



**MASSACHUSETTS**

P.O. Box 52429, Phoenix, AZ 85072-2429

| Blue MedicareRx<sup>SM</sup> (PDP)

# Blue MedicareRx<sup>SM</sup> (PDP) 3-tier 2017 Formulary (List of Covered Drugs)

\$5 / \$10 / \$25  
\$5 / \$15 / \$30  
\$10 / \$15 / \$30  
\$10 / \$20 / \$35  
\$10 / \$25 / \$40  
\$10 / \$25 / \$45  
\$10 / \$25 / \$50  
\$10 / \$30 / \$65  
\$15 / \$30 / \$50

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

This formulary was updated on 09/01/2016. 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](http://Groups.RxMedicarePlans.com).

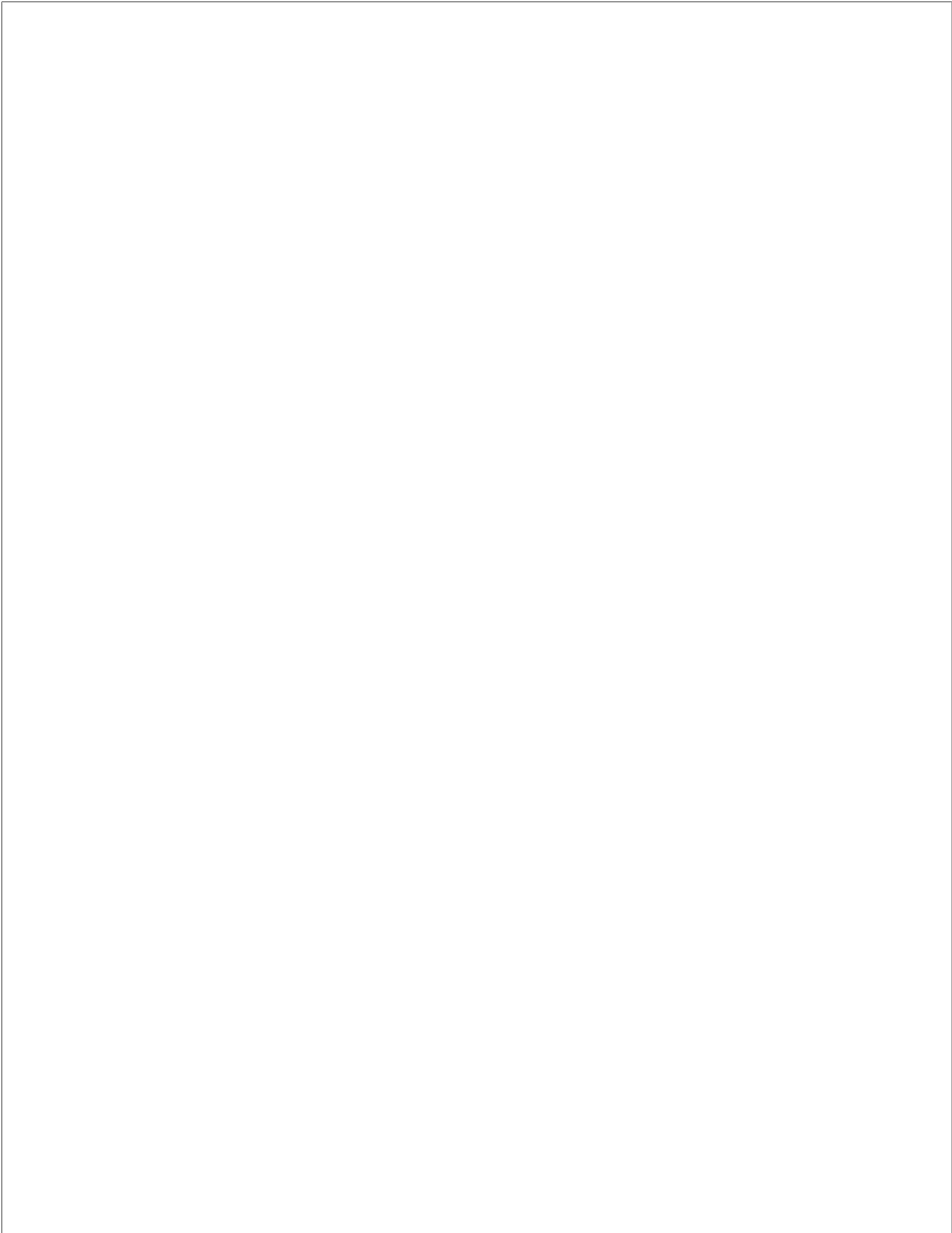
**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue MedicareRx<sup>SM</sup> (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, 2017. 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, 2018, and from time to time during the year.

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## What is the Blue MedicareRx Formulary?

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

## Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

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 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of January 1, 2017. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages.

If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. You may also access our formulary on our website at [Groups.RxMedicarePlans.com](http://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 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page number 7. 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 on page 53. 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line 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 3 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.

### 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 drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, 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, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) 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 (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply 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 users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

## Blue MedicareRx Formulary

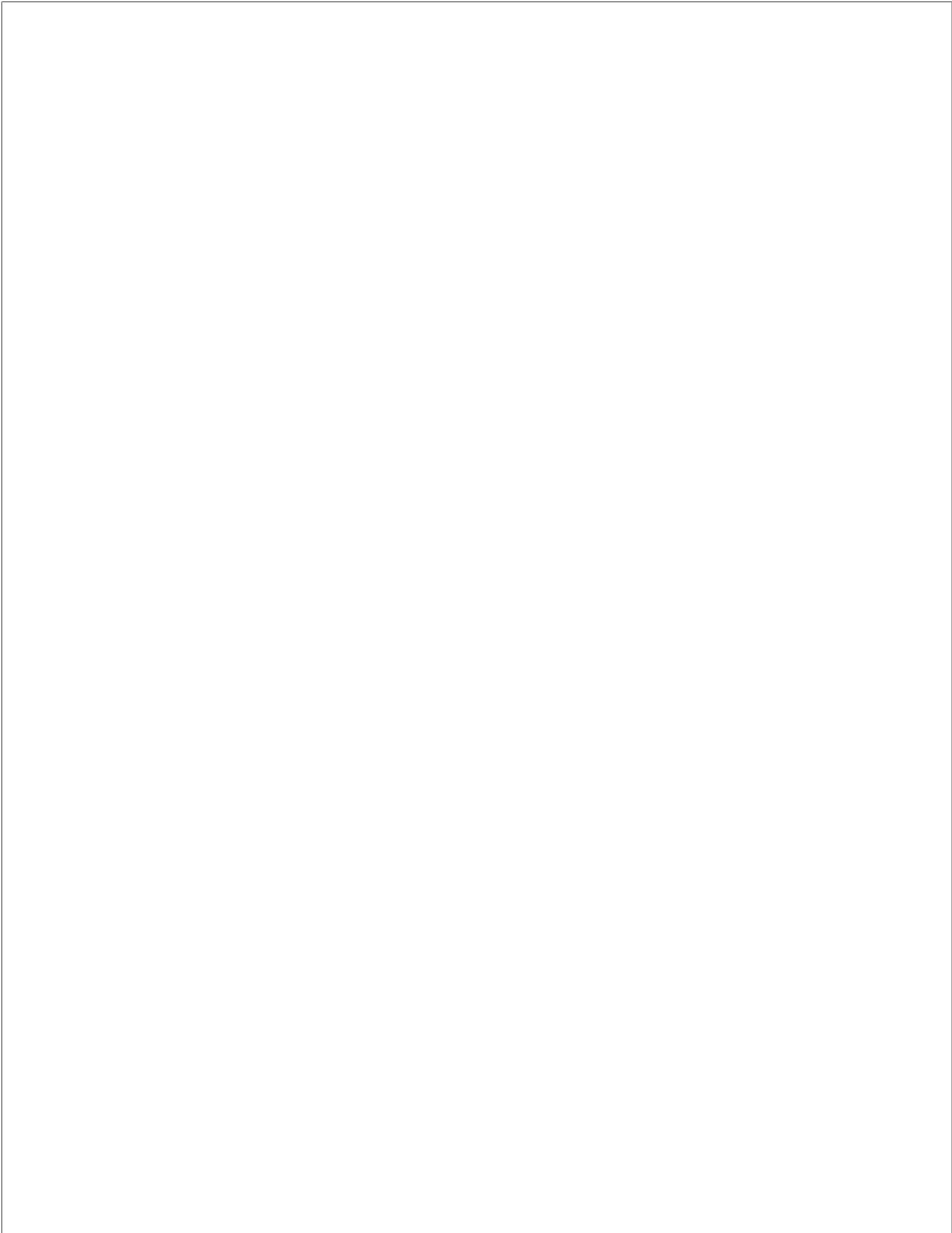
The formulary that begins on page 7 provides coverage information about the drugs covered by Blue MedicareRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 53.

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.





## Blue MedicareRx 3-Tier 2017 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tab</i> (generic of ZYLOPRIM)	Tier 1	
<i>colchicine w/ probenecid</i>	Tier 1	
COLCRYS QL (120 tabs / 30 days)	Tier 2	QL
<i>probenecid</i>	Tier 1	
ULORIC	Tier 2	ST
<b>NSAIDS</b>		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	Tier 1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	Tier 1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	Tier 1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 1	QL
<i>diclofenac potassium</i> QL (120 tabs / 30 days)	Tier 1	QL
<i>diclofenac sodium</i> TB24	Tier 1	
<i>diclofenac sodium</i> TBEC	Tier 1	
<i>diflunisal</i>	Tier 1	
<i>etodolac</i>	Tier 1	
<i>etodolac er</i>	Tier 1	
<i>flurbiprofen</i> TABS	Tier 1	
<i>ibuprofen</i> SUSP	Tier 1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>ketoprofen</i> CAPS	Tier 1	
MELOXICAM SUSP	Tier 1	
<i>meloxicam</i> (generic of MOBIC) TABS	Tier 1	
<i>nabumetone</i> TABS	Tier 1	
<i>naproxen</i> (generic of NAPROSYN) SUSP	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	Tier 1	
<i>naproxen</i> TABS 375mg	Tier 1	
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC	Tier 1	
<i>naproxen sodium</i> TABS 275mg	Tier 1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	Tier 1	
<i>piroxicam</i> (generic of FELDENE) CAPS	Tier 1	
<i>sulindac</i> TABS	Tier 1	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen w/ codeine</i> SOLN QL (5000 mL / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days)	Tier 1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	Tier 1	
<i>nalbuphine hcl</i> (generic of NUBAIN) SOLN 10mg/ml	Tier 1	
<i>nalbuphine hcl</i> SOLN 20mg/ml	Tier 1	
<i>tramadol hcl</i> (generic of ULTRAM) TABS QL (240 tabs / 30 days)	Tier 1	QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	Tier 1	QL

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>OPIOID ANALGESICS, CII</b>					
DURAMORPH	Tier 1	B/D	<i>hydroco/apap tab 10-325mg</i> (generic of NORCO)	Tier 1	QL
<i>endocet 5/325</i> (generic of PERCO CET)	Tier 1	QL	QL (360 tabs / 30 days)		
<i>endocet 7.5/325</i> (generic of PERCO CET)	Tier 1	QL	<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> (generic of HYCET)	Tier 1	QL
QL (360 tabs / 30 days)			QL (5400 mL / 30 days)		
<i>endocet 10/325</i> (generic of PERCO CET)	Tier 1	QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> (generic of VICOPROFEN)	Tier 1	QL
QL (360 tabs / 30 days)			QL (150 tabs / 30 days)		
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP	Tier 1	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	Tier 1	
QL (120 lozenges / 30 days)			<i>hydromorphone hcl</i> (generic of DILAUDID-HP) SOLN	Tier 1	B/D
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL	10mg/ml, 50mg/5ml, 500mg/50ml		
QL (10 patches / 30 days)			<i>hydromorphone hcl</i> (generic of DILAUDID) TABS	Tier 1	QL
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL	QL (270 tabs / 30 days)		
QL (10 patches / 30 days)			<i>lorcet plus tab 7.5-325</i> (generic of NORCO)	Tier 1	QL
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL PA	QL (360 tabs / 30 days)		
QL (10 patches / 30 days)			<i>lorcet tab 5-325mg</i> (generic of NORCO)	Tier 1	QL
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL PA	QL (360 tabs / 30 days)		
QL (10 patches / 30 days)			<i>lortab tab 5-325mg</i> (generic of NORCO)	Tier 1	QL
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL PA	QL (360 tabs / 30 days)		
QL (10 patches / 30 days)			<i>lortab tab 7.5-325</i> (generic of NORCO)	Tier 1	QL
FENTORA	Tier 2	QL PA	QL (360 tabs / 30 days)		
QL (120 tabs / 30 days)			<i>lortab tab 10-325mg</i> (generic of NORCO)	Tier 1	QL
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO)	Tier 1	QL	QL (360 tabs / 30 days)		
QL (360 tabs / 30 days)			<i>methadone hcl</i> (generic of METHADOSE) CONC	Tier 1	QL
<i>hydroco/apap tab 7.5-325</i> (generic of NORCO)	Tier 1	QL	QL (120 mL / 30 days)		
QL (360 tabs / 30 days)					

