



Blue MedicareRxSM Value Plus (PDP) 2019 Formulary

(List of Covered Drugs)

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

This formulary was updated on 08/28/2018. For more recent information or other questions, please contact Blue MedicareRx Value Plus, at:

Connecticut	1-888-620-1747	Rhode Island	1-888-620-1748
Massachusetts	1-888-543-4917	Vermont	1-888-620-1746

or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit
www.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 MedicareRxSM (PDP). When it refers to “plan” or “our plan,” it means Blue MedicareRx Value Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Blue MedicareRx Value Plus Formulary?

A formulary is a list of covered drugs selected by Blue MedicareRx Value Plus 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 Value Plus 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 Value Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue MedicareRx Value Plus Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of January 1, 2019. To get updated information about the drugs covered by Blue MedicareRx Value Plus, 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 www.RxMedicarePlans.com to get information showing changes to, additions, and/or deletions of medications contained in our formulary.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

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

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

For more information

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

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

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

Blue MedicareRx Value Plus Formulary

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

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

The information in the Requirements/Limits column tells you if Blue MedicareRx Value Plus 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 the numbers that appear on the front and back cover pages, 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.

Explanation of Tiers and Copayments/Coinsurance:

Blue MedicareRx Value Plus Initial Coverage Stage

Tier Label	Retail Cost-Sharing or Out-of-Network (OON) Cost-Sharing*		Mail Order Cost-Sharing 90-day supply
	30-day supply/ Long-term Care (LTC)** 31-day supply		
	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing/ OON/LTC	
Tier 1: Preferred Generic Certain generic drugs that are available at the lowest copayment	\$2	\$7	\$2
Tier 2: Generic Higher cost generic drugs available at a higher copayment than Tier 1 generic drugs	\$8	\$19	\$16
Tier 3: Preferred Brand Many common brand name drugs and some higher cost generic drugs , many of which may have lower cost options available on Tier 1 or Tier 2***	\$35	\$45	\$70
Tier 4: Non-Preferred Drug Higher cost generic and non-preferred drugs , many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3***	40%	50%	40%
Tier 5: Specialty Tier Unique and/or very high-cost brand and some generic drugs of which you pay a percentage of the total drug cost which may require special handling and/or close monitoring***	26%	26%	Not Applicable†

* In addition to your copayment, at an out-of-network pharmacy you will pay the difference between the actual charge and what you would have paid at a network pharmacy. Amounts you pay may vary at out-of-network pharmacies.

** Standard Retail Cost-Sharing applies to all Out-of-Network (OON) and Long-term Care (LTC) Cost-Sharing.

*** You pay the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.

† Specialty Tier drugs are not available for a 90-day retail or mail order supply.

Blue MedicareRx Value Plus 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS					
GOUT					
<i>allopurinol tab</i> (generic of ZYLOPRIM)	Tier 1		<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	Tier 1	
<i>colchicine w/ probenecid</i>	Tier 3		<i>naproxen</i> TABS 375mg	Tier 1	
COLCRYS	Tier 3	QL	<i>naproxen dr</i> (generic of EC- NAPROSYN)	Tier 2	
QL (120 tabs / 30 days)			<i>sulindac</i> TABS	Tier 2	
MITIGARE	Tier 3	QL	OPIOID ANALGESICS		
QL (60 caps / 30 days)			<i>acetaminophen w/ codeine</i> 300-15mg	Tier 2	QL
<i>probenecid</i>	Tier 3		QL (400 tabs / 30 days)		
ULORIC	Tier 3	ST	<i>acetaminophen w/ codeine</i> 300-30mg (generic of TYLENOL/CODEINE #3)	Tier 2	QL
NSAIDS			QL (360 tabs / 30 days)		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg	Tier 3	QL	<i>acetaminophen w/ codeine</i> 300-60mg (generic of TYLENOL/CODEINE #4)	Tier 2	QL
QL (240 caps / 30 days)			QL (180 tabs / 30 days)		
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg	Tier 3	QL	<i>acetaminophen w/ codeine soln</i>	Tier 2	QL
QL (120 caps / 30 days)			QL (2700 mL / 30 days)		
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg	Tier 3	QL	<i>nalbuphine hcl</i> SOLN	Tier 4	
QL (60 caps / 30 days)			<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM)	Tier 2	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg	Tier 3	QL	QL (240 tabs / 30 days)		
QL (30 caps / 30 days)			OPIOID ANALGESICS, CII		
<i>diclofenac potassium</i>	Tier 3	QL	<i>endocet 2.5-325mg</i> (generic of PERCOCET)	Tier 3	QL
QL (120 tabs / 30 days)			QL (360 tabs / 30 days)		
<i>diclofenac sodium</i> TB24; TBEC	Tier 2		<i>endocet 5-325mg</i> (generic of PERCOCET)	Tier 3	QL
<i>diflunisal</i>	Tier 3		QL (360 tabs / 30 days)		
<i>flurbiprofen</i> TABS	Tier 3		<i>endocet 7.5-325mg</i> (generic of PERCOCET)	Tier 3	QL
<i>ibu tab 600mg</i>	Tier 2		QL (240 tabs / 30 days)		
<i>ibu tab 800mg</i>	Tier 2				
<i>ibuprofen</i> SUSP	Tier 3				
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 2				
<i>ketoprofen cap 75mg</i>	Tier 3				
<i>meloxicam</i> (generic of MOBIC) TABS	Tier 1				
<i>nabumetone</i> TABS	Tier 2				

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

B/D – Covered under Medicare Part B or D **QL** – Quantity Limits **PA** – Prior Authorization

ST – Step Therapy **LA** – Limited Access **NMO** – No Mail Order

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Blue MedicareRx Value Plus 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>endocet 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 3	QL	<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 4	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	Tier 5	QL PA	<i>hydrocodone-ibuprofen 7.5-200mg</i> QL (150 tabs / 30 days)	Tier 3	QL
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 4	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD QL (600 mL / 30 days)	Tier 4	QL
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 4	QL PA	<i>hydromorphone hcl</i> (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/mL, 50mg/5mL, 500mg/50mL	Tier 4	B/D
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 4	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (180 tabs / 30 days)	Tier 3	QL
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 4	QL PA	HYSINGLA ER QL (30 tabs / 30 days)	Tier 3	QL PA
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 4	QL PA	<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	Tier 2	QL
FENTORA QL (120 tabs / 30 days)	Tier 5	QL PA	<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (180 tabs / 30 days)	Tier 2	QL
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO,LORCET) QL (240 tabs / 30 days)	Tier 2	QL	<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	Tier 2	QL
<i>hydroco/apap tab 7.5-325mg</i> (generic of NORCO,LORCET PLUS) QL (180 tabs / 30 days)	Tier 2	QL	<i>methadone hcl</i> SOLN 5mg/5mL QL (450 mL / 30 days)	Tier 3	QL PA
<i>hydroco/apap tab 10-325mg</i> (generic of NORCO,LORCET HD) QL (180 tabs / 30 days)	Tier 2	QL	<i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 3	QL PA
			<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	Tier 3	QL PA
			<i>methadone hcl intensol</i> (generic of METHADOSE) QL (90 mL / 30 days)	Tier 3	QL PA

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B/D – Covered under Medicare Part B or D **QL** – Quantity Limits **PA** – Prior Authorization

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Blue MedicareRx Value Plus 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl soln 10 mg/5ml</i> QL (450 mL / 30 days)	Tier 3	QL PA
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>morphine sul inj 1mg/ml</i> MORPHINE SUL INJ 2MG/ML	Tier 4	B/D
MORPHINE SUL INJ 4MG/ML	Tier 4	B/D
<i>morphine sul inj 10mg/ml</i> MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	Tier 4	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 4	B/D
<i>morphine sulfate SOLN</i> 8mg/ml	Tier 4	B/D
<i>morphine sulfate TABS</i> 15mg QL (180 tabs / 30 days)	Tier 3	QL
<i>morphine sulfate TABS</i> 30mg QL (90 tabs / 30 days)	Tier 3	QL
<i>morphine sulfate oral soln 10mg/5ml</i> QL (900 mL / 30 days)	Tier 3	QL
<i>morphine sulfate oral soln 20mg/5ml</i> QL (750 mL / 30 days)	Tier 3	QL
<i>morphine sulfate oral soln 100mg/5ml</i> QL (180 mL / 30 days)	Tier 3	QL
NUCYNTA ER 50mg, 100mg, 200mg, 250mg QL (60 tabs / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA ER 150mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>oxycodone hcl SOLN</i> QL (900 mL / 30 days)	Tier 4	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	Tier 3	QL
<i>oxycodone hcl TABS</i> 10mg, 20mg QL (180 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 3	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) 2%	Tier 4	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) .5%, 1%	Tier 4	B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE)	Tier 4	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE)	Tier 4	B/D

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Blue MedicareRx Value Plus 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine inj 1.5% preservative free (pf)</i> (generic of XYLOCAINE-MPF)	Tier 4	B/D	<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	Tier 4	
ANTI-INFECTIVES			<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 4	
ANTI-BACTERIALS - MISCELLANEOUS			<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	Tier 4	
<i>amikacin sulfate SOLN</i>	Tier 4		<i>dapsone TABS</i>	Tier 3	
<i>gentamicin in saline</i>	Tier 4		<i>daptomycin</i> (generic of CUBICIN) 500mg	Tier 5	
<i>gentamicin sulfate SOLN</i>	Tier 4		EMVERM	Tier 5	
<i>neomycin sulfate TABS</i>	Tier 3		<i>ertapenem sodium</i>	Tier 4	
<i>paromomycin sulfate CAPS</i>	Tier 4		<i>imipenem-cilastatin</i>	Tier 3	
<i>streptomycin sulfate SOLR</i>	Tier 5		<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	Tier 3	
SULFADIAZINE TABS	Tier 4		INVANZ	Tier 4	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	Tier 5	NMO PA	<i>ivermectin</i> (generic of STROMECTOL) TABS	Tier 3	
<i>tobramycin inj 1.2 gm/30ml</i>	Tier 4		<i>linezolid in sodium chloride</i>	Tier 4	
<i>tobramycin inj 1.2gm</i>	Tier 5		<i>linezolid inj</i> (generic of ZYVOX)	Tier 4	
<i>tobramycin inj 10mg/ml</i>	Tier 4		<i>linezolid susp</i> (generic of ZYVOX)	Tier 5	
<i>tobramycin inj 40mg/ml</i>	Tier 4		<i>linezolid tab 600mg</i> (generic of ZYVOX)	Tier 5	
<i>tobramycin inj 80mg/2ml</i>	Tier 4		<i>meropenem</i> (generic of MERREM)	Tier 4	
ANTI-INFECTIVES - MISCELLANEOUS			<i>methenamine hippurate</i> (generic of HIPREX)	Tier 3	
ALBENZA	Tier 5		<i>metronidazole</i> (generic of FLAGYL) TABS	Tier 2	
ALINIA	Tier 5		<i>metronidazole in nacl</i>	Tier 4	
<i>atovaquone</i> (generic of MEPRON) SUSP	Tier 5		NEBUPENT	Tier 4	B/D
<i>aztreonam</i> (generic of AZACTAM)	Tier 4		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg	Tier 3	PA
BILTRICIDE	Tier 3		PA applies if 70 years and older after a 90 day supply in a calendar year		
CAYSTON	Tier 5	NMO LA PA			
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	Tier 2				
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	Tier 2				
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Tier 2				
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	Tier 4				
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN PHOSPHATE)	Tier 4				
CLINDAMYCIN PHOSPHATE IN NACL	Tier 4				

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<i>nitrofurantoin monohydrate macro</i> (generic of MACROBID) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 3	PA
PENTAM 300	Tier 4	
<i>praziquantel</i> (generic of BILTRICIDE) TABS	Tier 3	
SIVEXTRO	Tier 5	
<i>sulfamethoxazole-trimethoprim</i> (generic of BACTRIM DS)	Tier 2	
<i>sulfamethoxazole-trimethoprim inj</i>	Tier 4	
<i>sulfamethoxazole-trimethoprim susp</i>	Tier 4	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i> (generic of BACTRIM)	Tier 2	
SYNERCID	Tier 5	
<i>tigecycline</i> (generic of TYGACIL)	Tier 5	
<i>trimethoprim</i> TABS	Tier 2	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg	Tier 4	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 250mg	Tier 5	
<i>vancomycin hcl</i> SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg	Tier 4	
VANCOMYCIN IN NACL	Tier 4	
ANTIFUNGALS		
ABELCET	Tier 5	B/D
AMBISOME	Tier 5	B/D
<i>amphotericin b</i> SOLR	Tier 4	B/D
<i>caspofungin acetate</i> (generic of CANCIDAS)	Tier 5	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	Tier 3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS	Tier 2	
<i>fluconazole in dextrose</i>	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluconazole inj nacl 200</i>	Tier 4	
<i>fluconazole inj nacl 400</i>	Tier 4	
<i>flucytosine</i> (generic of ANCOBON) CAPS	Tier 5	
<i>griseofulvin microsize</i> SUSP	Tier 3	
<i>griseofulvin microsize</i> TABS	Tier 4	
<i>griseofulvin ultramicrosize</i>	Tier 4	
<i>itraconazole</i> (generic of SPORANOX) CAPS	Tier 4	PA
<i>ketoconazole</i> TABS	Tier 3	PA
MYCAMINE	Tier 5	
NOXAFIL SUSP QL (630 mL / 30 days)	Tier 5	QL
NOXAFIL TBEC QL (93 tabs / 30 days)	Tier 5	QL
<i>nystatin</i> TABS	Tier 3	
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / year)	Tier 2	QL
<i>voriconazole</i> (generic of VFEND IV) SOLR	Tier 4	
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	Tier 5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	Tier 4	
<i>chloroquine phosphate</i> TABS	Tier 4	
COARTEM	Tier 4	
<i>mefloquine hcl</i>	Tier 3	
PRIMAQUINE PHOSPHATE	Tier 3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	Tier 4	PA
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN	Tier 4	NMO
<i>abacavir sulfate</i> (generic of ZIAGEN) TABS	Tier 3	NMO
APTIVUS	Tier 5	NMO
<i>atazanavir sulfate</i> (generic of REYATAZ)	Tier 5	NMO
CRIVAN	Tier 4	NMO

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<i>didanosine</i> (generic of VIDEX EC)	Tier 4	NMO
EDURANT	Tier 5	NMO
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg	Tier 4	NMO
<i>efavirenz</i> (generic of SUSTIVA) CAPS 200mg	Tier 5	NMO
<i>efavirenz</i> (generic of SUSTIVA) TABS	Tier 5	NMO
EMTRIVA	Tier 3	NMO
<i>fosamprenavir tab 700 mg</i> (generic of LEXIVA)	Tier 5	NMO
FUZEON	Tier 5	NMO
INTELENCE 25mg	Tier 4	NMO
INTELENCE 100mg, 200mg	Tier 5	NMO
INVIRASE	Tier 5	NMO
ISENRESS CHEW 25mg	Tier 3	NMO
ISENRESS CHEW 100mg	Tier 5	NMO
ISENRESS PACK	Tier 3	NMO
ISENRESS TABS	Tier 5	NMO
ISENRESS HD	Tier 5	NMO
<i>lamivudine</i> (generic of EPIVIR)	Tier 3	NMO
LEXIVA SUSP	Tier 4	NMO
<i>nevirapine tab 200mg</i> (generic of VIRAMUNE)	Tier 3	NMO
<i>nevirapine tb24</i> (generic of VIRAMUNE XR)	Tier 4	NMO
NORVIR CAPS	Tier 3	NMO
NORVIR PACK; SOLN	Tier 4	NMO
PREZISTA SUSP QL (400 mL / 30 days)	Tier 5	QL NMO
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NMO
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 5	QL NMO
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 5	QL NMO
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 5	QL NMO
RESCRIPTOR	Tier 4	NMO
REYATAZ PACK	Tier 5	NMO

