Blue MedicareRx℠ (PDP)
3-tier
2019 Formulary
(List of Covered Drugs)

$5 / $10 / $25 - Option 14
$5 / $15 / $30 - Option 12
$10 / $20 / $35 - Option 15
$10 / $25 / $45 - Option 13
$15 / $30 / $50 - Option 16

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

This formulary was updated on 09/07/2018. 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, 2019. 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, 2020, and from time to time during the year.

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?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

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 the steps 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 new generic drug 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 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, 2019.

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 number 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 https://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 tab (generic of ZYLOPRIM)	Tier 1	
colchicine w/ probenecid	Tier 1	
COLCRYS QL (120 tabs / 30 days)	Tier 2	QL
MITIGARE QL (60 caps / 30 days)	Tier 2	QL
probenecid	Tier 1	
ULORIC	Tier 2	ST
NSAIDS		
celecoxib (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	Tier 1	QL
celecoxib (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	Tier 1	QL
celecoxib (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	Tier 1	QL
celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 1	QL
diclofenac potassium QL (120 tabs / 30 days)	Tier 1	QL
diclofenac sodium TB24; TBEC	Tier 1	
diflunisal	Tier 1	
etodolac CAPS	Tier 1	
etodolac (generic of LODINE) TABS 400mg	Tier 1	
etodolac TABS 500mg	Tier 1	
etodolac er	Tier 1	
flurbiprofen TABS	Tier 1	
ibu tab 600mg	Tier 1	
ibu tab 800mg	Tier 1	
ibuprofen SUSP	Tier 1	
ibuprofen TABS 400mg, 600mg, 800mg	Tier 1	
ketoprofen CAPS 75mg	Tier 1	
meloxicam (generic of MOBIC) TABS	Tier 1	
nabumetone TABS	Tier 1	
naproxen (generic of NAPROSYN) TABS 250mg, 500mg	Tier 1	
naproxen TABS 375mg	Tier 1	
naproxen dr (generic of EC-NAPROSYN)	Tier 1	
naproxen sodium TABS 275mg	Tier 1	
naproxen sodium (generic of ANAPROX DS) TABS 550mg	Tier 1	
piroxicam (generic of FELDENE) CAPS	Tier 1	
sulindac TABS	Tier 1	
OPIOID ANALGESICS		
acetaminophen w/ codeine 300-15mg QL (400 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine 300-30mg (generic of TYLENOL/CODEINE #3) QL (360 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine 300-60mg (generic of TYLENOL/CODEINE #4) QL (180 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine soln QL (2700 mL / 30 days)	Tier 1	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	Tier 3	
nalbuphine hcl SOLN	Tier 3	
tramadol hcl tab 50 mg (generic of ULTRAM) QL (240 tabs / 30 days)	Tier 1	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
tramadol-acetaminophen (generic of ULTRACET) QL (240 tabs / 30 days)	Tier 1	QL
OPIOID ANALGESICS, CII		
endocet 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
endocet 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
endocet 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 1	QL
endocet 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 1	QL
fentanyl citrate (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	Tier 1	QL PA
fentanyl patch 12 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	QL PA
fentanyl patch 25 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	QL PA
fentanyl patch 50 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	QL PA
fentanyl patch 75 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	QL PA
fentanyl patch 100 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	QL PA
FENTORA QL (120 tabs / 30 days)	Tier 2	QL PA
hydroco/apap tab 5-325mg (generic of NORCO,LORCET) QL (240 tabs / 30 days)	Tier 1	QL
hydroco/apap tab 7.5-325 (generic of NORCO,LORCET PLUS) QL (180 tabs / 30 days)	Tier 1	QL
hydroco/apap tab 10-325mg (generic of NORCO,LORCET HD) QL (180 tabs / 30 days)	Tier 1	QL
hydrocodone-acetaminophen 7.5-325 mg/15ml QL (2700 mL / 30 days)	Tier 1	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	Tier 1	QL
hydromorphone hcl (generic of DILAUDID) LIQD QL (600 mL / 30 days)	Tier 1	QL
hydromorphone hcl (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	Tier 3	B/D
hydromorphone hcl (generic of DILAUDID) TABS QL (180 tabs / 30 days)	Tier 1	QL
HYSINGLA ER QL (30 tabs / 30 days)	Tier 2	QL PA
lorcet hd tab 10-325mg (generic of NORCO) QL (180 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
lorcet plus tab 7.5-325 (generic of NORCO) QL (180 tabs / 30 days)	Tier 1	QL
lorcet tab 5-325mg (generic of NORCO) QL (240 tabs / 30 days)	Tier 1	QL
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 1	QL PA
methadone hcl 5mg (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 1	QL PA
methadone hcl 10mg (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 1	QL PA
methadone hcl intensol (generic of METHADOSE) QL (90 mL / 30 days)	Tier 1	QL PA
morphine ext-rel tab (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	Tier 1	QL PA
morphine ext-rel tab (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	Tier 1	QL PA
morphine sul inj 1mg/ml	Tier 3	B/D
MORPHINE SUL INJ 4MG/ML	Tier 3	B/D
morphine sul inj 10mg/ml	Tier 3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	Tier 3	B/D
morphine sulfate (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
morphine sulfate SOLN 8mg/ml	Tier 3	B/D
morphine sulfate TABS 15mg QL (180 tabs / 30 days)	Tier 1	QL
morphine sulfate TABS 30mg QL (90 tabs / 30 days)	Tier 1	QL
morphine sulfate oral soln 10mg/5ml QL (900 mL / 30 days)	Tier 1	QL
morphine sulfate oral soln 20mg/5ml QL (750 mL / 30 days)	Tier 1	QL
morphine sulfate oral soln 100mg/5ml QL (180 mL / 30 days)	Tier 1	QL
NUCYNTA ER 50mg, 100mg, 200mg, 250mg QL (60 tabs / 30 days)	Tier 2	QL PA
NUCYNTA ER 150mg QL (90 tabs / 30 days)	Tier 2	QL PA
oxycodone hcl CAPS QL (180 caps / 30 days)	Tier 1	QL
oxycodone hcl CONC QL (180 mL / 30 days)	Tier 1	QL
oxycodone hcl SOLN QL (900 mL / 30 days)	Tier 1	QL
oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
oxycodone hcl TABS 10mg, 20mg QL (180 tabs / 30 days)	Tier 1	QL
oxycodone w/ acetaminophen 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
oxycodone w/ acetaminophen 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
oxycodone w/ acetaminophen 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 1	QL
oxycodone w/ acetaminophen 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 1	QL
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) (generic of XYLOCAINE) 2%	Tier 1	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) .5%, 1%	Tier 1	B/D
lidocaine inj 0.5% (generic of XYLOCAINE)	Tier 1	B/D
lidocaine inj 1% (generic of XYLOCAINE)	Tier 1	B/D
lidocaine inj 1.5% preservative free (pf) (generic of XYLOCAINE-MPF)	Tier 1	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate SOLN	Tier 1	
gentamicin in saline	Tier 1	
gentamicin sulfate SOLN	Tier 1	
neomycin sulfate TABS	Tier 1	
paromomycin sulfate CAPS	Tier 1	
streptomycin sulfate SOLR	Tier 1	
SULFADIAZINE TABS	Tier 3	
tobramycin (generic of KITABIS PAK) NEBU	Tier 1	NMO PA
tobramycin inj 1.2 gm/30ml	Tier 1	
tobramycin inj 1.2gm	Tier 1	
tobramycin inj 10mg/ml	Tier 1	
tobramycin inj 40mg/ml	Tier 1	
tobramycin inj 80mg/2ml	Tier 1	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ALINIA	Tier 2	
atovaquone (generic of MEPRON) SUSP	Tier 1	
AZACTAM IN ISO-OSMOTIC DE	Tier 3	
AZACTAM/DEX INJ	Tier 3	
aztreonam (generic of AZACTAM)	Tier 1	
BILTRICIDE	Tier 2	
CAYSTON	Tier 2	NMO LA PA
clindamycin cap 75mg (generic of CLEOCIN)	Tier 1	
clindamycin cap 300mg (generic of CLEOCIN)	Tier 1	
clindamycin hcl cap 150 mg (generic of CLEOCIN)	Tier 1	
clindamycin phosphate in d5w (generic of CLEOCIN IN D5W)	Tier 1	
clindamycin phosphate in d5w (generic of CLEOCIN PHOSPHATE)	Tier 1	
CLINDAMYCIN PHOSPHATE IN NACL	Tier 3	
clindamycin phosphate inj (generic of CLEOCIN PHOSPHATE)	Tier 1	
clindamycin soln 75mg/5ml (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 1	
colistimethate sodium (generic of COLY-MYCIN M) SOLR	Tier 1	
dapsone TABS	Tier 1	
daptomycin (generic of CUBICIN) 500mg	Tier 1	
EMVERM	Tier 1	
ertapenem sodium	Tier 1	
imipenem-cilastatin	Tier 1	
imipenem-cilastatin (generic of PRIMAXIN IV)	Tier 1	
INVANZ	Tier 3	
ivermectin (generic of STROMECTOL) TABS	Tier 1	
linezolid in sodium chloride	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
linezolid inj (generic of ZYVOX)	Tier 1	
linezolid susp (generic of ZYVOX)	Tier 1	
linezolid tab 600mg (generic of ZYVOX)	Tier 1	
meropenem (generic of MERREM)	Tier 1	
methenamine hippurate (generic of HIPREX)	Tier 1	
metronidazole (generic of FLAGYL) TABS	Tier 1	
metronidazole in nacl	Tier 1	
NEBUPENT	Tier 3	B/D
nitrofurantoin macrocrystal (generic of MACRODANTIN) 50mg, 100mg PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 2	PA
nitrofurantoin monohyd macro (generic of MACROBID) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 2	PA
PENTAM 300	Tier 3	
praziquantel (generic of BILTRICIDE) TABS	Tier 1	
SIVEXTRO	Tier 2	
sulfamethoxazole-trimethop ds (generic of BACTRIM DS)	Tier 1	
sulfamethoxazole-trimethoprim inj	Tier 1	
sulfamethoxazole-trimethoprim susp	Tier 1	
sulfamethoxazole-trimethoprim tab 400-80mg (generic of BACTRIM)	Tier 1	
SYNERCID	Tier 2	
tigecycline (generic of TYGACIL)	Tier 1	
trimethoprim TABS	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
vancomycin hcl (generic of VANCOCIN HCL) CAPS 125mg	Tier 1	
vancomycin hcl (generic of VANCOCIN HCL) CAPS 250mg	Tier 1	
vancomycin hcl SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg	Tier 1	
VANCOMYCIN IN NACL	Tier 3	
ANTIFUNGALS		
ABELCET	Tier 2	B/D
AMBISOME	Tier 2	B/D
amphotericin b SOLR	Tier 1	B/D
caspofungin acetate (generic of CANCIDAS)	Tier 1	
fluconazole (generic of DIFLUCAN) SUSR	Tier 1	
fluconazole (generic of DIFLUCAN) TABS 50mg, 100mg, 200mg	Tier 1	
fluconazole (generic of DIFLUCAN) TABS 150mg	Tier 1	
fluconazole in dextrose	Tier 1	
fluconazole inj nacl 200	Tier 1	
fluconazole inj nacl 400	Tier 1	
flucytosine (generic of ANCOBON) CAPS	Tier 1	
griseofulvin microsize	Tier 1	
griseofulvin ultramicrosize	Tier 1	
itraconazole (generic of SPORANOX) CAPS	Tier 1	PA
ketoconazole TABS	Tier 1	PA
MYCAMINE	Tier 2	
NOXAFIL SUSP QL (630 mL / 30 days)	Tier 2	QL
NOXAFIL TBEC QL (93 tabs / 30 days)	Tier 2	QL
nystatin TABS	Tier 1	
terbinafine hcl (generic of LAMISIL) TABS QL (90 tabs / year)	Tier 1	QL
voriconazole (generic of VFEND IV) SOLR	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
voriconazole (generic of VFEND) SUSR; TABS	Tier 1	
ANTIMALARIALS		
atovaquone-proguanil hcl (generic of MALARONE)	Tier 1	
chloroquine phosphate TABS	Tier 1	
COARTEM	Tier 3	
mefloquine hcl	Tier 1	
PRIMAQUINE PHOSPHATE	Tier 2	
quinine sulfate (generic of QUALAQUIN) CAPS	Tier 1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate (generic of ZIAGEN)	Tier 1	NMO
APTIVUS	Tier 2	NMO
atazanavir sulfate (generic of REYATAZ)	Tier 1	NMO
CRIXIVAN	Tier 3	NMO
didanosine (generic of VIDEX EC)	Tier 1	NMO
EDURANT	Tier 2	NMO
efavirenz (generic of SUSTIVA) CAPS 50mg	Tier 1	NMO
efavirenz (generic of SUSTIVA) CAPS 200mg	Tier 1	NMO
efavirenz (generic of SUSTIVA) TABS	Tier 1	NMO
EMTRIVA	Tier 2	NMO
fosamprenavir tab 700 mg (generic of LEXIVA)	Tier 1	NMO
FUZEON	Tier 2	NMO
INTELENCE 25mg	Tier 3	NMO
INTELENCE 100mg, 200mg	Tier 2	NMO
INVIRASE	Tier 2	NMO
ISENTRESS CHEW 25mg	Tier 2	NMO
ISENTRESS CHEW 100mg	Tier 2	NMO
ISENTRESS PACK	Tier 2	NMO
ISENTRESS TABS	Tier 2	NMO
ISENTRESS HD	Tier 2	NMO
lamivudine (generic of EPIVIR)	Tier 1	NMO
LEXIVA SUSP	Tier 3	NMO
nevirapine (generic of VIRAMUNE) TABS	Tier 1	NMO
nevirapine (generic of VIRAMUNE XR) TB24	Tier 1	NMO
NORVIR CAPS	Tier 2	NMO
NORVIR PACK; SOLN	Tier 3	NMO
PREZISTA SUSP QL (400 mL / 30 days)	Tier 2	QL NMO
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL NMO
RESCRIPTOR	Tier 3	NMO
REYATAZ PACK	Tier 2	NMO
ritonavir (generic of NORVIR)	Tier 1	NMO
SELZENTRY SOLN	Tier 2	NMO
SELZENTRY TABS 25mg	Tier 3	NMO
SELZENTRY TABS 75mg, 150mg, 300mg	Tier 2	NMO
stavudine (generic of ZERIT)	Tier 1	NMO
tenofovir disoproxil fumarate (generic of VIREAD)	Tier 1	NMO
TIVICAY 10mg	Tier 2	NMO
TIVICAY 25mg, 50mg	Tier 2	NMO
TROGARZO	Tier 2	NMO LA
TYBOST	Tier 3	NMO
VIDEX EC 125mg	Tier 3	NMO
VIDEX PEDIATRIC	Tier 3	NMO
VIRACEPT	Tier 2	NMO
VIRAMUNE SUSP	Tier 3	NMO
VIREAD POWD	Tier 2	NMO
VIREAD TABS 150mg, 200mg, 250mg	Tier 2	NMO
ZERIT SOLR	Tier 2	NMO
zidovudine cap 100mg (generic of RETROVIR)	Tier 1	NMO
zidovudine syp 50mg/5ml (generic of RETROVIR)	Tier 1	NMO