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (600 mL / 30 days)	Tier 1	QL	<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL
<i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (240 tabs / 30 days)	Tier 1	QL	<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	Tier 1	QL
<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (240 tabs / 30 days)	Tier 1	QL	<i>oxycodone w/ acetaminophen 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	Tier 1	QL	<i>oxycodone w/ acetaminophen 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	Tier 1	QL	<i>oxycodone w/ acetaminophen 7.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
MORPHINE SUL INJ 1MG/ML	Tier 1	B/D	<i>oxycodone w/ acetaminophen 10-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
MORPHINE SUL INJ 4MG/ML	Tier 1	B/D	<i>oxycodone w/ acetaminophen soln</i> QL (1800 mL / 30 days)	Tier 1	QL
MORPHINE SUL INJ 10MG/ML	Tier 1	B/D	<i>roxicet soln</i> QL (1800 mL / 30 days)	Tier 2	QL
MORPHINE SUL INJ 15MG/ML	Tier 1	B/D	<i>roxicet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	Tier 1	B/D	<b>ANESTHETICS</b> <b>LOCAL ANESTHETICS</b>		
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml	Tier 1	B/D	<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) 1%	Tier 1	B/D
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml	Tier 1	B/D	<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) .5%	Tier 1	B/D
MORPHINE SULFATE TABS QL (180 tabs / 30 days)	Tier 1	QL			
MORPHINE SULFATE ORAL SOL	Tier 1				
<i>oxycodone hcl</i> CAPS QL (180 caps / 30 days)	Tier 1	QL			
<i>oxycodone hcl</i> CONC	Tier 1				
OXYCODONE HCL SOLN	Tier 1				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE-MPF)	Tier 1	B/D	<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	Tier 1	
<i>lidocaine inj 1%</i> (generic of XYLOCAINE)	Tier 1	B/D	<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	Tier 1	
<i>lidocaine inj 1.5%</i> (generic of XYLOCAINE-MPF)	Tier 1	B/D	<i>clindamycin sol 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 1	
<i>lidocaine inj 2%</i> (generic of XYLOCAINE)	Tier 1	B/D	<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	Tier 1	
<b>ANTI-INFECTIVES</b>			CUBICIN	Tier 2	
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>			<i>dapsone</i> TABS	Tier 1	
<i>amikacin sulfate</i> SOLN	Tier 1		<i>emverm</i>	Tier 3	
<i>gentamicin in saline</i>	Tier 1		<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	Tier 1	
<i>gentamicin sulfate</i> SOLN	Tier 1		INVANZ	Tier 3	
<i>gentamicin sulfate/0.9% s</i>	Tier 1		<i>ivermectin</i> (generic of STROMECTOL) TABS	Tier 1	
<i>neomycin sulfate</i> TABS	Tier 1		<i>linezolid</i> (generic of ZYVOX) SOLN	Tier 1	
<i>paromomycin sulfate</i> CAPS	Tier 1		LINEZOLID SUSR; TABS	Tier 1	
<i>streptomycin sulfate</i> SOLR	Tier 1		LINEZOLID IN SODIUM CHLORIDE	Tier 1	
<i>sulfadiazine</i> TABS	Tier 3		<i>meropenem</i> (generic of MERREM)	Tier 1	
<i>tobramycin</i> (generic of TOBI) NEBU	Tier 1	NMO PA	<i>methenamine hippurate</i> (generic of HIPREX)	Tier 1	
<i>tobramycin inj 1.2 gm/30ml</i>	Tier 1		<i>metronidazole</i> (generic of FLAGYL) TABS	Tier 1	
<i>tobramycin inj 1.2gm</i>	Tier 1		<i>metronidazole in nacl</i>	Tier 1	
<i>tobramycin inj 10mg/ml</i>	Tier 1		NEBUPENT	Tier 3	B/D
<i>tobramycin inj 40mg/ml</i>	Tier 1		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg	Tier 3	PA
<i>tobramycin inj 80mg/2ml</i>	Tier 1		PA applies if 65 years and older after a 90 day supply in a calendar year		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>			<i>nitrofurantoin monohyd macro</i> (generic of MACROBID)	Tier 3	PA
ALBENZA	Tier 2		PA applies if 65 years and older after a 90 day supply in a calendar year		
ALINIA	Tier 3		PENTAM 300	Tier 3	
<i>atovaquone</i> (generic of MEPRON) SUSP	Tier 1		SIVEXTRO	Tier 2	
AZACTAM IN ISO-OSMOTIC DE	Tier 3				
AZACTAM/DEX INJ 2GM	Tier 3				
<i>aztreonam</i> (generic of AZACTAM)	Tier 1				
BILTRICIDE	Tier 2				
CAYSTON	Tier 2	NMO LA PA			
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	Tier 1				
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	Tier 1				
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Tier 1				
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN	Tier 1				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim</i> (generic of BACTRIM DS)	Tier 1		<i>voriconazole</i> (generic of VFEND) SUSP; TABS	Tier 1	
<i>sulfamethoxazole-trimethoprim</i> SUSP	Tier 1		<b>ANTIMALARIALS</b>		
<i>sulfamethoxazole-trimethoprim</i> (generic of BACTRIM) TABS	Tier 1		<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	Tier 1	
<i>sulfamethoxazole-trimethoprim inj</i>	Tier 1		<i>chloroquine phosphate</i> TABS 250mg	Tier 1	
SYNERCID	Tier 2		<i>chloroquine phosphate</i> (generic of ARALEN) TABS 500mg	Tier 1	
<i>trimethoprim</i> TABS	Tier 1		COARTEM	Tier 3	
TYGACIL	Tier 2		<i>mefloquine hcl</i>	Tier 1	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS	Tier 1		PRIMAQUINE PHOSPHATE	Tier 2	
<i>vancomycin hcl</i> SOLR	Tier 1		<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	Tier 1	PA
VANCOMYCIN IN NAACL	Tier 3		<b>ANTIRETROVIRAL AGENTS</b>		
<b>ANTIFUNGALS</b>			<i>abacavir sulfate</i> (generic of ZIAGEN)	Tier 1	
ABELCET	Tier 2	B/D	APTIVUS	Tier 2	
AMBISOME	Tier 3	B/D	CRIXIVAN	Tier 3	
<i>amphotericin b</i> SOLR	Tier 1	B/D	<i>didanosine</i> (generic of VIDEX EC)	Tier 1	
CANCIDAS	Tier 2		EDURANT	Tier 2	
<i>fluconazole</i> (generic of DIFLUCAN) SUSP	Tier 1		EMTRIVA	Tier 2	
<i>fluconazole</i> (generic of DIFLUCAN) TABS	Tier 1		FUZEON	Tier 2	NMO
<i>fluconazole in dextrose</i>	Tier 1		INTELENCE 25mg	Tier 3	
<i>fluconazole inj nacl 100</i>	Tier 1		INTELENCE 100mg, 200mg	Tier 2	
<i>fluconazole inj nacl 200</i>	Tier 1		INVIRASE	Tier 2	
<i>fluconazole inj nacl 400</i>	Tier 1		ISENTRESS CHEW 25mg	Tier 2	
<i>flucytosine</i> (generic of ANCOBON) CAPS	Tier 1		ISENTRESS CHEW 100mg	Tier 2	
<i>griseofulvin microsize</i>	Tier 1		ISENTRESS PACK	Tier 2	
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	Tier 1		ISENTRESS TABS	Tier 2	
<i>itraconazole</i> (generic of SPORANOX) CAPS	Tier 1	PA	<i>lamivudine</i> (generic of EPIVIR)	Tier 1	
<i>ketoconazole</i> TABS	Tier 1	PA	LEXIVA SUSP	Tier 3	
MYCAMINE	Tier 2		LEXIVA TABS	Tier 2	
NOXAFIL SUSP; TBEC	Tier 2		NEVIRAPINE SUSP	Tier 1	
<i>nystatin</i> TABS	Tier 1		<i>nevirapine</i> (generic of VIRAMUNE) TABS	Tier 1	
<i>terbinafine hcl</i> (generic of LAMISIL) TABS	Tier 1	QL	<i>nevirapine</i> (generic of VIRAMUNE XR) TB24	Tier 1	
QL (90 tabs / 365 days)			NORVIR	Tier 2	
<i>voriconazole</i> (generic of VFEND IV) SOLR	Tier 1		PREZISTA SUSP	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS 75mg, 150mg	Tier 2		TRUVADA TAB 133-200 QL (30 tabs / 30 days)	Tier 2	QL
PREZISTA TABS 600mg, 800mg	Tier 2		TRUVADA TAB 167-250 QL (30 tabs / 30 days)	Tier 2	QL
RESCRIPTOR	Tier 3		TRUVADA TAB 200-300 QL (30 tabs / 30 days)	Tier 2	QL
RETROVIR IV INFUSION	Tier 2		<b>ANTITUBERCULAR AGENTS</b>		
REYATAZ	Tier 2		CAPASTAT SULFATE	Tier 3	
SELZENTRY	Tier 2		<i>cycloserine</i> CAPS	Tier 1	
<i>stavudine</i> (generic of ZERIT)	Tier 1		<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	Tier 1	
SUSTIVA CAPS 50mg	Tier 2		<i>isoniazid</i> TABS	Tier 1	
SUSTIVA CAPS 200mg	Tier 2		<i>isoniazid inj 100 mg/ml</i>	Tier 1	
SUSTIVA TABS	Tier 2		<i>isoniazid syp 50mg/5ml</i>	Tier 1	
TIVICAY 10mg	Tier 2		<i>paser 4gm</i>	Tier 2	
TIVICAY 25mg, 50mg	Tier 2		PRIFTIN	Tier 3	
TYBOST	Tier 2		<i>pyrazinamide</i> TABS	Tier 1	
VIDEX PEDIATRIC	Tier 3		<i>rifabutin</i> (generic of MYCOBUTIN)	Tier 1	
VIRACEPT	Tier 2		<i>rifampin</i> (generic of RIFADIN) CAPS; SOLR	Tier 1	
VIREAD	Tier 2		RIFATER	Tier 3	
VITEKTA	Tier 2		SIRTURO	Tier 2	LA PA
ZIAGEN SOLN	Tier 2		TRECTOR	Tier 3	
<i>zidovudine</i> (generic of RETROVIR) CAPS; SYRP	Tier 1		<b>ANTIVIRALS</b>		
<i>zidovudine</i> TABS	Tier 1		<i>acyclovir</i> (generic of ZOVIRAX) CAPS	Tier 1	
<b>ANTI-RETROVIRAL COMBINATION AGENTS</b>			<i>acyclovir</i> (generic of ZOVIRAX) SUSP	Tier 1	
<i>abacavir</i>	Tier 1		<i>acyclovir</i> (generic of ZOVIRAX) TABS	Tier 1	
<i>sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)			<i>acyclovir sodium</i> SOLN	Tier 1	B/D
ATRIPLA	Tier 2		<i>acyclovir sodium</i> SOLR 500mg	Tier 1	B/D
COMPLERA	Tier 2		<i>adefovir dipivoxil</i> (generic of HEPSERA)	Tier 1	
DESCOVY	Tier 2		BARACLUDE SOLN	Tier 2	
EPZICOM	Tier 2		DAKLINZA	Tier 2	NMO PA
EVOTAZ	Tier 2		<i>entecavir</i> (generic of BARACLUDE)	Tier 1	
GENVOYA	Tier 2		EPIVIR HBV SOLN	Tier 3	
KALETRA SOL	Tier 2		<i>famciclovir</i> (generic of FAMVIR) TABS	Tier 1	
KALETRA TAB 100-25MG	Tier 2		<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	Tier 1	B/D
KALETRA TAB 200-50MG	Tier 2		<i>lamivudine</i> (hbv) (generic of EPIVIR HBV)	Tier 1	
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	Tier 1				
ODEFSEY	Tier 2				
PREZCOBIX	Tier 2				
STRIBILD	Tier 2				
TRIUMEQ	Tier 2				
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	Tier 2	QL			

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Drug Name	Drug Tier	Requirements/ Limits
<i>moderiba tab 200mg</i> (generic of COPEGUS)	Tier 1	NMO
PEGASYS	Tier 2	NMO PA
PEGASYS PROCLICK	Tier 2	NMO PA
REBETOL SOLN	Tier 2	NMO
RELENZA DISKHALER	Tier 2	
<i>ribasphere</i>	Tier 1	NMO
<i>ribasphere 200mg</i> (generic of REBETOL) CAPS	Tier 1	NMO
<i>ribasphere 200mg</i> (generic of COPEGUS) TABS	Tier 1	NMO
<i>ribavirin 200mg</i> (generic of REBETOL) CAPS	Tier 1	NMO
<i>ribavirin 200mg</i> (generic of COPEGUS) TABS	Tier 1	NMO
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	Tier 1	
SOVALDI	Tier 2	NMO PA
TAMIFLU	Tier 2	
TYZEKA	Tier 2	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	Tier 1	
VALCYTE SOLR	Tier 2	
<i>valganciclovir hcl</i> (generic of VALCYTE)	Tier 1	
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i>	Tier 1	
<i>cefaclor monohydrate er</i>	Tier 2	
<i>cefadroxil</i> CAPS	Tier 1	
<i>cefadroxil</i> SUSR; TABS	Tier 1	
CEFAZOLIN IN DEXTROSE	Tier 2	
2GM/100ML-4%		
<i>cefazolin inj</i>	Tier 1	
<i>cefazolin sodium</i> 1gm, 20gm	Tier 1	
<i>cefazolin sodium 1 gm/50ml</i>	Tier 2	
<i>cefdinir</i>	Tier 1	
<i>cefepime hcl</i> (generic of MAXIPIME)	Tier 1	
<i>cefixime</i> (generic of SUPRAX)	Tier 1	
<i>cefotaxime sodium</i> (generic of CLAFORAN) 1gm, 2gm, 500mg	Tier 1	
<i>cefoxitin sodium</i>	Tier 1	
<i>cefpodoxime proxetil</i>	Tier 1	
<i>cefprozil</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftazidime</i> (generic of FORTAZ)	Tier 1	
CEFTAZIDIME/DEXTROSE	Tier 3	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	Tier 1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	
<i>cefuroxime axetil</i> (generic of CEFTIN)	Tier 1	
<i>cefuroxime sodium</i> (generic of ZINACEF) 1.5gm, 7.5gm, 750mg	Tier 1	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	Tier 1	
<i>cephalexin</i> SUSR	Tier 1	
SUPRAX CAPS	Tier 2	
<i>suprax</i> CHEW	Tier 3	
SUPRAX SUSR	Tier 2	
500mg/5ml		
<i>tazicef</i> (generic of FORTAZ) SOLR	Tier 1	
<i>tazicef vial</i> (generic of FORTAZ)	Tier 1	
TEFLARO	Tier 2	
<b>ERYTHROMYCINS/MACROLIDES</b>		
AZITHROMYCIN PACK	Tier 1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR; SUSR	Tier 1	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	Tier 1	
<i>clarithromycin</i> (generic of BIAXIN) TABS	Tier 1	
<i>clarithromycin er</i> (generic of BIAXIN XL)	Tier 1	
<i>clarithromycin for susp</i> 125mg/5ml	Tier 1	
<i>clarithromycin for susp</i> (generic of BIAXIN) 250mg/5ml	Tier 1	
DIFICID	Tier 2	
<i>e.e.s 400</i>	Tier 1	
<i>erythrocin lactobionate</i>	Tier 3	
<i>erythromycin base</i>	Tier 1	
<i>erythromycin cap 250mg ec</i>	Tier 1	

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<i>erythromycin ethylsuccinate</i>	Tier 1		<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN BULK PACK)	Tier 1	
<i>erythromycin stearate</i>	Tier 1		<i>ampicillin cap 250 mg</i>	Tier 1	
<b>FLUOROQUINOLONES</b>			<i>ampicillin cap 500 mg</i>	Tier 1	
<i>ciprofloxacin</i> (generic of CIPRO) SUSR	Tier 1		<i>ampicillin for susp 125 mg/5ml</i>	Tier 1	
<i>ciprofloxacin er</i> (generic of CIPRO XR)	Tier 1		<i>ampicillin for susp 250 mg/5ml</i>	Tier 1	
<i>ciprofloxacin hcl tab</i> 100mg, 750mg	Tier 1		<i>ampicillin inj</i>	Tier 1	
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	Tier 1		<i>ampicillin sodium</i>	Tier 1	
<i>ciprofloxacin in d5w</i>	Tier 1		BICILLIN L-A	Tier 3	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	Tier 1		<i>dicloxacillin sodium</i>	Tier 1	
<i>ciprofloxacin inj</i>	Tier 1		<i>nafcillin sodium</i>	Tier 1	
<i>ciprofloxacin inj 400mg/40ml</i>	Tier 1		<i>oxacillin sodium</i> 1gm, 2gm	Tier 1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	Tier 1		<i>oxacillin sodium</i> 10gm	Tier 1	
<i>levofloxacin in d5w</i>	Tier 1		PENICILLIN G POT IN DEXTROSE	Tier 3	
<i>levofloxacin inj 25mg/ml</i>	Tier 1		<i>penicillin g procaine</i>	Tier 2	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1		<i>penicillin g sodium</i>	Tier 1	
<b>PENICILLINS</b>			<i>penicillin v potassium</i>	Tier 1	
<i>amoxicillin</i>	Tier 1		<i>penicillin gk inj 5mu</i>	Tier 1	
<i>amoxicillin &amp; pot clavulanate</i> CHEW	Tier 1		<i>penicillin gk inj 20mu</i>	Tier 1	
<i>amoxicillin &amp; pot clavulanate</i> SUSR	Tier 1		<i>pfizerpen-g</i>	Tier 1	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) SUSR	Tier 1		<i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN)	Tier 1	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	Tier 1		<b>TETRACYCLINES</b>		
<i>amoxicillin &amp; pot clavulanate</i> TABS	Tier 1		<i>doxycycline (monohydrate)</i> CAPS 50mg	Tier 1	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) TABS	Tier 1		<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 100mg	Tier 1	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) TABS	Tier 1		<i>doxycycline (monohydrate)</i> (generic of ADOXA) TABS 50mg, 75mg, 100mg	Tier 1	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN XR) TB12	Tier 1		<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150) TABS 150mg	Tier 1	
<i>ampicillin &amp; sulbactam sodium</i>	Tier 1		<i>doxycycline hyclate</i> CAPS 50mg	Tier 1	
<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN)	Tier 1		<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 1	
			<i>doxycycline hyclate</i> SOLR	Tier 1	
			<i>doxycycline hyclate</i> TABS	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>minocycline hcl</i> (generic of MINOCIN) CAPS	Tier 1	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA	Tier 2	B/D NMO
BICNU	Tier 2	B/D
BUSULFEX	Tier 2	B/D
CYCLOPHOSPHAMIDE CAPS	Tier 3	B/D
<i>cyclophosphamide</i> SOLR	Tier 1	B/D
<i>dacarbazine</i>	Tier 1	B/D
EMCYT	Tier 3	
GLEOSTINE	Tier 3	
HEXALEN	Tier 2	
IFEX INJ 3GM	Tier 3	B/D
<i>ifosfamide inj 1gm</i> (generic of IFEX)	Tier 1	B/D
<i>ifosfamide inj 1gm/20ml</i>	Tier 1	B/D
IFOSFAMIDE INJ 3GM	Tier 3	B/D
<i>ifosfamide inj 3gm/60ml</i>	Tier 1	B/D
LEUKERAN	Tier 3	
<i>melfalan hcl</i> (generic of ALKERAN)	Tier 1	B/D
MUSTARGEN	Tier 2	B/D
TREANDA	Tier 2	B/D NMO
<b>ANTHRACYCLINES</b>		
<i>daunorubicin hcl</i>	Tier 1	B/D
<i>doxorubicin hcl 50mg</i>	Tier 1	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i> (generic of DOXIL)	Tier 1	B/D
<i>doxorubicin inj 50mg</i>	Tier 1	B/D
<i>epirubicin hcl</i> (generic of ELLENCE)	Tier 1	B/D
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	Tier 1	B/D
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	Tier 1	B/D
<i>mitomycin</i> SOLR	Tier 1	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	Tier 1	B/D
ALIMTA	Tier 2	B/D
<i>azacitidine</i> (generic of VIDAZA)	Tier 1	B/D NMO
<i>cladribine</i>	Tier 1	B/D
<i>cytarabine 20mg/ml</i>	Tier 1	B/D
<i>fludarabine phosphate</i> SOLN	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>fludarabine phosphate</i> (generic of FLUDARA) SOLR	Tier 1	B/D
<i>fluorouracil</i> SOLN	Tier 1	B/D
GEMCITABINE HCL SOLN	Tier 1	B/D
<i>gemcitabine hcl</i> (generic of GEMZAR) SOLR 1gm, 200mg	Tier 1	B/D
<i>gemcitabine hcl</i> SOLR 2gm	Tier 1	B/D
<i>mercaptopurine</i> TABS	Tier 1	
METHOTREXATE SODIUM 50mg/2ml	Tier 1	B/D
<i>methotrexate sodium</i> 50mg/2ml, 100mg/4ml, 200mg/8ml, 250mg/10ml	Tier 1	B/D
<i>methotrexate sodium inj</i>	Tier 1	B/D
NIPENT	Tier 2	B/D
PURIXAN	Tier 2	NMO
TABLOID	Tier 3	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	Tier 2	B/D
DOCEFREZ 20mg	Tier 2	B/D
DOCETAXEL CONC 20mg/ml	Tier 1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml	Tier 2	B/D
<i>docetaxel</i> CONC 140mg/7ml	Tier 1	B/D
DOCETAXEL SOLN	Tier 2	B/D
DOCETAXEL SOLN 80MG/8ML	Tier 2	B/D
<i>paclitaxel</i>	Tier 1	B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate</i>	Tier 2	B/D
<i>vincristine sulfate</i>	Tier 1	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	Tier 1	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	Tier 2	NMO LA PA
BELEODAQ	Tier 2	NMO PA
ERIVEDGE	Tier 2	NMO LA PA
FARYDAK	Tier 2	NMO LA PA
HERCEPTIN	Tier 2	NMO PA
IBRANCE	Tier 2	NMO LA PA
ISTODAX	Tier 2	B/D NMO
KADCYLA	Tier 2	B/D NMO
KEYTRUDA	Tier 2	NMO PA

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LYNPARZA	Tier 2	NMO LA PA
NINLARO	Tier 2	NMO PA
PROLEUKIN	Tier 2	B/D NMO
RITUXAN	Tier 2	NMO LA PA
TECENTRIQ	Tier 2	NMO LA PA
VELCADE	Tier 2	NMO PA
VENCLEXTA 10mg, 50mg	Tier 3	NMO LA PA
VENCLEXTA 100mg	Tier 2	NMO LA PA
VENCLEXTA STARTING PACK	Tier 2	NMO LA PA
YERVOY	Tier 2	NMO PA
ZOLINZA	Tier 2	NMO PA

