Blue MedicareRx℠ (PDP) 3-tier 2021 Formulary
(List of Covered Drugs)

$5 / $10 / $25- Option 25
$5 / $15 / $30- Option 28
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$10 / $25 / $50- Option 29
$10 / $30 / $65- Option 27
$15 / $30 / $50- Option 31

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

This formulary was updated on 08/25/2020. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit Groups.RxMedicarePlans.com.

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2021. 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/coinsurance may change on January 1, 2022, and from time to time during the year.

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What is the Blue MedicareRx Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx may add or remove drugs on the Drug List during the year, move them to different cost sharing tiers, or add new restrictions.

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

New generic drugs. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how you may take to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Blue MedicareRx Formulary?"

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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. The enclosed formulary is current as of January 1, 2021.

- 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 and exception, and you can also find the information in the section below entitled "How do I request an exception to the Blue MedicareRx Formulary?

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

Blue MedicareRx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs 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: Blue MedicareRx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. If

your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Blue MedicareRx will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost sharing drug or 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, tiering or utilization restriction exception. **When you request a formulary, tiering 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 do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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

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

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

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

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

For more information

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

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

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

Blue MedicareRx Formulary

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol (generic of ZYLOPRIM) TABS	Tier 1	
colchicine (generic of COLCRYS) TABS QL (120 tabs / 30 days)	Tier 3	QL
colchicine w/ probenecid	Tier 2	
MITIGARE QL (60 caps / 30 days)	Tier 2	QL
probenecid	Tier 2	
NSAIDS		
celecoxib (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	Tier 2	QL
celecoxib (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL
celecoxib (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	Tier 2	QL
celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL
diclofenac potassium QL (120 tabs / 30 days)	Tier 2	QL
diclofenac sodium TB24	Tier 2	
diclofenac sodium TBEC	Tier 1	
diflunisal TABS	Tier 2	
ec-naproxen (generic of EC-NAPROSYN) 375mg	Tier 1	
ec-naproxen 500mg	Tier 1	
flurbiprofen TABS 100mg	Tier 2	
ibu	Tier 1	
ibuprofen SUSP	Tier 2	
ibuprofen TABS 400mg, 600mg, 800mg	Tier 1	
meloxicam (generic of MOBIC) TABS	Tier 1	
nabumetone TABS	Tier 1	
naproxen (generic of NAPROSYN) TABS 250mg	Tier 1	
naproxen TABS 375mg, 500mg	Tier 1	
naproxen dr (generic of EC-NAPROSYN) 375mg	Tier 1	
naproxen dr 500mg	Tier 1	
sulindac TABS	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl (generic of DURAGESIC) 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 3	QL B/D
HYSINGLA ER QL (30 tabs / 30 days)	Tier 2	QL B/D
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 2	QL B/D
methadone hcl (generic of DOLOPHINE) TABS QL (90 tabs / 30 days)	Tier 2	QL B/D
methadone hcl intensol (generic of METHADOSE) QL (90 mL / 30 days)	Tier 2	QL B/D
morphine sulfate (generic of MS CONTIN) TBCR QL (90 tabs / 30 days)	Tier 2	QL B/D
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine SOLN QL (2700 mL / 30 days)	Tier 2	QL
acetaminophen w/ codeine TABS QL (180 tabs / 30 days)	Tier 2	QL
acetaminophen w/ codeine TABS QL (360 tabs / 30 days)	Tier 2	QL
acetaminophen w/ codeine TABS QL (400 tabs / 30 days)	Tier 2	QL

You can find information on what symbols and abbreviations on this table mean by going to page V.

B/D – Covered under Medicare Part B or D **QL –** Quantity Limits **PA –** Prior Authorization
ST – Step Therapy **LA –** Limited Access **NMO –** No Mail Order

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

Drug Name	Drug Tier	Requirements/ Limits
oxycodone hcl TABS 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
tramadol hcl (generic of ULTRAM) TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) .5%, 1%, 1.5%	Tier 2	
lidocaine hcl (local anesth.) (generic of XYLOCAINE) .5%, 1%, 2%	Tier 2	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole (generic of ALBENZA) TABS	Tier 1	
ALINIA SUSR PA (180 mL / 30 days)	Tier 2	PA
ALINIA TABS PA (6 tabs / 30 days)	Tier 2	PA
amikacin sulfate SOLN	Tier 3	
atovaquone (generic of MEPRON) SUSP	Tier 1	
aztreonam (generic of AZACTAM)	Tier 3	
CAYSTON	Tier 2	LA B/D

Drug Name	Drug Tier	Requirements/ Limits
clindamycin hcl (generic of CLEOCIN) CAPS	Tier 1	
clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 3	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN	Tier 2	
clindamycin phosphate in d5w	Tier 3	
CLINDAMYCIN/SODIUM CHLORI	Tier 3	
colistimethate sodium (generic of COLY-MYCIN M) SOLR	Tier 3	
dapsone TABS	Tier 2	
DAPTOMYCIN 350mg	Tier 2	
daptomycin (generic of DAPTOMYCIN) 350mg	Tier 1	
daptomycin (generic of CUBICIN) 500mg	Tier 1	
EMVERM PA (12 tabs / 365 days)	Tier 2	PA
ertapenem sodium (generic of INVANZ)	Tier 3	
gentamicin in saline	Tier 2	
gentamicin sulfate SOLN	Tier 2	
imipenem-cilastatin	Tier 3	
imipenem-cilastatin (generic of PRIMAXIN IV)	Tier 3	
ivermectin (generic of STROMECTOL) TABS	Tier 2	
linezolid (generic of ZYVOX) SOLN	Tier 3	
linezolid (generic of ZYVOX) SUSR QL (1800 mL / 30 days)	Tier 1	QL
linezolid (generic of ZYVOX) TABS QL (60 tabs / 30 days)	Tier 3	QL
linezolid in sodium chloride	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
meropenem (generic of MERREM)	Tier 3	
methenamine hippurate (generic of HIPREX)	Tier 2	
metronidazole (generic of FLAGYL) TABS	Tier 1	
metronidazole in nacl	Tier 2	
neomycin sulfate TABS	Tier 1	
nitrofurantoin macrocrystal (generic of MACRODANTIN) 50mg, 100mg	Tier 2	
nitrofurantoin monohyd macro (generic of MACROBID)	Tier 2	
paromomycin sulfate CAPS	Tier 3	
pentamidine isethionate inh (generic of NEBUPENT)	Tier 3	
pentamidine isethionate inj (generic of PENTAM 300)	Tier 3	
praziquantel (generic of BILTRICIDE) TABS	Tier 3	
SIVEXTRO	Tier 2	
streptomycin sulfate SOLR	Tier 1	
SULFADIAZINE TABS	Tier 3	
sulfamethoxazole-trimethoprim SOLN	Tier 3	
sulfamethoxazole-trimethoprim SUSP	Tier 2	
sulfamethoxazole-trimethoprim (generic of BACTRIM) TABS	Tier 1	
sulfamethoxazole-trimethoprim (generic of BACTRIM DS) TABS	Tier 1	
SYNERCID	Tier 2	
tobramycin (generic of KITABIS PAK) NEBU	Tier 1	B/D
tobramycin sulfate SOLN	Tier 2	
trimethoprim TABS	Tier 1	
VANCOMYCIN	Tier 3	
vancomycin hcl (generic of VANCOCIN HCL) CAPS 125mg PA (80 caps / 180 days)	Tier 3	PA
vancomycin hcl (generic of VANCOCIN) CAPS 250mg PA (160 caps / 180 days)	Tier 3	PA
VANCOMYCIN HCL SOLN	Tier 3	
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	Tier 3	
ANTIFUNGALS		
ABELCET	Tier 3	
AMBISOME	Tier 2	
amphotericin b SOLR	Tier 3	
caspofungin acetate (generic of CANCIDAS)	Tier 1	
fluconazole (generic of DIFLUCAN) SUSR	Tier 2	
fluconazole (generic of DIFLUCAN) TABS 50mg, 100mg, 200mg	Tier 2	
fluconazole (generic of DIFLUCAN) TABS 150mg	Tier 1	
fluconazole in nacl	Tier 2	
flucytosine (generic of ANCOBON) CAPS	Tier 1	
griseofulvin microsize	Tier 3	
griseofulvin ultramicrosize	Tier 3	
itraconazole (generic of SPORANOX) CAPS	Tier 3	B/D
ketoconazole TABS	Tier 2	B/D
micafungin sodium (generic of MYCAMINE)	Tier 1	
NOXAFIL SUSP QL (630 mL / 30 days)	Tier 2	QL
nystatin TABS	Tier 2	
posaconazole (generic of NOXAFIL) QL (93 tabs / 30 days)	Tier 1	QL
terbinafine hcl (generic of LAMISIL) TABS PA (90 tabs / year)	Tier 1	PA

Drug Name	Drug Tier	Requirements/ Limits
voriconazole (generic of VFEND IV) SOLR	Tier 1	B/D
voriconazole (generic of VFEND) SUSR	Tier 1	B/D
voriconazole (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 3	QL B/D
voriconazole (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL B/D
ANTIMALARIALS		
atovaquone-proguanil hcl (generic of MALARONE)	Tier 3	
chloroquine phosphate TABS	Tier 2	
COARTEM	Tier 3	
mefloquine hcl	Tier 2	
PRIMAQUINE PHOSPHATE 26.3mg	Tier 2	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) 26.3mg	Tier 2	
quinine sulfate (generic of QUALAQUIN) CAPS	Tier 3	B/D
ANTIRETROVIRAL AGENTS		
abacavir sulfate (generic of ZIAGEN) SOLN	Tier 3	
abacavir sulfate (generic of ZIAGEN) TABS	Tier 2	
APTIVUS	Tier 2	
atazanavir sulfate (generic of REYATAZ)	Tier 3	
CRIXIVAN	Tier 3	
didanosine	Tier 3	
EDURANT	Tier 2	
efavirenz (generic of SUSTIVA)	Tier 3	
EMTRIVA	Tier 2	
fosamprenavir calcium (generic of LEXIVA)	Tier 1	
FUZEON	Tier 2	
INTELENCE 25mg	Tier 3	
INTELENCE 100mg, 200mg	Tier 2	
INVIRASE	Tier 2	
ISENTRESS CHEW 25mg	Tier 2	
ISENTRESS CHEW 100mg	Tier 2	
ISENTRESS PACK	Tier 2	
ISENTRESS TABS	Tier 2	
ISENTRESS HD	Tier 2	
lamivudine (generic of EPIVIR)	Tier 2	
LEXIVA SUSP	Tier 3	
nevirapine (generic of VIRAMUNE) SUSP	Tier 3	
nevirapine (generic of VIRAMUNE) TABS	Tier 2	
nevirapine TB24 100mg	Tier 3	
nevirapine (generic of VIRAMUNE XR) TB24 400mg	Tier 3	
NORVIR PACK; SOLN	Tier 3	
PIFELTRO	Tier 2	
PREZISTA SUSP QL (400 mL / 30 days)	Tier 2	QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL
REYATAZ PACK	Tier 2	
ritonavir (generic of NORVIR)	Tier 2	
SELZENTRY SOLN	Tier 2	
SELZENTRY TABS 25mg	Tier 2	
SELZENTRY TABS 75mg, 150mg, 300mg	Tier 2	
stavudine 15mg, 20mg	Tier 3	
stavudine (generic of ZERIT) 30mg, 40mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
tenofovir disoproxil fumarate (generic of VIREAD)	Tier 2	
TIVICAY 10mg	Tier 2	
TIVICAY 25mg, 50mg	Tier 2	
TIVICAY PD	Tier 2	
TYBOST	Tier 3	
VIRACEPT	Tier 2	
VIREAD POWD	Tier 2	
VIREAD TABS 150mg, 200mg, 250mg	Tier 2	
zidovudine (generic of RETROVIR) CAPS; SYRP	Tier 3	
zidovudine TABS	Tier 2	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine (generic of EPZICOM)	Tier 2	
abacavir sulfate-lamivudine-zidovudine (generic of TRIZIVIR)	Tier 1	
ATRIPLA	Tier 2	
BIKTARVY	Tier 2	
CIMDUO	Tier 2	
COMPLERA	Tier 2	
DELSTRIGO	Tier 2	
DESCOVY	Tier 2	
DOVATO	Tier 2	
EVOTAZ	Tier 2	
GENVOYA	Tier 2	
JULUCA	Tier 2	
KALETRA TABS	Tier 3	
lamivudine-zidovudine (generic of COMBIVIR)	Tier 3	
lopinavir-ritonavir (generic of KALETRA)	Tier 3	
ODEFSEY	Tier 2	
PREZCOBIX	Tier 2	
STRIBILD	Tier 2	
SYMFI	Tier 2	
SYMFI LO	Tier 2	
SYMTUZA	Tier 2	
TEMIXYS	Tier 2	
TRIUMEQ	Tier 2	
TRUVADA QL (30 tabs / 30 days)	Tier 2	QL
ANTITUBERCULAR AGENTS		
cycloserine CAPS	Tier 1	
ethambutol hcl TABS 100mg	Tier 2	
ethambutol hcl (generic of MYAMBUTOL) TABS 400mg	Tier 2	
isoniazid SYRP	Tier 3	
isoniazid TABS	Tier 1	
PASER	Tier 3	
PRIFTIN	Tier 3	
pyrazinamide TABS	Tier 3	
rifabutin (generic of MYCOBUTIN)	Tier 3	
rifampin (generic of RIFADIN) CAPS	Tier 2	
rifampin (generic of RIFADIN) SOLR	Tier 3	
SIRTURO 100mg	Tier 2	LA B/D
TRECATOR	Tier 3	
ANTIVIRALS		
acyclovir CAPS	Tier 1	
acyclovir (generic of ZOVIRAX) TABS	Tier 1	
acyclovir sodium	Tier 3	
adefovir dipivoxil (generic of HEPSERA)	Tier 1	
BARACLUDE SOLN	Tier 2	
entecavir (generic of BARACLUDE)	Tier 3	
EPCLUSA	Tier 2	B/D
EPIVIR HBV SOLN	Tier 3	
famciclovir TABS	Tier 2	
ganciclovir sodium (generic of CYTOVENE)	Tier 3	
HARVONI	Tier 2	B/D
HARVONI PAK 33.75-150MG	Tier 2	B/D
lamivudine (hbv) (generic of EPIVIR HBV)	Tier 3	
MAVYRET	Tier 2	B/D

