

Pharmacy Benefit Dimensions Prescription Drug Plan (PDP)

Part D Formulary



2017 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00017339, Version number 20

This formulary was updated on November 1, 2017. For more recent information or other questions, please contact us, Pharmacy Benefit Dimensions Medicare Member Services at (716) 250-4401 or 1-800-665-1502 or, for TTY users, (716) 631-3108 or 1-800-432-1110, October 1st – February 14th: Monday through Sunday from 8 a.m. to 8 p.m., February 15th – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.pbdrx.com/Medicare.

Pharmacy Benefit Dimensions is a subsidiary of Independent Health. Independent Health is a PDP plan with a Medicare contract. Enrollment in Pharmacy Benefit Dimensions PDP depends on contract renewal between Independent Health and CMS.

The formulary may change at any time. You will receive notice when necessary.

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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 Pharmacy Benefit Dimensions. When it refers to “plan” or “our plan,” it means Pharmacy Benefit Dimensions Prescription Drug Plan (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of November 1, 2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

What is the Pharmacy Benefit Dimensions Prescription Drug Plan (PDP) Part D Formulary?

A formulary is a list of covered drugs selected by Pharmacy Benefit Dimensions 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Pharmacy Benefit Dimensions network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2017. To get updated information about the drugs covered by Pharmacy Benefit Dimensions, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.pbdrx.com/Medicare and in printed form.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. 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 Agents”. If you know what your drug is used for, look for the category name in the list that begins 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 on page 113. 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?

Pharmacy Benefit Dimensions 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:** Pharmacy Benefit Dimensions requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Pharmacy Benefit Dimensions before you fill your prescriptions. If you don’t get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Pharmacy Benefit Dimensions limits the amount of the drug that Pharmacy Benefit Dimensions will cover. For example, Pharmacy Benefit Dimensions provides 30 EA PER30 DAYS per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Pharmacy Benefit Dimensions 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, Pharmacy Benefit Dimensions 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 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line document 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 Pharmacy Benefit Dimensions 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 Pharmacy Benefit Dimensions’ formulary?” on page III for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Pharmacy Benefit Dimensions does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Pharmacy Benefit Dimensions. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask Pharmacy Benefit Dimensions to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan (PDP) Part D Formulary?

You can ask Pharmacy Benefit Dimensions 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, Pharmacy Benefit Dimensions 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, Pharmacy Benefit Dimensions will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects. You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception.

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91 and may be up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For enrollees admitted or discharged from a long-term care facility or have had any change in level of care, early refill edits will not be used to limit appropriate and necessary access to your Part D benefit and you are allowed to access a refill upon admission or discharge without restrictions. Long Term Care (LTC) pharmacies are permitted to use Emergency Boxes (E Box) when necessary. However the E Box should be replenished from the patient's monthly prescription claim.

If you are a new or current Medicare Part D enrollee transitioning from one treatment setting to another or experience transitions due to level of care changes, Pharmacy Benefit Dimensions will provide a supply of medication pursuant to CMS requirements in compliance with transition and continuity of care provisions as follows:

- At a retail pharmacy a one-time 30-day transition supply (unless the prescription is written for less than 30 days) will be authorized with refills to total 30 days of medication.
- If you are a resident of a long-term care facility, a 91 - 98 day supply (unless the prescription is written for less) will be authorized with refills if needed.

After authorizing the temporary fills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received, instructions for working with the plan and your doctor to identify appropriate therapeutic alternatives that are in the Pharmacy Benefit Dimensions Prescription Drug Plan (PDP) Part D Formulary, an explanation of your right to request a formulary exception and a description of the procedures for requesting a formulary exception. We will also send a copy of the letter to your doctor.

For more information

For more detailed information about your Pharmacy Benefit Dimensions prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Pharmacy Benefit Dimensions' Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by Pharmacy Benefit Dimensions. If you have trouble finding your drug in the list, turn to the Index that begins on page 113.

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

The information in the Requirements/Limits column tells you if Pharmacy Benefit Dimensions has any special requirements for coverage of your drug.

Drugs listed with an “**AL**” in the Requirements/Limits column have age limitations.

Drugs listed with a “**BD**” in the Requirements/Limits column may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-pay in this drug list. Please refer to your Evidence of Coverage for the cost of Part B drugs or contact Pharmacy Benefit Dimensions' Medicare Member Services Department. Our contact information appears on the front and back cover pages.

Drugs listed with an “**EDS**” in the Requirements/Limits column may be prescribed and dispensed at a participating network retail or mail order pharmacy for an extended 90-day supply.

Drugs listed with an “**EHS**” in the Requirements/Limits column are a prescription drug that is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drugs listed with a “**HI**” in the Requirements/Limits column may be covered under our medical benefit. For more information, call Pharmacy Benefit Dimensions' Medicare Member Services Department at 1-800-665-1502 or, for TTY users, 1-800-432-1110, October 1st – February 14th: Monday through Sunday from 8 a.m. to 8 p.m., February 15th – September 30th: Monday through Friday from 8 a.m. to 8 p.m.

Drugs listed with a **“PA”** in the Requirements/Limits column require prior authorization (see “Are there any restrictions on my coverage” on page II).

Drugs listed with a **“QL”** in the Requirements/Limits column have quantity limitations (see “Are there any restrictions on my coverage” on page II).

Drugs listed with a **“RF”** in the Requirements/Limits column are restricted to females only.

Drugs listed with a **“RM”** in the Requirements/Limits column are restricted to males only.

Drugs listed with a **“ST”** in the Requirements/Limits column are restricted to step therapy requirements (see “Are there any restrictions on my coverage” on page II).

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Drug Name	Tier	Requirements/Limits
Analgesics		
ABSTRAL	3	PA; QL (120 EA per 30 days)
<i>acetaminophen-codeine #2</i>	1	
<i>acetaminophen-codeine #3</i>	1	
<i>acetaminophen-codeine #4</i>	1	
<i>acetaminophen-codeine oral solution</i>	1	
ANAPROX DS	3	EDS
<i>ascomp-codeine</i>	1	PA; AL (Max 64 Years)
BUPAP ORAL TABLET 50-300 MG	3	PA; AL (Max 64 Years)
BUPRENEX	3	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual</i>	1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA; AL (Max 64 Years)
<i>butalbital-apap-caff-cod</i>	1	PA; AL (Max 64 Years)
<i>butalbital-apap-caffeine oral capsule</i>	1	PA; AL (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA; AL (Max 64 Years)
<i>butalbital-asa-caff-codeine</i>	1	PA; AL (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA; AL (Max 64 Years)
<i>butorphanol tartrate injection</i>	1	
<i>butorphanol tartrate nasal</i>	1	
BUTRANS	2	QL (4 EA per 28 days)
CAMBIA	3	
CELEBREX	3	EDS
<i>celecoxib oral</i>	1	EDS
<i>codeine sulfate oral tablet</i>	1	
CONZIP	3	ST; QL (30 EA per 30 days)
<i>diclofenac potassium</i>	1	EDS
<i>diclofenac sodium er</i>	1	EDS
<i>diclofenac sodium oral</i>	1	EDS
<i>diclofenac sodium transdermal gel 3 %</i>	1	PA; EDS
<i>diclofenac sodium transdermal solution</i>	1	
<i>diflunisal oral</i>	1	EDS
DILAUDID ORAL LIQUID	3	QL (2400 ML per 30 days)

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

Drug Name	Tier	Requirements/Limits
DILAUDID ORAL TABLET	3	QL (180 EA per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	QL (90 EA per 30 days)
DOLOPHINE ORAL TABLET 5 MG	3	QL (180 EA per 30 days)
DURAGESIC-100	3	QL (30 EA per 30 days)
DURAGESIC-12	3	QL (15 EA per 30 days)
DURAGESIC-25	3	QL (15 EA per 30 days)
DURAGESIC-50	3	QL (15 EA per 30 days)
DURAGESIC-75	3	QL (30 EA per 30 days)
<i>duramorph</i>	1	
EC-NAPROSYN	3	EDS
EMBEDA	3	
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC ORAL TABLET	3	PA; AL (Max 64 Years)
<i>etodolac oral</i>	1	EDS
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	QL (30 EA per 30 days)
FELDENE	3	
<i>fenoprofen calcium oral capsule 400 mg</i>	2	EDS
FENOPROFEN CALCIUM ORAL TABLET	2	EDS
<i>fentanyl citrate buccal</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	1	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	1	QL (15 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (120 EA per 30 days)
FIORICET ORAL CAPSULE	3	PA; AL (Max 64 Years)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA; AL (Max 64 Years)
FIORINAL	3	PA; AL (Max 64 Years)
FIORINAL/CODEINE #3	3	PA; AL (Max 64 Years)
FLECTOR	2	PA; EDS
<i>flurbiprofen oral</i>	1	EDS
HYCET	3	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl er</i>	1	QL (30 EA per 30 days)
<i>hydromorphone hcl injection solution 2 mg/ml</i>	1	
<i>hydromorphone hcl oral liquid</i>	1	QL (2400 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	1	QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	1	
HYSINGLA ER	2	QL (60 EA per 30 days)
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	EDS
INDOCIN ORAL	3	PA; EDS; AL (Max 64 Years)
<i>indomethacin er</i>	1	PA; EDS; AL (Max 64 Years)
<i>indomethacin oral</i>	1	PA; EDS; AL (Max 64 Years)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG	3	QL (60 EA per 30 days)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG	3	
KETOPROFEN ER	2	EDS
<i>ketoprofen oral</i>	1	EDS
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac tromethamine oral</i>	1	PA; QL (20 EA per 5 days); AL (Max 64 Years)
LAZANDA	3	PA; QL (120 EA per 30 days)
LEVORPHANOL TARTRATE ORAL	3	
<i>lorcet hd</i>	1	
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	
<i>meclofenamate sodium oral</i>	1	EDS
<i>meloxicam oral tablet</i>	1	EDS
<i>methadone hcl injection</i>	1	
<i>methadone hcl oral solution</i>	1	
<i>methadone hcl oral tablet 10 mg</i>	1	
<i>methadone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
MOBIC ORAL TABLET	3	EDS
MORPHABOND ER	3	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate er beads</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	1	
<i>morphine sulfate er oral tablet extended release</i>	1	
<i>morphine sulfate oral</i>	1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	
<i>nabumetone oral</i>	1	EDS
<i>nalbuphine hcl injection solution 10 mg/ml</i>	1	QL (480 ML per 30 days)
<i>nalbuphine hcl injection solution 20 mg/ml</i>	1	QL (240 ML per 30 days)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	EDS
NAPROSYN ORAL TABLET 500 MG	3	EDS
<i>naproxen dr oral tablet delayed release 375 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	EDS
<i>naproxen oral</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
NORCO	3	
NUCYNTA	2	QL (180 EA per 30 days)
NUCYNTA ER	2	QL (60 EA per 30 days)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	
OPANA ORAL	3	QL (180 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution</i>	1	
<i>oxycodone hcl oral tablet</i>	1	
<i>oxycodone-acetaminophen oral solution</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone-ibuprofen</i>	1	QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	
<i>oxymorphone hcl er</i>	1	
<i>oxymorphone hcl oral tablet 10 mg</i>	1	
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
PENNSAID TRANSDERMAL SOLUTION 2 %	3	EDS
PENTAZOCINE-NALOXONE HCL	3	
<i>piroxicam oral</i>	1	EDS
ROXICODONE ORAL TABLET 15 MG	3	QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	QL (90 EA per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (540 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (120 EA per 30 days)
<i>sulindac oral</i>	1	EDS
SYNALGOS-DC	2	
TALWIN	3	PA; AL (Max 64 Years)
<i>tencon oral tablet 50-325 mg</i>	3	PA; AL (Max 64 Years)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>tramadol hcl oral</i>	1	
<i>tramadol-acetaminophen</i>	1	
TYLENOL WITH CODEINE #3	3	
TYLENOL WITH CODEINE #4	3	
ULTRACET	3	
ULTRAM	3	
VANATOL LQ	2	PA; AL (Max 64 Years)
VOLTAREN TRANSDERMAL	3	PA; EDS
XTAMPZA ER	3	QL (60 EA per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	3	PA; AL (Max 64 Years)
Anesthetics		
<i>lidocaine external ointment</i>	1	EDS
<i>lidocaine external patch 5 %</i>	1	PA; EDS
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %</i>	1	
<i>lidocaine hcl external gel 2 %</i>	1	EDS
<i>lidocaine hcl external solution</i>	1	EDS
<i>lidocaine hcl injection solution 2 %</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
LIDODERM	3	PA; EDS
XYLOCAINE EXTERNAL	3	
XYLOCAINE INJECTION SOLUTION 2 %	3	
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	1	
ANTABUSE	3	EDS
BUPRENEX	3	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
BUTRANS	2	QL (4 EA per 28 days)
CHANTIX	2	
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH PAK	2	
<i>disulfiram oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naltrexone hcl oral</i>	1	
NARCAN	2	QL (2 EA per 30 days)
NICOTROL	2	
NICOTROL NS	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
ZYBAN	3	
Antibacterials		
<i>acetic acid otic</i>	1	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral capsule</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	
AVC VAGINAL	3	
AVELOX INTRAVENOUS	2	
AZASITE	3	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	
<i>azithromycin oral packet</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
<i>baciim</i>	1	
<i>bacitracin intramuscular</i>	1	
<i>bacitracin ophthalmic</i>	1	
BACTROBAN EXTERNAL CREAM	3	
BACTROBAN NASAL	3	
BETHKIS	3	BD
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
BLEPH-10	3	
CAYSTON	3	
CEDAX ORAL CAPSULE	3	
CEDAX ORAL SUSPENSION RECONSTITUTED 180 MG/5ML	3	
<i>cefaclor</i>	1	
CEFACLOR ER	3	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl injection</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	

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

Drug Name	Tier	Requirements/Limits
CEFTIN ORAL SUSPENSION RECONSTITUTED	3	
<i>ceftriaxone sodium injection solution reconstituted 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 1.5 gm, 7.5 gm, 750 mg</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
CHLORAMPHENICOL SOD SUCCINATE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin intravenous solution 400 mg/40ml</i>	1	
<i>ciprofloxacin oral</i>	1	
<i>ciprofloxacin-ciproflox hcl er</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
CLEOCIN IN D5W	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
CLEOCIN-T	3	
CLINDACIN-P	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate external</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>colistimethate sodium injection</i>	1	
<i>daptomycin</i>	1	BD
<i>demeclocycline hcl oral</i>	1	
<i>dicloxacillin sodium</i>	1	

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

Drug Name	Tier	Requirements/Limits
DIFICID	3	PA
DORIBAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
DOXY 100	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release</i>	1	
<i>doxycycline monohydrate oral</i>	1	
E.E.S. 400 ORAL TABLET	3	
ery	3	
ERYPED 400	3	
ERY-TAB	3	EDS
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	EDS
<i>erythromycin base oral capsule delayed release particles</i>	1	
<i>erythromycin base oral tablet</i>	1	
<i>erythromycin ethylsuccinate oral</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
<i>erythromycin ophthalmic</i>	1	
EVOCLIN	3	
<i>gatifloxacin ophthalmic</i>	1	
<i>gentak ophthalmic ointment</i>	1	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate external</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	BD
<i>gentamicin sulfate intravenous</i>	1	BD
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>global alcohol prep ease</i>	1	
HIPREX	3	

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

Drug Name	Tier	Requirements/Limits
<i>imipenem-cilastatin</i>	1	
INVANZ INJECTION	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin ophthalmic</i>	1	
<i>levofloxacin oral</i>	1	
LINCOCIN	3	
<i>lincomycin hcl injection</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA
<i>linezolid oral</i>	1	PA
MAXIPIME INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>meropenem</i>	1	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>methenamine hippurate</i>	1	EDS
METROCREAM	3	
METROLOTION	3	
<i>metronidazole external</i>	1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl er</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>minocycline hcl oral tablet</i>	1	EDS
MONUROL	3	
<i>moxifloxacin hcl intravenous</i>	1	
<i>moxifloxacin hcl oral</i>	1	
<i>mupirocin calcium</i>	1	
<i>mupirocin external</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 10 gm</i>	1	
<i>neomycin sulfate oral</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	