**HORMONAL ANTINEOPLASTIC AGENTS**

<i>anastrozole</i> (generic of ARIMIDEX) TABS	Tier 1	
<i>bicalutamide</i> (generic of CASODEX)	Tier 1	
DEPO-PROVERA INJ 400/ML	Tier 3	B/D
<i>exemestane</i> (generic of AROMASIN)	Tier 1	
FARESTON	Tier 2	
FASLODEX	Tier 2	B/D
<i>flutamide</i>	Tier 1	
<i>hydroxyprogesterone caproate</i> (antineoplastic)	Tier 3	B/D
<i>letrozole</i> (generic of FEMARA) TABS	Tier 1	
<i>leuprolide acetate</i> KIT	Tier 1	NMO PA
LUPRON DEPOT 3.75mg	Tier 2	NMO PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	Tier 2	NMO PA
LYSODREN	Tier 2	
<i>megestrol ac sus 40mg/ml</i> (generic of MEGACE ORAL) PA if 65 years and older	Tier 3	PA
<i>megestrol ac tab 20mg</i> PA if 65 years and older	Tier 3	PA
<i>megestrol ac tab 40mg</i> PA if 65 years and older	Tier 3	PA
MEGESTROL SUS 625MG/5ML	Tier 3	PA
NILANDRON	Tier 2	
<i>nilutamide</i>	Tier 1	
SOLTAMOX	Tier 3	
<i>tamoxifen citrate</i> TABS	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR DEP INJ 3.75MG	Tier 2	NMO PA
TRELSTAR LA INJ 11.25MG	Tier 2	NMO PA
XTANDI	Tier 2	NMO LA PA
ZYTIGA	Tier 2	NMO LA PA

**KINASE INHIBITORS**

AFINITOR	Tier 2	NMO PA
AFINITOR DISPERZ	Tier 2	NMO PA
ALECENSA	Tier 2	NMO LA PA
BOSULIF	Tier 2	NMO PA
CABOMETYX	Tier 2	NMO LA PA
CAPRELSA	Tier 2	NMO LA PA
COMETRIQ	Tier 2	NMO LA PA
COTELLIC	Tier 2	NMO LA PA
GILOTRIF TAB 20MG	Tier 2	NMO LA PA
GILOTRIF TAB 30MG	Tier 2	NMO LA PA
GILOTRIF TAB 40MG	Tier 2	NMO LA PA
ICLUSIG	Tier 2	NMO LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	Tier 1	QL NMO PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	Tier 1	QL NMO PA
IMBRUVICA CAP 140MG	Tier 2	NMO LA PA
INLYTA	Tier 2	NMO LA PA
IRESSA	Tier 2	NMO LA PA
JAKAFI	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 14 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 18 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 20 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 24 MG DAILY DOSE	Tier 2	NMO LA PA
MEKINIST	Tier 2	NMO LA PA
NEXAVAR	Tier 2	NMO LA PA
SPRYCEL	Tier 2	NMO PA
STIVARGA	Tier 2	NMO LA PA
SUTENT	Tier 2	NMO PA
TAFINLAR	Tier 2	NMO LA PA
TAGRISSO	Tier 2	NMO LA PA

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Drug Name	Drug Tier	Requirements/Limits
TARCEVA	Tier 2	NMO LA PA
TASIGNA	Tier 2	NMO PA
TYKERB	Tier 2	NMO LA PA
VOTRIENT	Tier 2	NMO LA PA
XALKORI	Tier 2	NMO LA PA
ZELBORAF	Tier 2	NMO LA PA
ZYDELIG	Tier 2	NMO LA PA
ZYKADIA	Tier 2	NMO LA PA
<b>MISCELLANEOUS</b>		
<i>bexarotene</i> (generic of TARGRETIN)	Tier 1	NMO PA
DROXIA	Tier 2	
<i>hydroxyurea</i> (generic of HYDREA) CAPS	Tier 1	
LONSURF	Tier 2	NMO PA
MATULANE	Tier 2	LA
<i>mitoxantrone hcl</i>	Tier 1	B/D NMO
ODOMZO	Tier 2	NMO LA PA
SYLATRON KIT 200MCG	Tier 2	NMO PA
SYLATRON KIT 300MCG	Tier 2	NMO PA
SYLATRON KIT 600MCG	Tier 2	NMO PA
SYNRIBO	Tier 2	NMO PA
<i>tretinoin</i> (chemotherapy)	Tier 1	
TRISENOX	Tier 2	B/D
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin</i>	Tier 1	B/D
<i>cisplatin</i>	Tier 1	B/D
<i>oxaliplatin</i>	Tier 1	B/D
<b>PROTECTIVE AGENTS</b>		
<i>amifostine crystalline</i> (generic of ETHYOL)	Tier 1	B/D
<i>dexrazoxane</i> (generic of ZINECARD)	Tier 1	B/D
ELITEK	Tier 2	B/D
FUSILEV	Tier 2	B/D NMO
<i>leucovorin calcium</i> SOLR	Tier 1	B/D
<i>leucovorin calcium</i> TABS	Tier 1	
<i>leucovorin calcium for inj</i> 500 mg	Tier 1	B/D
<i>levoleucovorin calcium</i>	Tier 1	B/D NMO
<i>mesna</i> (generic of MESNEX)	Tier 1	B/D
MESNEX TABS	Tier 2	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide</i> SOLN	Tier 1	B/D
<i>irinotecan inj</i> 40mg/2ml (generic of CAMPTOSAR)	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan inj</i> 100/5ml (generic of CAMPTOSAR)	Tier 1	B/D
<i>irinotecan inj</i> 500mg/25ml	Tier 1	B/D
TOPOTECAN HCL SOLN	Tier 2	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR	Tier 1	B/D
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine--benazepril hcl</i> cap 10-20 mg (generic of LOTREL)	Tier 1	
<i>amlodipine-benazepril hcl</i> cap 2.5-10 mg	Tier 1	
<i>amlodipine-benazepril hcl</i> cap 5-10 mg (generic of LOTREL)	Tier 1	
<i>amlodipine-benazepril hcl</i> cap 5-20 mg (generic of LOTREL)	Tier 1	
<i>amlodipine-benazepril hcl</i> cap 5-40 mg	Tier 1	
<i>amlodipine-benazepril hcl</i> cap 10-40mg (generic of LOTREL)	Tier 1	
<i>benazepril &amp; hydrochlorothiazide</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide</i> (generic of LOTENSIN HCT)	Tier 1	
<i>captopril &amp; hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide</i> (generic of VASERETIC)	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide</i> (generic of ZESTORETIC)	Tier 1	
<i>moexipril-hydrochlorothiazid</i> e	Tier 1	
<i>quinapril-hydrochlorothiazid</i> e (generic of ACCURETIC)	Tier 1	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i> TABS 5mg	Tier 1	

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<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1		<i>amlodipine</i>	Tier 1	
<i>captopril</i> TABS	Tier 1		<i>beylate-valsartan tab</i> 10-160 mg (generic of EXFORGE)		
<i>enalapril maleate</i> (generic of VASOTEC) TABS	Tier 1		<i>amlodipine</i>	Tier 1	
<i>fosinopril sodium</i>	Tier 1		<i>beylate-valsartan tab</i> 10-320 mg (generic of EXFORGE)		
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	Tier 1		<i>amlodipine-valsartan-hydrochlorothiazide</i> 5-160-12.5mg (generic of EXFORGE HCT)	Tier 1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	Tier 1		<i>amlodipine-valsartan-hydrochlorothiazide</i> 5-160-25mg (generic of EXFORGE HCT)	Tier 1	
<i>moexipril hcl</i>	Tier 1		<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-12.5mg (generic of EXFORGE HCT)	Tier 1	
<i>perindopril erbumine</i> 2mg	Tier 1		<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-320-25mg (generic of EXFORGE HCT)	Tier 1	
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	Tier 1		ENTRESTO	Tier 3	PA
<i>quinapril hcl</i> (generic of ACCUPRIL)	Tier 1		<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	Tier 1	
<i>ramipril</i> (generic of ALTACE)	Tier 1		<i>losartan-hydrochlorothiazide</i> (generic of HYZAAR)	Tier 1	
<i>trandolapril</i> (generic of MAVIK)	Tier 1		<i>valsartan &amp; hctz tab</i> 80-12.5mg (generic of DIOVAN HCT)	Tier 1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>			<i>valsartan &amp; hctz tab</i> 160-12.5mg (generic of DIOVAN HCT)	Tier 1	
<i>eplerenone</i> (generic of INSPRA)	Tier 1		<i>valsartan &amp; hctz tab</i> 160-25mg (generic of DIOVAN HCT)	Tier 1	
<i>spironolactone</i> (generic of ALDACTONE) TABS	Tier 1		<i>valsartan &amp; hctz tab</i> 320-12.5mg (generic of DIOVAN HCT)	Tier 1	
<b>ALPHA BLOCKERS</b>			<i>valsartan &amp; hctz tab</i> 320-25mg (generic of DIOVAN HCT)	Tier 1	
<i>doxazosin mesylate</i> (generic of CARDURA) 1mg, 2mg, 4mg	Tier 1	QL	<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
QL (30 tabs / 30 days)			<i>irbesartan</i> (generic of AVAPRO)	Tier 1	
<i>doxazosin mesylate</i> (generic of CARDURA) 8mg	Tier 1				
<i>prazosin hcl</i> (generic of MINIPRESS)	Tier 1				
<i>terazosin hcl</i>	Tier 1				
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>					
<i>amlodipine</i>	Tier 1				
<i>beylate-valsartan tab</i> 5-160 mg (generic of EXFORGE)					
<i>amlodipine</i>	Tier 1				
<i>beylate-valsartan tab</i> 5-320 mg (generic of EXFORGE)					

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Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium</i> (generic of COZAAR)	Tier 1	
<i>valsartan</i> (generic of DIOVAN)	Tier 1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> SOLN	Tier 1	
<i>amiodarone hcl</i> TABS 100mg, 400mg	Tier 1	
<i>amiodarone hcl</i> (generic of CORDARONE) TABS 200mg	Tier 1	
<i>disopyramide phosphate</i> (generic of NORPACE) PA if 65 years and older	Tier 3	PA
DOFETILIDE	Tier 1	NMO
<i>flecainide acetate</i>	Tier 1	
<i>mexiletine hcl</i>	Tier 1	
MULTAQ	Tier 3	
NORPACE CR PA if 65 years and older	Tier 3	PA
<i>pacerone tab 100mg</i>	Tier 1	
<i>propafenone hcl</i> 150mg, 300mg	Tier 1	
<i>propafenone hcl</i> (generic of RYTHMOL) 225mg	Tier 1	
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	Tier 1	
<i>quinidine gluconate</i> TBCR	Tier 1	
<i>quinidine sulfate</i> TABS	Tier 1	
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1	
<i>sotalol hcl</i> 240mg	Tier 1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	Tier 1	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	Tier 1	
<i>lovastatin</i> 10mg, 20mg	Tier 1	
<i>lovastatin</i> (generic of MEVACOR) 40mg	Tier 1	
<i>pravastatin sodium</i> 10mg	Tier 1	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	Tier 1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	Tier 1	QL
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> (generic of QUESTRAN)	Tier 1	
<i>cholestyramine light</i> PACK	Tier 1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	Tier 1	
<i>colestipol hcl</i> (generic of COLESTID)	Tier 1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 1	
<i>fenofibrate</i> (generic of LOFIBRA) TABS 54mg, 160mg	Tier 1	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	Tier 1	
<i>gemfibrozil</i> (generic of LOPID) TABS	Tier 1	
JUXTAPID	Tier 2	NMO LA PA
KYNAMRO	Tier 2	NMO PA
<i>niacin (antihyperlipidemic)</i>	Tier 1	
<i>niacin er (antihyperlipidemic)</i> (generic of NIASPAN) 500mg QL (90 tabs / 30 days)	Tier 1	QL
<i>niacin er (antihyperlipidemic)</i> (generic of NIASPAN) 750mg, 1000mg	Tier 1	
<i>omega-3-acid ethyl esters</i> (generic of LOVAZA)	Tier 1	
PRALUENT	Tier 2	NMO PA
VASCEPA	Tier 3	
WELCHOL	Tier 2	
ZETIA TAB 10MG	Tier 2	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		

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<i>atenolol &amp; chlorthalidone</i> (generic of TENORETIC 50)	Tier 1	
<i>atenolol &amp; chlorthalidone</i> (generic of TENORETIC 100)	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide</i> (generic of ZIAC)	Tier 1	
<i>metoprolol &amp; hctz tab</i> 50-25mg (generic of LOPRESSOR HCT)	Tier 1	
<i>metoprolol &amp; hctz tab</i> 100-25mg (generic of LOPRESSOR HCT)	Tier 1	
<i>metoprolol &amp; hctz tab</i> 100-50mg	Tier 1	
<i>propranolol &amp; hydrochlorothiazide</i>	Tier 1	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> (generic of SECTRAL) CAPS	Tier 1	
<i>atenolol</i> (generic of TENORMIN) TABS	Tier 1	
<i>bisoprolol fumarate</i> (generic of ZEBETA) BYSTOLIC	Tier 1	Tier 3
<i>carvedilol</i> (generic of COREG)	Tier 1	
<i>labetalol hcl</i> TABS	Tier 1	
<i>metoprolol succinate</i> (generic of TOPROL XL)	Tier 1	
<i>metoprolol tartrate</i> SOLN	Tier 1	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
<i>nadolol</i> (generic of CORGARD) TABS	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol cap er</i> 60mg, 80mg	Tier 1	
<i>propranolol cap er</i> (generic of INDERAL LA) 120mg, 160mg	Tier 1	
<i>propranolol hcl</i> SOLN; TABS	Tier 1	
<i>propranolol oral sol</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate</i> TABS	Tier 1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i> (generic of NORVASC) TABS	Tier 1	
<i>cartia xt cap</i> 120/24hr (generic of CARDIZEM CD)	Tier 1	
<i>cartia xt cap</i> 180/24hr (generic of CARDIZEM CD)	Tier 1	
<i>cartia xt cap</i> 240/24hr (generic of CARDIZEM CD)	Tier 1	
<i>cartia xt cap</i> 300/24hr (generic of CARDIZEM CD)	Tier 1	
<i>dilt-xr cap</i>	Tier 1	
<i>diltiazem cap</i> (generic of TIAZAC)	Tier 1	
<i>diltiazem cap</i> 120mg/24hr 120mg	Tier 1	
<i>diltiazem cap</i> 120mg/24hr (generic of TIAZAC) 120mg	Tier 1	
<i>diltiazem cap</i> 240mg/24hr	Tier 1	
<i>diltiazem cap er/12hr</i>	Tier 1	
<i>diltiazem hcl</i> SOLN	Tier 1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
<i>diltiazem hcl</i> TABS 90mg	Tier 1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24	Tier 1	
<i>felodipine</i>	Tier 1	
<i>isradipine</i>	Tier 1	
<i>nicardipine hcl</i> CAPS	Tier 1	
<i>nifedipine</i> (generic of ADALAT CC) TB24	Tier 1	
<i>nifedipine cr</i> (generic of ADALAT CC)	Tier 1	
<i>nifedipine er</i> (generic of PROCARDIA XL)	Tier 1	
<i>nifedipine xl</i> (generic of PROCARDIA XL)	Tier 1	
<i>nimodipine</i> CAPS	Tier 1	
NYMALIZE	Tier 2	
<i>taztia xt</i> (generic of TIAZAC)	Tier 1	
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	Tier 1	

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<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	Tier 1		<i>furosemide inj</i> 10mg/ml	Tier 1	
VERAPAMIL CAP ER 360mg	Tier 1		FUROSEMIDE INJ 10mg/ml	Tier 1	
<i>verapamil hcl</i> SOLN	Tier 1		<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	Tier 1	
<i>verapamil hcl</i> TABS 40mg	Tier 1		<i>hydrochlorothiazide</i> TABS	Tier 1	
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	Tier 1		<i>indapamide</i>	Tier 1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	Tier 1		<i>methazolamide</i> (generic of NEPTAZANE) TABS	Tier 1	
<i>verapamil tab er</i> (generic of CALAN SR)	Tier 1		<i>methyclothiazide</i>	Tier 1	
<b><i>DIGITALIS GLYCOSIDES</i></b>			<i>metolazone</i>	Tier 1	
<i>digox</i> (generic of LANOXIN) 125mcg	Tier 1	QL	<i>spironolactone &amp; hydrochlorothiazide</i> (generic of ALDACTAZIDE)	Tier 1	
QL (30 tabs / 30 days)			<i>torseamide tabs</i> (generic of DEMADDEX) 5mg, 10mg, 20mg	Tier 1	
<i>digox</i> (generic of LANOXIN) 250mcg	Tier 1	PA	<i>torseamide tabs</i> 100mg	Tier 1	
PA if 65 years and older			<i>triamterene &amp; hydrochlorothiazide</i> (generic of MAXZIDE) TABS	Tier 1	
<i>digoxin</i> (generic of LANOXIN) TABS .25mg, 250mcg	Tier 1	PA	<i>triamterene &amp; hydrochlorothiazide</i> (generic of MAXZIDE-25) TABS	Tier 1	
PA if 65 years and older			<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZIDE)	Tier 1	
<i>digoxin</i> (generic of LANOXIN) TABS .125mg, 125mcg	Tier 1	QL	<b><i>MISCELLANEOUS</i></b>		
QL (30 tabs / 30 days)			<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 1	
<i>digoxin inj</i> (generic of LANOXIN)	Tier 1		<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 1	
DIGOXIN SOL 50MCG/ML	Tier 1	PA	<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 1	
PA if 65 years and older			<i>clonidine hcl</i> (generic of CATAPRES) TABS	Tier 1	
<b><i>DIURETICS</i></b>			DEMSEER	Tier 2	
<i>acetazolamide</i> (generic of DIAMOX) CP12	Tier 1		<i>hydralazine hcl</i> SOLN; TABS	Tier 1	
<i>acetazolamide</i> TABS	Tier 1		<i>midodrine hcl</i>	Tier 1	
<i>amiloride &amp; hydrochlorothiazide</i>	Tier 1		<i>minoxidil</i> TABS	Tier 1	
<i>amiloride hcl</i> TABS	Tier 1		NORTHERA	Tier 2	NMO LA PA
<i>bumetanide</i> SOLN	Tier 1		RANEXA	Tier 2	
<i>bumetanide</i> (generic of BUMEX) TABS	Tier 1		<b><i>NITRATES</i></b>		
<i>chlorothiazide tabs</i>	Tier 1				
<i>chlorthalidone</i> 25mg, 50mg	Tier 1				
<i>furosemide</i> SOLN	Tier 1				
<i>furosemide</i> (generic of LASIX) TABS	Tier 1				

