Blue MedicareRx℠ (PDP)
3-tier
2020 Formulary
(List of Covered Drugs)

$5 / $10 / $25 - Option 25
$5 / $15 / $30 - Option 28
$10 / $15 / $30 - Option 33
$10 / $20 / $35 - Option 26
$10 / $25 / $40 - Option 34
$10 / $25 / $45 - Option 30
$10 / $25 / $50 - Option 29
$10 / $30 / $65 - Option 27
$15 / $30 / $50 - Option 31
$10 / $20 / $35 - Option 35
$10 / $20 / $65 - Option 36

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

This formulary was updated on 08/27/2019. 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, 2020. 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, 2021, 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?

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

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

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

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or 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, 2020.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

Blue MedicareRx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

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

Quantity Limits: For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for

FLOVENT HFA. This may be in addition to a standard one-month or three-month supply.

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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

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

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

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

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

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit 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 2	
COLCRYS QL (120 tabs / 30 days)	Tier 2	QL
MITIGARE QL (60 caps / 30 days)	Tier 2	QL
probenecid	Tier 1	
NSAIDS		
celecoxib (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	Tier 2	QL
celecoxib (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL
celecoxib (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	Tier 2	QL
celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL
diclofenac potassium QL (120 tabs / 30 days)	Tier 2	QL
diclofenac sodium TB24	Tier 2	
diclofenac sodium TBEC	Tier 1	
diflunisal TABS	Tier 2	
flurbiprofen TABS	Tier 1	
ibu tab 600mg	Tier 1	
ibu tab 800mg	Tier 1	
ibuprofen SUSP	Tier 2	
ibuprofen TABS 400mg, 600mg, 800mg	Tier 1	
meloxicam (generic of MOBIC) TABS	Tier 1	
nabumetone TABS	Tier 1	
naproxen (generic of NAPROSYN) TABS 250mg	Tier 1	
naproxen TABS 375mg, 500mg	Tier 1	
naproxen dr (generic of EC-NAPROSYN) 375mg	Tier 1	
naproxen dr (generic of EC-NAPROXEN) 500mg	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
nalbuphine hcl SOLN	Tier 3	
tramadol hcl tab 50 mg (generic of ULTRAM) QL (240 tabs / 30 days)	Tier 1	QL
OPIOID ANALGESICS, CII		
endocet 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
endocet 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
endocet 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
endocet 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
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 3	QL PA
fentanyl patch 25 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL PA
fentanyl patch 50 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL PA
fentanyl patch 75 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL PA
fentanyl patch 100 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL PA
hydroco/apap tab 5-325mg (generic of NORCO,LORCET) QL (240 tabs / 30 days)	Tier 2	QL
hydroco/apap tab 7.5-325mg (generic of NORCO,LORCET PLUS) QL (180 tabs / 30 days)	Tier 2	QL
hydroco/apap tab 10-325mg (generic of NORCO,LORCET HD) QL (180 tabs / 30 days)	Tier 2	QL
hydrocodone-acetaminophen 7.5-325 mg/15ml QL (2700 mL / 30 days)	Tier 3	QL
hydrocodone-ibuprofen 7.5-200mg QL (150 tabs / 30 days)	Tier 2	QL
hydromorphone hcl (generic of DILAUDID) LIQD QL (600 mL / 30 days)	Tier 3	QL
hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	Tier 3	B/D
hydromorphone hcl (generic of DILAUDID) TABS QL (180 tabs / 30 days)	Tier 2	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 2	QL
lorcet plus tab 7.5-325 (generic of NORCO) QL (180 tabs / 30 days)	Tier 2	QL
lorcet tab 5-325mg (generic of NORCO) QL (240 tabs / 30 days)	Tier 2	QL
methadone hcl SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 2	QL PA
methadone hcl 5mg (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 2	QL PA
methadone hcl 10mg (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 2	QL PA
methadone hcl intensol (generic of METHADOSE) QL (90 mL / 30 days)	Tier 2	QL PA
methadone hcl soln 10 mg/5ml QL (450 mL / 30 days)	Tier 2	QL PA
morphine ext-rel tab (generic of MS CONTIN) QL (90 tabs / 30 days)	Tier 2	QL PA
morphine sul inj 1mg/ml	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
MORPHINE SUL INJ 2MG/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 QL (180 tabs / 30 days)	Tier 2	QL
morphine sulfate oral soln 10mg/5ml QL (900 mL / 30 days)	Tier 2	QL
morphine sulfate oral soln 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL
morphine sulfate oral soln 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL
NUCYNTA ER QL (60 tabs / 30 days)	Tier 2	QL PA
oxycodone hcl SOLN QL (900 mL / 30 days)	Tier 3	QL
oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
oxycodone hcl TABS 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) (generic of XYLOCAINE) 2%	Tier 3	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) .5%, 1%	Tier 3	B/D
lidocaine inj 0.5% (generic of XYLOCAINE)	Tier 3	B/D
lidocaine inj 1% (generic of XYLOCAINE)	Tier 3	B/D
lidocaine inj 1.5% preservative free (pf) (generic of XYLOCAINE-MPF)	Tier 3	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate SOLN	Tier 3	
gentamicin in saline	Tier 3	
gentamicin sulfate SOLN	Tier 3	
neomycin sulfate TABS	Tier 1	
paromomycin sulfate CAPS	Tier 3	
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 3	
tobramycin inj 1.2gm	Tier 1	
tobramycin inj 10mg/ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
tobramycin inj 80mg/2ml	Tier 3	
tobramycin sulfate SOLN	Tier 3	
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole (generic of ALBENZA) TABS	Tier 1	
ALINIA	Tier 2	
atovaquone (generic of MEPRON) SUSP	Tier 1	
aztreonam (generic of AZACTAM)	Tier 3	
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	Tier 3	
CLINDAMYCIN PHOSPHATE IN NACL	Tier 3	
clindamycin phosphate inj (generic of CLEOCIN PHOSPHATE)	Tier 3	
clindamycin soln 75mg/5ml (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 3	
colistimethate sodium (generic of COLY-MYCIN M) SOLR	Tier 3	
dapsone TABS	Tier 2	
DAPTOMYCIN 350mg	Tier 2	
daptomycin (generic of CUBICIN) 500mg	Tier 1	
EMVERM QL (12 tabs / 365 days)	Tier 1	QL
ertapenem sodium (generic of INVANZ)	Tier 3	
imipenem-cilastatin	Tier 2	
imipenem-cilastatin (generic of PRIMAXIN IV)	Tier 2	
ivermectin (generic of STROMECTOL) TABS	Tier 2	
linezolid in sodium chloride	Tier 3	
linezolid inj (generic of ZYVOX)	Tier 3	
linezolid susp (generic of ZYVOX)	Tier 1	
linezolid tab 600mg (generic of ZYVOX)	Tier 3	
meropenem (generic of MERREM)	Tier 3	
methenamine hippurate (generic of HIPREX)	Tier 2	
metronidazole (generic of FLAGYL) TABS	Tier 1	
metronidazole in nacl	Tier 3	
NEBUPENT	Tier 3	B/D
nitrofurantoin macrocrystal (generic of MACRODANTIN) 50mg, 100mg	Tier 2	
nitrofurantoin monohyd macro (generic of MACROBID)	Tier 2	
PENTAM 300	Tier 3	
pentamidine isethionate (generic of PENTAM 300)	Tier 3	
praziquantel (generic of BILTRICIDE) TABS	Tier 2	
SIVEXTRO	Tier 2	
sulfamethoxazole-trimethop ds (generic of BACTRIM DS)	Tier 1	
sulfamethoxazole-trimethoprim inj	Tier 3	
sulfamethoxazole-trimethoprim susp	Tier 2	
sulfamethoxazole-trimethoprim tab 400-80mg (generic of BACTRIM)	Tier 1	
SYNERCID	Tier 2	
tigecycline (generic of TYGACIL)	Tier 1	
trimethoprim TABS	Tier 1	
vancomycin hcl (generic of VANCOCIN HCL) CAPS 125mg QL (120 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (240 caps / 30 days)	Tier 1	QL
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	Tier 3	
VANCOMYCIN IN NACL	Tier 3	
ANTIFUNGALS		
ABELCET	Tier 2	B/D
AMBISOME	Tier 2	B/D
amphotericin b SOLR	Tier 3	B/D
caspofungin acetate (generic of CANCIDAS)	Tier 1	
fluconazole (generic of DIFLUCAN) SUSR	Tier 2	
fluconazole (generic of DIFLUCAN) TABS 50mg, 100mg, 200mg	Tier 2	
fluconazole (generic of DIFLUCAN) TABS 150mg	Tier 1	
fluconazole inj nacl 200	Tier 3	
fluconazole inj nacl 400	Tier 3	
flucytosine (generic of ANCOBON) CAPS	Tier 1	
griseofulvin microsize	Tier 3	
griseofulvin ultramicrosize	Tier 3	
itraconazole (generic of SPORANOX) CAPS	Tier 3	PA
ketoconazole TABS	Tier 2	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 2	
terbinafine hcl (generic of LAMISIL) TABS QL (90 tabs / year)	Tier 1	QL
voriconazole (generic of VFEND IV) SOLR	Tier 1	PA
voriconazole (generic of VFEND) SUSR	Tier 1	PA
voriconazole (generic of VFEND) TABS 50mg	Tier 3	
voriconazole (generic of VFEND) TABS 200mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ANTIMALARIALS		
atovaquone-proguanil hcl (generic of MALARONE)	Tier 3	
chloroquine phosphate TABS	Tier 2	
COARTEM	Tier 3	
mefloquine hcl	Tier 2	
PRIMAQUINE PHOSPHATE 26.3mg	Tier 2	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) 26.3mg	Tier 2	
quinine sulfate (generic of QUALAQUIN) CAPS	Tier 3	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate (generic of ZIAGEN) SOLN	Tier 3	NMO
abacavir sulfate (generic of ZIAGEN) TABS	Tier 2	NMO
APTIVUS	Tier 2	NMO
atazanavir sulfate (generic of REYATAZ)	Tier 3	NMO
CRIXIVAN	Tier 3	NMO
didanosine (generic of VIDEX EC)	Tier 3	NMO
EDURANT	Tier 2	NMO
efavirenz (generic of SUSTIVA) CAPS 50mg	Tier 3	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

Drug Name	Drug Tier	Requirements/ Limits
lamivudine (generic of EPIVIR)	Tier 2	NMO
LEXIVA SUSP	Tier 3	NMO
nevirapine susp 50 mg/5ml (generic of VIRAMUNE)	Tier 3	NMO
nevirapine tab 100mg er	Tier 3	NMO
nevirapine tab 200mg (generic of VIRAMUNE)	Tier 2	NMO
nevirapine tab 400mg er (generic of VIRAMUNE XR)	Tier 3	NMO
NORVIR PACK	Tier 3	NMO
NORVIR SOLN	Tier 3	NMO
PIFELTRO	Tier 2	NMO
PREZISTA SUSP QL (400 mL / 30 days)	Tier 2	QL NMO
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	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 2	NMO
SELZENTRY SOLN	Tier 2	NMO
SELZENTRY TABS 25mg	Tier 3	NMO
SELZENTRY TABS 75mg, 150mg, 300mg	Tier 2	NMO
stavudine 15mg, 20mg	Tier 2	NMO
stavudine (generic of ZERIT) 30mg, 40mg	Tier 2	NMO
tenofovir disoproxil fumarate (generic of VIREAD)	Tier 2	NMO
TIVICAY 10mg	Tier 2	NMO
TIVICAY 25mg, 50mg	Tier 2	NMO
TYBOST	Tier 3	NMO
VIDEX EC 125mg	Tier 3	NMO
VIDEX PEDIATRIC	Tier 3	NMO
VIRACEPT	Tier 2	NMO
VIREAD POWD	Tier 2	NMO
VIREAD TABS 150mg, 200mg, 250mg	Tier 2	NMO
zidovudine cap 100mg (generic of RETROVIR)	Tier 3	NMO
zidovudine syp 50mg/5ml (generic of RETROVIR)	Tier 3	NMO
zidovudine tab 300mg	Tier 2	NMO
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine (generic of EPZICOM)	Tier 2	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
DELSTRIGO	Tier 2	NMO
DESCOVY	Tier 2	NMO
DOVATO	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 3	NMO
lopinavir-ritonavir (generic of KALETRA)	Tier 3	NMO
ODEFSEY	Tier 2	NMO
PREZCOBIX	Tier 2	NMO
STRIBILD	Tier 2	NMO
SYMFI	Tier 2	NMO
SYMFI LO	Tier 2	NMO
SYMTUZA	Tier 2	NMO
TRIUMEQ	Tier 2	NMO
TRUVADA TAB 100-150 QL (30 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