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Drug Name	Drug Tier	Requirements/ Limits
zidovudine tab 300mg	Tier 1	NMO
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine (generic of EPZICOM)	Tier 1	NMO
abacavir sulfate-lamivudine-zidovudine (generic of TRIZIVIR)	Tier 1	NMO
ATRIPLA	Tier 2	NMO
BIKTARVY	Tier 2	NMO
CIMDUO	Tier 2	NMO
COMPLERA	Tier 2	NMO
DESCOVY	Tier 2	NMO
EVOTAZ	Tier 2	NMO
GENVOYA	Tier 2	NMO
JULUCA	Tier 2	NMO
KALETRA TAB 100-25MG	Tier 3	NMO
KALETRA TAB 200-50MG	Tier 2	NMO
lamivudine-zidovudine (generic of COMBIVIR)	Tier 1	NMO
lopinavir-ritonavir (generic of KALETRA)	Tier 1	NMO
ODEFSEY	Tier 2	NMO
PREZCOBIX	Tier 2	NMO
STRIBILD	Tier 2	NMO
SYMFI	Tier 2	NMO
SYMFI LO	Tier 2	NMO
TRIUMEQ	Tier 2	NMO
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	Tier 2	QL NMO
ANTITUBERCULAR AGENTS		
cycloserine CAPS	Tier 1	
ethambutol hcl (generic of MYAMBUTOL) TABS	Tier 1	
isoniazid TABS	Tier 1	
isoniazid syp 50mg/5ml	Tier 1	
PASER D/R	Tier 3	
PRIFTIN	Tier 3	
pyrazinamide TABS	Tier 1	
rifabutin (generic of MYCOBUTIN)	Tier 1	
rifampin (generic of RIFADIN) CAPS; SOLR	Tier 1	
RIFATER	Tier 3	
SIRTURO	Tier 2	LA PA
TRECATOR	Tier 3	
ANTIVIRALS		
acyclovir (generic of ZOVIRAX) CAPS; TABS	Tier 1	
acyclovir (generic of ZOVIRAX) SUSP	Tier 1	
acyclovir sodium	Tier 1	B/D
adefovir dipivoxil (generic of HEPSERA)	Tier 1	NMO
BARACLUDE SOLN	Tier 2	NMO
entecavir (generic of BARACLUDE)	Tier 1	NMO
EPCLUSA	Tier 2	NMO PA
EPIVIR HBV SOLN	Tier 3	NMO
famciclovir TABS	Tier 1	
ganciclovir sodium (generic of CYTOVENE)	Tier 1	B/D
HARVONI	Tier 2	NMO PA
lamivudine (hbv) (generic of EPIVIR HBV)	Tier 1	NMO
MAVYRET	Tier 2	NMO PA
moderiba tab 200mg	Tier 1	NMO
oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 1	QL
oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 1	QL
oseltamivir phosphate (generic of TAMIFLU) SUSR QL (1080 mL / year)	Tier 1	QL
PEGASYS	Tier 2	NMO PA
PEGASYS PROCLICK 180mcg/0.5ml	Tier 2	NMO PA
REBETOL SOLN	Tier 2	NMO

Drug Name	Drug Tier	Requirements/ Limits
RELENZA DISKHALER QL (6 inhalers / year)	Tier 2	QL
ribasphere (generic of REBETOL) CAPS	Tier 1	NMO
ribasphere TABS 200mg	Tier 1	NMO
ribasphere TABS 400mg, 600mg	Tier 1	NMO
ribavirin 200mg (generic of REBETOL) CAPS	Tier 1	NMO
ribavirin 200mg TABS	Tier 1	NMO
rimantadine hydrochloride (generic of FLUMADINE)	Tier 1	
valacyclovir hcl (generic of VALTREX) TABS	Tier 1	
valganciclovir hcl (generic of VALCYTE)	Tier 1	
VEMLIDY	Tier 2	NMO
VOSEVI	Tier 2	NMO PA
ZEPATIER	Tier 2	NMO PA
CEPHALOSPORINS		
cefaclor	Tier 1	
CEFACLOR MONOHYDRATE ER	Tier 3	
cefadroxil CAPS	Tier 1	
cefadroxil SUSR; TABS	Tier 1	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	Tier 2	
cefazolin inj	Tier 1	
cefazolin sodium SOLR 1gm, 20gm	Tier 1	
CEFAZOLIN SODIUM 1 GM/50ML	Tier 2	
cefdinir	Tier 1	
cefepime hcl (generic of MAXIPIME)	Tier 1	
cefixime (generic of SUPRAX)	Tier 1	
cefotaxime sodium 1gm, 2gm, 500mg	Tier 1	
cefoxitin sodium	Tier 1	
cefpodoxime proxetil	Tier 1	
cefprozil	Tier 1	
ceftazidime SOLR	Tier 1	
CEFTAZIDIME/DEXTROSE	Tier 3	
ceftriaxone sodium (generic of ROCEPHIN) SOLR 1gm	Tier 1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	
cefuroxime axetil	Tier 1	
cefuroxime sodium	Tier 1	
cephalexin (generic of KEFLEX) CAPS 250mg, 500mg	Tier 1	
cephalexin SUSR	Tier 1	
SUPRAX CAPS	Tier 2	
SUPRAX CHEW	Tier 3	
SUPRAX SUSR 500mg/5ml	Tier 2	
tazicef SOLR	Tier 1	
TEFLARO	Tier 2	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK	Tier 1	
azithromycin (generic of ZITHROMAX) SOLR; SUSR	Tier 1	
azithromycin (generic of ZITHROMAX) TABS	Tier 1	
clarithromycin TABS 250mg	Tier 1	
clarithromycin (generic of BIAXIN) TABS 500mg	Tier 1	
clarithromycin er (generic of BIAXIN XL)	Tier 1	
clarithromycin for susp	Tier 1	
DIFICID	Tier 2	
e.e.s 400	Tier 1	
ery-tab	Tier 1	
ERYTHROCIN LACTOBIONATE	Tier 3	
erythrocin stearate	Tier 1	
erythromycin base	Tier 1	
erythromycin cap 250mg ec	Tier 1	
erythromycin ethylsuccinate TABS	Tier 1	
FLUOROQUINOLONES		
ciprofloxacin SUSR 250mg/5ml	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin (generic of CIPRO) SUSR 500mg/5ml	Tier 1	
ciprofloxacin hcl tab 100mg	Tier 1	
ciprofloxacin hcl tab (generic of CIPRO) 250mg, 500mg	Tier 1	
ciprofloxacin hcl tab 750mg	Tier 1	
ciprofloxacin in d5w	Tier 1	
ciprofloxacin in d5w (generic of CIPRO I.V.-IN D5W)	Tier 1	
levofloxacin (generic of LEVAQUIN) TABS	Tier 1	
levofloxacin in d5w	Tier 1	
levofloxacin inj 25mg/ml	Tier 1	
levofloxacin oral soln 25 mg/ml	Tier 1	
PENICILLINS		
amoxicillin CAPS; SUSR; TABS	Tier 1	
amoxicillin CHEW	Tier 1	
amoxicillin & pot clavulanate CHEW	Tier 1	
amoxicillin & pot clavulanate SUSR	Tier 1	
amoxicillin & pot clavulanate (generic of AUGMENTIN) SUSR	Tier 1	
amoxicillin & pot clavulanate (generic of AUGMENTIN ES-600) SUSR	Tier 1	
amoxicillin & pot clavulanate TABS	Tier 1	
amoxicillin & pot clavulanate (generic of AUGMENTIN) TABS	Tier 1	
amoxicillin & pot clavulanate (generic of AUGMENTIN XR) TB12	Tier 1	
ampicillin & sulbactam sodium	Tier 1	
ampicillin & sulbactam sodium (generic of UNASYN)	Tier 1	
ampicillin & sulbactam sodium (generic of UNASYN BULK PACK)	Tier 1	
ampicillin cap 500mg	Tier 1	
ampicillin inj	Tier 1	
ampicillin sodium	Tier 1	
BICILLIN L-A	Tier 3	
dicloxacillin sodium	Tier 1	
nafcillin sodium 1gm, 2gm	Tier 1	
nafcillin sodium 10gm	Tier 1	
oxacillin sodium 1gm, 2gm	Tier 1	
oxacillin sodium 10gm	Tier 1	
PENICILLIN G POT IN DEXTROSE 2MU	Tier 3	
PENICILLIN G POT IN DEXTROSE 3MU	Tier 3	
PENICILLIN G PROCAINE	Tier 3	
penicillin g sodium	Tier 1	
penicillin v potassium SOLR	Tier 1	
penicillin v potassium TABS	Tier 1	
penicilln gk inj 5mu	Tier 1	
penicilln gk inj 20mu	Tier 1	
pfizerpen-g inj 5mu	Tier 1	
pfizerpen-g inj 20mu	Tier 1	
piper/tazoba inj 2-0.25gm (generic of ZOSYN)	Tier 1	
piper/tazoba inj 3-0.375gm (generic of ZOSYN)	Tier 1	
piper/tazoba inj 4-0.5gm (generic of ZOSYN)	Tier 1	
PIPER/TAZOBA INJ 12-1.5GM	Tier 3	
piper/tazoba inj 36-4.5gm (generic of ZOSYN)	Tier 1	
TETRACYCLINES		
doxy 100	Tier 1	
doxycycline (monohydrate) CAPS 50mg, 100mg	Tier 1	
doxycycline (monohydrate) TABS	Tier 1	
doxycycline hyclate CAPS 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg	Tier 1	
doxycycline hyclate SOLR	Tier 1	
doxycycline hyclate TABS 20mg, 100mg	Tier 1	
minocycline hcl (generic of MINOCIN) CAPS 50mg, 100mg	Tier 1	
minocycline hcl CAPS 75mg	Tier 1	
morgidox cap 1x50mg	Tier 1	
tetracycline hcl CAPS	Tier 1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	Tier 2	B/D NMO
cyclophosphamide (generic of CYCLOPHOSPHAMIDE) CAPS	Tier 1	B/D
cyclophosphamide SOLR	Tier 1	B/D
dacarbazine 100mg	Tier 1	B/D
EMCYT	Tier 3	
GLEOSTINE 10mg, 40mg, 100mg	Tier 3	
HEXALEN	Tier 2	
IFEX INJ 3GM	Tier 3	B/D
ifosfamide inj 1gm/20ml	Tier 1	B/D
IFOSFAMIDE INJ 3GM	Tier 3	B/D
ifosfamide inj 3gm/60ml	Tier 1	B/D
LEUKERAN	Tier 2	
ANTHRACYCLINES		
adriamycin	Tier 1	B/D
doxorubicin hcl	Tier 1	B/D
doxorubicin hcl liposomal (generic of DOXIL)	Tier 1	B/D
epirubicin hcl (generic of ELLENCE)	Tier 1	B/D
ANTIBIOTICS		
bleomycin sulfate	Tier 1	B/D
mitomycin SOLR	Tier 1	B/D
ANTIMETABOLITES		
adrucil	Tier 1	B/D
ALIMTA	Tier 2	B/D
azacitidine (generic of VIDAZA)	Tier 1	B/D NMO
cytarabine 20mg/ml	Tier 1	B/D
fluorouracil SOLN	Tier 1	B/D
gemcitabine inj soln	Tier 1	B/D
gemcitabine inj solr (generic of GEMZAR) 1gm, 200mg	Tier 1	B/D
gemcitabine inj solr 2gm	Tier 1	B/D
mercaptopurine TABS	Tier 1	
methotrexate sodium inj	Tier 1	B/D
PURIXAN	Tier 2	NMO
TABLOID	Tier 3	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	Tier 2	B/D
docetaxel (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml	Tier 1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml	Tier 2	B/D
DOCETAXEL CONC 200mg/10ml	Tier 1	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 2	B/D
docetaxel (generic of DOCETAXEL) SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	B/D
paclitaxel	Tier 1	B/D
TAXOTERE 80mg/4ml	Tier 2	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate	Tier 1	B/D
vincasar pfs	Tier 1	B/D
vincristine sulfate	Tier 1	B/D
vinorelbine tartrate (generic of NAVELBINE)	Tier 1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	Tier 2	NMO LA PA
BORTEZOMIB	Tier 2	NMO PA
ERIVEDGE	Tier 2	NMO LA PA
FARYDAK	Tier 2	NMO LA PA
HERCEPTIN	Tier 2	NMO PA
IBRANCE	Tier 2	NMO LA PA
IDHIFA	Tier 2	NMO LA PA
KADCYLA	Tier 2	B/D NMO
KEYTRUDA	Tier 2	NMO PA
KISQALI	Tier 2	NMO PA

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Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA 200 DOSE	Tier 2	NMO PA
KISQALI FEMARA 400 DOSE	Tier 2	NMO PA
KISQALI FEMARA 600 DOSE	Tier 2	NMO PA
LYNPARZA	Tier 2	NMO LA PA
MYLOTARG	Tier 2	NMO LA PA
NINLARO	Tier 2	NMO PA
ODOMZO	Tier 2	NMO LA PA
RITUXAN	Tier 2	NMO LA PA
RITUXAN HYCELA	Tier 2	NMO LA PA
RUBRACA	Tier 2	NMO LA PA
TECENTRIQ	Tier 2	NMO LA PA
VELCADE	Tier 2	NMO PA
VENCLEXTA 10mg, 50mg	Tier 3	NMO LA PA
VENCLEXTA 100mg	Tier 2	NMO LA PA
VENCLEXTA STARTING PACK	Tier 2	NMO LA PA
VERZENIO	Tier 2	NMO LA PA
ZEJULA	Tier 2	NMO LA PA
ZOLINZA	Tier 2	NMO PA
HORMONAL ANTINEOPLASTIC AGENTS		
anastrozole (generic of ARIMIDEX) TABS	Tier 1	
bicalutamide (generic of CASODEX)	Tier 1	
DEPO-PROVERA INJ 400/ML	Tier 3	B/D
ERLEADA	Tier 2	NMO LA PA
exemestane (generic of AROMASIN)	Tier 1	
FARESTON	Tier 2	
FASLODEX	Tier 2	B/D
flutamide	Tier 1	
letrozole (generic of FEMARA) TABS	Tier 1	
leuprolide inj 1mg/0.2	Tier 1	NMO PA
LUPRON DEPOT (1-MONTH) 3.75mg	Tier 2	NMO PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	Tier 2	NMO PA
LYSODREN	Tier 2	
megestrol ac sus 40mg/ml	Tier 3	
megestrol ac tab 20mg	Tier 2	
megestrol ac tab 40mg	Tier 2	
megestrol sus 625mg/5ml (generic of MEGACE ES)	Tier 3	PA
nilutamide (generic of NILANDRON)	Tier 1	
SOLTAMOX	Tier 2	
tamoxifen citrate TABS	Tier 1	
TRELSTAR DEP INJ 3.75MG	Tier 2	NMO PA
TRELSTAR LA INJ 11.25MG	Tier 2	NMO PA
XTANDI	Tier 2	NMO LA PA
ZYTIGA	Tier 2	NMO LA PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	Tier 2	NMO LA PA
POMALYST CAP 2MG	Tier 2	NMO LA PA
POMALYST CAP 3MG	Tier 2	NMO LA PA
POMALYST CAP 4MG	Tier 2	NMO LA PA
REVLIMID QL (28 caps / 28 days)	Tier 2	QL NMO LA PA
THALOMID 50mg, 100mg QL (30 caps / 30 days)	Tier 2	QL NMO PA
THALOMID 150mg, 200mg QL (60 caps / 30 days)	Tier 2	QL NMO PA
KINASE INHIBITORS		
AFINITOR QL (30 tabs / 30 days)	Tier 2	QL NMO PA
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	Tier 2	QL NMO PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	Tier 2	QL NMO PA
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	Tier 2	QL NMO PA
ALECENSA	Tier 2	NMO LA PA
ALUNBRIG	Tier 2	NMO LA PA
BOSULIF	Tier 2	NMO PA
CABOMETYX QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
CALQUENCE	Tier 2	NMO LA PA
CAPRELSA	Tier 2	NMO LA PA
COMETRIQ	Tier 2	NMO LA PA
COTELLIC	Tier 2	NMO LA PA
GILOTRIF TAB 20MG	Tier 2	NMO LA PA
GILOTRIF TAB 30MG	Tier 2	NMO LA PA