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<i>isosorb mononitrate tab</i>	Tier 1	
<i>isosorbide dinitrate (generic of ISORDIL TITRADOSE) 5mg</i>	Tier 1	
<i>isosorbide dinitrate 10mg, 20mg, 30mg</i>	Tier 1	
<i>isosorbide dinitrate er</i>	Tier 1	
<i>isosorbide mononitrate er</i>	Tier 1	
NITRO-DUR DIS 0.3MG/HR	Tier 3	
NITRO-DUR DIS 0.8MG/HR	Tier 3	
<i>nitroglycerin OINT</i>	Tier 2	
<i>nitroglycerin (generic of NITRO-DUR) PT24</i>	Tier 1	
<i>nitroglycerin td patch</i>	Tier 1	
NITROSTAT	Tier 2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA	Tier 2	NMO PA
ADEMPAS QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
LETAIRIS QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
OPSUMIT	Tier 2	NMO LA PA
REMODULIN	Tier 2	NMO LA PA
REVATIO SUSR QL (224 mL / 30 days)	Tier 2	QL NMO PA
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS</i> QL (90 tabs / 30 days)	Tier 1	QL NMO PA
UPTRAVI TABS 200mcg QL (480 tabs / 30 days)	Tier 2	QL NMO LA PA
UPTRAVI TABS 400mcg QL (240 tabs / 30 days)	Tier 2	QL NMO LA PA
UPTRAVI TABS 600mcg QL (150 tabs / 30 days)	Tier 2	QL NMO LA PA
UPTRAVI TABS 800mcg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA
UPTRAVI TABS 1000mcg QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
UPTRAVI TABS 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
UPTRAVI TBPK	Tier 2	NMO LA PA
VENTAVIS	Tier 2	NMO PA

Drug Name	Drug Tier	Requirements/ Limits
<b>CENTRAL NERVOUS SYSTEM ANTIANXIETY</b>		
<i>alprazolam tab 0.5mg (generic of XANAX)</i> QL (240 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 0.25mg (generic of XANAX)</i> QL (480 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 1mg (generic of XANAX)</i> QL (120 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 2mg (generic of XANAX)</i> QL (150 tabs / 30 days)	Tier 1	QL
<i>bupirone hcl TABS</i>	Tier 1	
<i>fluvoxamine maleate 25mg, 50mg</i> QL (45 tabs / 30 days)	Tier 1	QL
<i>fluvoxamine maleate 100mg</i>	Tier 1	
<i>lorazepam CONC</i> QL (150 mL / 30 days)	Tier 1	QL
<i>lorazepam (generic of ATIVAN) SOLN</i>	Tier 1	
<i>lorazepam (generic of ATIVAN) TABS</i> QL (150 tabs / 30 days)	Tier 1	QL
<b>ANTICONVULSANTS</b>		
APTIOM 200mg QL (180 tabs / 30 days)	Tier 3	QL
APTIOM 400mg QL (90 tabs / 30 days)	Tier 2	QL
APTIOM 600mg QL (60 tabs / 30 days)	Tier 2	QL
APTIOM 800mg QL (30 tabs / 30 days)	Tier 2	QL
BANZEL SUS 40MG/ML	Tier 2	PA
BANZEL TAB 200MG	Tier 2	PA
BANZEL TAB 400MG	Tier 2	PA
BRIVIACT SOLN 10mg/ml	Tier 2	PA
BRIVIACT SOLN 50mg/5ml	Tier 3	PA
BRIVIACT TABS	Tier 2	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine</i> CHEW	Tier 1		<i>diazepam</i> CONC	Tier 1	QL PA
<i>carbamazepine</i> (generic of CARBATROL) CP12	Tier 1		QL (240 mL / 30 days)		
<i>carbamazepine</i> (generic of TEGRETOL) SUSP; TABS	Tier 1		<i>diazepam</i> SOLN 1mg/ml	Tier 1	QL PA
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	Tier 1		QL (1200 mL / 30 days)		
CELONTIN	Tier 3		<i>diazepam</i> SOLN 5mg/ml	Tier 1	
<i>clonazepam</i> (generic of KLONOPIN) TABS 1mg	Tier 1	QL	<i>diazepam</i> (generic of VALIUM) TABS	Tier 1	QL PA
QL (120 tabs / 30 days)			QL (120 tabs / 30 days)		
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg	Tier 1	QL	DIAZEPAM GEL	Tier 1	
QL (300 tabs / 30 days)			<i>dilantin infatabs</i>	Tier 2	
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg	Tier 1	QL	DILANTIN-125 SUS 125/5ML	Tier 2	
QL (240 tabs / 30 days)			<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	Tier 1	
<i>clonazepam</i> TBDP 1mg	Tier 1	QL	<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	Tier 1	
QL (120 tabs / 30 days)			<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	Tier 1	
<i>clonazepam</i> TBDP 2mg	Tier 1	QL	<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	Tier 1	
QL (300 tabs / 30 days)			<i>felbamate</i> (generic of FELBATOL) SUSP	Tier 1	
<i>clonazepam</i> TBDP .5mg	Tier 1	QL	<i>felbamate</i> (generic of FELBATOL) TABS	Tier 1	
QL (240 tabs / 30 days)			FYCOMPA SUSP	Tier 3	QL PA
<i>clonazepam</i> TBDP .25mg	Tier 1	QL	QL (720 mL / 30 days)		
QL (480 tabs / 30 days)			FYCOMPA TABS 2mg	Tier 3	QL PA
<i>clonazepam</i> TBDP .125mg	Tier 1	QL	QL (180 tabs / 30 days)		
QL (960 tabs / 30 days)			FYCOMPA TABS 4mg	Tier 3	QL PA
<i>clorazepate dipotassium</i> 3.75mg	Tier 1	QL PA	QL (90 tabs / 30 days)		
QL (120 tabs / 30 days)			FYCOMPA TABS 6mg	Tier 3	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg	Tier 1	QL PA	QL (60 tabs / 30 days)		
QL (120 tabs / 30 days)			FYCOMPA TABS 8mg, 10mg, 12mg	Tier 3	QL PA
<i>clorazepate dipotassium</i> 15mg	Tier 1	QL PA	QL (30 tabs / 30 days)		
QL (180 tabs / 30 days)			<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg	Tier 1	QL
			QL (1080 caps / 30 days)		
			<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg	Tier 1	QL
			QL (360 caps / 30 days)		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL)	Tier 1	
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	Tier 1	QL	PEGANONE	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL	<i>phenobarbital</i> ELIX; TABS PA if 65 years and older	Tier 3	PA
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL	PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 65 years and older	Tier 3	PA
GABITRIL 12mg, 16mg	Tier 3		<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 65 years and older	Tier 3	PA
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 1		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	Tier 1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	Tier 1		<i>phenytoin</i> (generic of DILANTIN-125) SUSP	Tier 1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	Tier 1		<i>phenytoin sodium</i> SOLN 30mg, 100mg, 200mg, 300mg	Tier 1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN; TABS	Tier 1		<i>phenytoin sodium extended</i> 100mg (generic of DILANTIN)	Tier 2	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	Tier 1		<i>phenytoin sodium extended</i> 200mg, 300mg (generic of PHENYTEK)	Tier 1	
LEVETIRACETAM IV	Tier 3		POTIGA 50mg	Tier 3	
<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	Tier 1		POTIGA 200mg QL (180 tabs / 30 days)	Tier 2	QL
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL	POTIGA 300mg, 400mg QL (90 tabs / 30 days)	Tier 2	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL	<i>primidone</i> (generic of MYSOLINE) TABS	Tier 1	
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL	SABRIL PACK QL (180 packets / 30 days)	Tier 2	QL NMO LA PA
LYRICA SOLN QL (946 mL / 30 days)	Tier 2	QL	SABRIL TABS QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
ONFI SUSP	Tier 2	PA	SPRITAM	Tier 3	
ONFI TABS 10mg	Tier 3	PA	TEGRETOL	Tier 3	
ONFI TABS 20mg	Tier 2	PA	TEGRETOL-XR	Tier 3	
			<i>tiagabine hcl</i> (generic of GABITRIL)	Tier 1	
			<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate</i> (generic of TOPAMAX) TABS	Tier 1		<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 12mg	Tier 1	
<i>valproate sodium</i> (generic of DEPAACON) SOLN	Tier 1		<i>galantamine hydrobromide</i> er (generic of RAZADYNE ER) 8mg, 16mg QL (30 caps / 30 days)	Tier 1	QL
<i>valproate sodium</i> (generic of DEPAKENE) SYRP	Tier 1		<i>galantamine hydrobromide</i> er (generic of RAZADYNE ER) 24mg	Tier 1	
<i>valproic acid</i> (generic of DEPAKENE)	Tier 1		<i>memantine hcl</i> (generic of NAMENDA) SOLN PA if < 30 yrs	Tier 1	PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL	<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg PA if < 30 yrs	Tier 1	PA
VIMPAT SOLN 200mg/20ml	Tier 3		MEMANTINE HCL TABS 10mg PA if < 30 yrs	Tier 1	PA
VIMPAT TABS 50mg QL (180 tabs / 30 days)	Tier 3	QL	NAMENDA XR PA if < 30 yrs	Tier 3	PA
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL	NAMENDA XR TITRATION PACK PA if < 30 yrs	Tier 3	PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 1		NAMZARIC	Tier 3	
<i>zonisamide</i> CAPS 50mg	Tier 1		<i>rivastigmine tartrate</i> (generic of EXELON)	Tier 1	
<b>ANTIDEMENTIA</b>			<i>rivastigmine td patch 24hr</i> 4.6 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL	<i>rivastigmine td patch 24hr</i> 9.5 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	Tier 1		<i>rivastigmine td patch 24hr</i> 13.3 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> TBDP 5mg QL (60 tabs / 30 days)	Tier 1	QL	<b>ANTIDEPRESSANTS</b>		
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1		<i>amitriptyline hcl</i> TABS 10mg, 50mg, 75mg, 100mg, 150mg PA if 65 years and older	Tier 3	PA
<i>galantamine hydrobromide</i> SOLN	Tier 1				
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 4mg QL (180 tabs / 30 days)	Tier 1	QL			
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 8mg QL (90 tabs / 30 days)	Tier 1	QL			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amitriptyline hcl</i> (generic of ELAVIL) TABS 25mg PA if 65 years and older	Tier 3	PA	EMSAM QL (30 patches / 30 days)	Tier 2	QL PA
<i>amoxapine tab 25mg</i>	Tier 1		<i>escitalopram oxalate</i> (generic of LEXAPRO) SOLN QL (600 mL / 30 days)	Tier 1	QL
<i>amoxapine tab 50mg</i>	Tier 1		<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg QL (45 tabs / 30 days)	Tier 1	QL
<i>amoxapine tab 100mg</i>	Tier 1		<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL
<i>amoxapine tab 150mg</i>	Tier 1		FETZIMA 20mg QL (180 caps / 30 days)	Tier 3	QL
<i>bupropion hcl</i> TABS	Tier 1		FETZIMA 40mg QL (90 caps / 30 days)	Tier 3	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	Tier 1		FETZIMA 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (90 tabs / 30 days)	Tier 1	QL	FETZIMA TITRATION PACK	Tier 3	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL	<i>fluoxetine cap 10mg</i> (generic of PROZAC) QL (30 caps / 30 days)	Tier 1	QL
<i>citalopram hydrobromide</i> SOLN	Tier 1		<i>fluoxetine cap 20mg</i> (generic of PROZAC) QL (120 caps / 30 days)	Tier 1	QL
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg QL (45 tabs / 30 days)	Tier 1	QL	<i>fluoxetine cap 40mg</i> (generic of PROZAC)	Tier 1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 40mg QL (30 tabs / 30 days)	Tier 1	QL	<i>fluoxetine hcl</i> SOLN	Tier 1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS PA if 65 years and older	Tier 3	PA	<i>fluoxetine hcl</i> TABS 10mg QL (45 tabs / 30 days)	Tier 1	QL
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 1		<i>fluoxetine hcl</i> TABS 20mg	Tier 1	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 1		<i>imipramine hcl</i> (generic of TOFRANIL) TABS PA if 65 years and older	Tier 3	PA
<i>doxepin hcl</i> CAPS; CONC PA if 65 years and older	Tier 3	PA	<i>maprotiline hcl</i>	Tier 1	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)	Tier 1	QL	MARPLAN TAB 10MG QL (180 tabs / 30 days)	Tier 3	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)	Tier 1	QL	<i>mirtazapine</i> TABS 7.5mg QL (45 tabs / 30 days)	Tier 1	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)	Tier 1	QL	<i>mirtazapine</i> (generic of REMERON) TABS 15mg QL (45 tabs / 30 days)	Tier 1	QL

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine</i> (generic of REMERON) TABS 30mg, 45mg	Tier 1		<i>trimipramine maleate</i> CAPS 50mg	Tier 3	QL PA
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg	Tier 1	QL	QL (120 caps / 30 days)		
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 30mg, 45mg	Tier 1		PA if 65 years and older		
<i>nefazodone hcl</i>	Tier 1		<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg	Tier 3	QL PA
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	Tier 1		QL (60 caps / 30 days)		
<i>nortriptyline hcl</i> SOLN	Tier 1		PA if 65 years and older		
<i>paroxetine hcl tabs</i> (generic of PAXIL) 10mg, 20mg, 40mg	Tier 1	QL	TRINTELLIX 5mg	Tier 3	QL
<i>paroxetine hcl tabs</i> (generic of PAXIL) 30mg	Tier 1	QL	QL (120 tabs / 30 days)		
PAXIL SUSP	Tier 3	QL	TRINTELLIX 10mg	Tier 3	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	Tier 1		QL (60 tabs / 30 days)		
PRISTIQ	Tier 2	QL	TRINTELLIX 20mg	Tier 3	QL
<i>protriptyline hcl</i>	Tier 1		QL (30 tabs / 30 days)		
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	Tier 1		<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg	Tier 1	QL
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg	Tier 1	QL	QL (30 caps / 30 days)		
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 100mg	Tier 1		<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 150mg	Tier 1	QL
<i>tranylcypromine sulfate</i> (generic of PARNATE)	Tier 1		QL (60 caps / 30 days)		
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1		<i>venlafaxine hcl</i> TABS	Tier 1	
<i>trimipramine maleate</i> CAPS 25mg	Tier 3	QL PA	VIIIBRYD STARTER PACK	Tier 3	
QL (240 caps / 30 days)			VIIIBRYD TAB	Tier 3	QL
PA if 65 years and older			QL (30 tabs / 30 days)		
			<b>ANTIPARKINSONIAN AGENTS</b>		
			<i>amantadine hcl</i> CAPS	Tier 1	QL
			QL (120 caps / 30 days)		
			<i>amantadine hcl</i> SYRP; TABS	Tier 1	
			APOKYN	Tier 2	NMO LA PA
			AZILECT	Tier 2	
			BENZTROPINE	Tier 1	
			MESYLATE SOLN		
			<i>benztropine mesylate</i> TABS	Tier 3	PA
			PA if 65 years and older		
			<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS	Tier 1	
			<i>bromocriptine mesylate</i> TABS	Tier 1	
			<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	Tier 1	

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<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	Tier 1		ABILIFY MAINTENA 300mg, 400mg	Tier 2	QL
<i>carbidopa-levodopa</i> TBDP	Tier 1		QL (1 syringe / 28 days)		
CARBIDOPA/LEVODOPA/ENTACAPONE	Tier 1		ABILIFY MAINTENA 300mg, 400mg	Tier 2	QL
CARBIDOPA/LEVODOPA/ENTACAPONE	Tier 1		QL (1 vial / 28 days)		
CARBIDOPA/LEVODOPA/ENTACAPONE	Tier 1		<i>aripiprazole</i>	Tier 1	QL
CARBIDOPA/LEVODOPA/ENTACAPONE	Tier 1		QL (60 tabs / 30 days)		
CARBIDOPA/LEVODOPA/ENTACAPONE	Tier 1		<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	QL
CARBIDOPA/LEVODOPA/ENTACAPONE	Tier 1		QL (900 mL / 30 days)		
CARBIDOPA/LEVODOPA/ENTACAPONE	Tier 1		<i>aripiprazole tab</i> (generic of ABILIFY) 2mg, 5mg, 10mg, 15mg	Tier 1	QL
ENTACAPONE	Tier 1		QL (30 tabs / 30 days)		
NEUPRO	Tier 3		<i>aripiprazole tab</i> (generic of ABILIFY) 20mg, 30mg	Tier 1	QL
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	Tier 1		QL (30 tabs / 30 days)		
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	Tier 1		<i>chlorpromazine hcl</i> TABS	Tier 1	
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	Tier 1		<i>chlorpromazine inj</i>	Tier 3	
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	Tier 1		CLOZAPINE ODT 12.5mg	Tier 1	PA
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	Tier 1		CLOZAPINE ODT 25mg	Tier 1	PA
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	Tier 1		CLOZAPINE ODT 100mg	Tier 1	QL PA
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	Tier 1		QL (270 tabs / 30 days)		
<i>ropinirole tab 0.25mg</i> (generic of REQUIP)	Tier 1		CLOZAPINE ODT 150mg	Tier 1	QL PA
<i>ropinirole tab 1mg</i> (generic of REQUIP)	Tier 1		QL (180 tabs / 30 days)		
<i>ropinirole tab 2mg</i> (generic of REQUIP)	Tier 1		CLOZAPINE ODT 200mg	Tier 1	QL PA
<i>ropinirole tab 3mg</i> (generic of REQUIP)	Tier 1		QL (135 tabs / 30 days)		
<i>ropinirole tab 4mg</i> (generic of REQUIP)	Tier 1		<i>clozapine tab 25mg</i> (generic of CLOZARIL)	Tier 1	
<i>ropinirole tab 5mg</i> (generic of REQUIP)	Tier 1		<i>clozapine tab 50mg</i>	Tier 1	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	Tier 1		<i>clozapine tab 100mg</i> (generic of CLOZARIL)	Tier 1	QL
<i>selegiline hcl</i> TABS	Tier 1		QL (270 tabs / 30 days)		
<b>ANTIPSYCHOTICS</b>			<i>clozapine tab 200mg</i>	Tier 1	QL
			QL (135 tabs / 30 days)		
			FANAPT 1mg, 2mg, 4mg	Tier 3	QL
			QL (60 tabs / 30 days)		
			FANAPT 6mg, 8mg, 10mg, 12mg	Tier 2	QL
			QL (60 tabs / 30 days)		
			FANAPT TITRATION PACK	Tier 3	