Drug Name	Drug Tier	Requirements/ Limits
ANTITUBERCULAR AGENTS		
cycloserine CAPS	Tier 1	
ethambutol hcl (generic of MYAMBUTOL) TABS	Tier 2	
isoniazid TABS	Tier 1	
isoniazid syp 50mg/5ml	Tier 3	
PASER D/R	Tier 3	
PRIFTIN	Tier 3	
pyrazinamide TABS	Tier 3	
rifabutin (generic of MYCOBUTIN)	Tier 3	
rifampin (generic of RIFADIN) CAPS	Tier 2	
rifampin (generic of RIFADIN) SOLR	Tier 3	
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 3	
acyclovir sodium	Tier 3	B/D
adefovir dipivoxil (generic of HEPSERA)	Tier 1	NMO
BARACLUDE SOLN	Tier 2	NMO
entecavir (generic of BARACLUDE)	Tier 3	NMO
EPCLUSA	Tier 2	NMO PA
EPIVIR HBV SOLN	Tier 3	NMO
famciclovir	Tier 2	
ganciclovir sodium (generic of CYTOVENE)	Tier 3	B/D
HARVONI	Tier 2	NMO PA
lamivudine (hbv) (generic of EPIVIR HBV)	Tier 3	NMO
MAVYRET	Tier 2	NMO PA
oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 2	QL
oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 2	QL
oseltamivir phosphate (generic of TAMIFLU) SUSR QL (1080 mL / year)	Tier 2	QL
PEGASYS	Tier 2	NMO PA
PEGASYS PROCLICK	Tier 2	NMO PA
RELENZA DISKHALER QL (6 inhalers / year)	Tier 2	QL
ribasphere CAPS	Tier 2	NMO
ribasphere TABS 200mg	Tier 3	NMO
ribavirin cap 200mg	Tier 2	NMO
ribavirin tab 200mg	Tier 3	NMO
rimantadine hydrochloride (generic of FLUMADINE)	Tier 2	
valacyclovir hcl (generic of VALTREX) TABS	Tier 2	
valganciclovir hcl (generic of VALCYTE)	Tier 1	
VEMLIDY	Tier 2	NMO
VOSEVI	Tier 2	NMO PA
CEPHALOSPORINS		
cefaclor CAPS	Tier 2	
cefadroxil CAPS	Tier 1	
cefadroxil SUSR	Tier 2	
cefadroxil TABS	Tier 3	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	Tier 3	
cefazolin inj	Tier 3	
cefazolin sodium SOLR 1gm, 20gm	Tier 3	
CEFAZOLIN SODIUM 1 GM/50ML	Tier 3	
cefdinir CAPS	Tier 1	
cefdinir SUSR	Tier 3	
cefepime hcl (generic of MAXIPIME)	Tier 3	
cefixime (generic of SUPRAX) SUSR	Tier 3	
cefoxitin sodium	Tier 3	
cefpodoxime proxetil SUSR	Tier 3	
cefpodoxime proxetil TABS	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ceftazidime SOLR	Tier 3	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
cefuroxime axetil	Tier 2	
cefuroxime sodium	Tier 3	
cephalexin (generic of KEFLEX) CAPS 250mg, 500mg	Tier 1	
cephalexin SUSR	Tier 2	
tazicef SOLR	Tier 3	
TEFLARO	Tier 2	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK	Tier 2	
azithromycin (generic of ZITHROMAX) SOLR	Tier 3	
azithromycin (generic of ZITHROMAX) SUSR	Tier 2	
azithromycin (generic of ZITHROMAX) TABS	Tier 1	
clarithromycin TABS	Tier 2	
clarithromycin er (generic of BIAXIN XL)	Tier 2	
clarithromycin for susp	Tier 3	
e.e.s. 400mg tab	Tier 3	
ery-tab	Tier 3	
ERYTHROCIN LACTOBIONATE	Tier 3	
erythrocin stearate	Tier 3	
erythromycin base	Tier 3	
erythromycin cap 250mg ec	Tier 3	
erythromycin ethylsuccinate TABS	Tier 3	
FLUOROQUINOLONES		
ciprofloxacin hcl tab 100mg	Tier 3	
ciprofloxacin hcl tab (generic of CIPRO) 250mg, 500mg	Tier 1	
ciprofloxacin hcl tab 750mg	Tier 1	
ciprofloxacin in d5w	Tier 3	
levofloxacin (generic of LEVAQUIN) TABS	Tier 1	
levofloxacin in d5w	Tier 3	
levofloxacin inj 25mg/ml	Tier 3	
levofloxacin oral soln 25 mg/ml	Tier 3	
PENICILLINS		
amoxicillin	Tier 1	
amoxicillin & pot clavulanate 200-28.5 chw tabs	Tier 3	
amoxicillin & pot clavulanate 200/5ml susr	Tier 2	
amoxicillin & pot clavulanate 250-125 tabs	Tier 3	
amoxicillin & pot clavulanate 250/5ml susr (generic of AUGMENTIN)	Tier 3	
amoxicillin & pot clavulanate 400-57 chw tabs	Tier 3	
amoxicillin & pot clavulanate 400/5ml susr	Tier 2	
amoxicillin & pot clavulanate 500-125 tabs (generic of AUGMENTIN)	Tier 1	
amoxicillin & pot clavulanate 600/5ml susr	Tier 2	
amoxicillin & pot clavulanate 875-125 tabs	Tier 1	
ampicillin & sulbactam sodium	Tier 3	
ampicillin & sulbactam sodium (generic of UNASYN)	Tier 3	
ampicillin & sulbactam sodium (generic of UNASYN BULK PACK)	Tier 3	
ampicillin cap 500mg	Tier 1	
ampicillin inj	Tier 3	
ampicillin sodium	Tier 3	
BICILLIN L-A	Tier 3	
dicloxacillin sodium	Tier 2	
nafcillin sodium 1gm, 2gm	Tier 3	
nafcillin sodium 10gm	Tier 1	
NAFCILLIN SODIUM FOR INJ 10GM	Tier 3	
PENICILLIN G POT IN DEXTROSE 2MU	Tier 3	
PENICILLIN G POT IN DEXTROSE 3MU	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
PENICILLIN G PROCAINE	Tier 3	
penicillin g sodium	Tier 3	
penicillin v potassium	Tier 1	
penicilln gk inj 5mu	Tier 3	
penicilln gk inj 20mu	Tier 3	
pfizerpen-g inj 5mu	Tier 3	
pfizerpen-g inj 20mu	Tier 3	
piper/tazoba inj 2-0.25gm (generic of ZOSYN)	Tier 3	
piper/tazoba inj 3-0.375gm (generic of ZOSYN)	Tier 3	
piper/tazoba inj 4-0.5gm (generic of ZOSYN)	Tier 3	
PIPER/TAZOBA INJ 12-1.5GM	Tier 3	
piper/tazoba inj 36-4.5gm (generic of ZOSYN)	Tier 3	
TETRACYCLINES		
doxy 100	Tier 3	
doxycycline (monohydrate) CAPS 50mg, 100mg	Tier 1	
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg	Tier 2	
doxycycline hyclate CAPS 50mg	Tier 2	
doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg	Tier 2	
doxycycline hyclate SOLR	Tier 3	
doxycycline hyclate TABS 20mg, 100mg	Tier 2	
minocycline hcl (generic of MINOCIN) CAPS 50mg, 100mg	Tier 1	
minocycline hcl CAPS 75mg	Tier 1	
mondoxyne nl cap 100mg	Tier 1	
morgidox cap 1x50mg	Tier 2	
tetracycline hcl CAPS	Tier 3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
cyclophosphamide CAPS 25mg, 50mg	Tier 2	B/D
CYCLOPHOSPHAMIDE CAPS 25mg, 50mg	Tier 3	B/D
EMCYT	Tier 3	
GLEOSTINE 10mg	Tier 3	
GLEOSTINE 40mg, 100mg	Tier 2	
LEUKERAN	Tier 2	
ANTIMETABOLITES		
mercaptopurine TABS	Tier 2	
methotrexate sodium inj soln	Tier 2	B/D
methotrexate sodium inj solr	Tier 3	B/D
PURIXAN	Tier 2	NMO
TABLOID	Tier 2	
BIOLOGIC RESPONSE MODIFIERS		
DAURISMO	Tier 2	NMO LA PA
ERIVEDGE	Tier 2	NMO LA PA
FARYDAK	Tier 2	NMO LA PA
IBRANCE QL (21 caps / 28 days)	Tier 2	QL NMO LA PA
IDHIFA QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
KISQALI	Tier 2	NMO PA
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
NINLARO	Tier 2	NMO PA
ODOMZO	Tier 2	NMO LA PA
RUBRACA	Tier 2	NMO LA PA
TALZENNA	Tier 2	NMO LA PA
TIBSOVO	Tier 2	NMO LA PA
VENCLEXTA 10mg	Tier 3	NMO LA PA
VENCLEXTA 50mg, 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		
abiraterone acetate (generic of ZYTIGA)	Tier 1	NMO PA
anastrozole (generic of ARIMIDEX) TABS	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
bicalutamide (generic of CASODEX)	Tier 1	
ERLEADA	Tier 2	NMO LA PA
exemestane (generic of AROMASIN)	Tier 3	
flutamide	Tier 2	
letrozole (generic of FEMARA) TABS	Tier 1	
leuprolide inj 1mg/0.2	Tier 2	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 2	
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	
toremifene citrate (generic of FARESTON)	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 500mg	Tier 2	NMO LA PA
IMMUNOMODULATORS		
POMALYST CAP 1MG QL (21 caps / 21 days)	Tier 2	QL NMO LA PA
POMALYST CAP 2MG QL (21 caps / 21 days)	Tier 2	QL NMO LA PA
POMALYST CAP 3MG QL (21 caps / 28 days)	Tier 2	QL NMO LA PA
POMALYST CAP 4MG QL (21 caps / 28 days)	Tier 2	QL NMO LA PA
REVLIMID QL (28 caps / 28 days)	Tier 2	QL NMO LA PA
THALOMID 50mg, 100mg QL (28 caps / 28 days)	Tier 2	QL NMO PA
THALOMID 150mg, 200mg QL (56 caps / 28 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
BALVERSA	Tier 2	NMO LA PA
BOSULIF	Tier 2	NMO PA
BRAFTOVI	Tier 2	NMO LA 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
COPIKTRA	Tier 2	NMO LA PA
COTELLIC	Tier 2	NMO LA PA
erlotinib hcl (generic of TARCEVA) 25mg QL (90 tabs / 30 days)	Tier 1	QL NMO PA
erlotinib hcl (generic of TARCEVA) 100mg, 150mg QL (30 tabs / 30 days)	Tier 1	QL NMO PA
GILOTRIF TAB 20MG	Tier 2	NMO LA PA
GILOTRIF TAB 30MG	Tier 2	NMO LA PA
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