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

Drug Name	Tier	Requirements/Limits
NUVESSA	3	
OCUFLOX	3	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin otic</i>	1	
ORBACTIV	3	PA
<i>oxacillin sodium injection solution reconstituted 10 gm</i>	1	
<i>paromomycin sulfate oral</i>	1	
PCE	3	
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	
PENICILLIN G PROCAINE	3	
<i>penicillin v potassium</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	1	
<i>polymyxin b sulfate injection</i>	1	
PRIMAXIN IV	3	
PRIMSOL	3	
SILVADENE	3	
<i>silver sulfadiazine external</i>	1	
SIVEXTRO	3	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	
<i>ssd</i>	1	
STREPTOMYCIN SULFATE INTRAMUSCULAR	3	
<i>sulfacetamide sodium external suspension</i>	1	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>sulfadiazine oral</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	

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

Drug Name	Tier	Requirements/Limits
SULFAMYLON	3	
SUPRAX ORAL CAPSULE	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
SYNERCID	3	BD
<i>tazicef injection</i>	1	
TEFLARO	3	
<i>tetracycline hcl oral</i>	1	
<i>tigecycline</i>	1	BD
TINDAMAX ORAL TABLET 500 MG	3	
<i>tinidazole oral</i>	1	
TOBI	3	BD
TOBI PODHALER	3	PA
TOBRADEX OPHTHALMIC OINTMENT	2	
<i>tobramycin inhalation</i>	1	BD
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
TOBREX	3	
<i>trimethoprim oral</i>	1	
TYGACIL	3	BD
UNASYN INJECTION SOLUTION RECONSTITUTED 15 (10-5) GM, 3 (2-1) GM	3	
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 1000 mg, 500 mg</i>	1	BD
<i>vancomycin hcl oral</i>	1	
<i>vandazole</i>	1	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	PA
VIBRAMYCIN ORAL SYRUP	3	
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	
ZANOSAR	3	PA
ZERBAXA	3	PA
ZITHROMAX INTRAVENOUS	3	
ZITHROMAX ORAL PACKET	3	

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

Drug Name	Tier	Requirements/Limits
ZMAX	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	2	
ZYVOX ORAL	3	PA
Anticonvulsants		
APTIOM	3	EDS
BANZEL	2	EDS
BRIVIACT	3	PA New Starts Only
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
CELONTIN	2	EDS
CEREBYX INJECTION SOLUTION 500 MG PE/10ML	3	
<i>clonazepam oral</i>	1	
<i>clorazepate dipotassium</i>	1	
DEPACON	3	BD
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 1 mg/ml</i>	1	
<i>diazepam oral tablet</i>	1	
DIAZEPAM RECTAL GEL 10 MG, 2.5 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>epitol</i>	1	EDS
EQUETRO	3	EDS
<i>ethosuximide oral</i>	1	EDS
<i>felbamate</i>	1	EDS
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	1	
FYCOMPA	3	
<i>gabapentin oral capsule</i>	1	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	1	EDS
<i>gabapentin oral tablet</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
GABITRIL ORAL TABLET 12 MG, 16 MG	2	EDS
GRALISE	3	
GRALISE STARTER	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	EDS
KLONOPIN	3	
LAMICTAL STARTER	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 50 MG	3	EDS
<i>lamotrigine er</i>	1	EDS
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>levetiracetam er</i>	1	EDS
<i>levetiracetam in nacl</i>	1	
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral</i>	1	EDS
<i>lorazepam intensol</i>	1	
<i>lorazepam oral tablet</i>	1	
LYRICA	2	EDS
MYSOLINE	3	EDS
ONFI ORAL SUSPENSION	2	PA New Starts Only
ONFI ORAL TABLET 10 MG, 20 MG	2	PA New Starts Only
<i>oxcarbazepine</i>	1	EDS
OXTELLAR XR	3	EDS
PEGANONE	2	EDS
<i>phenobarbital oral elixir</i>	1	PA New Starts Only; AL (Max 64 Years)
<i>phenobarbital oral tablet</i>	1	PA New Starts Only; AL (Max 64 Years)
PHENYTEK	2	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	1	EDS
<i>phenytoin oral tablet chewable</i>	1	EDS
<i>phenytoin sodium extended</i>	1	EDS
<i>phenytoin sodium injection</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>primidone oral</i>	1	EDS
QUDEXY XR	3	
<i>roweepra</i>	1	
SABRIL	2	
SPRITAM	3	EDS
<i>tiagabine hcl</i>	1	EDS
<i>topiramate er</i>	1	
<i>topiramate oral</i>	1	EDS
TROKENDI XR	3	
VALIUM	3	
<i>valproate sodium intravenous solution 500 mg/5ml</i>	1	BD
<i>valproate sodium oral solution</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>vigabatrin</i>	1	
VIMPAT INTRAVENOUS	2	
VIMPAT ORAL	2	EDS
<i>zonisamide oral</i>	1	EDS
Antidementia Agents		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	EDS
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	1	EDS
<i>ergoloid mesylates oral</i>	1	
EXELON TRANSDERMAL	3	EDS
<i>galantamine hydrobromide</i>	1	EDS
<i>galantamine hydrobromide er</i>	1	EDS
<i>memantine hcl oral solution</i>	1	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	1	
NAMENDA ORAL TABLET	3	EDS
NAMENDA TITRATION PAK	2	
NAMENDA XR	2	EDS
NAMENDA XR TITRATION PACK	2	EDS
NAMZARIC	3	PA
RAZADYNE ER	3	EDS
RAZADYNE ORAL TABLET	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>rivastigmine</i>	1	EDS
<i>rivastigmine tartrate</i>	1	EDS
Antidepressants		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG (1.5ML SYRINGE)	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG	2	EDS
<i>amitriptyline hcl oral</i>	1	PA New Starts Only; AL (Max 64 Years)
AMOXAPINE	2	
APLENZIN	3	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	EDS; QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	1	EDS; QL (60 EA per 30 days)
BRISDELLE	3	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	EDS; QL (90 EA per 30 days)
<i>bupropion hcl er (xl)</i>	1	EDS
<i>bupropion hcl oral</i>	1	EDS
<i>chlordiazepoxide-amitriptyline</i>	1	PA New Starts Only; AL (Max 64 Years)
<i>citalopram hydrobromide</i>	1	EDS
<i>clomipramine hcl oral</i>	1	PA New Starts Only; AL (Max 64 Years)
<i>desipramine hcl oral</i>	1	
<i>desvenlafaxine er</i>	1	EDS
<i>desvenlafaxine succinate er</i>	1	
<i>doxepin hcl oral</i>	1	PA New Starts Only; AL (Max 64 Years)
<i>duloxetine hcl oral</i>	1	EDS
EMSAM	2	PA New Starts Only
<i>escitalopram oxalate</i>	1	EDS
FETZIMA	3	

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

Drug Name	Tier	Requirements/Limits
FETZIMA TITRATION	3	
<i>fluoxetine hcl oral capsule</i>	1	EDS
<i>fluoxetine hcl oral capsule delayed release</i>	1	EDS
<i>fluoxetine hcl oral solution</i>	1	EDS
<i>fluvoxamine maleate</i>	1	EDS; QL (90 EA per 30 days)
<i>fluvoxamine maleate er</i>	1	EDS; QL (60 EA per 30 days)
FORFIVO XL	3	EDS
<i>imipramine hcl oral</i>	1	PA New Starts Only; AL (Max 64 Years)
<i>imipramine pamoate</i>	3	PA New Starts Only; AL (Max 64 Years)
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine oral</i>	1	EDS
<i>nefazodone hcl</i>	1	EDS
<i>nortriptyline hcl oral</i>	1	EDS
<i>olanzapine-fluoxetine hcl</i>	1	EDS
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL ORAL SUSPENSION	3	EDS
<i>perphenazine-amitriptyline</i>	1	PA New Starts Only; AL (Max 64 Years)
PEXEVA	3	EDS
<i>phenelzine sulfate oral</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	2	EDS; QL (120 EA per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	2	EDS; QL (90 EA per 30 days)
<i>protriptyline hcl</i>	1	
PRUDOXIN	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 50 MG	2	EDS
<i>sertraline hcl oral</i>	1	EDS
SILENOR	2	QL (30 EA per 30 days)
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>trimipramine maleate oral</i>	1	PA New Starts Only; AL (Max 64 Years)
TRINTELLIX	3	EDS
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
VIIBRYD ORAL TABLET	3	EDS
VIIBRYD STARTER PACK	3	
Antiemetics		
AKYNZEO	3	PA
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	3	BD
ANZEMET ORAL	3	BD
<i>aprepitant</i>	1	BD
CESAMET	3	PA
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	3	
<i>chlorpromazine hcl oral</i>	1	EDS
<i>compro</i>	1	
<i>diphenhydramine hcl injection</i>	1	
<i>diphenhydramine hcl oral elixir</i>	1	PA; AL (Max 64 Years)
<i>dronabinol</i>	1	BD
EMEND ORAL SUSPENSION RECONSTITUTED	2	BD
EMEND TRI-PACK	2	BD
<i>granisetron hcl intravenous solution 0.1 mg/ml, 1 mg/ml</i>	1	BD
<i>granisetron hcl oral</i>	1	BD
<i>hydroxyzine hcl oral tablet</i>	1	PA; AL (Max 64 Years)
<i>hydroxyzine pamoate oral</i>	1	PA; AL (Max 64 Years)
MARINOL	3	BD
<i>meclizine hcl oral tablet</i>	1	EDS
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>ondansetron</i>	1	BD
<i>ondansetron hcl injection solution 4 mg/2ml</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>ondansetron hcl oral</i>	1	BD
<i>perphenazine oral</i>	1	EDS
<i>phenadoz rectal suppository 12.5 mg</i>	1	PA; AL (Max 64 Years)
PHENERGAN	3	PA; AL (Max 64 Years)
<i>prochlorperazine</i>	1	EDS
<i>prochlorperazine edisylate injection</i>	1	BD
<i>prochlorperazine maleate oral</i>	1	BD; EDS
<i>promethazine hcl injection</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl oral syrup</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl oral tablet</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl rectal</i>	1	PA; AL (Max 64 Years)
<i>promethegan rectal suppository 25 mg</i>	1	PA; AL (Max 64 Years)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	3	PA; AL (Max 64 Years)
REGLAN ORAL	3	
SANCUSO	3	
SYNDROS	3	BD
TIGAN ORAL	3	PA
TRANSDERM-SCOP (1.5 MG)	3	
<i>trimethobenzamide hcl oral</i>	1	PA
VARUBI	3	BD
ZOFRAN ODT	3	BD
ZOFRAN ORAL	3	BD
ZUPLENZ	3	BD
Antifungals		
ABELCET	3	BD
AMBISOME	3	BD
AMPHOTERICIN B INJECTION	2	BD
CANCIDAS	3	BD
<i>caspofungin acetate</i>	1	BD
<i>ciclopirox</i>	1	
<i>ciclopirox olamine external</i>	1	
<i>clotrimazole external</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	
<i>econazole nitrate external</i>	1	
ERAXIS	3	

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

Drug Name	Tier	Requirements/Limits
ERTACZO	3	
EXELDERM	3	
EXTINA	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GYNAZOLE-1	3	
<i>itraconazole oral</i>	1	PA
JUBLIA	3	PA
<i>ketoconazole external</i>	1	
<i>ketoconazole oral</i>	1	PA
LOPROX EXTERNAL SHAMPOO	3	
MENTAX	3	
MICONAZOLE 3 VAGINAL SUPPOSITORY	3	
MYCAMINE	2	
<i>naftifine hcl</i>	1	
NAFTIN EXTERNAL CREAM 2 %	3	
NAFTIN EXTERNAL GEL	2	
NATACYN	2	
NIZORAL	3	
NOXAFIL ORAL	3	EDS
<i>nyamyc</i>	1	
<i>nyata external powder</i>	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystop</i>	1	
ORAVIG	3	
OXISTAT	3	
SPORANOX ORAL SOLUTION	2	PA
<i>terbinafine hcl oral</i>	1	
<i>terconazole vaginal cream</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>voriconazole intravenous</i>	1	PA
<i>voriconazole oral</i>	1	PA
ZOLINZA	2	
Antigout Agents		
<i>allopurinol oral</i>	1	EDS
<i>allopurinol sodium</i>	1	
ALOPRIM	3	
<i>colchicine oral</i>	1	EDS
<i>colchicine-probenecid</i>	1	EDS
COLCRYS	3	EDS
MITIGARE	3	
<i>probenecid oral</i>	1	EDS
ULORIC	2	EDS
ZYLOPRIM	3	EDS
Anti-Inflammatory Agents		
ANAPROX DS	3	EDS
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
CELEBREX	3	EDS
<i>celecoxib oral</i>	1	EDS
CORTEF ORAL TABLET 20 MG, 5 MG	3	
<i>cortisone acetate oral</i>	1	EDS
DEPO-MEDROL	3	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	1	
<i>diclofenac potassium</i>	1	EDS
<i>diclofenac sodium er</i>	1	EDS
<i>diclofenac sodium oral</i>	1	EDS
<i>diflunisal oral</i>	1	EDS
DIPROLENE AF	3	

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

Drug Name	Tier	Requirements/Limits
DIPROLENE EXTERNAL OINTMENT	3	
EC-NAPROSYN	3	EDS
<i>etodolac oral capsule 200 mg</i>	1	EDS
<i>etodolac oral tablet</i>	1	EDS
FELDENE	3	
<i>fenoprofen calcium oral capsule 400 mg</i>	2	EDS
FENOPROFEN CALCIUM ORAL TABLET	2	EDS
FLECTOR	2	PA; EDS
<i>flurbiprofen oral</i>	1	EDS
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	EDS
INDOCIN ORAL	3	PA; EDS; AL (Max 64 Years)
<i>indomethacin er</i>	1	PA; EDS; AL (Max 64 Years)
<i>indomethacin oral</i>	1	PA; EDS; AL (Max 64 Years)
KENALOG INJECTION	3	
KETOPROFEN ER	2	EDS
<i>ketoprofen oral</i>	1	EDS
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac tromethamine oral</i>	1	PA; QL (20 EA per 5 days); AL (Max 64 Years)
<i>meclofenamate sodium oral</i>	1	EDS
MEDROL ORAL TABLET	3	
<i>meloxicam oral tablet</i>	1	EDS
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet</i>	1	EDS
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 40 mg</i>	1	
MILLIPRED ORAL TABLET	3	
MOBIC ORAL TABLET	3	EDS
<i>nabumetone oral</i>	1	EDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	EDS

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

Drug Name	Tier	Requirements/Limits
NAPROSYN ORAL TABLET 500 MG	3	EDS
<i>naproxen dr oral tablet delayed release 375 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	EDS
<i>naproxen oral</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG, 30 MG	3	
<i>oxycodone-ibuprofen</i>	1	QL (240 EA per 30 days)
<i>piroxicam oral</i>	1	EDS
PRED MILD	2	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	2	
PREDNISONE ORAL TABLET THERAPY PACK 10 MG (48), 5 MG (21), 5 MG (48)	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 125 MG, 2 GM, 40 MG, 500 MG	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>sulindac oral</i>	1	EDS
<i>triamcinolone acetonide external aerosol solution</i>	1	
Antimigraine Agents		
<i>almotriptan malate</i>	1	