Drug Name	Drug Tier	Requirements/ Limits
<i>ritonavir</i> (generic of NORVIR)	Tier 3	NMO
SELZENTRY SOLN	Tier 5	NMO
SELZENTRY TABS 25mg	Tier 4	NMO
SELZENTRY TABS 75mg, 150mg, 300mg	Tier 5	NMO
<i>stavudine</i> (generic of ZERIT)	Tier 3	NMO
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD)	Tier 5	NMO
TIVICAY 10mg	Tier 3	NMO
TIVICAY 25mg, 50mg	Tier 5	NMO
TROGARZO	Tier 5	NMO LA
TYBOST	Tier 4	NMO
VIDEX EC 125mg	Tier 4	NMO
VIDEX PEDIATRIC	Tier 4	NMO
VIRACEPT	Tier 5	NMO
VIRAMUNE SUSP	Tier 4	NMO
VIREAD POWD	Tier 5	NMO
VIREAD TABS 150mg, 200mg, 250mg	Tier 5	NMO
ZERIT SOLR	Tier 5	NMO
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	Tier 4	NMO
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	Tier 4	NMO
<i>zidovudine tab 300mg</i>	Tier 3	NMO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	Tier 3	NMO
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	Tier 5	NMO
ATRIPLA	Tier 5	NMO
BIKTARVY	Tier 5	NMO
CIMDUO	Tier 5	NMO
COMPLERA	Tier 5	NMO
DESCOVY	Tier 5	NMO
EVOTAZ	Tier 5	NMO
GENVOYA	Tier 5	NMO
JULUCA	Tier 5	NMO
KALETRA TAB 100-25MG	Tier 4	NMO
KALETRA TAB 200-50MG	Tier 5	NMO

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<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	Tier 4	NMO
<i>lopinavir-ritonavir</i> (generic of KALETRA)	Tier 4	NMO
ODEFSEY	Tier 5	NMO
PREZCOBIX	Tier 5	NMO
STRIBILD	Tier 5	NMO
SYMFI	Tier 5	NMO
SYMFI LO	Tier 5	NMO
TRIUMEQ	Tier 5	NMO
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	Tier 5	QL NMO
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	Tier 5	QL NMO
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	Tier 5	QL NMO
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	Tier 5	QL NMO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS	Tier 5	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	Tier 3	
<i>isoniazid</i> TABS	Tier 2	
<i>isoniazid syp 50mg/5ml</i>	Tier 4	
PASER D/R	Tier 4	
PRIFTIN	Tier 4	
<i>pyrazinamide</i> TABS	Tier 4	
<i>rifabutin</i> (generic of MYCOBUTIN)	Tier 4	
<i>rifampin</i> (generic of RIFADIN) CAPS	Tier 3	
<i>rifampin</i> (generic of RIFADIN) SOLR	Tier 4	
RIFATER	Tier 4	
SIRTURO	Tier 5	LA PA
TRECATOR	Tier 4	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; TABS	Tier 2	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	Tier 4	
<i>acyclovir sodium</i>	Tier 4	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	Tier 5	NMO
BARACLUDE SOLN	Tier 5	NMO

Drug Name	Drug Tier	Requirements/ Limits
<i>entecavir</i> (generic of BARACLUDE)	Tier 5	NMO
EPCLUSA	Tier 5	NMO PA
EPIVIR HBV SOLN	Tier 4	NMO
<i>famciclovir</i> TABS	Tier 3	
<i>ganciclovir sodium</i> (generic of CYTOVENE)	Tier 3	B/D
HARVONI	Tier 5	NMO PA
<i>lamivudine (hbw)</i> (generic of EPIVIR HBV)	Tier 4	NMO
MAVYRET	Tier 5	NMO PA
<i>moderiba tab 200mg</i>	Tier 4	NMO
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 3	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 3	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR QL (1080 mL / year)	Tier 3	QL
PEGASYS	Tier 5	NMO PA
PEGASYS PROCLICK 180mcg/0.5ml	Tier 5	NMO PA
RELENZA DISKHALER QL (6 inhalers / year)	Tier 3	QL
<i>ribasphere</i> (generic of REBETOL) CAPS	Tier 3	NMO
<i>ribasphere</i> TABS	Tier 4	NMO
<i>ribavirin cap 200mg</i> (generic of REBETOL)	Tier 3	NMO
<i>ribavirin tab 200mg</i>	Tier 4	NMO
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	Tier 3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	Tier 3	
<i>valganciclovir hcl</i> (generic of VALCYTE)	Tier 5	
VEMLIDY	Tier 5	NMO
VOSEVI	Tier 5	NMO PA
ZEPATIER	Tier 5	NMO PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	Tier 3	

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<i>cefadroxil</i> CAPS	Tier 2	
<i>cefadroxil</i> SUSR	Tier 3	
<i>cefadroxil</i> TABS	Tier 4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	Tier 4	
<i>cefazolin inj</i>	Tier 4	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	Tier 4	
CEFAZOLIN SODIUM 1 GM/50ML	Tier 4	
<i>cefdinir</i> CAPS	Tier 3	
<i>cefdinir</i> SUSR	Tier 4	
<i>cefepime hcl</i> (generic of MAXIPIME)	Tier 4	
<i>cefixime</i> (generic of SUPRAX)	Tier 4	
<i>cefoxitin sodium</i>	Tier 4	
<i>cefpodoxime proxetil</i> SUSR	Tier 4	
<i>cefpodoxime proxetil</i> TABS	Tier 3	
<i>ceftazidime</i> SOLR	Tier 4	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	Tier 4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 4	
<i>cefuroxime axetil</i>	Tier 3	
<i>cefuroxime sodium</i>	Tier 4	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	Tier 2	
<i>cephalexin</i> SUSR	Tier 3	
SUPRAX CAPS	Tier 3	
SUPRAX CHEW	Tier 4	
SUPRAX SUSR 500mg/5ml	Tier 3	
<i>tazicef</i> SOLR	Tier 4	
TEFLARO	Tier 5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR	Tier 4	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>azithromycin</i> (generic of ZITHROMAX) TABS	Tier 2	
<i>clarithromycin</i> TABS 250mg	Tier 3	
<i>clarithromycin</i> (generic of BIAVIN) TABS 500mg	Tier 3	
<i>clarithromycin er</i> (generic of BIAVIN XL)	Tier 3	
<i>clarithromycin for susp</i>	Tier 4	
<i>e.e.s. 400mg tab</i>	Tier 4	
<i>ery-tab</i>	Tier 4	
ERYTHROCIN LACTOBIONATE	Tier 4	
<i>erythrocine stearate</i>	Tier 4	
<i>erythromycin base</i>	Tier 4	
<i>erythromycin cap 250mg ec</i>	Tier 4	
<i>erythromycin ethylsuccinate</i> TABS	Tier 4	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tab</i> 100mg	Tier 4	
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	Tier 2	
<i>ciprofloxacin hcl tab</i> 750mg	Tier 2	
<i>ciprofloxacin in d5w</i>	Tier 4	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	Tier 4	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	Tier 2	
<i>levofloxacin in d5w</i>	Tier 4	
<i>levofloxacin inj</i> 25mg/ml	Tier 4	
<i>levofloxacin oral soln</i> 25 mg/ml	Tier 4	
PENICILLINS		
<i>amoxicillin</i>	Tier 2	
<i>amoxicillin & pot clavulanate</i> CHEW	Tier 4	
<i>amoxicillin & pot clavulanate</i> SUSR	Tier 3	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	Tier 3	

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<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	Tier 3	
<i>amoxicillin & pot clavulanate</i> TABS	Tier 2	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS	Tier 2	
<i>ampicillin & sulbactam sodium</i>	Tier 4	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	Tier 4	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	Tier 4	
<i>ampicillin cap 500mg</i>	Tier 2	
<i>ampicillin inj</i>	Tier 4	
<i>ampicillin sodium</i>	Tier 4	
BICILLIN L-A	Tier 4	
<i>dicloxacillin sodium</i>	Tier 3	
<i>nafcillin sodium</i> 1gm, 2gm	Tier 4	
<i>nafcillin sodium</i> 10gm	Tier 5	
PENICILLIN G POT IN DEXTROSE 2MU	Tier 4	
PENICILLIN G POT IN DEXTROSE 3MU	Tier 4	
PENICILLIN G PROCAINE	Tier 4	
<i>penicillin g sodium</i>	Tier 4	
<i>penicillin v potassium</i>	Tier 2	
<i>penicillin gk inj 5mu</i>	Tier 4	
<i>penicillin gk inj 20mu</i>	Tier 4	
<i>pfizerpen-g inj 5mu</i>	Tier 4	
<i>pfizerpen-g inj 20mu</i>	Tier 4	
<i>piper/tazoba inj 2-0.25gm</i> (generic of ZOSYN)	Tier 4	
<i>piper/tazoba inj 3-0.375gm</i> (generic of ZOSYN)	Tier 4	
<i>piper/tazoba inj 4-0.5gm</i> (generic of ZOSYN)	Tier 4	
PIPER/TAZOBA INJ 12-1.5GM	Tier 4	
<i>piper/tazoba inj 36-4.5gm</i> (generic of ZOSYN)	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
TETRACYCLINES		
<i>doxy 100</i>	Tier 4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	Tier 2	
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	Tier 3	
<i>doxycycline hyclate</i> CAPS 50mg	Tier 3	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 3	
<i>doxycycline hyclate</i> SOLR	Tier 4	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	Tier 3	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	Tier 3	
<i>minocycline hcl</i> CAPS 75mg	Tier 3	
<i>morgidox cap 1x50mg</i>	Tier 3	
<i>tetracycline hcl</i> CAPS	Tier 4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	Tier 5	B/D NMO
<i>cyclophosphamide</i> (generic of CYCLOPHOSPHAMIDE) CAPS	Tier 4	B/D
<i>dacarbazine</i> 100mg	Tier 3	B/D
EMCYT	Tier 4	
GLEOSTINE 10mg, 40mg, 100mg	Tier 4	
HEXALEN	Tier 5	
LEUKERAN	Tier 5	
ANTIBIOTICS		
<i>bleomycin sulfate</i>	Tier 4	B/D
<i>mitomycin</i> SOLR	Tier 5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	Tier 4	B/D
ALIMTA	Tier 5	B/D
<i>azacitidine</i> (generic of VIDAZA)	Tier 5	B/D NMO
<i>fluorouracil</i> SOLN	Tier 4	B/D
<i>mercaptopurine</i> TABS	Tier 4	
<i>methotrexate sodium inj</i>	Tier 4	B/D

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PURIXAN	Tier 5	NMO
TABLOID	Tier 4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	Tier 5	B/D
<i>docetaxel</i> (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml	Tier 5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	Tier 5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D
<i>docetaxel</i> (generic of DOCETAXEL) SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 5	B/D
TAXOTERE 80mg/4ml	Tier 5	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	Tier 5	NMO LA PA
BORTEZOMIB	Tier 5	NMO PA
ERIVEDGE	Tier 5	NMO LA PA
FARYDAK	Tier 5	NMO LA PA
HERCEPTIN	Tier 5	NMO PA
IBRANCE	Tier 5	NMO LA PA
IDHIFA	Tier 5	NMO LA PA
KEYTRUDA	Tier 5	NMO PA
KISQALI	Tier 5	NMO PA
KISQALI FEMARA 200 DOSE	Tier 5	NMO PA
KISQALI FEMARA 400 DOSE	Tier 5	NMO PA
KISQALI FEMARA 600 DOSE	Tier 5	NMO PA
LYNPARZA	Tier 5	NMO LA PA
MYLOTARG	Tier 5	NMO LA PA
NINLARO	Tier 5	NMO PA
ODOMZO	Tier 5	NMO LA PA
RITUXAN	Tier 5	NMO LA PA
RITUXAN HYCELA	Tier 5	NMO LA PA
RUBRACA	Tier 5	NMO LA PA
TECENTRIQ	Tier 5	NMO LA PA
VELCADE	Tier 5	NMO PA
VENCLEXTA 10mg, 50mg	Tier 4	NMO LA PA
VENCLEXTA 100mg	Tier 5	NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
VENCLEXTA STARTING PACK	Tier 5	NMO LA PA
VERZENIO	Tier 5	NMO LA PA
ZEJULA	Tier 5	NMO LA PA
ZOLINZA	Tier 5	NMO PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	Tier 2	
<i>bicalutamide</i> (generic of CASODEX)	Tier 3	
ERLEADA	Tier 5	NMO LA PA
<i>exemestane</i> (generic of AROMASIN)	Tier 4	
FARESTON	Tier 5	
FASLODEX	Tier 5	B/D
<i>flutamide</i>	Tier 3	
<i>letrozole</i> (generic of FEMARA) TABS	Tier 2	
<i>leuprolide inj 1mg/0.2</i>	Tier 3	NMO PA
LUPRON DEPOT (1-MONTH) 3.75mg	Tier 5	NMO PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	Tier 5	NMO PA
LYSODREN	Tier 3	
<i>megestrol ac sus 40mg/ml</i>	Tier 4	
<i>megestrol ac tab 20mg</i>	Tier 3	
<i>megestrol ac tab 40mg</i>	Tier 3	
<i>megestrol sus 625mg/5ml</i> (generic of MEGACE ES)	Tier 4	PA
<i>nilutamide</i> (generic of NILANDRON)	Tier 5	
SOLTAMOX	Tier 5	
<i>tamoxifen citrate</i> TABS	Tier 1	
TRELSTAR DEP INJ 3.75MG	Tier 5	NMO PA
TRELSTAR LA INJ 11.25MG	Tier 5	NMO PA
XTANDI	Tier 5	NMO LA PA
ZYTIGA	Tier 5	NMO LA PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	Tier 5	NMO LA PA
POMALYST CAP 2MG	Tier 5	NMO LA PA
POMALYST CAP 3MG	Tier 5	NMO LA PA
POMALYST CAP 4MG	Tier 5	NMO LA PA

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Blue MedicareRx Value Plus 2019 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
REVLIMID QL (28 caps / 28 days)	Tier 5	QL NMO LA PA
THALOMID 50mg, 100mg QL (30 caps / 30 days)	Tier 5	QL NMO PA
THALOMID 150mg, 200mg QL (60 caps / 30 days)	Tier 5	QL NMO PA
KINASE INHIBITORS		
AFINITOR QL (30 tabs / 30 days)	Tier 5	QL NMO PA
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	Tier 5	QL NMO PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	Tier 5	QL NMO PA
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	Tier 5	QL NMO PA
ALECENSA	Tier 5	NMO LA PA
ALUNBRIG	Tier 5	NMO LA PA
BOSULIF	Tier 5	NMO PA
CABOMETYX QL (30 tabs / 30 days)	Tier 5	QL NMO LA PA
CALQUENCE	Tier 5	NMO LA PA
CAPRELSA	Tier 5	NMO LA PA
COMETRIQ	Tier 5	NMO LA PA
COTELLIC	Tier 5	NMO LA PA
GILOTRIF TAB 20MG	Tier 5	NMO LA PA
GILOTRIF TAB 30MG	Tier 5	NMO LA PA
GILOTRIF TAB 40MG	Tier 5	NMO LA PA
ICLUSIG	Tier 5	NMO LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	Tier 5	QL NMO PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	Tier 5	QL NMO PA
IMBRUVICA	Tier 5	NMO LA PA
INLYTA 1mg QL (180 tabs / 30 days)	Tier 5	QL NMO LA PA
INLYTA 5mg QL (120 tabs / 30 days)	Tier 5	QL NMO LA PA
IRESSA	Tier 5	NMO LA PA
JAKAFI QL (60 tabs / 30 days)	Tier 5	QL NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 8 MG DAILY DOSE	Tier 5	NMO LA PA
LENVIMA 10 MG DAILY DOSE	Tier 5	NMO LA PA
LENVIMA 14 MG DAILY DOSE	Tier 5	NMO LA PA
LENVIMA 18 MG DAILY DOSE	Tier 5	NMO LA PA
LENVIMA 20 MG DAILY DOSE	Tier 5	NMO LA PA
LENVIMA 24 MG DAILY DOSE	Tier 5	NMO LA PA
MEKINIST	Tier 5	NMO LA PA
NERLYNX	Tier 5	NMO LA PA
NEXAVAR	Tier 5	NMO LA PA
RYDAPT	Tier 5	NMO PA
SPRYCEL	Tier 5	NMO PA
STIVARGA	Tier 5	NMO LA PA
SUTENT	Tier 5	NMO PA
TAFINLAR	Tier 5	NMO LA PA
TAGRISSO	Tier 5	NMO LA PA
TARCEVA 25mg QL (90 tabs / 30 days)	Tier 5	QL NMO LA PA
TARCEVA 100mg, 150mg QL (30 tabs / 30 days)	Tier 5	QL NMO LA PA
TASIGNA	Tier 5	NMO PA
TYKERB	Tier 5	NMO LA PA
VOTRIENT	Tier 5	NMO LA PA
XALKORI	Tier 5	NMO LA PA
ZELBORAF	Tier 5	NMO LA PA
ZYDELIG	Tier 5	NMO LA PA
ZYKADIA	Tier 5	NMO LA PA