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Drug Name	Drug Tier	Requirements/ Limits
GILOTRIF TAB 40MG	Tier 2	NMO LA PA
ICLUSIG	Tier 2	NMO LA PA
imatinib mesylate (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	Tier 1	QL NMO PA
imatinib mesylate (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	Tier 1	QL NMO PA
IMBRUVICA	Tier 2	NMO LA PA
INLYTA 1mg QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
INLYTA 5mg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA
IRESSA	Tier 2	NMO LA PA
JAKAFI QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
LENVIMA 8 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 10 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 14 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 18 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 20 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 24 MG DAILY DOSE	Tier 2	NMO LA PA
MEKINIST	Tier 2	NMO LA PA
NERLYNX	Tier 2	NMO LA PA
NEXAVAR	Tier 2	NMO LA PA
RYDAPT	Tier 2	NMO PA
SPRYCEL	Tier 2	NMO PA
STIVARGA	Tier 2	NMO LA PA
SUTENT	Tier 2	NMO PA
TAFINLAR	Tier 2	NMO LA PA
TAGRISSO	Tier 2	NMO LA PA
TARCEVA 25mg QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
TARCEVA 100mg, 150mg QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
TASIGNA	Tier 2	NMO PA
TYKERB	Tier 2	NMO LA PA
VOTRIENT	Tier 2	NMO LA PA
XALKORI	Tier 2	NMO LA PA
ZELBORAF	Tier 2	NMO LA PA
ZYDELIG	Tier 2	NMO LA PA
ZYKADIA	Tier 2	NMO LA PA
MISCELLANEOUS		
bexarotene (generic of TARGRETIN)	Tier 1	NMO PA
hydroxyurea (generic of HYDREA) CAPS	Tier 1	
LONSURF	Tier 2	NMO PA
MATULANE	Tier 2	LA
SYLATRON KIT 200MCG	Tier 2	NMO PA
SYLATRON KIT 300MCG	Tier 2	NMO PA
SYLATRON KIT 600MCG	Tier 2	NMO PA
SYNRIBO	Tier 2	NMO PA
tretinoin (chemotherapy)	Tier 1	
PLATINUM-BASED AGENTS		
carboplatin	Tier 1	B/D
cisplatin	Tier 1	B/D
oxaliplatin inj 50mg	Tier 1	B/D
oxaliplatin inj 50mg/10ml	Tier 1	B/D
oxaliplatin inj 100mg	Tier 1	B/D
oxaliplatin inj 100mg/20ml	Tier 1	B/D
PROTECTIVE AGENTS		
dexrazoxane (generic of ZINECARD) 500mg	Tier 1	B/D
leucovorin calcium SOLR	Tier 1	B/D
leucovorin calcium TABS	Tier 1	
MESNEX TABS	Tier 2	
TOPOISOMERASE INHIBITORS		
etoposide SOLN	Tier 1	B/D
irinotecan hcl (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	Tier 1	B/D
irinotecan hcl 500mg/25ml	Tier 1	B/D
toposar	Tier 1	B/D
topotecan hcl (generic of TOPOTECAN HCL) SOLN	Tier 1	B/D
topotecan hcl (generic of HYCAMTIN) SOLR	Tier 1	B/D
TOPOTECAN INJ 4MG/4ML	Tier 2	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		

Drug Name	Drug Tier	Requirements/ Limits
amlodipine--benazepril hcl cap 10-20 mg (generic of LOTREL)	Tier 1	
amlodipine-benazepril hcl cap 2.5-10 mg	Tier 1	
amlodipine-benazepril hcl cap 5-10 mg (generic of LOTREL)	Tier 1	
amlodipine-benazepril hcl cap 5-20 mg (generic of LOTREL)	Tier 1	
amlodipine-benazepril hcl cap 5-40 mg	Tier 1	
amlodipine-benazepril hcl cap 10-40mg (generic of LOTREL)	Tier 1	
benazepril & hydrochlorothiazide	Tier 1	
benazepril & hydrochlorothiazide (generic of LOTENSIN HCT)	Tier 1	
captopril & hydrochlorothiazide	Tier 1	
enalapril maleate & hydrochlorothiazide	Tier 1	
enalapril maleate & hydrochlorothiazide (generic of VASERETIC)	Tier 1	
fosinopril sodium & hydrochlorothiazide	Tier 1	
lisinopril & hydrochlorothiazide (generic of ZESTORETIC)	Tier 1	
moexipril-hydrochlorothiazide	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	
captopril TABS	Tier 1	
enalapril maleate (generic of VASOTEC) TABS	Tier 1	
fosinopril sodium	Tier 1	
lisinopril (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	Tier 1	
lisinopril (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	Tier 1	
moexipril hcl	Tier 1	
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 1	
spironolactone (generic of ALDACTONE) TABS	Tier 1	
ALPHA BLOCKERS		
doxazosin mesylate (generic of CARDURA) TABS	Tier 1	
prazosin hcl (generic of MINIPRESS)	Tier 1	
terazosin hcl	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil (generic of AZOR)	Tier 1	
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)	Tier 1	
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)	Tier 1	
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)	Tier 1	
amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg (generic of EXFORGE HCT)	Tier 1	
amlodipine-valsartan-hydrochlorothiazide 5-160-25mg (generic of EXFORGE HCT)	Tier 1	
amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg (generic of EXFORGE HCT)	Tier 1	
amlodipine-valsartan-hydrochlorothiazide 10-160-25mg (generic of EXFORGE HCT)	Tier 1	
amlodipine-valsartan-hydrochlorothiazide 10-320-25mg (generic of EXFORGE HCT)	Tier 1	
ENTRESTO	Tier 2	
irbesartan-hydrochlorothiazide (generic of AVALIDE)	Tier 1	
losartan-hydrochlorothiazide (generic of HYZAAR)	Tier 1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide (generic of TRIBENZOR)	Tier 1	
olmesartan medoxomil-hydrochlorothiazide (generic of BENICAR HCT)	Tier 1	
valsartan-hydrochlorothiazide (generic of DIOVAN HCT)	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan (generic of AVAPRO)	Tier 1	
losartan potassium (generic of COZAAR)	Tier 1	
olmesartan medoxomil (generic of BENICAR) TABS	Tier 1	
telmisartan (generic of MICARDIS)	Tier 1	
valsartan (generic of DIOVAN)	Tier 1	
ANTIARRHYTHMICS		
amiodarone hcl soln	Tier 1	
amiodarone tab 100mg	Tier 1	
amiodarone tab 200mg	Tier 1	
amiodarone tab 400mg	Tier 1	
disopyramide phosphate (generic of NORPACE)	Tier 3	
dofetilide (generic of TIKOSYN)	Tier 1	NMO
flecainide acetate	Tier 1	
mexiletine hcl	Tier 1	
MULTAQ	Tier 3	
NORPACE CR	Tier 3	
pacerone 100mg, 400mg	Tier 1	
pacerone 200mg	Tier 1	
propafenone hcl	Tier 1	
propafenone hcl 12hr (generic of RYTHMOL SR)	Tier 1	
quinidine gluconate TBCR	Tier 1	
quinidine sulfate TABS	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, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium (generic of LIPITOR) TABS	Tier 1	
lovastatin 10mg, 20mg	Tier 1	
lovastatin (generic of MEVACOR) 40mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
pravastatin sodium 10mg	Tier 1	
pravastatin sodium (generic of PRAVACHOL) 20mg, 40mg, 80mg	Tier 1	
rosuvastatin calcium (generic of CRESTOR) QL (30 tabs / 30 days)	Tier 1	QL
simvastatin (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
simvastatin (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine (generic of QUESTRAN)	Tier 1	
cholestyramine light PACK	Tier 1	
cholestyramine light (generic of QUESTRAN LIGHT) POWD	Tier 1	
colesevelam hcl (generic of WELCHOL)	Tier 1	
colestipol hcl gran (generic of COLESTID)	Tier 1	
colestipol hcl pack (generic of COLESTID)	Tier 1	
colestipol hcl tabs (generic of COLESTID)	Tier 1	
ezetimibe (generic of ZETIA)	Tier 1	
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	Tier 1	
fenofibrate TABS 54mg, 160mg	Tier 1	
fenofibrate micronized 67mg, 134mg, 200mg	Tier 1	
gemfibrozil (generic of LOPID) TABS	Tier 1	
JUXTAPID	Tier 2	NMO LA PA
KYNAMRO	Tier 2	NMO PA
niacin er (antihyperlipidemic) (generic of NIASPAN) 500mg QL (90 tabs / 30 days)	Tier 1	QL
niacin er (antihyperlipidemic) (generic of NIASPAN) 750mg, 1000mg	Tier 1	
niacor	Tier 1	
PRALUENT	Tier 2	NMO PA
prevalite PACK	Tier 1	
prevalite (generic of QUESTRAN LIGHT) POWD	Tier 1	
VASCEPA	Tier 3	
WELCHOL PAK	Tier 2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone	Tier 1	
bisoprolol & hydrochlorothiazide (generic of ZIAC)	Tier 1	
metoprolol & hctz tab 50-25mg (generic of LOPRESSOR HCT)	Tier 1	
metoprolol & hctz tab 100-25mg	Tier 1	
metoprolol & hctz tab 100-50mg	Tier 1	
propranolol & hydrochlorothiazide	Tier 1	
BETA-BLOCKERS		
acebutolol hcl CAPS	Tier 1	
atenolol (generic of TENORMIN) TABS 25mg	Tier 1	
atenolol TABS 50mg, 100mg	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 1	
metoprolol succinate (generic of TOPROL XL)	Tier 1	
metoprolol tartrate SOCT	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
metoprolol tartrate SOLN	Tier 1	
metoprolol tartrate TABS 25mg	Tier 1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
nadolol (generic of CORGARD) TABS	Tier 1	
pindolol	Tier 1	
propranolol cap er (generic of INDERAL LA)	Tier 1	
propranolol hcl TABS	Tier 1	
propranolol oral sol	Tier 1	
timolol maleate TABS	Tier 1	
CALCIUM CHANNEL BLOCKERS		
afeditab cr (generic of ADALAT CC)	Tier 1	
amlodipine besylate (generic of NORVASC) TABS	Tier 1	
cartia xt cap 120/24hr (generic of CARDIZEM CD)	Tier 1	
cartia xt cap 180/24hr (generic of CARDIZEM CD)	Tier 1	
cartia xt cap 240/24hr (generic of CARDIZEM CD)	Tier 1	
cartia xt cap 300/24hr	Tier 1	
dilt-xr cap	Tier 1	
diltiazem cap 120mg cd (generic of CARDIZEM CD)	Tier 1	
diltiazem cap 180mg cd (generic of CARDIZEM CD)	Tier 1	
diltiazem cap 240mg cd (generic of CARDIZEM CD)	Tier 1	
diltiazem cap 300mg cd	Tier 1	
diltiazem cap 360mg cd (generic of CARDIZEM CD)	Tier 1	
diltiazem cap er/12hr	Tier 1	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
diltiazem hcl TABS 90mg	Tier 1	
diltiazem hcl cap sr 24hr	Tier 1	
diltiazem hcl coated beads cap sr 24hr (generic of CARDIZEM CD) 120mg, 360mg	Tier 1	
diltiazem hcl coated beads cap sr 24hr 300mg	Tier 1	
diltiazem hcl extended release beads cap sr (generic of TIAZAC) 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
diltiazem hcl extended release beads cap sr (generic of CARDIZEM CD) 180mg	Tier 1	
diltiazem inj	Tier 1	
felodipine	Tier 1	
isradipine	Tier 1	
nicardipine hcl CAPS	Tier 1	
nifedipine (generic of PROCARDIA XL) TB24	Tier 1	
nifedipine er (generic of ADALAT CC)	Tier 1	
nimodipine CAPS	Tier 1	
NYMALIZE	Tier 2	
taztia xt (generic of TIAZAC)	Tier 1	
verapamil cap er (generic of VERELAN PM) 100mg, 200mg, 300mg	Tier 1	
verapamil cap er (generic of VERELAN) 120mg, 180mg, 240mg	Tier 1	
verapamil cap er 360mg	Tier 1	
verapamil hcl SOLN	Tier 1	
verapamil hcl TABS 40mg	Tier 1	
verapamil hcl (generic of CALAN) TABS 80mg, 120mg	Tier 1	
verapamil hcl tab er (generic of CALAN SR)	Tier 1	
DIGITALIS GLYCOSIDES		
digitek (generic of LANOXIN) .25mg PA if 70 years and older	Tier 1	PA