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

Drug Name	Tier	Requirements/Limits
AMERGE	3	
AXERT	3	
CAFERGOT	2	
<i>dihydroergotamine mesylate injection</i>	1	
<i>dihydroergotamine mesylate nasal</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>eletriptan hydrobromide</i>	1	
<i>ergotamine-caffeine</i>	1	
FROVA	3	
<i>frovatriptan succinate</i>	1	
IMITREX	3	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
MAXALT	3	
MAXALT-MLT	3	
<i>migergot</i>	1	
MIGRANAL	3	
<i>naratriptan hcl</i>	1	
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan nasal</i>	1	
<i>sumatriptan succinate oral</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	3	
<i>timolol maleate oral</i>	1	EDS
<i>topiramate oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
TREXIMET	3	
<i>valproate sodium oral solution</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>zolmitriptan oral</i>	1	
ZOMIG	3	
ZOMIG ZMT	3	
Antimyasthenic Agents		
<i>guanidine hcl oral</i>	1	
MESTINON ORAL SYRUP	2	EDS
MESTINON ORAL TABLET	3	EDS
MESTINON ORAL TABLET EXTENDED RELEASE	3	EDS
<i>pyridostigmine bromide er</i>	1	EDS
<i>pyridostigmine bromide oral</i>	1	EDS
Antimycobacterials		
CAPASTAT SULFATE	3	
<i>dapsone oral</i>	1	EDS
<i>ethambutol hcl oral</i>	1	
ISONIAZID INJECTION	3	
<i>isoniazid oral</i>	1	EDS
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	1	
RIFADIN ORAL CAPSULE 150 MG	3	
RIFAMATE	3	EDS
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
RIFATER	2	EDS
SIRTURO	3	PA
TRECTOR	3	
Antineoplastics		
ABRAXANE	3	PA
<i>adriamycin intravenous solution</i>	1	PA

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

Drug Name	Tier	Requirements/Limits
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	3	PA New Starts Only
AFINITOR	3	PA New Starts Only
ALECENSA	3	PA New Starts Only
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA
ALKERAN INTRAVENOUS	3	PA
ALUNBRIG	3	PA New Starts Only
<i>anastrozole oral</i>	1	EDS
ARIMIDEX	3	EDS
AROMASIN	3	EDS
ARRANON	3	PA
ATRALIN	3	
AVASTIN	3	PA
<i>avita</i>	1	
<i>azacitidine</i>	1	PA
BAVENCIO	3	PA New Starts Only
BELEODAQ	3	PA
<i>bexarotene</i>	1	
<i>bicalutamide</i>	1	
BICNU	3	PA
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	1	PA
BOSULIF	3	PA New Starts Only
<i>busulfan</i>	1	PA
BUSULFEX	3	PA
CABOMETYX	3	PA New Starts Only
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML	3	PA
CAPRELSA	3	PA New Starts Only
<i>carboplatin intravenous solution 150 mg/15ml</i>	1	BD
CASODEX	3	
<i>cisplatin intravenous solution 100 mg/100ml</i>	1	PA
<i>clofarabine</i>	1	PA
CLOLAR	3	PA
COMETRIQ (100 MG DAILY DOSE)	3	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
COMETRIQ (140 MG DAILY DOSE)	3	PA New Starts Only
COMETRIQ (60 MG DAILY DOSE)	3	PA New Starts Only
COSMEGEN	3	PA
COTELLIC	3	PA New Starts Only
<i>cyclophosphamide oral capsule</i>	1	BD; EDS
CYRAMZA	3	PA
<i>cytarabine (pf) injection solution 100 mg/ml</i>	1	PA
<i>cytarabine injection solution</i>	1	PA
<i>dacarbazine intravenous solution reconstituted 200 mg</i>	1	PA
DACOGEN	3	PA
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML	3	PA New Starts Only
<i>daunorubicin hcl intravenous injectable</i>	1	PA
<i>decitabine</i>	1	PA
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	1	PA
DOCETAXEL INTRAVENOUS CONCENTRATE 80 MG/4ML	3	PA
DOCETAXEL INTRAVENOUS SOLUTION 80 MG/8ML	3	PA
DOXIL	3	PA
<i>doxorubicin hcl intravenous solution</i>	1	PA
<i>doxorubicin hcl liposomal</i>	1	PA
DROXIA	3	
ELITEK	2	PA
ELLEENCE INTRAVENOUS SOLUTION 200 MG/100ML	3	PA
EMCYT	2	
EMPLICITI	3	PA New Starts Only
<i>epirubicin hcl intravenous solution 200 mg/100ml</i>	1	PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML	3	PA
ERIVEDGE	3	PA New Starts Only
ERWINAZE INJECTION	3	PA New Starts Only
ETOPOPHOS	3	

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

Drug Name	Tier	Requirements/Limits
<i>etoposide intravenous solution 500 mg/25ml</i>	1	
<i>exemestane</i>	1	EDS
FARESTON	2	EDS
FARYDAK	3	PA New Starts Only
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	2	PA
<i>fludarabine phosphate intravenous solution reconstituted</i>	1	PA
<i>flutamide</i>	1	EDS
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	2	PA
FUSILEV	3	
<i>gemcitabine hcl intravenous solution reconstituted 1 gm</i>	1	PA
GEMZAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	3	PA
GILOTRIF	3	PA New Starts Only
GLEEVEC	3	PA New Starts Only; EDS
GLEOSTINE	3	
HALAVEN	2	PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG	3	PA
HEXALEN	2	
HYCANTIN INTRAVENOUS	3	
HYDREA	3	
<i>hydroxyurea oral</i>	1	EDS
IBRANCE	3	PA New Starts Only
ICLUSIG	3	PA New Starts Only
IDAMYCIN PFS INTRAVENOUS SOLUTION 20 MG/20ML	3	PA
<i>idarubicin hcl intravenous solution 10 mg/10ml</i>	1	PA
IDHIFA	3	PA New Starts Only
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	3	PA
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	1	PA
<i>imatinib mesylate</i>	1	PA New Starts Only; EDS

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

Drug Name	Tier	Requirements/Limits
IMBRUVICA	3	PA New Starts Only
IMFINZI	3	PA New Starts Only
INLYTA	3	PA New Starts Only
IRESSA	3	PA New Starts Only
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	1	PA
ISTODAX (OVERFILL)	3	PA New Starts Only
JAKAFI	3	PA New Starts Only
JEVTANA	2	PA
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	PA New Starts Only
KEYTRUDA	3	PA New Starts Only
KISQALI 200 DOSE	3	PA New Starts Only
KISQALI 400 DOSE	3	PA New Starts Only
KISQALI 600 DOSE	3	PA New Starts Only
KISQALI FEMARA 200 DOSE	3	PA New Starts Only
KISQALI FEMARA 400 DOSE	3	PA New Starts Only
KISQALI FEMARA 600 DOSE	3	PA New Starts Only
KYPROLIS	3	PA New Starts Only
LARTRUVO INTRAVENOUS SOLUTION 500 MG/50ML	3	PA New Starts Only
LENVIMA 10 MG DAILY DOSE	3	PA New Starts Only
LENVIMA 14 MG DAILY DOSE	3	PA New Starts Only
LENVIMA 18 MG DAILY DOSE	3	PA New Starts Only
LENVIMA 20 MG DAILY DOSE	3	PA New Starts Only
LENVIMA 24 MG DAILY DOSE	3	PA New Starts Only
LENVIMA 8 MG DAILY DOSE	3	PA New Starts Only
<i>letrozole oral</i>	1	EDS
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	1	
<i>leucovorin calcium oral</i>	1	
LEUKERAN	2	
<i>levoleucovorin calcium intravenous solution</i>	1	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	1	
LONSURF	3	PA New Starts Only
LYNPARZA	3	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
MATULANE	2	
MEKINIST	3	PA New Starts Only
<i>melphalan hcl</i>	1	PA
<i>mesna</i>	1	PA
MESNEX INTRAVENOUS	3	PA
MESNEX ORAL	2	
<i>mitomycin intravenous</i>	1	PA New Starts Only
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	1	PA
MUSTARGEN	3	PA
NERLYNX	3	PA New Starts Only
NEXAVAR	3	PA New Starts Only
<i>nilutamide</i>	1	
NINLARO	3	PA New Starts Only
NIPENT	3	PA
ODOMZO	3	PA New Starts Only
OFEV	3	PA
OPDIVO INTRAVENOUS SOLUTION 40 MG/4ML	3	PA New Starts Only
<i>oxaliplatin intravenous solution 100 mg/20ml</i>	1	PA
<i>paclitaxel intravenous concentrate 300 mg/50ml</i>	1	PA
PANRETIN	2	
POMALYST	3	PA New Starts Only
PROLEUKIN	2	PA
PURIXAN	2	
RETIN-A	3	
RETIN-A MICRO	3	
REVLIMID	3	PA New Starts Only
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML	2	PA
RUBRACA ORAL TABLET 200 MG, 300 MG	3	PA New Starts Only
RYDAPT	3	PA New Starts Only
SOLTAMOX	2	EDS
SPRYCEL	2	PA New Starts Only
STIVARGA	3	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
SUTENT	3	PA New Starts Only
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts Only
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	BD
SYNRIBO	3	PA New Starts Only
TABLOID	3	
TAFINLAR	3	PA New Starts Only
TAGRISSE	3	PA New Starts Only
<i>tamoxifen citrate oral</i>	1	EDS
TARCEVA	2	
TARGRETIN EXTERNAL	2	
TARGRETIN ORAL	3	
TASIGNA	3	
TAXOTERE INTRAVENOUS CONCENTRATE 80 MG/4ML	3	PA
TECENTRIQ	3	PA New Starts Only
THALOMID	2	
<i>toposar intravenous solution 1 gm/50ml</i>	1	
<i>topotecan hcl intravenous solution reconstituted</i>	1	
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	2	PA
<i>tretinoin external cream</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	
<i>tretinoin oral</i>	1	
TRISENOX	2	PA
TYKERB	3	PA New Starts Only
VALCHLOR	3	PA New Starts Only
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML	3	BD
VELCADE INJECTION	2	PA
VENCLEXTA	3	PA New Starts Only
VENCLEXTA STARTING PACK	3	PA New Starts Only
VIDAZA	3	PA
VINBLASTINE SULFATE INTRAVENOUS SOLUTION	3	PA

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

Drug Name	Tier	Requirements/Limits
<i>vincasar pfs</i>	1	PA
<i>vincristine sulfate intravenous</i>	1	PA
<i>vinorelbine tartrate intravenous solution 50 mg/5ml</i>	1	PA
VOTRIENT	3	PA New Starts Only
VYXEOS	3	PA New Starts Only
XALKORI	3	PA New Starts Only
XTANDI	3	PA New Starts Only
YERVOY INTRAVENOUS SOLUTION 50 MG/10ML	3	PA
YONDELIS	3	PA New Starts Only
ZEJULA	2	PA New Starts Only
ZELBORAF	3	PA New Starts Only
ZINECARD INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	3	PA
ZOLINZA	2	
ZURAMPIC	3	PA
ZYDELIG	3	
ZYKADIA	3	PA New Starts Only
ZYTIGA ORAL TABLET 250 MG	3	PA New Starts Only; EDS
ZYTIGA ORAL TABLET 500 MG	3	PA New Starts Only
Antiparasitics		
ALBENZA	3	
ALINIA	2	
<i>atovaquone oral</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
BILTRICIDE	3	
<i>chloroquine phosphate oral</i>	1	EDS
COARTEM	2	QL (24 EA per 30 days)
DARAPRIM	2	
EMVERM	3	
EURAX	2	
<i>hydroxychloroquine sulfate oral</i>	1	EDS
<i>ivermectin oral</i>	1	
<i>lindane external shampoo</i>	1	
MALARONE	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>malathion external</i>	1	
<i>mefloquine hcl</i>	1	EDS
MEPRON	3	
NEBUPENT	3	BD
OVIDE	3	
PENTAM	3	
<i>permethrin external cream</i>	1	
PLAQUENIL	3	EDS
<i>primaquine phosphate oral</i>	1	
QUALAQUIN	3	
<i>quinine sulfate oral</i>	1	
SKLICE	3	
STROMEKTOL	3	
Antiparkinson Agents		
<i>amantadine hcl oral</i>	1	EDS
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA New Starts Only
<i>benztropine mesylate injection</i>	1	
<i>benztropine mesylate oral</i>	1	PA; EDS; AL (Max 64 Years)
<i>bromocriptine mesylate oral</i>	1	EDS
<i>carbidopa oral</i>	1	EDS
<i>carbidopa-levodopa</i>	1	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	EDS
<i>carbidopa-levodopa-entacapone</i>	1	EDS
COGENTIN	3	
COMTAN	3	EDS
<i>diphenhydramine hcl injection</i>	1	
<i>diphenhydramine hcl oral elixir</i>	1	PA; AL (Max 64 Years)
DUOPA ENTERAL	3	PA; EDS
ELDEPRYL	3	EDS
<i>entacapone</i>	1	EDS
LODOSYN	3	EDS
MIRAPEX	3	EDS

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

Drug Name	Tier	Requirements/Limits
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG	3	EDS
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 3.75 MG	3	
NEUPRO	3	
PARLODEL ORAL CAPSULE	3	
<i>pramipexole dihydrochloride</i>	1	EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 4.5 mg</i>	1	EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3 mg, 3.75 mg</i>	1	
<i>rasagiline mesylate oral</i>	1	
REQUIP	3	EDS
REQUIP XL	3	EDS
<i>ropinirole hcl</i>	1	EDS
<i>ropinirole hcl er</i>	1	EDS
<i>selegiline hcl oral</i>	1	EDS
SINEMET	3	EDS
SINEMET CR	3	EDS
STALEVO 100	3	EDS
STALEVO 125	3	EDS
STALEVO 150	3	EDS
STALEVO 200	3	EDS
STALEVO 50	3	EDS
STALEVO 75	3	EDS
<i>tolcapone</i>	1	EDS
<i>trihexyphenidyl hcl</i>	1	PA; EDS; AL (Max 64 Years)
XADAGO	3	PA New Starts Only
ZELAPAR	2	EDS
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG (1.5ML SYRINGE)	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	EDS; QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	1	EDS; QL (60 EA per 30 days)
ARISTADA	2	BD
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	3	
<i>chlorpromazine hcl oral</i>	1	EDS
<i>clozapine</i>	1	EDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	EDS; QL (90 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	3	EDS; QL (60 EA per 30 days)
FANAPT TITRATION PACK	3	QL (8 EA per 28 days)
FAZACLO	3	EDS
<i>fluphenazine decanoate injection</i>	1	BD
<i>fluphenazine hcl injection</i>	1	BD
<i>fluphenazine hcl oral</i>	1	EDS
GEODON INTRAMUSCULAR	3	BD
HALDOL	3	BD
HALDOL DECANOATE	3	BD
<i>haloperidol decanoate intramuscular</i>	1	BD
<i>haloperidol lactate injection</i>	1	BD
<i>haloperidol lactate oral</i>	1	
<i>haloperidol oral</i>	1	EDS
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG	3	EDS
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	3	EDS; QL (40 EA per 30 days)
INVEGA SUSTENNA	2	
INVEGA TRINZA	3	PA New Starts Only
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	3	EDS; QL (30 EA per 30 days)
LATUDA ORAL TABLET 60 MG	3	EDS; QL (60 EA per 30 days)
LATUDA ORAL TABLET 80 MG	3	EDS
<i>loxapine succinate oral</i>	1	EDS
NUPLAZID	3	PA New Starts Only
<i>olanzapine intramuscular</i>	1	BD