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<i>fluphenazine decanoate</i> SOLN	Tier 1		<i>molindone hcl</i>	Tier 1	
<i>fluphenazine hcl</i>	Tier 1		NUPLAZID	Tier 2	QL NMO LA
GEODON SOLR QL (6 mL / 3 days)	Tier 3	QL	QL (60 tabs / 30 days)		PA
<i>haloperidol</i> TABS	Tier 1		<i>olanzapine</i> (generic of ZYPREXA) SOLR	Tier 1	QL
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 1		QL (3 vials / 1 day)		
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 1		<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg	Tier 1	QL
<i>haloperidol lactate inj 5</i> <i>mg/ml</i> (generic of HALDOL)	Tier 1		QL (240 tabs / 30 days)		
<i>haloperidol lactate oral conc</i> <i>2 mg/ml</i>	Tier 1		<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg	Tier 1	QL
INVEGA SUST INJ 39 MG/0.25 ML	Tier 3	QL	QL (120 tabs / 30 days)		
QL (1 injection / 28 days)			<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg	Tier 1	QL
INVEGA SUST INJ 78 MG/0.5 ML	Tier 2	QL	QL (30 tabs / 30 days)		
QL (1 injection / 28 days)			<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg, 15mg, 20mg	Tier 1	QL
INVEGA SUST INJ 117 MG/0.75 ML	Tier 2	QL	QL (60 tabs / 30 days)		
QL (1 injection / 28 days)			<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg	Tier 1	QL
INVEGA SUST INJ 156MG/ML	Tier 2	QL	QL (30 tabs / 30 days)		
QL (1 injection / 28 days)			<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg, 15mg, 20mg	Tier 1	QL
INVEGA SUST INJ 234 MG/1.5 ML	Tier 2	QL	QL (60 tabs / 30 days)		
QL (1 injection / 28 days)			<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg	Tier 1	QL
INVEGA TRINZA	Tier 2	QL	QL (30 tabs / 30 days)		
QL (1 syringe / 90 days)			<i>paliperidone</i> (generic of INVEGA) 6mg	Tier 1	QL
LATUDA 20mg	Tier 3	QL	QL (60 tabs / 30 days)		
QL (240 tabs / 30 days)			<i>perphenazine</i> TABS	Tier 1	
LATUDA 40mg, 120mg	Tier 3	QL	<i>pimozide</i> (generic of ORAP)	Tier 1	
QL (30 tabs / 30 days)			<i>quetiapine fumarate</i> (generic of SEROQUEL)	Tier 1	QL
LATUDA 60mg, 80mg	Tier 3	QL	QL (90 tabs / 30 days)		
QL (60 tabs / 30 days)			REXULTI 1mg	Tier 2	QL
<i>loxapine succinate</i>	Tier 1		QL (90 tabs / 30 days)		
			REXULTI 2mg	Tier 2	QL
			QL (60 tabs / 30 days)		
			REXULTI 3mg, 4mg	Tier 2	QL
			QL (30 tabs / 30 days)		
			REXULTI .5mg	Tier 2	QL
			QL (180 tabs / 30 days)		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REXULTI .25mg QL (360 tabs / 30 days)	Tier 2	QL	SAPHRIS 5mg QL (120 tabs / 30 days)	Tier 3	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	Tier 3	QL	SAPHRIS 10mg QL (60 tabs / 30 days)	Tier 3	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	Tier 3	QL	SEROQUEL XR 50mg QL (120 tabs / 30 days)	Tier 3	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	Tier 2	QL	SEROQUEL XR 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	Tier 2	QL	SEROQUEL XR 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 1	QL	<i>thioridazine hcl</i> TABS PA if 65 years and older	Tier 3	PA
<i>risperidone</i> (generic of RISPERDAL) TABS 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 1	QL	<i>thiothixene</i>	Tier 1	
<i>risperidone</i> (generic of RISPERDAL) TABS 4mg QL (120 tabs / 30 days)	Tier 1	QL	<i>trifluoperazine hcl</i>	Tier 1	
<i>risperidone</i> (generic of RISPERDAL) TABS .25mg, .5mg QL (90 tabs / 30 days)	Tier 1	QL	VERSACLOZ QL (600 mL / 30 days)	Tier 2	QL PA
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 1	QL	VRAYLAR 1.5mg QL (120 caps / 30 days)	Tier 2	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP 4mg QL (120 tabs / 30 days)	Tier 1	QL	VRAYLAR 3mg QL (60 caps / 30 days)	Tier 2	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP .5mg QL (90 tabs / 30 days)	Tier 1	QL	VRAYLAR 4.5mg, 6mg QL (30 caps / 30 days)	Tier 2	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP .25mg QL (90 tabs / 30 days)	Tier 1	QL	VRAYLAR THERAPY PACK	Tier 3	
SAPHRIS 2.5mg QL (240 tabs / 30 days)	Tier 3	QL	<i>ziprasidone hcl</i> (generic of GEODON) 20mg, 40mg QL (60 caps / 30 days)	Tier 1	QL
			<i>ziprasidone hcl</i> (generic of GEODON) 60mg, 80mg QL (90 caps / 30 days)	Tier 1	QL
			ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	Tier 2	QL PA
			ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	Tier 2	QL PA
			ZYPREXA RELPREVV INJ 210MG QL (2 vials / 28 days)	Tier 3	QL PA
			<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
			<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 1	QL

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<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 1	QL	<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL	<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 65 years and older	Tier 3	PA
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL	<i>metadate er tab 20mg</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	Tier 1	QL	<i>methylphenidate hcl</i> TBCR QL (90 tabs / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	Tier 1	QL	<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	Tier 1	QL	<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	Tier 1	QL	STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 1	QL	STRATTERA 40mg QL (60 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 1	QL	STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL
			<b>HYPNOTICS</b>		
			HETLIOZ Tier 2 NMO LA PA		
			SILENOR 3mg QL (60 tabs / 30 days)	Tier 2	QL
			SILENOR 6mg QL (30 tabs / 30 days)	Tier 2	QL

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 1	QL PA	<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	Tier 1	QL
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 1	QL PA	<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	Tier 1	QL
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	QL PA	<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 1	QL
<b>MIGRAINE</b>			<i>sumatriptan inj 6mg/0.5ml</i> SOSY QL (12 injections / 30 days)	Tier 1	QL
<i>cafergot</i>	Tier 3		<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 1	QL
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml	Tier 1		<i>zolmitriptan</i> (generic of ZOMIG) TABS QL (12 tabs / 30 days)	Tier 1	QL
<i>ergotamine w/ caffeine</i>	Tier 1		<i>zolmitriptan odt</i> (generic of ZOMIG ZMT) QL (12 tabs / 30 days)	Tier 1	QL
<i>naratriptan hcl</i> (generic of AMERGE) QL (12 tabs / 30 days)	Tier 1	QL	<b>MISCELLANEOUS</b>		
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS QL (18 tabs / 30 days)	Tier 1	QL	<i>lithium carbonate</i> CAPS; TABS	Tier 1	
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP QL (18 tabs / 30 days)	Tier 1	QL	<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	Tier 1	
SUMATRIPTAN SOLN 5mg/act QL (24 inhalers / 30 days)	Tier 1	QL	<i>lithium carbonate er</i> 450mg	Tier 1	
SUMATRIPTAN SOLN 20mg/act QL (12 inhalers / 30 days)	Tier 1	QL	LITHIUM SOLN 8MEQ/5ML	Tier 2	
SUMATRIPTAN INJ 4MG/0.5ML QL (18 injections / 30 days)	Tier 1	QL	NUDEXTA	Tier 3	PA
			<i>pyridostigmine tab 60mg</i> (generic of MESTINON)	Tier 1	
			<i>riluzole</i> (generic of RILUTEK)	Tier 1	
			TETRABENAZINE 12.5mg QL (240 tabs / 30 days)	Tier 1	QL NMO PA
			TETRABENAZINE 25mg QL (120 tabs / 30 days)	Tier 1	QL NMO PA

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Drug Name	Drug Tier	Requirements/ Limits
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	Tier 2	NMO LA PA
BETASERON	Tier 2	QL NMO PA QL (14 syringes / 28 days)
COPAXONE INJ 40MG/ML	Tier 2	QL NMO PA QL (12 syringes / 28 days)
GILENYA CAP 0.5MG	Tier 2	QL NMO PA QL (28 caps / 28 days)
glatiramer acetate (generic of COPAXONE)	Tier 1	QL NMO PA QL (30 syringes / 30 days)
TYSABRI	Tier 2	NMO LA PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
baclofen	Tier 1	TABS
cyclobenzaprine hcl	Tier 3	PA 5mg, 10mg PA if 65 years and older
dantrolene sodium (generic of DANTRIUM)	Tier 1	CAPS 25mg, 50mg
dantrolene sodium	Tier 1	CAPS 100mg
tizanidine hcl	Tier 1	TABS 2mg
tizanidine hcl (generic of ZANAFLEX)	Tier 1	TABS 4mg
<b>NARCOLEPSY/CATAPLEXY</b>		
armodafinil (generic of NUVIGIL)	Tier 1	QL PA 50mg QL (150 tabs / 30 days)
armodafinil (generic of NUVIGIL)	Tier 1	QL PA 150mg QL (60 tabs / 30 days)
ARMODAFINIL	Tier 1	QL PA 200mg QL (30 tabs / 30 days)
armodafinil (generic of NUVIGIL)	Tier 1	QL PA 250mg QL (30 tabs / 30 days)
XYREM	Tier 2	QL LA PA QL (540 mL / 30 days)
<b>PSYCHOTHERAPEUTIC-MISC</b>		
acamprosate calcium	Tier 1	
buprenorphine hcl	Tier 1	PA SUBL

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl-naloxone hcl sl	Tier 1	QL PA
		QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) (generic of ZYBAN)	Tier 1	
CHANTIX	Tier 3	PA
CHANTIX CONTINUING MONTH	Tier 3	PA
CHANTIX STARTER PACK	Tier 3	PA
disulfiram (generic of ANTABUSE)	Tier 1	TABS
naloxone hcl	Tier 1	SOLN
naltrexone hcl	Tier 1	TABS
NICOTROL INHALER	Tier 3	
NICOTROL NS	Tier 3	
SUBOXONE MIS 2-0.5MG	Tier 3	QL PA QL (120 SL films / 30 days)
SUBOXONE MIS 4-1MG	Tier 3	QL PA QL (120 SL films / 30 days)
SUBOXONE MIS 8-2MG	Tier 3	QL PA QL (120 SL films / 30 days)
SUBOXONE MIS 12-3MG	Tier 3	QL PA QL (60 SL films / 30 days)
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
ANADROL-50	Tier 2	PA
ANDRODERM	Tier 3	QL PA QL (30 patches / 30 days)
AXIRON	Tier 2	QL PA QL (440 mL / 30 days)
oxandrolone (generic of OXANDRIN)	Tier 1	PA TABS
testosterone cypionate (generic of DEPO-TESTOSTERONE)	Tier 1	PA SOLN
testosterone enanthate	Tier 1	PA SOLN
<b>ANTIDIABETICS, INJECTABLE</b>		
ALCOHOL SWABS	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BYDUREON INJ QL (4 vials / 28 days)	Tier 2	QL	FARXIGA 5mg QL (60 tabs / 30 days)	Tier 2	QL
BYDUREON PEN QL (4 pens / 28 days)	Tier 2	QL	FARXIGA 10mg QL (30 tabs / 30 days)	Tier 2	QL
BYETTA QL (1 pen / 30 days)	Tier 3	QL	<i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days)	Tier 1	QL
GAUZE PADS 2" X 2"	Tier 2		<i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days)	Tier 1	QL
HUMULIN R INJ U-500	Tier 2	B/D	<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	QL
HUMULIN R U-500 KWIKPEN	Tier 2		<i>glip/metform tab 2.5-250m</i> QL (240 tabs / 30 days)	Tier 1	QL
INSULIN PEN NEEDLE	Tier 2		<i>glip/metform tab 2.5-500m</i> QL (120 tabs / 30 days)	Tier 1	QL
INSULIN SAFETY NEEDLES	Tier 2		<i>glip/metform tab 5-500mg</i> QL (120 tabs / 30 days)	Tier 1	QL
INSULIN SYRINGE	Tier 2		<i>glipizide</i> (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
LANTUS	Tier 2		<i>glipizide</i> (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
LANTUS SOLOSTAR	Tier 2		<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg QL (240 tabs / 30 days)	Tier 1	QL
LEVEMIR	Tier 2		<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (120 tabs / 30 days)	Tier 1	QL
LEVEMIR FLEXTOUCH	Tier 2		<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
NOVOLIN 70/30 (brand RELION not covered)	Tier 2				
NOVOLIN N (brand RELION not covered)	Tier 2				
NOVOLIN R (brand RELION not covered)	Tier 2				
NOVOLOG	Tier 2				
NOVOLOG FLEXPEN	Tier 2				
NOVOLOG MIX 70/30	Tier 2				
NOVOLOG MIX 70/30 PREFILL	Tier 2				
NOVOLOG PENFILL	Tier 2				
SYMLINPEN 60 QL (8 pens / 30 days)	Tier 2	QL PA			
SYMLINPEN 120 QL (4 pens / 30 days)	Tier 2	QL PA			
TOUJEO SOLOSTAR	Tier 2				
TRESIBA FLEXTOUCH	Tier 2				
TRULICITY QL (4 pens / 28 days)	Tier 3	QL			
VICTOZA QL (3 pens / 30 days)	Tier 2	QL			
<b>ANTIDIABETICS, ORAL</b>					
<i>acarbose</i> (generic of PRECOSE)	Tier 1				

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GLIPIZIDE XL TB24 2.5MG QL (240 tabs / 30 days)	Tier 1	QL	<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days)	Tier 1	QL
GLIPIZIDE XL TB24 5MG QL (120 tabs / 30 days)	Tier 1	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
INVOKAMET TAB 50-1000MG QL (60 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
INVOKAMET TAB 150-500MG QL (60 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
INVOKAMET TAB 150-1000MG QL (60 tabs / 30 days)	Tier 2	QL	<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	Tier 1	QL
INVOKANA 100mg QL (90 tabs / 30 days)	Tier 2	QL	<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	Tier 1	QL
INVOKANA 300mg QL (30 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	Tier 1	QL
JANUMET QL (60 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> (generic of PRANDIN) .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL	TRADJENTA QL (30 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
JANUVIA QL (30 tabs / 30 days)	Tier 2	QL	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO QL (60 tabs / 30 days)	Tier 2	QL	XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO XR 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	<b>BISPHOSPHONATES</b> <i>alendronate sodium</i> TABS Tier 1 5mg, 10mg, 40mg	Tier 1	
JENTADUETO XR 5-1000MG QL (30 tabs / 30 days)	Tier 2	QL			
<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days)	Tier 1	QL			

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<i>alendronate sodium</i> TABS 35mg	Tier 1	QL	<i>desogestrel-ethinyl estradiol</i> (triphasic) (generic of CYCLESSA)	Tier 1	
QL (4 tabs / 28 days)			<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	Tier 1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	QL	<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	Tier 1	
QL (4 tabs / 28 days)			ELLA	Tier 3	
<i>pamidronate disodium</i>	Tier 1	B/D	<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 1	B/D NMO	<i>ethynodiol diacet &amp; eth estrad</i>	Tier 1	
<i>zoledronic acid</i> SOLR	Tier 1	B/D NMO	<i>falmina</i>	Tier 1	
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	Tier 1	B/D NMO	GIANVI	Tier 1	
<b>CALCIUM RECEPTOR AGONISTS</b>			<i>gildess 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	
SENSIPAR 30mg	Tier 2	QL NMO	<i>heather</i> (generic of NOR-QD)	Tier 1	
QL (120 tabs / 30 days)			JOLESSA TAB 0.15-0.03 MG	Tier 1	
SENSIPAR 60mg	Tier 2	QL NMO	JOLIVETTE	Tier 1	
QL (60 tabs / 30 days)			<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	
SENSIPAR 90mg	Tier 2	QL NMO	LEENA	Tier 1	
QL (120 tabs / 30 days)			<i>levonor/ethi tab</i>	Tier 1	
<b>CHELATING AGENTS</b>			<i>levonorgestrel &amp; eth estradiol</i>	Tier 1	
CHEMET	Tier 3		<i>levonorgestrel (emergency oc)</i> (generic of PLAN B ONE-STEP)	Tier 1	
DEPEN TITRATABS	Tier 2		<i>levonorgestrel-eth estradiol</i> (triphasic)	Tier 1	
EXJADE	Tier 2	NMO LA PA	<i>levonorgestrel-ethinyl estradiol</i> (91-day)	Tier 1	
FERRIPROX	Tier 2	NMO LA PA	<i>loryna</i> (generic of YAZ)	Tier 1	
<i>sodium polystyrene sulfonate</i> (generic of KAYEXALATE) POWD	Tier 1		<i>low-ogestrel</i>	Tier 1	
<i>sodium polystyrene sulfonate</i> SUSP	Tier 1		<i>medroxyprogesterone acetate 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 1	
<i>sps susp 15gm/60ml</i>	Tier 1		MICROGESTIN 1.5/30	Tier 1	
SYPRINE	Tier 2		MICROGESTIN 1/20	Tier 1	
<b>CONTRACEPTIVES</b>			MICROGESTIN FE 1.5/30	Tier 1	
<i>altavera tab</i>	Tier 1		MICROGESTIN FE 1/20	Tier 1	
<i>aubra 0.1-0.02mg</i>	Tier 1				
<i>cryselle-28</i>	Tier 1				
<i>cyred tab</i> (generic of DESOGEN)	Tier 1				
<i>delyla 0.1-0.02mg</i>	Tier 1				
<i>desogestrel &amp; ethinyl estradiol</i> (generic of DESOGEN)	Tier 1				
<i>desogestrel-ethinyl estradiol</i> (biphasic) (generic of MIRCETTE)	Tier 1				