Drug Name	Drug Tier	Requirements/ Limits
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 4 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 8 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 10 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 12MG 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
LORBRENA	Tier 2	NMO LA PA
MEKINIST	Tier 2	NMO LA PA
MEKTOVI	Tier 2	NMO LA PA
NERLYNX	Tier 2	NMO LA PA
NEXAVAR	Tier 2	NMO LA PA
PIQRAY 200MG DAILY DOSE	Tier 2	NMO PA
PIQRAY 250MG DAILY DOSE	Tier 2	NMO PA
PIQRAY 300MG DAILY DOSE	Tier 2	NMO PA
RYDAPT	Tier 2	NMO PA
SPRYCEL	Tier 2	NMO PA
STIVARGA	Tier 2	NMO LA PA
SUTENT QL (30 caps / 30 days)	Tier 2	QL NMO PA
TAFINLAR	Tier 2	NMO LA PA
TAGRISSO QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
TASIGNA	Tier 2	NMO PA
TYKERB	Tier 2	NMO LA PA
VITRAKVI	Tier 2	NMO LA PA
VIZIMPRO	Tier 2	NMO LA PA
VOTRIENT	Tier 2	NMO LA PA
XALKORI	Tier 2	NMO LA PA
XOSPATA	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	Tier 2	NMO PA
SYNRIBO	Tier 2	NMO PA
tretinoin (chemotherapy)	Tier 1	
PROTECTIVE AGENTS		
leucovorin calcium TABS 5mg, 10mg	Tier 2	
leucovorin calcium TABS 15mg, 25mg	Tier 3	
MESNEX TABS	Tier 2	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)	Tier 1	
amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)	Tier 1	
amlodipine besylate-benazepril hcl cap 5-40 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)	Tier 1	
amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)	Tier 1	
benazepril & hydrochlorothiazide	Tier 1	
benazepril & hydrochlorothiazide (generic of LOTENSIN HCT)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
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	
quinapril-hydrochlorothiazide (generic of ACCURETIC)	Tier 1	
ACE INHIBITORS		
benazepril hcl TABS 5mg	Tier 1	
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
enalapril maleate (generic of VASOTEC) TABS	Tier 1	
fosinopril sodium	Tier 1	
lisinopril (generic of ZESTRIL) TABS 2.5mg, 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 2	
spironolactone (generic of ALDACTONE) TABS 25mg	Tier 1	
spironolactone (generic of ALDACTONE) TABS 50mg, 100mg	Tier 1	
ALPHA BLOCKERS		
doxazosin mesylate (generic of CARDURA) TABS	Tier 1	
prazosin hcl (generic of MINIPRESS)	Tier 2	
terazosin hcl 1mg, 2mg, 5mg	Tier 1	
terazosin hcl 10mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan 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	
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)	Tier 1	
ENTRESTO	Tier 2	
irbesartan-hydrochlorothiazide (generic of AVALIDE)	Tier 1	
losartan potassium & hctz tab 50-12.5 mg (generic of HYZAAR)	Tier 1	
losartan potassium & hctz tab 100-12.5 mg (generic of HYZAAR)	Tier 1	
losartan potassium & hctz tab 100-25 mg (generic of HYZAAR)	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	

Drug Name	Drug Tier	Requirements/ Limits
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 3	
amiodarone tab 100mg	Tier 3	
amiodarone tab 200mg	Tier 1	
amiodarone tab 400mg	Tier 3	
disopyramide phosphate (generic of NORPACE)	Tier 3	
dofetilide (generic of TIKOSYN)	Tier 3	NMO
flecainide acetate	Tier 2	
MULTAQ	Tier 3	
NORPACE CR	Tier 3	
pacerone 100mg, 400mg	Tier 3	
pacerone 200mg	Tier 1	
propafenone hcl	Tier 1	
propafenone hcl 12hr (generic of RYTHMOL SR)	Tier 3	
quinidine sulfate	Tier 1	
sorine (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1	
sorine 240mg	Tier 1	
sotalol hcl (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1	
sotalol hcl 240mg	Tier 1	
sotalol hcl (afib/afl) (generic of BETAPACE AF)	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium (generic of LIPITOR) TABS	Tier 1	
lovastatin	Tier 1	
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 2	
cholestyramine light pack	Tier 3	
cholestyramine light powd (generic of QUESTRAN LIGHT)	Tier 2	
colesevelam hcl (generic of WELCHOL)	Tier 3	
colestipol hcl gran (generic of COLESTID)	Tier 3	
colestipol hcl pack (generic of COLESTID)	Tier 3	
colestipol hcl tabs (generic of COLESTID)	Tier 2	
ezetimibe (generic of ZETIA)	Tier 2	
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	Tier 2	
fenofibrate TABS 54mg, 160mg	Tier 2	
fenofibrate micronized 67mg, 134mg, 200mg	Tier 2	
gemfibrozil (generic of LOPID) TABS	Tier 1	
JUXTAPID	Tier 2	NMO LA PA
niacin er (antihyperlipidemic) (generic of NIASPAN) 500mg QL (60 tabs / 30 days)	Tier 3	QL
niacin er (antihyperlipidemic) (generic of NIASPAN) 750mg, 1000mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
niacor	Tier 3	
PRALUENT	Tier 3	PA
prevalite PACK	Tier 3	
prevalite (generic of QUESTRAN LIGHT) POWD	Tier 2	
VASCEPA	Tier 3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone (generic of TENORETIC 50)	Tier 1	
atenolol & chlorthalidone (generic of TENORETIC 100)	Tier 1	
bisoprolol & hydrochlorothiazide (generic of ZIAC)	Tier 1	
metoprolol & hydrochlorothiazide	Tier 2	
metoprolol & hydrochlorothiazide (generic of LOPRESSOR HCT)	Tier 2	
BETA-BLOCKERS		
acebutolol hcl CAPS	Tier 1	
atenolol (generic of TENORMIN) TABS	Tier 1	
bisoprolol fumarate	Tier 1	
BYSTOLIC 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
BYSTOLIC 20mg QL (60 tabs / 30 days)	Tier 3	QL
carvedilol (generic of COREG)	Tier 1	
labetalol hcl TABS	Tier 2	
metoprolol succinate (generic of TOPROL XL)	Tier 1	
metoprolol tartrate SOCT	Tier 3	
metoprolol tartrate SOLN	Tier 3	
metoprolol tartrate TABS 25mg	Tier 1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
pindolol	Tier 2	
propranolol cap er (generic of INDERAL LA)	Tier 2	
propranolol hcl TABS	Tier 1	
propranolol oral sol	Tier 2	
timolol maleate TABS	Tier 2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (generic of NORVASC) TABS	Tier 1	
cartia xt (generic of CARDIZEM CD)	Tier 1	
dilt-xr cap	Tier 1	
diltiazem cap 240mg cd (generic of CARDIZEM CD)	Tier 1	
diltiazem cap 360mg cd (generic of CARDIZEM CD)	Tier 3	
diltiazem cap er/12hr	Tier 3	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
diltiazem hcl TABS 90mg	Tier 1	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24	Tier 3	
diltiazem hcl coated beads cap sr 24hr (generic of CARDIZEM CD)	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 3	
felodipine	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	

Drug Name	Drug Tier	Requirements/ Limits
verapamil cap er (generic of VERELAN PM) 100mg, 200mg	Tier 3	
verapamil cap er (generic of VERELAN) 120mg, 180mg, 240mg	Tier 2	
verapamil cap er 300mg, 360mg	Tier 3	
verapamil hcl SOLN	Tier 3	
verapamil hcl TABS 40mg, 80mg	Tier 1	
verapamil hcl (generic of CALAN) TABS 120mg	Tier 1	
verapamil hcl (generic of CALAN SR) TBCR	Tier 1	
verapamil tab er 180mg	Tier 1	
verapamil tab er (generic of CALAN SR) 240mg	Tier 1	
DIGITALIS GLYCOSIDES		
digitek (generic of LANOXIN) .25mg PA if 70 years and older	Tier 1	PA
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 3	
digoxin sol 50mcg/ml PA if 70 years and older	Tier 3	PA
DIURETICS		
acetazolamide CP12	Tier 3	
acetazolamide TABS	Tier 2	
amiloride & hydrochlorothiazide	Tier 1	
amiloride hcl TABS	Tier 1	
bumetanide SOLN	Tier 3	
bumetanide (generic of BUMEX) TABS	Tier 2	
chlorothiazide tabs	Tier 2	
chlorthalidone	Tier 1	
furosemide SOLN	Tier 1	
furosemide (generic of LASIX) TABS	Tier 1	
furosemide inj	Tier 3	
hydrochlorothiazide CAPS; TABS	Tier 1	
indapamide	Tier 1	
methazolamide TABS	Tier 3	
metolazone	Tier 2	
spironolactone & hydrochlorothiazide (generic of ALDACTAZIDE)	Tier 2	
torsemide tabs	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		
aliskiren fumarate (generic of TEKTURNA)	Tier 3	
clonidine hcl (generic of CATAPRES) TABS	Tier 1	
clonidine hcl ptwk (generic of CATAPRES-TTS-1) .1mg/24hr	Tier 3	
clonidine hcl ptwk (generic of CATAPRES-TTS-2) .2mg/24hr	Tier 3	
clonidine hcl ptwk (generic of CATAPRES-TTS-3) .3mg/24hr	Tier 3	
CORLANOR TABS	Tier 3	
DEMSER	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
hydralazine hcl SOLN	Tier 3	
hydralazine hcl TABS	Tier 1	
midodrine hcl	Tier 2	
minoxidil TABS	Tier 1	
NORTHERA 100mg QL (90 caps / 30 days)	Tier 2	QL NMO LA PA
NORTHERA 200mg, 300mg QL (180 caps / 30 days)	Tier 2	QL NMO LA PA
ranolazine (generic of RANEXA)	Tier 3	
NITRATES		
isosorb mononitrate tab	Tier 1	
isosorbide dinitrate (generic of ISORDIL TITRADOSE) 5mg	Tier 2	
isosorbide dinitrate 10mg, 20mg, 30mg	Tier 2	
isosorbide dinitrate er	Tier 3	
isosorbide mononitrate er	Tier 1	
minitran (generic of NITRO-DUR)	Tier 1	
NITRO-BID	Tier 2	
nitroglycerin (generic of NITROSTAT) SUBL	Tier 2	
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
ambrisentan (generic of LETAIRIS) QL (30 tabs / 30 days)	Tier 1	QL NMO LA PA
bosentan (generic of TRACLEER) 62.5mg QL (120 tabs / 30 days)	Tier 1	QL NMO LA PA
bosentan (generic of TRACLEER) 125mg QL (60 tabs / 30 days)	Tier 1	QL NMO LA PA
OPSUMIT QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
sildenafil citrate tab 20 mg (pulmonary hypertension) (generic of REVATIO) QL (90 tabs / 30 days)	Tier 2	QL NMO 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 2 mg (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
buspirone hcl TABS 5mg, 10mg, 15mg	Tier 1	
buspirone hcl TABS 7.5mg	Tier 2	
fluvoxamine maleate TABS	Tier 1	
lorazepam (generic of ATIVAN) SOLN	Tier 3	
lorazepam (generic of ATIVAN) TABS QL (150 tabs / 30 days)	Tier 1	QL
lorazepam intensol QL (150 mL / 30 days)	Tier 2	QL
ANTICONVULSANTS		
APTIOM QL (60 tabs / 30 days)	Tier 3	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 3	PA
BRIVIACT TAB 10MG	Tier 3	PA
BRIVIACT TAB 25MG	Tier 3	PA
BRIVIACT TAB 50MG	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT TAB 75MG	Tier 3	PA
BRIVIACT TAB 100MG	Tier 3	PA
carbamazepine CHEW	Tier 2	
carbamazepine (generic of CARBATROL) CP12	Tier 3	
carbamazepine (generic of TEGRETOL) SUSP	Tier 3	
carbamazepine (generic of TEGRETOL) TABS	Tier 2	
carbamazepine (generic of TEGRETOL-XR) TB12	Tier 3	
CELONTIN	Tier 3	
clobazam (generic of ONFI)	Tier 3	PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
clorazepate dipotassium QL (180 tabs / 30 days) PA if 65 years and older	Tier 3	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 3	
diazepam inj	Tier 3	
diazepam intensol QL (240 mL / 30 days) PA if 65 years and older	Tier 2	QL PA
diazepam oral soln 1 mg/ml QL (1200 mL / 30 days) PA if 65 years and older	Tier 2	QL PA
DILANTIN CAP 30MG	Tier 3	
DILANTIN CAP 100MG	Tier 3	
DILANTIN CHEW TAB 50MG	Tier 3	
DILANTIN-125 SUSP	Tier 3	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR	Tier 3	
divalproex sodium (generic of DEPAKOTE ER) TB24	Tier 2	
divalproex sodium (generic of DEPAKOTE) TBEC	Tier 2	
EPIDIOLEX QL (600 mL / 30 days)	Tier 2	QL NMO LA PA
epitol (generic of TEGRETOL)	Tier 2	
ethosuximide (generic of ZARONTIN) CAPS; SOLN	Tier 3	
felbamate (generic of FELBATOL) SUSP	Tier 1	
felbamate (generic of FELBATOL) TABS	Tier 3	
FYCOMPA SUSP QL (720 mL / 30 days)	Tier 3	QL PA
FYCOMPA TABS 2mg, 4mg, 6mg QL (60 tabs / 30 days)	Tier 3	QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	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