Drug Name	Drug Tier	Requirements/ Limits
digitek (generic of LANOXIN) .125mg QL (30 tabs / 30 days)	Tier 1	QL
digox (generic of LANOXIN) 125mcg QL (30 tabs / 30 days)	Tier 1	QL
digox (generic of LANOXIN) 250mcg PA if 70 years and older	Tier 1	PA
digoxin (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days)	Tier 1	QL
digoxin (generic of LANOXIN) TABS 250mcg PA if 70 years and older	Tier 1	PA
digoxin inj (generic of LANOXIN)	Tier 1	
digoxin sol 50mcg/ml PA if 70 years and older	Tier 1	PA
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	Tier 3	
TEKTURNA HCT	Tier 3	
DIURETICS		
acetazolamide CP12; TABS	Tier 1	
amiloride & hydrochlorothiazide	Tier 1	
amiloride hcl TABS	Tier 1	
bumetanide SOLN	Tier 1	
bumetanide (generic of BUMEX) TABS	Tier 1	
chlorothiazide tabs	Tier 1	
chlorthalidone	Tier 1	
furosemide SOLN	Tier 1	
furosemide (generic of LASIX) TABS	Tier 1	
furosemide inj	Tier 1	
hydrochlorothiazide (generic of MICROZIDE) CAPS	Tier 1	
hydrochlorothiazide TABS	Tier 1	
indapamide	Tier 1	
methazolamide TABS	Tier 1	
methyclothiazide	Tier 1	
metolazone	Tier 1	
spironolactone & hydrochlorothiazide (generic of ALDACTAZIDE)	Tier 1	
torsemide tabs 5mg, 100mg	Tier 1	
torsemide tabs (generic of DEMADEX) 10mg, 20mg	Tier 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg (generic of DYAZIDE)	Tier 1	
triamterene & hydrochlorothiazide tabs (generic of MAXZIDE)	Tier 1	
triamterene & hydrochlorothiazide tabs (generic of MAXZIDE-25)	Tier 1	
MISCELLANEOUS		
clonidine hcl (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 1	
clonidine hcl (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 1	
clonidine hcl (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 1	
clonidine hcl (generic of CATAPRES) TABS	Tier 1	
CORLANOR	Tier 3	
DEMSER	Tier 2	PA
hydralazine hcl SOLN; TABS	Tier 1	
midodrine hcl	Tier 1	
minoxidil TABS	Tier 1	
NORTHERA	Tier 2	NMO LA PA
RANEXA	Tier 2	
NITRATES		
isosorb mononitrate tab	Tier 1	
isosorbide dinitrate (generic of ISORDIL TITRADOSE) 5mg	Tier 1	
isosorbide dinitrate 10mg, 20mg, 30mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
isosorbide dinitrate er	Tier 1	
isosorbide mononitrate er	Tier 1	
minitran (generic of NITRO-DUR)	Tier 1	
NITRO-BID	Tier 2	
NITRO-DUR DIS 0.3MG/HR	Tier 3	
NITRO-DUR DIS 0.8MG/HR	Tier 3	
nitroglycerin (generic of NITROSTAT) SUBL	Tier 1	
nitroglycerin td patch .1mg/hr	Tier 1	
nitroglycerin td patch (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
LETAIRIS QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
OPSUMIT QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
REMODULIN	Tier 2	NMO LA PA
sildenafil citrate tab 20 mg (pulmonary hypertension) (generic of REVATIO) QL (90 tabs / 30 days)	Tier 1	QL NMO PA
TRACLEER TABS 62.5mg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA
TRACLEER TABS 125mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
VENTAVIS	Tier 2	NMO PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam tab 0.5mg (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
alprazolam tab 0.25mg (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
alprazolam tab 1mg (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
alprazolam tab 2mg (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
buspirone hcl TABS	Tier 1	
fluvoxamine maleate TABS	Tier 1	
lorazepam (generic of ATIVAN) SOLN	Tier 1	
lorazepam (generic of ATIVAN) TABS QL (150 tabs / 30 days)	Tier 1	QL
lorazepam intensol QL (150 mL / 30 days)	Tier 1	QL
ANTICONVULSANTS		
APTIOM 200mg QL (180 tabs / 30 days)	Tier 2	QL
APTIOM 400mg QL (90 tabs / 30 days)	Tier 2	QL
APTIOM 600mg, 800mg QL (60 tabs / 30 days)	Tier 2	QL
BANZEL SUS 40MG/ML	Tier 2	PA
BANZEL TAB 200MG	Tier 2	PA
BANZEL TAB 400MG	Tier 2	PA
BRIVIACT INJ 50MG/5ML	Tier 3	PA
BRIVIACT SOL 10MG/ML	Tier 2	PA
BRIVIACT TAB 10MG	Tier 2	PA
BRIVIACT TAB 25MG	Tier 2	PA
BRIVIACT TAB 50MG	Tier 2	PA
BRIVIACT TAB 75MG	Tier 2	PA
BRIVIACT TAB 100MG	Tier 2	PA
carbamazepine CHEW	Tier 1	
carbamazepine (generic of CARBATROL) CP12	Tier 1	
carbamazepine (generic of TEGRETOL) SUSP; TABS	Tier 1	
carbamazepine (generic of TEGRETOL-XR) TB12	Tier 1	
CELONTIN	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	Tier 1	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
clorazepate dipotassium 3.75mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
clorazepate dipotassium (generic of TRANXENE T) 7.5mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
DIASTAT ACUDIAL	Tier 3	
DIASTAT PEDIATRIC	Tier 3	
diazepam (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
diazepam gel	Tier 1	
diazepam inj	Tier 1	
diazepam intensol QL (240 mL / 30 days) PA if 65 years and older	Tier 1	QL PA
diazepam oral soln 1 mg/ml QL (1200 mL / 30 days) PA if 65 years and older	Tier 1	QL PA
DILANTIN CAP 30MG	Tier 2	
DILANTIN CAP 100MG	Tier 2	
DILANTIN CHEW TAB 50MG	Tier 2	
DILANTIN-125 SUSP	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR	Tier 1	
divalproex sodium (generic of DEPAKOTE ER) TB24	Tier 1	
divalproex sodium (generic of DEPAKOTE) TBEC	Tier 1	
epitol (generic of TEGRETOL)	Tier 1	
ethosuximide (generic of ZARONTIN) CAPS; SOLN	Tier 1	
felbamate (generic of FELBATOL) SUSP	Tier 1	
felbamate (generic of FELBATOL) TABS	Tier 1	
FYCOMPA SUSP QL (720 mL / 30 days)	Tier 2	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA
FYCOMPA TABS 4mg, 6mg QL (60 tabs / 30 days)	Tier 2	QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 2	QL PA
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 1	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
gabapentin (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 1	
lamotrigine (generic of LAMICTAL) TABS	Tier 1	
lamotrigine (generic of LAMICTAL XR) TB24	Tier 1	
levetiracetam (generic of KEPPRA) SOLN; TABS	Tier 1	
levetiracetam (generic of KEPPRA XR) TB24	Tier 1	
levetiracetam in sodium chloride (generic of LEVETIRACETAM)	Tier 1	
levetiracetam oral soln 100 mg/ml (generic of KEPPRA)	Tier 1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL
LYRICA SOLN QL (946 mL / 30 days)	Tier 2	QL
ONFI	Tier 2	PA
oxcarbazepine (generic of TRILEPTAL)	Tier 1	
PEGANONE	Tier 3	
phenobarbital ELIX PA if 70 years and older	Tier 3	PA
phenobarbital TABS PA if 70 years and older	Tier 2	PA
PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 70 years and older	Tier 3	PA
phenobarbital sodium SOLN 130mg/ml PA if 70 years and older	Tier 3	PA
PHENYTEK	Tier 2	
phenytoin (generic of DILANTIN INFATABS) CHEW	Tier 1	
phenytoin (generic of DILANTIN-125) SUSP	Tier 1	
phenytoin sodium extended (generic of DILANTIN) 100mg	Tier 1	
phenytoin sodium extended (generic of PHENYTEK) 200mg, 300mg	Tier 1	
phenytoin sodium inj 50mg/ml	Tier 1	
primidone (generic of MYSOLINE) TABS	Tier 1	
roweepra (generic of KEPPRA)	Tier 1	
roweepra xr (generic of KEPPRA XR)	Tier 1	
SABRIL TABS QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
SPRITAM	Tier 3	
subvenite tab (generic of LAMICTAL)	Tier 1	
tiagabine hcl (generic of GABITRIL)	Tier 1	
topiramate (generic of TOPAMAX SPRINKLE) CPSP	Tier 1	
topiramate (generic of TOPAMAX) TABS	Tier 1	
valproate sodium (generic of DEPACON) SOLN 100mg/ml	Tier 1	
valproate sodium (generic of DEPAKENE) SOLN 250mg/5ml	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
valproic acid (generic of DEPAKENE)	Tier 1	
vigabatrin powd pack 500mg (generic of SABRIL) QL (180 packets / 30 days)	Tier 1	QL NMO LA PA
VIMPAT 50mg QL (120 tabs / 30 days)	Tier 3	QL
VIMPAT 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL
VIMPAT INJ 200MG/20ML	Tier 2	
VIMPAT SOL 10MG/ML QL (1200 mL / 30 days)	Tier 2	QL
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 1	
zonisamide CAPS 50mg	Tier 1	
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 SOLN	Tier 1	
galantamine hydrobromide (generic of RAZADYNE) TABS QL (60 tabs / 30 days)	Tier 1	QL
galantamine hydrobromide er (generic of RAZADYNE ER) QL (30 caps / 30 days)	Tier 1	QL
memantine hcl cp24 (generic of NAMENDA XR) PA if < 30 yrs	Tier 1	PA
memantine soln PA if < 30 yrs	Tier 1	PA
memantine tabs (generic of NAMENDA) PA if < 30 yrs	Tier 1	PA
NAMZARIC	Tier 3	
rivastigmine tartrate 1.5mg, 3mg QL (90 caps / 30 days)	Tier 1	QL
rivastigmine tartrate 4.5mg, 6mg QL (60 caps / 30 days)	Tier 1	QL
rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL
rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL
rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS	Tier 2	
amoxapine tab 25mg	Tier 2	
amoxapine tab 50mg	Tier 2	
amoxapine tab 100mg	Tier 2	
amoxapine tab 150mg	Tier 2	
bupropion hcl TABS	Tier 1	
bupropion hcl (generic of WELLBUTRIN SR) TB12	Tier 1	
bupropion hcl (generic of WELLBUTRIN XL) TB24	Tier 1	
citalopram hydrobromide SOLN	Tier 1	
citalopram hydrobromide (generic of CELEXA) TABS	Tier 1	
clomipramine hcl (generic of ANAFRANIL) CAPS	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
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 1	QL PA
doxepin hcl CAPS; CONC	Tier 2	
duloxetine hcl (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)	Tier 1	QL
duloxetine hcl (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)	Tier 1	QL
duloxetine hcl (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)	Tier 1	QL
EMSAM QL (30 patches / 30 days)	Tier 2	QL PA
escitalopram oxalate SOLN	Tier 1	
escitalopram oxalate (generic of LEXAPRO) TABS	Tier 1	
FETZIMA 20mg QL (180 caps / 30 days)	Tier 3	QL PA
FETZIMA 40mg QL (90 caps / 30 days)	Tier 3	QL PA
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA
FETZIMA TITRATION PACK	Tier 3	PA
fluoxetine cap 10mg (generic of PROZAC)	Tier 1	
fluoxetine cap 20mg (generic of PROZAC)	Tier 1	
fluoxetine cap 40mg (generic of PROZAC)	Tier 1	
fluoxetine hcl SOLN	Tier 1	
imipramine hcl (generic of TOFRANIL) TABS	Tier 2	
maprotiline hcl	Tier 1	
MARPLAN TAB 10MG QL (180 tabs / 30 days)	Tier 3	QL
mirtazapine TABS 7.5mg, 45mg	Tier 1	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	Tier 1	
mirtazapine (generic of REMERON SOLTAB) TBDP	Tier 1	
nefazodone hcl	Tier 1	
nortriptyline hcl (generic of PAMELOR) CAPS	Tier 1	
nortriptyline hcl SOLN	Tier 3	
paroxetine hcl tabs (generic of PAXIL)	Tier 1	
PAXIL SUSP QL (900 mL / 30 days)	Tier 3	QL
phenelzine sulfate (generic of NARDIL) TABS	Tier 1	
protriptyline hcl	Tier 3	
sertraline hcl (generic of ZOLOFT) CONC	Tier 1	
sertraline hcl (generic of ZOLOFT) TABS	Tier 1	
tranylcypromine sulfate (generic of PARNATE)	Tier 1	
trazodone hcl TABS 50mg, 100mg, 150mg	Tier 1	
trimipramine maleate (generic of SURMONTIL) CAPS 25mg QL (240 caps / 30 days)	Tier 3	QL
trimipramine maleate (generic of SURMONTIL) CAPS 50mg QL (120 caps / 30 days)	Tier 3	QL
trimipramine maleate (generic of SURMONTIL) CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
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 1	
VIIBRYD STARTER PACK	Tier 3	
VIIBRYD TAB QL (30 tabs / 30 days)	Tier 3	QL
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS QL (120 caps / 30 days)	Tier 1	QL
amantadine hcl SYRP; TABS	Tier 1	
APOKYN QL (20 cartridges / 30 days)	Tier 2	QL NMO LA PA
benztropine mesylate inj (generic of COGENTIN)	Tier 1	
benztropine mesylate tab 0.5mg PA if 70 years and older	Tier 2	PA
benztropine mesylate tab 1mg PA if 70 years and older	Tier 2	PA
benztropine mesylate tab 2mg PA if 70 years and older	Tier 2	PA
bromocriptine mesylate (generic of PARLODEL) CAPS; TABS	Tier 1	
carbidopa-levodopa (generic of SINEMET) TABS	Tier 1	
carbidopa-levodopa (generic of SINEMET CR) TBCR	Tier 1	
carbidopa-levodopa TBDP	Tier 1	
carbidopa/levodopa/entacapone (generic of STALEVO 50)	Tier 1	
carbidopa/levodopa/entacapone (generic of STALEVO 75)	Tier 1	
carbidopa/levodopa/entacapone (generic of STALEVO 100)	Tier 1	
carbidopa/levodopa/entacapone (generic of STALEVO 125)	Tier 1	
carbidopa/levodopa/entacapone (generic of STALEVO 150)	Tier 1	
carbidopa/levodopa/entacapone (generic of STALEVO 200)	Tier 1	
entacapone (generic of COMTAN)	Tier 1	
NEUPRO	Tier 3	
pramipexole tab 0.5mg (generic of MIRAPEX)	Tier 1	
pramipexole tab 0.25mg (generic of MIRAPEX)	Tier 1	
pramipexole tab 0.75mg (generic of MIRAPEX)	Tier 1	
pramipexole tab 0.125mg (generic of MIRAPEX)	Tier 1	
pramipexole tab 1.5mg (generic of MIRAPEX)	Tier 1	
pramipexole tab 1mg (generic of MIRAPEX)	Tier 1	
rasagiline mesylate (generic of AZILECT) TABS	Tier 1	
ropinirole tab 0.5mg (generic of REQUIP)	Tier 1	
ropinirole tab 0.25mg (generic of REQUIP)	Tier 1	
ropinirole tab 1mg (generic of REQUIP)	Tier 1	
ropinirole tab 2mg (generic of REQUIP)	Tier 1	
ropinirole tab 3mg (generic of REQUIP)	Tier 1	
ropinirole tab 4mg (generic of REQUIP)	Tier 1	
ropinirole tab 5mg (generic of REQUIP)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
selegiline hcl (generic of ELDEPRYL) CAPS	Tier 1	
selegiline hcl TABS	Tier 1	
trihexyphenidyl hcl PA if 70 years and older	Tier 2	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA QL (1 injection / 28 days)	Tier 2	QL
aripiprazole odt QL (60 tabs / 30 days)	Tier 1	QL
aripiprazole oral solution 1 mg/ml QL (900 mL / 30 days)	Tier 1	QL
aripiprazole tab (generic of ABILIFY) QL (30 tabs / 30 days)	Tier 1	QL
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	Tier 2	QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	Tier 2	QL
chlorpromazine hcl TABS	Tier 1	
CHLORPROMAZINE INJ	Tier 3	
clozapine odt (generic of FAZACLO) 12.5mg, 25mg	Tier 1	PA
clozapine odt (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	Tier 1	QL PA
clozapine odt (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	Tier 1	QL PA
clozapine odt (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	Tier 1	QL PA
clozapine tab 25mg (generic of CLOZARIL)	Tier 1	
clozapine tab 50mg	Tier 1	
clozapine tab 100mg (generic of CLOZARIL) QL (270 tabs / 30 days)	Tier 1	QL
clozapine tab 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 1	
fluphenazine hcl	Tier 1	
GEODON SOLR QL (6 mL / 3 days)	Tier 3	QL
haloperidol TABS	Tier 1	
haloperidol conc 2mg/ml	Tier 1	
haloperidol decanoate (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 1	
haloperidol decanoate (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 1	
haloperidol lactate inj 5mg/ml (generic of HALDOL)	Tier 1	
INVEGA SUST INJ 39 MG/0.25 ML QL (1 injection / 28 days)	Tier 3	QL
INVEGA SUST INJ 78 MG/0.5 ML QL (1 injection / 28 days)	Tier 2	QL
INVEGA SUST INJ 117 MG/0.75 ML QL (1 injection / 28 days)	Tier 2	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUST INJ 234 MG/1.5 ML QL (1 injection / 28 days)	Tier 2	QL
INVEGA TRINZA QL (1 injection / 90 days)	Tier 2	QL
LATUDA 20mg, 60mg, 80mg QL (60 tabs / 30 days)	Tier 3	QL
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
loxapine succinate	Tier 1	
NUPLAZID TABS 17mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
olanzapine (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	Tier 1	QL
olanzapine (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)	Tier 1	QL
olanzapine (generic of ZYPREXA) TABS 5mg QL (120 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) TABS 10mg QL (60 tabs / 30 days)	Tier 1	QL
olanzapine (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
olanzapine (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 1	QL
paliperidone (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 1	QL
paliperidone (generic of INVEGA) 6mg QL (60 tabs / 30 days)	Tier 1	QL
perphenazine TABS	Tier 1	
pimozide (generic of ORAP)	Tier 1	
quetiapine fumarate (generic of SEROQUEL) TABS	Tier 1	
quetiapine fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 1	QL
quetiapine fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 1	QL
REXULTI 1mg QL (90 tabs / 30 days)	Tier 2	QL
REXULTI 2mg QL (60 tabs / 30 days)	Tier 2	QL
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	Tier 2	QL
REXULTI .5mg QL (180 tabs / 30 days)	Tier 2	QL
REXULTI .25mg QL (360 tabs / 30 days)	Tier 2	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	Tier 3	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	Tier 3	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	Tier 2	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	Tier 2	QL
risperidone (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 1	QL
risperidone (generic of RISPERDAL) TABS	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
risperidone TBDP .5mg QL (90 tabs / 30 days)	Tier 1	QL
risperidone TBDP .25mg, 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 1	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	Tier 3	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	Tier 3	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	Tier 3	QL
thioridazine hcl TABS	Tier 1	
thiothixene	Tier 1	
trifluoperazine hcl	Tier 1	
VERSACLOZ QL (600 mL / 30 days)	Tier 2	QL PA
VRAYLAR 1.5mg QL (60 caps / 30 days)	Tier 2	QL PA
VRAYLAR 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 2	QL PA
VRAYLAR THERAPY PACK	Tier 3	PA
ziprasidone hcl (generic of GEODON) QL (60 caps / 30 days)	Tier 1	QL
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	Tier 2	QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	Tier 2	QL PA
ZYPREXA RELPREVV INJ 210MG QL (2 vials / 28 days)	Tier 3	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap sr 24hr 5 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 1	QL
amphetamine-dextroamphetamine cap sr 24hr 10 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 1	QL
amphetamine-dextroamphetamine cap sr 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL
amphetamine-dextroamphetamine cap sr 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL
amphetamine-dextroamphetamine cap sr 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL
amphetamine-dextroamphetamine cap sr 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL) QL (360 tabs / 30 days)	Tier 1	QL
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL) QL (240 tabs / 30 days)	Tier 1	QL
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL) QL (180 tabs / 30 days)	Tier 1	QL
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 1	QL
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 1	QL
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 1	QL
atomoxetine hcl (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 1	QL
atomoxetine hcl (generic of STRATTERA) 40mg QL (60 caps / 30 days)	Tier 1	QL
atomoxetine hcl (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 1	QL
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 1	QL
dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 1	QL
guanfacine er (adhd) (generic of INTUNIV) PA if 70 years and older	Tier 2	PA
metadate er tab 20mg QL (90 tabs / 30 days)	Tier 1	QL
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 1	QL
methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 1	QL
methylphenidate hcl oral soln (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
methylphenidate hcl oral soln (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	Tier 1	QL
methylphenidate tab 10mg er QL (90 tabs / 30 days)	Tier 1	QL
methylphenidate tab 20mg er QL (90 tabs / 30 days)	Tier 1	QL
HYPNOTICS		
HETLIOZ	Tier 2	NMO LA PA
SILENOR 3mg QL (60 tabs / 30 days)	Tier 2	QL
SILENOR 6mg QL (30 tabs / 30 days)	Tier 2	QL
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 1	QL PA
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 1	QL PA
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 PA
MIGRAINE		