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Drug Name	Drug Tier	Requirements/ Limits
<i>mono-linyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 1	
MONONESSA	Tier 1	
<i>myzilra</i>	Tier 1	
<i>necon 1/35-28</i> (generic of NORINYL 1+35)	Tier 1	
NECON 7/7/7	Tier 1	
<i>necon 10/11 28 day</i>	Tier 2	
NECON TAB 1/50-28	Tier 1	
<i>nikki 3-0.02mg</i> (generic of YAZ)	Tier 1	
NORA-BE TAB	Tier 1	
<i>norethin acet &amp; estrad-fe</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	
<i>norethin acet &amp; estrad-fe</i> (generic of LOESTRIN FE 1/20)	Tier 1	
<i>norethindrone &amp; eth estradiol</i> (generic of BREVICON-28)	Tier 1	
<i>norethindrone &amp; eth estradiol</i> (generic of NORINYL 1+35)	Tier 1	
<i>norethindrone &amp; eth estradiol</i> (generic of OVCON-35)	Tier 1	
<i>norethindrone</i> (contraceptive) (generic of NOR-QD) .35mg	Tier 1	
<i>norethindrone</i> (contraceptive) (generic of ORTHO MICRONOR) .35mg	Tier 1	
<i>norethindrone acet &amp; eth estra</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	
<i>norethindrone acet &amp; eth estra</i> (generic of LOESTRIN 1/20-21)	Tier 1	
<i>norethindrone acetate-ethinyl estradiol-fe</i> (generic of ESTROSTEP FE)	Tier 1	
<i>norethindrone-eth estradiol</i> (triphasic) (generic of ORTHO-NOVUM 7/7/7)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone-eth estradiol</i> (triphasic) (generic of TRI-NORINYL 28)	Tier 1	
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>norgestimate-ethinyl estradiol</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>norgestimate-ethinyl estradiol</i> (triphasic) (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>norgestimate-ethinyl estradiol</i> (triphasic) (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>norlyroc 0.35mg</i> (generic of NOR-QD)	Tier 1	
NUVARING	Tier 3	
OCELLA TAB 3-0.03MG	Tier 1	
<i>philith</i> (generic of OVCON-35)	Tier 1	
<i>setlakin tab</i>	Tier 1	
<i>sharobel 0.35mg</i> (generic of ORTHO MICRONOR)	Tier 1	
<i>sronyx</i>	Tier 1	
<i>syeda</i> (generic of YASMIN 28)	Tier 1	
<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>tri-lo marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
TRINESSA	Tier 1	
TRINESSA LO TAB	Tier 1	
<i>vestura</i> (generic of YAZ)	Tier 1	
<i>viorele</i> (generic of MIRCETTE)	Tier 1	
<i>xulane</i>	Tier 1	
<i>zarah</i> (generic of YASMIN 28)	Tier 1	
<i>zenchent</i> (generic of OVCON-35)	Tier 1	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i> CAPS	Tier 1	
SYNAREL	Tier 2	

**ENZYME REPLACEMENTS**

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADAGEN	Tier 2	NMO LA PA	<i>fludrocortisone acetate</i>	Tier 1	
ALDURAZYME	Tier 2	NMO LA PA	TABS		
BUPHENYL TABS	Tier 2	NMO LA PA	<i>hydrocortisone</i> (generic of CORTEF) TABS	Tier 1	
CARBAGLU	Tier 2	NMO LA PA	<i>methylpr ace inj 40mg/ml</i>	Tier 1	B/D
CERDELGA	Tier 2	NMO PA	(generic of DEPO-MEDROL)		
CEREZYME	Tier 2	NMO LA PA	<i>methylpr ace inj 80mg/ml</i>	Tier 1	B/D
CYSTADANE	Tier 2	NMO LA	(generic of DEPO-MEDROL)		
CYSTAGON	Tier 3	NMO LA PA	<i>methylpr ss inj 1gm</i> (generic of SOLU-MEDROL)	Tier 1	B/D
FABRAZYME	Tier 2	NMO LA PA	<i>methylpr ss inj 40mg</i>	Tier 1	B/D
KUVAN	Tier 2	NMO LA PA	(generic of SOLU-MEDROL)		
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	Tier 1	B/D	<i>methylpred pak 4mg</i>	Tier 1	
LUMIZYME	Tier 2	NMO LA PA	(generic of MEDROL DOSEPAK)		
NAGLAZYME	Tier 2	NMO LA PA	<i>methylpred tab 4mg</i> (generic of MEDROL)	Tier 1	B/D
ORFADIN CAPS 2mg, 5mg, 10mg	Tier 2	NMO LA PA	<i>methylpred tab 8mg</i> (generic of MEDROL)	Tier 1	B/D
ORFADIN SUSP	Tier 2	NMO LA PA	<i>methylpred tab 16mg</i>	Tier 1	B/D
RAVICTI	Tier 2	NMO PA	(generic of MEDROL)		
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	Tier 1	NMO PA	<i>methylpred tab 32mg</i>	Tier 1	B/D
ZAVESCA	Tier 2	NMO LA PA	(generic of MEDROL)		
<b>ESTROGENS</b>			<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL)	Tier 1	B/D
DELESTROGEN 10mg/ml	Tier 3		<i>pred sod pho sol 5mg/5ml</i>	Tier 1	B/D
<i>estrace</i> CREA	Tier 3		(generic of PEDIAPRED)		
<i>estradiol</i> (generic of CLIMARA) PTWK	Tier 3	PA	<i>prednisolone sol 15mg/5ml</i>	Tier 1	B/D
PA if 65 years and older			<i>prednisolone sol 25mg/5ml</i>	Tier 1	B/D
<i>estradiol</i> (generic of ESTRACE) TABS	Tier 3	PA	<i>prednisolone syp 15mg/5ml</i>	Tier 1	B/D
PA if 65 years and older			<i>prednisone con 5mg/ml</i>	Tier 2	B/D
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL	Tier 1		<i>prednisone pak 5mg</i>	Tier 1	
<i>fyavolv tab 1-5mg</i>	Tier 3	PA	<i>prednisone pak 10mg</i>	Tier 1	
PA if 65 years and older			<i>prednisone sol 5mg/5ml</i>	Tier 1	B/D
<i>norethindrone acetate-ethinyl estradiol</i>	Tier 3	PA	<i>prednisone tab 1mg</i>	Tier 1	B/D
PA if 65 years and older			<i>prednisone tab 2.5mg</i>	Tier 1	B/D
VAGIFEM	Tier 3		<i>prednisone tab 5mg</i>	Tier 1	B/D
<b>GLUCOCORTICOIDS</b>			<i>prednisone tab 10mg</i>	Tier 1	B/D
<i>a-hydrocort</i>	Tier 1		<i>prednisone tab 20mg</i>	Tier 1	B/D
<i>cortisone acetate</i> TABS	Tier 1		<i>prednisone tab 50mg</i>	Tier 1	B/D
<i>dexamethasone</i> CONC; ELIX; SOLN	Tier 1		SOLU-CORTEF 250mg	Tier 3	
<i>dexamethasone</i> TABS	Tier 1		<b>GLUCOSE ELEVATING AGENTS</b>		
<i>dexamethasone sodium phosphate</i>	Tier 1		GLUCAGEN HYPOKIT	Tier 2	
			GLUCAGON EMERGENCY KIT	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
PROGLYCEM SUS 50MG/ML	Tier 3	
<b>HUMAN GROWTH HORMONES</b>		
NORDITROPIN FLEXPRO	Tier 2	NMO PA
<b>MISCELLANEOUS</b>		
cabergoline	Tier 1	
calcitonin (salmon) (generic of MIACALCIN)	Tier 1	B/D
FORTICAL	Tier 2	B/D
INCRELEX	Tier 2	NMO LA PA
KORLYM	Tier 2	NMO LA PA
LUPRON DEP-PED INJ 7.5MG	Tier 2	NMO PA
LUPRON DEP-PED INJ 11.25MG	Tier 2	NMO PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	Tier 2	NMO PA
LUPRON DEP-PED INJ 15MG	Tier 2	NMO PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	Tier 2	NMO PA
methylergonovine maleate (generic of METHERGINE) TABS	Tier 1	
MIACALCIN 200unit/ml	Tier 2	B/D
octreotide acetate (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml, 200mcg/ml	Tier 1	NMO PA
octreotide acetate (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml	Tier 1	NMO PA
PROLIA QL (1 syringe / 180 days)	Tier 3	QL NMO
raloxifene hcl (generic of EVISTA)	Tier 1	
SANDOSTATIN LAR DEPOT	Tier 2	NMO PA
SIGNIFOR	Tier 2	NMO LA PA
SOMATULINE DEPOT	Tier 2	NMO PA
SOMAVERT	Tier 2	NMO LA PA
XGEVA	Tier 2	NMO PA
<b>PARATHYROID HORMONES</b>		
FORTEO QL (1 pen / 28 days)	Tier 2	QL NMO PA
NATPARA	Tier 2	NMO PA
<b>PHOSPHATE BINDER AGENTS</b>		

Drug Name	Drug Tier	Requirements/ Limits
AURYXIA	Tier 2	
calcium acetate (phosphate binder) (generic of PHOSLO) CAPS	Tier 1	
calcium acetate (phosphate binder) (generic of ELIPHOS) TABS	Tier 1	
REVELA PAK 0.8GM	Tier 2	
REVELA PAK 2.4GM	Tier 2	
REVELA TAB 800MG	Tier 2	
<b>PROGESTINS</b>		
medroxyprogesterone acetate tab (generic of PROVERA)	Tier 1	
norethindrone acetate (generic of AYGESTIN) TABS	Tier 1	
<b>THYROID AGENTS</b>		
levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
LEVOTHYROXINE SODIUM TABS 75mcg, 300mcg	Tier 1	
LEVOXYL	Tier 1	
liothyronine sodium (generic of CYTOMEL) TABS	Tier 1	
methimazole (generic of TAPAZOLE) TABS	Tier 1	
propylthiouracil TABS	Tier 1	
SYNTHROID	Tier 3	
UNITHROID	Tier 1	
<b>VASOPRESSINS</b>		
desmopressin acetate spray (generic of DDAVP)	Tier 1	
desmopressin acetate spray refrigerated	Tier 1	
desmopressin acetate tabs (generic of DDAVP)	Tier 1	
desmopressin inj 4mcg/ml (generic of DDAVP)	Tier 1	
DESMOPRESSIN SOL 0.01%	Tier 1	
STIMATE	Tier 3	NMO
<b>GASTROINTESTINAL</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b>ANTIEMETICS</b>		
<i>compro supp</i>	Tier 1	
<i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days)	Tier 1	B/D QL
EMEND SUSR	Tier 3	B/D
EMEND CAP 40MG	Tier 3	B/D
EMEND CAP 80MG	Tier 3	B/D
EMEND CAP 125MG	Tier 3	B/D
EMEND PAK 80 & 125	Tier 3	B/D
<i>granisetron hcl</i> SOLN	Tier 1	
<i>granisetron hcl</i> TABS	Tier 1	B/D
<i>meclizine hcl</i> TABS	Tier 1	
<i>metoclopramide hcl</i> SOLN	Tier 1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	Tier 1	
<i>metoclopramide inj</i>	Tier 1	
<i>ondansetron hcl</i> (generic of ZOFTRAN) TABS 4mg, 8mg	Tier 1	B/D
<i>ondansetron hcl</i> TABS 24mg	Tier 1	B/D
<i>ondansetron hcl inj</i> 4mg/2ml	Tier 1	
<i>ondansetron hcl inj</i> (generic of ZOFTRAN) 40mg/20ml	Tier 1	
<i>ondansetron hcl oral soln</i> (generic of ZOFTRAN)	Tier 1	B/D
<i>ondansetron odt</i> (generic of ZOFTRAN ODT)	Tier 1	B/D
<i>phenadoz</i> PA if 65 years and older	Tier 3	PA
<i>prochlorperazine inj</i>	Tier 1	
<i>prochlorperazine maleate</i> TABS	Tier 1	
<i>prochlorperazine supp</i>	Tier 1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN PA if 65 years and older	Tier 3	PA
<i>promethazine hcl</i> SUPP; SYRP; TABS PA if 65 years and older	Tier 3	PA
<i>promethegan</i> PA if 65 years and older	Tier 3	PA
TRANSDERM-SCOP QL (10 patches / 30 days) PA if 65 years and older	Tier 3	QL PA

**ANTISPASMODICS**

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Drug Name	Drug Tier	Requirements/ Limits
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS	Tier 1	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 1	
<i>dicyclomine hcl</i> (generic of BENTYL) TABS	Tier 1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	Tier 1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	Tier 1	
<i>glycopyrrolate inj</i> (generic of ROBINUL)	Tier 1	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> SOLN 40mg/4ml, 200mg/20ml	Tier 1	
<i>famotidine</i> (generic of PEPCID) SUSR	Tier 1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
<i>famotidine inj</i>	Tier 1	
<i>ranitidine hcl</i> SOLN	Tier 1	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	Tier 1	
<i>ranitidine hcl inj</i>	Tier 1	
<i>ranitidine syrup</i>	Tier 1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	Tier 2	
ASACOL HD	Tier 3	
<i>balsalazide disodium</i> (generic of COLAZAL)	Tier 1	
<i>budesonide ec</i> (generic of ENTOCORT EC)	Tier 1	
CANASA	Tier 2	
<i>colocort enema 100mg</i> (generic of CORTENEMA)	Tier 1	
DELZICOL	Tier 3	
DIPENTUM	Tier 2	
HYDROCORTISONE (ENEMA)	Tier 1	
<i>mesalamine enema</i>	Tier 1	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	Tier 1	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	Tier 1		LINZESS 145mcg QL (60 caps / 30 days)	Tier 2	QL
<b>LAXATIVES</b>			LINZESS 290mcg QL (30 caps / 30 days)	Tier 2	QL
<i>gavilyte-h</i>	Tier 1		<i>loperamide hcl</i> CAPS	Tier 1	
<i>generlac</i>	Tier 1		<i>misoprostol</i> (generic of CYTOTEC) TABS	Tier 1	
GOLYTELY	Tier 2		MOVANTIK 12.5mg QL (60 tabs / 30 days)	Tier 2	QL
<i>lactulose</i>	Tier 1		MOVANTIK 25mg QL (30 tabs / 30 days)	Tier 2	QL
<i>lactulose (encephalopathy)</i>	Tier 1		RELISTOR	Tier 2	PA
MOVIPREP	Tier 3		SUCRAID	Tier 2	LA
NULYTELY/FLAVOR PACKS	Tier 2		<i>sucrafate</i> (generic of CARAFATE) TABS	Tier 1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of COLYTE-FLAVOR PACKS)	Tier 1		<i>ursodiol</i> (generic of ACTIGALL) CAPS	Tier 1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	Tier 1		<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 1	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	Tier 1		<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1		XIFAXAN 550mg	Tier 2	PA
PEG 3350/ELECTROLYTES	Tier 1		<b>PANCREATIC ENZYMES</b>		
<i>polyethylene glycol 3350</i> PACK; POWD	Tier 1		CREON	Tier 2	
SUPREP BOWEL PREP	Tier 3		ZENPEP	Tier 3	
<b>MISCELLANEOUS</b>			<b>PROTON PUMP INHIBITORS</b>		
<i>alosetron hcl</i> (generic of LOTRONEX)	Tier 1	PA	DEXILANT QL (30 caps / 30 days)	Tier 2	QL
AMITIZA CAP 8MCG QL (60 caps / 30 days)	Tier 2	QL	<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	Tier 1	QL
AMITIZA CAP 24MCG QL (60 caps / 30 days)	Tier 2	QL	<i>esomeprazole sodium inj</i> 20mg	Tier 1	
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	Tier 1		<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	Tier 1	
<i>diphenoxylate w/ atropine</i> LIQD	Tier 1		NEXIUM GRA 2.5MG DR	Tier 2	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	Tier 1		NEXIUM GRA 5MG DR	Tier 2	
GATTEX	Tier 2	NMO LA PA	NEXIUM GRA 10MG DR QL (30 packets / 30 days)	Tier 2	QL
			NEXIUM GRA 20MG DR QL (30 packets / 30 days)	Tier 2	QL
			NEXIUM GRA 40MG DR QL (30 packets / 30 days)	Tier 2	QL