Drug Name	Drug Tier	Requirements/ Limits
oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg PA (168 caps / year)	Tier 2	PA
oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg PA (84 caps / year)	Tier 2	PA
oseltamivir phosphate (generic of TAMIFLU) SUSR PA (1080 mL / year)	Tier 2	PA
PEGASYS	Tier 2	B/D
PEGASYS PROCLICK	Tier 2	B/D
RELENZA DISKHALER PA (6 inhalers / year)	Tier 2	PA
ribavirin (hepatitis c) CAPS	Tier 2	
ribavirin (hepatitis c) TABS	Tier 3	
rimantadine hydrochloride	Tier 3	
valacyclovir hcl (generic of VALTREX) TABS	Tier 2	
valganciclovir hcl (generic of VALCYTE)	Tier 2	
VEMLIDY	Tier 2	B/D
VOSEVI	Tier 2	B/D
CEPHALOSPORINS		
cefaclor CAPS	Tier 2	
cefadroxil CAPS	Tier 1	
cefadroxil SUSR	Tier 2	
CEFAZOLIN SODIUM SOLN	Tier 3	
cefazolin sodium SOLR 1gm, 10gm, 500mg	Tier 2	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3	
cefdinir CAPS	Tier 1	
cefdinir SUSR	Tier 2	
cefepime hcl	Tier 3	
cefixime (generic of SUPRAX) SUSR	Tier 3	
cefoxitin sodium	Tier 3	
cefpodoxime proxetil SUSR	Tier 3	
cefpodoxime proxetil TABS	Tier 2	
cefprozil TABS	Tier 2	
ceftazidime (generic of FORTAZ) SOLR 1gm	Tier 3	
ceftazidime SOLR 2gm, 6gm	Tier 3	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
cefuroxime axetil	Tier 2	
cefuroxime sodium	Tier 2	
cephalexin (generic of KEFLEX) CAPS 250mg, 500mg	Tier 1	
cephalexin SUSR	Tier 2	
tazicef (generic of FORTAZ) SOLR 1gm	Tier 3	
tazicef SOLR 1gm, 2gm, 6gm	Tier 3	
TEFLARO	Tier 2	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK	Tier 2	
azithromycin (generic of ZITHROMAX) SOLR	Tier 2	
azithromycin (generic of ZITHROMAX) SUSR	Tier 2	
azithromycin (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1	
azithromycin TABS 600mg	Tier 1	
clarithromycin SUSR	Tier 3	
clarithromycin TABS	Tier 2	
clarithromycin (generic of BIAXIN XL) TB24	Tier 2	
ery-tab	Tier 3	
ERYTHROCIN LACTOBIONATE	Tier 3	
erythrocin stearate	Tier 3	
erythromycin base	Tier 3	
erythromycin ethylsuccinate TABS	Tier 3	
FLUOROQUINOLONES		
ciprofloxacin hcl TABS 100mg	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	Tier 1	
ciprofloxacin hcl TABS 750mg	Tier 1	
ciprofloxacin in d5w	Tier 2	
levofloxacin SOLN 25mg/ml	Tier 3	
levofloxacin (generic of LEVAQUIN) TABS	Tier 1	
levofloxacin in d5w	Tier 2	
PENICILLINS		
amoxicillin	Tier 1	
amoxicillin & pot clavulanate CHEW	Tier 3	
amoxicillin & pot clavulanate SUSR	Tier 2	
amoxicillin & pot clavulanate (generic of AUGMENTIN) SUSR	Tier 3	
amoxicillin & pot clavulanate TABS	Tier 1	
amoxicillin & pot clavulanate TABS	Tier 3	
amoxicillin & pot clavulanate (generic of AUGMENTIN) TABS	Tier 1	
ampicillin	Tier 1	
ampicillin & sulbactam sodium (generic of UNASYN)	Tier 3	
ampicillin & sulbactam sodium (generic of UNASYN BULK PACK)	Tier 3	
ampicillin sodium	Tier 3	
BICILLIN L-A	Tier 3	
dicloxacillin sodium	Tier 2	
nafcillin sodium 1gm, 2gm	Tier 3	
nafcillin sodium 10gm	Tier 1	
NAFCILLIN SODIUM 10gm	Tier 2	
penicillin g potassium	Tier 3	
PENICILLIN G POTASSIUM IN	Tier 3	
PENICILLIN G PROCAINE	Tier 3	
penicillin g sodium	Tier 3	
penicillin v potassium	Tier 1	
pfizerpen	Tier 3	
piperacillin sodium-tazobactam sodium	Tier 3	
TETRACYCLINES		
doxy 100	Tier 3	
doxycycline (monohydrate) CAPS 50mg, 100mg	Tier 1	
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg	Tier 2	
doxycycline hyclate CAPS 50mg	Tier 2	
doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg	Tier 2	
doxycycline hyclate SOLR	Tier 3	
doxycycline hyclate TABS 20mg, 100mg	Tier 2	
minocycline hcl CAPS 50mg, 75mg	Tier 2	
minocycline hcl (generic of MINOCIN) CAPS 100mg	Tier 2	
mondoxyne nl	Tier 1	
tetracycline hcl CAPS	Tier 3	B/D
TIGECYCLINE 50mg	Tier 2	
tigecycline (generic of TYGACIL) 50mg	Tier 1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
cyclophosphamide CAPS	Tier 2	
GLEOSTINE 10mg	Tier 3	
GLEOSTINE 40mg, 100mg	Tier 2	
LEUKERAN	Tier 2	
ANTIMETABOLITES		
mercaptopurine TABS	Tier 2	
methotrexate sodium SOLN; SOLR	Tier 2	
PURIXAN	Tier 2	
TABLOID	Tier 3	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA)	Tier 1	
anastrozole (generic of ARIMIDEX) TABS	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
bicalutamide (generic of CASODEX)	Tier 1	
EMCYT	Tier 3	
ERLEADA	Tier 2	LA
exemestane (generic of AROMASIN)	Tier 3	
flutamide	Tier 2	
letrozole (generic of FEMARA) TABS	Tier 1	
leuprolide acetate KIT	Tier 3	
LUPRON DEPOT (1-MONTH) 3.75mg	Tier 2	
LUPRON DEPOT (3-MONTH) 11.25mg	Tier 2	
LYSODREN	Tier 2	
megestrol acetate TABS	Tier 2	
nilutamide (generic of NILANDRON)	Tier 1	
NUBEQA	Tier 2	LA
SOLTAMOX	Tier 2	
tamoxifen citrate TABS	Tier 1	
toremifene citrate (generic of FARESTON)	Tier 1	
TRELSTAR MIXJECT 3.75mg, 11.25mg	Tier 2	
XTANDI	Tier 2	LA
ZYTIGA 500mg	Tier 2	LA
IMMUNOMODULATORS		
POMALYST 1mg, 2mg QL (21 caps / 21 days)	Tier 2	QL LA
POMALYST 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL LA
REVLIMID QL (28 caps / 28 days)	Tier 2	QL LA
THALOMID 50mg, 100mg QL (28 caps / 28 days)	Tier 2	QL
THALOMID 150mg, 200mg QL (56 caps / 28 days)	Tier 2	QL
MISCELLANEOUS		
bexarotene (generic of TARGRETIN)	Tier 1	
hydroxyurea (generic of HYDREA) CAPS	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA 200 DOSE	Tier 2	
KISQALI FEMARA 400 DOSE	Tier 2	
KISQALI FEMARA 600 DOSE	Tier 2	
LONSURF	Tier 2	
MATULANE	Tier 2	LA
SYLATRON	Tier 2	
SYNRIBO	Tier 2	
tretinoin (chemotherapy)	Tier 1	
MOLECULAR TARGET AGENTS		
AFINITOR 10mg QL (30 tabs / 30 days)	Tier 2	QL
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	Tier 2	QL
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	Tier 2	QL
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	Tier 2	QL
ALECENSA	Tier 2	LA
ALUNBRIG	Tier 2	LA
AYVAKIT QL (30 tabs / 30 days)	Tier 2	QL LA
BALVERSA	Tier 2	LA
BOSULIF	Tier 2	
BRAFTOVI	Tier 2	LA
BRUKINSA	Tier 2	LA
CABOMETYX QL (30 tabs / 30 days)	Tier 2	QL LA
CALQUENCE	Tier 2	LA
CAPRELSA	Tier 2	LA
COMETRIQ	Tier 2	LA
COMETRIQ (60MG DOSE)	Tier 2	LA
COPIKTRA	Tier 2	LA
COTELLIC	Tier 2	LA
DAURISMO	Tier 2	LA
ERIVEDGE	Tier 2	LA
erlotinib hcl (generic of TARCEVA) 25mg QL (90 tabs / 30 days)	Tier 1	QL
erlotinib hcl (generic of TARCEVA) 100mg, 150mg QL (30 tabs / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits
everolimus (generic of AFINITOR) QL (30 tabs / 30 days)	Tier 1	QL
FARYDAK	Tier 2	LA
GILOTRIF	Tier 2	LA
IBRANCE CAPS QL (21 caps / 28 days)	Tier 2	QL LA
IBRANCE TABS QL (21 tabs / 28 days)	Tier 2	QL LA
ICLUSIG 15mg QL (60 tabs / 30 days)	Tier 2	QL LA
ICLUSIG 45mg QL (30 tabs / 30 days)	Tier 2	QL LA
IDHIFA QL (30 tabs / 30 days)	Tier 2	QL LA
imatinib mesylate (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	Tier 1	QL
imatinib mesylate (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	Tier 1	QL
IMBRUVICA CAPS 70mg QL (56 caps / 28 days)	Tier 2	QL LA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2	QL LA
IMBRUVICA TABS 140mg QL (112 tabs / 28 days)	Tier 2	QL LA
IMBRUVICA TABS 280mg QL (56 tabs / 28 days)	Tier 2	QL LA
IMBRUVICA TABS 420mg, 560mg QL (30 tabs / 30 days)	Tier 2	QL LA
INLYTA 1mg QL (180 tabs / 30 days)	Tier 2	QL LA
INLYTA 5mg QL (120 tabs / 30 days)	Tier 2	QL LA
INREBIC	Tier 2	LA
IRESSA	Tier 2	LA
JAKAFI QL (60 tabs / 30 days)	Tier 2	QL LA
KISQALI	Tier 2	
LENVIMA 4 MG DAILY DOSE	Tier 2	LA
LENVIMA 8 MG DAILY DOSE	Tier 2	LA
LENVIMA 10 MG DAILY DOSE	Tier 2	LA
LENVIMA 12MG DAILY DOSE	Tier 2	LA
LENVIMA 14 MG DAILY DOSE	Tier 2	LA
LENVIMA 18 MG DAILY DOSE	Tier 2	LA
LENVIMA 20 MG DAILY DOSE	Tier 2	LA
LENVIMA 24 MG DAILY DOSE	Tier 2	LA
LORBRENA	Tier 2	LA
LYNPARZA QL (120 tabs / 30 days)	Tier 2	QL LA
MEKINIST	Tier 2	LA
MEKTOVI	Tier 2	LA
NERLYNX	Tier 2	LA
NEXAVAR	Tier 2	LA
NINLARO	Tier 2	
ODOMZO	Tier 2	LA
PEMAZYRE	Tier 2	LA
PIQRAY 200MG DAILY DOSE	Tier 2	
PIQRAY 250MG DAILY DOSE	Tier 2	
PIQRAY 300MG DAILY DOSE	Tier 2	
QINLOCK	Tier 2	LA
RETEVMO	Tier 2	LA
ROZLYTREK	Tier 2	LA
RUBRACA	Tier 2	LA
RYDAPT	Tier 2	
SPRYCEL	Tier 2	
STIVARGA	Tier 2	LA
SUTENT QL (30 caps / 30 days)	Tier 2	QL
TABRECTA	Tier 2	
TAFINLAR	Tier 2	LA