MISCELLANEOUS

<i>bexarotene</i> (generic of TARGRETIN)	Tier 5	NMO PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS	Tier 2	
LONSURF	Tier 5	NMO PA
MATULANE	Tier 5	LA
SYLATRON KIT 200MCG	Tier 5	NMO PA
SYLATRON KIT 300MCG	Tier 5	NMO PA
SYLATRON KIT 600MCG	Tier 5	NMO PA
SYNRIBO	Tier 5	NMO PA
<i>tretinoin</i> (chemotherapy)	Tier 5	

PLATINUM-BASED AGENTS

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Drug Name	Drug Tier	Requirements/ Limits
<i>carboplatin</i>	Tier 4	B/D
<i>cisplatin</i>	Tier 3	B/D
PROTECTIVE AGENTS		
<i>dexrazoxane</i> (generic of ZINECARD) 500mg	Tier 5	B/D
<i>leucovorin calcium</i> SOLR	Tier 4	B/D
<i>leucovorin calcium</i> TABS	Tier 3	
MESNEX TABS	Tier 5	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN	Tier 3	B/D
<i>toposar</i>	Tier 3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN	Tier 5	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR	Tier 5	B/D
TOPOTECAN INJ 4MG/4ML	Tier 5	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (generic of LOTREL)	Tier 2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (generic of LOTREL)	Tier 2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL)	Tier 2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL)	Tier 2	
<i>benazepril & hydrochlorothiazide</i>	Tier 2	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	Tier 2	
<i>enalapril maleate & hydrochlorothiazide</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide</i>	Tier 2	
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	Tier 1	
<i>moexipril-hydrochlorothiazide</i>	Tier 2	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	Tier 2	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	Tier 1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	Tier 2	
<i>fosinopril sodium</i>	Tier 1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	Tier 1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	Tier 1	
<i>moexipril hcl</i>	Tier 2	
<i>perindopril erbumine</i>	Tier 2	
<i>quinapril hcl</i> (generic of ACCUPRIL)	Tier 1	
<i>ramipril</i> (generic of ALTACE)	Tier 1	
<i>trandolapril</i> 1mg, 2mg	Tier 2	
<i>trandolapril</i> (generic of MAVIK) 4mg	Tier 2	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> (generic of INSPIRA)	Tier 3	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg	Tier 1	
<i>spironolactone</i> (generic of ALDACTONE) TABS 50mg, 100mg	Tier 2	

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ALPHA BLOCKERS					
doxazosin mesylate (generic of CARDURA) TABS	Tier 2		valsartan-hydrochlorothiazide (generic of DIOVAN HCT)	Tier 2	
prazosin hcl (generic of MINIPRESS)	Tier 3		ANGIOTENSIN II RECEPTOR ANTAGONISTS		
terazosin hcl	Tier 1		irbesartan (generic of AVAPRO)	Tier 2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS			losartan potassium (generic of COZAAR)	Tier 1	
amlodipine besylate-olmesartan medoxomil (generic of AZOR)	Tier 2		olmesartan medoxomil (generic of BENICAR) TABS	Tier 2	
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)	Tier 2		telmisartan (generic of MICARDIS)	Tier 2	
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)	Tier 2		valsartan (generic of DIOVAN)	Tier 2	
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)	Tier 2		ANTIARRHYTHMICS		
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)	Tier 2		amiodarone hcl soln	Tier 4	
ENTRESTO	Tier 3		amiodarone tab 100mg	Tier 4	
irbesartan-hydrochlorothiazide (generic of AVALIDE)	Tier 2		amiodarone tab 200mg	Tier 2	
losartan potassium & hctz tab 50-12.5 mg (generic of HYZAAR)	Tier 1		amiodarone tab 400mg	Tier 4	
losartan potassium & hctz tab 100-12.5 mg (generic of HYZAAR)	Tier 1		disopyramide phosphate (generic of NORPACE)	Tier 4	
losartan potassium & hctz tab 100-25 mg (generic of HYZAAR)	Tier 1		dofetilide (generic of TIKOSYN)	Tier 4	NMO
olmesartan medoxomil-amlodipine-hydrochlorothiazide (generic of TRIBENZOR)	Tier 2		flecainide acetate	Tier 3	
olmesartan medoxomil-hydrochlorothiazide (generic of BENICAR HCT)	Tier 2		mexiletine hcl	Tier 4	
			MULTAQ	Tier 4	
			NORPACE CR	Tier 4	
			pacerone 100mg, 400mg	Tier 4	
			pacerone 200mg	Tier 2	
			propafenone hcl	Tier 3	
			propafenone hcl 12hr (generic of RYTHMOL SR)	Tier 4	
			quinidine gluconate TBCR	Tier 4	
			quinidine sulfate TABS	Tier 2	
			sorine (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 2	
			sorine 240mg	Tier 2	
			sotalol hcl (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 2	
			sotalol hcl 240mg	Tier 2	

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<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	Tier 2		<i>gemfibrozil</i> (generic of LOPID) TABS	Tier 2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS			JUXTAPID	Tier 5	NMO LA PA
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	Tier 1		KYNAMRO	Tier 5	NMO PA
<i>lovastatin</i> 10mg, 20mg	Tier 1		<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 500mg	Tier 4	QL
<i>lovastatin</i> (generic of MEVACOR) 40mg	Tier 1		QL (90 tabs / 30 days)		
<i>pravastatin sodium</i> 10mg	Tier 2		<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 750mg, 1000mg	Tier 4	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	Tier 2		<i>niacor</i>	Tier 3	
<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	Tier 2	QL	PRALUENT	Tier 5	NMO PA
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	Tier 1		<i>prevalite</i> PACK	Tier 4	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	Tier 1	QL	<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	Tier 4	
ANTILIPEMICS, MISCELLANEOUS			VASCEPA	Tier 4	
<i>cholestyramine</i> (generic of QUESTRAN)	Tier 4		WELCHOL PAK	Tier 3	
<i>cholestyramine light</i> PACK	Tier 4		BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	Tier 4		<i>atenolol & chlorthalidone</i>	Tier 2	
<i>colesevelam hcl</i> (generic of WELCHOL)	Tier 3		<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	Tier 1	
<i>colestipol hcl gran</i> (generic of COLESTID)	Tier 4		<i>metoprolol & hydrochlorothiazide</i>	Tier 3	
<i>colestipol hcl pack</i> (generic of COLESTID)	Tier 4		<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	Tier 3	
<i>colestipol hcl tabs</i> (generic of COLESTID)	Tier 3		BETA-BLOCKERS		
<i>ezetimibe</i> (generic of ZETIA)	Tier 4		<i>acebutolol hcl</i> CAPS	Tier 2	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 3		<i>atenolol</i> (generic of TENORMIN) TABS 25mg	Tier 1	
<i>fenofibrate</i> TABS 54mg, 160mg	Tier 3		<i>atenolol</i> TABS 50mg, 100mg	Tier 1	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	Tier 3		<i>bisoprolol fumarate</i>	Tier 2	
			BYSTOLIC 2.5mg, 5mg, 10mg	Tier 4	QL
			QL (30 tabs / 30 days)		
			BYSTOLIC 20mg	Tier 4	QL
			QL (60 tabs / 30 days)		
			<i>carvedilol</i> (generic of COREG)	Tier 1	

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<i>labetalol hcl</i> TABS	Tier 3		<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD) 120mg, 360mg	Tier 3	
<i>metoprolol succinate</i> (generic of TOPROL XL)	Tier 2		<i>diltiazem hcl coated beads cap sr 24hr</i> 300mg	Tier 3	
<i>metoprolol tartrate</i> SOCT	Tier 4		<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC) 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 3	
<i>metoprolol tartrate</i> SOLN	Tier 4		<i>diltiazem hcl extended release beads cap sr</i> (generic of CARDIZEM CD) 180mg	Tier 3	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1		<i>diltiazem inj</i>	Tier 4	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1		<i>felodipine</i>	Tier 2	
<i>pindolol</i>	Tier 3		<i>nicardipine hcl</i> CAPS	Tier 4	
<i>propranolol cap er</i> (generic of INDERAL LA)	Tier 3		<i>nifedipine</i> (generic of PROCARDIA XL) TB24	Tier 3	
<i>propranolol hcl</i> TABS	Tier 3		<i>nifedipine er</i> (generic of ADALAT CC)	Tier 3	
<i>propranolol oral sol</i>	Tier 3		<i>nimodipine</i> CAPS	Tier 5	
<i>timolol maleate</i> TABS	Tier 3		NYMALIZE	Tier 5	
CALCIUM CHANNEL BLOCKERS			<i>taztia xt</i> (generic of TIAZAC)	Tier 3	
<i>afeditab cr</i> (generic of ADALAT CC)	Tier 3		<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	Tier 3	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	Tier 1		<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	Tier 3	
<i>cartia xt</i> (generic of CARDIZEM CD) 120mg, 180mg, 240mg	Tier 3		<i>verapamil cap er</i> 360mg	Tier 4	
<i>cartia xt</i> 300mg	Tier 3		<i>verapamil hcl</i> SOLN	Tier 4	
<i>dilt-xr cap</i>	Tier 3		<i>verapamil hcl</i> TABS 40mg	Tier 1	
<i>diltiazem cap 120mg cd</i> (generic of CARDIZEM CD)	Tier 3		<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	Tier 1	
<i>diltiazem cap 180mg cd</i> (generic of CARDIZEM CD)	Tier 3		<i>verapamil hcl</i> (generic of CALAN SR) TBCR	Tier 2	
<i>diltiazem cap 240mg cd</i> (generic of CARDIZEM CD)	Tier 3		<i>verapamil tab er</i> (generic of CALAN SR)	Tier 2	
<i>diltiazem cap 300mg cd</i>	Tier 3		DIGITALIS GLYCOSIDES		
<i>diltiazem cap 360mg cd</i> (generic of CARDIZEM CD)	Tier 3		<i>digitek</i> (generic of LANOXIN) .25mg	Tier 3	PA
<i>diltiazem cap er/12hr</i>	Tier 4		PA if 70 years and older		
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 2				
<i>diltiazem hcl</i> TABS 90mg	Tier 2				
<i>diltiazem hcl cap sr 24hr</i>	Tier 3				

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<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days)	Tier 3	QL
<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days)	Tier 3	QL
<i>digox</i> (generic of LANOXIN) 250mcg PA if 70 years and older	Tier 3	PA
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days)	Tier 3	QL
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg PA if 70 years and older	Tier 3	PA
<i>digoxin inj</i> (generic of LANOXIN)	Tier 4	
<i>digoxin sol</i> 50mcg/ml PA if 70 years and older	Tier 4	PA
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	Tier 4	
TEKTURNA HCT	Tier 4	
DIURETICS		
<i>acetazolamide</i> CP12	Tier 4	
<i>acetazolamide</i> TABS	Tier 3	
<i>amiloride</i> & <i>hydrochlorothiazide</i>	Tier 2	
<i>amiloride hcl</i> TABS	Tier 3	
<i>bumetanide</i> SOLN	Tier 4	
<i>bumetanide</i> (generic of BUMEX) TABS	Tier 3	
<i>chlorothiazide tabs</i>	Tier 3	
<i>chlorthalidone</i>	Tier 3	
<i>furosemide</i> SOLN	Tier 2	
<i>furosemide</i> (generic of LASIX) TABS	Tier 1	
<i>furosemide inj</i>	Tier 4	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	Tier 1	
<i>hydrochlorothiazide</i> TABS	Tier 1	
<i>indapamide</i>	Tier 2	
<i>methazolamide</i> TABS	Tier 4	
<i>metolazone</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>spironolactone</i> & <i>hydrochlorothiazide</i> (generic of ALDACTAZIDE)	Tier 3	
<i>torsemide tabs</i> 5mg, 100mg	Tier 2	
<i>torsemide tabs</i> (generic of DEMADAX) 10mg, 20mg	Tier 2	
<i>triamterene</i> & <i>hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYAZIDE)	Tier 1	
<i>triamterene</i> & <i>hydrochlorothiazide tabs</i> (generic of MAXZIDE)	Tier 1	
<i>triamterene</i> & <i>hydrochlorothiazide tabs</i> (generic of MAXZIDE-25)	Tier 1	
MISCELLANEOUS		
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 4	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	Tier 1	
CORLANOR	Tier 4	
DEMSEER	Tier 5	PA
<i>hydralazine hcl</i> SOLN	Tier 4	
<i>hydralazine hcl</i> TABS	Tier 2	
<i>midodrine hcl</i>	Tier 3	
<i>minoxidil</i> TABS	Tier 2	
NORTHERA	Tier 5	NMO LA PA
RANEXA	Tier 4	
NITRATES		
<i>isosorb mononitrate tab</i>	Tier 2	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	Tier 3	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	Tier 3	
<i>isosorbide dinitrate er</i>	Tier 4	

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<i>isosorbide mononitrate er</i>	Tier 2	
<i>minitran</i> (generic of NITRO-DUR)	Tier 3	
NITRO-BID	Tier 3	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	Tier 3	
<i>nitroglycerin td patch</i> .1mg/hr	Tier 3	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	Tier 3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS QL (90 tabs / 30 days)	Tier 5	QL NMO LA PA
LETAIRIS QL (30 tabs / 30 days)	Tier 5	QL NMO LA PA
OPSUMIT QL (30 tabs / 30 days)	Tier 5	QL NMO LA PA
REMODULIN	Tier 5	NMO LA PA
<i>sildenafil citrate tab 20 mg</i> (pulmonary hypertension) (generic of REVATIO) QL (90 tabs / 30 days)	Tier 3	QL NMO PA
TRACLEER TABS 62.5mg QL (120 tabs / 30 days)	Tier 5	QL NMO LA PA
TRACLEER TABS 125mg QL (60 tabs / 30 days)	Tier 5	QL NMO LA PA
VENTAVIS	Tier 5	NMO PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 2	QL
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 2	QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>alprazolam tab 2 mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 2	QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	Tier 2	
<i>fluvoxamine maleate</i> TABS	Tier 2	
<i>lorazepam</i> (generic of ATIVAN) SOLN	Tier 4	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	Tier 2	QL
<i>lorazepam intensol</i> QL (150 mL / 30 days)	Tier 3	QL
ANTICONVULSANTS		
APTIOM 200mg QL (180 tabs / 30 days)	Tier 4	QL
APTIOM 400mg QL (90 tabs / 30 days)	Tier 4	QL
APTIOM 600mg, 800mg QL (60 tabs / 30 days)	Tier 4	QL
BANZEL SUS 40MG/ML	Tier 5	PA
BANZEL TAB 200MG	Tier 5	PA
BANZEL TAB 400MG	Tier 5	PA
BRIVIACT INJ 50MG/5ML	Tier 4	PA
BRIVIACT SOL 10MG/ML	Tier 4	PA
BRIVIACT TAB 10MG	Tier 4	PA
BRIVIACT TAB 25MG	Tier 4	PA
BRIVIACT TAB 50MG	Tier 4	PA
BRIVIACT TAB 75MG	Tier 4	PA
BRIVIACT TAB 100MG	Tier 4	PA
<i>carbamazepine</i> CHEW	Tier 3	
<i>carbamazepine</i> (generic of CARBATROL) CP12	Tier 4	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	Tier 4	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	Tier 4	
CELONTIN	Tier 4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam</i> (generic of KILONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 2	QL
<i>clonazepam</i> (generic of KILONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
<i>clonazepam</i> TDBP 2mg QL (300 tabs / 30 days)	Tier 3	QL
<i>clonazepam</i> TDBP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 3	QL
<i>clorazepate dipotassium</i> 3.75mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 4	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 4	QL PA
DIASTAT ACUDIAL	Tier 4	
DIASTAT PEDIATRIC	Tier 4	
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	Tier 2	QL PA
<i>diazepam gel</i>	Tier 4	
<i>diazepam inj</i>	Tier 4	
<i>diazepam intensol</i> QL (240 mL / 30 days) PA if 65 years and older	Tier 3	QL PA
<i>diazepam oral soln 1 mg/ml</i> QL (1200 mL / 30 days) PA if 65 years and older	Tier 3	QL PA
DILANTIN CAP 30MG	Tier 4	
DILANTIN CAP 100MG	Tier 4	
DILANTIN CHEW TAB 50MG	Tier 4	
DILANTIN-125 SUSP	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	Tier 4	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	Tier 4	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	Tier 3	
<i>epitol</i> (generic of TEGRETOL)	Tier 3	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	Tier 4	
<i>felbamate</i> (generic of FELBATOL) SUSP	Tier 5	
<i>felbamate</i> (generic of FELBATOL) TABS	Tier 4	
FYCOMPA SUSP QL (720 mL / 30 days)	Tier 4	QL PA
FYCOMPA TABS 2mg, 4mg, 6mg QL (60 tabs / 30 days)	Tier 4	QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 4	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	Tier 2	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	Tier 2	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 2	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	Tier 3	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 3	QL