Drug Name	Drug Tier	Requirements/ Limits
dihydroergotamine mesylate inj 1 mg/ml (generic of D.H.E. 45)	Tier 1	
dihydroergotamine mesylate nasal QL (8 mL / 30 days)	Tier 1	QL
eletriptan hydrobromide (generic of RELPAX) QL (12 tabs / 30 days)	Tier 1	QL
ergotamine w/ caffeine (generic of CAFERGOT) TABS	Tier 1	
naratriptan hcl (generic of AMERGE) QL (12 tabs / 30 days)	Tier 1	QL
rizatriptan benzoate 5mg QL (18 tabs / 30 days)	Tier 1	QL
rizatriptan benzoate (generic of MAXALT) 10mg QL (18 tabs / 30 days)	Tier 1	QL
rizatriptan benzoate odt (generic of MAXALT-MLT) QL (18 tabs / 30 days)	Tier 1	QL
sumatriptan (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days)	Tier 1	QL
sumatriptan (generic of IMITREX) SOLN 20mg/act QL (12 inhalers / 30 days)	Tier 1	QL
sumatriptan inj 4mg/0.5ml (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (18 injections / 30 days)	Tier 1	QL
sumatriptan inj 4mg/0.5ml (generic of IMITREX STATDOSE REFILL) SOCT QL (18 injections / 30 days)	Tier 1	QL
sumatriptan inj 6mg/0.5ml (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	Tier 1	QL
sumatriptan inj 6mg/0.5ml (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	Tier 1	QL
sumatriptan inj 6mg/0.5ml (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 1	QL
sumatriptan succinate (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 1	QL
zolmitriptan (generic of ZOMIG) TABS QL (12 tabs / 30 days)	Tier 1	QL
zolmitriptan odt (generic of ZOMIG ZMT) QL (12 tabs / 30 days)	Tier 1	QL
MISCELLANEOUS		
AUSTEDO 6mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA
lithium carbonate CAPS; TABS	Tier 1	
lithium carbonate er (generic of LITHOBID) 300mg	Tier 1	
lithium carbonate er 450mg	Tier 1	
LITHIUM SOLN 8MEQ/5ML	Tier 3	
NUEDEXTA QL (60 caps / 30 days)	Tier 3	QL PA
pyridostigmine tab 60mg (generic of MESTINON)	Tier 1	
riluzole (generic of RILUTEK)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
tetrabenazine (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	Tier 1	QL NMO PA
tetrabenazine (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	Tier 1	QL NMO PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	Tier 2	NMO LA PA
BETASERON QL (14 syringes / 28 days)	Tier 2	QL NMO PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	Tier 2	QL NMO PA
glatiramer acetate 20mg/ml (generic of COPAXONE) QL (30 syringes / 30 days)	Tier 1	QL NMO PA
glatiramer acetate 40mg/ml (generic of COPAXONE) QL (12 syringes / 28 days)	Tier 1	QL NMO PA
glatopa (generic of COPAXONE) 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NMO PA
glatopa (generic of COPAXONE) 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NMO PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 10mg, 20mg	Tier 1	
cyclobenzaprine hcl TABS 5mg, 10mg PA if 70 years and older	Tier 2	PA
dantrolene sodium (generic of DANTRIUM) CAPS 25mg, 50mg	Tier 1	
dantrolene sodium CAPS 100mg	Tier 1	
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 1	QL PA
armodafinil (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 1	QL PA
XYREM QL (540 mL / 30 days)	Tier 2	QL NMO LA PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium	Tier 1	
buprenorphine hcl SUBL QL (90 tabs / 30 days)	Tier 1	QL PA
buprenorphine hcl-naloxone hcl sl QL (90 tabs / 30 days)	Tier 1	QL
bupropion hcl (smoking deterrent) (generic of ZYBAN)	Tier 1	
CHANTIX	Tier 3	PA
CHANTIX CONTINUING MONTH	Tier 3	PA
CHANTIX STARTER PACK	Tier 3	PA
disulfiram (generic of ANTABUSE) TABS	Tier 1	
naloxone inj 0.4mg/ml	Tier 1	
naloxone inj 1mg/ml	Tier 1	
naltrexone hcl TABS	Tier 1	
NARCAN	Tier 2	
NICOTROL INHALER	Tier 3	
NICOTROL NS	Tier 3	
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	Tier 3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	Tier 3	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	Tier 3	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	Tier 3	QL
VIVITROL	Tier 2	NMO
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
ANDRODERM QL (30 patches / 30 days)	Tier 3	QL PA
oxandrolone TABS 2.5mg	Tier 1	PA
oxandrolone (generic of OXANDRIN) TABS 10mg	Tier 1	PA
testosterone GEL 1% QL (300 grams / 30 days)	Tier 1	QL PA
testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	Tier 1	QL PA
testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN	Tier 1	PA
testosterone enanthate SOLN	Tier 1	PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	Tier 2	
BASAGLAR KWIKPEN	Tier 2	
BD ULTRAFINE INSULIN SYRINGE	Tier 2	
BD ULTRAFINE/NANO PEN NEEDLES	Tier 2	
BYDUREON BCISE QL (4 pens / 28 days)	Tier 2	QL
BYDUREON INJ QL (4 vials / 28 days)	Tier 2	QL
BYDUREON PEN QL (4 pens / 28 days)	Tier 2	QL
BYETTA QL (1 pen / 30 days)	Tier 3	QL
FIASP	Tier 2	
FIASP FLEXTOUCH	Tier 2	
GAUZE PADS 2" X 2"	Tier 2	
HUMULIN R INJ U-500	Tier 2	B/D
HUMULIN R U-500 KWIKPEN	Tier 2	
INSULIN PEN NEEDLE	Tier 2	
INSULIN SAFETY NEEDLES	Tier 2	
INSULIN SYRINGE	Tier 2	
LEVEMIR	Tier 2	
LEVEMIR FLEXTOUCH	Tier 2	
NOVOLIN 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN N (brand RELION not covered)	Tier 2	
NOVOLIN R (brand RELION not covered)	Tier 2	
NOVOLOG	Tier 2	
NOVOLOG 70/30 FLEXPEN	Tier 2	
NOVOLOG FLEXPEN	Tier 2	
NOVOLOG MIX 70/30	Tier 2	
NOVOLOG PENFILL	Tier 2	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE QL (1 pen / 28 days)	Tier 2	QL
OZEMPIC INJ 1MG/DOSE QL (2 pens / 28 days)	Tier 2	QL
SOLIQUA 100/33 QL (10 pens / 30 days)	Tier 2	QL
TRESIBA FLEXTOUCH	Tier 2	
TRULICITY QL (4 pens / 28 days)	Tier 2	QL
VICTOZA QL (3 pens / 30 days)	Tier 2	QL
XULTOPHY 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
ANTIDIABETICS, ORAL		
acarbose (generic of PRECOSE)	Tier 1	
FARXIGA 5mg QL (60 tabs / 30 days)	Tier 2	QL
FARXIGA 10mg QL (30 tabs / 30 days)	Tier 2	QL
glimepiride (generic of AMARYL) 1mg QL (240 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
glimepiride (generic of AMARYL) 2mg	Tier 1	QL
QL (120 tabs / 30 days)		
glimepiride (generic of AMARYL) 4mg	Tier 1	QL
QL (60 tabs / 30 days)		
glip/metform tab 2.5-250mg	Tier 1	QL
QL (240 tabs / 30 days)		
glip/metform tab 2.5-500mg	Tier 1	QL
QL (120 tabs / 30 days)		
glip/metform tab 5-500mg	Tier 1	QL
QL (120 tabs / 30 days)		
glipizide (generic of GLUCOTROL) TABS 5mg	Tier 1	QL
QL (240 tabs / 30 days)		
glipizide (generic of GLUCOTROL) TABS 10mg	Tier 1	QL
QL (120 tabs / 30 days)		
glipizide (generic of GLUCOTROL XL) TB24 2.5mg	Tier 1	QL
QL (240 tabs / 30 days)		
glipizide (generic of GLUCOTROL XL) TB24 5mg	Tier 1	QL
QL (120 tabs / 30 days)		
glipizide (generic of GLUCOTROL XL) TB24 10mg	Tier 1	QL
QL (60 tabs / 30 days)		
glipizide xl (generic of GLUCOTROL XL) 2.5mg	Tier 1	QL
QL (240 tabs / 30 days)		
glipizide xl (generic of GLUCOTROL XL) 5mg	Tier 1	QL
QL (120 tabs / 30 days)		
glipizide xl (generic of GLUCOTROL XL) 10mg	Tier 1	QL
QL (60 tabs / 30 days)		
JANUMET	Tier 2	QL
QL (60 tabs / 30 days)		
JANUMET XR TAB 50-500MG	Tier 2	QL
QL (60 tabs / 30 days)		
JANUMET XR TAB 50-1000	Tier 2	QL
QL (60 tabs / 30 days)		
JANUMET XR TAB 100-1000	Tier 2	QL
QL (30 tabs / 30 days)		
JANUVIA	Tier 2	QL
QL (30 tabs / 30 days)		
JARDIANCE 10mg	Tier 2	QL
QL (60 tabs / 30 days)		
JARDIANCE 25mg	Tier 2	QL
QL (30 tabs / 30 days)		
JENTADUETO	Tier 2	QL
QL (60 tabs / 30 days)		
JENTADUETO TAB XR 2.5-1000 MG	Tier 2	QL
QL (60 tabs / 30 days)		
JENTADUETO TAB XR 5-1000 MG	Tier 2	QL
QL (30 tabs / 30 days)		
metformin er (generic of GLUCOPHAGE XR) 500mg	Tier 1	QL
QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)		
metformin er (generic of GLUCOPHAGE XR) 750mg	Tier 1	QL
QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)		
metformin hcl (generic of GLUCOPHAGE) TABS 500mg	Tier 1	QL
QL (150 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
metformin hcl (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
metformin hcl (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
nateglinide (generic of STARLIX) QL (90 tabs / 30 days)	Tier 1	QL
pioglitazone hcl (generic of ACTOS) QL (30 tabs / 30 days)	Tier 1	QL
repaglinide (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	Tier 1	QL
repaglinide (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	Tier 1	QL
repaglinide .5mg QL (120 tabs / 30 days)	Tier 1	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-500MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 10-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY XR TAB 25-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRADJENTA QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	Tier 2	QL
BISPHOSPHONATES		
alendronate sodium TABS 5mg, 10mg, 35mg, 40mg	Tier 1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	Tier 1	
ibandronate sodium (generic of BONIVA) TABS	Tier 1	B/D
PAMIDRONATE DISODIUM 6mg/ml	Tier 2	B/D
pamidronate disodium 30mg/10ml, 90mg/10ml	Tier 1	B/D
pamidronate inj 30mg	Tier 1	B/D
pamidronate inj 90mg	Tier 1	B/D
zoledronic acid inj 5mg/100ml (generic of RECLAST)	Tier 1	B/D NMO
zoledronic inj 4mg/5ml (generic of ZOMETA)	Tier 1	B/D NMO
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg QL (120 tabs / 30 days)	Tier 2	B/D QL NMO
SENSIPAR 60mg QL (60 tabs / 30 days)	Tier 2	B/D QL NMO
CHELATING AGENTS		
CHEMET	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
DEPEN TITRATABS	Tier 2	
JADENU	Tier 2	NMO LA PA
JADENU SPRINKLE	Tier 2	NMO LA PA
kionex sus 15gm/60ml	Tier 1	
sodium polystyrene sulfonate powder	Tier 1	
sodium polystyrene sulfonate susp	Tier 1	
sps susp 15gm/60ml	Tier 1	
trientine hcl (generic of SYPRINE)	Tier 1	PA
CONTRACEPTIVES		
altavera tab	Tier 1	
alyacen 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	
apri	Tier 1	
aranelle (generic of TRI-NORINYL 28)	Tier 1	
aubra	Tier 1	
aviane	Tier 1	
balziva	Tier 1	
blisovi fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 1	
blisovi fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	
briellyn	Tier 1	
camila	Tier 1	
caziant pak	Tier 1	
cryselle-28	Tier 1	
cyclafem 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	
cyclafem 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 1	
cyred tab	Tier 1	
dasetta 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	
dasetta 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 1	
deblitane	Tier 1	
delyla	Tier 1	
desogestrel & ethinyl estradiol	Tier 1	
desogestrel-ethinyl estradiol (biphasic) (generic of MIRCETTE)	Tier 1	
drospirenone-ethinyl estradiol (generic of YASMIN 28)	Tier 1	
drospirenone-ethinyl estradiol (generic of YAZ)	Tier 1	
ELLA	Tier 3	
emoquette	Tier 1	
enpresse-28	Tier 1	
enskyce	Tier 1	
errin (generic of ORTHO MICRONOR)	Tier 1	
estarylla tab 0.25-35 (generic of ORTHO-CYCLEN)	Tier 1	
ethynodiol diacet & eth estrad	Tier 1	
ethynodiol tab 1-50	Tier 1	
falmina	Tier 1	
femynor (generic of ORTHO-CYCLEN)	Tier 1	
gianvi (generic of YAZ)	Tier 1	
heather	Tier 1	
introvale	Tier 1	
isibloom	Tier 1	
jolessa tab 0.15-0.03 mg	Tier 1	
jolivette (generic of ORTHO MICRONOR)	Tier 1	
juleber	Tier 1	
junel 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 1	
junel 1/20 (generic of LOESTRIN 1/20-21)	Tier 1	
junel fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 1	
junel fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	
kariva (generic of MIRCETTE)	Tier 1	
kelnor 1/35	Tier 1	
kelnor 1/50	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
kimidess (generic of MIRCETTE)	Tier 1	
kurvelo	Tier 1	
larin 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 1	
larin 1/20 (generic of LOESTRIN 1/20-21)	Tier 1	
larin fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 1	
larin fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	
larissia tab	Tier 1	
leena (generic of TRI-NORINYL 28)	Tier 1	
lessina	Tier 1	
levonest	Tier 1	
levonor/ethi tab	Tier 1	
levonorgestrel & eth estradiol	Tier 1	
levonorgestrel-ethinyl estradiol (91-day)	Tier 1	
levora 0.15/30-28	Tier 1	
loryna (generic of YAZ)	Tier 1	
low-ogestrel	Tier 1	
lutera	Tier 1	
lyza (generic of ORTHO MICRONOR)	Tier 1	
marlissa	Tier 1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 1	
microgestin 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 1	
microgestin 1/20 (generic of LOESTRIN 1/20-21)	Tier 1	
microgestin fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 1	
microgestin fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	
mili (generic of ORTHO-CYCLEN)	Tier 1	
mono-linyah tab 0.25-35 (generic of ORTHO-CYCLEN)	Tier 1	
mononessa (generic of ORTHO-CYCLEN)	Tier 1	
myzilra	Tier 1	
necon 0.5/35-28	Tier 1	
necon 1/50-28	Tier 1	
necon 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 1	
nikki (generic of YAZ)	Tier 1	
nora-be tab	Tier 1	
norethindrone (contraceptive) (generic of ORTHO MICRONOR)	Tier 1	
norethindrone acet & eth estra (generic of LOESTRIN 1/20-21)	Tier 1	
norgest/ethi tab 0.25/35 (generic of ORTHO-CYCLEN)	Tier 1	
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg (generic of ORTHO TRI-CYCLEN)	Tier 1	
norlyroc	Tier 1	
nortrel 0.5/35 (28)	Tier 1	
nortrel 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	
nortrel 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 1	
NUVARING	Tier 3	
ocella tab 3-0.03mg (generic of YASMIN 28)	Tier 1	
orsythia	Tier 1	
philith	Tier 1	
pimtrea (generic of MIRCETTE)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
pirmella 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	
portia-28	Tier 1	
previfem (generic of ORTHO-CYCLEN)	Tier 1	
quasense	Tier 1	
reclipsen	Tier 1	
setlakin tab	Tier 1	
sharobel (generic of ORTHO MICRONOR)	Tier 1	
sprintec 28 (generic of ORTHO-CYCLEN)	Tier 1	
sronyx	Tier 1	
syeda (generic of YASMIN 28)	Tier 1	
tarina fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	
tilia fe (generic of ESTROSTEP FE)	Tier 1	
tri-legest fe (generic of ESTROSTEP FE)	Tier 1	
tri-linyah (generic of ORTHO TRI-CYCLEN)	Tier 1	
tri-lo marzia (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
tri-mili (generic of ORTHO TRI-CYCLEN)	Tier 1	
tri-previfem (generic of ORTHO TRI-CYCLEN)	Tier 1	
tri-sprintec (generic of ORTHO TRI-CYCLEN)	Tier 1	
tri-vylibra (generic of ORTHO TRI-CYCLEN)	Tier 1	
trinessa (generic of ORTHO TRI-CYCLEN)	Tier 1	
trinessa lo (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
trivora-28	Tier 1	
tulana	Tier 1	
velivet	Tier 1	
vestura (generic of YAZ)	Tier 1	
vienva	Tier 1	
viorele (generic of MIRCETTE)	Tier 1	
vyfemla	Tier 1	
vylibra (generic of ORTHO-CYCLEN)	Tier 1	
xulane	Tier 1	
zarah (generic of YASMIN 28)	Tier 1	
zenchent	Tier 1	
zovia 1/35e	Tier 1	
zovia 1/50e	Tier 1	
ENDOMETRIOSIS		
danazol CAPS	Tier 1	
SYNAREL	Tier 2	
ENZYME REPLACEMENTS		
ADAGEN	Tier 2	NMO LA PA
ALDURAZYME	Tier 2	NMO LA PA
CARBAGLU	Tier 2	NMO LA PA
CERDELGA	Tier 2	NMO PA
CEREZYME	Tier 2	NMO LA PA
CYSTADANE	Tier 2	NMO LA
CYSTAGON	Tier 3	NMO LA PA
FABRAZYME	Tier 2	NMO LA PA
KUVAN	Tier 2	NMO LA PA
levocarnitine (metabolic modifiers) (generic of CARNITOR)	Tier 1	B/D
LUMIZYME	Tier 2	NMO LA PA
miglustat	Tier 1	NMO PA
NAGLAZYME	Tier 2	NMO LA PA
ORFADIN	Tier 2	NMO LA PA
sodium phenylbutyrate (generic of BUPHENYL)	Tier 1	NMO PA
ESTROGENS		
DELESTROGEN 10mg/ml	Tier 3	
estradiol (generic of CLIMARA) PTWK	Tier 2	
estradiol (generic of ESTRACE) TABS	Tier 1	
estradiol vaginal cream (generic of ESTRACE)	Tier 1	
estradiol vaginal tab (generic of VAGIFEM)	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
estradiol valerate (generic of DELESTROGEN) OIL	Tier 1	
fyavolv	Tier 2	
fyavolv (generic of FEMHRT LOW DOSE)	Tier 2	
jinteli	Tier 2	
norethindrone acetate-ethinyl estradiol	Tier 2	
norethindrone acetate-ethinyl estradiol (generic of FEMHRT LOW DOSE)	Tier 2	
yuvafem vaginal tablet 10 mcg (generic of VAGIFEM)	Tier 1	
GLUCOCORTICOIDS		
cortisone acetate TABS	Tier 1	
DEXAMETHASONE CONC	Tier 3	
dexamethasone ELIX; SOLN	Tier 1	
dexamethasone TABS	Tier 1	
dexamethasone sodium phosphate	Tier 1	
fludrocortisone acetate TABS	Tier 1	
hydrocortisone (generic of CORTEF) TABS	Tier 1	
methylpr ss inj (generic of SOLU-MEDROL)	Tier 1	B/D
methylpred pak 4mg (generic of MEDROL DOSEPAK)	Tier 1	
methylpred tab 4mg (generic of MEDROL)	Tier 1	B/D
methylpred tab 8mg (generic of MEDROL)	Tier 1	B/D
methylpred tab 16mg (generic of MEDROL)	Tier 1	B/D
methylpred tab 32mg (generic of MEDROL)	Tier 1	B/D
methylprednisolone acetate (generic of DEPO-MEDROL)	Tier 1	B/D
pred sod pho sol 5mg/5ml	Tier 1	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	Tier 1	B/D
prednisolone sol 15mg/5ml	Tier 1	B/D
prednisolone sol 25mg/5ml	Tier 1	B/D
PREDNISONE CON 5MG/ML	Tier 3	B/D
prednisone pak 5mg	Tier 1	
prednisone pak 10mg	Tier 1	
prednisone sol 5mg/5ml	Tier 1	B/D
prednisone tab 1mg	Tier 1	B/D
prednisone tab 2.5mg	Tier 1	B/D
prednisone tab 5mg	Tier 1	B/D
prednisone tab 10mg	Tier 1	B/D
prednisone tab 20mg	Tier 1	B/D
prednisone tab 50mg	Tier 1	B/D
SOLU-CORTEF	Tier 3	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	Tier 2	
GLUCAGON EMERGENCY KIT	Tier 2	
PROGLYCEM SUS 50MG/ML	Tier 3	
MISCELLANEOUS		
cabergoline	Tier 1	
calcitonin (salmon) (generic of MIACALCIN)	Tier 1	B/D
FORTEO	Tier 2	NMO PA
GENOTROPIN	Tier 2	NMO PA
GENOTROPIN MINIQUICK .2mg	Tier 3	NMO PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NMO PA
INCRELEX	Tier 2	NMO LA PA
KORLYM	Tier 2	NMO LA PA
LUPRON DEP-PED INJ 7.5MG	Tier 2	NMO PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	Tier 2	NMO PA
LUPRON DEPOT-PED (1-MONTH	Tier 2	NMO PA
LUPRON DEPOT-PED (3-MONTH	Tier 2	NMO PA
NATPARA	Tier 2	NMO PA
octreotide acetate (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml	Tier 1	NMO PA