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Drug Name	Drug Tier	Requirements/ Limits
TAGRISSO QL (30 tabs / 30 days)	Tier 2	QL LA
TALZENNA	Tier 2	LA
TASIGNA	Tier 2	
TAZVERIK	Tier 2	LA
TIBSOVO	Tier 2	LA
TUKYSA	Tier 2	LA
TURALIO	Tier 2	LA
TYKERB	Tier 2	LA
VENCLEXTA 10mg QL (112 tabs / 28 days)	Tier 3	QL LA
VENCLEXTA 50mg QL (112 tabs / 28 days)	Tier 2	QL LA
VENCLEXTA 100mg QL (180 tabs / 30 days)	Tier 2	QL LA
VENCLEXTA STARTING PACK QL (42 tabs / 28 days)	Tier 2	QL LA
VERZENIO	Tier 2	LA
VITRAKVI	Tier 2	LA
VIZIMPRO	Tier 2	LA
VOTRIENT	Tier 2	LA
XALKORI	Tier 2	LA
XOSPATA	Tier 2	LA
XPOVIO 40 MG ONCE WEEKLY	Tier 2	LA
XPOVIO 40 MG TWICE WEEKLY	Tier 2	LA
XPOVIO 60 MG ONCE WEEKLY	Tier 2	LA
XPOVIO 60 MG TWICE WEEKLY	Tier 2	LA
XPOVIO 80 MG ONCE WEEKLY	Tier 2	LA
XPOVIO 80 MG TWICE WEEKLY	Tier 2	LA
XPOVIO 100 MG ONCE WEEKLY	Tier 2	LA
ZEJULA	Tier 2	LA
ZELBORAF	Tier 2	LA
ZOLINZA	Tier 2	
ZYDELIG	Tier 2	LA
ZYKADIA	Tier 2	LA
PROTECTIVE AGENTS		
leucovorin calcium TABS 5mg, 10mg	Tier 2	
leucovorin calcium TABS 15mg, 25mg	Tier 3	
MESNEX TABS	Tier 2	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
benazepril & hydrochlorothiazide	Tier 2	
benazepril & hydrochlorothiazide (generic of LOTENSIN HCT)	Tier 2	
enalapril maleate & hydrochlorothiazide	Tier 1	
enalapril maleate & hydrochlorothiazide (generic of VASERETIC)	Tier 1	
fosinopril sodium & hydrochlorothiazide	Tier 2	
lisinopril & hydrochlorothiazide (generic of ZESTORETIC)	Tier 1	
quinapril-hydrochlorothiazide (generic of ACCURETIC)	Tier 1	
ACE INHIBITORS		
benazepril hcl TABS 5mg	Tier 1	
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
enalapril maleate (generic of VASOTEC) TABS	Tier 1	
fosinopril sodium	Tier 1	
lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 30mg, 40mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
lisinopril (generic of PRINIVIL) TABS 10mg, 20mg	Tier 1	
moexipril hcl	Tier 2	
perindopril erbumine	Tier 1	
quinapril hcl (generic of ACCUPRIL)	Tier 1	
ramipril (generic of ALTACE)	Tier 1	
trandolapril 1mg, 2mg	Tier 1	
trandolapril (generic of MAVIK) 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone (generic of INSPRA)	Tier 2	
spironolactone (generic of ALDACTONE) TABS 25mg	Tier 1	
spironolactone (generic of ALDACTONE) TABS 50mg, 100mg	Tier 1	
ALPHA BLOCKERS		
doxazosin mesylate (generic of CARDURA) TABS	Tier 1	
prazosin hcl (generic of MINIPRESS)	Tier 2	
terazosin hcl 1mg, 2mg, 5mg	Tier 1	
terazosin hcl 10mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL
ENTRESTO	Tier 2	
irbesartan-hydrochlorothiazide (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium & hydrochlorothiazide (generic of HYZAAR)	Tier 1	
olmesartan medoxomil-hydrochlorothiazide (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	QL
valsartan-hydrochlorothiazide (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan (generic of AVAPRO) QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium (generic of COZAAR) TABS	Tier 1	
olmesartan medoxomil (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL
olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
telmisartan (generic of MICARDIS) QL (30 tabs / 30 days)	Tier 2	QL
valsartan (generic of DIOVAN) 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL
valsartan (generic of DIOVAN) 320mg QL (30 tabs / 30 days)	Tier 1	QL
ANTIARRHYTHMICS		
amiodarone hcl SOLN	Tier 1	
amiodarone hcl TABS 100mg, 400mg	Tier 3	
amiodarone hcl TABS 200mg	Tier 1	
disopyramide phosphate (generic of NORPACE)	Tier 3	
dofetilide (generic of TIKOSYN)	Tier 3	
flecainide acetate	Tier 2	
MULTAQ	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
NORPACE CR	Tier 3	
pacerone 100mg, 400mg	Tier 3	
pacerone 200mg	Tier 1	
propafenone hcl (generic of RYTHMOL SR) CP12	Tier 3	
propafenone hcl TABS	Tier 2	
quinidine sulfate	Tier 1	
sorine (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1	
sorine 240mg	Tier 1	
sotalol hcl (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1	
sotalol hcl 240mg	Tier 1	
sotalol hcl (afib/afl) (generic of BETAPACE AF)	Tier 1	
ANTILIPEMICS, FIBRATES		
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	Tier 2	
fenofibrate TABS 54mg, 160mg	Tier 2	
fenofibrate micronized 67mg, 134mg, 200mg	Tier 2	
gemfibrozil (generic of LOPID) TABS	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium (generic of LIPITOR) TABS QL (30 tabs / 30 days)	Tier 1	QL
lovastatin QL (60 tabs / 30 days)	Tier 1	QL
pravastatin sodium 10mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
pravastatin sodium (generic of PRAVACHOL) 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
rosuvastatin calcium (generic of CRESTOR) QL (30 tabs / 30 days)	Tier 2	QL
simvastatin (generic of ZOCOR) TABS QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine (generic of QUESTRAN)	Tier 2	
cholestyramine light PACK	Tier 2	
cholestyramine light (generic of QUESTRAN LIGHT) POWD	Tier 2	
colesevelam hcl (generic of WELCHOL)	Tier 3	
colestipol hcl (generic of COLESTID) GRAN; PACK	Tier 3	
colestipol hcl (generic of COLESTID) TABS	Tier 2	
ezetimibe (generic of ZETIA)	Tier 2	
JUXTAPID	Tier 2	LA B/D
niacin (antihyperlipidemic) (generic of NIASPAN) TBCR QL (60 tabs / 30 days)	Tier 2	QL
PRALUENT	Tier 2	B/D
prevalite PACK	Tier 2	
prevalite (generic of QUESTRAN LIGHT) POWD	Tier 2	
VASCEPA	Tier 3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone (generic of TENORETIC 50)	Tier 1	
atenolol & chlorthalidone (generic of TENORETIC 100)	Tier 1	
bisoprolol & hydrochlorothiazide (generic of ZIAC)	Tier 1	
metoprolol & hydrochlorothiazide	Tier 2	
metoprolol & hydrochlorothiazide (generic of LOPRESSOR HCT)	Tier 2	

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BETA-BLOCKERS		
acebutolol hcl CAPS	Tier 1	
atenolol (generic of TENORMIN) TABS	Tier 1	
bisoprolol fumarate	Tier 1	
BYSTOLIC 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
BYSTOLIC 20mg QL (60 tabs / 30 days)	Tier 3	QL
carvedilol (generic of COREG)	Tier 1	
labetalol hcl TABS	Tier 2	
metoprolol succinate (generic of TOPROL XL)	Tier 1	
metoprolol tartrate SOCT	Tier 2	
metoprolol tartrate SOLN	Tier 2	
metoprolol tartrate TABS 25mg	Tier 1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
pindolol	Tier 2	
propranolol hcl (generic of INDERAL LA) CP24	Tier 2	
propranolol hcl SOLN 20mg/5ml, 40mg/5ml	Tier 2	
propranolol hcl TABS	Tier 1	
timolol maleate TABS	Tier 2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (generic of NORVASC) TABS	Tier 1	
cartia xt (generic of CARDIZEM CD)	Tier 1	
dilt-xr	Tier 2	
diltiazem hcl CP12	Tier 3	
diltiazem hcl SOLN	Tier 2	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
diltiazem hcl TABS 90mg	Tier 1	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 360mg	Tier 3	
diltiazem hcl extended release beads (generic of TIAZAC)	Tier 1	
felodipine	Tier 1	
nifedipine TB24 30mg, 60mg, 90mg	Tier 2	
nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 2	
nimodipine CAPS	Tier 3	
NYMALIZE	Tier 2	
taztia xt (generic of TIAZAC)	Tier 1	
tiadylt er (generic of TIAZAC)	Tier 1	
verapamil hcl (generic of VERELAN PM) CP24 100mg, 200mg	Tier 3	
verapamil hcl (generic of VERELAN) CP24 120mg, 180mg, 240mg	Tier 2	
verapamil hcl CP24 300mg, 360mg	Tier 3	
verapamil hcl SOLN	Tier 3	
verapamil hcl TABS	Tier 1	
verapamil hcl (generic of CALAN SR) TBCR 120mg, 240mg	Tier 1	
verapamil hcl TBCR 180mg	Tier 1	
DIURETICS		
acetazolamide CP12; TABS	Tier 3	
amiloride & hydrochlorothiazide	Tier 1	
amiloride hcl TABS	Tier 1	
bumetanide SOLN	Tier 2	
bumetanide (generic of BUMEX) TABS	Tier 2	
chlorthalidone	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
furosemide SOLN	Tier 1	
furosemide (generic of LASIX) TABS	Tier 1	
furosemide inj	Tier 2	
hydrochlorothiazide CAPS; TABS	Tier 1	
indapamide	Tier 1	
methazolamide TABS	Tier 3	
metolazone	Tier 2	
spironolactone & hydrochlorothiazide (generic of ALDACTAZIDE)	Tier 2	
torsemide	Tier 1	
triamterene & hydrochlorothiazide (generic of DYAZIDE) CAPS	Tier 1	
triamterene & hydrochlorothiazide (generic of MAXZIDE) TABS	Tier 1	
triamterene & hydrochlorothiazide (generic of MAXZIDE-25) TABS	Tier 1	
MISCELLANEOUS		
aliskiren fumarate (generic of TEKTURNA)	Tier 3	
clonidine (generic of CATAPRES-TTS-1) .1mg/24hr	Tier 3	
clonidine (generic of CATAPRES-TTS-2) .2mg/24hr	Tier 3	
clonidine (generic of CATAPRES-TTS-3) .3mg/24hr	Tier 3	
clonidine hcl (generic of CATAPRES) TABS	Tier 1	
CORLANOR	Tier 3	
DEMSER	Tier 2	B/D
digitek (generic of LANOXIN) QL (30 tabs / 30 days)	Tier 1	QL
digox (generic of LANOXIN) QL (30 tabs / 30 days)	Tier 1	QL
digoxin SOLN .05mg/ml	Tier 3	
digoxin (generic of LANOXIN) SOLN .25mg/ml	Tier 3	
digoxin (generic of LANOXIN) TABS QL (30 tabs / 30 days)	Tier 1	QL
guanfacine hcl PA if 70 years and older	Tier 2	B/D
hydralazine hcl SOLN	Tier 3	
hydralazine hcl TABS	Tier 1	
methyldopa PA if 70 years and older	Tier 1	B/D
midodrine hcl 2.5mg, 5mg	Tier 2	
midodrine hcl 10mg	Tier 3	
minoxidil TABS	Tier 1	
NORTHERA 100mg QL (90 caps / 30 days)	Tier 2	QL LA B/D
NORTHERA 200mg, 300mg QL (180 caps / 30 days)	Tier 2	QL LA B/D
ranolazine (generic of RANEXA)	Tier 3	
NITRATES		
isosorbide dinitrate (generic of ISORDIL TITRADOSE) 5mg	Tier 2	
isosorbide dinitrate 10mg, 20mg, 30mg	Tier 2	
isosorbide mononitrate	Tier 1	
minitran (generic of NITRO-DUR)	Tier 2	
NITRO-BID	Tier 2	
nitroglycerin PT24	Tier 2	
nitroglycerin (generic of NITROSTAT) SUBL	Tier 2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS QL (90 tabs / 30 days)	Tier 2	QL LA
ambrisentan (generic of LETAIRIS) QL (30 tabs / 30 days)	Tier 1	QL LA
bosentan (generic of TRACLEER) 62.5mg QL (120 tabs / 30 days)	Tier 1	QL LA