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<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 3	QL	<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 70 years and older	Tier 4	PA
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 3		PHENYTEK	Tier 4	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	Tier 2		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	Tier 3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN	Tier 4		<i>phenytoin</i> (generic of DILANTIN-125) SUSP	Tier 3	
<i>levetiracetam</i> (generic of KEPPRA) TABS	Tier 3		<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	Tier 3	
<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	Tier 4		<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	Tier 3	
<i>levetiracetam sol</i> 100mg/ml (generic of KEPPRA)	Tier 3		<i>phenytoin sodium inj</i> 50mg/ml	Tier 4	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 3	QL	<i>primidone</i> (generic of MYSOLINE) TABS	Tier 2	
LYRICA CAPS 200mg QL (90 caps / 30 days)	Tier 3	QL	<i>roweepra</i> (generic of KEPPRA)	Tier 3	
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 3	QL	SABRIL TABS QL (180 tabs / 30 days)	Tier 5	QL NMO LA PA
LYRICA SOLN QL (946 mL / 30 days)	Tier 3	QL	SPRITAM	Tier 4	
ONFI	Tier 5	PA	<i>subvenite tab</i> (generic of LAMICTAL)	Tier 2	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP	Tier 4		<i>tiagabine hcl</i> (generic of GABITRIL)	Tier 4	
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS	Tier 3		<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	Tier 3	
PEGANONE	Tier 4		<i>topiramate</i> (generic of TOPAMAX) TABS	Tier 2	
<i>phenobarbital</i> ELIX PA if 70 years and older	Tier 4	PA	<i>valproate sodium</i> (generic of DEPAICON) SOLN	Tier 4	
<i>phenobarbital</i> TABS PA if 70 years and older	Tier 3	PA	<i>valproate sodium oral soln</i> (generic of DEPAKENE)	Tier 3	
PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 70 years and older	Tier 4	PA	<i>valproic acid</i> (generic of DEPAKENE)	Tier 3	
			<i>vigabatrin powd pack</i> 500mg (generic of SABRIL) QL (180 packets / 30 days)	Tier 5	QL NMO LA PA

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Drug Name	Drug Tier	Requirements/ Limits
VIMPAT 50mg QL (120 tabs / 30 days)	Tier 4	QL
VIMPAT 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 4	QL
VIMPAT INJ 200MG/20ML	Tier 4	
VIMPAT SOL 10MG/ML QL (1200 mL / 30 days)	Tier 4	QL
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 3	
zonisamide CAPS 50mg	Tier 3	
ANTIDEMENTIA		
donepezil hydrochloride (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
donepezil hydrochloride (generic of ARICEPT) TABS 10mg	Tier 2	
donepezil hydrochloride TBDP 5mg QL (30 tabs / 30 days)	Tier 2	QL
donepezil hydrochloride TBDP 10mg	Tier 2	
galantamine hydrobromide SOLN	Tier 4	
galantamine hydrobromide (generic of RAZADYNE) TABS QL (60 tabs / 30 days)	Tier 4	QL
galantamine hydrobromide er (generic of RAZADYNE ER) QL (30 caps / 30 days)	Tier 4	QL
memantine hcl cp24 (generic of NAMENDA XR) PA if < 30 yrs	Tier 4	PA
memantine soln PA if < 30 yrs	Tier 4	PA
memantine tabs (generic of NAMENDA) PA if < 30 yrs	Tier 3	PA
NAMZARIC	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
rivastigmine tartrate 1.5mg, 3mg QL (90 caps / 30 days)	Tier 4	QL
rivastigmine tartrate 4.5mg, 6mg QL (60 caps / 30 days)	Tier 4	QL
rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 4	QL
rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 4	QL
rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 4	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS	Tier 3	
amoxapine	Tier 3	
bupropion hcl TABS	Tier 3	
bupropion hcl (generic of WELLBUTRIN SR) TB12	Tier 2	
bupropion hcl (generic of WELLBUTRIN XL) TB24	Tier 3	
citalopram hydrobromide SOLN	Tier 3	
citalopram hydrobromide (generic of CELEXA) TABS	Tier 1	
clomipramine hcl (generic of ANAFRANIL) CAPS	Tier 4	PA
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 4	
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg	Tier 4	
desvenlafaxine succinate (generic of PRISTIQ) QL (30 tabs / 30 days)	Tier 4	QL PA
doxepin hcl CAPS; CONC	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)	Tier 3	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)	Tier 3	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)	Tier 3	QL
EMSAM QL (30 patches / 30 days)	Tier 5	QL PA
<i>escitalopram oxalate</i> SOLN	Tier 4	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	Tier 2	
FETZIMA 20mg QL (180 caps / 30 days)	Tier 4	QL PA
FETZIMA 40mg QL (90 caps / 30 days)	Tier 4	QL PA
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	Tier 4	QL PA
FETZIMA TITRATION PACK	Tier 4	PA
<i>fluoxetine cap 10mg</i> (generic of PROZAC)	Tier 1	
<i>fluoxetine cap 20mg</i> (generic of PROZAC)	Tier 1	
<i>fluoxetine cap 40mg</i> (generic of PROZAC)	Tier 1	
<i>fluoxetine hcl</i> SOLN	Tier 2	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS	Tier 3	
<i>maprotiline hcl</i>	Tier 4	
MARPLAN TAB 10MG QL (180 tabs / 30 days)	Tier 4	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	Tier 2	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	Tier 3	
<i>nefazodone hcl</i>	Tier 4	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	Tier 2	
<i>nortriptyline hcl</i> SOLN	Tier 4	
<i>paroxetine hcl</i> (generic of PAXIL) TABS	Tier 2	
PAXIL SUSP QL (900 mL / 30 days)	Tier 4	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	Tier 3	
<i>protriptyline hcl</i>	Tier 4	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	Tier 4	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	Tier 1	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	Tier 4	
<i>trazodone hcl</i> TABS 50mg, 100mg	Tier 2	
<i>trazodone tab 150mg</i>	Tier 2	
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 25mg QL (240 caps / 30 days)	Tier 4	QL
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 50mg QL (120 caps / 30 days)	Tier 4	QL
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg QL (60 caps / 30 days)	Tier 4	QL
TRINTELLIX 5mg QL (120 tabs / 30 days)	Tier 4	QL
TRINTELLIX 10mg QL (60 tabs / 30 days)	Tier 4	QL
TRINTELLIX 20mg QL (30 tabs / 30 days)	Tier 4	QL
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24	Tier 2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl</i> TABS	Tier 3	
VIIORYD STARTER PACK	Tier 4	
VIIORYD TAB QL (30 tabs / 30 days)	Tier 4	QL
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS QL (120 caps / 30 days)	Tier 3	QL
<i>amantadine hcl</i> SYRP	Tier 2	
<i>amantadine hcl</i> TABS	Tier 3	
APOKYN QL (20 cartridges / 30 days)	Tier 5	QL NMO LA PA
<i>benztropine mesylate inj</i> (generic of COGENTIN)	Tier 4	
<i>benztropine mesylate tab</i> 0.5mg PA if 70 years and older	Tier 3	PA
<i>benztropine mesylate tab</i> 1mg PA if 70 years and older	Tier 3	PA
<i>benztropine mesylate tab</i> 2mg PA if 70 years and older	Tier 3	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	Tier 4	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	Tier 2	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	Tier 3	
<i>carbidopa-levodopa</i> TBCR	Tier 4	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 50)	Tier 4	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 75)	Tier 4	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 100)	Tier 4	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 125)	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 150)	Tier 4	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 200)	Tier 4	
<i>entacapone</i> (generic of COMTAN)	Tier 4	
NEUPRO	Tier 4	
<i>pramipexole tab</i> 0.5mg (generic of MIRAPEX)	Tier 2	
<i>pramipexole tab</i> 0.25mg (generic of MIRAPEX)	Tier 2	
<i>pramipexole tab</i> 0.75mg (generic of MIRAPEX)	Tier 2	
<i>pramipexole tab</i> 0.125mg (generic of MIRAPEX)	Tier 2	
<i>pramipexole tab</i> 1.5mg (generic of MIRAPEX)	Tier 2	
<i>pramipexole tab</i> 1mg (generic of MIRAPEX)	Tier 2	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	Tier 4	
<i>ropinirole tab</i> 0.5mg (generic of REQUIP)	Tier 2	
<i>ropinirole tab</i> 0.25mg (generic of REQUIP)	Tier 2	
<i>ropinirole tab</i> 1mg (generic of REQUIP)	Tier 2	
<i>ropinirole tab</i> 2mg (generic of REQUIP)	Tier 2	
<i>ropinirole tab</i> 3mg (generic of REQUIP)	Tier 2	
<i>ropinirole tab</i> 4mg (generic of REQUIP)	Tier 2	
<i>ropinirole tab</i> 5mg (generic of REQUIP)	Tier 2	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	Tier 3	
<i>selegiline hcl</i> TABS	Tier 3	
<i>trihexyphenidyl hcl</i> PA if 70 years and older	Tier 3	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA QL (1 injection / 28 days)	Tier 4	QL

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<i>aripiprazole odt</i> QL (60 tabs / 30 days)	Tier 5	QL
<i>aripiprazole oral solution 1 mg/ml</i> QL (900 mL / 30 days)	Tier 5	QL
<i>aripiprazole tab</i> (generic of ABILIFY) QL (30 tabs / 30 days)	Tier 4	QL
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	Tier 4	QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	Tier 4	QL
<i>chlorpromazine hcl</i> TABS	Tier 4	
CHLORPROMAZINE INJ	Tier 4	
<i>clozapine odt</i> (generic of FAZACLO) 12.5mg, 25mg	Tier 4	PA
<i>clozapine odt</i> (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	Tier 4	QL PA
<i>clozapine odt</i> (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	Tier 4	QL PA
<i>clozapine odt</i> (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	Tier 4	QL PA
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	Tier 3	
<i>clozapine tab 50mg</i>	Tier 3	
<i>clozapine tab 100mg</i> (generic of CLOZARIL) QL (270 tabs / 30 days)	Tier 4	QL
<i>clozapine tab 200mg</i> QL (135 tabs / 30 days)	Tier 4	QL
FANAPT QL (60 tabs / 30 days)	Tier 4	QL
FANAPT TITRATION PACK	Tier 4	
<i>fluphenazine decanoate</i> SOLN	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl</i>	Tier 4	
GEODON SOLR QL (6 mL / 3 days)	Tier 4	QL
<i>haloperidol</i> TABS	Tier 3	
<i>haloperidol conc 2mg/ml</i>	Tier 2	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 4	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 4	
<i>haloperidol lactate inj</i> 5mg/ml (generic of HALDOL)	Tier 4	
INVEGA SUST INJ 39MG/0.25ML QL (1 injection / 28 days)	Tier 4	QL
INVEGA SUST INJ 78MG/0.5ML QL (1 injection / 28 days)	Tier 4	QL
INVEGA SUST INJ 117MG/0.75ML QL (1 injection / 28 days)	Tier 4	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	Tier 4	QL
INVEGA SUST INJ 234MG/1.5ML QL (1 injection / 28 days)	Tier 4	QL
INVEGA TRINZA QL (1 injection / 90 days)	Tier 4	QL
LATUDA 20mg, 60mg, 80mg QL (60 tabs / 30 days)	Tier 4	QL
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	Tier 4	QL
<i>loxapine succinate</i>	Tier 3	

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NUPLAZID TABS 17mg QL (60 tabs / 30 days)	Tier 5	QL NMO LA PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	Tier 4	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 4	QL
<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 5	QL
<i>paliperidone</i> (generic of INVEGA) 6mg QL (60 tabs / 30 days)	Tier 5	QL
<i>perphenazine</i> TABS	Tier 4	
<i>pimozide</i> (generic of ORAP)	Tier 4	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS	Tier 2	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 4	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 4	QL
REXULTI 1mg QL (90 tabs / 30 days)	Tier 4	QL
REXULTI 2mg QL (60 tabs / 30 days)	Tier 4	QL
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	Tier 4	QL
REXULTI .5mg QL (180 tabs / 30 days)	Tier 4	QL
REXULTI .25mg QL (360 tabs / 30 days)	Tier 4	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	Tier 4	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	Tier 4	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	Tier 4	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	Tier 4	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL) TABS	Tier 2	
<i>risperidone</i> TBDP .5mg QL (90 tabs / 30 days)	Tier 4	QL
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 4	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	Tier 4	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	Tier 4	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	Tier 4	QL

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

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<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 4	QL	<i>methylphenidate tab 20mg er</i> QL (90 tabs / 30 days)	Tier 4	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	Tier 4	QL	HYPNOTICS		
<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 4	QL	HETLIOZ	Tier 5	NMO LA PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 3	QL	SILENOR 3mg QL (60 tabs / 30 days)	Tier 3	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL	SILENOR 6mg QL (30 tabs / 30 days)	Tier 3	QL
<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 70 years and older	Tier 3	PA	<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 3	QL PA
<i>metadate tab 20mg er</i> QL (90 tabs / 30 days)	Tier 4	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 3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 3	QL	<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 2	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 3	QL	MIGRAINE		
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	Tier 4	QL	<i>dihydroergotamine mesylate inj 1 mg/ml</i> (generic of D.H.E. 45)	Tier 5	
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	Tier 4	QL	<i>dihydroergotamine mesylate nasal</i> QL (8 mL / 30 days)	Tier 5	QL
<i>methylphenidate tab 10mg er</i> QL (90 tabs / 30 days)	Tier 4	QL	<i>ergotamine w/ caffeine</i> (generic of CAFERGOT) TABS	Tier 4	
			<i>rizatriptan benzoate</i> TABS 5mg QL (18 tabs / 30 days)	Tier 3	QL
			<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 3	QL

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<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (18 injections / 30 days)	Tier 4	QL	AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	Tier 5	QL NMO LA PA
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (18 injections / 30 days)	Tier 4	QL	<i>lithium carbonate</i> CAPS; TABS	Tier 2	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	Tier 4	QL	<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	Tier 2	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	Tier 4	QL	<i>lithium carbonate er</i> 450mg LITHIUM SOLN 8MEQ/5ML	Tier 2 Tier 4	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 4	QL	NUDEXTA QL (60 caps / 30 days)	Tier 4	QL PA
<i>sumatriptan nasal spray</i> (generic of IMITREX) 5mg/act QL (24 inhalers / 30 days)	Tier 4	QL	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS	Tier 3	
<i>sumatriptan nasal spray</i> (generic of IMITREX) 20mg/act QL (12 inhalers / 30 days)	Tier 4	QL	<i>riluzole</i> (generic of RILUTEK)	Tier 3	
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 2	QL	<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	Tier 5	QL NMO PA
MISCELLANEOUS			<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	Tier 5	QL NMO PA
AUSTEDO 6mg QL (60 tabs / 30 days)	Tier 5	QL NMO LA PA	MULTIPLE SCLEROSIS AGENTS		
			AMPYRA	Tier 5	NMO LA PA
			BETASERON QL (14 syringes / 28 days)	Tier 5	QL NMO PA
			GILENYA CAP 0.5MG QL (28 caps / 28 days)	Tier 5	QL NMO PA
			<i>glatiramer acetate</i> (generic of COPAXONE) QL (12 syringes / 28 days)	Tier 5	QL NMO PA
			<i>glatiramer acetate 20mg/ml</i> (generic of COPAXONE) QL (30 syringes / 30 days)	Tier 5	QL NMO PA
			<i>glatiramer acetate 40mg/ml</i> (generic of COPAXONE) QL (12 syringes / 28 days)	Tier 5	QL NMO PA