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<i>omeprazole cap 10mg</i> (generic of PRILOSEC) QL (30 caps / 30 days)	Tier 1	QL	<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 1	QL
<i>omeprazole cap 20mg</i> (generic of PRILOSEC) QL (60 caps / 30 days)	Tier 1	QL	<i>tolterodine tartrate cap er</i> (generic of DETROL LA) QL (30 caps / 30 days)	Tier 1	QL
<i>omeprazole cap 40mg</i> (generic of PRILOSEC) QL (30 caps / 30 days)	Tier 1	QL	<i>tolterodine tartrate tabs</i> (generic of DETROL)	Tier 1	
<i>pantoprazole sodium tbec</i> (generic of PROTONIX) QL (30 tabs / 30 days)	Tier 1	QL	TOVIAZ QL (30 tabs / 30 days)	Tier 2	QL
<b>GENITOURINARY</b>			<i>tropium chloride</i> TABS QL (60 tabs / 30 days)	Tier 1	QL
<b>BENIGN PROSTATIC HYPERPLASIA</b>			VESICARE QL (30 tabs / 30 days)	Tier 3	QL
<i>alfuzosin hcl</i> (generic of UROXATRAL) QL (30 tabs / 30 days)	Tier 1	QL	<b>VAGINAL ANTI-INFECTIVES</b>		
<i>dutasteride</i> (generic of AVODART) QL (30 caps / 30 days)	Tier 1	QL	<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	Tier 1	
<i>dutasteride-tamsulosin hcl</i> (generic of JALYN) QL (30 caps / 30 days)	Tier 1	QL	<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	Tier 1	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1		<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	Tier 1	
<i>tamsulosin hcl</i> (generic of FLOMAX)	Tier 1		<i>terconazole vaginal</i> (generic of TERAZOL 3) CREA .8%	Tier 1	
<b>MISCELLANEOUS</b>			<i>terconazole vaginal</i> SUPP	Tier 1	
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	Tier 1		VANDAZOLE	Tier 1	
ELMIRON	Tier 3		ZAZOLE CREAM 0.8%	Tier 1	
POTASSIUM CITRATE (ALKALINIZER) 540mg	Tier 1		<b>HEMATOLOGIC</b>		
POTASSIUM CITRATE (ALKALINIZER) 1080mg	Tier 1		<b>ANTICOAGULANTS</b>		
<b>URINARY ANTISPASMODICS</b>			COUMADIN	Tier 3	
MYRBETRIQ 25mg QL (60 tabs / 30 days)	Tier 3	QL	<i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 1	
MYRBETRIQ 50mg QL (30 tabs / 30 days)	Tier 3	QL	ENOXAPARIN SODIUM 300mg/3ml	Tier 1	
<i>oxybutynin chloride</i> SYRP	Tier 1		<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	Tier 1	
<i>oxybutynin chloride</i> TABS	Tier 1		<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 1	QL	<i>heparin sod (porcine) in d5w</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
HEPARIN SOD (PORCINE) IN D5W	Tier 2	
<i>heparin sod inj 1000/ml</i>	Tier 1	B/D
HEPARIN SOD INJ 2000/ML	Tier 2	B/D
HEPARIN SOD INJ 2500/ML	Tier 2	B/D
<i>heparin sod inj 5000/ml</i>	Tier 1	B/D
<i>heparin sod inj 10000/ml</i>	Tier 1	B/D
<i>heparin sod inj 20000/ml</i>	Tier 1	B/D
HEPARIN SODIUM/D5W	Tier 2	
HEPARIN SODIUM/NACL 0.45%	Tier 2	
PRADAXA	Tier 2	
<i>warfarin sodium</i> (generic of COUMADIN)	Tier 1	
XARELTO	Tier 2	
XARELTO STARTER PACK	Tier 2	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
GRANIX	Tier 2	NMO PA
LEUKINE	Tier 2	NMO PA
MOZOBIL	Tier 2	NMO PA
NEUPOGEN	Tier 2	NMO PA
PROCRIPT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NMO PA
PROCRIPT 20000unit/ml, 40000unit/ml	Tier 2	NMO PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i> 1mg	Tier 1	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	Tier 1	
<i>cilostazol</i>	Tier 1	
CINRYZE	Tier 2	NMO LA PA
FIRAZYR	Tier 2	NMO PA
<i>pentoxifylline</i> TBCR	Tier 1	
PROMACTA 12.5mg QL (360 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	Tier 1	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	Tier 1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
ASPIRIN-DIPYRIDAMOLE	Tier 1	
BRILINTA	Tier 3	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) 75mg	Tier 1	
EFFIENT	Tier 3	
ZONTIVITY	Tier 3	
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
HUMIRA INJ 10MG/0.2ML QL (2 boxes / 28 days)	Tier 2	QL NMO PA
HUMIRA KIT 20MG/0.4ML QL (2 boxes / 28 days)	Tier 2	QL NMO PA
HUMIRA KIT 40MG/0.8ML QL (6 boxes / 28 days)	Tier 2	QL NMO PA
HUMIRA PEDIATRIC CROHNS DISEASE	Tier 2	NMO PA
HUMIRA PEN QL (6 boxes / 28 days)	Tier 2	QL NMO PA
HUMIRA PEN-CROHNS DISEASE	Tier 2	NMO PA
HUMIRA PEN-PSORIASIS STAR	Tier 2	NMO PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	Tier 1	
<i>leflunomide</i> (generic of ARAVA) TABS	Tier 1	
<i>methotrexate sodium tabs</i>	Tier 1	
REMICADE	Tier 2	NMO PA
XELJANZ QL (60 tabs / 30 days)	Tier 2	QL NMO PA
XELJANZ XR QL (30 tabs / 30 days)	Tier 2	QL NMO PA
<b>IMMUNOGLOBULINS</b>		
BIVIGAM	Tier 2	NMO PA
CARIMUNE NANOFILTERED	Tier 2	NMO PA
FLEBOGAMMA DIF	Tier 2	NMO PA
GAMASTAN S/D	Tier 2	B/D NMO
GAMMAGARD LIQUID	Tier 2	NMO PA
GAMMAGARD S/D	Tier 2	NMO PA
GAMMAKED	Tier 2	NMO PA

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Drug Name	Drug Requirements/ Tier	Limits
GAMMAPLEX 5gm/100ml, 10gm/200ml	Tier 2	NMO PA
GAMUNEX-C	Tier 2	NMO PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	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
POMALYST CAP 1MG	Tier 2	NMO LA PA
POMALYST CAP 2MG	Tier 2	NMO LA PA
POMALYST CAP 3MG	Tier 2	NMO LA PA
POMALYST CAP 4MG	Tier 2	NMO LA PA
REVLIMID	Tier 2	NMO LA PA
THALOMID	Tier 2	NMO PA

**IMMUNOSUPPRESSANTS**

azathioprine SOLR	Tier 1	B/D
azathioprine (generic of IMURAN) TABS	Tier 1	B/D
BENLYSTA	Tier 2	NMO PA
cyclosporine (generic of SANDIMMUNE) CAPS; SOLN	Tier 1	B/D
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg	Tier 1	B/D
cyclosporine modified (for microemulsion) CAPS 50mg	Tier 1	B/D
cyclosporine modified (for microemulsion) (generic of NEORAL) SOLN	Tier 1	B/D
mycophenolate mofetil (generic of CELLCEPT) CAPS; TABS	Tier 1	B/D
mycophenolate mofetil (generic of CELLCEPT) SUSR	Tier 1	B/D
mycophenolate sodium (generic of MYFORTIC)	Tier 1	B/D
NEORAL	Tier 2	B/D

Drug Name	Drug Requirements/ Tier	Limits
NULOJIX	Tier 2	B/D
PROGRAF CAPS 5mg	Tier 2	B/D
PROGRAF CAPS .5mg, 1mg	Tier 3	B/D
RAPAMUNE SOLN	Tier 2	B/D
SANDIMMUNE SOLN 100mg/ml	Tier 2	B/D
sirolimus (generic of RAPAMUNE) TABS 2mg	Tier 1	B/D
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 1	B/D
tacrolimus (generic of PROGRAF) CAPS	Tier 1	B/D
ZORTRESS TAB 0.5MG	Tier 2	B/D
ZORTRESS TAB 0.25MG	Tier 2	B/D
ZORTRESS TAB 0.75MG	Tier 2	B/D

**VACCINES**

ACTHIB	Tier 2	
ADACEL	Tier 2	
BCG VACCINE	Tier 2	
BEXSERO	Tier 2	
BOOSTRIX	Tier 2	
CERVARIX	Tier 2	
DAPTACEL	Tier 2	
DIPHThERIA/TETANUS TOXOID	Tier 2	B/D
ENGERIX-B SUSP	Tier 2	B/D
GARDASIL	Tier 2	
GARDASIL 9	Tier 2	
HAVRIX	Tier 2	
HIBERIX	Tier 2	
IMOVAX RABIES (H.D.C.V.)	Tier 2	
INFANRIX	Tier 2	
IPOL INACTIVATED IPV	Tier 2	
IXIARO	Tier 2	
KINRIX	Tier 2	
M-M-R II	Tier 2	
MENACTRA	Tier 2	
MENHIBRIX	Tier 2	
MENOMUNE-A/C/Y/W-135	Tier 2	
MENVEO	Tier 2	
PEDIARIX	Tier 2	
PEDVAX HIB	Tier 2	
PENTACEL	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
PROQUAD	Tier 2	
QUADRACEL	Tier 2	
RABAVERT	Tier 2	
RECOMBIVAX HB	Tier 2	B/D
ROTARIX	Tier 2	
ROTATEQ	Tier 2	
SYNAGIS	Tier 2	NMO
TENIVAC	Tier 2	B/D
TETANUS/DIPHTHERIA TOXOID	Tier 2	B/D
TRUMENBA	Tier 2	
TWINRIX INJ	Tier 2	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX	Tier 2	
YF-VAX	Tier 2	
ZOSTAVAX QL (1 vial per lifetime)	Tier 2	QL
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
KLOR-CON 8	Tier 1	
KLOR-CON 10	Tier 1	
<i>klor-con m10</i>	Tier 1	
<i>klor-con m15</i>	Tier 1	
<i>klor-con m20</i>	Tier 1	
<i>klor-con pow 20 meq</i>	Tier 1	
<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	Tier 1	
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	Tier 1	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml	Tier 1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
<i>magnesium sulfate</i> SOLN 50%	Tier 1	
MAGNESIUM SULFATE SOLN 50%	Tier 1	
MAGNESIUM SULFATE IN D5W	Tier 2	
<i>potassium chloride</i> (generic of MICRO-K) CPCR	Tier 1	
POTASSIUM CHLORIDE SOLN 10%, 20%	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride</i> TBCR 8meq	Tier 1	
POTASSIUM CHLORIDE TBCR 20meq	Tier 1	
<i>potassium chloride</i> <i>microencapsulated crystals</i> <i>cr</i>	Tier 1	
POTASSIUM CHLORIDE TAB CR 10 MEQ	Tier 1	
SODIUM CHLORIDE SOLN 2.5meq/ml	Tier 1	
<i>sodium fluoride chew; tab;</i> <i>1.1 (0.5 f) mg/ml soln</i>	Tier 1	
TPN ELECTROLYTES	Tier 3	B/D
<b>IV NUTRITION</b>		
AMINOSYN	Tier 3	B/D
AMINOSYN 7%/ELECTROLYTES	Tier 3	B/D
AMINOSYN 8.5%/ELECTROLYTE	Tier 3	B/D
AMINOSYN II	Tier 3	B/D
AMINOSYN II 8.5%/ELECTROL	Tier 3	B/D
AMINOSYN M	Tier 3	B/D
AMINOSYN-HBC	Tier 3	B/D
AMINOSYN-PF 7%	Tier 3	B/D
AMINOSYN-PF INJ 10%	Tier 3	B/D
AMINOSYN-RF	Tier 3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	Tier 3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	Tier 3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 15%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 20%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 25%	Tier 3	B/D
CLINIMIX INJ 4.25/D10	Tier 3	B/D
CLINIMIX INJ 4.25/D20	Tier 3	B/D
FREAMINE HBC 6.9%	Tier 3	B/D
FREAMINE III	Tier 3	B/D
HEPATAMINE	Tier 3	B/D
INTRALIPID INJ 20%	Tier 3	B/D
INTRALIPID INJ 30%	Tier 3	B/D
NEPHRAMINE	Tier 3	B/D

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Drug Name	Drug Tier	Requirements/ Limits
<i>nutrilipid inj 20%</i>	Tier 3	B/D
<i>premasol sol 6%</i>	Tier 1	B/D
<i>premasol sol 10%</i>	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
<b>IV REPLACEMENT SOLUTIONS</b>		
DEXTROSE 2.5%/NAACL 0.45%	Tier 1	
DEXTROSE 5%	Tier 1	
DEXTROSE 5% /ELECTROLYTE	Tier 2	
DEXTROSE 5%/LACTATED RING	Tier 1	
DEXTROSE 5%/NAACL 0.2%	Tier 1	
DEXTROSE 5%/NAACL 0.3%	Tier 1	
DEXTROSE 5%/NAACL 0.9%	Tier 1	
DEXTROSE 5%/NAACL 0.33%	Tier 1	
DEXTROSE 5%/NAACL 0.45%	Tier 1	
DEXTROSE 5%/NAACL 0.225%	Tier 1	
DEXTROSE 5%/POTASSIUM CHL	Tier 1	
DEXTROSE 10% FLEX CONTAIN	Tier 1	
DEXTROSE 10%/NAACL 0.2%	Tier 2	
DEXTROSE 10%/NAACL 0.45%	Tier 1	
DEXTROSE 50%	Tier 1	
DEXTROSE INJ 70%	Tier 1	
IONOSOL-B/DEXTROSE 5%	Tier 3	
IONOSOL-MB/DEXTROSE 5%	Tier 3	
ISOLYTE P	Tier 3	
ISOLYTE S	Tier 3	
KCL 0.15%/D5W/NAACL 0.2%	Tier 1	
KCL 0.15%/D5W/NAACL 0.22 5%	Tier 2	
KCL 0.3%/D5W/NAACL 0.9%	Tier 1	
KCL 0.3%/D5W/NAACL 0.45%	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
KCL 0.15%/D5W/NAACL 0.9%	Tier 1	
KCL 0.075%/D5W/NAACL 0.45%	Tier 1	
KCL IN NAACL INJ .15-0.45	Tier 1	
KCL/D5W INJ 0.3%	Tier 1	
KCL/D5W/NAACL INJ 0.22%/0.45%	Tier 1	
KCL/D5W/NAACL INJ .15/.33%	Tier 1	
KCL/D5W/NAACL INJ .15/.45%	Tier 1	
KCL/NAACL INJ 0.3-0.9	Tier 1	
KCL/NAACL INJ 0.15%-0.9%	Tier 1	
LACTATED RINGER'S INJ	Tier 1	
NORMOSOL-M IN D5W	Tier 3	
NORMOSOL-R	Tier 3	
NORMOSOL-R IN D5W	Tier 3	
PLASMA-LYTE A	Tier 3	
PLASMA-LYTE-56/D5W	Tier 3	
PLASMA-LYTE-148	Tier 3	
<i>pot chloride inj 2meq/ml</i>	Tier 1	
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	Tier 1	
<i>potassium chloride in nacl</i>	Tier 1	
RINGER'S	Tier 1	
SODIUM CHLORIDE SOLN 3%, 5%	Tier 1	
SODIUM CHLORIDE 0.45% VIA	Tier 1	
SODIUM CHLORIDE INJ 0.9%	Tier 1	
<b>VITAMINS</b>		
<i>calcitriol (generic of ROCALTROL) CAPS</i>	Tier 1	B/D
<i>calcitriol inj</i>	Tier 1	B/D
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	Tier 1	B/D
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	Tier 1	B/D
<i>paricalcitol CAPS 4mcg</i>	Tier 1	B/D
<i>prenatal vitamin/folic acid &gt; 0.8 mg (generic)</i>	Tier 1	

**OPHTHALMIC**

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Drug Name	Drug Requirements/ Tier Limits
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>	
<i>bacitracin-poly-neomycin-hc</i>	Tier 1
<i>blephamide s.o.p.</i>	Tier 3
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	Tier 1
<i>neomycin-polymyxin-hc</i> (ophth)	Tier 1
<i>sulfacetamide</i> <i>sod-prednisolone</i>	Tier 1
TOBRADEX OINT	Tier 2
TOBRADEX ST	Tier 2
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	Tier 1
ZYLET	Tier 2
<b>ANTI-INFECTIVES</b>	
<i>bacitracin (ophthalmic)</i>	Tier 1
<i>bacitracin-polymyxin b</i> (ophth)	Tier 1
BESIVANCE	Tier 2
CILOXAN OINT	Tier 2
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	Tier 1
<i>erythromycin (ophth)</i>	Tier 1
<i>gatifloxacin (ophth)</i> (generic of ZYMAXID)	Tier 1
<i>gentamicin sulfate (ophth)</i>	Tier 1
MOXEZA	Tier 2
NATACYN	Tier 3
<i>neomycin-bacitracin</i> <i>zn-polymyxin</i>	Tier 1
<i>neomycin-polymyxin-gramicidin</i> (generic of NEOSPORIN)	Tier 1
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	Tier 1
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	Tier 1
<i>sulfacet sod oin 10% op</i>	Tier 1
<i>sulfacetamide sodium</i> (ophth) (generic of BLEPH-10)	Tier 1
<i>tobramycin (ophth)</i> (generic of TOBREX)	Tier 1
TOBREX OINT	Tier 3
<i>trifluridine</i> (generic of VIROPTIC) SOLN	Tier 1
VIGAMOX	Tier 2

Drug Name	Drug Requirements/ Tier Limits
ZIRGAN	Tier 3
<b>ANTI-INFLAMMATORIES</b>	
ALREX	Tier 2
<i>bromfenac sodium (ophth)</i>	Tier 1
<i>dexamethasone sodium</i> <i>phosphate (ophth)</i>	Tier 1
<i>diclofenac sodium (ophth)</i>	Tier 1
DUREZOL	Tier 2
FLUOROMETHOLONE	Tier 1
<i>flurbiprofen sodium</i> (generic of OCUFEN)	Tier 1
ILEVRO	Tier 2
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR LS) .4%	Tier 1
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR) .5%	Tier 1
LOTEMAX	Tier 2
MAXIDEX	Tier 2
PREDNISOLONE ACETATE (OPHTH)	Tier 1
<i>prednisolone sodium</i> <i>phosphate (ophth)</i>	Tier 2
<b>ANTIALLERGICS</b>	
<i>azelastine drop 0.05%</i>	Tier 1
BEPREVE	Tier 2
<i>cromolyn sodium (ophth)</i>	Tier 1
LASTACAFT	Tier 3
PATADAY	Tier 2
PAZEO	Tier 2
<b>ANTIGLAUCOMA</b>	
ALPHAGAN P SOL 0.1%	Tier 2
AZOPT	Tier 2
<i>betaxolol hcl (ophth)</i>	Tier 1
BETOPTIC-S	Tier 2
<i>brimonidine sol 0.2%</i>	Tier 1
BRIMONIDINE SOL 0.15%	Tier 1
<i>carteolol hcl (ophth)</i>	Tier 1
COMBIGAN	Tier 2
<i>dorzolamide hcl</i> (generic of TRUSOPT)	Tier 1
<i>dorzolamide hcl-timolol</i> <i>maleate</i> (generic of COSOPT)	Tier 1
ISTALOL	Tier 2