Drug Name	Drug Tier	Requirements/ Limits
bosentan (generic of TRACLEER) 125mg	Tier 1	QL LA
QL (60 tabs / 30 days)		
OPSUMIT	Tier 2	QL LA
QL (30 tabs / 30 days)		
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS	Tier 2	QL
QL (90 tabs / 30 days)		
VENTAVIS	Tier 2	
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam (generic of XANAX) TABS	Tier 1	QL
QL (150 tabs / 30 days)		
buspirone hcl TABS 5mg, 10mg, 15mg	Tier 1	
buspirone hcl TABS 7.5mg, 30mg	Tier 2	
fluvoxamine maleate TABS	Tier 2	
lorazepam (generic of ATIVAN) SOLN	Tier 1	
lorazepam (generic of ATIVAN) TABS	Tier 1	QL
QL (150 tabs / 30 days)		
lorazepam intensol	Tier 2	QL
QL (150 mL / 30 days)		
ANTICONVULSANTS		
APTIOM	Tier 3	QL
QL (60 tabs / 30 days)		
BANZEL	Tier 3	
BRIVIACT SOLN 10mg/ml	Tier 3	QL
QL (600 mL / 30 days)		
BRIVIACT SOLN 50mg/5ml	Tier 3	
BRIVIACT TABS	Tier 3	QL
QL (60 tabs / 30 days)		
carbamazepine CHEW	Tier 2	
carbamazepine (generic of CARBATROL) CP12	Tier 3	
carbamazepine (generic of TEGRETOL) SUSP	Tier 3	
carbamazepine (generic of TEGRETOL) TABS	Tier 2	
carbamazepine (generic of TEGRETOL-XR) TB12	Tier 3	
CELONTIN	Tier 3	
clobazam (generic of ONFI) SUSP	Tier 3	QL
QL (480 mL / 30 days)		
clobazam (generic of ONFI) TABS	Tier 3	QL
QL (60 tabs / 30 days)		
clonazepam (generic of KLONOPIN) TABS 2mg	Tier 1	QL
QL (300 tabs / 30 days)		
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg	Tier 1	QL
QL (90 tabs / 30 days)		
clonazepam TBDP 2mg	Tier 2	QL
QL (300 tabs / 30 days)		
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	Tier 2	QL
QL (90 tabs / 30 days)		
clorazepate dipotassium	Tier 3	QL
QL (180 tabs / 30 days)		
PA if 65 years and older		
diazepam CONC	Tier 2	QL
QL (240 mL / 30 days)		
PA if 65 years and older		
diazepam SOLN	Tier 2	QL
QL (1200 mL / 30 days)		
PA if 65 years and older		
diazepam (generic of VALIUM) TABS	Tier 1	QL
QL (120 tabs / 30 days)		
PA if 65 years and older		
diazepam (anticonvulsant)	Tier 3	
diazepam inj	Tier 3	
DILANTIN	Tier 3	
DILANTIN INFATABS	Tier 3	
DILANTIN-125	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR	Tier 3	
divalproex sodium (generic of DEPAKOTE ER) TB24	Tier 2	
divalproex sodium (generic of DEPAKOTE) TBEC	Tier 2	
EPIDIOLEX QL (600 mL / 30 days)	Tier 3	QL LA
epitol (generic of TEGRETOL)	Tier 2	
ethosuximide (generic of ZARONTIN) CAPS	Tier 3	
ethosuximide (generic of ZARONTIN) SOLN	Tier 2	
felbamate (generic of FELBATOL) SUSP	Tier 1	
felbamate (generic of FELBATOL) TABS	Tier 3	
FYCOMPA SUSP QL (720 mL / 30 days)	Tier 3	QL
FYCOMPA TABS 2mg, 4mg, 6mg QL (60 tabs / 30 days)	Tier 3	QL
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL
gabapentin (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	Tier 2	QL
gabapentin (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL
gabapentin (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 2	
lamotrigine (generic of LAMICTAL) TABS	Tier 1	
levetiracetam (generic of KEPPRA) SOLN 100mg/ml	Tier 2	
levetiracetam (generic of KEPPRA) SOLN 500mg/5ml	Tier 3	
levetiracetam (generic of KEPPRA) TABS	Tier 2	
levetiracetam in sodium chloride (generic of LEVETIRACETAM)	Tier 3	
NAYZILAM	Tier 3	
oxcarbazepine (generic of TRILEPTAL) SUSP	Tier 3	
oxcarbazepine (generic of TRILEPTAL) TABS	Tier 2	
PEGANONE	Tier 3	
phenobarbital ELIX PA if 70 years and older	Tier 3	
phenobarbital TABS PA if 70 years and older	Tier 2	
phenobarbital sodium SOLN PA if 70 years and older	Tier 3	
PHENYTEK	Tier 3	
phenytoin (generic of DILANTIN INFATABS) CHEW	Tier 2	
phenytoin (generic of DILANTIN-125) SUSP	Tier 2	
phenytoin sodium SOLN	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
phenytoin sodium extended (generic of DILANTIN) 100mg	Tier 2	
phenytoin sodium extended (generic of PHENYTEK) 200mg, 300mg	Tier 2	
pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL
pregabalin (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL
pregabalin (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL
pregabalin (generic of LYRICA) SOLN QL (900 mL / 30 days)	Tier 3	QL
primidone (generic of MYSOLINE) TABS	Tier 1	
roweepra (generic of KEPPRA)	Tier 2	
SPRITAM	Tier 3	
subvenite (generic of LAMICTAL)	Tier 1	
SYMPAZAN QL (60 films / 30 days)	Tier 3	QL
tiagabine hcl (generic of GABITRIL)	Tier 3	
topiramate (generic of TOPAMAX SPRINKLE) CPSP	Tier 2	
topiramate (generic of TOPAMAX) TABS	Tier 1	
valproate sodium SOLN 100mg/ml	Tier 3	
valproate sodium SOLN 250mg/5ml	Tier 2	
valproic acid CAPS	Tier 2	
VALTOCO	Tier 3	
vigabatrin (generic of SABRIL) PACK QL (180 packets / 30 days)	Tier 1	QL LA
vigabatrin (generic of SABRIL) TABS QL (180 tabs / 30 days)	Tier 1	QL LA
vigadrone (generic of SABRIL) QL (180 packets / 30 days)	Tier 1	QL LA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL
VIMPAT SOLN 200mg/20ml	Tier 3	
VIMPAT TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
XCOPRI TABS 50mg QL (90 tabs / 30 days)	Tier 3	QL
XCOPRI TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
XCOPRI TBPK QL (28 tabs / 28 days)	Tier 3	QL
XCOPRI TBPK QL (56 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 3	QL
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 1	
zonisamide CAPS 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ANTIDEMENTIA		
donepezil hydrochloride (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
donepezil hydrochloride (generic of ARICEPT) TABS 10mg	Tier 1	
donepezil hydrochloride TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
donepezil hydrochloride TBDP 10mg	Tier 1	
galantamine hydrobromide (generic of RAZADYNE ER) CP24 QL (30 caps / 30 days)	Tier 2	QL
galantamine hydrobromide SOLN	Tier 3	
galantamine hydrobromide (generic of RAZADYNE) TABS 4mg QL (60 tabs / 30 days)	Tier 2	QL
galantamine hydrobromide TABS 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL
memantine hcl (generic of NAMENDA XR) CP24 PA if < 30 yrs	Tier 3	B/D
memantine hcl SOLN PA if < 30 yrs	Tier 3	B/D
memantine hcl (generic of NAMENDA) TABS PA if < 30 yrs	Tier 2	B/D
NAMZARIC	Tier 3	
NAMZARIC CAP PACK	Tier 3	
rivastigmine (generic of EXELON) QL (30 patches / 30 days)	Tier 3	QL
rivastigmine tartrate 1.5mg, 3mg QL (90 caps / 30 days)	Tier 3	QL
rivastigmine tartrate 4.5mg, 6mg QL (60 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
ANTIDEPRESSANTS		
amitriptyline hcl TABS	Tier 2	
amoxapine	Tier 2	
bupropion hcl TABS	Tier 2	
bupropion hcl (generic of WELLBUTRIN SR) TB12	Tier 1	
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg, 300mg	Tier 2	
citalopram hydrobromide SOLN	Tier 2	
citalopram hydrobromide (generic of CELEXA) TABS	Tier 1	
clomipramine hcl (generic of ANAFRANIL) CAPS	Tier 3	
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 3	
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg	Tier 3	
desvenlafaxine succinate (generic of PRISTIQ) QL (30 tabs / 30 days)	Tier 3	QL
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 2	
doxepin hcl CAPS 150mg	Tier 3	
doxepin hcl CONC	Tier 2	
DRIZALMA SPRINKLE QL (60 caps / 30 days)	Tier 3	QL
duloxetine hcl (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL
EMSAM QL (30 patches / 30 days)	Tier 2	QL
escitalopram oxalate SOLN	Tier 3	
escitalopram oxalate (generic of LEXAPRO) TABS	Tier 1	
FETZIMA 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL

You can find information on what symbols and abbreviations on this table mean by going to page V.

B/D – Covered under Medicare Part B or D **QL –** Quantity Limits **PA –** Prior Authorization
ST – Step Therapy **LA –** Limited Access **NMO –** No Mail Order

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA TITRATION PACK	Tier 3	
fluoxetine hcl (generic of PROZAC) CAPS 10mg, 20mg	Tier 1	
fluoxetine hcl (generic of PROZAC) CAPS 40mg	Tier 1	
fluoxetine hcl SOLN	Tier 2	
imipramine hcl TABS	Tier 1	
maprotiline hcl	Tier 2	
MARPLAN QL (180 tabs / 30 days)	Tier 3	QL
mirtazapine TABS 7.5mg	Tier 2	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	Tier 1	
mirtazapine TABS 45mg	Tier 1	
mirtazapine (generic of REMERON SOLTAB) TBDP	Tier 2	
nefazodone hcl	Tier 3	
nortriptyline hcl (generic of PAMELOR) CAPS	Tier 1	
nortriptyline hcl SOLN	Tier 3	
paroxetine hcl (generic of PAXIL) TABS	Tier 1	
PAXIL SUSP QL (900 mL / 30 days)	Tier 3	QL
phenelzine sulfate (generic of NARDIL) TABS	Tier 2	
protriptyline hcl	Tier 3	
sertraline hcl (generic of ZOLOFT) CONC	Tier 2	
sertraline hcl (generic of ZOLOFT) TABS	Tier 1	
tranylcypromine sulfate (generic of PARNATE)	Tier 3	
trazodone hcl TABS 50mg, 100mg, 150mg	Tier 1	
trimipramine maleate CAPS 25mg QL (240 caps / 30 days)	Tier 3	QL
trimipramine maleate CAPS 50mg QL (120 caps / 30 days)	Tier 3	QL
trimipramine maleate CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL
TRINTELLIX 5mg QL (120 tabs / 30 days)	Tier 3	QL
TRINTELLIX 10mg QL (60 tabs / 30 days)	Tier 3	QL
TRINTELLIX 20mg QL (30 tabs / 30 days)	Tier 3	QL
venlafaxine hcl (generic of EFFEXOR XR) CP24	Tier 1	
venlafaxine hcl TABS	Tier 2	
VIIBRYD QL (30 tabs / 30 days)	Tier 3	QL
VIIBRYD STARTER PACK	Tier 3	
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS QL (120 caps / 30 days)	Tier 2	QL
amantadine hcl SYRP	Tier 1	
amantadine hcl TABS	Tier 2	
APOKYN QL (20 cartridges / 30 days)	Tier 2	QL LA B/D
benztropine mesylate (generic of COGENTIN) SOLN	Tier 3	
benztropine mesylate TABS PA if 70 years and older	Tier 2	B/D
bromocriptine mesylate (generic of PARLODEL) CAPS; TABS	Tier 3	
carbidopa-levodopa (generic of SINEMET) TABS	Tier 1	
carbidopa-levodopa TBCR	Tier 2	
carbidopa-levodopa TBDP	Tier 3	
carbidopa-levodopa-entacapone	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
carbidopa-levodopa-entacapone (generic of STALEVO 100)	Tier 3	
carbidopa-levodopa-entacapone (generic of STALEVO 150)	Tier 3	
entacapone (generic of COMTAN)	Tier 3	
NEUPRO	Tier 3	
pramipexole dihydrochloride TABS .25mg, 1.5mg	Tier 1	
pramipexole dihydrochloride (generic of MIRAPEX) TABS .125mg, .5mg, .75mg, 1mg	Tier 1	
rasagiline mesylate (generic of AZILECT) TABS 1mg QL (30 tabs / 30 days)	Tier 3	QL
rasagiline mesylate (generic of AZILECT) TABS .5mg QL (60 tabs / 30 days)	Tier 3	QL
ropinirole hydrochloride TABS	Tier 1	
selegiline hcl CAPS	Tier 3	
selegiline hcl TABS	Tier 2	
trihexyphenidyl hcl PA if 70 years and older	Tier 2	B/D
ANTIPSYCHOTICS		
ABILIFY MAINTENA QL (1 injection / 28 days)	Tier 3	QL
aripiprazole SOLN QL (900 mL / 30 days)	Tier 1	QL
aripiprazole (generic of ABILIFY) TABS QL (30 tabs / 30 days)	Tier 3	QL
aripiprazole TBDP QL (60 tabs / 30 days)	Tier 1	QL
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	Tier 3	QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	Tier 3	QL
ARISTADA INITIO	Tier 3	
CAPLYTA QL (30 caps / 30 days)	Tier 3	QL
CHLORPROMAZINE HCL SOLN	Tier 3	
chlorpromazine hcl TABS	Tier 3	
clozapine (generic of CLOZARIL) TABS 25mg, 50mg	Tier 2	
clozapine (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 3	QL
clozapine (generic of CLOZARIL) TABS 200mg QL (135 tabs / 30 days)	Tier 3	QL
clozapine TBDP 12.5mg, 25mg	Tier 3	
clozapine TBDP 100mg QL (270 tabs / 30 days)	Tier 3	QL
clozapine TBDP 150mg QL (180 tabs / 30 days)	Tier 1	QL
clozapine TBDP 200mg QL (135 tabs / 30 days)	Tier 1	QL
FANAPT QL (60 tabs / 30 days)	Tier 3	QL
FANAPT TITRATION PACK	Tier 3	
fluphenazine decanoate SOLN	Tier 3	
fluphenazine hcl	Tier 3	
haloperidol TABS	Tier 2	
haloperidol decanoate (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 2	
haloperidol decanoate (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 2	
haloperidol lactate CONC	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
haloperidol lactate (generic of HALDOL) SOLN	Tier 2	
INVEGA SUSTENNA QL (1 injection / 28 days)	Tier 3	QL
INVEGA TRINZA QL (1 injection / 90 days)	Tier 3	QL
LATUDA 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
LATUDA 80mg QL (60 tabs / 30 days)	Tier 3	QL
loxapine succinate	Tier 2	
molindone hcl	Tier 3	
NUPLAZID CAPS QL (30 caps / 30 days)	Tier 3	QL LA
NUPLAZID TABS QL (30 tabs / 30 days)	Tier 3	QL LA
olanzapine (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	Tier 3	QL
olanzapine (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	QL
olanzapine (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
olanzapine (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
olanzapine (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 3	QL
paliperidone (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL
paliperidone (generic of INVEGA) 6mg QL (60 tabs / 30 days)	Tier 3	QL
perphenazine TABS	Tier 2	
PERSERIS QL (1 injection / 30 days)	Tier 3	QL
pimozide	Tier 3	
quetiapine fumarate (generic of SEROQUEL) TABS	Tier 2	
quetiapine fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL
quetiapine fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL
REXULTI .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL
RISPERDAL CONSTA QL (2 injections / 28 days)	Tier 3	QL
risperidone (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 2	QL
risperidone (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
risperidone TABS .25mg	Tier 1	
risperidone TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 3	QL
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL
SAPHRIS QL (60 tabs / 30 days)	Tier 3	QL
SECUADO QL (30 patches / 30 days)	Tier 3	QL
thioridazine hcl TABS	Tier 2	
thiothixene	Tier 3	
trifluoperazine hcl	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
VERSACLOZ QL (600 mL / 30 days)	Tier 3	QL
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 3	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 3	QL
VRAYLAR CPPK	Tier 3	
ziprasidone hcl (generic of GEODON) QL (60 caps / 30 days)	Tier 3	QL
ziprasidone mesylate (generic of GEODON) QL (6 injections / 3 days)	Tier 3	QL
ZYPREXA RELPREVV 210mg, 300mg QL (2 vials / 28 days)	Tier 3	QL
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	Tier 3	QL
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine (generic of ADDERALL) TABS QL (60 tabs / 30 days)	Tier 2	QL B/D
amphetamine-dextroamphetamine (generic of ADDERALL) TABS QL (90 tabs / 30 days)	Tier 2	QL B/D
atomoxetine hcl (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL
atomoxetine hcl (generic of STRATTERA) 40mg QL (60 caps / 30 days)	Tier 3	QL
atomoxetine hcl (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL B/D
dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL B/D
guanfacine hcl (adhd) (generic of INTUNIV) QL (30 tabs / 30 days) PA if 70 years and older	Tier 2	QL B/D
metadate er QL (90 tabs / 30 days)	Tier 3	QL B/D
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL B/D
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL B/D
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL B/D
methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL B/D
methylphenidate hcl TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL B/D
HYPNOTICS		
BELSOMRA QL (30 tabs / 30 days)	Tier 3	QL
doxepin hcl (sleep) (generic of SILENOR) QL (30 tabs / 30 days)	Tier 2	QL
HETLIOZ	Tier 2	LA B/D