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<i>glatopa</i> (generic of COPAXONE) QL (30 syringes / 30 days)	Tier 5	QL NMO PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	Tier 2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	Tier 3	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	Tier 4	
<i>dantrolene sodium</i> CAPS 100mg	Tier 4	
<i>tizanidine hcl</i> TABS 2mg	Tier 2	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) 50mg QL (90 tabs / 30 days)	Tier 4	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 4	QL PA
XYREM QL (540 mL / 30 days)	Tier 5	QL NMO LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	Tier 4	
<i>buprenorphine hcl</i> SUBL QL (90 tabs / 30 days)	Tier 3	QL PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (90 tabs / 30 days)	Tier 2	QL
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	Tier 3	
CHANTIX CONTINUING MONTH	Tier 4	PA
CHANTIX PAK 0.5& 1MG	Tier 4	PA
CHANTIX TAB 0.5MG	Tier 4	PA
CHANTIX TAB 1MG	Tier 4	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	Tier 3	
<i>naloxone inj</i> 0.4mg/ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone inj</i> 1mg/ml	Tier 3	
<i>naltrexone hcl</i> TABS	Tier 3	
NARCAN	Tier 3	
NICOTROL INHALER	Tier 4	
NICOTROL NS	Tier 4	
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	Tier 4	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	Tier 4	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	Tier 4	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	Tier 4	QL
VIVITROL	Tier 5	NMO
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	Tier 5	PA
ANDRODERM QL (30 patches / 30 days)	Tier 4	QL PA
<i>oxandrolone tab</i> 2.5mg	Tier 3	PA
<i>oxandrolone tab</i> 10mg (generic of OXANDRIN)	Tier 4	PA
<i>testosterone</i> GEL 1% QL (300 grams / 30 days)	Tier 4	QL PA
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	Tier 4	QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	Tier 3	PA
<i>testosterone enanthate</i> SOLN	Tier 3	PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	Tier 3	
BASAGLAR KWIKPEN	Tier 3	
BD ULTRAFINE INSULIN SYRINGE	Tier 3	
BD ULTRAFINE/NANO PEN NEEDLES	Tier 3	
BYDUREON BCISE QL (4 pens / 28 days)	Tier 3	QL

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BYDUREON INJ QL (4 vials / 28 days)	Tier 3	QL
BYDUREON PEN QL (4 pens / 28 days)	Tier 3	QL
BYETTA QL (1 pen / 30 days)	Tier 4	QL
FIASP	Tier 3	
FIASP FLEXTOUCH	Tier 3	
GAUZE PADS 2" X 2"	Tier 3	
HUMULIN R INJ U-500	Tier 5	B/D
HUMULIN R U-500 KWIKPEN	Tier 5	
INSULIN PEN NEEDLE	Tier 3	
INSULIN SAFETY NEEDLES	Tier 3	
INSULIN SYRINGE	Tier 3	
LEVEMIR	Tier 3	
LEVEMIR FLEXTOUCH	Tier 3	
NOVOLIN 70/30 (brand RELION not covered)	Tier 3	
NOVOLIN N (brand RELION not covered)	Tier 3	
NOVOLIN R (brand RELION not covered)	Tier 3	
NOVOLOG	Tier 3	
NOVOLOG 70/30 FLEXPEN	Tier 3	
NOVOLOG FLEXPEN	Tier 3	
NOVOLOG MIX 70/30	Tier 3	
NOVOLOG PENFILL	Tier 3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE QL (1 pen / 28 days)	Tier 3	QL
OZEMPIC INJ 1MG/DOSE QL (2 pens / 28 days)	Tier 3	QL
SOLIQUA 100/33 QL (10 pens / 30 days)	Tier 3	QL
TRESIBA FLEXTOUCH	Tier 3	
TRULICITY QL (4 pens / 28 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
VICTOZA QL (3 pens / 30 days)	Tier 3	QL
XULTOPHY 100/3.6 QL (5 pens / 30 days)	Tier 3	QL
ANTIDIABETICS, ORAL		
acarbose (generic of PRECOSE)	Tier 3	
FARXIGA 5mg QL (60 tabs / 30 days)	Tier 3	QL
FARXIGA 10mg QL (30 tabs / 30 days)	Tier 3	QL
glimepiride (generic of AMARYL) 1mg QL (240 tabs / 30 days)	Tier 1	QL
glimepiride (generic of AMARYL) 2mg QL (120 tabs / 30 days)	Tier 1	QL
glimepiride (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	QL
glip/metform tab 2.5-250mg QL (240 tabs / 30 days)	Tier 2	QL
glip/metform tab 2.5-500mg QL (120 tabs / 30 days)	Tier 2	QL
glip/metform tab 5-500mg QL (120 tabs / 30 days)	Tier 2	QL
glipizide (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg QL (240 tabs / 30 days)	Tier 2	QL

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<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (120 tabs / 30 days)	Tier 2	QL	<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 2	QL	<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 2.5mg QL (240 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 5mg 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
JANUMET QL (60 tabs / 30 days)	Tier 3	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL	<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL	<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 3	QL	<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	Tier 2	QL
JANUVIA QL (30 tabs / 30 days)	Tier 3	QL	<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	Tier 2	QL
JARDIANCE 10mg QL (60 tabs / 30 days)	Tier 3	QL	<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	Tier 2	QL
JARDIANCE 25mg QL (30 tabs / 30 days)	Tier 3	QL	SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 3	QL
JENTADUETO QL (60 tabs / 30 days)	Tier 3	QL			
JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	Tier 3	QL			
JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	Tier 3	QL			

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SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY TAB 12.5-500MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY XR TAB 10-1000MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
SYNJARDY XR TAB 25-1000MG QL (30 tabs / 30 days)	Tier 3	QL
TRADJENTA QL (30 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 2.5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	Tier 3	QL
BISPHOSPHONATES		
alendronate sodium TABS 5mg, 10mg, 35mg, 40mg	Tier 1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	Tier 1	
ibandronate sodium (generic of BONIVA) TABS	Tier 3	B/D
PAMIDRONATE DISODIUM 6mg/ml	Tier 4	B/D

Drug Name	Drug Tier	Requirements/ Limits
pamidronate disodium 30mg/10ml, 90mg/10ml	Tier 4	B/D
pamidronate inj 30mg	Tier 4	B/D
pamidronate inj 90mg	Tier 4	B/D
zoledronic acid inj 5mg/100ml (generic of RECLAST)	Tier 4	B/D NMO
zoledronic inj 4mg/5ml (generic of ZOMETA)	Tier 4	B/D NMO
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg QL (120 tabs / 30 days)	Tier 5	B/D QL NMO
SENSIPAR 60mg QL (60 tabs / 30 days)	Tier 5	B/D QL NMO
CHELATING AGENTS		
CHEMET	Tier 4	
DEPEN TITRATABS	Tier 5	
JADENU	Tier 5	NMO LA PA
JADENU SPRINKLE	Tier 5	NMO LA PA
kionex sus 15gm/60ml	Tier 3	
sodium polystyrene sulfonate powder	Tier 3	
sodium polystyrene sulfonate susp	Tier 3	
sps	Tier 3	
trientine hcl (generic of SYPRINE)	Tier 5	PA
CONTRACEPTIVES		
altavera tab	Tier 3	
alyacen 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 3	
apri	Tier 3	
aranelle (generic of TRI-NORINYL 28)	Tier 3	
aubra	Tier 3	
aviane	Tier 3	
balziva	Tier 3	
blisovi fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 3	
blisovi fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 3	
briellyn	Tier 3	
camila	Tier 3	

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<i>caziant pak</i>	Tier 3	
<i>cryselle-28</i>	Tier 3	
<i>cyclafem 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 3	
<i>cyclafem 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 3	
<i>cyred tab</i>	Tier 3	
<i>dasetta 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 3	
<i>dasetta 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 3	
<i>deblitane</i>	Tier 3	
<i>delyla</i>	Tier 3	
<i>desogestrel & ethinyl estradiol</i>	Tier 3	
<i>desogestrel-ethinyl estradiol</i> (biphasic) (generic of MIRCETTE)	Tier 3	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	Tier 3	
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	Tier 3	
ELLA	Tier 4	
<i>emoquette</i>	Tier 3	
<i>enpresse-28</i>	Tier 3	
<i>enskyce</i>	Tier 3	
<i>errin</i> (generic of ORTHO MICRONOR)	Tier 3	
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 3	
<i>ethynodiol diacet & eth estrad</i>	Tier 3	
<i>ethynodiol tab 1-50</i>	Tier 3	
<i>falmina</i>	Tier 3	
<i>femynor</i> (generic of ORTHO-CYCLEN)	Tier 3	
<i>gianvi</i> (generic of YAZ)	Tier 3	
<i>heather</i>	Tier 3	
<i>introvale</i>	Tier 3	
<i>isibloom</i>	Tier 3	
<i>jolessa</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>jolivette</i> (generic of ORTHO MICRONOR)	Tier 3	
<i>juleber</i>	Tier 3	
<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 3	
<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 3	
<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 3	
<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 3	
<i>kariva</i> (generic of MIRCETTE)	Tier 3	
<i>kelnor 1/35</i>	Tier 3	
<i>kimidess</i> (generic of MIRCETTE)	Tier 3	
<i>kurvelo</i>	Tier 3	
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 3	
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 3	
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 3	
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 3	
<i>larissia tab</i>	Tier 3	
<i>leena</i> (generic of TRI-NORINYL 28)	Tier 3	
<i>lessina</i>	Tier 3	
<i>levonest</i>	Tier 3	
<i>levonor/ethi tab</i>	Tier 3	
<i>levonorgestrel & eth estradiol</i>	Tier 3	
<i>levonorgestrel-ethinyl estradiol</i> (91-day)	Tier 3	
<i>levora 0.15/30-28</i>	Tier 3	
<i>loryna</i> (generic of YAZ)	Tier 3	
<i>low-ogestrel</i>	Tier 3	
<i>luteria</i>	Tier 3	
<i>lyza</i> (generic of ORTHO MICRONOR)	Tier 3	
<i>marlissa</i>	Tier 3	

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<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 3	
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 3	
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 3	
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 3	
<i>microgestin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 3	
<i>mono-lynyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 3	
<i>mononessa</i> (generic of ORTHO-CYCLEN)	Tier 3	
<i>myzilra</i>	Tier 3	
<i>necon 0.5/35-28</i>	Tier 3	
<i>necon 1/50-28</i>	Tier 3	
<i>necon 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 3	
<i>nikki</i> (generic of YAZ)	Tier 3	
<i>nora-be</i>	Tier 3	
<i>norethindrone (contraceptive)</i> .35mg	Tier 3	
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR) .35mg	Tier 3	
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1/20-21)	Tier 3	
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	Tier 3	
<i>norgestimate-ethinyl estradiol</i> (generic of ORTHO-CYCLEN)	Tier 3	
<i>norgestimate-ethinyl estradiol (triphasic)</i> (generic of ORTHO TRI-CYCLEN)	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i> (generic of ORTHO TRI-CYCLEN)	Tier 3	
<i>norlyroc</i>	Tier 3	
<i>nortrel 0.5/35 (28)</i>	Tier 3	
<i>nortrel 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 3	
<i>nortrel 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 3	
<i>NUVARING</i>	Tier 4	
<i>ocella</i> (generic of YASMIN 28)	Tier 3	
<i>orsythia</i>	Tier 3	
<i>philith</i>	Tier 3	
<i>pimtrea</i> (generic of MIRCETTE)	Tier 3	
<i>pirmella 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 3	
<i>portia-28</i>	Tier 3	
<i>previfem</i> (generic of ORTHO-CYCLEN)	Tier 3	
<i>quasense</i>	Tier 3	
<i>reclipsen</i>	Tier 3	
<i>setlakin tab</i>	Tier 3	
<i>sharobel</i> (generic of ORTHO MICRONOR)	Tier 3	
<i>sprintec 28</i> (generic of ORTHO-CYCLEN)	Tier 3	
<i>sronyx</i>	Tier 3	
<i>syeda</i> (generic of YASMIN 28)	Tier 3	
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 3	
<i>tilia fe</i> (generic of ESTROSTEP FE)	Tier 3	
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	Tier 3	

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<i>tri-lynyah</i> (generic of ORTHO TRI-CYCLEN)	Tier 3	
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
<i>tri-previfem</i> (generic of ORTHO TRI-CYCLEN)	Tier 3	
<i>tri-sprintec</i> (generic of ORTHO TRI-CYCLEN)	Tier 3	
<i>trinessa</i> (generic of ORTHO TRI-CYCLEN)	Tier 3	
<i>trinessa lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
<i>trivora-28</i>	Tier 3	
<i>velivet</i>	Tier 3	
<i>vestura</i> (generic of YAZ)	Tier 3	
<i>vienva</i>	Tier 3	
<i>viorele</i> (generic of MIRCETTE)	Tier 3	
<i>vyfemla</i>	Tier 3	
<i>xulane</i>	Tier 4	
<i>zarah</i> (generic of YASMIN 28)	Tier 3	
<i>zenchent</i>	Tier 3	
<i>zovia 1/35e</i>	Tier 3	
ENDOMETRIOSIS		
<i>danazol</i> CAPS	Tier 4	
SYNAREL	Tier 5	
ENZYME REPLACEMENTS		
ADAGEN	Tier 5	NMO LA PA
ALDURAZYME	Tier 5	NMO LA PA
CARBAGLU	Tier 5	NMO LA PA
CERDELGA	Tier 5	NMO PA
CEREZYME	Tier 5	NMO LA PA
CYSTADANE POW	Tier 5	NMO LA
CYSTAGON	Tier 4	NMO LA PA
FABRAZYME	Tier 5	NMO LA PA
KUVAN	Tier 5	NMO LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	Tier 4	B/D

Drug Name	Drug Tier	Requirements/ Limits
LUMIZYME	Tier 5	NMO LA PA
<i>miglustat</i>	Tier 5	NMO PA
NAGLAZYME	Tier 5	NMO LA PA
ORFADIN	Tier 5	NMO LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) TABS	Tier 5	NMO PA
ESTROGENS		
DELESTROGEN 10mg/ml	Tier 4	
<i>estradiol</i> (generic of CLIMARA) PTWK	Tier 3	
<i>estradiol</i> (generic of ESTRACE) TABS	Tier 2	
<i>estradiol vaginal cream</i> (generic of ESTRACE)	Tier 4	
<i>estradiol vaginal tab</i> (generic of VAGIFEM)	Tier 3	
<i>estradiol valerate inj</i> (generic of DELESTROGEN)	Tier 4	
<i>fyavolv</i>	Tier 3	
<i>fyavolv</i> (generic of FEMHRT LOW DOSE)	Tier 3	
<i>jinteli</i>	Tier 3	
<i>norethindrone acetate-ethinyl estradiol</i>	Tier 3	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT LOW DOSE)	Tier 3	
<i>yuvafem vaginal tablet 10 mcg</i> (generic of VAGIFEM)	Tier 3	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	Tier 4	
DEXAMETHASONE CONC	Tier 4	
<i>dexamethasone</i> ELIX; SOLN	Tier 3	
<i>dexamethasone</i> TABS	Tier 2	
<i>dexamethasone sodium phosphate</i>	Tier 4	
<i>fludrocortisone acetate</i> TABS	Tier 2	
<i>hydrocortisone</i> (generic of CORTEF) TABS	Tier 3	
<i>methylpr ss inj</i> (generic of SOLU-MEDROL)	Tier 4	B/D