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

Drug Name	Tier	Requirements/Limits
<i>olanzapine oral</i>	1	EDS
ORAP ORAL TABLET 1 MG	3	EDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	1	EDS
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	1	EDS; QL (40 EA per 30 days)
<i>perphenazine oral</i>	1	EDS
<i>pimozide</i>	1	EDS
<i>prochlorperazine edisylate injection</i>	1	BD
<i>prochlorperazine maleate oral</i>	1	BD; EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	
REXULTI	3	QL (30 EA per 30 days)
RISPERDAL CONSTA	2	BD
<i>risperidone oral solution</i>	1	EDS; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1	EDS; QL (120 EA per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	EDS; QL (240 EA per 30 days)
<i>risperidone oral tablet dispersible</i>	1	QL (120 EA per 30 days)
SAPHRIS	3	EDS
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 50 MG	2	EDS
<i>thioridazine hcl oral</i>	1	PA New Starts Only; EDS; AL (Max 64 Years)
<i>thiothixene oral</i>	1	EDS
<i>trifluoperazine hcl oral</i>	1	EDS
VERSACLOZ	3	
VRAYLAR	3	PA New Starts Only
<i>ziprasidone hcl</i>	1	EDS; QL (60 EA per 30 days)
ZYPREXA INTRAMUSCULAR	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Antispasticity Agents		
<i>baclofen oral</i>	1	EDS
<i>dantrolene sodium oral</i>	1	
<i>tizanidine hcl oral tablet</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
ZANAFLEX	3	EDS
Antivirals		
<i>abacavir sulfate oral tablet</i>	1	EDS
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	EDS
<i>acyclovir external</i>	1	
<i>acyclovir oral capsule</i>	1	EDS
<i>acyclovir oral suspension</i>	1	EDS
<i>acyclovir oral tablet 400 mg</i>	1	EDS
<i>acyclovir oral tablet 800 mg</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	BD
<i>adefovir dipivoxil</i>	1	EDS
<i>amantadine hcl oral</i>	1	EDS
APTIVUS	2	EDS
ATRIPLA	2	EDS
BARACLUDE	2	EDS
<i>cidofovir intravenous</i>	1	BD
COMBIVIR	3	EDS
COMPLERA	2	EDS
COPEGUS	3	PA
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	EDS
CYTOVENE	3	PA
DENAVIR	3	
DESCOVY	3	
<i>didanosine</i>	1	EDS
EDURANT	2	EDS
EMTRIVA	2	EDS
<i>entecavir</i>	1	EDS
EPCLUSA	2	PA
EPIVIR	3	EDS
EPIVIR HBV ORAL SOLUTION	2	EDS
EPIVIR HBV ORAL TABLET	3	EDS
EVOTAZ	3	
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>famciclovir oral tablet 500 mg</i>	1	EDS; QL (90 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
FLUMADINE	3	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
<i>ganciclovir sodium</i>	1	PA
GENVOYA	2	
HARVONI	2	PA
HEPSERA	3	EDS
INTELENCE	2	EDS
INTRON A	2	PA New Starts Only
INVIRASE	2	EDS
ISENTRESS	2	
ISENTRESS HD	2	
KALETRA ORAL TABLET	2	EDS
<i>lamivudine</i>	1	EDS
<i>lamivudine-zidovudine</i>	1	EDS
LEXIVA	2	EDS
<i>lopinavir-ritonavir</i>	1	
MODERIBA 1200 DOSE PACK	3	PA
MODERIBA 800 DOSE PACK	3	PA
MODERIBA ORAL TABLET 200 MG	3	PA
<i>nevirapine</i>	1	EDS
<i>nevirapine er</i>	1	EDS
NORVIR	2	EDS
ODEFSEY	2	
<i>oseltamivir phosphate</i>	1	
PEGASYS PROCLICK	2	PA
PEGASYS SUBCUTANEOUS SOLUTION	2	PA
PEG-INTRON REDIPEN SUBCUTANEOUS KIT 120 MCG/0.5ML	2	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA
PREZCOBIX	3	
PREZISTA ORAL SUSPENSION	2	EDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	EDS
REBETOL ORAL SOLUTION	3	PA

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

Drug Name	Tier	Requirements/Limits
RELENZA DISKHALER	3	
RESCRIPTOR	2	EDS
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL CAPSULE	3	EDS
RETROVIR ORAL SYRUP	3	EDS
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	2	EDS
REYATAZ ORAL PACKET	2	EDS
<i>ribasphere oral capsule</i>	3	PA
<i>ribasphere oral tablet 200 mg</i>	3	PA
RIBASPHERE ORAL TABLET 400 MG, 600 MG	3	PA
RIBASPHERE RIBAPAK ORAL TABLET	3	PA
<i>ribavirin oral capsule</i>	1	PA
<i>ribavirin oral tablet 200 mg</i>	1	PA
<i>rimantadine hcl</i>	1	
SELZENTRY ORAL TABLET	2	
SOVALDI	2	PA
<i>stavudine oral capsule</i>	1	EDS
STRIBILD	2	
SUSTIVA	2	EDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts Only
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	2	
TIVICAY	2	EDS
<i>trifluridine ophthalmic</i>	1	
TRIUMEQ	2	
TRIZIVIR	3	EDS
TRUVADA	2	EDS
TYBOST	2	EDS
<i>valacyclovir hcl oral</i>	1	EDS
VALCYTE ORAL TABLET	3	
<i>valganciclovir hcl</i>	1	
VALTREX	3	EDS
VEMLIDY	2	PA

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

Drug Name	Tier	Requirements/Limits
VIDEX EC	3	EDS
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	2	EDS
VIRACEPT ORAL TABLET	2	EDS
VIRAMUNE ORAL SUSPENSION	2	EDS
VIRAMUNE ORAL TABLET	3	EDS
VIRAMUNE XR	3	EDS
VIREAD	2	EDS
VOSEVI	3	PA
XERESE	3	
ZERIT	3	EDS
ZIAGEN ORAL SOLUTION	2	EDS
ZIAGEN ORAL TABLET	3	EDS
<i>zidovudine</i>	1	EDS
ZIRGAN	2	
ZOVIRAX EXTERNAL CREAM	2	
ZOVIRAX EXTERNAL OINTMENT	3	
ZOVIRAX ORAL CAPSULE	3	
ZOVIRAX ORAL SUSPENSION	3	EDS
Anxiolytics		
<i>alprazolam er</i>	1	
<i>alprazolam oral</i>	1	
<i>buspirone hcl oral</i>	1	EDS
<i>clonazepam oral</i>	1	
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 1 mg/ml</i>	1	
<i>diazepam oral tablet</i>	1	
DIAZEPAM RECTAL GEL 10 MG, 2.5 MG	3	
<i>doxepin hcl oral</i>	1	PA New Starts Only; AL (Max 64 Years)
<i>duloxetine hcl oral</i>	1	EDS
<i>escitalopram oxalate</i>	1	EDS
<i>hydroxyzine hcl oral tablet</i>	1	PA; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
<i>hydroxyzine pamoate oral</i>	1	PA; AL (Max 64 Years)
KLONOPIN	3	
<i>lorazepam intensol</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>meprobamate</i>	1	PA; EDS; AL (Max 64 Years)
<i>oxazepam</i>	1	
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL ORAL SUSPENSION	3	EDS
PEXEVA	3	EDS
<i>sertraline hcl oral</i>	1	EDS
SILENOR	2	QL (30 EA per 30 days)
<i>triazolam</i>	1	QL (7 EA per 30 days)
VALIUM	3	
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
XANAX	3	
XANAX XR	3	
Bipolar Agents		
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>epitol</i>	1	EDS
EQUETRO	3	EDS
GEODON INTRAMUSCULAR	3	BD
LAMICTAL STARTER	3	
LAMICTAL XR ORAL KIT	3	
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	1	EDS
<i>lamotrigine oral tablet</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lithium</i>	1	EDS
<i>lithium carbonate er</i>	1	EDS
<i>lithium carbonate oral</i>	1	EDS
<i>olanzapine intramuscular</i>	1	BD
<i>olanzapine oral</i>	1	EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	
RISPERDAL CONSTA	2	BD
<i>risperidone oral solution</i>	1	EDS; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1	EDS; QL (120 EA per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	EDS; QL (240 EA per 30 days)
<i>risperidone oral tablet dispersible</i>	1	QL (120 EA per 30 days)
SAPHRIS	3	EDS
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 50 MG	2	EDS
<i>valproate sodium oral solution</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
VRAYLAR	3	PA New Starts Only
<i>ziprasidone hcl</i>	1	EDS; QL (60 EA per 30 days)
ZYPREXA INTRAMUSCULAR	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Blood Glucose Regulators		
<i>acarbose</i>	1	EDS
ACTOPLUS MET XR	2	EDS
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 (30) & 8 (60) UNIT, 4 (60) & 8 (30) UNIT, 4 (90) & 8 (90) UNIT, 4 UNIT, 8 (60)& 12 (30) UNIT, 8 UNIT	3	PA
APIDRA	3	EDS
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	1	

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

Drug Name	Tier	Requirements/Limits
AVANDIA ORAL TABLET 2 MG, 4 MG	3	EDS
BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	ST; EDS
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	3	ST
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
CHLORPROPAMIDE	3	PA; EDS; AL (Max 64 Years)
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
CYCLOSET	3	EDS
<i>exel comfort point pen needle 29g x 12mm</i>	1	EDS
<i>glimepiride</i>	1	EDS
<i>glipizide er</i>	1	EDS
<i>glipizide oral</i>	1	EDS
<i>glipizide-metformin hcl</i>	1	EDS
GLUCAGEN HYPOKIT	2	
<i>glucagon emergency</i>	1	
GLYSET	3	EDS
GLYXAMBI	3	ST; EDS
HUMALOG	2	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	EDS
HUMALOG MIX 50/50	2	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 75/25	2	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN 70/30	2	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	

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

Drug Name	Tier	Requirements/Limits
HUMULIN N	2	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN R	2	EDS
HUMULIN R U-500 (CONCENTRATED)	2	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	EDS
INVOKAMET	2	
INVOKAMET XR	2	
INVOKANA	2	EDS
JANUMET ORAL TABLET 50-1000 MG	2	EDS; QL (60 EA per 30 days)
JANUMET ORAL TABLET 50-500 MG	2	EDS
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	2	EDS; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	2	EDS; QL (60 EA per 30 days)
JANUVIA	2	EDS; QL (30 EA per 30 days)
JARDIANCE	2	EDS
JENTADUETO	2	
JENTADUETO XR	2	
KORLYM	2	PA New Starts Only
LANTUS	2	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LEVEMIR	2	EDS
LEVEMIR FLEXTOUCH	2	EDS
<i>metformin hcl er</i>	1	EDS
<i>metformin hcl oral</i>	1	EDS
<i>miglitol</i>	1	EDS
<i>nateglinide</i>	1	EDS
NOVOLIN 70/30	2	EDS
NOVOLIN N	2	EDS
NOVOLIN R	2	EDS
NOVOLOG	2	EDS

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

Drug Name	Tier	Requirements/Limits
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
NOVOLOG MIX 70/30	2	EDS
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	EDS
<i>pioglitazone hcl</i>	1	EDS; QL (30 EA per 30 days)
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
PROGLYCEM	2	
<i>reli-on insulin syringe 29g 0.3 ml</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	EDS; QL (150 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	EDS; QL (240 EA per 30 days)
<i>repaglinide-metformin hcl</i>	1	EDS
RIOMET	3	EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYNJARDY	2	EDS
TANZEUM	3	ST
<i>tolazamide oral tablet 250 mg</i>	3	EDS
TOLAZAMIDE ORAL TABLET 500 MG	3	EDS
TOLBUTAMIDE	3	EDS
TOUJEO SOLOSTAR	2	EDS
TRADJENTA	2	EDS
TRESIBA FLEXTOUCH	2	EDS
TRULICITY	2	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
WELCHOL	2	EDS
Blood Products/ Modifiers/ Volume Expanders		
AGGRENOX	3	EDS
<i>anagrelide hcl</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA
<i>aspirin-dipyridamole er</i>	1	EDS
BRILINTA	2	EDS
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate oral</i>	1	EDS
COUMADIN ORAL	3	EDS
<i>dipyridamole oral</i>	1	PA; EDS; AL (Max 64 Years)
EFFIENT	2	EDS
ELIQUIS	2	EDS
<i>enoxaparin sodium</i>	1	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	PA
<i>fondaparinux sodium</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	2	
GRANIX	3	PA
<i>heparin (porcine) in d5w</i>	1	BD
<i>heparin sod (porcine) in d5w</i>	1	BD
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BD
<i>jantoven</i>	1	EDS
LEUKINE INTRAVENOUS	2	PA
LYSTEDA	3	
MOZOBIL	3	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	PA

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

Drug Name	Tier	Requirements/Limits
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	PA
PLAVIX	3	EDS
PRADAXA	2	EDS
<i>prasugrel hcl</i>	1	
PROCRIT	2	PA
PROMACTA	2	PA
SAVAYSA	3	EDS
<i>tranexamic acid oral</i>	1	
<i>warfarin sodium oral</i>	1	EDS
XARELTO	2	EDS
XARELTO STARTER PACK	2	
ZARXIO	2	PA
ZONTIVITY	3	PA; EDS
Cardiovascular Agents		
ACCUPRIL	3	EDS
ACCURETIC	3	EDS
<i>acebutolol hcl oral</i>	1	EDS
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide oral</i>	1	EDS
<i>acetazolamide sodium</i>	1	
ADALAT CC	3	EDS
<i>afeditab cr</i>	1	EDS
ALDACTAZIDE ORAL TABLET 25-25 MG	3	EDS
ALDACTAZIDE ORAL TABLET 50-50 MG	2	EDS
ALDACTONE	3	EDS
ALTACE ORAL CAPSULE	3	EDS
ALTOPREV	3	
<i>amiloride hcl oral</i>	1	EDS
<i>amiloride-hydrochlorothiazide</i>	1	EDS
<i>amiodarone hcl intravenous solution 150 mg/3ml</i>	1	BD
<i>amiodarone hcl oral tablet 100 mg</i>	1	
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	1	EDS
<i>amlodipine besy-benazepril hcl</i>	1	EDS
<i>amlodipine besylate oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>amlodipine besylate-valsartan</i>	1	EDS
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	EDS
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	EDS
ATACAND	3	EDS
<i>atenolol oral</i>	1	EDS
<i>atenolol-chlorthalidone</i>	1	EDS
<i>atorvastatin calcium oral</i>	1	EDS
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	EDS
AVAPRO	3	EDS
<i>benazepril hcl oral</i>	1	EDS
<i>benazepril-hydrochlorothiazide</i>	1	EDS
BETAPACE AF ORAL TABLET 120 MG, 160 MG	3	EDS
<i>betaxolol hcl oral</i>	1	EDS
BIDIL	3	EDS
<i>bisoprolol fumarate</i>	1	EDS
<i>bisoprolol-hydrochlorothiazide</i>	1	EDS
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	EDS
BYSTOLIC	3	EDS
BYVALSON	3	
CALAN ORAL TABLET 120 MG, 80 MG	3	EDS
CALAN SR	3	EDS
<i>candesartan cilexetil</i>	1	EDS
<i>captopril oral</i>	1	EDS
<i>captopril-hydrochlorothiazide</i>	1	EDS
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	3	EDS
CARDIZEM LA	3	EDS
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	EDS