Drug Name	Drug Tier	Requirements/ Limits
octreotide acetate 200mcg/ml	Tier 1	NMO PA
octreotide acetate (generic of SANDOSTATIN) 500mcg/ml	Tier 1	NMO PA
octreotide acetate 1000mcg/ml	Tier 1	NMO PA
PROLIA QL (1 injection / 180 days)	Tier 3	QL NMO
raloxifene hcl (generic of EVISTA)	Tier 1	
SIGNIFOR	Tier 2	NMO LA PA
SOMATULINE DEPOT	Tier 2	NMO PA
SOMAVERT	Tier 2	NMO LA PA
TYMLOS	Tier 2	NMO PA
XGEVA	Tier 2	NMO PA
PHOSPHATE BINDER AGENTS		
AURYXIA QL (360 tabs / 30 days)	Tier 2	QL
calcium acetate (phosphate binder) (generic of PHOSLO) CAPS QL (360 caps / 30 days)	Tier 1	QL
calcium acetate (phosphate binder) TABS QL (360 tabs / 30 days)	Tier 1	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 1	QL
PROGESTINS		
medroxyprogesterone acetate tab (generic of PROVERA)	Tier 1	
norethindrone acetate (generic of AYGESTIN) TABS	Tier 1	
THYROID AGENTS		
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 1	
methimazole (generic of TAPAZOLE) TABS	Tier 1	
propylthiouracil TABS	Tier 1	
SYNTHROID	Tier 3	
unithroid (generic of SYNTHROID)	Tier 1	
VASOPRESSINS		
desmopressin acetate spray (generic of DDAVP)	Tier 1	
desmopressin acetate spray refrigerated	Tier 1	
desmopressin acetate tabs (generic of DDAVP)	Tier 1	
desmopressin inj 4mcg/ml (generic of DDAVP)	Tier 1	
STIMATE	Tier 2	NMO
GASTROINTESTINAL ***ANTIEMETICS***		
aprepitant (generic of EMEND)	Tier 1	B/D
aprepitant pak 80mg & 125mg	Tier 1	B/D
compro	Tier 1	
dronabinol (generic of MARINOL) QL (60 caps / 30 days)	Tier 1	B/D QL
EMEND SUSR	Tier 3	B/D
granisetron hcl SOLN	Tier 1	
granisetron hcl TABS	Tier 1	B/D