Drug Name	Drug Tier	Requirements/ Limits
temazepam (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	QL B/D
temazepam (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	QL B/D
temazepam (generic of RESTORIL) 30mg QL (30 caps / 30 days) PA if 65 years and older	Tier 3	QL B/D
zolpidem tartrate (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL B/D
MIGRAINE		
AIMOVIG QL (1 pen / 30 days)	Tier 2	QL B/D
dihydroergotamine mesylate (generic of D.H.E. 45) 1mg/ml	Tier 1	
dihydroergotamine mesylate (generic of MIGRANAL) 4mg/ml QL (8 mL / 30 days)	Tier 1	QL B/D
ergotamine w/ caffeine (generic of CAFERGOT) TABS	Tier 2	
rizatriptan benzoate TABS 5mg QL (18 tabs / 30 days)	Tier 2	QL
rizatriptan benzoate (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL
rizatriptan benzoate TBDP 5mg QL (18 tabs / 30 days)	Tier 2	QL
rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL
sumatriptan (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days)	Tier 3	QL
sumatriptan (generic of IMITREX) SOLN 20mg/act QL (12 inhalers / 30 days)	Tier 3	QL
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL
sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL
sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL
sumatriptan succinate (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 3	QL
sumatriptan succinate SOSY QL (12 injections / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan succinate (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 1	QL
MISCELLANEOUS		
AUSTEDO 6mg QL (60 tabs / 30 days)	Tier 2	QL B/D
AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL B/D
INGREZZA CAPS QL (30 caps / 30 days)	Tier 2	QL B/D
INGREZZA CPPK QL (28 caps / 28 days)	Tier 2	QL B/D
LITHIUM	Tier 3	
lithium carbonate CAPS	Tier 1	
lithium carbonate TABS	Tier 1	
lithium carbonate (generic of LITHOBID) TBCR 300mg	Tier 1	
lithium carbonate TBCR 450mg	Tier 1	
LYRICA CR QL (60 tabs / 30 days)	Tier 2	QL B/D
NUEDEXTA QL (60 caps / 30 days)	Tier 3	QL B/D
pyridostigmine bromide (generic of MESTINON) TABS 60mg	Tier 2	
riluzole (generic of RILUTEK)	Tier 3	
tetrabenazine (generic of XENAZINE) 12.5mg QL (90 tabs / 30 days)	Tier 1	QL B/D
tetrabenazine (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	Tier 1	QL B/D
MULTIPLE SCLEROSIS AGENTS		
BETASERON QL (14 syringes / 28 days)	Tier 2	QL
dalfampridine (generic of AMPYRA) TB12	Tier 2	B/D
GILENYA QL (28 caps / 28 days)	Tier 2	QL
glatiramer acetate (generic of COPAXONE) 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL
glatiramer acetate (generic of COPAXONE) 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL
glatopa (generic of COPAXONE) 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL
glatopa (generic of COPAXONE) 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 10mg, 20mg	Tier 2	
cyclobenzaprine hcl TABS 5mg, 10mg PA if 70 years and older	Tier 2	B/D
dantrolene sodium (generic of DANTRIUM) CAPS 25mg, 50mg	Tier 3	
dantrolene sodium CAPS 100mg	Tier 3	
tizanidine hcl TABS 2mg	Tier 1	
tizanidine hcl (generic of ZANAFLEX) TABS 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
armodafinil (generic of NUVIGIL) 50mg QL (90 tabs / 30 days)	Tier 2	QL B/D
armodafinil (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 2	QL B/D
XYREM QL (540 mL / 30 days)	Tier 2	QL LA B/D
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium	Tier 3	
buprenorphine hcl SUBL QL (90 tabs / 30 days)	Tier 2	QL B/D

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl-naloxone hcl dihydrate (generic of SUBOXONE) FILM QL (60 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl dihydrate (generic of SUBOXONE) FILM QL (90 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl dihydrate SUBL QL (90 tabs / 30 days)	Tier 1	QL
bupropion hcl (smoking deterrent)	Tier 2	
CHANTIX	Tier 3	B/D
CHANTIX CONTINUING MONTH	Tier 3	B/D
CHANTIX STARTING MONTH PA	Tier 3	B/D
disulfiram (generic of ANTABUSE) TABS	Tier 2	
naloxone hcl SOCT; SOLN; SOSY	Tier 1	
naltrexone hcl TABS	Tier 2	
NARCAN	Tier 2	
NICOTROL INHALER	Tier 3	
NICOTROL NS	Tier 3	
VIVITROL	Tier 2	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	Tier 2	B/D
ANDRODERM QL (30 patches / 30 days)	Tier 3	QL B/D
oxandrolone TABS 2.5mg QL (120 tabs / 30 days)	Tier 2	QL B/D
oxandrolone TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL B/D
testosterone GEL 1% QL (300 gm / 30 days)	Tier 3	QL B/D
testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL B/D
testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN	Tier 2	B/D
testosterone enanthate SOLN	Tier 2	B/D
ANTIDIABETICS		
acarbose (generic of PRECOSE) TABS	Tier 2	
BYDUREON BCISE QL (4 pens / 28 days)	Tier 2	QL
BYDUREON PEN QL (4 pens / 28 days)	Tier 2	QL
BYETTA QL (1 pen / 30 days)	Tier 3	QL
FARXIGA QL (30 tabs / 30 days)	Tier 2	QL
glimepiride (generic of AMARYL) 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
glimepiride (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide xl (generic of GLUCOTROL XL) 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide xl (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
glipizide-metformin hcl QL (120 tabs / 30 days)	Tier 2	QL
glipizide-metformin hcl QL (240 tabs / 30 days)	Tier 2	QL
GLYXAMBI QL (30 tabs / 30 days)	Tier 2	QL
JANUMET QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR QL (30 tabs / 30 days)	Tier 2	QL
JANUMET XR QL (60 tabs / 30 days)	Tier 2	QL
JANUVIA QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE 10mg QL (60 tabs / 30 days)	Tier 2	QL
JARDIANCE 25mg QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
nateglinide QL (90 tabs / 30 days)	Tier 2	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) QL (1 pen / 28 days)	Tier 2	QL
OZEMPIC (1MG/DOSE) QL (2 pens / 28 days)	Tier 2	QL
pioglitazone hcl (generic of ACTOS) QL (30 tabs / 30 days)	Tier 1	QL
repaglinide 2mg QL (240 tabs / 30 days)	Tier 2	QL
repaglinide .5mg, 1mg QL (120 tabs / 30 days)	Tier 2	QL
RYBELSUS QL (30 tabs / 30 days)	Tier 2	QL
SYNJARDY QL (120 tabs / 30 days)	Tier 2	QL
SYNJARDY QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR QL (30 tabs / 30 days)	Tier 2	QL
SYNJARDY XR QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRADJENTA 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

Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRULICITY QL (4 pens / 28 days)	Tier 2	QL
VICTOZA QL (3 pens / 30 days)	Tier 2	QL
XIGDUO XR QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR QL (60 tabs / 30 days)	Tier 2	QL
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN	Tier 2	
BD ALCOHOL SWABS	Tier 2	
FIASP	Tier 2	
FIASP FLEXTOUCH	Tier 2	
FIASP PENFILL	Tier 2	
GAUZE PADS 2" X 2"	Tier 2	
HUMULIN R U-500 (CONCENTR	Tier 2	
HUMULIN R U-500 KWIKPEN	Tier 2	
INSULIN SAFETY NEEDLES	Tier 2	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	Tier 2	
LEVEMIR	Tier 2	
LEVEMIR FLEXTOUCH	Tier 2	
NOVOLIN 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN 70/30 FLEXPEN (brand RELION not covered)	Tier 2	
NOVOLIN N (brand RELION not covered)	Tier 2	
NOVOLIN N FLEXPEN (brand RELION not covered)	Tier 2	
NOVOLIN R (brand RELION not covered)	Tier 2	
NOVOLIN R FLEXPEN (brand RELION not covered)	Tier 2	
NOVOLOG	Tier 2	
NOVOLOG FLEXPEN	Tier 2	
NOVOLOG MIX 70/30	Tier 2	
NOVOLOG MIX 70/30 PREFILL	Tier 2	
NOVOLOG PENFILL	Tier 2	
OMNIPOD 5 PACK QL (10 boxes / 30 days)	Tier 3	QL B/D
OMNIPOD DASH 5 PACK QL (10 boxes / 30 days)	Tier 3	QL B/D
OMNIPOD STARTER KIT PA (1 kit / year)	Tier 3	PA B/D
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	Tier 2	
SOLIQUA 100/33 QL (10 pens / 30 days)	Tier 2	QL
TRESIBA	Tier 2	
TRESIBA FLEXTOUCH	Tier 2	
V-GO 20 QL (1 kit / 30 days)	Tier 3	QL B/D
V-GO 30 QL (1 kit / 30 days)	Tier 3	QL B/D
V-GO 40 QL (1 kit / 30 days)	Tier 3	QL B/D
XULTOPHY 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
CALCIUM REGULATORS		
alendronate sodium TABS 10mg, 35mg	Tier 1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	Tier 1	
calcitonin (salmon) (generic of MIACALCIN)	Tier 2	
FORTEO	Tier 2	B/D
ibandronate sodium (generic of BONIVA) TABS	Tier 2	
NATPARA	Tier 2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	

You can find information on what symbols and abbreviations on this table mean by going to page V.

B/D – Covered under Medicare Part B or D **QL –** Quantity Limits **PA –** Prior Authorization
ST – Step Therapy **LA –** Limited Access **NMO –** No Mail Order