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<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	Tier 2		GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 5	NMO PA
<i>methylpred tab 4mg</i> (generic of MEDROL)	Tier 3	B/D	INCRELEX	Tier 5	NMO LA PA
<i>methylpred tab 8mg</i> (generic of MEDROL)	Tier 3	B/D	KORLYM	Tier 5	NMO LA PA
<i>methylpred tab 16mg</i> (generic of MEDROL)	Tier 3	B/D	NATPARA	Tier 5	NMO PA
<i>methylpred tab 32mg</i> (generic of MEDROL)	Tier 3	B/D	<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml	Tier 4	NMO PA
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	Tier 4	B/D	<i>octreotide acetate</i> 200mcg/ml	Tier 4	NMO PA
<i>pred sod pho sol 5mg/5ml</i>	Tier 4	B/D	<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml	Tier 5	NMO PA
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	Tier 2	B/D	<i>octreotide acetate</i> 1000mcg/ml	Tier 5	NMO PA
<i>prednisolone sol 15mg/5ml</i>	Tier 2	B/D	<i>octreotide inj 100mcg/ml</i> (generic of SANDOSTATIN)	Tier 4	NMO PA
<i>prednisolone sol 25mg/5ml</i>	Tier 4	B/D	PROLIA QL (1 injection / 180 days)	Tier 4	QL NMO
PREDNISON CON 5MG/ML	Tier 4	B/D	<i>raloxifene tab 60mg</i> (generic of EVISTA)	Tier 3	
<i>prednisone pak 5mg</i>	Tier 2		SIGNIFOR	Tier 5	NMO LA PA
<i>prednisone pak 10mg</i>	Tier 2		SOMATULINE DEPOT	Tier 5	NMO PA
<i>prednisone sol 5mg/5ml</i>	Tier 4	B/D	SOMAVERT	Tier 5	NMO LA PA
<i>prednisone tab 1mg</i>	Tier 1	B/D	TYMLOS	Tier 5	NMO PA
<i>prednisone tab 2.5mg</i>	Tier 1	B/D	XGEVA	Tier 5	NMO PA
<i>prednisone tab 5mg</i>	Tier 1	B/D	PHOSPHATE BINDER AGENTS		
<i>prednisone tab 10mg</i>	Tier 1	B/D	AURYXIA QL (360 tabs / 30 days)	Tier 4	QL
<i>prednisone tab 20mg</i>	Tier 1	B/D	<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS QL (360 caps / 30 days)	Tier 4	QL
<i>prednisone tab 50mg</i>	Tier 1	B/D	<i>calcium acetate (phosphate binder)</i> TABS QL (360 tabs / 30 days)	Tier 3	QL
SOLU-CORTEF	Tier 4				
GLUCOSE ELEVATING AGENTS					
GLUCAGEN HYPOKIT	Tier 3				
GLUCAGON EMERGENCY KIT	Tier 3				
PROGLYCEM SUS 50MG/ML	Tier 4				
MISCELLANEOUS					
<i>cabergoline</i>	Tier 4				
<i>calcitonin (salmon)</i> (generic of Miacalcin)	Tier 3	B/D			
FORTEO	Tier 5	NMO PA			
GENOTROPIN	Tier 5	NMO PA			
GENOTROPIN MINIQUICK .2mg	Tier 4	NMO PA			

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Drug Name	Drug Tier	Requirements/ Limits
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	Tier 5	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	Tier 5	QL
<i>sevelamer carbonate</i> (generic of RENVELA) TABS QL (540 tabs / 30 days)	Tier 4	QL
PROGESTINS		
<i>medroxyprogesterone acetate tab</i> (generic of PROVERA)	Tier 2	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	Tier 3	
THYROID AGENTS		
<i>levo-t</i> (generic of SYNTHROID)	Tier 2	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	Tier 2	
<i>levoxyl</i> (generic of SYNTHROID)	Tier 2	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	Tier 3	
<i>methimazole</i> (generic of TAPAZOLE) TABS	Tier 2	
<i>propylthiouracil</i> TABS	Tier 3	
SYNTHROID	Tier 4	
<i>unithroid</i> (generic of SYNTHROID)	Tier 2	
VASOPRESSINS		
<i>desmopressin acetate spray</i> (generic of DDAVP)	Tier 4	
<i>desmopressin acetate spray</i> refrigerated	Tier 4	
<i>desmopressin acetate tabs</i> (generic of DDAVP)	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin inj 4mcg/ml</i> (generic of DDAVP)	Tier 4	
STIMATE	Tier 5	NMO
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> (generic of EMEND)	Tier 4	B/D
<i>aprepitant pak 80mg & 125mg</i>	Tier 4	B/D
<i>compro</i>	Tier 4	
<i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days)	Tier 4	B/D QL
EMEND SUSR	Tier 4	B/D
<i>granisetron hcl</i> SOLN	Tier 4	
<i>granisetron hcl</i> TABS	Tier 4	B/D
<i>meclizine hcl</i> TABS	Tier 2	
<i>metoclopramide hcl</i> SOLN	Tier 2	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	Tier 2	
<i>metoclopramide hcl inj</i>	Tier 4	
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	Tier 3	B/D
<i>ondansetron hcl</i> TABS 24mg	Tier 3	B/D
<i>ondansetron hcl inj</i>	Tier 4	
<i>ondansetron hcl oral soln</i> (generic of ZOFRAN)	Tier 4	B/D
<i>ondansetron odt</i> (generic of ZOFRAN ODT)	Tier 3	B/D
<i>prochlorperazine inj</i>	Tier 4	
<i>prochlorperazine maleate</i> TABS	Tier 2	
<i>prochlorperazine supp</i>	Tier 4	
<i>promethazine hcl</i> SYRP; TABS PA if 70 years and older	Tier 2	PA
<i>promethazine hcl inj</i> (generic of PHENERGAN) PA if 70 years and older	Tier 4	PA
<i>scopolamine patch</i> (generic of TRANSDERM-SCOP) QL (10 patches / 30 days) PA if 70 years and older	Tier 4	QL PA

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ANTISPASMODICS			ANTISPASMODICS		
dicyclomine hcl cap 10mg (generic of BENTYL)	Tier 3		sulfasalazine ec (generic of AZULFIDINE EN-TABS)	Tier 3	
dicyclomine hcl soln 10mg/5ml	Tier 4		LAXATIVES		
dicyclomine hcl tab 20mg	Tier 3		constulose	Tier 2	
glycopyrrolate (generic of ROBINUL) TABS 1mg	Tier 3		enulose	Tier 2	
glycopyrrolate (generic of ROBINUL FORTE) TABS 2mg	Tier 3		gavilyte-c (generic of COLYTE-FLAVOR PACKS)	Tier 2	
H2-RECEPTOR ANTAGONISTS			gavilyte-g (generic of GOLYTELY)	Tier 2	
famotidine in nacl	Tier 4		gavilyte-n/ flavor pack (generic of NULYTELY/FLAVOR PACKS)	Tier 2	
famotidine inj	Tier 4		generlac	Tier 2	
famotidine tab (generic of PEPCID)	Tier 2		GOLYTELY	Tier 3	
ranitidine hcl (generic of ZANTAC) TABS	Tier 1		lactulose	Tier 2	
ranitidine hcl inj (generic of ZANTAC)	Tier 4		lactulose (encephalopathy)	Tier 2	
ranitidine inj (generic of ZANTAC)	Tier 4		MOVIPREP	Tier 4	
ranitidine syrup	Tier 3		NULYTELY/FLAVOR PACKS	Tier 3	
INFLAMMATORY BOWEL DISEASE			peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (generic of GOLYTELY)	Tier 2	
APRISO QL (120 caps / 30 days)	Tier 3	QL	peg 3350-potassium chloride-sod bicarbonate-sod chloride (generic of NULYTELY/FLAVOR PACKS)	Tier 2	
balsalazide disodium (generic of COLAZAL)	Tier 4		peg 3350/electrolytes (generic of COLYTE-FLAVOR PACKS)	Tier 2	
budesonide ec (generic of ENTOCORT EC)	Tier 5		polyethylene glycol 3350 PACK	Tier 3	
CANASA	Tier 4		polyethylene glycol 3350 POWD	Tier 2	
colocort (generic of CORTENEMA)	Tier 4		SUPREP BOWEL PREP KIT	Tier 4	
DELZICOL	Tier 4		trilyte (generic of NULYTELY/FLAVOR PACKS)	Tier 2	
hydrocortisone (enema) (generic of CORTENEMA)	Tier 4		MISCELLANEOUS		
mesalamine ENEM	Tier 4		alosetron hcl (generic of LOTRONEX)	Tier 5	PA
mesalamine (generic of ASACOL HD) TBEC 800mg	Tier 4				
mesalamine w/ cleanser (generic of ROWASA)	Tier 4				
sulfasalazine (generic of AZULFIDINE) TABS	Tier 2				

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AMITIZA 8mcg QL (180 caps / 30 days)	Tier 3	QL	esomeprazole sodium inj (generic of NEXIUM I.V.) 40mg	Tier 4	
AMITIZA 24mcg QL (60 caps / 30 days)	Tier 3	QL	lansoprazole (generic of PREVACID) CPDR QL (30 caps / 30 days)	Tier 3	QL
cromolyn sodium (mastocytosis) (generic of GASTROCROM)	Tier 5		omeprazole cap 10mg	Tier 1	
diphenoxylate w/ atropine LIQD	Tier 4		omeprazole cap 20mg	Tier 1	
diphenoxylate w/ atropine (generic of LOMOTIL) TABS	Tier 3		omeprazole cap 40mg	Tier 1	
GATTEX	Tier 5	NMO LA PA	pantoprazole sodium (generic of PROTONIX) SOLR	Tier 4	
LINZESS QL (30 caps / 30 days)	Tier 3	QL	pantoprazole sodium (generic of PROTONIX) TBEC	Tier 2	
loperamide hcl CAPS	Tier 2		GENITOURINARY		
misoprostol (generic of CYTOTEC) TABS	Tier 3		BENIGN PROSTATIC HYPERPLASIA		
MOVANTI 12.5mg QL (60 tabs / 30 days)	Tier 3	QL	alfuzosin hcl (generic of UROXATRAL) QL (30 tabs / 30 days)	Tier 2	QL
MOVANTI 25mg QL (30 tabs / 30 days)	Tier 3	QL	dutasteride (generic of AVODART) CAPS QL (30 caps / 30 days)	Tier 3	QL
RELISTOR SOLN	Tier 5	PA	finasteride (generic of PROSCAR) TABS 5mg	Tier 2	
sucralfate (generic of CARAFATE) TABS	Tier 3		tamsulosin hcl (generic of FLOMAX)	Tier 2	
SYMPROIC	Tier 3		MISCELLANEOUS		
ursodiol (generic of ACTIGALL) CAPS	Tier 3		bethanechol chloride (generic of URECHOLINE) TABS	Tier 3	
ursodiol (generic of URSO 250) TABS 250mg	Tier 4		potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 15) 15meq	Tier 4	
ursodiol (generic of URSO FORTE) TABS 500mg	Tier 4		potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 5) 540mg	Tier 4	
XIFAXAN 550mg	Tier 5	PA	potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 10) 1080mg	Tier 4	
PANCREATIC ENZYMES			URINARY ANTISPASMODICS		
CREON	Tier 3		MYRBETRIQ TAB 25MG QL (60 tabs / 30 days)	Tier 4	QL
ZENPEP	Tier 4		MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	Tier 4	QL
PROTON PUMP INHIBITORS					
DEXILANT QL (30 caps / 30 days)	Tier 4	QL			
esomeprazole magnesium (generic of NEXIUM) QL (30 caps / 30 days)	Tier 4	QL			
esomeprazole sodium inj 20mg	Tier 4				

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Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride</i> SYRP	Tier 3	
<i>oxybutynin chloride</i> TABS	Tier 3	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	Tier 3	QL
5mg		
QL (30 tabs / 30 days)		
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	Tier 3	QL
10mg, 15mg		
QL (60 tabs / 30 days)		
<i>tolterodine tartrate cap er</i> (generic of DETROL LA)	Tier 4	QL ST
QL (30 caps / 30 days)		
<i>tolterodine tartrate tabs</i> (generic of DETROL)	Tier 4	ST
TOVIAZ	Tier 3	QL
QL (30 tabs / 30 days)		
<i>trospium chloride</i> TABS	Tier 3	QL
QL (60 tabs / 30 days)		
VESICARE	Tier 4	QL
QL (30 tabs / 30 days)		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	Tier 3	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	Tier 4	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	Tier 3	
<i>terconazole vaginal</i> CREA .8%	Tier 3	
<i>terconazole vaginal</i> SUPP	Tier 3	
<i>vandazole</i>	Tier 4	
HEMATOLOGIC ANTICOAGULANTS		
COUMADIN	Tier 3	
ELIQUIS	Tier 3	
ELIQUIS STARTER PACK	Tier 3	
<i>enoxaparin sodium</i> (generic of LOVENOX)	Tier 4	
<i>fondaparinux sodium</i> (generic of ARIXTRA)	Tier 4	
2.5mg/0.5ml		

Drug Name	Drug Tier	Requirements/ Limits
<i>fondaparinux sodium</i> (generic of ARIXTRA)	Tier 5	
5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml		
<i>heparin sod (porcine) in d5w</i>	Tier 4	
<i>heparin sod inj 1000/ml</i>	Tier 3	B/D
<i>heparin sod inj 5000/ml</i>	Tier 3	B/D
<i>heparin sod inj 10000/ml</i>	Tier 3	B/D
<i>heparin sod inj 20000/ml</i>	Tier 3	B/D
HEPARIN SODIUM/NACL 0.45%	Tier 4	
<i>jantoven</i> (generic of COUMADIN)	Tier 1	
PRADAXA	Tier 4	
<i>warfarin sodium</i> (generic of COUMADIN)	Tier 1	
XARELTO	Tier 3	
XARELTO STARTER PACK	Tier 3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	Tier 5	NMO PA
NEUPOGEN	Tier 5	NMO PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	NMO PA
PROCRIT 20000unit/ml, 40000unit/ml	Tier 5	NMO PA
MISCELLANEOUS		
<i>anagrelide hcl</i> 1mg	Tier 4	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	Tier 4	
BERINERT	Tier 5	QL NMO LA PA
QL (24 boxes / 30 days)		
<i>cilostazol</i>	Tier 2	
DROXIA	Tier 3	
ENDARI	Tier 5	NMO LA PA
FIRAZYR	Tier 5	QL NMO PA
QL (9 syringes / 30 days)		
HAEGARDA 2000unit	Tier 5	QL NMO LA PA
QL (30 vials / 30 days)		
HAEGARDA 3000unit	Tier 5	QL NMO LA PA
QL (20 vials / 30 days)		
<i>pentoxifylline</i> TBCR	Tier 2	

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PROMACTA 12.5mg QL (360 tabs / 30 days)	Tier 5	QL NMO LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	Tier 5	QL NMO LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	Tier 5	QL NMO LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	Tier 5	QL NMO LA PA
tranexamic acid (generic of CYKLOKAPRON) SOLN	Tier 3	
tranexamic acid (generic of LYSTEDA) TABS	Tier 3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole (generic of AGGRENOLX)	Tier 4	
BRILINTA	Tier 3	
clopidogrel tab 75mg (generic of PLAVIX)	Tier 1	
prasugrel hcl (generic of EFFIENT)	Tier 4	
ZONTIVITY	Tier 4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	Tier 5	QL NMO PA
HUMIRA 40mg/0.4ml QL (6 injections / 28 days)	Tier 5	QL NMO PA
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	Tier 5	QL NMO PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	Tier 5	QL NMO PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	Tier 5	QL NMO PA
HUMIRA PEDIATRIC CROHNS DISEASE	Tier 5	NMO PA
HUMIRA PEN QL (6 pens / 28 days)	Tier 5	QL NMO PA

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN INJ CD/UC/HS STARTER	Tier 5	NMO PA
HUMIRA PEN INJ PS/UV STARTER	Tier 5	NMO PA
hydroxychloroquine sulfate (generic of PLAQUENIL)	Tier 3	
leflunomide (generic of ARAVA) TABS	Tier 3	
methotrexate sodium tabs	Tier 3	
REMICADE	Tier 5	NMO PA
XATMEP	Tier 4	B/D
XELJANZ QL (60 tabs / 30 days)	Tier 5	QL NMO PA
XELJANZ XR QL (30 tabs / 30 days)	Tier 5	QL NMO PA
IMMUNOGLOBULINS		
BIVIGAM	Tier 5	NMO PA
CARIMUNE NANOFILTERED	Tier 5	NMO PA
FLEBOGAMMA DIF	Tier 5	NMO PA
GAMASTAN S/D	Tier 3	B/D NMO
GAMMAGARD LIQUID	Tier 5	NMO PA
GAMMAGARD S/D	Tier 5	NMO PA
GAMMAKED	Tier 5	NMO PA
GAMMAPLEX	Tier 5	NMO PA
GAMMAPLEX 10GM/100ML	Tier 5	NMO PA
GAMUNEX-C	Tier 5	NMO PA
OCTAGAM	Tier 5	NMO PA
PRIVIGEN	Tier 5	NMO PA
IMMUNOMODULATORS		
ACTIMMUNE	Tier 5	NMO LA PA
ARCALYST	Tier 5	NMO PA
INTRON-A INJ 10MU	Tier 5	B/D NMO
INTRON-A INJ 18MU	Tier 5	B/D NMO
INTRON-A INJ 25MU	Tier 5	B/D NMO
INTRON-A INJ 50MU	Tier 5	B/D NMO
IMMUNOSUPPRESSANTS		
azathioprine (generic of IMURAN) TABS	Tier 3	B/D
BENLYSTA	Tier 5	NMO PA
cyclosporine (generic of SANDIMMUNE) CAPS	Tier 4	B/D NMO