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

Drug Name	Tier	Requirements/Limits
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	EDS; QL (30 EA per 30 days)
CARDURA ORAL TABLET 8 MG	3	EDS; QL (60 EA per 30 days)
CARDURA XL	3	EDS
<i>cartia xt</i>	1	EDS
<i>carvedilol</i>	1	EDS
CATAPRES	3	EDS
CATAPRES-TTS-1	3	EDS; QL (4 EA per 28 days)
CATAPRES-TTS-2	3	EDS; QL (4 EA per 28 days)
CATAPRES-TTS-3	3	EDS; QL (4 EA per 28 days)
<i>chlorothiazide oral</i>	1	EDS
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
<i>cholestyramine light oral packet</i>	1	EDS
<i>cholestyramine light oral powder</i>	1	
<i>clonidine hcl oral</i>	1	EDS
<i>clonidine hcl transdermal</i>	1	EDS; QL (4 EA per 28 days)
CLORPRES	3	EDS
COLESTID ORAL GRANULES	3	EDS
COLESTID ORAL TABLET	3	EDS
<i>colestipol hcl oral granules</i>	1	EDS
<i>colestipol hcl oral tablet</i>	1	EDS
COREG	3	EDS
COREG CR	3	EDS
CORGARD	3	EDS
CORLANOR	3	PA; EDS
CORZIDE	3	EDS
COZAAR	3	EDS
CRESTOR	3	EDS
DEMADEX ORAL TABLET 10 MG, 20 MG	3	EDS
DEMSER	3	EDS
<i>digitek oral tablet 125 mcg</i>	1	EDS; QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg</i>	1	PA; EDS; AL (Max 64 Years)
<i>digoxin injection</i>	1	PA
<i>digoxin oral solution</i>	1	PA; EDS; AL (Max 64 Years)
<i>digoxin oral tablet 125 mcg</i>	1	EDS; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>digoxin oral tablet 250 mcg</i>	1	PA; EDS; AL (Max 64 Years)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 360 mg, 420 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	1	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	EDS
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	1	
<i>diltiazem hcl intravenous solution reconstituted</i>	1	
<i>diltiazem hcl oral</i>	1	EDS
<i>dilt-xr</i>	1	EDS
DIOVAN	3	EDS
DIOVAN HCT	3	EDS
<i>disopyramide phosphate oral</i>	1	PA; EDS; AL (Max 64 Years)
DIURIL	2	EDS
<i>dofetilide</i>	1	EDS
<i>doxazosin mesylate</i>	1	EDS
DUTOPROL	2	EDS
DYAZIDE	3	EDS
DYRENIUM	3	EDS
EDARBI	3	EDS
EDARBYCLOR	3	EDS
<i>enalapril maleate oral</i>	1	EDS
<i>enalapril-hydrochlorothiazide</i>	1	EDS
ENTRESTO	2	PA; EDS
<i>eplerenone</i>	1	EDS
<i>eprosartan mesylate</i>	1	EDS
<i>ethacrynic acid oral</i>	1	
EXFORGE	3	EDS
EXFORGE HCT	3	EDS
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
<i>felodipine er</i>	1	EDS
<i>fenofibrate micronized</i>	1	EDS
<i>fenofibrate oral</i>	1	EDS
<i>fenofibric acid</i>	1	EDS
FENOGLIDE	3	EDS
FIBRICOR	3	EDS
<i>flecainide acetate</i>	1	EDS
<i>fluvastatin sodium er</i>	1	EDS
<i>fosinopril sodium</i>	1	EDS
<i>fosinopril sodium-hctz</i>	1	EDS
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>gemfibrozil oral</i>	1	EDS
<i>guanfacine hcl oral</i>	1	PA; EDS; AL (Max 64 Years)
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl oral</i>	1	EDS
<i>hydrochlorothiazide oral</i>	1	EDS
HYZAAR	3	EDS
<i>indapamide oral</i>	1	EDS
INDERAL LA	3	EDS
INNOPRAN XL	3	EDS
INSPRA	3	EDS
<i>irbesartan</i>	1	EDS
<i>irbesartan-hydrochlorothiazide</i>	1	EDS
ISORDIL TITRADOSE	3	EDS
<i>isosorbide dinitrate er</i>	1	EDS
<i>isosorbide dinitrate oral</i>	1	EDS
<i>isosorbide mononitrate</i>	1	EDS
<i>isosorbide mononitrate er</i>	1	EDS
<i>isradipine</i>	1	EDS
JUXTAPID	3	PA New Starts Only
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	EDS; AL (Min 6 Years and Max 17 Years)
KEVEYIS	3	PA

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

Drug Name	Tier	Requirements/Limits
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>labetalol hcl intravenous</i>	1	
<i>labetalol hcl oral</i>	1	EDS
LANOXIN INJECTION SOLUTION 0.25 MG/ML	3	PA
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	EDS; QL (30 EA per 30 days)
LANOXIN ORAL TABLET 187.5 MCG, 250 MCG	3	PA; EDS; AL (Max 64 Years)
LASIX	3	EDS
LESCOL XL	3	EDS
LIPITOR	3	EDS
LIPOFEN	3	EDS
<i>lisinopril oral</i>	1	EDS
<i>lisinopril-hydrochlorothiazide</i>	1	EDS
LIVALO	3	EDS
LOPID	3	EDS
LOPRESSOR HCT ORAL TABLET 50-25 MG	3	EDS
LOPRESSOR ORAL TABLET 100 MG	3	EDS
<i>losartan potassium</i>	1	EDS
<i>losartan potassium-hctz</i>	1	EDS
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	EDS
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	EDS
<i>lovastatin</i>	1	EDS
LOVAZA	3	EDS
<i>matzim la</i>	1	EDS
MAXZIDE	3	EDS
MAXZIDE-25	3	EDS
<i>methazolamide oral</i>	1	EDS
<i>methyclothiazide oral</i>	1	EDS
<i>methyldopa oral</i>	1	PA; EDS; AL (Max 64 Years)
<i>methyldopa-hydrochlorothiazide</i>	1	EDS
METHYLDOPATE HCL	3	BD
<i>metolazone</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>metoprolol succinate er</i>	1	EDS
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>metoprolol-hydrochlorothiazide</i>	1	EDS
<i>mexiletine hcl oral</i>	1	EDS
MICARDIS	3	EDS
MICARDIS HCT	3	EDS
MICROZIDE	3	EDS
<i>midodrine hcl</i>	1	EDS
MINIPRESS	3	EDS
<i>minitran</i>	3	EDS
<i>minoxidil oral</i>	1	EDS
<i>moexipril hcl</i>	1	EDS
<i>moexipril-hydrochlorothiazide</i>	1	EDS
MULTAQ	3	EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>nadolol-bendroflumethiazide</i>	1	EDS
<i>niacin er (antihyperlipidemic)</i>	1	EDS
NIACOR	3	EDS
<i>nicardipine hcl intravenous</i>	1	
<i>nicardipine hcl oral</i>	1	EDS
<i>nifedipine er</i>	1	EDS
<i>nifedipine er osmotic release</i>	1	EDS
<i>nifedipine oral</i>	1	PA; EDS; AL (Max 64 Years)
<i>nimodipine oral</i>	1	EDS
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	1	EDS
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG	3	EDS
NITRO-BID	3	EDS
NITRO-DUR	3	EDS
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	EDS
<i>nitroglycerin translingual solution</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
NITROMIST	3	EDS
NORPACE	3	PA; EDS; AL (Max 64 Years)
NORPACE CR	3	PA; EDS; AL (Max 64 Years)
NORTHERA	3	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG	3	EDS; QL (30 EA per 30 days)
NORVASC ORAL TABLET 5 MG	3	EDS; QL (45 EA per 30 days)
<i>olmesartan medoxomil oral</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
<i>omega-3-acid ethyl esters</i>	1	EDS
<i>pacerone oral tablet 100 mg</i>	1	
<i>pacerone oral tablet 200 mg, 400 mg</i>	1	EDS
<i>pentoxifylline er</i>	1	EDS
<i>perindopril erbumine</i>	1	EDS
<i>pindolol</i>	1	EDS
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	EDS
<i>pravastatin sodium</i>	1	EDS
<i>prazosin hcl oral</i>	1	EDS
<i>prevalite oral powder</i>	1	EDS
PRINIVIL	3	EDS
PROCARDIA	3	PA; EDS; AL (Max 64 Years)
PROCARDIA XL	3	EDS
<i>propafenone hcl</i>	1	EDS
<i>propafenone hcl er</i>	1	EDS
<i>propranolol hcl er</i>	1	EDS
<i>propranolol hcl intravenous</i>	1	
PROPRANOLOL HCL ORAL SOLUTION	3	EDS
<i>propranolol hcl oral tablet</i>	1	EDS
<i>propranolol-hctz</i>	1	EDS
QUESTRAN LIGHT ORAL POWDER	3	
QUESTRAN ORAL PACKET	3	EDS
<i>quinapril hcl</i>	1	EDS
<i>quinapril-hydrochlorothiazide</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>quinidine gluconate er</i>	1	EDS
<i>quinidine sulfate oral</i>	1	EDS
<i>ramipril</i>	1	EDS
RANEXA	2	EDS
RECTIV	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<i>rosuvastatin calcium</i>	1	EDS
RYTHMOL SR	3	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	1	PA New Starts Only; EDS
SODIUM DIURIL	3	
<i>sorine</i>	1	EDS
<i>sotalol hcl (af) oral tablet 120 mg</i>	1	EDS
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	1	EDS
SOTYLIZE	3	EDS
<i>spironolactone oral</i>	1	EDS
<i>spironolactone-hctz</i>	1	EDS
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	EDS
TARKA	3	EDS
<i>taztia xt</i>	1	EDS
TEKTURNA	3	ST; EDS
TEKTURNA HCT	3	ST; EDS
<i>telmisartan</i>	1	EDS
<i>telmisartan-hctz</i>	1	
TENORETIC 100	3	EDS
TENORETIC 50	3	EDS
TENORMIN	3	EDS
<i>terazosin hcl oral</i>	1	EDS
TIAZAC	3	EDS
TIKOSYN	3	EDS
<i>timolol maleate oral</i>	1	EDS
TOPROL XL	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>torsemide oral</i>	1	EDS
<i>trandolapril</i>	1	EDS
<i>triamterene-hctz</i>	1	EDS
TRICOR	3	EDS
TRIGLIDE ORAL TABLET 160 MG	3	EDS
TRILIPIX	3	EDS
UPTRAVI	3	PA
<i>valsartan</i>	1	EDS
<i>valsartan-hydrochlorothiazide</i>	1	EDS
VASCEPA	2	
VASERETIC	3	EDS
VASOTEC	3	EDS
<i>verapamil hcl er oral capsule extended release 24 hour</i>	1	EDS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	EDS
<i>verapamil hcl intravenous</i>	1	
<i>verapamil hcl oral</i>	1	EDS
VERELAN	3	EDS
VERELAN PM	3	EDS
WELCHOL	2	EDS
ZESTORETIC	3	EDS
ZESTRIL	3	EDS
ZETIA	2	EDS
ZIAC	3	EDS
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	EDS
ZOCOR ORAL TABLET 80 MG	3	PA New Starts Only; EDS
Central Nervous System Agents		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	EDS
ADDERALL XR	3	EDS
<i>amphetamine-dextroamphet er</i>	1	EDS
<i>amphetamine-dextroamphetamine</i>	1	EDS
AMPYRA	3	PA; EDS
APTENSIO XR	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>atomoxetine hcl</i>	1	
AUBAGIO	2	
AUSTEDO	3	PA New Starts Only
AVONEX	2	QL (4 EA per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	QL (4 EA per 28 days)
BUTISOL SODIUM ORAL TABLET 30 MG	3	PA; AL (Max 64 Years)
<i>clonidine hcl er</i>	1	EDS; AL (Min 6 Years and Max 17 Years)
CONCERTA	3	EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	QL (12 ML per 28 days)
DAYTRANA	3	EDS
DESOXYN	3	PA; EDS
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
<i>dexmethylphenidate hcl</i>	1	EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg</i>	1	
<i>dextroamphetamine sulfate er</i>	1	EDS
<i>dextroamphetamine sulfate oral tablet</i>	1	EDS
<i>duloxetine hcl oral</i>	1	EDS
<i>estazolam</i>	1	
FOCALIN	3	EDS
FOCALIN XR	3	EDS
GILENYA	2	EDS
<i>glatopa</i>	1	QL (30 ML per 30 days)
<i>guanfacine hcl er</i>	1	PA; EDS; AL (Max 64 Years)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	EDS
INTUNIV	3	PA; EDS; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	EDS; AL (Min 6 Years and Max 17 Years)
LYRICA	2	EDS
<i>metadate er oral tablet extended release 20 mg</i>	1	EDS
<i>methamphetamine hcl</i>	1	PA; EDS
METHYLIN ORAL SOLUTION	3	EDS
<i>methylphenidate hcl er (cd)</i>	1	EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>	1	EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	1	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>methylphenidate hcl oral</i>	1	EDS
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	1	PA
NUEDEXTA	2	PA New Starts Only
PLEGRIDY	2	QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
PROCENTRA	3	
QUILLIVANT XR	3	EDS
RADICAVA	3	PA New Starts Only
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL (12 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
RILUTEK	3	EDS
<i>riluzole</i>	1	EDS
RITALIN	3	EDS

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

Drug Name	Tier	Requirements/Limits
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	EDS
SAVELLA	2	EDS; QL (60 EA per 30 days)
SAVELLA TITRATION PACK	2	QL (55 EA per 30 days)
STRATTERA	2	EDS
TECFIDERA ORAL	2	
TECFIDERA ORAL CAPSULE DELAYED RELEASE	2	QL (60 EA per 30 days)
<i>tetrabenazine</i>	1	PA New Starts Only
TYSABRI	3	PA
VECAMYL	3	PA
VYVANSE ORAL CAPSULE	3	EDS
VYVANSE ORAL TABLET CHEWABLE	3	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	3	EDS
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	EDS
ZINBRYTA	3	PA
Dental And Oral Agents		
<i>cevimeline hcl</i>	1	EDS
<i>chlorhexidine gluconate mouth/throat</i>	1	EDS
CUVPOSA	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 200 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
EVOXAC	3	EDS
KEPIVANCE	3	
<i>minocycline hcl er</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	1	EDS
<i>minocycline hcl oral capsule 75 mg</i>	1	
<i>minocycline hcl oral tablet</i>	1	EDS
<i>periogard</i>	1	
<i>pilocarpine hcl oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
SALAGEN	3	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG, 65 MG	3	
<i>triamcinolone acetonide mouth/throat</i>	1	
VIBRAMYCIN ORAL SYRUP	3	
Dermatological Agents		
ABSORICA	3	
<i>acitretin</i>	1	PA New Starts Only
ACZONE EXTERNAL GEL 5 %	3	
<i>adapalene external cream</i>	1	
<i>adapalene external gel</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
ALDARA	3	PA New Starts Only
<i>ammonium lactate external</i>	1	
<i>amnesteam</i>	1	
APEXICON E	3	
ATRALIN	3	
<i>avita</i>	1	
AZELEX	2	
BENZACLIN	3	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>betamethasone dipropionate external lotion</i>	1	
<i>calcipotriene external</i>	1	
<i>calcipotriene-betameth diprop</i>	1	
<i>calcitriol external</i>	1	
CARAC	2	
<i>claravis</i>	1	
CLINDAGEL	3	
<i>clindamycin phos-benzoyl perox</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clotrimazole-betamethasone</i>	1	
CONDYLOX EXTERNAL GEL	2	
<i>cormax scalp application</i>	1	
CORTISPORIN EXTERNAL	3	
COSENTYX	3	PA

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

Drug Name	Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	3	PA
CUTIVATE EXTERNAL LOTION	3	EDS
<i>diclofenac sodium transdermal gel</i>	1	PA; EDS
DIFFERIN	3	
DOVONEX EXTERNAL CREAM	3	
<i>doxepin hcl external</i>	1	
<i>doxycycline hyclate oral capsule 50 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
DUAC	3	
DUPIXENT	3	PA
EFUDEX EXTERNAL CREAM	3	
ELIDEL	2	
ENSTILAR	3	PA
EPIDUO	3	
EPIDUO FORTE	3	
<i>erygel</i>	1	
EUCRISA	3	PA
FABIOR	2	PA New Starts Only
FINACEA	2	
<i>fluocinonide external cream 0.1 %</i>	1	
<i>fluorouracil external</i>	1	
<i>fluorouracil intravenous solution 2.5 gm/50ml</i>	1	PA New Starts Only
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external lotion</i>	1	EDS
<i>fluticasone propionate external ointment</i>	1	
<i>imiquimod external</i>	1	PA New Starts Only
KERYDIN	3	PA
LOCOID	3	
LOTRISONE EXTERNAL CREAM	3	
<i>methoxsalen rapid</i>	1	