Drug Name	Drug Tier	Requirements/ Limits
gabapentin (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	Tier 2	QL
gabapentin (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL
gabapentin (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 2	
lamotrigine (generic of LAMICTAL) TABS	Tier 1	
levetiracetam (generic of KEPPRA) SOLN	Tier 3	
levetiracetam (generic of KEPPRA) TABS	Tier 1	
levetiracetam in sodium chloride (generic of LEVETIRACETAM)	Tier 3	
levetiracetam sol 100mg/ml (generic of KEPPRA)	Tier 2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 3	QL PA
LYRICA CAPS 200mg QL (90 caps / 30 days)	Tier 3	QL PA
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 3	QL PA
LYRICA SOLN QL (900 mL / 30 days)	Tier 3	QL PA
oxcarbazepine (generic of TRILEPTAL) SUSP	Tier 3	
oxcarbazepine (generic of TRILEPTAL) TABS	Tier 2	
PEGANONE	Tier 3	
phenobarbital ELIX PA if 70 years and older	Tier 3	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 3	
phenytoin (generic of DILANTIN INFATABS) CHEW	Tier 2	
phenytoin (generic of DILANTIN-125) SUSP	Tier 2	
phenytoin sodium extended (generic of DILANTIN) 100mg	Tier 2	
phenytoin sodium extended (generic of PHENYTEK) 200mg, 300mg	Tier 2	
phenytoin sodium inj 50mg/ml	Tier 3	
primidone (generic of MYSOLINE) TABS	Tier 1	
roweepra (generic of KEPPRA)	Tier 1	
SPRITAM	Tier 3	
subvenite tab (generic of LAMICTAL)	Tier 1	
SYMPAZAN 5mg	Tier 3	PA
SYMPAZAN 10mg, 20mg	Tier 2	PA
tiagabine hcl (generic of GABITRIL)	Tier 3	
topiramate (generic of TOPAMAX SPRINKLE) CPSP	Tier 2	
topiramate (generic of TOPAMAX) TABS	Tier 1	
valproate sodium (generic of DEPACON) SOLN	Tier 3	
valproate sodium oral soln	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
valproic acid (generic of DEPAKENE) CAPS	Tier 2	
vigabatrin powd pack 500mg (generic of SABRIL) QL (180 packets / 30 days)	Tier 1	QL NMO LA PA
vigabatrin tab 500mg (generic of SABRIL) QL (180 tabs / 30 days)	Tier 1	QL NMO LA PA
vigadrone (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 3	QL
VIMPAT INJ 200MG/20ML	Tier 3	
VIMPAT SOL 10MG/ML QL (1200 mL / 30 days)	Tier 3	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 3	
galantamine hydrobromide (generic of RAZADYNE) TABS QL (60 tabs / 30 days)	Tier 2	QL
galantamine hydrobromide er (generic of RAZADYNE ER) QL (30 caps / 30 days)	Tier 2	QL
memantine hcl cp24 (generic of NAMENDA XR) PA if < 30 yrs	Tier 3	PA
memantine soln PA if < 30 yrs	Tier 3	PA
memantine tabs (generic of NAMENDA) PA if < 30 yrs	Tier 2	PA
NAMZARIC	Tier 3	
rivastigmine tartrate 1.5mg, 3mg QL (90 caps / 30 days)	Tier 3	QL
rivastigmine tartrate 4.5mg, 6mg QL (60 caps / 30 days)	Tier 3	QL
rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 3	QL
rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 3	QL
rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 3	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS	Tier 2	
amoxapine	Tier 2	
bupropion hcl TABS	Tier 2	
bupropion hcl (generic of WELLBUTRIN SR) TB12	Tier 1	
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg, 300mg	Tier 2	
citalopram hydrobromide SOLN	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
citalopram hydrobromide (generic of CELEXA) TABS	Tier 1	
clomipramine hcl (generic of ANAFRANIL) CAPS	Tier 3	PA
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 3	
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg	Tier 3	
desvenlafaxine succinate (generic of PRISTIQ) QL (30 tabs / 30 days)	Tier 3	QL PA
doxepin hcl CAPS; CONC	Tier 2	
duloxetine hcl (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL
EMSAM QL (30 patches / 30 days)	Tier 2	QL PA
escitalopram oxalate SOLN	Tier 3	
escitalopram oxalate (generic of LEXAPRO) TABS	Tier 1	
FETZIMA 20mg, 40mg QL (60 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 1	
maprotiline hcl	Tier 2	
MARPLAN TAB 10MG QL (180 tabs / 30 days)	Tier 3	QL
mirtazapine TABS 7.5mg	Tier 2	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	Tier 1	
mirtazapine TABS 45mg	Tier 1	
mirtazapine (generic of REMERON SOLTAB) TBDP	Tier 2	
nefazodone hcl	Tier 3	
nortriptyline hcl (generic of PAMELOR) CAPS	Tier 1	
nortriptyline hcl SOLN	Tier 3	
paroxetine hcl (generic of PAXIL) TABS	Tier 1	
PAXIL SUSP QL (900 mL / 30 days)	Tier 3	QL
phenelzine sulfate (generic of NARDIL) TABS	Tier 2	
protriptyline hcl	Tier 3	
sertraline hcl CONC	Tier 3	
sertraline hcl (generic of ZOLOFT) TABS	Tier 1	
tranylcypromine sulfate (generic of PARNATE)	Tier 3	
trazodone hcl TABS 50mg, 100mg	Tier 1	
trazodone tab 150mg	Tier 1	
trimipramine maleate CAPS 25mg QL (240 caps / 30 days)	Tier 3	QL
trimipramine maleate CAPS 50mg QL (120 caps / 30 days)	Tier 3	QL
trimipramine maleate CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL
TRINTELLIX 5mg QL (120 tabs / 30 days)	Tier 3	QL PA
TRINTELLIX 10mg QL (60 tabs / 30 days)	Tier 3	QL PA
TRINTELLIX 20mg QL (30 tabs / 30 days)	Tier 3	QL PA
venlafaxine hcl (generic of EFFEXOR XR) CP24	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
venlafaxine hcl TABS	Tier 1	
VIIBRYD STARTER PACK	Tier 3	PA
VIIBRYD TAB QL (30 tabs / 30 days)	Tier 3	QL PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS QL (120 caps / 30 days)	Tier 2	QL
amantadine hcl SYRP	Tier 1	
amantadine hcl TABS	Tier 2	
APOKYN QL (20 cartridges / 30 days)	Tier 2	QL NMO LA PA
benztropine mesylate inj (generic of COGENTIN)	Tier 3	
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 3	
carbidopa-levodopa (generic of SINEMET) TABS	Tier 1	
carbidopa-levodopa (generic of SINEMET CR) TBCR	Tier 2	
carbidopa-levodopa TBDP	Tier 3	
carbidopa-levodopa-entacapone (generic of STALEVO 50)	Tier 3	
carbidopa-levodopa-entacapone (generic of STALEVO 75)	Tier 3	
carbidopa-levodopa-entacapone (generic of STALEVO 100)	Tier 3	
carbidopa-levodopa-entacapone (generic of STALEVO 125)	Tier 3	
carbidopa-levodopa-entacapone (generic of STALEVO 150)	Tier 3	
carbidopa-levodopa-entacapone (generic of STALEVO 200)	Tier 3	
entacapone (generic of COMTAN)	Tier 3	
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 3	
ropinirole tab 0.5mg (generic of REQUIP)	Tier 1	
ropinirole tab 0.25mg	Tier 1	
ropinirole tab 1mg	Tier 1	
ropinirole tab 2mg	Tier 1	
ropinirole tab 3mg	Tier 1	
ropinirole tab 4mg	Tier 1	
ropinirole tab 5mg	Tier 1	
selegiline hcl CAPS; TABS	Tier 2	
trihexyphenidyl hcl PA if 70 years and older	Tier 2	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA QL (1 injection / 28 days)	Tier 3	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 3	QL

Drug Name	Drug Tier	Requirements/ Limits
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	Tier 3	QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	Tier 3	QL
ARISTADA INITIO	Tier 3	
chlorpromazine hcl TABS	Tier 3	
CHLORPROMAZINE INJ	Tier 3	
clozapine odt (generic of FAZACLO) 12.5mg, 25mg	Tier 3	PA
clozapine odt (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	Tier 3	QL PA
clozapine odt (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	Tier 3	QL PA
clozapine odt (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	Tier 3	QL PA
clozapine tab 25mg (generic of CLOZARIL)	Tier 2	
clozapine tab 50mg (generic of CLOZAPINE)	Tier 2	
clozapine tab 100mg (generic of CLOZARIL) QL (270 tabs / 30 days)	Tier 3	QL
clozapine tab 200mg (generic of CLOZAPINE) QL (135 tabs / 30 days)	Tier 3	QL
FANAPT QL (60 tabs / 30 days)	Tier 3	QL PA
FANAPT TITRATION PACK	Tier 3	PA
fluphenazine decanoate SOLN	Tier 3	
fluphenazine hcl	Tier 3	
GEODON SOLR QL (6 mL / 3 days)	Tier 3	QL
haloperidol TABS	Tier 2	
haloperidol conc 2mg/ml	Tier 1	
haloperidol decanoate (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 3	
haloperidol decanoate (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 3	
haloperidol lactate inj 5mg/ml (generic of HALDOL)	Tier 3	
INVEGA SUST INJ 39MG/0.25ML QL (1 injection / 28 days)	Tier 3	QL
INVEGA SUST INJ 78MG/0.5ML QL (1 injection / 28 days)	Tier 3	QL
INVEGA SUST INJ 117MG/0.75ML QL (1 injection / 28 days)	Tier 3	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	Tier 3	QL
INVEGA SUST INJ 234MG/1.5ML QL (1 injection / 28 days)	Tier 3	QL
INVEGA TRINZA QL (1 injection / 90 days)	Tier 3	QL
LATUDA 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
LATUDA 80mg QL (60 tabs / 30 days)	Tier 3	QL
loxapine succinate	Tier 2	
molindone hcl	Tier 3	
NUPLAZID CAPS QL (30 caps / 30 days)	Tier 3	QL NMO LA PA
NUPLAZID TABS 10MG QL (30 tabs / 30 days)	Tier 3	QL NMO LA PA