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<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 4	B/D NMO	HAVRIX	Tier 3	
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 4	B/D NMO	HIBERIX	Tier 3	
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	Tier 4	B/D NMO	IMOVAX RABIES (H.D.C.V.)	Tier 3	B/D
<i>gengraf</i> (generic of NEORAL)	Tier 4	B/D NMO	INFANRIX	Tier 3	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	Tier 3	B/D NMO	IPOLE INACTIVATED IPV	Tier 3	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	Tier 5	B/D NMO	IXIARO	Tier 3	
<i>mycophenolate sodium tbec</i> (generic of MYFORTIC)	Tier 4	B/D NMO	KINRIX	Tier 3	
NULOJIX	Tier 5	B/D NMO	M-M-R II	Tier 3	
RAPAMUNE SOLN	Tier 5	B/D NMO	MENACTRA	Tier 3	
SANDIMMUNE SOLN 100mg/ml	Tier 3	B/D NMO	MENVEO	Tier 3	
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	Tier 5	B/D NMO	PEDIARIX	Tier 3	
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 4	B/D NMO	PEDVAX HIB	Tier 3	
<i>tacrolimus</i> (generic of PROGRAF) CAPS	Tier 4	B/D NMO	PENTACEL	Tier 3	
ZORTRESS TAB 0.5MG	Tier 5	B/D NMO	PROQUAD	Tier 3	
ZORTRESS TAB 0.25MG	Tier 5	B/D NMO	QUADRACEL	Tier 3	
ZORTRESS TAB 0.75MG	Tier 5	B/D NMO	RABAVERT	Tier 3	B/D
VACCINES			RECOMBIVAX HB	Tier 3	B/D
ACTHIB	Tier 3		ROTARIX	Tier 3	
ADACEL	Tier 3		ROTATEQ	Tier 3	
BCG VACCINE	Tier 3		SHINGRIX	Tier 3	QL
BEXSERO	Tier 3		QL (2 vials per lifetime)		
BOOSTRIX	Tier 3		TENIVAC	Tier 3	B/D
DAPTACEL	Tier 3		TETANUS/DIPHTHERIA TOXOID	Tier 3	B/D
DIPHTHERIA/TETANUS TOXOID	Tier 3	B/D	TRUMENBA	Tier 3	
ENGERIX-B SUSP	Tier 3	B/D	TWINRIX INJ	Tier 3	
GARDASIL 9	Tier 3		TYPHIM VI	Tier 3	
			VAQTA	Tier 3	
			VARIVAX	Tier 3	
			YF-VAX	Tier 3	
			ZOSTAVAX	Tier 3	QL
			QL (1 vial per lifetime)		
			NUTRITIONAL/SUPPLEMENTS		
			ELECTROLYTES		
			<i>klor-con 8</i>	Tier 2	
			<i>klor-con 10</i>	Tier 2	
			<i>klor-con m10</i>	Tier 2	
			KLOR-CON M15	Tier 3	
			<i>klor-con m20</i>	Tier 2	
			<i>klor-con pak 20meq</i>	Tier 4	

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<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	Tier 3		AMINOSYN II INJ 10%	Tier 4	B/D
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	Tier 3		AMINOSYN M	Tier 4	B/D
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3		AMINOSYN-HBC	Tier 4	B/D
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3		AMINOSYN-PF 7%	Tier 4	B/D
<i>magnesium sulfate</i> SOLN 50%	Tier 3		AMINOSYN-PF 10%	Tier 4	B/D
MAGNESIUM SULFATE IN D5W	Tier 3		AMINOSYN-RF	Tier 4	B/D
<i>magnesium sulfate in dextrose</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 3		CLINIMIX 2.75%/DEXTROSE 5%	Tier 4	B/D
<i>magnesium sulfate inj 50%</i>	Tier 3		CLINIMIX 4.25%/DEXTROSE 5%	Tier 4	B/D
<i>potassium chloride</i> (generic of MICRO-K) CPCR	Tier 3		CLINIMIX 4.25%/DEXTROSE 25%	Tier 4	B/D
<i>potassium chloride</i> PACK 10%, 20%	Tier 4		CLINIMIX 5%/DEXTROSE 15%	Tier 4	B/D
<i>potassium chloride</i> SOLN 10%, 20%	Tier 4		CLINIMIX 5%/DEXTROSE 20%	Tier 4	B/D
<i>potassium chloride</i> TBCR 8meq, 10meq	Tier 2		CLINIMIX 5%/DEXTROSE 25%	Tier 4	B/D
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	Tier 2		CLINIMIX INJ 4.25/D10	Tier 4	B/D
<i>potassium chloride microencapsulated crystals</i>	Tier 2		CLINIMIX INJ 4.25/D20	Tier 4	B/D
<i>sodium chloride</i> SOLN 2.5meq/ml	Tier 4		FREAMINE HBC 6.9%	Tier 4	B/D
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 2		FREAMINE III	Tier 4	B/D
<i>tpn electrolytes</i>	Tier 4	B/D	<i>hepatamine</i>	Tier 4	B/D
IV NUTRITION			INTRALIPID 30%	Tier 4	B/D
AMINOSYN	Tier 4	B/D	<i>intralipid inj 20%</i>	Tier 4	B/D
AMINOSYN 7%/ELECTROLYTES	Tier 4	B/D	NEPHRAMINE	Tier 4	B/D
<i>aminosyn 8.5%/electrolyte</i>	Tier 4	B/D	<i>nutrilipid inj 20%</i>	Tier 4	B/D
<i>aminosyn ii 8.5%/electrol</i>	Tier 4	B/D	<i>premasol 6%</i>	Tier 4	B/D
AMINOSYN II INJ 8.5%	Tier 4	B/D	PREMASOL 10%	Tier 4	B/D
			PROCALAMINE	Tier 4	B/D
			PROSOL	Tier 4	B/D
			TRAVASOL	Tier 4	B/D
			TROPHAMINE INJ 10%	Tier 4	B/D
			IV REPLACEMENT SOLUTIONS		
			<i>dextrose 2.5%/nacl 0.45%</i>	Tier 4	
			<i>dextrose 5%</i>	Tier 4	
			DEXTROSE 5% /ELECTROLYTE	Tier 4	
			<i>dextrose 5%/nacl 0.2%</i>	Tier 4	
			DEXTROSE 5%/NACL 0.3%	Tier 4	
			<i>dextrose 5%/nacl 0.9%</i>	Tier 4	
			<i>dextrose 5%/nacl 0.33%</i>	Tier 4	
			<i>dextrose 5%/nacl 0.45%</i>	Tier 4	
			<i>dextrose 5%/nacl 0.225%</i>	Tier 4	

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<i>dextrose 5%/potassium chl</i>	Tier 4	
<i>dextrose 10% flex contain</i>	Tier 4	
DEXTROSE 10%/NACL 0.2%	Tier 4	
<i>dextrose 10%/nacl 0.45%</i>	Tier 4	
<i>dextrose 50%</i>	Tier 4	
<i>dextrose in lactated ringers</i>	Tier 4	
<i>dextrose inj 70%</i>	Tier 4	
ISOLYTE P	Tier 4	
ISOLYTE S	Tier 4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	Tier 4	
KCL 0.3%/D5W/NACL 0.9%	Tier 4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	Tier 4	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	Tier 4	
KCL 0.15%/D5W/NACL 0.225%	Tier 4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	Tier 4	
<i>kcl/d5w inj 0.3%</i>	Tier 4	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	Tier 4	
<i>kcl/d5w/nacl inj .15/.33%</i>	Tier 4	
<i>kcl/d5w/nacl inj .15/.45%</i>	Tier 4	
<i>kcl/nacl inj 0.3-0.9</i>	Tier 4	
<i>kcl/nacl inj 0.15%-0.9%</i>	Tier 4	
<i>lactated ringer's</i>	Tier 4	
NORMOSOL-M IN D5W	Tier 4	
NORMOSOL-R	Tier 4	
NORMOSOL-R IN D5W	Tier 4	
PLASMA-LYTE A	Tier 4	
PLASMA-LYTE-148	Tier 4	
<i>pot chloride inj 2meq/ml</i>	Tier 4	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	Tier 4	
<i>potassium chloride in nacl</i>	Tier 4	
<i>sod chloride inj 0.9%</i>	Tier 4	
<i>sodium chloride SOLN 3%, 5%</i>	Tier 4	
<i>sodium chloride 0.45%</i>	Tier 4	

VITAMINS

Drug Name	Drug Tier	Requirements/ Limits
<i>calcitriol (generic of ROCALTROL) CAPS</i>	Tier 3	B/D
<i>calcitriol inj</i>	Tier 4	B/D
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	Tier 4	B/D
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	Tier 4	B/D
<i>paricalcitol CAPS 4mcg</i>	Tier 4	B/D
PNV PRENATAL TAB PLUS	Tier 3	
RAYALDEE	Tier 5	

OPHTHALMIC**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-poly-neomycin-hc</i>	Tier 3	
BLEPHAMIDE OINT	Tier 4	
<i>neomycin-polymy-dexameth (generic of MAXITROL)</i>	Tier 2	
<i>sulfacetamide sod-prednisolone</i>	Tier 2	
TOBRADEX OINT	Tier 3	
TOBRADEX ST	Tier 3	
<i>tobramycin-dexamethasone (generic of TOBRADEX)</i>	Tier 4	
ZYLET	Tier 3	

ANTI-INFECTIVES

AZASITE	Tier 4	
<i>bacitracin (ophthalmic)</i>	Tier 3	
<i>bacitracin-polymyxin b (ophth)</i>	Tier 2	
BESIVANCE	Tier 3	
CILOXAN OINT	Tier 3	
<i>ciprofloxacin hcl (ophth) (generic of CILOXAN)</i>	Tier 2	
<i>erythromycin (ophth)</i>	Tier 2	
<i>gentak</i>	Tier 2	
<i>gentamicin sulfate soln (ophth)</i>	Tier 2	
MOXEZA	Tier 3	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX)</i>	Tier 3	
NATACYN	Tier 4	
<i>neomycin-bacitracin zn-polymyxin</i>	Tier 3	

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<i>neomycin-polymyxin-gramicidin</i> (generic of NEOSPORIN)	Tier 3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	Tier 2	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	Tier 2	
<i>sulfacetamide sodium (ophth)</i> OINT	Tier 3	
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10) SOLN	Tier 3	
<i>tobramycin (ophth)</i> (generic of TOBREX)	Tier 2	
<i>trifluridine</i> (generic of VIROPTIC) SOLN	Tier 3	
ZIRGAN	Tier 4	
ANTI-INFLAMMATORIES		
ALREX	Tier 3	
BROMSITE	Tier 4	
<i>dexamethasone sodium phosphate (ophth)</i>	Tier 3	
<i>diclofenac sodium (ophth)</i>	Tier 3	
DUREZOL	Tier 3	
<i>fluorometholone</i>	Tier 3	
<i>flurbiprofen sodium</i>	Tier 2	
ILEVRO	Tier 3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) .4%	Tier 3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) .5%	Tier 3	
LOTEMAX	Tier 3	
<i>prednisolone acetate (ophth)</i> (generic of OMNIPRED)	Tier 3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	Tier 3	
PROLENSA	Tier 3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	Tier 3	
BEPREVE	Tier 3	
<i>cromolyn sodium (ophth)</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
LASTACAFT	Tier 4	
<i>olopatadine hcl 0.2%</i> (generic of PATADAY)	Tier 4	
PAZEO	Tier 3	
ANTI-GLAUCOMA		
ALPHAGAN P SOL 0.1%	Tier 3	
AZOPT	Tier 3	
<i>betaxolol hcl (ophth)</i>	Tier 3	
BETOPTIC-S	Tier 3	
<i>brimonidine sol 0.2%</i>	Tier 2	
<i>brimonidine tartrate soln 0.15%</i> (generic of ALPHAGAN P)	Tier 4	
<i>carteolol hcl (ophth)</i>	Tier 2	
COMBIGAN	Tier 3	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	Tier 3	
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	Tier 3	
<i>latanoprost</i> (generic of XALATAN) SOLN	Tier 2	
<i>levobunolol hcl</i> (generic of BETAGAN)	Tier 2	
LUMIGAN	Tier 3	
<i>metipranolol</i>	Tier 3	
PHOSPHOLINE IODIDE	Tier 4	
<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN	Tier 3	
SIMBRINZA	Tier 3	
<i>timolol maleate (ophth) soln</i> (generic of TIMOPTIC)	Tier 2	
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE)	Tier 4	
<i>timolol maleate ophth soln 0.5% (once-daily)</i> (generic of ISTALOL)	Tier 4	
TRAVATAN Z	Tier 3	
MISCELLANEOUS		
CYSTARAN	Tier 5	NMO LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	Tier 3	

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RESTASIS QL (60 single use vials / 30 days)	Tier 3	QL
RESTASIS MULTIDOSE QL (1 bottle / 30 days)	Tier 3	QL
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA QL (60 blisters / 30 days)	Tier 3	QL
BEVESPI AEROSPHERE QL (1 inhaler / 30 days)	Tier 3	QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	Tier 4	QL
<i>ipratropium-albuterol nebu</i>	Tier 3	B/D
TRELEGY ELLIPTA QL (60 blisters / 30 days)	Tier 3	QL
ANTICHOLINERGICS		
ATROVENT HFA QL (2 inhalers / 30 days)	Tier 4	QL
INCRUSE ELLIPTA QL (30 blisters / 30 days)	Tier 3	QL
<i>ipratropium bromide SOLN</i>	Tier 2	B/D
<i>ipratropium bromide (nasal)</i>	Tier 3	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	Tier 3	
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	Tier 4	
<i>cetirizine syrup</i>	Tier 2	
<i>cyproheptadine hcl</i> SYRP; TABS PA if 70 years and older	Tier 3	PA
<i>diphenhydramine hcl inj</i> 50mg/ml	Tier 4	
<i>hydroxyzine hcl</i> SYRP PA if 70 years and older	Tier 3	PA
<i>hydroxyzine hcl</i> TABS PA if 70 years and older	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine hcl inj</i> PA if 70 years and older	Tier 4	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	Tier 2	PA
<i>levocetirizine</i> <i>dihydrochloride</i> TABS	Tier 2	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	Tier 2	B/D
<i>albuterol sulfate</i> SYRP	Tier 3	
<i>albuterol sulfate</i> TABS	Tier 4	
<i>levalbuterol tartrate hfa</i> QL (2 inhalers / 30 days)	Tier 3	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 3	QL
<i>terbutaline sulfate</i> TABS	Tier 4	
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 3	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; TABS	Tier 2	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK	Tier 4	
<i>zafirlukast</i> (generic of ACCOLATE)	Tier 3	
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	Tier 3	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 3	B/D
ARALAST NP	Tier 5	NMO LA PA
DALIRESP	Tier 4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 3	
ESBRIET	Tier 5	NMO PA
KALYDECO	Tier 5	NMO PA
OFEV	Tier 5	NMO PA
ORKAMBI TABS	Tier 5	NMO PA

