triamcinolone acetonide</i>		TROGARZO.....	12
.....	62	(topical).....	69	TROPHAMINE INJ 10% .	62
<i>tobramycin</i>	11	<i>triamterene &</i>		<i>trospium chloride</i>	55
<i>tobramycin (ophth)</i>	62	<i>hydrochlorothiazide cap</i>		TRULICITY	45
<i>tobramycin-dexamethasone</i>		37.5-25 mg	29	TRUMENBA.....	60
<i>ophth susp 0.3-0.1%</i> ...	62	<i>triamterene &</i>		TRUQAP	23
<i>tobramycin sulfate</i>	11	<i>hydrochlorothiazide tab</i>		TRUXIMA.....	23
<i>tofacitinib citrate</i>	58	37.5-25 mg	29	TUKYSA.....	23
<i>tolterodine tartrate</i>	54			TURALIO	23

<i>turqoz</i>	49	VAQTA.....	60	VYZULTA.....	63
<i>twice-daily clindamycin phosphate (topical)</i>	67	<i>varenicline tartrate</i>	43	W	
TWINRIX INJ	60	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	43	<i>warfarin sodium</i>	55
TYENNE	58	VARIVAX	60	<i>water for irrigation, sterile irrigation soln</i>	70
TYMLOS	47	VASCEPA	28	WEGOVY	51
TYPHIM VI	60	VAXCHORA SUS	60	WELIREG	18
U		<i>velivet</i>	49	<i>wera</i>	49
UBRELVY	41	VELSIPITY	58	WESTAB PLUS TAB 27-1MG.....	62
<i>unithroid</i>	52	VENCLEXTA.....	23	WINREVAIR.....	30
UPTRAVI	30	VENCLEXTA TAB START PK.....	23	WINREVAIR INJ 45MG ..	30
UPTRAVI PACK TAB 200/800	30	<i>venlafaxine hcl</i>	33	WINREVAIR INJ 60MG ..	30
<i>ursodiol</i>	54	VEPPANU	17, 18	<i>wixela inhub</i>	67
USTEKINUMAB	58	<i>verapamil hcl</i>	29	WYOST	47
V		VERQUVO	30	X	
<i>valacyclovir hcl</i>	14	VERSACLOZ	36	XALKORI	24
VALCHLOR.....	70	VERZENIO.....	23	<i>xarah fe</i>	49
<i>valganciclovir hcl</i>	14	<i>vestura</i>	49	XARELTO	55
<i>valproate sodium</i>	39	<i>vienva</i>	49	XARELTO STAR TAB 15/20MG.....	55
<i>valproic acid</i>	39	<i>vigabatin</i>	39	XATMEP	58
<i>valsartan</i>	27	<i>vigadrone</i>	39	XCOPRI	39
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	26	VIGAFYDE.....	39	XCOPRI PAK 100-150 ..	39
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	26	<i>vilazodone hcl</i>	33	XCOPRI PAK 12.5-25.....	39
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	27	VIMKUNYA	60	XCOPRI PAK 150-200MG (MAINTENANCE).....	39
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	27	<i>vincristine sulfate</i>	18	XCOPRI PAK 150-200MG (TITRATION).....	39
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	26	<i>vinorelbine tartrate</i>	18	XCOPRI PAK 50-100MG	39
VALTOCO 10 MG DOSE	39	<i>violele</i>	49	XDEMVI	62
VALTOCO 15 MG DOSE	39	VIRACEPT	12	XERMELO	54
VALTOCO 20 MG DOSE	39	VIREAD.....	12	XHANCE	66
VALTOCO 5 MG DOSE ..	39	VITRAKVI.....	24	XIFAXAN.....	11, 54
<i>valtya 1/35</i>	49	VIVIMUSTA.....	16	XIIDRA	63
<i>valtya 1/50</i>	49	VIVITROL.....	43	XOLAIR.....	66
<i>vancomycin hcl</i>	11	VIVOTIF CAP EC.....	60	XOSPATA.....	24
VANCOMYCIN INJ 1 GM	11	VONJO.....	24	XPOVIO PAK (100 MG ONCE WEEKLY).....	24
VANCOMYCIN INJ 500MG	11	VOQUEZNA PAK DUAL PAK	54	XPOVIO PAK (40 MG ONCE WEEKLY).....	24
VANCOMYCIN INJ 750MG	11	VOQUEZNA PAK TRIP PK	54	XPOVIO PAK (40 MG ONCE WEEKLY).....	24
VANFLYTA	23	VORANIGO.....	24	XPOVIO PAK (40 MG TWICE WEEKLY).....	24
		<i>voriconazole</i>	11, 12	XPOVIO PAK (60 MG ONCE WEEKLY).....	24
		VOSEVI TAB.....	14	XPOVIO PAK (60 MG TWICE WEEKLY).....	24
		VOWST CAP	54	XPOVIO PAK (80 MG ONCE WEEKLY).....	24
		VRAYLAR	36		
		<i>vyfemla</i>	49		
		<i>vylibra</i>	49		
		VYNDAMAX.....	30		
		VYVGART	59		

XPOVIO PAK (80 MG TWICE WEEKLY).....	24	<i>zelvysia</i>	51	<i>ziprasidone hcl</i>	36
XTANDI.....	18	<i>zenatane</i>	67	<i>ziprasidone mesylate</i>	36
XTRENBO.....	47	ZENBEXUS.....	18	ZIRABEV.....	24
<i>xulane</i>	49	ZENPEP CAP 10000UNT		ZIRGAN	62
XULTOPHY INJ 100/3.6	47		54	<i>zoledronic acid</i>	47
Y		ZENPEP CAP 15000UNT		ZOLINZA.....	24
YESINTEK.....	58		54	<i>zolpidem tartrate</i>	40
YF-VAX INJ.....	60	ZENPEP CAP 20000UNT		ZONISADE.....	39
YONSA	18		54	<i>zonisamide</i>	39
<i>yulithira</i>	24	ZENPEP CAP 25000UNT		<i>zovia 1/35</i>	49
YUTREPIA.....	30		54	ZTALMY	39
<i>yuvaferm</i>	49	ZENPEP CAP 3000UNIT	54	<i>zumandimine</i>	49
Z		ZENPEP CAP 40000UNT		ZURZUVAE.....	33
<i>zafemy</i>	49		54	ZYKADIA.....	24
<i>zafirlukast</i>	65	ZENPEP CAP 5000UNIT	54	ZYMFENTRA 2-PEN	58
ZARXIO.....	55	ZENPEP CAP 60000UNT		ZYMFENTRA 2-SYRINGE	
ZEJULA.....	24		54		58
ZELBORAF	24	ZERVIAE	63	ZYPREXA RELPREVV ...	36
		<i>zidovudine</i>	12		

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

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

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

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

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

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

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**）。

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

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

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

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

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

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

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

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

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

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

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

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

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

This formulary was updated on 10/01/2026. 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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