Drug Name	Drug Tier	Requirements/ Limits
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	Tier 2	
pamidronate disodium SOLR	Tier 2	
PROLIA PA (1 injection / 180 days)	Tier 3	PA
TYMLOS	Tier 2	B/D
XGEVA	Tier 2	B/D
zoledronic acid CONC	Tier 3	
zoledronic acid SOLN 4mg/100ml	Tier 3	
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	Tier 3	
CHELATING AGENTS		
CHEMET	Tier 3	
clovique (generic of SYPRINE)	Tier 1	B/D
deferasirox (generic of JADENU) TABS	Tier 1	B/D
JADENU SPRINKLE	Tier 2	LA B/D
kionex	Tier 2	
LOKELMA	Tier 2	
penicillamine (generic of DEPEN TITRATABS) TABS	Tier 1	
sodium polystyrene sulfonate	Tier 2	
sodium polystyrene sulfonate powder	Tier 2	
sps	Tier 2	
trientine hcl (generic of SYPRINE)	Tier 1	B/D
VELTASSA	Tier 3	LA B/D
CONTRACEPTIVES		
afirmelle	Tier 2	
altavera	Tier 2	
alyacen 1/35	Tier 2	
alyacen 7/7/7	Tier 2	
apri	Tier 2	
aranelle	Tier 2	
aubra eq	Tier 2	
aurovela 1/20 (generic of LOESTRIN 1/20-21)	Tier 2	
aurovela fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 2	
aurovela fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 2	
aviane	Tier 2	
ayuna	Tier 2	
azurette (generic of MIRCETTE)	Tier 2	
balziva	Tier 2	
bekyree (generic of MIRCETTE)	Tier 2	
blisovi fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 2	
briellyn	Tier 2	
camila	Tier 2	
caziant	Tier 2	
chateal	Tier 2	
cryselle-28	Tier 2	
cyclafem 1/35	Tier 2	
cyclafem 7/7/7	Tier 2	
cyred eq	Tier 2	
dasetta 1/35	Tier 2	
dasetta 7/7/7	Tier 2	
deblitane	Tier 2	
desogestrel-ethinyl estradiol (biphasic) (generic of MIRCETTE)	Tier 2	
drospirenone-ethinyl estradiol (generic of YASMIN 28)	Tier 2	
drospirenone-ethinyl estradiol (generic of YAZ)	Tier 2	
elinest	Tier 2	
ELLA	Tier 2	
emoquette	Tier 2	
enpresse-28	Tier 2	
enskyce	Tier 2	
errin	Tier 2	
estarylla	Tier 2	
ethynodiol diacet & eth estrad	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
falmina	Tier 2	
femynor	Tier 2	
gianvi (generic of YAZ)	Tier 2	
hailey 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 2	
heather	Tier 2	
incassia	Tier 2	
introvale	Tier 2	
isibloom	Tier 2	
jasmiel (generic of YAZ)	Tier 2	
jolessa	Tier 2	
juleber	Tier 2	
junel 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 2	
junel 1/20 (generic of LOESTRIN 1/20-21)	Tier 2	
junel fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 2	
junel fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 2	
kariva (generic of MIRCETTE)	Tier 2	
kelnor 1/35	Tier 2	
kelnor 1/50	Tier 2	
kurvelo	Tier 2	
larin 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 2	
larin 1/20 (generic of LOESTRIN 1/20-21)	Tier 2	
larin fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 2	
larin fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 2	
larissia	Tier 2	
leena	Tier 2	
lessina	Tier 2	
levonest	Tier 2	
levonorgestrel & eth estradiol	Tier 2	
levonorgestrel-eth estradiol (triphasic)	Tier 2	
levonorgestrel-ethinyl estradiol (91-day)	Tier 2	
levora 0.15/30-28	Tier 2	
lillow	Tier 2	
loryna (generic of YAZ)	Tier 2	
low-ogestrel	Tier 2	
lutera	Tier 2	
lyza	Tier 2	
marlissa	Tier 2	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 2	
microgestin 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 2	
microgestin 1/20 (generic of LOESTRIN 1/20-21)	Tier 2	
microgestin fe (generic of LOESTRIN FE 1/20)	Tier 2	
microgestin fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 2	
mili	Tier 2	
mono-linyah	Tier 2	
necon 0.5/35-28	Tier 2	
nikki (generic of YAZ)	Tier 2	
nora-be	Tier 2	
norethin acet & estrad-fe (generic of LOESTRIN FE 1/20) TABS	Tier 2	
norethindrone (contraceptive)	Tier 2	
norethindrone acet & eth estra (generic of LOESTRIN 1.5/30-21)	Tier 2	
norethindrone acet & eth estra (generic of LOESTRIN 1/20-21)	Tier 2	
norgestimate-ethinyl estradiol	Tier 2	
norgestimate-ethinyl estradiol (triphasic)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
norgestimate-ethinyl estradiol (triphasic) (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
norlyroc	Tier 2	
nortrel 0.5/35 (28)	Tier 2	
nortrel 1/35 (21)	Tier 2	
nortrel 1/35 (28)	Tier 2	
nortrel 7/7/7	Tier 2	
ocella (generic of YASMIN 28)	Tier 2	
orsythia	Tier 2	
philith	Tier 2	
pimtrea (generic of MIRCETTE)	Tier 2	
pirmella 1/35	Tier 2	
portia-28	Tier 2	
previfem	Tier 2	
reclipsen	Tier 2	
setlakin	Tier 2	
sharobel	Tier 2	
simliya (generic of MIRCETTE)	Tier 2	
sprintec 28	Tier 2	
sronyx	Tier 2	
syeda (generic of YASMIN 28)	Tier 2	
tarina fe 1/20 eq (generic of LOESTRIN FE 1/20)	Tier 2	
tilia fe (generic of ESTROSTEP FE)	Tier 2	
tri-estarylla	Tier 2	
tri-legest fe (generic of ESTROSTEP FE)	Tier 2	
tri-linyah	Tier 2	
tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
tri-mili	Tier 2	
tri-previfem	Tier 2	
tri-sprintec	Tier 2	
tri-vylibra	Tier 2	
tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
trivora-28	Tier 2	
tulana	Tier 2	
velivet	Tier 2	
vienva	Tier 2	
viorele (generic of MIRCETTE)	Tier 2	
vyfemla	Tier 2	
vylibra	Tier 2	
wera	Tier 2	
xulane	Tier 3	
zarah (generic of YASMIN 28)	Tier 2	
zovia 1/35e	Tier 2	
zumandimine (generic of YASMIN 28)	Tier 2	
ENDOMETRIOSIS		
danazol CAPS	Tier 3	
SYNAREL	Tier 2	
ESTROGENS		
amabelz	Tier 2	
amabelz (generic of ACTIVELLA)	Tier 2	
DELESTROGEN 10mg/ml	Tier 3	
dotti (generic of VIVELLE-DOT)	Tier 2	
estradiol (generic of VIVELLE-DOT) PTTW	Tier 2	
estradiol (generic of CLIMARA) PTWK	Tier 2	
estradiol (generic of ESTRACE) TABS	Tier 1	
estradiol & norethindrone acetate	Tier 2	
estradiol & norethindrone acetate (generic of ACTIVELLA)	Tier 2	
estradiol vaginal (generic of ESTRACE) CREA	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
estradiol vaginal (generic of VAGIFEM) TABS	Tier 3	
estradiol valerate (generic of DELESTROGEN) OIL	Tier 3	
fyavolv tab 0.5mg-2.5mcg (generic of FEMHRT LOW DOSE)	Tier 2	
fyavolv tab 1mg-5mcg	Tier 2	
jinteli	Tier 2	
lopreeza (generic of ACTIVELLA)	Tier 2	
mimvey (generic of ACTIVELLA)	Tier 2	
norethindrone acetate-ethinyl estradiol	Tier 2	
norethindrone acetate-ethinyl estradiol (generic of FEMHRT LOW DOSE)	Tier 2	
yuvafem (generic of VAGIFEM)	Tier 3	
GLUCOCORTICOIDS		
cortisone acetate TABS	Tier 3	
dexamethasone ELIX; SOLN; TABS	Tier 2	
DEXAMETHASONE INTENSOL	Tier 3	
dexamethasone sodium phosphate 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 2	
dexamethasone sodium phosphate (generic of DEXAMETHASONE SODIUM PHOS) 10mg/ml	Tier 2	
fludrocortisone acetate TABS	Tier 1	
hydrocortisone (generic of CORTEF) TABS	Tier 2	
methylprednisolone (generic of MEDROL) TABS	Tier 2	
methylprednisolone (generic of MEDROL DOSEPAK) TBPK	Tier 1	
methylprednisolone acetate (generic of DEPO-MEDROL)	Tier 2	
methylprednisolone sod succ (generic of SOLU-MEDROL)	Tier 2	
prednisolone SOLN	Tier 1	
prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml	Tier 2	
prednisolone sodium phosphate SOLN 15mg/5ml	Tier 1	
prednisolone sodium phosphate SOLN 25mg/5ml	Tier 2	
prednisone SOLN	Tier 3	
prednisone TABS	Tier 1	
prednisone TBPK	Tier 2	
PREDNISONE INTENSOL	Tier 3	
SOLU-CORTEF	Tier 3	
GLUCOSE ELEVATING AGENTS		
diazoxide (generic of PROGLYCEM) SUSP	Tier 1	
GVOKE HYPOPEN 2-PACK	Tier 2	
GVOKE PFS	Tier 2	
MISCELLANEOUS		
cabergoline	Tier 2	
CARBAGLU	Tier 2	LA B/D
CERDELGA	Tier 2	B/D
cinacalcet hcl (generic of SENSIPAR) 30mg QL (120 tabs / 30 days)	Tier 3	QL
cinacalcet hcl (generic of SENSIPAR) 60mg QL (60 tabs / 30 days)	Tier 1	QL
cinacalcet hcl (generic of SENSIPAR) 90mg QL (120 tabs / 30 days)	Tier 1	QL
CYSTADANE	Tier 2	LA
CYSTAGON	Tier 3	LA B/D
desmopressin acetate (generic of DDAVP) SOLN	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
desmopressin acetate (generic of DDAVP) TABS	Tier 2	
desmopressin acetate spray (generic of DDAVP)	Tier 3	
desmopressin acetate spray refrigerated	Tier 3	
GENOTROPIN	Tier 2	B/D
GENOTROPIN MINIQUICK	Tier 2	B/D
INCRELEX	Tier 2	LA B/D
KORLYM	Tier 2	LA B/D
KUVAN	Tier 2	LA B/D
levocarnitine (metabolic modifiers) (generic of CARNITOR)	Tier 3	
miglustat (generic of ZAVESCA) QL (90 caps / 30 days)	Tier 1	QL B/D
nitisinone (generic of ORFADIN)	Tier 1	B/D
octreotide acetate (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml	Tier 3	B/D
octreotide acetate 200mcg/ml	Tier 3	B/D
octreotide acetate (generic of SANDOSTATIN) 500mcg/ml	Tier 1	B/D
octreotide acetate 1000mcg/ml	Tier 1	B/D
OSPHENA	Tier 2	B/D
raloxifene hcl (generic of EVISTA)	Tier 2	
SIGNIFOR	Tier 2	LA B/D
sodium phenylbutyrate (generic of BUPHENYL)	Tier 1	B/D
SOMATULINE DEPOT 60mg/0.2ml, 90mg/0.3ml	Tier 2	B/D
SOMATULINE DEPOT 120mg/0.5ml	Tier 2	
SOMAVERT	Tier 2	LA B/D
STIMATE	Tier 2	
PHOSPHATE BINDER AGENTS		
AURYXIA QL (360 tabs / 30 days)	Tier 3	QL B/D
calcium acetate (phosphate binder) (generic of PHOSLO) CAPS QL (360 caps / 30 days)	Tier 2	QL
calcium acetate (phosphate binder) TABS QL (360 tabs / 30 days)	Tier 3	QL
sevelamer carbonate (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	Tier 1	QL
sevelamer carbonate (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	Tier 1	QL
sevelamer carbonate (generic of RENVELA) TABS QL (540 tabs / 30 days)	Tier 3	QL
PROGESTINS		
medroxyprogesterone acetate (generic of PROVERA)	Tier 1	
megestrol acetate SUSP	Tier 2	
megestrol acetate (appetite)	Tier 3	B/D
norethindrone acetate (generic of AYGESTIN) TABS	Tier 2	
THYROID AGENTS		
euthyrox (generic of SYNTHROID)	Tier 1	
levo-t (generic of SYNTHROID)	Tier 1	
levothyroxine sodium (generic of SYNTHROID) TABS	Tier 1	
levoxyl (generic of SYNTHROID)	Tier 1	
liothyronine sodium (generic of CYTOMEL) TABS	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
methimazole (generic of TAPAZOLE) TABS	Tier 1	
propylthiouracil TABS	Tier 2	
SYNTHROID	Tier 3	
unithroid (generic of SYNTHROID)	Tier 1	
VITAMIN D ANALOGS		
calcitriol (generic of ROCALTROL) CAPS	Tier 1	
calcitriol SOLN 1mcg/ml	Tier 3	
calcitriol (generic of ROCALTROL) SOLN 1mcg/ml	Tier 3	
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	
paricalcitol CAPS 4mcg	Tier 3	
RAYALDEE	Tier 2	
GASTROINTESTINAL ***ANTIEMETICS***		
aprepitant (generic of EMEND) 40mg, 80mg	Tier 3	
aprepitant 125mg	Tier 3	
compro	Tier 3	
dronabinol (generic of MARINOL) QL (60 caps / 30 days)	Tier 3	QL
EMEND SUSR	Tier 3	
granisetron hcl SOLN	Tier 2	
granisetron hcl TABS	Tier 3	
meclizine hcl TABS	Tier 1	
metoclopramide hcl SOLN	Tier 2	
metoclopramide hcl (generic of REGLAN) TABS	Tier 1	
ondansetron	Tier 2	
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml	Tier 2	
ondansetron hcl SOLN 4mg/5ml	Tier 3	
ondansetron hcl (generic of ZOFRAN) TABS 4mg, 8mg	Tier 2	
ondansetron hcl TABS 24mg	Tier 2	
prochlorperazine	Tier 3	
prochlorperazine edisylate	Tier 3	
prochlorperazine maleate TABS	Tier 1	
promethazine hcl (generic of PHENERGAN) SOLN PA if 70 years and older	Tier 2	B/D
promethazine hcl SYRP; TABS PA if 70 years and older	Tier 2	B/D
scopolamine (generic of TRANSDERM SCOP) QL (10 patches / 30 days) PA if 70 years and older	Tier 3	QL B/D
ANTISPASMODICS		
dicyclomine hcl CAPS; TABS	Tier 2	
dicyclomine hcl SOLN	Tier 3	
glycopyrrolate TABS 1mg, 2mg	Tier 2	
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN	Tier 2	
famotidine SUSR QL (300 mL / 30 days)	Tier 3	QL
famotidine (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	Tier 1	QL
famotidine (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	Tier 1	QL
famotidine in nacl	Tier 2	
nizatidine CAPS	Tier 2	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium (generic of COLAZAL)	Tier 2	
budesonide (generic of ENTOCORT EC) CPEP	Tier 3	
budesonide (generic of UCERIS) TB24	Tier 1	
colocort (generic of CORTENEMA)	Tier 3	
hydrocortisone (intrarectal) (generic of CORTENEMA)	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
mesalamine (generic of APRISO) CP24 QL (120 caps / 30 days)	Tier 3	QL
mesalamine (generic of DELZICOL) CPDR QL (180 caps / 30 days)	Tier 3	QL
mesalamine ENEM	Tier 3	
mesalamine (generic of CANASA) SUPP	Tier 3	
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL
mesalamine w/ cleanser (generic of ROWASA)	Tier 3	
sulfasalazine (generic of AZULFIDINE) TABS	Tier 1	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC	Tier 2	
LAXATIVES		
constulose	Tier 2	
enulose	Tier 2	
gavilyte-c	Tier 1	
gavilyte-g (generic of GOLYTELY)	Tier 1	
gavilyte-n/flavor pack (generic of NULYTELY)	Tier 1	
generlac	Tier 2	
GOLYTELY	Tier 2	
lactulose SOLN	Tier 2	
lactulose (encephalopathy)	Tier 2	
NULYTELY/FLAVOR PACKS	Tier 2	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (generic of GOLYTELY)	Tier 1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride (generic of NULYTELY)	Tier 1	
PLENVU	Tier 3	
SUPREP BOWEL PREP KIT	Tier 3	
trilyte (generic of NULYTELY)	Tier 1	
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX) 1mg QL (60 tabs / 30 days)	Tier 1	QL B/D
alosetron hcl (generic of LOTRONEX) .5mg QL (60 tabs / 30 days)	Tier 3	QL B/D
cromolyn sodium (mastocytosis) (generic of GASTROCROM)	Tier 3	
diphenoxylate w/ atropine LIQD	Tier 3	
diphenoxylate w/ atropine (generic of LOMOTIL) TABS	Tier 2	
GATTEX	Tier 2	LA B/D
LINZESS QL (30 caps / 30 days)	Tier 3	QL
loperamide hcl CAPS	Tier 2	
misoprostol (generic of CYTOTEC) TABS	Tier 2	
MOVANTIK 12.5mg QL (60 tabs / 30 days)	Tier 2	QL
MOVANTIK 25mg QL (30 tabs / 30 days)	Tier 2	QL
RELISTOR SOLN	Tier 2	B/D
sucralfate (generic of CARAFATE) TABS	Tier 2	
TRULANCE QL (30 tabs / 30 days)	Tier 3	QL
ursodiol (generic of ACTIGALL) CAPS	Tier 2	
ursodiol (generic of URSO 250) TABS 250mg	Tier 3	
ursodiol (generic of URSO FORTE) TABS 500mg	Tier 3	
XIFAXAN 550mg	Tier 2	B/D
PANCREATIC ENZYMES		
CREON	Tier 2	
ZENPEP	Tier 3	

You can find information on what symbols and abbreviations on this table mean by going to page V.