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
olanzapine (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	Tier 3	QL
olanzapine (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	QL
olanzapine (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
olanzapine (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
olanzapine (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 3	QL
paliperidone (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL
paliperidone (generic of INVEGA) 6mg QL (60 tabs / 30 days)	Tier 3	QL
perphenazine TABS	Tier 2	
PERSERIS QL (1 injection / 30 days)	Tier 3	QL
pimozide	Tier 3	
quetiapine fumarate (generic of SEROQUEL) TABS	Tier 1	
quetiapine fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL PA
quetiapine fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL PA
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL
REXULTI .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL
RISPERDAL 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 3	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	Tier 3	QL
risperidone (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 2	QL
risperidone (generic of RISPERDAL) TABS	Tier 1	
risperidone TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 3	QL
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL
SAPHRIS QL (60 tabs / 30 days)	Tier 3	QL
thioridazine hcl TABS	Tier 2	
thiothixene	Tier 3	
trifluoperazine hcl	Tier 2	
VERSACLOZ QL (600 mL / 30 days)	Tier 2	QL PA
VRAYLAR 1.5mg QL (60 caps / 30 days)	Tier 3	QL PA
VRAYLAR 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 3	QL PA
VRAYLAR THERAPY PACK	Tier 3	PA
ziprasidone hcl (generic of GEODON) QL (60 caps / 30 days)	Tier 3	QL
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	Tier 3	QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV 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 3	QL
amphetamine-dextroamphetamine cap sr 24hr 10 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 3	QL
amphetamine-dextroamphetamine cap sr 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL
amphetamine-dextroamphetamine cap sr 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL
amphetamine-dextroamphetamine cap sr 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL
amphetamine-dextroamphetamine cap sr 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 2	QL
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 2	QL
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 2	QL
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 2	QL
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL
atomoxetine hcl (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL
atomoxetine hcl (generic of STRATTERA) 40mg QL (60 caps / 30 days)	Tier 3	QL
atomoxetine hcl (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL
dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL
guanfacine er (adhd) (generic of INTUNIV) PA if 70 years and older	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
metadate tab 20mg er QL (90 tabs / 30 days)	Tier 3	QL
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL
methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL
methylphenidate hcl oral soln (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL
methylphenidate hcl oral soln (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL
methylphenidate hcl tbcr 10 mg QL (90 tabs / 30 days)	Tier 3	QL
methylphenidate hcl tbcr 20mg QL (90 tabs / 30 days)	Tier 3	QL
HYPNOTICS		
HETLIOZ	Tier 2	NMO LA PA
SILENOR 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 3	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 3	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		
AIMOVIG QL (1 pen / 30 days)	Tier 2	QL PA
dihydroergotamine mesylate inj 1 mg/ml (generic of D.H.E. 45)	Tier 1	
dihydroergotamine mesylate nasal spr 4 mg/ml QL (8 mL / 30 days)	Tier 1	QL PA
EMGALITY SOAJ QL (2 pens / 30 days)	Tier 2	QL PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL PA
ergotamine w/ caffeine (generic of CAFERGOT) TABS	Tier 3	
rizatriptan benzoate TABS 5mg QL (18 tabs / 30 days)	Tier 2	QL
rizatriptan benzoate (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL
rizatriptan benzoate (generic of MAXALT-MLT) TBDP QL (18 tabs / 30 days)	Tier 2	QL
sumatriptan inj 4mg/0.5ml (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (18 injections / 30 days)	Tier 3	QL
sumatriptan inj 4mg/0.5ml (generic of IMITREX STATDOSE REFILL) SOCT QL (18 injections / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan inj 6mg/0.5ml (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	Tier 3	QL
sumatriptan inj 6mg/0.5ml (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	Tier 3	QL
sumatriptan inj 6mg/0.5ml (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 3	QL
sumatriptan inj 6mg/0.5ml SOSY QL (12 injections / 30 days)	Tier 3	QL
sumatriptan nasal spray (generic of IMITREX) 5mg/act QL (24 inhalers / 30 days)	Tier 3	QL
sumatriptan nasal spray (generic of IMITREX) 20mg/act QL (12 inhalers / 30 days)	Tier 3	QL
sumatriptan succinate (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 1	QL
MISCELLANEOUS		
AUSTEDO 6mg QL (60 tabs / 30 days)	Tier 2	QL 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	
LYRICA CR QL (60 tabs / 30 days)	Tier 2	QL PA
NUEDEXTA QL (60 caps / 30 days)	Tier 3	QL PA
pyridostigmine bromide (generic of MESTINON) TABS 60mg	Tier 2	
riluzole (generic of RILUTEK)	Tier 2	
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		
BETASERON QL (14 syringes / 28 days)	Tier 2	QL NMO PA
dalfampridine (generic of AMPYRA)	Tier 1	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 2	
cyclobenzaprine hcl TABS 5mg, 10mg PA if 70 years and older	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
dantrolene sodium (generic of DANTRIUM) CAPS 25mg, 50mg	Tier 3	
dantrolene sodium CAPS 100mg	Tier 3	
tizanidine hcl TABS 2mg	Tier 1	
tizanidine hcl (generic of ZANAFLEX) TABS 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
armodafinil (generic of NUVIGIL) 50mg QL (90 tabs / 30 days)	Tier 2	QL PA
armodafinil (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 2	QL PA
XYREM QL (540 mL / 30 days)	Tier 2	QL NMO LA PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium	Tier 3	
buprenorphine hcl SUBL QL (90 tabs / 30 days)	Tier 2	QL PA
buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl dihydrate 4-1mg (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl dihydrate 8-2mg (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl dihydrate 12-3mg (generic of SUBOXONE) QL (60 films / 30 days)	Tier 3	QL
buprenorphine hcl-naloxone hcl sl QL (90 tabs / 30 days)	Tier 1	QL
bupropion hcl (smoking deterrent)	Tier 2	
CHANTIX CONTINUING MONTH	Tier 3	PA
CHANTIX PAK 0.5& 1MG	Tier 3	PA
CHANTIX TAB 0.5MG	Tier 3	PA
CHANTIX TAB 1MG	Tier 3	PA
disulfiram (generic of ANTABUSE) TABS	Tier 2	
naloxone inj 0.4mg/ml	Tier 1	
naloxone inj 1mg/ml	Tier 1	
naltrexone hcl TABS	Tier 2	
NARCAN	Tier 2	
NICOTROL INHALER	Tier 3	
NICOTROL NS	Tier 3	
VIVITROL	Tier 2	
ENDOCRINE AND METABOLIC ***ANDROGENS***		
ANADROL-50	Tier 2	PA
ANDRODERM QL (30 patches / 30 days)	Tier 3	QL PA
oxandrolone tab 2.5mg	Tier 2	PA
oxandrolone tab 10mg	Tier 3	PA
testosterone GEL 1% QL (300 grams / 30 days)	Tier 3	QL PA
testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	Tier 3	QL PA
testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	Tier 2	PA
testosterone enanthate SOLN	Tier 2	PA
ANTIDIABETICS, INJECTABLE		
BASAGLAR KWIKPEN	Tier 2	
BD ALCOHOL SWABS	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 PEN QL (4 pens / 28 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
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 70/30 FLEXPEN (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	
TRESIBA INJ	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) TABS	Tier 2	
FARXIGA QL (30 tabs / 30 days)	Tier 2	QL
glimepiride (generic of AMARYL) 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
glimepiride (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	QL
glip/metform tab 2.5-250mg QL (240 tabs / 30 days)	Tier 1	QL
glip/metform tab 2.5-500mg QL (120 tabs / 30 days)	Tier 1	QL
glip/metform tab 5-500mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide xl (generic of GLUCOTROL XL) 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide xl (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	Tier 1	QL
JANUMET QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL
JANUVIA QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE 10mg QL (60 tabs / 30 days)	Tier 2	QL
JARDIANCE 25mg QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	Tier 2	QL
metformin er (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
metformin er (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
metformin hcl (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
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

Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	Tier 2	QL
BISPHOSPHONATES		
alendronate sodium TABS 5mg, 10mg, 35mg	Tier 1	
alendronate sodium TABS 40mg	Tier 2	
alendronate sodium (generic of FOSAMAX) TABS 70mg	Tier 1	
ibandronate sodium tabs (generic of BONIVA)	Tier 2	B/D
PAMIDRONATE DISODIUM 6mg/ml	Tier 3	B/D
pamidronate disodium 30mg/10ml, 90mg/10ml	Tier 3	B/D
pamidronate inj 30mg	Tier 3	B/D
pamidronate inj 90mg	Tier 3	B/D
zoledronic acid inj 5mg/100ml (generic of RECLAST)	Tier 3	B/D NMO
zoledronic inj 4mg/5ml	Tier 3	B/D NMO
CHELATING AGENTS		
CHEMET	Tier 3	
DEPEN TITRATABS	Tier 2	
JADENU	Tier 2	NMO LA PA
JADENU SPRINKLE	Tier 2	NMO LA PA
kionex sus 15gm/60ml	Tier 2	
sodium polystyrene sulfonate powder	Tier 2	
sodium polystyrene sulfonate susp	Tier 2	
sps	Tier 2	
trientine hcl (generic of SYPRINE)	Tier 1	PA
CONTRACEPTIVES		
altavera tab	Tier 2	
alyacen 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 2	
apri	Tier 2	
aranelle	Tier 2	
aubra	Tier 2	
aviane	Tier 2	
balziva	Tier 2	
bekyree (generic of MIRCETTE)	Tier 2	
blisovi fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 2	
briellyn	Tier 2	
camila	Tier 2	
caziant pak	Tier 2	
cryselle-28	Tier 2	
cyclafem 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 2	
cyclafem 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 2	
cyred tab	Tier 2	
dasetta 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 2	
dasetta 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 2	
deblitane	Tier 2	
delyla	Tier 2	
desogestrel & ethinyl estradiol	Tier 2	
desogestrel-ethinyl estradiol (biphasic) (generic of MIRCETTE)	Tier 2	
drospirenone-ethinyl estradiol (generic of YASMIN 28)	Tier 2	
drospirenone-ethinyl estradiol (generic of YAZ)	Tier 2	
ELLA	Tier 2	
emoquette	Tier 2	
enpresse-28	Tier 2	
enskyce	Tier 2	
errin (generic of ORTHO MICRONOR)	Tier 2	
estarylla tab 0.25-35	Tier 2	
ethynodiol diacet & eth estrad	Tier 2	
ethynodiol tab 1-50	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
falmina	Tier 2	
femynor	Tier 2	
gianvi (generic of YAZ)	Tier 2	
heather	Tier 2	
incassia	Tier 2	
introvale	Tier 2	
isibloom	Tier 2	
jasmiel (generic of YAZ)	Tier 2	
jolessa	Tier 2	
jolivette (generic of ORTHO MICRONOR)	Tier 2	
juleber	Tier 2	
junel 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 2	
junel 1/20 (generic of LOESTRIN 1/20-21)	Tier 2	
junel fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 2	
junel fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 2	
kariva (generic of MIRCETTE)	Tier 2	
kelnor 1/35	Tier 2	
kelnor 1/50	Tier 2	
kurvelo	Tier 2	
larin 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 2	
larin 1/20 (generic of LOESTRIN 1/20-21)	Tier 2	
larin fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 2	
larin fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 2	
larissia tab	Tier 2	
leena	Tier 2	
lessina	Tier 2	
levonest	Tier 2	
levonor/ethi tab	Tier 2	
levonorgestrel & eth estradiol	Tier 2	
levonorgestrel-ethinyl estradiol (91-day)	Tier 2	
levora 0.15/30-28	Tier 2	
loryna (generic of YAZ)	Tier 2	
low-ogestrel	Tier 2	
lutera	Tier 2	
lyza (generic of ORTHO MICRONOR)	Tier 2	
marlissa	Tier 2	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 2	
microgestin 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 2	
microgestin 1/20 (generic of LOESTRIN 1/20-21)	Tier 2	
microgestin fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 2	
microgestin fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 2	
mili	Tier 2	
mono-linyah tab 0.25-35	Tier 2	
necon 0.5/35-28	Tier 2	
nikki (generic of YAZ)	Tier 2	
nora-be	Tier 2	
norethindrone (contraceptive) (generic of ORTHO MICRONOR)	Tier 2	
norethindrone acet & eth estra (generic of LOESTRIN 1/20-21)	Tier 2	
norgest/ethi tab 0.25/35	Tier 2	
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 2	
norlyroc	Tier 2	
nortrel 0.5/35 (28)	Tier 2	
nortrel 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 2	
nortrel 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ocella (generic of YASMIN 28)	Tier 2	
orsythia	Tier 2	
philith	Tier 2	
pimtrea (generic of MIRCETTE)	Tier 2	
pirmella 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 2	
portia-28	Tier 2	
previfem	Tier 2	
reclipsen	Tier 2	
setlakin tab	Tier 2	
sharobel (generic of ORTHO MICRONOR)	Tier 2	
sprintec 28	Tier 2	
sronyx	Tier 2	
syeda (generic of YASMIN 28)	Tier 2	
tarina fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 2	
tilia fe (generic of ESTROSTEP FE)	Tier 2	
tri-estarylla	Tier 2	
tri-legest fe (generic of ESTROSTEP FE)	Tier 2	
tri-linyah	Tier 2	
tri-lo- tab marzia (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
tri-mili	Tier 2	
tri-previfem	Tier 2	
tri-sprintec	Tier 2	
tri-vylibra	Tier 2	
tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
trivora-28	Tier 2	
tulana	Tier 2	
velivet	Tier 2	
vienva	Tier 2	
viorele (generic of MIRCETTE)	Tier 2	
vyfemla	Tier 2	
vylibra	Tier 2	
xulane	Tier 3	
zarah (generic of YASMIN 28)	Tier 2	
zovia 1/35e	Tier 2	
ENDOMETRIOSIS		
danazol CAPS	Tier 3	
SYNAREL	Tier 2	
ENZYME REPLACEMENTS		
CARBAGLU	Tier 2	NMO LA PA
CERDELGA	Tier 2	NMO PA
CYSTADANE POW	Tier 2	NMO LA
CYSTAGON	Tier 3	NMO LA PA
KUVAN	Tier 2	NMO LA PA
levocarnitine (metabolic modifiers) (generic of CARNITOR)	Tier 3	B/D
miglustat (generic of ZAVESCA)	Tier 1	NMO PA
NITYR	Tier 2	NMO LA PA
ORFADIN	Tier 2	NMO LA PA
sodium phenylbutyrate (generic of BUPHENYL) TABS	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 2	
estradiol vaginal tab (generic of VAGIFEM)	Tier 3	
estradiol valerate inj (generic of DELESTROGEN)	Tier 3	
fyavolv	Tier 2	
fyavolv (generic of FEMHRT LOW DOSE)	Tier 2	
jinteli	Tier 2	
norethindrone acetate-ethinyl estradiol	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
norethindrone acetate-ethinyl estradiol (generic of FEMHRT LOW DOSE)	Tier 2	
yuvafem vaginal tablet 10 mcg (generic of VAGIFEM)	Tier 3	
GLUCOCORTICOIDS		
cortisone acetate TABS	Tier 3	
DEXAMETHASONE CONC	Tier 3	
dexamethasone ELIX; SOLN	Tier 2	
dexamethasone TABS	Tier 1	
dexamethasone sodium phosphate 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 3	
dexamethasone sodium phosphate (generic of DEXAMETHASONE SODIUM PHOS) 10mg/ml	Tier 3	
fludrocortisone acetate TABS	Tier 1	
hydrocortisone (generic of CORTEF) TABS	Tier 2	
methylpr ss inj (generic of SOLU-MEDROL)	Tier 3	B/D
methylpred pak 4mg (generic of MEDROL DOSEPAK)	Tier 1	
methylpred tab 4mg (generic of MEDROL)	Tier 2	B/D
methylpred tab 8mg (generic of MEDROL)	Tier 2	B/D
methylpred tab 16mg (generic of MEDROL)	Tier 2	B/D
methylpred tab 32mg (generic of MEDROL)	Tier 2	B/D
methylprednisolone acetate (generic of DEPO-MEDROL)	Tier 3	B/D
pred sod pho sol 5mg/5ml (generic of PEDIAPRED)	Tier 3	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 3	B/D
PREDNISONE CON 5MG/ML	Tier 3	B/D
prednisone pak 5mg	Tier 2	
prednisone pak 10mg	Tier 2	
prednisone sol 5mg/5ml	Tier 3	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 2	
calcitonin (salmon) (generic of MIACALCIN)	Tier 2	B/D
cinacalcet hcl 30mg, 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NMO
cinacalcet hcl 60mg QL (60 tabs / 30 days)	Tier 1	B/D QL NMO
FORTEO	Tier 2	NMO PA
GENOTROPIN	Tier 2	NMO PA
GENOTROPIN MINIQUICK .2mg	Tier 2	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
NATPARA	Tier 2	NMO PA
octreotide acetate (generic of SANDOSTATIN) 50mcg/ml	Tier 3	NMO PA
octreotide acetate 200mcg/ml	Tier 3	NMO PA
octreotide acetate (generic of SANDOSTATIN) 500mcg/ml	Tier 1	NMO PA

Drug Name	Drug Tier	Requirements/ Limits
octreotide acetate 1000mcg/ml	Tier 1	NMO PA
octreotide inj 100mcg/ml (generic of SANDOSTATIN)	Tier 3	NMO PA
PROLIA QL (1 injection / 180 days)	Tier 3	QL NMO
raloxifene tab 60mg (generic of EVISTA)	Tier 2	
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 3	QL PA
calcium acetate (phosphate binder) CAPS QL (360 caps / 30 days)	Tier 2	QL
calcium acetate (phosphate binder) TABS QL (360 tabs / 30 days)	Tier 2	QL
sevelamer carbonate (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	Tier 1	QL
sevelamer carbonate (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	Tier 1	QL
sevelamer carbonate (generic of RENVELA) TABS QL (540 tabs / 30 days)	Tier 3	QL
PROGESTINS		
medroxyprogesterone acetate tab (generic of PROVERA)	Tier 1	
norethindrone acetate (generic of AYGESTIN) TABS	Tier 2	
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 2	
methimazole (generic of TAPAZOLE) TABS	Tier 1	
propylthiouracil TABS	Tier 2	
SYNTHROID	Tier 3	
unithroid (generic of SYNTHROID)	Tier 1	
VASOPRESSINS		
desmopressin acetate spray (generic of DDAVP)	Tier 3	
desmopressin acetate spray refrigerated	Tier 3	
desmopressin acetate tabs (generic of DDAVP)	Tier 2	
desmopressin inj 4mcg/ml (generic of DDAVP)	Tier 3	
STIMATE	Tier 2	NMO
GASTROINTESTINAL *ANTIEMETICS*		
aprepitant (generic of EMEND)	Tier 3	B/D
aprepitant pak 80mg & 125mg	Tier 3	B/D
compro	Tier 3	
dronabinol (generic of MARINOL) QL (60 caps / 30 days)	Tier 3	B/D QL
EMEND SUSR	Tier 3	B/D
granisetron hcl SOLN	Tier 3	
granisetron hcl TABS	Tier 3	B/D
meclizine hcl TABS	Tier 1	
metoclopramide hcl SOLN	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
metoclopramide hcl (generic of REGLAN) TABS	Tier 1	
metoclopramide hcl inj	Tier 3	
ondansetron hcl (generic of ZOFRAN) TABS 4mg, 8mg	Tier 2	B/D
ondansetron hcl TABS 24mg	Tier 2	B/D
ondansetron hcl inj	Tier 3	
ondansetron hcl oral soln	Tier 3	B/D
ondansetron odt	Tier 2	B/D
prochlorperazine inj	Tier 3	
prochlorperazine maleate TABS	Tier 1	
prochlorperazine supp	Tier 3	
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 (generic of TRANSDERM SCOP) QL (10 patches / 30 days) PA if 70 years and older	Tier 3	QL PA
ANTISPASMODICS		
dicyclomine hcl cap 10mg	Tier 2	
dicyclomine hcl soln 10mg/5ml	Tier 3	
dicyclomine hcl tab 20mg	Tier 2	
glycopyrrolate tab 1mg	Tier 2	
glycopyrrolate tab 2mg	Tier 2	
H2-RECEPTOR ANTAGONISTS		
famotidine in nacl	Tier 3	
famotidine inj	Tier 3	
famotidine tab (generic of PEPCID)	Tier 1	
ranitidine hcl (generic of ZANTAC) TABS 150mg	Tier 1	
ranitidine hcl TABS 300mg	Tier 1	
ranitidine hcl inj (generic of ZANTAC)	Tier 3	
ranitidine syrup	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium (generic of COLAZAL)	Tier 2	
budesonide ec (generic of ENTOCORT EC)	Tier 3	
colocort (generic of CORTENEMA)	Tier 3	
hydrocortisone (enema) (generic of CORTENEMA)	Tier 3	
mesalamine (generic of DELZICOL) CPDR	Tier 3	
mesalamine ENEM	Tier 3	
mesalamine (generic of CANASA) SUPP	Tier 1	
mesalamine (generic of LIALDA) TBEC 1.2gm	Tier 3	
mesalamine w/ cleanser (generic of ROWASA)	Tier 3	
sulfasalazine (generic of AZULFIDINE) TABS	Tier 1	
sulfasalazine ec (generic of AZULFIDINE EN-TABS)	Tier 2	
LAXATIVES		
constulose	Tier 2	
enulose	Tier 2	
gavilyte-c (generic of COLYTE-FLAVOR PACKS)	Tier 1	
gavilyte-g (generic of GOLYTELY)	Tier 1	
gavilyte-n/flavor pack (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
generlac	Tier 2	
GOLYTELY	Tier 2	
lactulose SOLN	Tier 2	
lactulose (encephalopathy)	Tier 2	
NULYTELY/FLAVOR PACKS	Tier 2	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (generic of GOLYTELY)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
peg 3350-potassium chloride-sod bicarbonate-sod chloride (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
peg 3350/electrolytes	Tier 1	
PLENVU	Tier 3	
SUPREP BOWEL PREP KIT	Tier 3	
trilyte (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX)	Tier 1	PA
AMITIZA 8mcg QL (180 caps / 30 days)	Tier 2	QL
AMITIZA 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 3	QL
loperamide hcl CAPS	Tier 2	
misoprostol (generic of CYTOTEC) TABS	Tier 2	
MOVANTIK 12.5mg QL (60 tabs / 30 days)	Tier 2	QL
MOVANTIK 25mg QL (30 tabs / 30 days)	Tier 2	QL
RELISTOR SOLN	Tier 2	PA
sucralfate (generic of CARAFATE) TABS	Tier 1	
ursodiol (generic of ACTIGALL) CAPS	Tier 2	
ursodiol (generic of URSO 250) TABS 250mg	Tier 3	
ursodiol (generic of URSO FORTE) TABS 500mg	Tier 3	
XIFAXAN 550mg	Tier 2	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 3	QL ST
lansoprazole (generic of PREVACID) CPDR QL (30 caps / 30 days)	Tier 2	QL
omeprazole cap 10mg	Tier 1	
omeprazole cap 20mg	Tier 1	
omeprazole cap 40mg	Tier 1	
pantoprazole sodium (generic of PROTONIX) SOLR	Tier 3	
pantoprazole sodium (generic of PROTONIX) TBEC	Tier 1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl (generic of UROXATRAL) QL (30 tabs / 30 days)	Tier 1	QL
dutasteride (generic of AVODART) CAPS QL (30 caps / 30 days)	Tier 2	QL
finasteride (generic of PROSCAR) TABS 5mg	Tier 1	
tamsulosin hcl (generic of FLOMAX)	Tier 1	
MISCELLANEOUS		
bethanechol chloride (generic of URECHOLINE) TABS	Tier 2	
potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 15) 15meq	Tier 3	
potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 5) 540mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 10) 1080mg	Tier 3	
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG QL (30 tabs / 30 days)	Tier 3	QL
MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	Tier 3	QL
oxybutynin chloride SYRP	Tier 2	
oxybutynin chloride TABS	Tier 2	
oxybutynin chloride (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL
oxybutynin chloride (generic of DITROPAN XL) TB24 10mg QL (60 tabs / 30 days)	Tier 2	QL
oxybutynin chloride TB24 15mg QL (60 tabs / 30 days)	Tier 2	QL
tolterodine tartrate cap er (generic of DETROL LA) QL (30 caps / 30 days)	Tier 3	QL ST
tolterodine tartrate tabs (generic of DETROL)	Tier 3	ST
TOVIAZ QL (30 tabs / 30 days)	Tier 2	QL
trospium chloride TABS QL (60 tabs / 30 days)	Tier 2	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal (generic of CLEOCIN)	Tier 2	
metronidazole vaginal (generic of METROGEL-VAGINAL)	Tier 3	
terconazole vaginal (generic of TERAZOL 7) CREA .4%	Tier 2	
terconazole vaginal CREA .8%	Tier 2	
terconazole vaginal SUPP	Tier 2	
vandazole	Tier 3	
HEMATOLOGIC *ANTICOAGULANTS*		
COUMADIN	Tier 2	
ELIQUIS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
ELIQUIS 5mg QL (74 tabs / 30 days)	Tier 2	QL
ELIQUIS STARTER PACK QL (74 tabs / 30 days)	Tier 2	QL
enoxaparin sodium (generic of LOVENOX)	Tier 3	
fondaparinux sodium (generic of ARIXTRA) 2.5mg/0.5ml	Tier 3	
fondaparinux sodium (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	
heparin sod (porcine) in d5w	Tier 3	
heparin sod inj 1000/ml	Tier 2	B/D
heparin sod inj 5000/ml	Tier 2	B/D
heparin sod inj 10000/ml	Tier 2	B/D
heparin sod inj 20000/ml	Tier 2	B/D
HEPARIN SODIUM/NACL 0.45%	Tier 3	
jantoven (generic of COUMADIN)	Tier 1	
PRADAXA QL (60 caps / 30 days)	Tier 3	QL
warfarin sodium (generic of COUMADIN)	Tier 1	
XARELTO 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
XARELTO 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
XARELTO STARTER PACK QL (51 tabs / 30 days)	Tier 2	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NMO PA
PROCRIT 20000unit/ml, 40000unit/ml	Tier 2	NMO PA
ZARXIO	Tier 2	NMO PA
MISCELLANEOUS		
anagrelide hcl 1mg	Tier 3	
anagrelide hcl (generic of AGRYLIN) .5mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
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 PACK QL (360 packets / 30 days)	Tier 2	QL NMO LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
tranexamic acid (generic of CYKLOKAPRON) SOLN	Tier 3	
tranexamic acid (generic of LYSTEDA) TABS	Tier 2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole (generic of AGGRENOX)	Tier 3	
BRILINTA	Tier 2	
clopidogrel tab 75mg (generic of PLAVIX)	Tier 1	
prasugrel hcl (generic of EFFIENT)	Tier 2	
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 CD/UC/HS STARTER	Tier 2	NMO PA
HUMIRA PEN INJ CD/UC/HS STARTER	Tier 2	NMO PA
HUMIRA PEN INJ PS/UV STARTER	Tier 2	NMO PA
HUMIRA PEN-PS/UV STARTER	Tier 2	NMO PA
hydroxychloroquine sulfate (generic of PLAQUENIL)	Tier 2	
leflunomide (generic of ARAVA) TABS QL (30 tabs / 30 days)	Tier 2	QL
methotrexate sodium tabs	Tier 2	
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NMO LA PA
STELARA SOSY QL (1 syringe / 28 days)	Tier 2	QL 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
IMMUNOGLOBULINS		
BIVIGAM	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