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

Drug Name	Tier	Requirements/Limits
MIRVASO	3	PA
<i>myorisan</i>	1	
NEO-SYNALAR EXTERNAL CREAM	3	
<i>neuac external gel</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>oxiconazole nitrate</i>	1	
OXSORALEN ULTRA	3	
PICATO	3	
<i>podofilox external</i>	1	
<i>prednicarbate external cream</i>	1	
PROTOPIC	3	EDS
PRUDOXIN	3	
REGRANEX	3	QL (45 GM per 30 days)
RETIN-A	3	
RETIN-A MICRO	3	
SANTYL	2	
<i>selenium sulfide external lotion</i>	1	
SILIQ	3	PA
SOLARAZE	3	PA; EDS
SOOLANTRA	3	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	
SORILUX	3	
STELARA INTRAVENOUS	2	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
TACLONEX EXTERNAL OINTMENT	3	PA New Starts Only
TACLONEX EXTERNAL SUSPENSION	3	
<i>tacrolimus external</i>	1	EDS
TALTZ	3	PA
<i>tazarotene external</i>	1	PA New Starts Only
TAZORAC	2	PA New Starts Only
TOLAK	3	
<i>tretinoin external</i>	1	
<i>tretinoin microsphere</i>	1	
TRIANEX	3	

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

Drug Name	Tier	Requirements/Limits
VALCHLOR	3	PA New Starts Only
VECTICAL	2	
VEREGEN	2	
VOLTAREN TRANSDERMAL	3	PA; EDS
<i>zenatane</i>	1	
ZIANA	2	
ZONALON	2	
ZYCLARA	3	PA New Starts Only
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	3	PA New Starts Only
Enzyme Replacement/ Modifiers		
ADAGEN	2	PA
<i>buphenyl oral powder 3 gm/tsp</i>	1	
BUPHENYL ORAL TABLET	2	
CERDELGA	3	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	2	PA New Starts Only
CREON	2	EDS
CYSTADANE	2	
CYSTAGON	2	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG	3	PA New Starts Only
KANUMA	3	PA
KUVAN	2	PA
NAGLAZYME	2	PA New Starts Only
ORFADIN	2	PA
PANCREAZE	2	
PERTZYE	2	
PROCYSBI	3	PA New Starts Only
RAVICTI	3	PA
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8ML	2	PA
SUCRAID	3	PA New Starts Only
VIOKACE	2	EDS
VPRIV	3	PA
ZAVESCA	2	PA New Starts Only
ZENPEP	2	EDS

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

Drug Name	Tier	Requirements/Limits
Gastrointestinal Agents		
ACTIGALL	3	EDS
<i>alosetron hcl</i>	1	EDS
AMITIZA	3	EDS
<i>amoxicill-clarithro-lansopraz</i>	1	
BENTYL INTRAMUSCULAR	3	
BENTYL ORAL CAPSULE	3	
<i>budesonide oral</i>	1	
CARAFATE ORAL SUSPENSION	2	EDS
CARAFATE ORAL TABLET	3	EDS
CHENODAL	3	PA
CHOLBAM	3	PA
<i>cimetidine hcl oral</i>	1	EDS
<i>cimetidine oral</i>	1	EDS
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	3	
<i>constulose</i>	1	EDS
CYTOTEC	3	EDS
DELZICOL	2	EDS
<i>dicyclomine hcl intramuscular</i>	1	
<i>dicyclomine hcl oral</i>	1	EDS
<i>diphenoxylate-atropine</i>	1	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>enulose</i>	1	EDS
<i>famotidine intravenous solution 20 mg/2ml</i>	1	
<i>famotidine oral suspension reconstituted</i>	1	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
GATTEX	3	PA New Starts Only
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
<i>generlac</i>	1	EDS
GIAZO	3	
<i>glycopyrrolate injection solution 4 mg/20ml</i>	1	EDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
GOLYTELY	3	
KRISTALOSE	3	EDS
<i>lactulose oral solution 10 gm/15ml</i>	1	EDS
<i>lansoprazole oral capsule delayed release 15 mg</i>	1	EDS; QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	EDS
LINZESS	3	
LOMOTIL ORAL TABLET	3	
<i>loperamide hcl oral capsule</i>	1	
LOTRONEX	3	EDS
<i>methscopolamine bromide oral</i>	1	
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>misoprostol oral</i>	1	EDS
MOVANTIK	3	
MYTESI	2	PA
<i>nizatidine</i>	1	EDS
NULYTELY WITH FLAVOR PACKS	3	
OICALIVA	3	PA
<i>omeprazole oral capsule delayed release 10 mg</i>	1	EDS; QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 40 mg</i>	1	EDS
<i>pantoprazole sodium intravenous</i>	1	
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	EDS
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
PEPCID ORAL SUSPENSION RECONSTITUTED	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>polyethylene glycol 3350 oral powder</i>	1	
PREPOPIK	3	
PREVPAC	3	QL (112 EA per 30 days)
<i>proctozone-hc rectal</i>	1	
<i>propantheline bromide oral</i>	1	
<i>rabeprazole sodium</i>	1	EDS
<i>ranitidine hcl injection solution 50 mg/2ml</i>	1	
<i>ranitidine hcl oral capsule</i>	1	EDS
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	EDS
REGLAN ORAL	3	
RELISTOR ORAL	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	2	
ROBINUL ORAL	3	
ROBINUL-FORTE	3	
<i>sucralfate oral tablet</i>	1	EDS
TRANSDERM-SCOP (1.5 MG)	3	
<i>trilyte</i>	1	
UCERIS	3	
URSO 250	3	EDS
URSO FORTE	3	EDS
<i>ursodiol oral</i>	1	EDS
VIBERZI	3	PA; EDS
XERMELO	3	PA
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
ZANTAC INJECTION SOLUTION 1000 MG/40ML	3	
ZANTAC ORAL TABLET	3	EDS
ZORBTIVE	3	PA
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	EDS
AURYXIA	3	EDS
AVODART	3	EDS
<i>bethanechol chloride oral</i>	1	EDS
<i>calcium acetate (phos binder) oral capsule</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	EDS; QL (30 EA per 30 days)
CARDURA ORAL TABLET 8 MG	3	EDS; QL (60 EA per 30 days)
CARDURA XL	3	EDS
CUPRIMINE ORAL CAPSULE 250 MG	3	PA; EDS
<i>darifenacin hydrobromide er</i>	1	EDS
DEPEN TITRATABS	2	
DETROL	3	EDS
DETROL LA	3	EDS
DITROPAN XL	3	EDS
<i>doxazosin mesylate</i>	1	EDS
<i>dutasteride</i>	1	EDS
<i>dutasteride-tamsulosin hcl</i>	1	EDS
ELIPHOS	3	EDS
ELMIRON	2	
ENABLEX	3	EDS
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>flavoxate hcl</i>	1	EDS
FOSRENOL ORAL PACKET	2	EDS
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	2	EDS
GELNIQUE TRANSDERMAL GEL 10 %	3	EDS
JALYN	3	EDS
MINIPRESS	3	EDS
MYRBETRIQ	2	EDS
<i>oxybutynin chloride er</i>	1	EDS
<i>oxybutynin chloride oral</i>	1	EDS
OXYTROL	3	EDS
PHOSLYRA	3	EDS
<i>potassium citrate er</i>	1	EDS
<i>prazosin hcl oral</i>	1	EDS
RAPAFLO	3	EDS
RENAGEL	2	EDS
REVELA ORAL PACKET	2	
REVELA ORAL TABLET	2	EDS
<i>sevelamer carbonate</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	1	
<i>tamsulosin hcl</i>	1	EDS
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	EDS
<i>terazosin hcl oral capsule 10 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>tolterodine tartrate</i>	1	EDS
<i>tolterodine tartrate er</i>	1	EDS
TOVIAZ	3	EDS
<i>trospium chloride</i>	1	EDS
<i>trospium chloride er</i>	1	EDS
URECHOLINE	3	EDS
UROCIT-K 10	3	EDS
UROCIT-K 15	3	EDS
UROCIT-K 5	3	EDS
VELPHORO	3	EDS
VESICARE	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ALA SCALP	3	
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide external cream</i>	1	
AMCINONIDE EXTERNAL LOTION	3	
AMCINONIDE EXTERNAL OINTMENT	3	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>betamethasone valerate external</i>	1	
CAPEX	2	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate external foam</i>	1	
<i>clobetasol propionate external gel</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	

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

Drug Name	Tier	Requirements/Limits
CLOBEX	3	
CLOBEX SPRAY	3	
<i>clodan external shampoo</i>	1	
CLODERM PUMP	3	
CORDRAN EXTERNAL TAPE	2	
CORTEF	3	
<i>cortisone acetate oral</i>	1	EDS
CUTIVATE EXTERNAL LOTION	3	EDS
DEPO-MEDROL	3	
DERMATOP EXTERNAL CREAM	3	
<i>desonide external</i>	1	
DESOWEN EXTERNAL CREAM	3	
DESOWEN EXTERNAL LOTION	3	
<i>desoximetasone external</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	1	
<i>diflorasone diacetate external</i>	1	
DIPROLENE AF	3	
DIPROLENE EXTERNAL OINTMENT	3	
ELOCON EXTERNAL CREAM	3	
ELOCON EXTERNAL OINTMENT	3	
EMFLAZA ORAL SUSPENSION	3	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG	3	PA; QL (30 EA per 30 days)
EMFLAZA ORAL TABLET 36 MG, 6 MG	3	PA; QL (60 EA per 30 days)
<i>fludrocortisone acetate oral</i>	1	EDS
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide external</i>	1	
<i>fluocinolone acetonide otic</i>	1	
<i>fluocinonide external</i>	1	
<i>fluocinonide-e</i>	1	
<i>flurandrenolide external lotion</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external lotion</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>fluticasone propionate external ointment</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	2	
HP ACTHAR	3	PA
<i>hydrocortisone butyr lipo base</i>	1	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone valerate</i>	1	
KENALOG	3	
MEDROL ORAL TABLET	3	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet</i>	1	EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 40 mg</i>	1	
MILLIPRED ORAL TABLET	3	
<i>mometasone furoate external</i>	1	EDS
OLUX	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 30 MG	3	
PANDEL	3	
<i>prednicarbate external ointment</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	2	

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

Drug Name	Tier	Requirements/Limits
PREDNISONE ORAL TABLET THERAPY PACK 10 MG (48), 5 MG (21), 5 MG (48)	2	
<i>procto-pak</i>	1	
<i>proctozone-hc rectal</i>	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 125 MG, 2 GM, 40 MG, 500 MG	3	
TEMOVATE EXTERNAL OINTMENT	3	
TOPICORT EXTERNAL CREAM	3	
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT	3	
TOPICORT SPRAY	3	
<i>triamcinolone acetonide external</i>	1	
<i>triamcinolone acetonide nasal aerosol</i>	1	
<i>triderm external cream 0.1 %</i>	1	
ULTRAVATE	3	
VANOS	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>chorionic gonadotropin intramuscular</i>	1	PA New Starts Only
DDAVP INJECTION SOLUTION 4 MCG/ML	3	
DDAVP NASAL	3	
DDAVP ORAL	3	
DDAVP RHINAL TUBE	3	
<i>desmopressin ace rhinal tube</i>	1	
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate oral</i>	1	EDS
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	3	PA
GENOTROPIN	2	PA
GENOTROPIN MINIQUEL	2	PA
HUMATROPE	2	PA
INCRELEX	3	PA
MYALEPT	3	PA

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

Drug Name	Tier	Requirements/Limits
NORDITROPIN FLEXPPO	2	PA
<i>novarel intramuscular solution reconstituted 10000 unit</i>	1	PA New Starts Only
NUTROPIN AQ NUSPIN 10	2	PA
NUTROPIN AQ NUSPIN 20	2	PA
NUTROPIN AQ NUSPIN 5	2	PA
OMNITROPE	3	PA
<i>pregnyl</i>	1	PA New Starts Only
SAIZEN	3	PA
SAIZEN CLICK.EASY	3	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA New Starts Only
STIMATE	2	
ZOMACTON	3	PA
ZORBTIVE	3	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
CYTOTEC	3	EDS
<i>misoprostol oral tablet 200 mcg</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALORA	2	PA; EDS; AL (Max 64 Years)
<i>alyacen 1/35</i>	1	
<i>amabelz</i>	1	PA; AL (Max 64 Years)
<i>amethia</i>	1	
<i>amethia lo</i>	1	
<i>anadrol-50</i>	3	PA New Starts Only
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	3	PA
ANGELIQ	3	PA; EDS; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
<i>apri</i>	1	EDS
<i>aranelle</i>	1	EDS
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aviane</i>	1	
AXIRON	3	PA
<i>balziva</i>	1	EDS
<i>bekyree</i>	1	EDS
<i>blisovi 24 fe</i>	1	EDS
<i>blisovi fe 1.5/30</i>	1	EDS
<i>blisovi fe 1/20</i>	1	EDS
<i>briellyn</i>	1	EDS
<i>budesonide oral</i>	1	
<i>camila</i>	1	EDS
<i>camrese lo</i>	1	
<i>caziant</i>	1	
CLIMARA PRO	3	PA; EDS; AL (Max 64 Years)
COMBIPATCH	2	PA; EDS; AL (Max 64 Years)
CRINONE	3	PA
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	EDS
<i>danazol oral</i>	1	
<i>deblitane</i>	1	EDS
<i>delestrogen intramuscular oil 10 mg/ml</i>	1	
<i>delyla</i>	1	
DEPO-ESTRADIOL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
<i>desogestrel-ethinyl estradiol oral tablet 0.15- 0.02/0.01 mg (21/5)</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	3	PA; EDS; AL (Max 64 Years)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	EDS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
DUAVEE	3	PA; EDS; AL (Max 64 Years)
ELESTRIN	3	PA
<i>emoquette</i>	1	EDS
<i>enpresse-28</i>	1	EDS
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>errin</i>	1	EDS
ESTRACE ORAL	3	PA; EDS; AL (Max 64 Years)
ESTRACE VAGINAL	2	EDS
<i>estradiol oral</i>	1	PA; EDS; AL (Max 64 Years)
<i>estradiol transdermal</i>	1	PA; EDS; AL (Max 64 Years)
<i>estradiol vaginal</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	1	PA; AL (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	1	PA; EDS; AL (Max 64 Years)
ESTRING	2	EDS
<i>estropipate oral</i>	1	PA; EDS; AL (Max 64 Years)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	1	
EVAMIST	3	PA; EDS; AL (Max 64 Years)
<i>falmina</i>	1	
<i>fayosim</i>	1	
FEMRING	3	
<i>femynor</i>	1	
FORTESTA	3	PA