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meclizine hcl TABS	Tier 1	
metoclopramide hcl SOLN	Tier 1	
metoclopramide hcl (generic of REGLAN) TABS	Tier 1	
metoclopramide hcl inj	Tier 1	
ondansetron hcl (generic of ZOFRAN) TABS 4mg, 8mg	Tier 1	B/D
ondansetron hcl TABS 24mg	Tier 1	B/D
ondansetron hcl inj	Tier 1	
ondansetron hcl oral soln (generic of ZOFRAN)	Tier 1	B/D
ondansetron odt (generic of ZOFRAN ODT)	Tier 1	B/D
prochlorperazine inj	Tier 1	
prochlorperazine maleate TABS	Tier 1	
prochlorperazine supp	Tier 1	
promethazine hcl SYRP; TABS PA if 70 years and older	Tier 1	PA
promethazine hcl inj (generic of PHENERGAN) PA if 70 years and older	Tier 3	PA
scopolamine patch (generic of TRANSDERM-SCOP) QL (10 patches / 30 days) PA if 70 years and older	Tier 3	QL PA
ANTISPASMODICS		
dicyclomine hcl cap 10mg (generic of BENTYL)	Tier 2	
dicyclomine hcl soln 10mg/5ml	Tier 3	
dicyclomine hcl tab 20mg	Tier 2	
glycopyrrolate (generic of ROBINUL) TABS 1mg	Tier 1	
glycopyrrolate (generic of ROBINUL FORTE) TABS 2mg	Tier 1	
H2-RECEPTOR ANTAGONISTS		
famotidine (generic of PEPCID) SUSR	Tier 1	
famotidine (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
famotidine in nacl	Tier 1	
famotidine inj	Tier 1	
ranitidine hcl (generic of ZANTAC) TABS	Tier 1	
ranitidine hcl inj (generic of ZANTAC)	Tier 1	
ranitidine inj (generic of ZANTAC)	Tier 1	
ranitidine syrup	Tier 1	
INFLAMMATORY BOWEL DISEASE		
APRISO QL (120 caps / 30 days)	Tier 2	QL
balsalazide disodium (generic of COLAZAL)	Tier 1	
budesonide ec (generic of ENTOCORT EC)	Tier 1	
CANASA	Tier 3	
colocort enema 100mg (generic of CORTENEMA)	Tier 1	
DELZICOL	Tier 3	
hydrocortisone (enema) (generic of CORTENEMA)	Tier 1	
mesalamine ENEM	Tier 1	
mesalamine (generic of ASACOL HD) TBEC 800mg	Tier 1	
mesalamine w/ cleanser (generic of ROWASA)	Tier 1	
sulfasalazine (generic of AZULFIDINE) TABS	Tier 1	
sulfasalazine ec (generic of AZULFIDINE EN-TABS)	Tier 1	
LAXATIVES		
constulose	Tier 1	
enulose	Tier 1	
gavilyte-c (generic of COLYTE-FLAVOR PACKS)	Tier 1	
gavilyte-g (generic of GOLYTELY)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
gavilyte-n/flavor pack (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
generlac	Tier 1	
GOLYTELY	Tier 2	
lactulose	Tier 1	
lactulose (encephalopathy)	Tier 1	
MOVIPREP	Tier 3	
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/FLAVOR PACKS)	Tier 1	
peg 3350/electrolytes (generic of COLYTE-FLAVOR PACKS)	Tier 1	
polyethylene glycol 3350 PACK; POWD	Tier 1	
SUPREP BOWEL PREP KIT	Tier 3	
trilyte (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX)	Tier 1	PA
AMITIZA CAP 8MCG QL (180 caps / 30 days)	Tier 2	QL
AMITIZA CAP 24MCG QL (60 caps / 30 days)	Tier 2	QL
cromolyn sodium (mastocytosis) (generic of GASTROCROM)	Tier 1	
diphenoxylate w/ atropine LIQD	Tier 3	
diphenoxylate w/ atropine (generic of LOMOTIL) TABS	Tier 2	
GATTEX	Tier 2	NMO LA PA
LINZESS QL (30 caps / 30 days)	Tier 2	QL
loperamide hcl CAPS	Tier 1	
misoprostol (generic of CYTOTEC) TABS	Tier 1	
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	PA
sucralfate (generic of CARAFATE) TABS	Tier 1	
SYMPROIC	Tier 2	
ursodiol (generic of ACTIGALL) CAPS	Tier 1	
ursodiol (generic of URSO 250) TABS 250mg	Tier 1	
ursodiol (generic of URSO FORTE) TABS 500mg	Tier 1	
XIFAXAN 550mg	Tier 2	PA
PANCREATIC ENZYMES		
CREON	Tier 2	
ZENPEP	Tier 3	
PROTON PUMP INHIBITORS		
DEXILANT QL (30 caps / 30 days)	Tier 3	QL
esomeprazole magnesium (generic of NEXIUM) QL (30 caps / 30 days)	Tier 1	QL
esomeprazole sodium inj 20mg	Tier 1	
esomeprazole sodium inj (generic of NEXIUM I.V.) 40mg	Tier 1	
lansoprazole (generic of PREVACID) CPDR QL (30 caps / 30 days)	Tier 1	QL
omeprazole cap 10mg	Tier 1	
omeprazole cap 20mg	Tier 1	
omeprazole cap 40mg	Tier 1	
pantoprazole sodium (generic of PROTONIX) SOLR	Tier 1	
pantoprazole sodium tbec (generic of PROTONIX)	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
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 1	QL
dutasteride-tamsulosin hcl (generic of JALYN) QL (30 caps / 30 days)	Tier 1	QL
finasteride (generic of PROSCAR) TABS 5mg	Tier 1	
tamsulosin hcl (generic of FLOMAX)	Tier 1	
MISCELLANEOUS		
bethanechol chloride (generic of URECHOLINE) TABS	Tier 1	
potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 15) 15meq	Tier 1	
potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 5) 540mg	Tier 1	
potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 10) 1080mg	Tier 1	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg QL (60 tabs / 30 days)	Tier 3	QL
MYRBETRIQ 50mg QL (30 tabs / 30 days)	Tier 3	QL
oxybutynin chloride SYRP	Tier 1	
oxybutynin chloride TABS	Tier 1	
oxybutynin chloride (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 1	QL
oxybutynin chloride (generic of DITROPAN XL) TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 1	QL
tolterodine tartrate cap er (generic of DETROL LA) QL (30 caps / 30 days)	Tier 1	QL ST
tolterodine tartrate tabs (generic of DETROL)	Tier 1	ST
TOVIAZ QL (30 tabs / 30 days)	Tier 2	QL
trospium chloride TABS QL (60 tabs / 30 days)	Tier 1	QL
VESICARE QL (30 tabs / 30 days)	Tier 3	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal (generic of CLEOCIN)	Tier 1	
metronidazole vaginal (generic of METROGEL-VAGINAL)	Tier 1	
terconazole vaginal (generic of TERAZOL 7) CREA .4%	Tier 1	
terconazole vaginal CREA .8%	Tier 1	
terconazole vaginal SUPP	Tier 1	
vandazole	Tier 1	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	Tier 2	
ELIQUIS	Tier 2	
ELIQUIS STARTER PACK	Tier 2	
enoxaparin sodium (generic of LOVENOX)	Tier 1	
fondaparinux sodium (generic of ARIXTRA) 2.5mg/0.5ml	Tier 1	
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 sod inj 1000/ml	Tier 1	B/D
heparin sod inj 5000/ml	Tier 1	B/D
heparin sod inj 10000/ml	Tier 1	B/D
heparin sod inj 20000/ml	Tier 1	B/D
HEPARIN SODIUM/NACL 0.45%	Tier 2	
jantoven (generic of COUMADIN)	Tier 1	
PRADAXA	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
warfarin sodium (generic of COUMADIN)	Tier 1	
XARELTO	Tier 2	
XARELTO STARTER PACK	Tier 2	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	Tier 2	NMO PA
NEUPOGEN	Tier 2	NMO PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NMO PA
PROCRIT 20000unit/ml, 40000unit/ml	Tier 2	NMO PA
MISCELLANEOUS		
anagrelide hcl 1mg	Tier 1	
anagrelide hcl (generic of AGRYLIN) .5mg	Tier 1	
BERINERT QL (24 boxes / 30 days)	Tier 2	QL NMO LA PA
cilostazol	Tier 1	
DROXIA	Tier 2	
ENDARI	Tier 2	NMO LA PA
FIRAZYR QL (9 syringes / 30 days)	Tier 2	QL NMO PA
HAEGARDA 2000unit QL (30 vials / 30 days)	Tier 2	QL NMO LA PA
HAEGARDA 3000unit QL (20 vials / 30 days)	Tier 2	QL NMO LA PA
pentoxifylline TBCR	Tier 1	
PROMACTA 12.5mg QL (360 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
tranexamic acid (generic of CYKLOKAPRON) SOLN	Tier 1	
tranexamic acid (generic of LYSTEDA) TABS	Tier 1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole (generic of AGGRENOX)	Tier 1	
BRILINTA	Tier 2	
clopidogrel tab 75mg (generic of PLAVIX)	Tier 1	
prasugrel hcl (generic of EFFIENT)	Tier 1	
ZONTIVITY	Tier 3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	Tier 2	QL NMO PA
HUMIRA 40mg/0.4ml QL (6 injections / 28 days)	Tier 2	QL NMO PA
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA PEDIATRIC CROHNS DISEASE	Tier 2	NMO PA
HUMIRA PEN QL (6 pens / 28 days)	Tier 2	QL NMO PA
HUMIRA PEN INJ CD/UC/HS STARTER	Tier 2	NMO PA
HUMIRA PEN INJ PS/UV STARTER	Tier 2	NMO PA
hydroxychloroquine sulfate (generic of PLAQUENIL)	Tier 1	
leflunomide (generic of ARAVA) TABS	Tier 1	
methotrexate sodium tabs	Tier 1	
REMICADE	Tier 2	NMO PA
XATMEP	Tier 3	B/D
XELJANZ QL (60 tabs / 30 days)	Tier 2	QL NMO PA
XELJANZ XR QL (30 tabs / 30 days)	Tier 2	QL NMO PA

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Drug Name	Drug Tier	Requirements/ Limits
IMMUNOGLOBULINS		
BIVIGAM	Tier 2	NMO PA
CARIMUNE NANOFILTERED	Tier 2	NMO PA
FLEBOGAMMA DIF	Tier 2	NMO PA
GAMASTAN S/D	Tier 2	B/D NMO
GAMMAGARD LIQUID	Tier 2	NMO PA
GAMMAGARD S/D	Tier 2	NMO PA
GAMMAKED	Tier 2	NMO PA
GAMMAPLEX	Tier 2	NMO PA
GAMMAPLEX 10GM/100ML	Tier 2	NMO PA
GAMUNEX-C	Tier 2	NMO PA
OCTAGAM	Tier 2	NMO PA
PRIVIGEN	Tier 2	NMO PA
IMMUNOMODULATORS		
ACTIMMUNE	Tier 2	NMO LA PA
ARCALYST	Tier 2	NMO PA
INTRON-A INJ 10MU	Tier 2	B/D NMO
INTRON-A INJ 18MU	Tier 2	B/D NMO
INTRON-A INJ 25MU	Tier 2	B/D NMO
INTRON-A INJ 50MU	Tier 2	B/D NMO
IMMUNOSUPPRESSANTS		
azathioprine (generic of IMURAN) TABS	Tier 1	B/D
BENLYSTA	Tier 2	NMO PA
cyclosporine (generic of SANDIMMUNE) CAPS; SOLN	Tier 1	B/D NMO
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg	Tier 1	B/D NMO
cyclosporine modified (for microemulsion) CAPS 50mg	Tier 1	B/D NMO
cyclosporine modified (for microemulsion) (generic of NEORAL) SOLN	Tier 1	B/D NMO
gengraf (generic of NEORAL)	Tier 1	B/D NMO
mycophenolate mofetil (generic of CELLCEPT) CAPS; TABS	Tier 1	B/D NMO
mycophenolate mofetil (generic of CELLCEPT) SUSR	Tier 1	B/D NMO
mycophenolate sodium tbec (generic of MYFORTIC)	Tier 1	B/D NMO
NULOJIX	Tier 2	B/D NMO
RAPAMUNE SOLN	Tier 2	B/D NMO
SANDIMMUNE SOLN 100mg/ml	Tier 2	B/D NMO
sirolimus (generic of RAPAMUNE) TABS 2mg	Tier 1	B/D NMO
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 1	B/D NMO
tacrolimus (generic of PROGRAF) CAPS	Tier 1	B/D NMO
ZORTRESS TAB 0.5MG	Tier 2	B/D NMO
ZORTRESS TAB 0.25MG	Tier 2	B/D NMO
ZORTRESS TAB 0.75MG	Tier 2	B/D NMO
VACCINES		
ACTHIB	Tier 2	
ADACEL	Tier 2	
BCG VACCINE	Tier 2	
BEXSERO	Tier 2	
BOOSTRIX	Tier 2	
DAPTACEL	Tier 2	
DIPHTHERIA/TETANUS TOXOID	Tier 2	B/D
ENGERIX-B SUSP	Tier 2	B/D
GARDASIL 9	Tier 2	
HAVRIX	Tier 2	
HIBERIX	Tier 2	
IMOVAX RABIES (H.D.C.V.)	Tier 2	B/D
INFANRIX	Tier 2	
IPOL INACTIVATED IPV	Tier 2	
IXIARO	Tier 2	
KINRIX	Tier 2	
M-M-R II	Tier 2	
MENACTRA	Tier 2	
MENVEO	Tier 2	
PEDIARIX	Tier 2	
PEDVAX HIB	Tier 2	
PENTACEL	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
PROQUAD	Tier 2	
QUADRACEL	Tier 2	
RABAVERT	Tier 2	B/D
RECOMBIVAX HB	Tier 2	B/D
ROTARIX	Tier 2	
ROTATEQ	Tier 2	
SHINGRIX QL (2 vials per lifetime)	Tier 2	QL
TENIVAC	Tier 2	B/D
TETANUS/DIPHTHERIA TOXOID	Tier 2	B/D
TRUMENBA	Tier 2	
TWINRIX INJ	Tier 2	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX	Tier 2	
YF-VAX	Tier 2	
ZOSTAVAX QL (1 vial per lifetime)	Tier 2	QL
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
klor-con 8	Tier 1	
klor-con 10	Tier 1	
klor-con m10	Tier 1	
KLOR-CON M15	Tier 2	
klor-con m20	Tier 1	
klor-con pak 20meq	Tier 1	
klor-con spr cap 8meq (generic of MICRO-K)	Tier 1	
klor-con spr cap 10meq (generic of MICRO-K)	Tier 1	
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	
magnesium sulfate inj 50%	Tier 2	
potassium chloride (generic of MICRO-K) CPCR	Tier 1	
potassium chloride PACK	Tier 1	
potassium chloride SOLN 10%, 20%	Tier 1	
potassium chloride TBCR 8meq, 10meq	Tier 1	
potassium chloride (generic of K-TAB) TBCR 20meq	Tier 1	
potassium chloride microencapsulated crystals er	Tier 1	
potassium chloride tab cr 10 meq	Tier 1	
sodium chloride SOLN 2.5meq/ml	Tier 1	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
tpn electrolytes	Tier 3	B/D
IV NUTRITION		
AMINOSYN	Tier 3	B/D
AMINOSYN 7%/ELECTROLYTES	Tier 3	B/D
aminosyn 8.5%/electrolyte	Tier 3	B/D
aminosyn ii 8.5%/electrol	Tier 3	B/D
AMINOSYN II INJ 8.5%	Tier 3	B/D
AMINOSYN II INJ 10%	Tier 3	B/D
AMINOSYN M	Tier 3	B/D
AMINOSYN-HBC	Tier 3	B/D
AMINOSYN-PF 7%	Tier 3	B/D
AMINOSYN-PF INJ 10%	Tier 3	B/D
AMINOSYN-RF	Tier 3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	Tier 3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	Tier 3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 5%/DEXTROSE 15%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 20%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 25%	Tier 3	B/D
CLINIMIX INJ 4.25/D10	Tier 3	B/D
CLINIMIX INJ 4.25/D20	Tier 3	B/D
FREAMINE HBC 6.9%	Tier 3	B/D
FREAMINE III	Tier 3	B/D
hepatamine	Tier 3	B/D
INTRALIPID 30%	Tier 3	B/D
intralipid inj 20%	Tier 3	B/D
NEPHRAMINE	Tier 3	B/D
nutrilipid inj 20%	Tier 3	B/D
premasol sol 6%	Tier 1	B/D
PREMASOL SOL 10%	Tier 3	B/D
PROCALAMINE	Tier 3	B/D
PROSOL	Tier 3	B/D
TRAVASOL	Tier 3	B/D
TROPHAMINE INJ 10%	Tier 3	B/D
IV REPLACEMENT SOLUTIONS		
dextrose 2.5%/nacl 0.45%	Tier 1	
dextrose 5%	Tier 1	
DEXTROSE 5% /ELECTROLYTE	Tier 2	
dextrose 5%/nacl 0.2%	Tier 1	
DEXTROSE 5%/NACL 0.3%	Tier 3	
dextrose 5%/nacl 0.9%	Tier 1	
dextrose 5%/nacl 0.33%	Tier 1	
dextrose 5%/nacl 0.45%	Tier 1	
dextrose 5%/nacl 0.225%	Tier 1	
dextrose 5%/potassium chl	Tier 1	
dextrose 10% flex contain	Tier 1	
DEXTROSE 10%/NACL 0.2%	Tier 2	
dextrose 10%/nacl 0.45%	Tier 1	
dextrose 50%	Tier 1	
dextrose in lactated ringers	Tier 1	
dextrose inj 70%	Tier 1	
IONOSOL-MB/DEXTROSE 5%	Tier 3	
ISOLYTE P	Tier 3	
ISOLYTE S	Tier 3	
kcl0.15%/d5w/nacl0.2%	Tier 1	
KCL 0.3%/D5W/NACL 0.9%	Tier 3	
kcl 0.3%/d5w/nacl 0.45%	Tier 1	
kcl 0.15%/d5w/nacl 0.9%	Tier 1	
KCL 0.15%/D5W/NACL 0.225%	Tier 2	
kcl 0.075%/d5w/nacl 0.45%	Tier 1	
kcl/d5w inj 0.3%	Tier 1	
kcl/d5w/nacl inj 0.22%/0.45%	Tier 1	
kcl/d5w/nacl inj .15/.33%	Tier 1	
kcl/d5w/nacl inj .15/.45%	Tier 1	
kcl/nacl inj 0.3-0.9	Tier 1	
kcl/nacl inj 0.15%-0.9%	Tier 1	
lactated ringer's	Tier 1	
NORMOSOL-M IN D5W	Tier 3	
NORMOSOL-R	Tier 3	
NORMOSOL-R IN D5W	Tier 3	
PLASMA-LYTE A	Tier 3	
PLASMA-LYTE-148	Tier 3	
pot chloride inj 2meq/ml	Tier 1	
potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	Tier 1	
potassium chloride in nacl	Tier 1	
sodium chloride SOLN 3%, 5%	Tier 1	
sodium chloride 0.45%	Tier 1	
sodium chloride inj 0.9%	Tier 1	
VITAMINS		
calcitriol (generic of ROCALTROL) CAPS	Tier 1	B/D
calcitriol inj	Tier 1	B/D
calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)	Tier 1	B/D
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 1	B/D
paricalcitol CAPS 4mcg	Tier 1	B/D
PNV PRENATAL TAB PLUS	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
RAYALDEE	Tier 2	
OPHTHALMIC *ANTI-INFECTIVE/ANTI-INFLAMMATORY*		
bacitracin-poly-neomycin-hc	Tier 1	
BLEPHAMIDE OINT	Tier 3	
neomycin-polymy-dexameth (generic of MAXITROL)	Tier 1	
neomycin-polymyxin-hc (ophth)	Tier 1	
sulfacetamide sod-prednisolone	Tier 1	
TOBRADEX OINT	Tier 2	
TOBRADEX ST	Tier 2	
tobramycin-dexamethasone (generic of TOBRADEX)	Tier 1	
ZYLET	Tier 2	
ANTI-INFECTIVES		
AZASITE	Tier 3	
bacitracin (ophthalmic)	Tier 1	
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	
gatifloxacin (ophth) (generic of ZYMAXID)	Tier 1	
gentak	Tier 1	
gentamicin sulfate soln (ophth)	Tier 1	
MOXEZA	Tier 2	
moxifloxacin hcl (ophth) (generic of VIGAMOX)	Tier 1	
NATACYN	Tier 3	
neomycin-bacitracin zn-polymyxin	Tier 1	
neomycin-polymyxin-gramicidin (generic of NEOSPORIN)	Tier 1	
ofloxacin (ophth) (generic of OCUFLOX)	Tier 1	
polymyxin b-trimethoprim (generic of POLYTRIM)	Tier 1	
sulfacetamide sodium (ophth) OINT	Tier 1	
sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN	Tier 1	
tobramycin (ophth) (generic of TOBREX)	Tier 1	
trifluridine (generic of VIROPTIC) SOLN	Tier 1	
ZIRGAN	Tier 3	
ANTI-INFLAMMATORIES		
ALREX	Tier 2	
bromfenac sodium (ophth)	Tier 1	
BROMSITE	Tier 3	
dexamethasone sodium phosphate (ophth)	Tier 1	
diclofenac sodium (ophth)	Tier 1	
DUREZOL	Tier 2	
fluorometholone	Tier 1	
flurbiprofen sodium	Tier 1	
ILEVRO	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR LS) .4%	Tier 1	
ketorolac tromethamine (ophth) (generic of ACULAR) .5%	Tier 1	
LOTEMAX	Tier 2	
prednisolone acetate (ophth) (generic of OMNIPRED)	Tier 1	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	Tier 2	
PROLENSA	Tier 2	
ANTIALLERGICS		
azelastine drop 0.05%	Tier 1	
BEPREVE	Tier 2	
cromolyn sodium (ophth)	Tier 1	
LASTACAFT	Tier 3	
olopatadine hcl 0.2% (generic of PATADAY)	Tier 1	
PAZEO	Tier 2	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
AZOPT	Tier 2	
betaxolol hcl (ophth)	Tier 1	
BETOPTIC-S	Tier 2	
brimonidine sol 0.2%	Tier 1	
brimonidine sol 0.15% (generic of ALPHAGAN P)	Tier 1	
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 (generic of BETAGAN)	Tier 1	
LUMIGAN	Tier 2	
metipranolol	Tier 1	
PHOSPHOLINE IODIDE	Tier 3	
pilocarpine hcl (generic of ISOPTO CARPINE) SOLN	Tier 1	
SIMBRINZA	Tier 2	
timolol maleate (ophth) soln (generic of TIMOPTIC)	Tier 1	
timolol maleate gel (generic of TIMOPTIC-XE)	Tier 1	
timolol maleate ophth soln 0.5% (once-daily) (generic of ISTALOL)	Tier 1	
TRAVATAN Z	Tier 2	
MISCELLANEOUS		
CYSTARAN	Tier 2	NMO LA PA
proparacaine hcl (generic of ALCAINE) SOLN	Tier 1	
RESTASIS QL (60 single use vials / 30 days)	Tier 2	QL
RESTASIS MULTIDOSE QL (1 bottle / 30 days)	Tier 2	QL
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 nebu	Tier 1	B/D
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	B/D
ipratropium bromide (nasal)	Tier 1	
ANTIHISTAMINES		
azelastine spr 0.1%	Tier 1	
azelastine spr 0.15% (generic of ASTEPRO)	Tier 1	
cetirizine syrup	Tier 1	
cyproheptadine hcl SYRP; TABS PA if 70 years and older	Tier 2	PA
diphenhydramine hcl inj 50mg/ml	Tier 1	
hydroxyzine hcl SYRP PA if 70 years and older	Tier 2	PA
hydroxyzine hcl TABS PA if 70 years and older	Tier 1	PA
hydroxyzine hcl inj PA if 70 years and older	Tier 3	PA
hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	Tier 1	PA
levocetirizine dihydrochloride	Tier 1	
BETA AGONISTS		
albuterol sulfate NEBU	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate SYRP; TABS; TB12	Tier 1	
levalbuterol hcl (generic of XOPENEX) NEBU 1.25mg/3ml	Tier 1	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (generic of XOPENEX CONCENTRATE)	Tier 1	B/D
levalbuterol tartrate hfa QL (2 inhalers / 30 days)	Tier 1	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
terbutaline sulfate TABS	Tier 1	
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 2	QL
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW; PACK; TABS	Tier 1	
zafirlukast (generic of ACCOLATE)	Tier 1	
MAST CELL STABILIZERS		
cromolyn sodium nebu	Tier 1	B/D
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 1	B/D
ARALAST NP	Tier 2	NMO LA PA
DALIRESP	Tier 3	
epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 1	
ESBRIET	Tier 2	NMO PA
KALYDECO	Tier 2	NMO PA
OFEV	Tier 2	NMO PA
ORKAMBI TABS	Tier 2	NMO PA
PROLASTIN-C	Tier 2	NMO LA PA
PULMOZYME	Tier 2	NMO PA
SYMDEKO	Tier 2	NMO LA PA
THEO-24	Tier 3	
theophylline	Tier 1	
XOLAIR	Tier 2	NMO LA PA
ZEMAIRA	Tier 2	NMO LA PA
NASAL STEROIDS		
flunisolide (nasal) QL (3 bottles / 30 days)	Tier 1	QL
fluticasone propionate (nasal) (generic of FLONASE) 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) .25mg/2ml, .5mg/2ml	Tier 1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	Tier 2	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	Tier 2	QL
FLOVENT HFA QL (2 inhalers / 30 days)	Tier 2	QL
PULMICORT FLEXHALER 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		