B/D – Covered under Medicare Part B or D **QL –** Quantity Limits **PA –** Prior Authorization
ST – Step Therapy **LA –** Limited Access **NMO –** No Mail Order

Drug Name	Drug Tier	Requirements/ Limits
PROTON PUMP INHIBITORS		
DEXILANT QL (30 caps / 30 days)	Tier 3	QL
esomeprazole magnesium (generic of NEXIUM) CPDR QL (30 caps / 30 days)	Tier 3	QL
lansoprazole (generic of PREVACID) CPDR QL (60 caps / 30 days)	Tier 2	QL
omeprazole CPDR	Tier 1	
pantoprazole sodium (generic of PROTONIX) SOLR	Tier 3	
pantoprazole sodium (generic of PROTONIX) TBEC	Tier 1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl (generic of UROXATRAL) QL (30 tabs / 30 days)	Tier 1	QL
dutasteride (generic of AVODART) CAPS QL (30 caps / 30 days)	Tier 2	QL
finasteride (generic of PROSCAR) TABS 5mg	Tier 1	
tamsulosin hcl (generic of FLOMAX)	Tier 1	
MISCELLANEOUS		
acetic acid .25%	Tier 1	
bethanechol chloride TABS	Tier 2	
potassium citrate (alkalinizer) (generic of UROCIT-K 15) 15meq	Tier 3	
potassium citrate (alkalinizer) (generic of UROCIT-K 5) 540mg	Tier 3	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) 1080mg	Tier 3	
URINARY ANTISPASMODICS		
MYRBETRIQ QL (30 tabs / 30 days)	Tier 3	QL
oxybutynin chloride SYRP	Tier 2	
oxybutynin chloride TABS	Tier 2	
oxybutynin chloride (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL
oxybutynin chloride (generic of DITROPAN XL) TB24 10mg QL (60 tabs / 30 days)	Tier 2	QL
oxybutynin chloride TB24 15mg QL (60 tabs / 30 days)	Tier 2	QL
solifenacin succinate (generic of VESICARE) QL (30 tabs / 30 days)	Tier 2	QL
tolterodine tartrate (generic of DETROL LA) CP24 QL (30 caps / 30 days)	Tier 3	QL
tolterodine tartrate (generic of DETROL) TABS QL (60 tabs / 30 days)	Tier 3	QL
TOVIAZ QL (30 tabs / 30 days)	Tier 2	QL
trospium chloride TABS QL (60 tabs / 30 days)	Tier 2	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal (generic of CLEOCIN)	Tier 2	
metronidazole vaginal	Tier 2	
terconazole vaginal	Tier 2	
vandazole	Tier 2	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	Tier 2	
ELIQUIS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
ELIQUIS 5mg QL (74 tabs / 30 days)	Tier 2	QL
ELIQUIS STARTER PACK QL (74 tabs / 30 days)	Tier 2	QL
enoxaparin sodium (generic of LOVENOX)	Tier 3	
fondaparinux sodium (generic of ARIXTRA) 2.5mg/0.5ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
fondaparinux sodium (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	
heparin sod (porcine) in d5w	Tier 2	
heparin sodium (porcine)	Tier 2	
HEPARIN SODIUM/NACL 0.45%	Tier 2	
HEPARIN SODIUM/SODIUM CHL	Tier 2	
jantoven	Tier 1	
PRADAXA QL (60 caps / 30 days)	Tier 3	QL
warfarin sodium	Tier 1	
XARELTO 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
XARELTO 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
XARELTO STARTER PACK QL (51 tabs / 30 days)	Tier 2	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	B/D
PROCRIT 20000unit/ml, 40000unit/ml	Tier 2	B/D
ZARXIO	Tier 2	B/D
MISCELLANEOUS		
anagrelide hcl 1mg	Tier 3	
anagrelide hcl (generic of AGRYLIN) .5mg	Tier 3	
BERINERT PA (24 boxes / 30 days)	Tier 2	PA LA B/D
cilostazol	Tier 1	
DROXIA	Tier 2	
ENDARI	Tier 2	LA B/D
HAEGARDA 2000unit QL (30 vials / 30 days)	Tier 2	QL LA B/D
HAEGARDA 3000unit QL (20 vials / 30 days)	Tier 2	QL LA B/D
icatibant acetate (generic of FIRAZYR) PA (9 syringes / 30 days)	Tier 1	PA B/D
pentoxifylline TBCR	Tier 1	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	Tier 2	QL LA B/D
PROMACTA PACK 25mg QL (180 packets / 30 days)	Tier 2	QL LA B/D
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL LA B/D
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 2	QL LA B/D
tranexamic acid (generic of CYKLOKAPRON) SOLN	Tier 3	
tranexamic acid (generic of LYSTEDA) TABS	Tier 2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole (generic of AGGRENOX)	Tier 3	
BRILINTA	Tier 3	
clopidogrel bisulfate (generic of PLAVIX) TABS	Tier 1	
dipyridamole TABS PA if 70 years and older	Tier 2	B/D
prasugrel hcl (generic of EFFIENT)	Tier 2	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL SOLR QL (16 vials / 28 days)	Tier 2	QL B/D
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	QL B/D
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL B/D
ENBREL MINI QL (8 injections / 28 days)	Tier 2	QL B/D

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SURECLICK QL (8 injections / 28 days)	Tier 2	QL B/D
HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	Tier 2	QL B/D
HUMIRA 10mg/0.2ml, 20mg/0.4ml QL (2 syringes / 28 days)	Tier 2	QL B/D
HUMIRA 40mg/0.4ml QL (6 injections / 28 days)	Tier 2	QL B/D
HUMIRA 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL B/D
HUMIRA PEDIATRIC CROHNS D	Tier 2	B/D
HUMIRA PEN QL (6 pens / 28 days)	Tier 2	QL B/D
HUMIRA PEN-CD/UC/HS START	Tier 2	B/D
HUMIRA PEN-PS/UV STARTER	Tier 2	B/D
RINVOQ QL (30 tabs / 30 days)	Tier 2	QL B/D
SKYRIZI PA (7 kits / year)	Tier 2	PA B/D
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL LA B/D
STELARA SOSY QL (1 syringe / 28 days)	Tier 2	QL B/D
TALTZ QL (3 syringes / 28 days)	Tier 2	QL LA B/D
XELJANZ QL (60 tabs / 30 days)	Tier 2	QL B/D
XELJANZ XR QL (30 tabs / 30 days)	Tier 2	QL B/D
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate (generic of PLAQUENIL)	Tier 2	
leflunomide (generic of ARAVA) TABS QL (30 tabs / 30 days)	Tier 2	QL
methotrexate sodium TABS	Tier 2	
XATMEP	Tier 3	
IMMUNOGLOBULINS		
BIVIGAM	Tier 2	B/D
GAMASTAN	Tier 3	
GAMMAGARD LIQUID	Tier 2	B/D
GAMMAGARD S/D IGA LESS TH	Tier 2	B/D
GAMMAKED	Tier 2	B/D
GAMMAPLEX	Tier 2	B/D
GAMUNEX-C	Tier 2	B/D
OCTAGAM	Tier 2	B/D
PANZYGA	Tier 2	B/D
PRIVIGEN	Tier 2	B/D
IMMUNOMODULATORS		
ACTIMMUNE	Tier 2	LA
ARCALYST	Tier 2	B/D
INTRON A	Tier 2	
IMMUNOSUPPRESSANTS		
azathioprine (generic of IMURAN) TABS	Tier 2	
BENLYSTA	Tier 2	B/D
cyclosporine (generic of SANDIMMUNE) CAPS	Tier 3	
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	
cyclosporine modified (for microemulsion) CAPS 50mg	Tier 3	
cyclosporine modified (for microemulsion) (generic of NEORAL) SOLN	Tier 3	
everolimus (immunosuppressant) (generic of ZORTRESS) .5mg, .75mg	Tier 1	
everolimus (immunosuppressant) (generic of ZORTRESS) .25mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
gengraf (generic of NEORAL)	Tier 3	
mycophenolate mofetil (generic of CELLCEPT) CAPS; TABS	Tier 2	
mycophenolate mofetil (generic of CELLCEPT) SUSR	Tier 1	
mycophenolate sodium (generic of MYFORTIC)	Tier 3	
PROGRAF PACK	Tier 3	
SANDIMMUNE SOLN 100mg/ml	Tier 2	
sirolimus (generic of RAPAMUNE) SOLN	Tier 1	
sirolimus (generic of RAPAMUNE) TABS 2mg	Tier 1	
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 3	
tacrolimus (generic of PROGRAF) CAPS	Tier 3	
ZORTRESS 1mg	Tier 2	
VACCINES		
ACTHIB	Tier 2	
ADACEL	Tier 2	
BCG VACCINE	Tier 3	
BEXSERO	Tier 3	
BOOSTRIX	Tier 2	
DAPTACEL	Tier 2	
DIPHTHERIA/TETANUS TOXOID	Tier 2	
ENGERIX-B SUSP	Tier 2	
GARDASIL 9	Tier 3	
HAVRIX	Tier 2	
HIBERIX	Tier 2	
IMOVAX RABIES (H.D.C.V.)	Tier 3	
INFANRIX	Tier 2	
IPOL INACTIVATED IPV	Tier 2	
IXIARO	Tier 3	
KINRIX	Tier 2	
M-M-R II	Tier 2	
MENACTRA	Tier 3	
MENVEO	Tier 3	
PEDIARIX	Tier 2	
PEDVAX HIB	Tier 2	
PENTACEL	Tier 3	
PROQUAD	Tier 2	
QUADRACEL	Tier 2	
RABAVERT	Tier 3	
RECOMBIVAX HB	Tier 2	
ROTARIX	Tier 2	
ROTATEQ	Tier 2	
SHINGRIX PA (2 vials per lifetime)	Tier 3	PA
TDVAX	Tier 2	
TENIVAC	Tier 2	
TRUMENBA	Tier 3	
TWINRIX	Tier 3	
TYPHIM VI	Tier 3	
VAQTA	Tier 2	
VARIVAX	Tier 3	
YF-VAX	Tier 3	
ZOSTAVAX PA (1 vial per lifetime)	Tier 3	PA
NUTRITIONAL/SUPPLEMENTS ***ELECTROLYTES/MINERALS, INJECTABLE***		
DEXTROSE 5% /ELECTROLYTE	Tier 3	
DEXTROSE 5%/NACL 0.3%	Tier 2	
DEXTROSE 10%/NACL 0.2%	Tier 2	
dextrose in lactated ringers	Tier 2	
dextrose w/ sodium chloride	Tier 2	
ISOLYTE-P/DEXTROSE 5%	Tier 3	
ISOLYTE-S	Tier 3	
KCL 0.3%/D5W/NACL 0.9%	Tier 3	
KCL 0.15%/D5W/NACL 0.225%	Tier 3	
lactated ringer's	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate SOLN 50%	Tier 2	
MAGNESIUM SULFATE IN D5W	Tier 2	
magnesium sulfate in dextrose (generic of MAGNESIUM SULFATE IN D5W)	Tier 2	
NORMOSOL -R	Tier 3	
NORMOSOL-M IN D5W	Tier 3	
PLASMA-LYTE A	Tier 3	
PLASMA-LYTE-148	Tier 3	
potassium chloride SOLN 2meq/ml	Tier 2	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 3	
potassium chloride in dextrose	Tier 2	
potassium chloride in dextrose & sodium chloride	Tier 2	
potassium chloride in nacl	Tier 2	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	Tier 2	
TPN ELECTROLYTES	Tier 3	
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con	Tier 3	
klor-con 8	Tier 1	
klor-con 10	Tier 1	
klor-con m10	Tier 1	
klor-con m15	Tier 1	
klor-con m20	Tier 1	
klor-con sprinkle	Tier 2	
M-NATAL PLUS	Tier 2	
ONE VITE WOMENS PRENATAL	Tier 2	
PNV FOLIC ACID + IRON MUL	Tier 2	
potassium chloride CPCR	Tier 2	
potassium chloride PACK	Tier 3	
potassium chloride SOLN 10%, 20%	Tier 3	
potassium chloride TBCR 8meq, 10meq	Tier 1	
potassium chloride (generic of K-TAB) TBCR 20meq	Tier 1	
potassium chloride microencapsulated crystaler	Tier 1	
PRENATAL	Tier 2	
PRENATAL PLUS	Tier 2	
PRENATAL TAB PLUS	Tier 2	
PRENATAL VITAMINS PLUS LO	Tier 2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
TRICARE	Tier 2	
IV NUTRITION		
AMINOSYN II	Tier 3	
AMINOSYN-PF 7%	Tier 3	
CLINIMIX 4.25%/DEXTROSE 1	Tier 3	
CLINIMIX 4.25%/DEXTROSE 5	Tier 3	
CLINIMIX 5%/DEXTROSE 15%	Tier 3	
CLINIMIX 5%/DEXTROSE 20%	Tier 3	
clinisol sf 15%	Tier 3	
CLINOLIPID	Tier 3	
dextrose SOLN 5%, 10%	Tier 2	
dextrose SOLN 50%, 70%	Tier 2	
FREAMINE HBC 6.9%	Tier 3	
FREAMINE III	Tier 3	
hepatamine	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
INTRALIPID	Tier 3	
NEPHRAMINE	Tier 3	
NUTRILIPID	Tier 3	
plenamine	Tier 3	
PREMASOL	Tier 3	
PROCALAMINE	Tier 3	
PROSOL	Tier 3	
TRAVASOL	Tier 3	
TROPHAMINE	Tier 3	
OPHTHALMIC *ANTI-INFECTIVE/ANTI-INFLAMMATORY*		
bacitracin-poly-neomycin-hc	Tier 2	
BLEPHAMIDE S.O.P.	Tier 3	
neomycin-polymy-dexameth (generic of MAXITROL)	Tier 1	
sulfacetamide sod-prednisolone	Tier 1	
TOBRADEX OINT	Tier 2	
TOBRADEX ST	Tier 2	
tobramycin-dexamethasone (generic of TOBRADEX)	Tier 3	
ZYLET	Tier 2	
ANTI-INFECTIVES		
bacitracin (ophthalmic)	Tier 2	
bacitracin-polymyxin b (ophth)	Tier 1	
BESIVANCE	Tier 2	
CILOXAN OINT	Tier 2	
ciprofloxacin hcl (ophth) (generic of CILOXAN)	Tier 1	
erythromycin (ophth)	Tier 1	
gentak	Tier 2	
gentamicin sulfate (ophth)	Tier 1	
moxifloxacin hcl (ophth) (generic of VIGAMOX)	Tier 2	
NATACYN	Tier 3	
neomycin-bacitracin zn-polymyxin	Tier 2	
neomycin-polymyxin-gramicidin	Tier 2	
ofloxacin (ophth) (generic of OCUFLOX)	Tier 1	
polymyxin b-trimethoprim (generic of POLYTRIM)	Tier 1	
sulfacetamide sodium (ophth) OINT	Tier 2	
sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN	Tier 2	
tobramycin (ophth) (generic of TOBREX)	Tier 1	
trifluridine	Tier 3	
ZIRGAN	Tier 3	
ANTI-INFLAMMATORIES		
ALREX	Tier 2	
BROMSITE	Tier 3	
dexamethasone sodium phosphate (ophth)	Tier 2	
diclofenac sodium (ophth)	Tier 1	
DUREZOL	Tier 2	
FLAREX	Tier 3	
fluorometholone (ophth)	Tier 2	
flurbiprofen sodium	Tier 2	
ILEVRO	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR LS) .4%	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR) .5%	Tier 1	
LOTEMAX OINT	Tier 2	
prednisolone acetate (ophth) (generic of PRED FORTE)	Tier 2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 2	
PROLENSA	Tier 2	
ANTIALLERGICS		
azelastine hcl (ophth)	Tier 2	
BEPREVE	Tier 2	
cromolyn sodium (ophth)	Tier 1	
LASTACAFT	Tier 3	
olopatadine hcl .2%	Tier 2	
PAZEO	Tier 2	
ZERVIATE	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
ANTIGLAUCOMA		
ALPHAGAN P .1%	Tier 2	
AZOPT	Tier 2	
betaxolol hcl (ophth)	Tier 2	
BETOPTIC-S	Tier 2	
brimonidine tartrate SOLN .2%	Tier 1	
brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%	Tier 3	
carteolol hcl (ophth)	Tier 1	
COMBIGAN	Tier 2	
dorzolamide hcl (generic of TRUSOPT)	Tier 1	
dorzolamide hcl-timolol maleate (generic of COSOPT)	Tier 1	
latanoprost (generic of XALATAN) SOLN	Tier 1	
levobunolol hcl	Tier 1	
LUMIGAN	Tier 2	
PHOSPHOLINE IODIDE	Tier 3	
pilocarpine hcl (generic of ISOPTO CARPINE) SOLN	Tier 2	
RHOPRESSA	Tier 2	
SIMBRINZA	Tier 2	
timolol maleate (ophth) (generic of TIMOPTIC-XE) SOLG	Tier 3	
timolol maleate (ophth) (generic of TIMOPTIC) SOLN	Tier 1	
timolol maleate (ophth) once-daily (generic of ISTALOL)	Tier 3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
CYSTARAN	Tier 2	LA B/D
proparacaine hcl (generic of ALCAINE) SOLN	Tier 2	
XIIDRA QL (60 single use vials / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA QL (60 blisters / 30 days)	Tier 2	QL
BEVESPI AEROSPHERE QL (1 inhaler / 30 days)	Tier 2	QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	Tier 3	QL
ipratropium-albuterol	Tier 2	
TRELEGY ELLIPTA QL (60 blisters / 30 days)	Tier 2	QL
ANTICHOLINERGICS		
ATROVENT HFA QL (2 inhalers / 30 days)	Tier 3	QL
INCRUSE ELLIPTA QL (30 blisters / 30 days)	Tier 2	QL
ipratropium bromide SOLN	Tier 1	
ipratropium bromide (nasal)	Tier 2	
ANTIHISTAMINES		
azelastine hcl SOLN	Tier 2	
cetirizine hcl SOLN	Tier 1	
cyproheptadine hcl SYRP; TABS PA if 70 years and older	Tier 2	B/D
diphenhydramine hcl SOLN	Tier 2	
hydroxyzine hcl SOLN PA if 70 years and older	Tier 3	B/D
hydroxyzine hcl SYRP PA if 70 years and older	Tier 2	B/D
hydroxyzine hcl TABS PA if 70 years and older	Tier 1	B/D
hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	Tier 1	B/D
levocetirizine dihydrochloride TABS	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL
albuterol sulfate (generic of PROAIR HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	
albuterol sulfate NEBU .083%	Tier 1	
albuterol sulfate SYRP	Tier 1	
albuterol sulfate TABS	Tier 3	
levalbuterol tartrate QL (2 inhalers / 30 days)	Tier 2	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
terbutaline sulfate TABS	Tier 3	
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 2	QL
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW; TABS	Tier 1	
montelukast sodium (generic of SINGULAIR) PACK	Tier 3	
zafirlukast (generic of ACCOLATE)	Tier 2	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 2	
ARALAST NP	Tier 2	LA B/D
cromolyn sodium NEBU	Tier 2	
DALIRESP	Tier 3	
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) .3mg/0.3ml (generic of EpiPen)	Tier 2	
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) .15mg/0.3ml (generic of EpiPen)	Tier 2	
epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
ESBRIET CAPS QL (270 caps / 30 days)	Tier 2	QL B/D
ESBRIET TABS 267mg QL (270 tabs / 30 days)	Tier 2	QL B/D
ESBRIET TABS 801mg QL (90 tabs / 30 days)	Tier 2	QL B/D
FASENRA	Tier 2	LA B/D
FASENRA PEN	Tier 2	LA B/D
KALYDECO PACK QL (56 packs / 28 days)	Tier 2	QL B/D
KALYDECO TABS QL (60 tabs / 30 days)	Tier 2	QL B/D
OFEV QL (60 caps / 30 days)	Tier 2	QL B/D
ORKAMBI PACK QL (56 packs / 28 days)	Tier 2	QL B/D
ORKAMBI TABS QL (112 tabs / 28 days)	Tier 2	QL B/D
PROLASTIN-C	Tier 2	LA B/D
PULMOZYME	Tier 2	B/D
SYMDEKO QL (56 tabs / 28 days)	Tier 2	QL LA B/D
SYMJEPI	Tier 3	
theophylline TB12	Tier 3	
theophylline TB24	Tier 2	
TRIKAFTA QL (84 tabs / 28 days)	Tier 2	QL LA B/D
XOLAIR	Tier 2	LA B/D
ZEMAIRA	Tier 2	LA B/D