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

Drug Name	Tier	Requirements/Limits
<i>fyavolv</i>	1	PA; EDS; AL (Max 64 Years)
GENERESS FE	3	EDS
<i>gildagia</i>	1	EDS
<i>introvale</i>	1	
<i>isibloom</i>	1	
JINTELI	3	PA; EDS; AL (Max 64 Years)
<i>jolivette</i>	1	EDS
<i>juleber</i>	1	EDS
<i>junel 1.5/30</i>	1	EDS
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	EDS
<i>junel fe 1/20</i>	1	EDS
<i>junel fe 24</i>	1	EDS
<i>kaitlib fe</i>	1	EDS
<i>kariva</i>	1	EDS
<i>kelnor 1/35</i>	1	EDS
<i>kimidess</i>	1	EDS
<i>larin 1.5/30</i>	1	EDS
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	EDS
<i>larin fe 1/20</i>	1	EDS
<i>larissia</i>	1	
<i>layolis fe</i>	1	EDS
<i>lessina</i>	1	
<i>levonest</i>	1	EDS
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	1	EDS
<i>levonorg-eth estrad triphasic</i>	1	EDS
<i>levora 0.15/30 (28)</i>	1	EDS
LO LOESTRIN FE	3	EDS
LOMEDIA 24 FE	3	EDS
<i>loryna</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>low-ogestrel</i>	1	
<i>lultera</i>	1	
<i>lyza</i>	1	EDS
<i>marlissa</i>	1	EDS
<i>medroxyprogesterone acetate intramuscular suspension</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	EDS
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	EDS
<i>megestrol acetate oral tablet</i>	1	EDS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; EDS; AL (Max 64 Years)
MENOSTAR	2	PA; EDS; AL (Max 64 Years)
METHITEST	2	PA; EDS
<i>methyltestosterone oral</i>	1	PA; EDS
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	EDS
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	EDS
<i>microgestin fe 1/20</i>	1	EDS
<i>mimvey</i>	1	PA
<i>mimvey lo</i>	1	PA
MINASTRIN 24 FE	3	
MINIVELLE	2	PA; EDS; AL (Max 64 Years)
<i>mononessa</i>	1	
NATAZIA	3	EDS
NATESTO	3	PA; EDS
<i>necon 0.5/35 (28)</i>	1	EDS
NECON 1/50 (28)	3	EDS
<i>necon 7/7/7</i>	1	EDS
<i>nikki</i>	1	EDS
<i>nora-be</i>	1	EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	1	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	
<i>norethindrone acetate oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>norethindrone acet-ethinyl est oral tablet</i>	1	
<i>norethindrone oral</i>	1	EDS
<i>norethindrone-eth estradiol</i>	1	PA; EDS; AL (Max 64 Years)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	1	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	1	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	EDS
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>norlyroc</i>	1	EDS
<i>nortrel 0.5/35 (28)</i>	1	EDS
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	EDS
NUVARING	2	
<i>ocella</i>	1	
OGESTREL	2	EDS
<i>orsythia</i>	1	
ORTHO TRI-CYCLEN LO	3	EDS
<i>oxandrolone oral</i>	1	
<i>pimtrea</i>	1	EDS
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	EDS
PREFEST	3	PA; EDS; AL (Max 64 Years)
PREMARIN INJECTION	2	
PREMARIN ORAL	2	PA; EDS; AL (Max 64 Years)
PREMARIN VAGINAL	2	EDS
PREMPHASE	2	PA; EDS; AL (Max 64 Years)
PREMPRO	2	PA; EDS; AL (Max 64 Years)
<i>previfem</i>	1	
<i>progesterone micronized oral</i>	1	EDS
QUARTETTE	3	
<i>quasense</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>raloxifene hcl</i>	1	EDS
<i>reclipsen</i>	1	EDS
<i>rivelsa</i>	1	
SAFYRAL	3	EDS
<i>setlakin</i>	1	
<i>sharobel</i>	1	EDS
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
STRIANT	3	PA
<i>tarina fe 1/20</i>	1	EDS
TESTIM	3	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular solution</i>	1	PA
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	3	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	1	PA
<i>testosterone transdermal solution</i>	1	PA
TESTRED	3	PA; EDS
<i>tri-legest fe</i>	1	EDS
<i>tri-lo-estarylla</i>	1	EDS
<i>trinessa (28)</i>	1	
TRI-NORINYL (28)	3	EDS
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora (28)</i>	1	EDS
<i>velivet</i>	1	EDS
<i>vestura</i>	1	EDS
<i>vienva</i>	1	
<i>vyfemla</i>	1	EDS
<i>wymzya fe</i>	1	
<i>xulane</i>	1	EDS
<i>yuvaferm</i>	1	
<i>zarah</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>zenchent</i>	1	EDS
<i>zenchent fe</i>	1	
<i>zovia 1/35e (28)</i>	1	EDS
ZOVIA 1/50E (28)	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	3	EDS
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 100 MCG	3	
<i>levothyroxine sodium oral</i>	1	EDS
<i>levoxyl</i>	1	EDS
<i>liothyronine sodium intravenous</i>	1	
<i>liothyronine sodium oral</i>	1	EDS
SYNTHROID	2	EDS
THYROLAR-1	3	EDS
THYROLAR-1/2	3	EDS
THYROLAR-1/4	3	EDS
THYROLAR-2	3	EDS
THYROLAR-3	3	EDS
TIROSINT	3	EDS
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	EDS
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	EDS
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	2	EDS
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral</i>	1	EDS
<i>cabergoline</i>	1	
ELIGARD	2	PA New Starts Only
FIRMAGON	2	PA New Starts Only
<i>leuprolide acetate injection</i>	1	PA New Starts Only
LUPANETA PACK	3	BD
LUPRON DEPOT (1-MONTH)	2	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH)	2	PA New Starts Only
LUPRON DEPOT (4-MONTH)	2	PA New Starts Only
LUPRON DEPOT (6-MONTH)	2	PA New Starts Only
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA New Starts Only
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA New Starts Only
SANDOSTATIN	3	PA New Starts Only
SANDOSTATIN LAR DEPOT	3	PA New Starts Only
SIGNIFOR	3	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	3	PA New Starts Only
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	3	PA
SOMAVERT	3	PA
SYNAREL	2	PA New Starts Only
TRELSTAR MIXJECT	3	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral</i>	1	EDS
<i>propylthiouracil oral</i>	1	EDS
TAPAZOLE	3	EDS
Immunological Agents		
ACTEMRA SUBCUTANEOUS	3	PA
<i>acthib</i>	1	
ACTIMMUNE	3	PA New Starts Only
<i>adacel</i>	1	
AFINITOR DISPERZ	3	PA New Starts Only
AFINITOR ORAL TABLET 2.5 MG	3	PA New Starts Only
ARAVA	3	EDS; QL (30 EA per 30 days)
ARCALYST	2	PA
ASTAGRAF XL	3	BD
ATGAM	2	BD
AZASAN	2	BD; EDS
<i>azathioprine oral</i>	1	BD; EDS
BCG VACCINE	2	
BENLYSTA	3	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
BERINERT	3	PA
<i>bexsero</i>	1	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	2	PA
<i>boostrix</i>	1	
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	2	PA
CELLCEPT	3	BD; EDS
CIMZIA PREFILLED	3	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	3	PA
CINRYZE	2	PA New Starts Only
<i>cyclosporine intravenous</i>	1	BD
<i>cyclosporine modified</i>	1	BD; EDS
<i>cyclosporine oral capsule</i>	1	BD; EDS
<i>daptacel intramuscular suspension 10-15-5</i>	1	
DEPEN TITRATABS	2	
<i>diphtheria-tetanus toxoids dt</i>	1	
ELIDEL	2	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
<i>engerix-b injection</i>	1	BD
ENVARUSUS XR	3	BD
FIRAZYR	2	PA New Starts Only
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
GAMASTAN S/D	2	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	2	PA
GAMMAGARD S/D LESS IGA	2	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	2	PA

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

Drug Name	Tier	Requirements/Limits
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	2	PA
<i>gardasil 9</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	BD; EDS
<i>gengraf oral capsule 50 mg</i>	1	BD
<i>gengraf oral solution</i>	1	BD; EDS
<i>havrix</i>	1	
<i>hiberix injection</i>	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	PA
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	PA
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
<i>hyperrab s/d intramuscular injectable 150 unit/ml</i>	1	BD
ILARIS (150MG DELIVERED)	3	PA
<i>imogam rabies-ht</i>	1	
<i>imovax rabies</i>	1	
IMURAN	3	BD; EDS
<i>infanrix</i>	1	
INFLECTRA	3	PA
INGREZZA	3	PA
<i>ipol injection injectable</i>	1	
<i>ixiaro</i>	1	
KEVZARA	3	PA
KEYTRUDA	3	PA New Starts Only
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>kinrix</i>	1	
<i>leflunomide oral tablet 10 mg</i>	1	EDS; QL (30 EA per 30 days)
<i>leflunomide oral tablet 20 mg</i>	1	EDS
<i>menactra</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>menveo</i>	1	
<i>mercaptopurine oral</i>	1	EDS
<i>methotrexate oral</i>	1	EDS
<i>methotrexate sodium (pf) injection solution 1 gm/40ml</i>	1	BD
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BD
<i>methotrexate sodium injection solution reconstituted</i>	1	BD
<i>m-m-r ii</i>	1	
<i>mycophenolate mofetil</i>	1	BD; EDS
<i>mycophenolate sodium</i>	1	BD; EDS
MYFORTIC	3	BD; EDS
NEORAL	3	BD; EDS
NULOJIX	3	BD
<i>octagam intravenous solution 1 gm/20ml</i>	2	PA
OCTAGAM INTRAVENOUS SOLUTION 2 GM/20ML	2	PA
ORENCIA INTRAVENOUS	3	PA
OTEZLA ORAL TABLET	3	PA
OTEZLA ORAL TABLET THERAPY PACK	3	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA
<i>pediarix</i>	1	
<i>pedvax hib intramuscular suspension</i>	1	
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	2	PA
PROGRAF INTRAVENOUS	2	BD
PROGRAF ORAL	3	BD; EDS
<i>proquad</i>	1	
<i>quadracel</i>	1	
<i>rabavert</i>	1	
RAPAMUNE ORAL SOLUTION	2	BD; EDS
RAPAMUNE ORAL TABLET	3	BD; EDS

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

Drug Name	Tier	Requirements/Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA; EDS
<i>recombivax hb</i>	1	BD
REMICADE	2	PA
RENFLEXIS	3	PA
RIDAURA	2	EDS
<i>rotarix</i>	1	
<i>rotateq oral solution</i>	1	
RUCONEST	3	PA New Starts Only
SANDIMMUNE INTRAVENOUS	3	BD
SANDIMMUNE ORAL	3	BD; EDS
SIMPONI ARIA	2	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	2	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	3	BD
<i>sirolimus oral</i>	1	BD; EDS
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	BD
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	3	PA
<i>tacrolimus oral</i>	1	BD; EDS
<i>tenivac</i>	1	
<i>tetanus-diphtheria toxoids td</i>	1	
THYMOGLOBULIN	3	BD
TORISEL	3	PA
TREXALL	2	BD; EDS
<i>trumenba</i>	1	
<i>twinrix</i>	1	
<i>typhim vi</i>	1	
TYSABRI	3	PA
<i>vaqta intramuscular suspension 25 unit/0.5ml, 50 unit/ml</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>varivax</i>	1	
<i>varizig intramuscular solution</i>	1	
XATMEP	3	PA New Starts Only
XELJANZ	2	PA
XELJANZ XR	2	PA
<i>yf-vax</i>	1	
ZORTRESS	2	BD; EDS
<i>zostavax subcutaneous suspension reconstituted</i>	1	
Inflammatory Bowel Disease Agents		
ANUSOL-HC RECTAL CREAM	3	
APRISO	2	EDS
ASACOL HD	2	EDS
<i>balsalazide disodium</i>	1	EDS
<i>budesonide oral</i>	1	
CANASA	2	EDS
<i>colocort</i>	1	
CORTEF	3	
<i>cortisone acetate oral</i>	1	EDS
DELZICOL	2	EDS
DEPO-MEDROL	3	
DERMATOP EXTERNAL CREAM	3	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
DIPENTUM	3	EDS
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal enema</i>	1	
LIALDA	3	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
<i>mesalamine oral</i>	1	
<i>mesalamine-cleanser</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet</i>	1	EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
MILLIPRED ORAL TABLET	3	
ORAPRED ODT	3	
PENTASA	2	EDS
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
SFROWASA	3	EDS
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 125 MG, 2 GM, 40 MG, 500 MG	3	
<i>sulfasalazine oral</i>	1	EDS
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG	3	EDS
<i>alendronate sodium</i>	1	EDS
ATELVIA	3	EDS
BINOSTO	3	EDS
BONIVA INTRAVENOUS	3	PA
<i>calcitonin (salmon)</i>	1	EDS
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	BD
<i>calcitriol oral</i>	1	EDS
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	ST; EDS

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

Drug Name	Tier	Requirements/Limits
<i>etidronate disodium</i>	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; EDS
FOSAMAX ORAL TABLET 70 MG	3	EDS
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML	3	
HECTOROL ORAL	3	ST; EDS
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	1	PA
<i>ibandronate sodium oral</i>	1	EDS
MIACALCIN INJECTION	3	
NATPARA	3	PA
<i>pamidronate disodium intravenous solution</i>	1	PA
<i>paricalcitol oral</i>	1	ST; EDS
PROLIA	2	PA
RAYALDEE	3	ST
RECLAST	3	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	1	EDS
<i>risedronate sodium oral tablet delayed release</i>	1	EDS
ROCALTROL	3	EDS
TYMLOS	3	PA
XGEVA	3	BD
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST; EDS
<i>zoledronic acid intravenous concentrate</i>	1	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	1	PA
ZOMETA	3	PA
Non-Frf		
8-MOP	3	
<i>acetazol hc</i>	1	
ACZONE EXTERNAL GEL 7.5 %	3	
ADVICOR	3	EDS
AFREZZA INHALATION POWDER 4 & 8 UNIT	3	PA
<i>a-hydrocort</i>	1	

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

Drug Name	Tier	Requirements/Limits
ALCAINE	3	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	1	
ALSUMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
ALTABAX	3	
AMETHYST	2	EDS
<i>amifostine</i>	1	
AMINOSYN II INTRAVENOUS SOLUTION 7 %	2	BD
AMINOSYN M	2	BD
AMMONIUM CHLORIDE INTRAVENOUS	3	
<i>ampicillin oral suspension reconstituted</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm</i>	1	
ANDROGEL PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	3	PA
ANDROID	3	PA; EDS
ANZEMET INTRAVENOUS	3	BD
APOKYN SUBCUTANEOUS SOLUTION	3	PA New Starts Only
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 800 MG	3	PA New Starts Only
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML	2	PA
ARBINOXA ORAL SOLUTION	3	PA
ARBINOXA ORAL TABLET	3	PA; AL (Max 64 Years)
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML	3	PA
<i>atropine sulfate injection solution 0.1 mg/ml</i>	1	
<i>atropine sulfate injection solution prefilled syringe 0.5 mg/5ml</i>	1	
ATROVENT	3	EDS; QL (30 ML per 30 days)
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM	3	
<i>azurette</i>	1	EDS
BACTROBAN EXTERNAL OINTMENT	3	
BENTYL ORAL TABLET	3	
BETAPACE AF ORAL TABLET 80 MG	3	EDS

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

Drug Name	Tier	Requirements/Limits
BRINTELLIX	3	
<i>bromfenac sodium (once-daily)</i>	1	
<i>buproban</i>	1	
CANTIL	3	
CAPITAL/CODEINE	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	3	EDS
CEDAX ORAL SUSPENSION RECONSTITUTED 90 MG/5ML	3	
<i>cefditoren pivoxil oral tablet 200 mg</i>	1	
<i>cefepime-dextrose</i>	1	
<i>cefotaxime sodium injection solution reconstituted 10 gm</i>	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	3	
<i>ceftriaxone sodium injection solution reconstituted 1 gm</i>	1	
<i>ceftriaxone sodium-dextrose</i>	1	
<i>cervarix</i>	1	
CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML	3	
<i>cholestyramine oral</i>	1	EDS
CINQAIR	3	PA
CLAFORAN	3	
CLINDACIN PAC	3	
<i>clindamax external gel</i>	1	
<i>clobetasol propionate external cream</i>	1	
<i>colestipol hcl oral packet</i>	1	
CORDARONE	3	EDS
CORDRAN EXTERNAL LOTION	2	
CORTISPORIN OTIC SOLUTION	3	
CORTISPORIN-TC	3	
COSENTYX 300 DOSE	3	PA
COSENTYX SENSOREADY 300 DOSE	3	PA
DARZALEX INTRAVENOUS SOLUTION 400 MG/20ML	3	PA New Starts Only
DEMADEX ORAL TABLET 5 MG	3	EDS

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

Drug Name	Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION	3	
<i>desmopressin acetate spray</i>	1	
<i>dexamethasone oral solution</i>	1	
DEXEDRINE ORAL TABLET	3	EDS
<i>dextroamphetamine sulfate oral solution</i>	1	
DIAZEPAM RECTAL GEL 20 MG	3	
DICLEGIS	2	
DILAUDID INJECTION SOLUTION 4 MG/ML	3	
DILAUDID-HP INJECTION SOLUTION	3	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	1	EDS
DIPROLENE EXTERNAL LOTION	3	
DOCEFREZ INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	3	PA
<i>doxycycline hyclate intravenous</i>	1	
<i>effer-k oral tablet effervescent 25 meq</i>	1	EDS
ELIXOPHYLLIN	2	EDS
ELOCON EXTERNAL LOTION	3	
EMEND ORAL CAPSULE 80 & 125 MG	2	BD
EMLA	3	
ENJUVIA	3	PA; EDS; AL (Max 64 Years)
EPANED ORAL SOLUTION RECONSTITUTED	3	
<i>epirubicin hcl intravenous solution 50 mg/25ml</i>	1	PA
ERBITUX INTRAVENOUS SOLUTION 200 MG/100ML	3	PA
ERGOMAR	2	
<i>exel pen needles 1/2"</i>	1	EDS
EXELON ORAL CAPSULE	3	EDS
FACTIVE	3	
FAMVIR ORAL TABLET 125 MG, 250 MG	3	QL (60 EA per 30 days)
FAMVIR ORAL TABLET 500 MG	3	QL (90 EA per 30 days)
FLAGYL ER	3	
FLO-PRED	3	