Drug Name	Drug Tier	Requirements/ Limits
amnesteem	Tier 1	PA
avita (generic of RETIN-A) CREA	Tier 1	PA
avita GEL	Tier 1	PA
benzoyl peroxide-erythromycin (generic of BENZAMYCIN)	Tier 1	
claravis	Tier 1	PA
clindacin-p (generic of CLEOCIN-T)	Tier 1	
clindamycin phosphate (topical) (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB	Tier 1	
ery pad 2%	Tier 1	
erythromycin (acne aid) (generic of ERYGEL) GEL	Tier 1	
erythromycin (acne aid) SOLN	Tier 1	
isotretinoin CAPS	Tier 1	PA
myorisan	Tier 1	PA
sulfacetamide sodium (acne) (generic of KLARON)	Tier 1	
tretinoin (generic of RETIN-A) CREA	Tier 1	PA
tretinoin (generic of RETIN-A) GEL .01%, .025%	Tier 1	PA
zenatane	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical)	Tier 1	
mupirocin OINT	Tier 1	
silver sulfadiazine (generic of SILVADENE) CREA	Tier 1	
ssd (generic of SILVADENE)	Tier 1	
SULFAMYLON CREA	Tier 3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox (generic of LOPROX) CREA; SUSP	Tier 1	
ciclopirox GEL	Tier 1	
ciclopirox shampoo 1% (generic of LOPROX SHAMPOO)	Tier 1	
clotrimazole (topical)	Tier 1	
clotrimazole w/ betamethasone (generic of LOTRISONE) CREA	Tier 1	
ketoconazole cream	Tier 1	
nyamyc	Tier 1	
nystatin (topical)	Tier 1	
nystatin pow 100000	Tier 1	
nystop	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin (generic of SORIATANE) 10mg, 25mg	Tier 1	PA
acitretin 17.5mg	Tier 1	PA
calcipotriene (generic of DOVONEX) CREA QL (120 gm / 30 days)	Tier 1	QL PA
calcipotriene OINT QL (120 gm / 30 days)	Tier 1	QL PA
calcipotriene SOLN QL (120 mL / 30 days)	Tier 1	QL PA
calcitrene QL (120 gm / 30 days)	Tier 1	QL PA
tazarotene (generic of TAZORAC) CREA	Tier 1	PA
TAZORAC CREA .05%	Tier 3	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo (generic of NIZORAL)	Tier 1	
selenium sulfide LOTN	Tier 1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	Tier 1	
alclometasone dipropionate	Tier 1	
betamethasone dipropionate (topical)	Tier 1	
betamethasone dipropionate augmented (generic of DIPROLENE AF) CREA	Tier 1	
betamethasone dipropionate augmented GEL	Tier 1	
betamethasone dipropionate augmented (generic of DIPROLENE) LOTN; OINT	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
betamethasone valerate CREA; LOTN; OINT	Tier 1	
fluocinolone acetonide CREA .01%	Tier 1	
fluocinolone acetonide (generic of SYNALAR) CREA .025%	Tier 1	
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS BODY) OIL	Tier 1	
fluocinolone acetonide (generic of SYNALAR) OINT	Tier 1	
fluocinolone acetonide (generic of SYNALAR) SOLN	Tier 1	
fluocinolone acetonide oil body (generic of DERMA-SMOOTHE/FS SCALP)	Tier 1	
fluocinonide CREA .05%	Tier 1	
fluocinonide GEL	Tier 1	
fluocinonide SOLN	Tier 1	
fluocinonide emulsified base	Tier 1	
fluticasone propionate CREA; OINT	Tier 1	
halobetasol propionate (generic of ULTRAVATE)	Tier 1	
hydrocortisone (topical) CREA	Tier 1	
hydrocortisone (topical) LOTN	Tier 1	
hydrocortisone (topical) OINT 2.5%	Tier 1	
hydrocortisone butyrate cream 0.1% (generic of LOCOID)	Tier 1	
hydrocortisone butyrate oint 0.1%	Tier 1	
hydrocortisone valerate	Tier 1	
mometasone furoate (generic of ELOCON) CREA; OINT	Tier 1	
mometasone furoate SOLN	Tier 1	
TEXACORT SOLN 2.5%	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
triamcinolone acetonide (topical) CREA; OINT	Tier 1	
triamcinolone acetonide (topical) LOTN	Tier 1	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo QL (30 mL / 30 days)	Tier 1	QL PA
lidocaine (generic of LIDODERM) PTCH QL (3 patches / 1 day)	Tier 1	QL PA
lidocaine hcl GEL QL (30 mL / 30 days)	Tier 1	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	Tier 1	QL PA
lidocaine oint 5% QL (50 grams / 30 days)	Tier 1	QL PA
lidocaine-prilocaine QL (30 grams / 30 days)	Tier 1	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ammonium lactate (generic of LAC-HYDRIN) CREA	Tier 1	
ammonium lactate LOTN	Tier 1	
diclofenac sodium (topical) 1% gel (generic of VOLTAREN)	Tier 1	PA
fluorouracil (topical) (generic of EFUDEX) CREA 5%	Tier 1	
fluorouracil (topical) SOLN	Tier 1	
imiquimod (generic of ALDARA) CREA	Tier 1	
metronidazole (topical) (generic of METROCREAM) CREA	Tier 1	
metronidazole (topical) (generic of METROLOTION) LOTN	Tier 1	
metronidazole gel 0.75%	Tier 1	
PANRETIN	Tier 2	
PICATO .05% QL (2 tubes / 30 days)	Tier 2	QL
PICATO .015% QL (3 tubes / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
podofilox SOLN	Tier 1	
procto-med hc (generic of ANUSOL-HC)	Tier 1	
procto-pak (generic of PROCTOCORT)	Tier 1	
proctosol hc cre 2.5% (generic of ANUSOL-HC)	Tier 1	
proctozone-hc (generic of ANUSOL-HC)	Tier 1	
rosadan (generic of METROCREAM)	Tier 1	
tacrolimus (topical) (generic of PROTOPIC)	Tier 1	
TARGRETIN GEL	Tier 2	NMO PA
VALCHLOR	Tier 2	NMO LA PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion (generic of OVIDE)	Tier 1	
permethrin cre 5% (generic of ELIMITE)	Tier 1	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid .25%	Tier 1	
REGRANEX	Tier 2	PA
SANTYL	Tier 3	
sodium chlor sol 0.9% irr	Tier 1	
water for irrigation, sterile	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl (generic of EVOXAC)	Tier 1	
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)	Tier 1	
clotrimazole LOZG	Tier 1	
lidocaine hcl (mouth-throat)	Tier 1	
nystatin (mouth-throat)	Tier 1	
paroex sol 0.12% (generic of PERIDEX)	Tier 1	
periogard (generic of PERIDEX)	Tier 1	
pilocarpine hcl (oral) (generic of SALAGEN)	Tier 1	
triamcinolone acetonide (mouth)	Tier 1	
OTIC		
acetic acid (otic)	Tier 1	
CIPRODEX	Tier 2	
fluocinolone acetonide (otic) (generic of DERMOTIC)	Tier 1	
neomycin-polymyxin-hc (otic)	Tier 1	
ofloxacin (otic) (generic of FLOXIN OTIC)	Tier 1	

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This formulary was updated on 09/07/2018. 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.

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If you have used mail order services with your current plan before, or if you opt in now, our pharmacy will automatically fill and ship new prescriptions received directly from your doctors or other prescribers. You may opt out of automatic deliveries of new prescriptions at any time by contacting us. If you never had mail order delivery and/or decide to stop automatic fills of new prescriptions, we will contact you each time we get a new prescription from a provider, to see if you want the medication filled and shipped at that time. This will give you an opportunity to make sure that the correct drug (including strength, amount, and form) will be delivered, and, if necessary, allow you to cancel or delay the order before you are billed and it is shipped.

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