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Drug Name	Drug Tier	Requirements/ Limits
PROLASTIN-C	Tier 5	NMO LA PA
PULMOZYME	Tier 5	NMO PA
SYMDEKO	Tier 5	NMO LA PA
<i>theophylline</i> TB12; TB24	Tier 3	
XOLAIR	Tier 5	NMO LA PA
ZEMAIRA	Tier 5	NMO LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> QL (3 bottles / 30 days)	Tier 3	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	Tier 2	QL
STEROID INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	Tier 3	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) .25mg/2ml, .5mg/2ml	Tier 4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	Tier 3	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	Tier 3	QL
FLOVENT HFA QL (2 inhalers / 30 days)	Tier 3	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	Tier 4	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (60 inhalations / 30 days)	Tier 3	QL
ADVAIR HFA QL (1 inhaler / 30 days)	Tier 3	QL
BREO ELLIPTA QL (60 blisters / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT QL (1 inhaler / 30 days)	Tier 3	QL
TOPICAL DERMATOLOGY, ACNE		
<i>amnesteem</i>	Tier 4	PA
<i>avita</i> (generic of RETIN-A) CREA	Tier 4	PA
<i>avita</i> GEL	Tier 4	PA
<i>claravis</i>	Tier 4	PA
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN	Tier 4	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) SOLN	Tier 3	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	Tier 4	
<i>erythromycin (acne aid)</i> SOLN	Tier 3	
<i>isotretinoin</i> CAPS	Tier 4	PA
<i>myorisan</i>	Tier 4	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	Tier 4	
<i>tretinoin</i> (generic of RETIN-A) CREA	Tier 4	PA
<i>tretinoin</i> (generic of RETIN-A) GEL .01%, .025%	Tier 4	PA
<i>zenatane</i>	Tier 4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	Tier 3	
<i>mupirocin</i> OINT	Tier 2	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	Tier 2	
<i>ssd</i> (generic of SILVADENE)	Tier 2	
SULFAMYLON CREA	Tier 4	
DERMATOLOGY, ANTIFUNGALS		
<i>clotrimazole (topical)</i> CREA	Tier 3	
<i>clotrimazole w/ betamethasone</i> (generic of LOTRISONE) CREA	Tier 3	
<i>ketoconazole cream</i>	Tier 3	
<i>nyamyc</i>	Tier 3	
<i>nystatin (topical)</i>	Tier 3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin pow</i> 100000	Tier 3	
<i>nystop</i>	Tier 3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE) 10mg, 25mg	Tier 5	PA
<i>acitretin</i> 17.5mg	Tier 5	PA
<i>calcipotriene</i> (generic of DOVONEX) CREA QL (120 gm / 30 days)	Tier 4	QL PA
<i>calcipotriene</i> OINT QL (120 gm / 30 days)	Tier 4	QL PA
<i>calcipotriene</i> SOLN QL (120 mL / 30 days)	Tier 4	QL PA
<i>calcitrene</i> QL (120 gm / 30 days)	Tier 4	QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA	Tier 3	PA
TAZORAC CREA .05%	Tier 4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	Tier 2	
<i>selenium sulfide</i> LOTN	Tier 2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	Tier 2	
<i>alclometasone dipropionate</i>	Tier 3	
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	Tier 3	
<i>betamethasone dipropionate (topical)</i> OINT	Tier 4	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	Tier 3	
<i>betamethasone dipropionate augmented</i> GEL	Tier 4	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	Tier 4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	Tier 4	
<i>fluocinonide</i> CREA .05%	Tier 4	
<i>fluocinonide</i> GEL	Tier 4	
<i>fluocinonide</i> SOLN	Tier 3	
<i>fluocinonide emulsified base</i>	Tier 4	
<i>fluticasone propionate</i> CREA; OINT	Tier 3	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	Tier 4	
<i>hydrocortisone (topical)</i> CREA	Tier 2	
<i>hydrocortisone (topical)</i> LOTN	Tier 3	
<i>hydrocortisone (topical)</i> OINT 2.5%	Tier 2	
<i>hydrocortisone butyrate cream 0.1%</i> (generic of LOCOID)	Tier 4	
<i>hydrocortisone butyrate oint</i> 0.1%	Tier 4	
<i>mometasone furoate</i> (generic of ELOCON) CREA	Tier 2	
<i>mometasone furoate</i> (generic of ELOCON) OINT	Tier 3	
<i>mometasone furoate</i> SOLN	Tier 3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	Tier 2	
<i>triamcinolone acetonide (topical)</i> LOTN	Tier 3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> QL (30 mL / 30 days)	Tier 3	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	Tier 4	QL PA
<i>lidocaine hcl</i> GEL QL (30 mL / 30 days)	Tier 3	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 2	QL PA
<i>lidocaine oint</i> 5% QL (50 grams / 30 days)	Tier 4	QL PA

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<i>lidocaine-prilocaine</i> QL (30 grams / 30 days)	Tier 3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA	Tier 3	
<i>ammonium lactate</i> LOTN	Tier 3	
<i>diclofenac sodium (topical)</i> 1% gel (generic of VOLTAREN)	Tier 3	PA
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	Tier 4	
<i>fluorouracil (topical)</i> SOLN	Tier 3	
<i>imiquimod</i> (generic of ALDARA) CREA	Tier 4	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	Tier 4	
<i>metronidazole gel</i> 0.75%	Tier 4	
PANRETIN	Tier 5	
PICATO .05% QL (2 tubes / 30 days)	Tier 3	QL
PICATO .015% QL (3 tubes / 30 days)	Tier 3	QL
<i>podofilox</i> SOLN	Tier 3	
<i>procto-med hc</i> (generic of ANUSOL-HC)	Tier 3	
<i>procto-pak</i> (generic of PROCTOCORT)	Tier 3	
<i>proctosol hc cre</i> 2.5% (generic of ANUSOL-HC)	Tier 3	
<i>proctozone-hc</i> (generic of ANUSOL-HC)	Tier 3	
<i>rosadan</i> (generic of METROCREAM)	Tier 4	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	Tier 4	
TARGRETIN GEL	Tier 5	NMO PA
VALCHLOR	Tier 5	NMO LA PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> (generic of OVIDE)	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>permethrin cre</i> 5% (generic of ELIMITE)	Tier 3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid</i> .25%	Tier 2	
REGRANEX	Tier 5	PA
SANTYL	Tier 4	
<i>sodium chlor sol</i> 0.9% irr	Tier 2	
<i>water for irrigation, sterile</i>	Tier 2	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX)	Tier 2	
<i>clotrimazole</i> LOZG	Tier 4	
<i>lidocaine hcl</i> (mouth-throat)	Tier 2	
<i>nystatin</i> (mouth-throat)	Tier 3	
<i>paroex sol</i> 0.12% (generic of PERIDEX)	Tier 2	
<i>periogard</i> (generic of PERIDEX)	Tier 2	
<i>pilocarpine hcl</i> (oral) (generic of SALAGEN)	Tier 4	
<i>triamcinolone acetanide</i> (mouth)	Tier 3	
OTIC		
<i>acetic acid</i> (otic)	Tier 3	
CIPRODEX	Tier 3	
<i>neomycin-polymyxin-hc</i> (otic)	Tier 3	
<i>ofloxacin</i> (otic) (generic of FLOXIN OTIC)	Tier 4	

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ALREX	44	<i>benazepril hcl cap 5-20 mg</i>		<i>amphetamine-</i>	
ALTACE			12	<i>dextroamphetamine tab 20</i>	
<i>see ramipril</i>	12	<i>amlodipine besylate-</i>		<i>mg</i>	25
<i>altavera tab</i>	31	<i>benazepril hcl cap 5-40 mg</i>		<i>amphetamine-</i>	
ALUNBRIG	11		12	<i>dextroamphetamine tab 30</i>	
<i>alyacen 1/35</i>	31	<i>amlodipine besylate-</i>		<i>mg</i>	25
<i>amantadine hcl</i>	22	<i>olmesartan medoxomil</i>	13	<i>amphetamine-</i>	
AMARYL		<i>amlodipine besylate-</i>		<i>dextroamphetamine tab 5</i>	
<i>see glimepiride</i>	29	<i>valsartan tab 10-160 mg</i> ...	13	<i>mg</i>	25
AMBIEN		<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
<i>see zolpidem tartrate</i>	26	<i>valsartan tab 10-320 mg</i> ...	13	<i>dextroamphetamine tab 7.5</i>	
AMBISOME	5	<i>amlodipine besylate-</i>		<i>mg</i>	25
<i>amikacin sulfate</i>	4	<i>valsartan tab 5-160 mg</i>	13	<i>amphotericin b</i>	5
<i>amiloride &</i>		<i>amlodipine besylate-</i>		<i>ampicillin & sulbactam</i>	
<i>hydrochlorothiazide</i>	16	<i>valsartan tab 5-320 mg</i>	13	<i>sodium</i>	9
<i>amiloride hcl</i>	16	<i>ammonium lactate</i>	48	<i>ampicillin cap 500mg</i>	9
AMINOSYN	42	<i>amnestem</i>	46	<i>ampicillin inj</i>	9
AMINOSYN		<i>amoxapine</i>	20	<i>ampicillin sodium</i>	9
7%/ELECTROLYTES	42	<i>amoxicillin</i>	8	AMPYRA	27
<i>aminosyn 8.5%/electrolyte</i>	42	<i>amoxicillin & pot clavulanate</i>		ANADROL-50	28
<i>aminosyn ii 8.5%/electrol</i> ..	42		8, 9	ANAFRANIL	
AMINOSYN II INJ 10%	42	<i>amphetamine-</i>		<i>see clomipramine hcl</i>	20
AMINOSYN II INJ 8.5%	42	<i>dextroamphetamine cap sr</i>		<i>anagrelide hcl</i>	39
AMINOSYN M	42	<i>24hr 10 mg</i>	25	<i>anastrozole</i>	10
AMINOSYN-HBC	42	<i>amphetamine-</i>		ANCOBON	
AMINOSYN-PF 10%	42	<i>dextroamphetamine cap sr</i>		<i>see flucytosine</i>	5
AMINOSYN-PF 7%	42	<i>24hr 15 mg</i>	25	ANDRODERM	28
AMINOSYN-RF	42	<i>amphetamine-</i>		ANDROGEL	
<i>amiodarone hcl soln</i>	13	<i>dextroamphetamine cap sr</i>		<i>see testosterone</i>	28
<i>amiodarone tab 100mg</i>	13	<i>24hr 20 mg</i>	25	ANORO ELLIPTA	45
<i>amiodarone tab 200mg</i>	13	<i>amphetamine-</i>		ANTABUSE	
<i>amiodarone tab 400mg</i>	13	<i>dextroamphetamine cap sr</i>		<i>see disulfiram</i>	28
AMITIZA	38	<i>24hr 25 mg</i>	25	ANUSOL-HC	
<i>amitriptyline hcl</i>	20	<i>amphetamine-</i>		<i>see procto-med hc</i>	48
<i>amlodipine besylate</i>	15	<i>dextroamphetamine cap sr</i>		<i>see proctosol hc cre 2.5%</i>	
<i>amlodipine besylate-</i>		<i>24hr 30 mg</i>	25		48
<i>benazepril hcl cap 10-20 mg</i>		<i>amphetamine-</i>		<i>see proctozone-hc</i>	48
.....	12	<i>dextroamphetamine cap sr</i>		APOKYN	22
<i>amlodipine besylate-</i>		<i>24hr 5 mg</i>	25	<i>aprepitant</i>	36
<i>benazepril hcl cap 10-40 mg</i>		<i>amphetamine-</i>		<i>aprepitant pak 80mg &</i>	
.....	12	<i>dextroamphetamine tab 10</i>		<i>125mg</i>	36
<i>amlodipine besylate-</i>		<i>mg</i>	25	<i>apri</i>	31
<i>benazepril hcl cap 2.5-10 mg</i>		<i>amphetamine-</i>		APRISO	37
.....	12	<i>dextroamphetamine tab 12.5</i>		APTIOM	17
<i>amlodipine besylate-</i>		<i>mg</i>	25	APTIVUS	5
<i>benazepril hcl cap 5-10 mg</i>		<i>amphetamine-</i>		ARALAST NP	45
.....	12	<i>dextroamphetamine tab 15</i>		<i>aranelle</i>	31
<i>amlodipine besylate-</i>		<i>mg</i>	25	ARAVA	

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see <i>leflunomide</i>	40	AVAPRO		BANZEL TAB 400MG	17
ARCALYST	40	see <i>irbesartan</i>	13	BARACLUDE	7
ARICEPT		AVASTIN	10	see <i>entecavir</i>	7
see <i>donepezil</i>		<i>aviane</i>	31	BASAGLAR KWIKPEN.....	28
<i>hydrochloride</i>	20	<i>avita</i>	46	BCG VACCINE	41
ARIMIDEX		AVODART		BD ULTRAFINE INSULIN	
see <i>anastrozole</i>	10	see <i>dutasteride</i>	38	SYRINGE	28
<i>aripiprazole odt</i>	23	AYGESTIN		BD ULTRAFINE/NANO PEN	
<i>aripiprazole oral solution 1</i>		see <i>norethindrone acetate</i>		NEEDLES	28
<i>mg/ml</i>	23		36	<i>benazepril &</i>	
<i>aripiprazole tab</i>	23	<i>azacitidine</i>	9	<i>hydrochlorothiazide</i>	12
ARISTADA.....	23	AZACTAM		<i>benazepril hcl</i>	12
ARIXTRA		see <i>aztreonam</i>	4	BENDEKA	9
see <i>fondaparinux sodium</i>		AZASITE.....	43	BENICAR	
.....	39	<i>azathioprine</i>	40	see <i>olmesartan medoxomil</i>	
<i>armodafinil</i>	28	<i>azelastine drop 0.05%</i>	44		13
ARNUITY ELLIPTA.....	46	<i>azelastine spr 0.1%</i>	45	BENICAR HCT	
AROMASIN		<i>azelastine spr 0.15%</i>	45	see <i>olmesartan</i>	
see <i>exemestane</i>	10	AZILECT		<i>medoxomil-</i>	
ASACOL HD		see <i>rasagiline mesylate</i> 22		<i>hydrochlorothiazide</i>	13
see <i>mesalamine</i>	37	<i>azithromycin</i>	8	BENLYSTA.....	40
<i>aspirin-dipyridamole</i>	40	AZOPT	44	BENTYL	
ASTEPRO		AZOR		see <i>dicyclomine hcl cap</i>	
see <i>azelastine spr 0.15%</i>		see <i>amlodipine besylate-</i>		<i>10mg</i>	37
.....	45	<i>olmesartan medoxomil</i> ..	13	<i>benztropine mesylate inj</i> ...	22
<i>atazanavir sulfate</i>	5	<i>aztreonam</i>	4	<i>benztropine mesylate tab</i>	
<i>atenolol</i>	14	AZULFIDINE		<i>0.5mg</i>	22
<i>atenolol & chlorthalidone</i> ..	14	see <i>sulfasalazine</i>	37	<i>benztropine mesylate tab</i>	
ATIVAN		AZULFIDINE EN-TABS		<i>1mg</i>	22
see <i>lorazepam</i>	17	see <i>sulfasalazine ec</i>	37	<i>benztropine mesylate tab</i>	
<i>atomoxetine hcl</i>	26	B		<i>2mg</i>	22
<i>atorvastatin calcium</i>	14	<i>bacitracin (ophthalmic)</i>	43	BEPREVE.....	44
<i>atovaquone</i>	4	<i>bacitracin-polymyxin b</i>		BERINERT	39
<i>atovaquone-proguanil hcl</i> ...	5	<i>(ophth)</i>	43	BESIVANCE	43
ATRIPLA.....	6	<i>bacitracin-poly-neomycin-hc</i>		BETAGAN	
ATROVENT HFA	45		43	see <i>levobunolol hcl</i>	44
<i>aubra</i>	31	<i>baclofen</i>	28	<i>betamethasone dipropionate</i>	
AUGMENTIN		BACTRIM		<i>(topical)</i>	47
see <i>amoxicillin & pot</i>		see <i>sulfamethoxazole-</i>		<i>betamethasone dipropionate</i>	
<i>clavulanate</i>	8, 9	<i>trimethoprim tab 400-</i>		<i>augmented</i>	47
AUGMENTIN ES-600		<i>80mg</i>	5	<i>betamethasone valerate</i> ...	47
see <i>amoxicillin & pot</i>		BACTRIM DS		BETAPACE	
<i>clavulanate</i>	9	see <i>sulfamethoxazole-</i>		see <i>sorine</i>	13
AURYXIA.....	35	<i>trimethop ds</i>	5	see <i>sotalol hcl</i>	13
AUSTEDO	27	<i>balsalazide disodium</i>	37	BETAPACE AF	
AVALIDE		<i>balziva</i>	31	see <i>sotalol hcl (afib/af)</i> .	14
see <i>irbesartan-</i>		BANZEL SUS 40MG/ML...	17	BETASERON	27
<i>hydrochlorothiazide</i>	13	BANZEL TAB 200MG	17	<i>betaxolol hcl (ophth)</i>	44

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<i>bethanechol chloride</i>	38	BUMEX	see carbamazepine	17	
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Blue MedicareRx (PDP)

Connecticut | Massachusetts | Rhode Island | Vermont

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Connecticut	1-888-620-1747	Rhode Island	1-888-620-1748
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