Drug Name	Drug Tier	Requirements/ Limits
GAMUNEX-C	Tier 2	NMO PA
OCTAGAM	Tier 2	NMO PA
PANZYGA	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 2	B/D
BENLYSTA	Tier 2	NMO PA
cyclosporine (generic of SANDIMMUNE) CAPS	Tier 3	B/D NMO
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	B/D NMO
cyclosporine modified (for microemulsion) CAPS 50mg	Tier 3	B/D NMO
cyclosporine modified (for microemulsion) (generic of NEORAL) SOLN	Tier 3	B/D NMO
gengraf (generic of NEORAL)	Tier 3	B/D NMO
mycophenolate mofetil (generic of CELLCEPT) CAPS; TABS	Tier 2	B/D NMO
mycophenolate mofetil (generic of CELLCEPT) SUSR	Tier 1	B/D NMO
mycophenolate sodium tbec (generic of MYFORTIC)	Tier 3	B/D NMO
PROGRAF PACK	Tier 3	B/D NMO
SANDIMMUNE SOLN 100mg/ml	Tier 2	B/D NMO
sirolimus (generic of RAPAMUNE) SOLN	Tier 1	B/D NMO
sirolimus (generic of RAPAMUNE) TABS 2mg	Tier 1	B/D NMO
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 3	B/D NMO
tacrolimus (generic of PROGRAF) CAPS	Tier 3	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
ZORTRESS TAB 1MG	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	
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
TDVAX	Tier 2	B/D

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

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

Drug Name	Drug Tier	Requirements/ Limits
TENIVAC	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 1	
klor-con m20	Tier 1	
klor-con pak 20meq	Tier 3	
klor-con spr cap 8meq	Tier 2	
klor-con spr cap 10meq	Tier 2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate SOLN 50%	Tier 2	
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 CPCR	Tier 2	
potassium chloride PACK	Tier 3	
potassium chloride SOLN 10%, 20%	Tier 3	
potassium chloride TBCR 8meq, 10meq	Tier 1	
potassium chloride (generic of K-TAB) TBCR 20meq	Tier 1	
potassium chloride microencapsulated crystaler	Tier 1	
sodium chloride SOLN 2.5meq/ml	Tier 3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
TPN ELECTROLYTES	Tier 3	B/D
IV NUTRITION		
AMINOSYN II INJ 10%	Tier 3	B/D
AMINOSYN-PF 7%	Tier 3	B/D
AMINOSYN-PF 10%	Tier 3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 15%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 20%	Tier 3	B/D
CLINIMIX INJ 4.25/D10	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 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 3	
dextrose 5%	Tier 3	
DEXTROSE 5% /ELECTROLYTE	Tier 3	
dextrose 5%/nacl 0.2%	Tier 3	
DEXTROSE 5%/NACL 0.3%	Tier 3	
dextrose 5%/nacl 0.9%	Tier 3	
dextrose 5%/nacl 0.33%	Tier 3	
dextrose 5%/nacl 0.45%	Tier 3	
dextrose 5%/nacl 0.225%	Tier 3	
dextrose 5%/potassium chl	Tier 3	
dextrose 10% flex contain	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	Tier 3	
dextrose 10%/nacl 0.45%	Tier 3	
dextrose 50%	Tier 3	
dextrose in lactated ringers	Tier 3	
dextrose inj 70%	Tier 3	
ISOLYTE P	Tier 3	
ISOLYTE S	Tier 3	
kcl0.15%/d5w/nacl0.2%	Tier 3	
KCL 0.3%/D5W/NACL 0.9%	Tier 3	
kcl 0.3%/d5w/nacl 0.45%	Tier 3	
kcl 0.15%/d5w/nacl 0.9%	Tier 3	
KCL 0.15%/D5W/NACL 0.225%	Tier 3	
kcl 0.075%/d5w/nacl 0.45%	Tier 3	
kcl/d5w inj 0.3%	Tier 3	
kcl/d5w/nacl inj 0.22%/0.45%	Tier 3	
kcl/d5w/nacl inj .15/.33%	Tier 3	
kcl/d5w/nacl inj .15/.45%	Tier 3	
kcl/nacl inj 0.3-0.9	Tier 3	
kcl/nacl inj 0.15%-0.9%	Tier 3	
lactated ringer's	Tier 3	
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 3	
potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	Tier 3	
potassium chloride in nacl	Tier 3	
sod chloride inj 0.9%	Tier 3	
sodium chloride SOLN 3%, 5%	Tier 3	
sodium chloride 0.45%	Tier 3	
VITAMINS		
calcitriol (generic of ROCALTROL) CAPS	Tier 1	B/D
calcitriol inj	Tier 3	B/D
calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)	Tier 3	B/D
M-NATAL PLUS	Tier 2	
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
paricalcitol CAPS 4mcg	Tier 3	B/D
PNV FOLIC ACID + IRON MUL	Tier 2	
PRENATAL	Tier 2	
PRENATAL PLUS	Tier 2	
PRENATAL PLUS LOW IRON	Tier 2	
RAYALDEE	Tier 2	
TRICARE	Tier 2	
OPHTHALMIC *ANTI-INFECTIVE/ANTI-INFLAMMATORY*		
bacitracin-poly-neomycin-hc	Tier 2	
BLEPHAMIDE OINT	Tier 3	
neomycin-polymy-dexameth (generic of MAXITROL)	Tier 1	
sulfacetamide sod-prednisolone	Tier 1	
TOBRADEX OINT	Tier 2	
TOBRADEX ST	Tier 2	
tobramycin-dexamethasone (generic of TOBRADEX)	Tier 3	
ZYLET	Tier 2	
ANTI-INFECTIVES		
AZASITE	Tier 3	
bacitracin (ophthalmic)	Tier 2	
bacitracin-polymyxin b (ophth)	Tier 1	
BESIVANCE	Tier 2	
CILOXAN OINT	Tier 2	
ciprofloxacin hcl (ophth) (generic of CILOXAN)	Tier 1	
erythromycin (ophth)	Tier 1	
gentak	Tier 1	
gentamicin sulfate soln (ophth)	Tier 1	
MOXEZA	Tier 2	
moxifloxacin hcl (ophth) (generic of VIGAMOX)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
NATACYN	Tier 3	
neomycin-bacitracin zn-polymyxin	Tier 2	
neomycin-polymyxin-gramicidin	Tier 2	
ofloxacin (ophth) (generic of OCUFLOX)	Tier 1	
polymyxin b-trimethoprim (generic of POLYTRIM)	Tier 1	
sulfacetamide sodium (ophth) OINT	Tier 2	
sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN	Tier 2	
tobramycin (ophth) (generic of TOBREX)	Tier 1	
trifluridine	Tier 2	
ZIRGAN	Tier 3	
ANTI-INFLAMMATORIES		
ALREX	Tier 2	
BROMSITE	Tier 3	
dexamethasone sodium phosphate (ophth)	Tier 2	
diclofenac sodium (ophth)	Tier 2	
DUREZOL	Tier 2	
fluorometholone	Tier 2	
flurbiprofen sodium	Tier 2	
ILEVRO	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR LS) .4%	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR) .5%	Tier 1	
LOTEMAX GEL; OINT	Tier 2	
loteprednol etabonate (generic of LOTEMAX)	Tier 2	
prednisolone acetate (ophth) (generic of PRED FORTE)	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	Tier 2	
PROLENSA	Tier 2	
ANTIALLERGICS		
azelastine drop 0.05%	Tier 2	
BEPREVE	Tier 2	
cromolyn sodium (ophth)	Tier 1	
LASTACAFT	Tier 3	
olopatadine hcl 0.2% (generic of PATADAY)	Tier 3	
PAZEO	Tier 2	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	Tier 2	
AZOPT	Tier 2	
betaxolol hcl (ophth)	Tier 2	
BETOPTIC-S	Tier 2	
brimonidine sol 0.2%	Tier 1	
brimonidine tartrate soln 0.15% (generic of ALPHAGAN P)	Tier 3	
carteolol hcl (ophth)	Tier 1	
COMBIGAN	Tier 2	
dorzolamide hcl (generic of TRUSOPT)	Tier 1	
dorzolamide hcl-timolol maleate (generic of COSOPT)	Tier 1	
latanoprost (generic of XALATAN) SOLN	Tier 1	
levobunolol hcl	Tier 1	
LUMIGAN	Tier 2	
PHOSPHOLINE IODIDE	Tier 3	
pilocarpine hcl (generic of ISOPTO CARPINE) SOLN	Tier 2	
RHOPRESSA	Tier 2	
SIMBRINZA	Tier 2	
timolol maleate (ophth) soln (generic of TIMOPTIC)	Tier 1	
timolol maleate gel (generic of TIMOPTIC-XE)	Tier 3	
timolol maleate ophth soln 0.5% (once-daily) (generic of ISTALOL)	Tier 3	
TRAVATAN Z	Tier 3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
CYSTARAN	Tier 2	NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
proparacaine hcl (generic of ALCAINE) SOLN	Tier 2	
RESTASIS QL (60 single use vials / 30 days)	Tier 3	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 2	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 2	
ANTIHISTAMINES		
azelastine spr 0.1%	Tier 2	
azelastine spr 0.15% (generic of ASTEPRO)	Tier 2	
cetirizine syrup	Tier 1	
cyproheptadine hcl SYRP; TABS PA if 70 years and older	Tier 2	PA
diphenhydramine hcl inj 50mg/ml	Tier 3	
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 TABS	Tier 1	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL
albuterol sulfate NEBU .5%, .63mg/3ml, 1.25mg/3ml	Tier 2	B/D
albuterol sulfate NEBU .083%	Tier 1	B/D
albuterol sulfate SYRP	Tier 1	
albuterol sulfate TABS	Tier 3	
levalbuterol tartrate hfa QL (2 inhalers / 30 days)	Tier 2	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
terbutaline sulfate TABS	Tier 3	
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 2	QL
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW; TABS	Tier 1	
montelukast sodium (generic of SINGULAIR) PACK	Tier 3	
zafirlukast (generic of ACCOLATE)	Tier 2	
MAST CELL STABILIZERS		
cromolyn sod neb 20mg/2ml	Tier 2	B/D