You can find information on what symbols and abbreviations on this table mean by going to page V.

B/D – Covered under Medicare Part B or D **QL –** Quantity Limits **PA –** Prior Authorization
ST – Step Therapy **LA –** Limited Access **NMO –** No Mail Order

Drug Name	Drug Tier	Requirements/ Limits
NASAL STEROIDS		
flunisolide (nasal) QL (3 bottles / 30 days)	Tier 2	QL
fluticasone propionate (nasal) QL (1 bottle / 30 days)	Tier 1	QL
STEROID INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	Tier 2	QL
budesonide (inhalation) (generic of PULMICORT) .5mg/2ml QL (60 respules / 30 days)	Tier 3	QL
budesonide (inhalation) (generic of PULMICORT) .25mg/2ml QL (90 respules / 30 days)	Tier 3	QL
FLOVENT DISKUS 50mcg/blist QL (180 inhalations / 30 days)	Tier 2	QL
FLOVENT DISKUS 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	Tier 2	QL
FLOVENT HFA QL (2 inhalers / 30 days)	Tier 2	QL
PULMICORT FLEXHALER 90mcg/act QL (3 inhalers / 30 days)	Tier 3	QL
PULMICORT FLEXHALER 180mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
ADVAIR HFA QL (1 inhaler / 30 days)	Tier 2	QL
BREO ELLIPTA QL (60 blisters / 30 days)	Tier 2	QL
SYMBICORT QL (1 inhaler / 30 days)	Tier 2	QL
TOPICAL ***DERMATOLOGY, ACNE***		
amnesteem	Tier 3	B/D
avita (generic of RETIN-A) CREA QL (45 gm / 30 days)	Tier 3	QL B/D
avita GEL QL (45 gm / 30 days)	Tier 3	QL B/D
claravis	Tier 3	B/D
clindamycin phosphate (topical) (generic of CLEOCIN-T) GEL QL (75 gm / 30 days)	Tier 2	QL
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN QL (60 mL / 30 days)	Tier 2	QL
clindamycin phosphate (topical) SOLN QL (60 mL / 30 days)	Tier 2	QL
erythromycin (acne aid) SOLN QL (60 mL / 30 days)	Tier 2	QL
isotretinoin CAPS	Tier 3	B/D
myorisan	Tier 3	B/D
sulfacetamide sodium (acne) (generic of KLARON)	Tier 3	
tretinoin (generic of RETIN-A) CREA QL (45 gm / 30 days)	Tier 3	QL B/D
tretinoin (generic of RETIN-A) GEL .01%, .025% QL (45 gm / 30 days)	Tier 3	QL B/D
zenatane	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA QL (30 gm / 30 days)	Tier 3	QL
gentamicin sulfate (topical) OINT	Tier 2	
mupirocin OINT QL (220 gm / 30 days)	Tier 1	QL
silver sulfadiazine (generic of SILVADENE) CREA	Tier 1	
ssd (generic of SILVADENE)	Tier 1	
SULFAMYLON CREA	Tier 3	
DERMATOLOGY, ANTIFUNGALS		
clotrimazole (topical) CREA QL (45 gm / 30 days)	Tier 2	QL
clotrimazole w/ betamethasone CREA QL (45 gm / 30 days)	Tier 2	QL
ketoconazole (topical) CREA QL (60 gm / 30 days)	Tier 2	QL
nyamyc QL (60 gm / 30 days)	Tier 2	QL
nystatin (topical) CREA; OINT QL (30 gm / 30 days)	Tier 2	QL
nystatin (topical) POWD QL (60 gm / 30 days)	Tier 2	QL
nystop QL (60 gm / 30 days)	Tier 2	QL
DERMATOLOGY, ANTIPSORIATICS		
acitretin (generic of SORIATANE) 10mg, 25mg	Tier 3	B/D
acitretin 17.5mg	Tier 3	B/D
calcipotriene (generic of DOVONEX) CREA QL (120 gm / 30 days)	Tier 3	QL B/D
calcipotriene OINT QL (120 gm / 30 days)	Tier 3	QL B/D
calcipotriene SOLN QL (120 mL / 30 days)	Tier 3	QL B/D
calcitrene QL (120 gm / 30 days)	Tier 3	QL B/D
tazarotene (generic of TAZORAC) CREA QL (60 gm / 30 days)	Tier 2	QL B/D
TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 3	QL B/D
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM QL (120 mL / 30 days)	Tier 1	QL
selenium sulfide LOTN	Tier 1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	Tier 1	
alclometasone dipropionate	Tier 2	
betamethasone dipropionate (topical) CREA; LOTN	Tier 2	
betamethasone dipropionate (topical) OINT	Tier 3	
betamethasone dipropionate augmented (generic of DIPROLENE AF) CREA	Tier 2	
betamethasone dipropionate augmented GEL; LOTN	Tier 3	
betamethasone dipropionate augmented (generic of DIPROLENE) OINT	Tier 3	
betamethasone valerate CREA; LOTN; OINT	Tier 2	
clobetasol propionate (generic of TEMOVATE) CREA; OINT QL (60 gm / 30 days)	Tier 2	QL
clobetasol propionate GEL QL (60 gm / 30 days)	Tier 3	QL
clobetasol propionate SOLN QL (50 mL / 30 days)	Tier 2	QL
clobetasol propionate e QL (60 gm / 30 days)	Tier 2	QL
ENSTILAR QL (120 gm / 30 days)	Tier 3	QL B/D
fluocinolone acetonide CREA .01%	Tier 2	
fluocinolone acetonide (generic of SYNALAR) CREA .025%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
fluocinolone acetonide (generic of SYNALAR) OINT	Tier 2	
fluocinolone acetonide (generic of SYNALAR) SOLN QL (90 mL / 30 days)	Tier 3	QL
fluocinonide CREA .05% QL (120 gm / 30 days)	Tier 2	QL
fluocinonide GEL QL (60 gm / 30 days)	Tier 3	QL
fluocinonide OINT QL (60 gm / 30 days)	Tier 3	QL
fluocinonide SOLN QL (60 mL / 30 days)	Tier 2	QL
fluocinonide emulsified base QL (120 gm / 30 days)	Tier 2	QL
fluticasone propionate CREA; OINT	Tier 2	
halobetasol propionate CREA; OINT QL (50 gm / 30 days)	Tier 3	QL
hydrocortisone (topical) CREA	Tier 1	
hydrocortisone (topical) LOTN	Tier 1	
hydrocortisone (topical) OINT 2.5%	Tier 1	
mometasone furoate CREA; OINT; SOLN	Tier 2	
triamcinolone acetonide (topical) CREA .1% QL (454 gm / 30 days)	Tier 1	QL
triamcinolone acetonide (topical) CREA .025%, .5%	Tier 1	
triamcinolone acetonide (topical) LOTN	Tier 2	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	Tier 1	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo QL (30 mL / 30 days)	Tier 2	QL B/D
lidocaine OINT QL (50 gm / 30 days)	Tier 3	QL B/D
lidocaine (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL B/D
lidocaine hcl GEL QL (30 mL / 30 days)	Tier 2	QL B/D
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	Tier 2	QL B/D
lidocaine-prilocaine QL (30 gm / 30 days)	Tier 2	QL B/D
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
diclofenac sodium (topical) (generic of VOLTAREN) GEL QL (1000 gm / 30 days)	Tier 2	QL B/D
fluorouracil (topical) (generic of EFUDEX) CREA QL (40 gm / 30 days)	Tier 3	QL
fluorouracil (topical) SOLN QL (10 mL / 30 days)	Tier 2	QL
imiquimod (generic of ALDARA) CREA 5% QL (24 packets / 30 days)	Tier 2	QL
lactic acid (ammonium lactate) CREA	Tier 1	
lactic acid (ammonium lactate) LOTN	Tier 2	
metronidazole (topical) (generic of METROCREAM) CREA	Tier 3	
metronidazole (topical) GEL .75%	Tier 2	
PICATO .05% QL (2 tubes / 30 days)	Tier 3	QL
PICATO .015% QL (3 tubes / 30 days)	Tier 3	QL
podofilox SOLN	Tier 2	
procto-med hc (generic of ANUSOL-HC)	Tier 2	
procto-pak (generic of PROCTOCORT)	Tier 2	
proctosol hc (generic of ANUSOL-HC)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
proctozone-hc (generic of ANUSOL-HC)	Tier 2	
RECTIV QL (30 gm / 30 days)	Tier 3	QL
rosadan (generic of METROCREAM)	Tier 3	
tacrolimus (topical) (generic of PROTOPIC) QL (100 gm / 30 days)	Tier 3	QL
TARGRETIN GEL QL (60 gm / 30 days)	Tier 2	QL
VALCHLOR QL (60 gm / 30 days)	Tier 2	QL LA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion	Tier 3	
permethrin (generic of ELIMITE)	Tier 2	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX QL (30 gm / 30 days)	Tier 2	QL B/D
SANTYL	Tier 3	
sodium chloride (gu irrigant)	Tier 2	
water for irrigation, sterile	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)	Tier 1	
clotrimazole TROC QL (150 lozenges / 30 days)	Tier 3	QL
lidocaine hcl (mouth-throat)	Tier 1	
nystatin (mouth-throat)	Tier 2	
paroex (generic of PERIDEX)	Tier 1	
periogard (generic of PERIDEX)	Tier 1	
pilocarpine hcl (oral) (generic of SALAGEN)	Tier 3	
triamcinolone acetonide (mouth)	Tier 2	
OTIC		
acetic acid (otic)	Tier 2	
CIPRODEX	Tier 2	
neomycin-polymyxin-hc (otic)	Tier 2	
ofloxacin (otic)	Tier 3	

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MASSACHUSETTS
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