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<i>latanoprost</i> (generic of XALATAN) SOLN	Tier 1		<i>cyproheptadine hcl</i> SYRP; TABS	Tier 3	PA
<i>levobunolol hcl</i> (generic of BETAGAN)	Tier 1		PA if 65 years and older		
LUMIGAN	Tier 2		<i>diphenhydramine inj</i>	Tier 1	
<i>metipranolol</i>	Tier 1		<i>hydroxyzine hcl</i> SOLN; SYRP; TABS	Tier 3	PA
PHOSPHOLINE IODIDE	Tier 3		PA if 65 years and older		
PILOCARPINE HCL SOLN	Tier 1		<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg	Tier 3	PA
SIMBRINZA	Tier 2		PA if 65 years and older		
<i>timolol maleate (ophth) soln</i> (generic of TIMOPTIC)	Tier 1		<i>hydroxyzine pamoate</i> CAPS 100mg	Tier 3	PA
TIMOLOL MALEATE GEL	Tier 1		PA if 65 years and older		
TRAVATAN Z	Tier 2		<i>levocetirizine dihydrochloride</i> (generic of XYZAL)	Tier 1	
<b>MISCELLANEOUS</b>			<b>BETA AGONISTS</b>		
CYSTARAN	Tier 2	NMO LA PA	<i>albuterol sulfate</i> NEBU	Tier 1	B/D
<i>naphazoline 0.1%</i>	Tier 1		<i>albuterol sulfate</i> SYRP	Tier 1	
PROLENSA	Tier 2		<i>albuterol sulfate</i> TABS	Tier 1	
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	Tier 1		<i>albuterol sulfate</i> (generic of VOSPIRE ER) TB12	Tier 1	
RESTASIS	Tier 2	QL	<i>levalbuterol conc</i> 1.25mg/0.5ml (generic of XOPENEX CONCENTRATE)	Tier 1	B/D
QL (64 vials / 30 days)			SEREVENT DISKUS	Tier 2	QL
<b>RESPIRATORY</b>			QL (60 inhalations / 30 days)		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>			<i>terbutaline sulfate</i> SOLN	Tier 1	
ANORO ELLIPTA	Tier 2	QL	<i>terbutaline sulfate</i> TABS	Tier 1	
QL (60 inhalations / 30 days)			VENTOLIN HFA	Tier 2	QL
COMBIVENT RESPIMAT	Tier 3	QL	QL (2 inhalers / 30 days)		
QL (2 inhalers / 30 days)			XOPENEX HFA	Tier 2	QL
<i>ipratropium-albuterol nebu</i>	Tier 1	B/D	QL (2 inhalers / 30 days)		
<b>ANTICHOLINERGICS</b>			<b>LEUKOTRIENE MODULATORS</b>		
ATROVENT HFA	Tier 3	QL	<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; PACK; TABS	Tier 1	
QL (2 inhalers / 30 days)			<i>zafirlukast</i> (generic of ACCOLATE)	Tier 1	
INCRUSE ELLIPTA	Tier 2	QL	<b>MAST CELL STABILIZERS</b>		
QL (1 inhaler / 30 days)			<i>cromolyn sodium nebu</i>	Tier 1	B/D
<i>ipratropium bromide</i> SOLN	Tier 1	B/D	<b>MISCELLANEOUS</b>		
<i>ipratropium bromide (nasal)</i>	Tier 1				
<b>ANTI-HISTAMINES</b>					
<i>azelastine spr 0.1%</i>	Tier 1				
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	Tier 1				
<i>cetirizine syrup</i>	Tier 1				

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Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 1	B/D
ARALAST NP	Tier 2	NMO LA PA
DALIRESP	Tier 3	
EPIPEN 2-PAK	Tier 2	
EPIPEN-JR 2-PAK	Tier 2	
ESBRIET	Tier 2	NMO PA
KALYDECO	Tier 2	NMO PA
OFEV	Tier 2	NMO PA
ORKAMBI	Tier 2	NMO PA
PROLASTIN-C	Tier 2	NMO LA PA
PULMOZYME	Tier 2	NMO PA
XOLAIR	Tier 2	NMO LA PA
ZEMAIRA	Tier 2	NMO LA PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	Tier 1	QL
<i>fluticasone propionate (nasal)</i> QL (1 bottle / 30 days)	Tier 1	QL
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	Tier 2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) .25mg/2ml, .5mg/2ml	Tier 1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	Tier 2	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	Tier 2	QL
FLOVENT HFA QL (2 inhalers / 30 days)	Tier 2	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	Tier 2	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS QL (60 inhalations / 30 days)	Tier 2	QL

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
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
<b>XANTHINES</b>		
<i>aminophylline inj</i>	Tier 1	
<i>theo-24</i>	Tier 3	
<i>theophylline</i> ELIX	Tier 3	
<i>theophylline</i> SOLN; TB12; TB24	Tier 1	
<b>TOPICAL DERMATOLOGY, ACNE</b>		
<i>adapalene</i> (generic of DIFFERIN) CREA	Tier 1	
<i>adapalene</i> (generic of DIFFERIN) GEL .1%	Tier 1	
AVITA CREA	Tier 1	PA
AVITA GEL	Tier 1	PA
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	Tier 1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB	Tier 1	
<i>ery pad 2%</i>	Tier 1	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	Tier 1	
<i>erythromycin (acne aid)</i> SOLN	Tier 1	
<i>isotretinoin</i> CAPS	Tier 1	PA
<i>myorisan</i>	Tier 1	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	Tier 1	
<i>tretinoin</i> (generic of RETIN-A) CREA	Tier 1	PA
TRETINOIN GEL .01%	Tier 1	PA
<i>tretinoin</i> (generic of RETIN-A) GEL .025%	Tier 1	PA
<i>zenatane</i>	Tier 1	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mupirocin</i> (generic of BACTROBAN) OINT	Tier 1		<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	Tier 1	
SILVER SULFADIAZINE CREA	Tier 1		<i>betamethasone dipropionate augmented</i> GEL	Tier 1	
SSD	Tier 1		<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN	Tier 1	
SULFAMYLON CREA	Tier 3		BETAMETHASONE DIPROPIONATE AUGMENTED OINT	Tier 1	
SULFAMYLON PACK	Tier 2		<i>betamethasone valerate</i> CREA; LOTN; OINT	Tier 1	
<b>DERMATOLOGY, ANTIFUNGALS</b>			<i>desoximetasone</i> (generic of TOPICORT) CREA	Tier 1	
<i>ciclopirox</i> (generic of LOPROX) CREA	Tier 1		<i>desoximetasone</i> (generic of TOPICORT) GEL	Tier 1	
<i>ciclopirox</i> GEL; SUSP	Tier 1		DESOXIMETASONE OINT .05%	Tier 1	
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	Tier 1		<i>desoximetasone</i> (generic of TOPICORT) OINT .25%	Tier 1	
<i>clotrimazole</i> (topical)	Tier 1		<i>fluocinolone acetonide</i> CREA .01%	Tier 1	
<i>ketconazole cream</i>	Tier 1		<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	Tier 1	
<i>nystatin</i> (topical)	Tier 1		<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01%	Tier 1	
<b>DERMATOLOGY, ANTIPRURITIC</b>			<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01%	Tier 1	
DOXEPIN HCL (ANTIPRURITIC)	Tier 1		<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	Tier 1	
<i>hydrocortisone</i> (rectal) (generic of ANUSOL-HC)	Tier 1		<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	Tier 1	
<i>procto-pak cre 1%</i>	Tier 1		<i>fluocinonide</i> CREA .05%	Tier 1	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	Tier 1		<i>fluocinonide</i> GEL	Tier 1	
<i>proctozone cre -hc 2.5%</i> (generic of ANUSOL-HC)	Tier 1		<i>fluocinonide</i> SOLN	Tier 1	
<b>DERMATOLOGY, ANTIPSORIATICS</b>			<i>fluocinonide emulsified base</i>	Tier 1	
<i>acitretin</i> (generic of SORIATANE)	Tier 1	PA	<i>fluticasone propionate</i> (generic of CUTIVATE) CREA	Tier 1	
<i>calcipotriene</i> (generic of DOVONEX) CREA	Tier 1		<i>fluticasone propionate</i> OINT	Tier 1	
<i>calcipotriene</i> SOLN	Tier 1				
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TAZORAC CREA	Tier 3	PA			
<b>DERMATOLOGY, ANTISEBORRHEICS</b>					
<i>ketconazole shampoo</i> (generic of NIZORAL)	Tier 1				
<i>selenium sulfide</i> LOTN	Tier 1				
<b>DERMATOLOGY, CORTICOSTEROIDS</b>					
<i>alclometasone dipropionate</i> (generic of ACLOVATE) CREA	Tier 1				
<i>alclometasone dipropionate</i> OINT	Tier 1				
<i>betamethasone dipropionate</i> (topical)	Tier 1				

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Drug Name	Drug Tier	Requirements/ Limits
<i>halobetasol propionate</i> (generic of ULTRAVATE)	Tier 1	
<i>hydrocortisone (topical)</i> CREA; OINT	Tier 1	
<i>hydrocortisone (topical)</i> LOTN	Tier 1	
<i>hydrocortisone butyrate</i> (generic of LOCOID)	Tier 1	
<i>hydrocortisone valerate</i> CREA	Tier 1	
<i>hydrocortisone valerate</i> (generic of WESTCORT) OINT	Tier 1	
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT; SOLN	Tier 1	
<i>texacort soln 2.5%</i>	Tier 3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	Tier 1	
<i>triamcinolone acetonide (topical)</i> LOTN	Tier 1	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	Tier 1	QL PA
<i>lidocaine hcl</i> GEL	Tier 1	PA
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4%	Tier 1	PA
<i>lidocaine oint 5%</i>	Tier 1	PA
<i>lidocaine-prilocaine</i>	Tier 1	PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN	Tier 1	
<i>diclofenac sodium (topical)</i> 1% gel (generic of VOLTAREN)	Tier 1	PA
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	Tier 1	
<i>fluorouracil (topical)</i> SOLN	Tier 1	
<i>imiquimod</i> (generic of ALDARA) CREA	Tier 1	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	
PANRETIN	Tier 2	
<i>podofilox</i> (generic of CONDYLOX) SOLN	Tier 1	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	Tier 1	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	Tier 1	
TARGRETIN GEL	Tier 2	NMO PA
VALCHLOR	Tier 2	NMO LA PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
EURAX	Tier 3	
<i>malathion</i> (generic of OVIDE)	Tier 1	
<i>permethrin</i> (generic of ELIMITE)	Tier 1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
ACETIC ACID .25%	Tier 1	
REGRANEX	Tier 2	PA
SANTYL	Tier 3	
SODIUM CHLORIDE 0.9%	Tier 1	
STERILE WATER IRRIGATION	Tier 1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i> (generic of EVOXAC)	Tier 1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	Tier 1	
<i>clotrimazole</i> TROC	Tier 1	
<i>lidocaine hcl (mouth-throat)</i>	Tier 1	
<i>nystatin (mouth-throat)</i>	Tier 1	
<i>paroex sol 0.12%</i> (generic of PERIDEX)	Tier 1	
PILOCARPINE HCL (ORAL) 5mg	Tier 1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) 7.5mg	Tier 1	
<i>triamcinolone acetonide (mouth)</i>	Tier 1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>acetic acid-aluminum acetate</i>	Tier 1	
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<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	Tier 1	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN	Tier 1	
<i>neomycin-polymyxin-hc (otic)</i> SUSP	Tier 1	
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	Tier 1	

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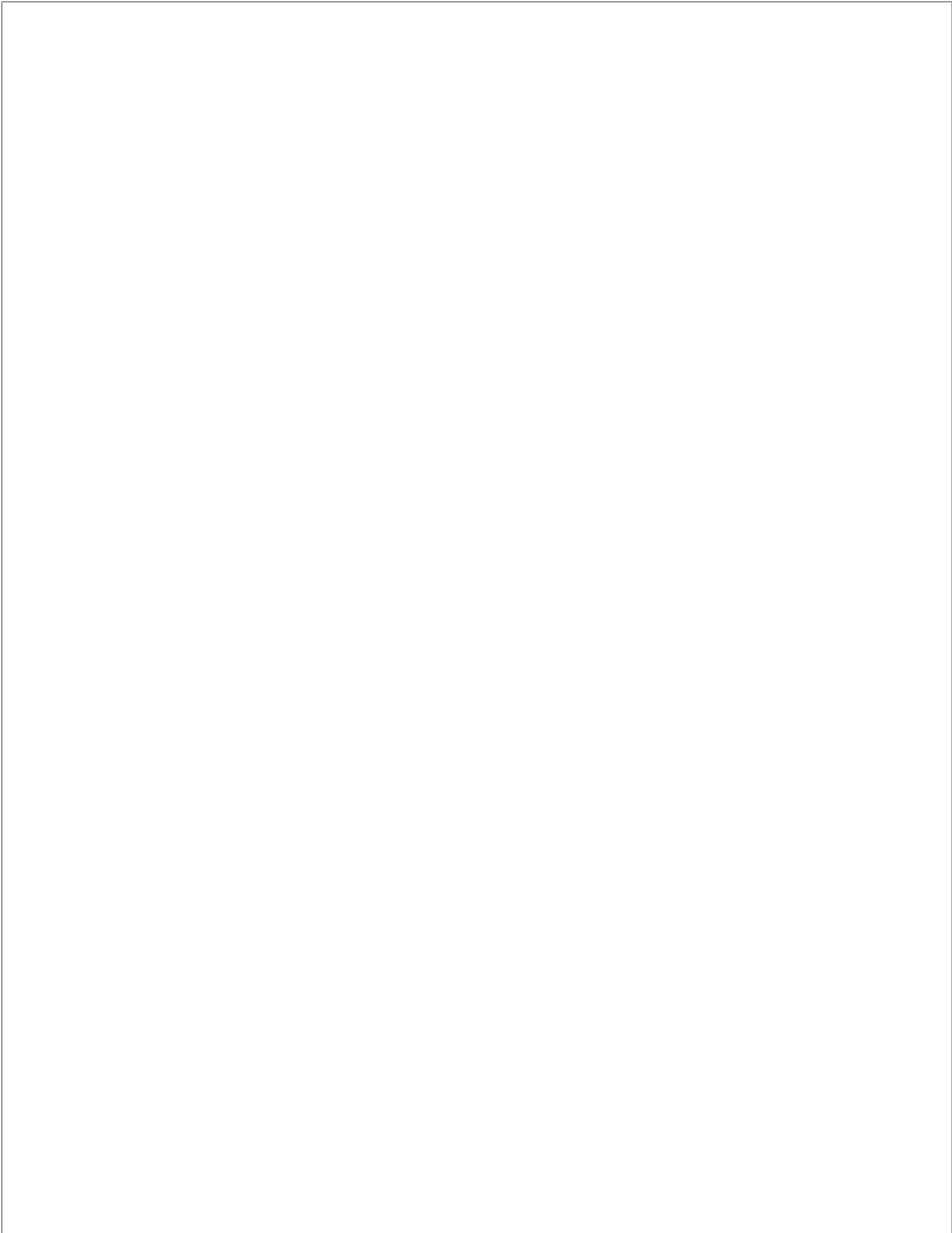
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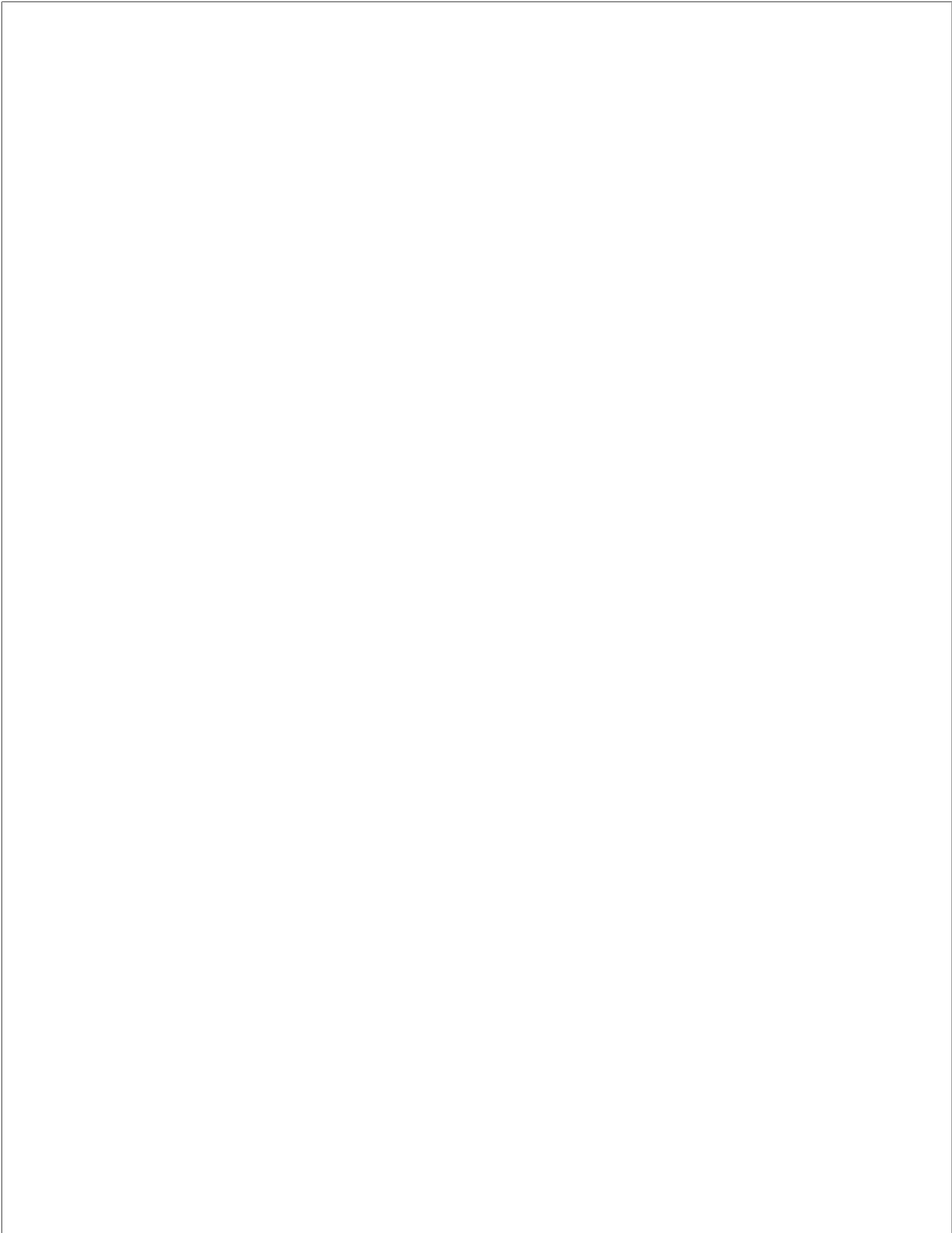
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## MASSACHUSETTS

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| Blue MedicareRx<sup>SM</sup> (PDP)

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