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 2	B/D
ARALAST NP	Tier 2	NMO LA PA
DALIRESP	Tier 3	
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) .3mg/0.3ml (generic of EpiPen)	Tier 2	
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) .15mg/0.3ml (generic of EpiPen)	Tier 2	
epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
ESBRIET	Tier 2	NMO PA
KALYDECO	Tier 2	NMO PA
NUCALA	Tier 2	NMO LA PA
OFEV	Tier 2	NMO PA
ORKAMBI	Tier 2	NMO PA
PROLASTIN-C	Tier 2	NMO LA PA
PULMOZYME	Tier 2	NMO PA
SYMDEKO	Tier 2	NMO LA PA
theophylline TB12 100mg, 200mg	Tier 1	
theophylline TB12 300mg, 450mg	Tier 3	
theophylline TB24	Tier 2	
XOLAIR	Tier 2	NMO LA PA
ZEMAIRA	Tier 2	NMO LA PA
NASAL STEROIDS		
flunisolide (nasal) QL (3 bottles / 30 days)	Tier 2	QL
fluticasone propionate (nasal) QL (1 bottle / 30 days)	Tier 1	QL
STEROID INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	Tier 2	QL
budesonide (inhalation) (generic of PULMICORT) .25mg/2ml, .5mg/2ml	Tier 3	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***		
amnesteem	Tier 3	PA
avita (generic of RETIN-A) CREA QL (45 grams / 30 days)	Tier 3	QL PA
avita GEL QL (45 grams / 30 days)	Tier 3	QL PA
claravis	Tier 3	PA
clindamycin phosphate (topical) (generic of CLEOCIN-T) GEL QL (75 grams / 30 days)	Tier 3	QL
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate (topical) SOLN QL (60 mL / 30 days)	Tier 3	QL
erythromycin (acne aid) (generic of ERYGEL) GEL	Tier 3	
erythromycin (acne aid) SOLN	Tier 2	
isotretinoin CAPS	Tier 3	PA
myorisan	Tier 3	PA
sulfacetamide sodium (acne) (generic of KLARON)	Tier 3	
tretinoin (generic of RETIN-A) CREA QL (45 grams / 30 days)	Tier 3	QL PA
tretinoin (generic of RETIN-A) GEL .01%, .025% QL (45 grams / 30 days)	Tier 3	QL PA
zenatane	Tier 3	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA	Tier 3	
gentamicin sulfate (topical) OINT	Tier 2	
mupirocin OINT QL (220 grams / 30 days)	Tier 1	QL
silver sulfadiazine (generic of SILVADENE) CREA	Tier 1	
ssd (generic of SILVADENE)	Tier 1	
SULFAMYLON CREA	Tier 3	
DERMATOLOGY, ANTIFUNGALS		
clotrimazole (topical) CREA	Tier 2	
clotrimazole w/ betamethasone (generic of LOTRISONE) CREA	Tier 2	
ketoconazole cream QL (60 grams / 30 days)	Tier 2	QL
nyamyc QL (60 grams / 30 days)	Tier 2	QL
nystatin (topical)	Tier 2	
nystatin pow 100000 QL (60 grams / 30 days)	Tier 2	QL
nystop QL (60 grams / 30 days)	Tier 2	QL
DERMATOLOGY, ANTIPSORIATICS		
acitretin (generic of SORIATANE) 10mg, 25mg	Tier 3	PA
acitretin 17.5mg	Tier 3	PA
calcipotriene (generic of DOVONEX) CREA QL (120 grams / 30 days)	Tier 3	QL PA
calcipotriene OINT QL (120 grams / 30 days)	Tier 3	QL PA
calcipotriene SOLN QL (120 mL / 30 days)	Tier 3	QL PA
calcitrene QL (120 grams / 30 days)	Tier 3	QL PA
tazarotene (generic of TAZORAC) CREA QL (60 grams / 30 days)	Tier 2	QL PA
TAZORAC CREA .05% QL (60 grams / 30 days)	Tier 3	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo (generic of NIZORAL)	Tier 1	
selenium sulfide LOTN	Tier 1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	Tier 1	
alclometasone dipropionate CREA	Tier 3	
alclometasone dipropionate OINT	Tier 2	
betamethasone dipropionate (topical) CREA; LOTN	Tier 2	
betamethasone dipropionate (topical) OINT	Tier 3	
betamethasone dipropionate augmented (generic of DIPROLENE AF) CREA	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate augmented GEL; LOTN	Tier 3	
betamethasone dipropionate augmented (generic of DIPROLENE) OINT	Tier 3	
betamethasone valerate CREA; LOTN; OINT	Tier 2	
ENSTILAR QL (120 grams / 30 days)	Tier 3	QL PA
fluocinolone acetonide CREA .01%	Tier 2	
fluocinolone acetonide (generic of SYNALAR) CREA .025%	Tier 2	
fluocinolone acetonide (generic of SYNALAR) OINT	Tier 2	
fluocinolone acetonide (generic of SYNALAR) SOLN QL (90 mL / 30 days)	Tier 3	QL
fluocinonide CREA .05% QL (120 grams / 30 days)	Tier 3	QL
fluocinonide GEL QL (60 grams / 30 days)	Tier 3	QL
fluocinonide OINT QL (60 grams / 30 days)	Tier 3	QL
fluocinonide SOLN QL (60 mL / 30 days)	Tier 3	QL
fluocinonide emulsified base QL (120 grams / 30 days)	Tier 3	QL
fluticasone propionate CREA; OINT	Tier 2	
halobetasol propionate CREA; OINT QL (50 grams / 30 days)	Tier 3	QL
hydrocortisone (topical) cream 1%	Tier 1	
hydrocortisone (topical) cream 2.5%	Tier 1	
hydrocortisone (topical) lotion 2.5%	Tier 2	
hydrocortisone (topical) oint 2.5%	Tier 1	
hydrocortisone butyrate cream 0.1% (generic of LOCOID) QL (45 grams / 30 days)	Tier 3	QL
hydrocortisone butyrate oint 0.1% QL (45 grams / 30 days)	Tier 3	QL
mometasone furoate (generic of ELOCON) CREA	Tier 2	
mometasone furoate OINT; SOLN	Tier 2	
triamcinolone acetonide (topical) CREA .1% QL (454 grams / 30 days)	Tier 1	QL
triamcinolone acetonide (topical) CREA .025%, .5%	Tier 1	
triamcinolone acetonide (topical) LOTN	Tier 2	
triamcinolone acetonide (topical) OINT	Tier 1	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo QL (30 mL / 30 days)	Tier 2	QL PA
lidocaine (generic of LIDODERM) PTCH QL (3 patches / 1 day)	Tier 3	QL PA
lidocaine hcl GEL QL (30 mL / 30 days)	Tier 2	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	Tier 2	QL PA
lidocaine oint 5% QL (50 grams / 30 days)	Tier 3	QL PA
lidocaine-prilocaine QL (30 grams / 30 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ammonium lactate CREA	Tier 1	
ammonium lactate LOTN	Tier 2	
diclofenac sodium (topical) 1% gel (generic of VOLTAREN) QL (1000 grams / 30 days)	Tier 2	QL PA
fluorouracil (topical) (generic of EFUDEX) CREA 5% QL (40 grams / 30 days)	Tier 3	QL
fluorouracil (topical) SOLN QL (10 mL / 30 days)	Tier 2	QL
imiquimod (generic of ALDARA) CREA 5% QL (24 packets / 30 days)	Tier 2	QL
metronidazole (topical) (generic of METROCREAM) CREA	Tier 3	
metronidazole gel 0.75%	Tier 3	
PANRETIN QL (60 grams / 30 days)	Tier 2	QL
PICATO .05% QL (2 tubes / 30 days)	Tier 3	QL
PICATO .015% QL (3 tubes / 30 days)	Tier 3	QL
podofilox SOLN	Tier 2	
procto-med hc (generic of ANUSOL-HC)	Tier 2	
procto-pak (generic of PROCTOCORT)	Tier 2	
proctosol hc cre 2.5% (generic of ANUSOL-HC)	Tier 2	
proctozone-hc (generic of ANUSOL-HC)	Tier 2	
RECTIV QL (30 grams / 30 days)	Tier 3	QL
rosadan (generic of METROCREAM)	Tier 3	
tacrolimus (topical) (generic of PROTOPIC) QL (100 grams / 30 days)	Tier 3	QL
TARGRETIN GEL QL (60 grams / 30 days)	Tier 2	QL NMO PA
VALCHLOR QL (60 grams / 30 days)	Tier 2	QL NMO LA PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion (generic of OVIDE)	Tier 3	
permethrin cre 5% (generic of ELIMITE)	Tier 2	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid .25%	Tier 1	
REGRANEX QL (30 grams / 30 days)	Tier 2	QL PA
SANTYL	Tier 3	
sodium chlor sol 0.9% irr	Tier 1	
water for irrigation, sterile	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)	Tier 1	
clotrimazole LOZG	Tier 3	
lidocaine hcl (mouth-throat)	Tier 1	
nystatin (mouth-throat)	Tier 2	
paroex sol 0.12% (generic of PERIDEX)	Tier 1	
periogard (generic of PERIDEX)	Tier 1	
pilocarpine hcl (oral) (generic of SALAGEN)	Tier 3	
triamcinolone acetonide (mouth)	Tier 2	
OTIC		
acetic acid (otic)	Tier 2	
CIPRODEX	Tier 2	
neomycin-polymyxin-hc (otic)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ofloxacin (otic) (generic of FLOXIN OTIC)	Tier 3	

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MASSACHUSETTS

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

Blue MedicareRx℠ (PDP)

This formulary was updated on 08/27/2019. 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.

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

You also have the option to enroll your prescriptions in an automatic refill program. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. And, when your prescription is going to expire or is out of refills, we'll contact your doctor for a new one. We'll contact you by phone, text message or email (your choice) before we mail your medication.

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

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

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