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

Drug Name	Tier	Requirements/Limits
<i>fluconazole in dextrose intravenous solution 400 mg/200ml</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
FORADIL AEROLIZER	2	EDS
FORTAZ INJECTION SOLUTION RECONSTITUTED 2 GM, 6 GM	3	
FORTAZ INTRAVENOUS	3	
FORTICAL	2	EDS
GAMMAPLEX INTRAVENOUS SOLUTION 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML	2	PA
<i>garamycin ophthalmic solution</i>	3	
<i>gardasil</i>	1	
<i>gavilyte-h</i>	1	
GELNIQUE TRANSDERMAL GEL 3 (28) % (MG/ACT)	3	EDS
<i>gentamicin in saline intravenous solution 0.6-0.9 mg/ml-%, 0.9-0.9 mg/ml-%, 1.4-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate ophthalmic ointment</i>	1	
<i>gildess 1.5/30</i>	1	EDS
<i>gildess 24 fe</i>	1	EDS
HEMANGEOL	3	PA
<i>hydromorphone hcl injection solution 1 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	1	
ILOTYCIN	3	
IRENKA	3	EDS
ISTODAX	3	PA New Starts Only
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 45 MG	2	PA
KAYEXALATE	3	
<i>k-effervescent</i>	1	EDS
KETEK	2	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef</i>	1	EDS
<i>k-prime</i>	1	EDS
<i>k-vescent oral tablet effervescent</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
LAMISIL ORAL PACKET	3	PA
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml (2.5mg/ml)</i>	1	
<i>levocarnitine intravenous</i>	1	BD
<i>levofloxacin in d5w intravenous solution 250 mg/50ml</i>	1	
<i>levothyroxine sodium intravenous solution reconstituted 200 mcg, 500 mcg</i>	3	
<i>lidocaine hcl injection solution 1 %</i>	1	
<i>lindane external lotion</i>	1	
LOFIBRA	3	EDS
<i>lokara</i>	1	
<i>lopreeza</i>	1	PA; EDS; AL (Max 64 Years)
LOTREL ORAL CAPSULE 2.5-10 MG	3	EDS
<i>margesic</i>	1	PA
MAVIK	3	EDS
<i>meloxicam oral suspension</i>	1	EDS
MENEST ORAL TABLET 2.5 MG	3	PA; EDS; AL (Max 64 Years)
<i>menhibrix</i>	1	
<i>menomune</i>	1	
<i>mesalamine rectal</i>	1	
METADATE CD	3	EDS
<i>methylergonovine maleate oral</i>	1	
METHYLIN ORAL TABLET CHEWABLE	3	EDS
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg</i>	1	
<i>metoprolol tartrate intravenous solution 1 mg/ml</i>	1	
<i>metoprolol-hctz er</i>	1	
METOSOLV ODT ORAL TABLET DISPERSIBLE 5 MG	3	
MIACALCIN NASAL	3	EDS
<i>mitomycin intravenous solution reconstituted 20 mg</i>	1	PA
MOBIC ORAL SUSPENSION	3	EDS

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

Drug Name	Tier	Requirements/Limits
MODERIBA ORAL 200 & 400 MG	3	PA
<i>molindone hcl</i>	1	EDS
<i>mycophenolic acid</i>	1	BD; EDS
<i>naloxone hcl injection solution 1 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
NAMENDA ORAL SOLUTION	3	EDS
NAPHAZOLINE HCL OPHTHALMIC	2	
NAPROSYN ORAL TABLET 250 MG	3	EDS
<i>necon 1/35 (28)</i>	1	
NECON 10/11 (28)	3	EDS
NEULASTA ONPRO	3	PA
<i>nifediac cc oral tablet extended release 24 hour 60 mg</i>	1	EDS
<i>nifedical xl</i>	1	EDS
NITROLINGUAL	3	EDS
NORINYL 1+50 (28)	3	EDS
NUTROPIN AQ PEN	2	PA
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML	2	PA
OMECLAMOX-PAK	3	
ONCASPAR INJECTION	3	PA
ORAP ORAL TABLET 2 MG	3	EDS
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.4ML	3	PA
<i>oxacillin sodium injection solution reconstituted 2 gm</i>	1	
PEG-INTRON REDIPEN SUBCUTANEOUS KIT 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML	2	PA
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 80 MCG/0.5ML	2	PA
PEG-INTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA
PERCODAN	3	QL (360 EA per 30 days)
PHOSLO	3	EDS

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

Drug Name	Tier	Requirements/Limits
PLASMA-LYTE-56 IN D5W	3	BD
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	QL (1 ML per 365 days)
<i>polyethylene glycol 3350 oral packet</i>	1	
<i>potassium bicarbonate oral</i>	1	EDS
<i>potassium chloride oral packet</i>	1	
POTIGA	3	EDS
PRALUENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral syrup 15 mg/5ml</i>	1	
<i>promethazine vc plain oral syrup</i>	1	PA
<i>rajani</i>	1	
<i>ranitidine hcl injection solution 1000 mg/40ml, 150 mg/6ml</i>	1	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 27.5 MG/0.55ML	3	PA; EDS
REBETOL ORAL CAPSULE	3	PA
RENACIDIN	2	
REPREXAIN ORAL TABLET 10-200 MG, 5- 200 MG	3	
RESCULA	3	EDS
RESERPINE ORAL TABLET 0.1 MG	3	EDS
RESERPINE ORAL TABLET 0.25 MG	3	PA; EDS; AL (Max 64 Years)
RHEUMATREX ORAL TABLET 2.5 MG	3	EDS
RHINOCORT AQUA	3	EDS; QL (17.2 GM per 30 days)
<i>ribavirin inhalation</i>	1	BD
RIFADIN INTRAVENOUS	3	
RIFADIN ORAL CAPSULE 300 MG	3	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG	3	EDS
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML	2	PA
ROXICET ORAL SOLUTION	3	
RYTHMOL ORAL TABLET 150 MG, 225 MG	3	EDS
<i>scopolamine</i>	1	

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

Drug Name	Tier	Requirements/Limits
SECTRAL	3	EDS
SIMCOR	2	EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA
<i>sodium polystyrene sulfonate rectal</i>	1	
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	1	EDS
SPECTRACEF ORAL TABLET 400 MG	3	
SPRIX	3	PA
<i>stavudine oral solution reconstituted</i>	1	EDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML	2	PA
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	3	PA; QL (120 EA per 30 days)
<i>sulfacetamide sodium-sulfur external emulsion</i>	1	
<i>sylvant intravenous solution reconstituted 400 mg</i>	3	BD
SYNJARDY XR	2	
<i>tazicef intravenous solution reconstituted</i>	1	
TEMOVATE EXTERNAL CREAM	3	
TEMOVATE EXTERNAL GEL	3	
TENEX	3	PA; EDS; AL (Max 64 Years)
TERAZOL 3 VAGINAL CREAM	3	
<i>tindamax oral tablet 250 mg</i>	3	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml</i>	1	
<i>tobramycin sulfate intravenous</i>	1	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	1	ST; QL (30 EA per 30 days)
<i>travoprost</i>	1	EDS
TRETIN-X EXTERNAL CREAM 0.0375 %	3	
TYZEKA	3	EDS
TYZINE NASAL SOLUTION 0.05 %	3	
ULTRAM ER	3	ST; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
UVADEX	3	
<i>valproate sodium oral syrup</i>	1	EDS
<i>valproic acid oral syrup</i>	1	EDS
<i>vancomycin hcl intravenous solution reconstituted 5000 mg, 750 mg</i>	1	BD
VELTIN	3	
VERAMYST	3	EDS
VEXOL	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VICOPROFEN	3	
<i>viorele</i>	1	EDS
VIRAZOLE	3	BD
VISTIDE	3	BD
VITEKTA	2	EDS
VOSPIRE ER	3	EDS
XYZAL ORAL TABLET	3	EDS; QL (30 EA per 30 days)
ZANTAC INJECTION SOLUTION 150 MG/6ML, 50 MG/2ML	3	
<i>zazole vaginal cream 0.8 %</i>	1	
ZEBETA	3	EDS
ZINACEF INJECTION	3	
ZOFRAN INJECTION SOLUTION 40 MG/20ML	3	BD
<i>zostavax subcutaneous solution reconstituted</i>	1	
ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED 3.375 (3-0.375) GM, 4.5 (4-0.5) GM	3	
Ophthalmic Agents		
<i>acetazolamide oral</i>	1	EDS
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	EDS

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

Drug Name	Tier	Requirements/Limits
ALREX	2	
<i>apraclonidine hcl</i>	1	EDS
<i>atropine sulfate ophthalmic solution</i>	1	
<i>azelastine hcl ophthalmic</i>	1	
AZOPT	2	EDS
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BEPREVE	3	
<i>betaxolol hcl ophthalmic</i>	1	EDS
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S	2	EDS
<i>bimatoprost ophthalmic</i>	1	EDS
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate ophthalmic</i>	1	EDS
<i>bromfenac sodium ophthalmic</i>	1	
<i>carteolol hcl</i>	1	EDS
COMBIGAN	2	EDS
COSOPT PF	3	
<i>cromolyn sodium ophthalmic</i>	1	EDS
CYSTARAN	2	PA New Starts Only
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	EDS
<i>dorzolamide hcl</i>	1	EDS
<i>dorzolamide hcl-timolol mal</i>	1	EDS
DUREZOL	3	
EMADINE	3	
<i>epinastine hcl</i>	1	
FLAREX	2	
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	

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

Drug Name	Tier	Requirements/Limits
FML LIQUIFILM	3	
ILEVRO	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	EDS
ISOPTO CARPINE	3	EDS
ISTALOL	2	
<i>ketorolac tromethamine ophthalmic</i>	1	
LACRISERT	2	EDS
LASTACAFT	3	
<i>latanoprost ophthalmic</i>	1	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
LOTEMAX	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	EDS
MAXIDEX	2	
MAXITROL	3	
<i>methazolamide oral</i>	1	EDS
<i>metipranolol</i>	1	EDS
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1	3	
NEOSPORIN	3	
NEVANAC	2	
<i>olopatadine hcl ophthalmic</i>	1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG	3	
PATADAY	3	
PATANOL	3	
PHOSPHOLINE IODIDE	2	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	EDS
<i>polymyxin b-trimethoprim</i>	1	

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

Drug Name	Tier	Requirements/Limits
POLYTRIM	3	
PRED MILD	2	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
PROLENSA	3	
<i>proparacaine hcl ophthalmic</i>	1	
RESTASIS	2	EDS
SIMBRINZA	2	EDS
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>timolol maleate ophthalmic</i>	1	EDS
TIMOPTIC OCUDOSE	3	EDS
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
TRAVATAN Z	2	EDS
XIIDRA	2	
ZIOPTAN	3	EDS
ZYLET	3	
Otic Agents		
CIPRO HC	3	
CIPRODEX	2	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
<i>ofloxacin oral tablet 300 mg</i>	1	
OTOVEL	3	
Respiratory Tract/ Pulmonary Agents		
ACCOLATE	3	EDS
<i>acetylcysteine inhalation</i>	1	BD; EDS
ADCIRCA	2	PA New Starts Only; EDS
ADEMPAS	3	PA New Starts Only
ADVAIR DISKUS	2	EDS

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

Drug Name	Tier	Requirements/Limits
ADVAIR HFA	2	EDS
AEROSPAN	2	EDS
<i>albuterol sulfate er</i>	1	EDS
<i>albuterol sulfate inhalation</i>	1	BD; EDS
<i>albuterol sulfate oral</i>	1	EDS
ALVESCO	2	EDS
<i>aminophylline intravenous</i>	1	
ANORO ELLIPTA	2	EDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA New Starts Only
ARCAPTA NEOHALER	2	EDS
ARMONAIR RESPICLICK 113	3	
ARMONAIR RESPICLICK 232	3	
ARMONAIR RESPICLICK 55	3	
ARNUITY ELLIPTA	2	EDS; QL (30 EA per 30 days); AL (Min 12 Years)
ASMANEX 120 METERED DOSES	2	EDS
ASMANEX 30 METERED DOSES	2	EDS
ASMANEX 60 METERED DOSES	2	EDS
ASMANEX HFA	2	EDS
ASTEPRO NASAL SOLUTION 0.15 %	3	
ATROVENT HFA	2	EDS
<i>azelastine hcl nasal</i>	1	
BECONASE AQ	2	EDS
BREO ELLIPTA	2	EDS
BROVANA	3	BD; EDS
<i>budesonide inhalation</i>	1	BD; EDS
<i>budesonide nasal</i>	1	EDS; QL (17.2 GM per 30 days)
<i>carbinoxamine maleate oral solution</i>	1	PA; AL (Max 64 Years)
<i>carbinoxamine maleate oral tablet</i>	1	PA; AL (Max 64 Years)
CAYSTON	3	
CLARINEX ORAL SYRUP	3	EDS
CLARINEX ORAL TABLET	3	EDS; QL (30 EA per 30 days)
CLARINEX-D 12 HOUR	3	EDS
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
COMBIVENT RESPIMAT	2	EDS
<i>cromolyn sodium inhalation</i>	1	BD; EDS
<i>cromolyn sodium oral</i>	1	EDS
<i>cyproheptadine hcl oral</i>	1	PA; EDS; AL (Max 64 Years)
DALIRESP	3	EDS
<i>desloratadine</i>	1	EDS; QL (30 EA per 30 days)
<i>diphenhydramine hcl injection</i>	1	
<i>diphenhydramine hcl oral elixir</i>	1	PA; AL (Max 64 Years)
DULERA	3	EDS
DYMISTA	3	QL (23 GM per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	
ESBRIET	3	PA
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	EDS; QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	EDS; QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	EDS; QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	EDS; QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	EDS; QL (10.6 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	EDS; QL (50 ML per 25 days)
<i>fluticasone propionate external lotion</i>	1	EDS
<i>fluticasone propionate nasal</i>	1	EDS; QL (16 GM per 30 days)
<i>fluticasone-salmeterol</i>	1	
GASTROCROM	3	
GLASSIA	3	PA New Starts Only
GRASSTK	3	PA
<i>hydroxyzine hcl oral tablet</i>	1	PA; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
<i>hydroxyzine pamoate oral</i>	1	PA; AL (Max 64 Years)
<i>ipratropium bromide inhalation</i>	1	BD; EDS
<i>ipratropium bromide nasal</i>	1	EDS; QL (30 ML per 30 days)
<i>ipratropium-albuterol</i>	1	BD; EDS
KALYDECO	2	PA New Starts Only
LETAIRIS	2	PA New Starts Only
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	BD
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	1	
<i>levalbuterol tartrate</i>	1	
<i>levocetirizine dihydrochloride oral solution</i>	1	EDS
<i>levocetirizine dihydrochloride oral tablet</i>	1	EDS; QL (30 EA per 30 days)
LUMIZYME	2	PA
<i>metaproterenol sulfate oral</i>	1	EDS
<i>mometasone furoate nasal</i>	1	
<i>montelukast sodium oral</i>	1	EDS
NASONEX	3	EDS
NUCALA	3	PA
OFEV	3	PA
<i>olopatadine hcl nasal</i>	1	QL (30.5 GM per 30 days)
OMNARIS	3	EDS
OPSUMIT	3	PA New Starts Only
ORALAIR	3	PA
ORENITRAM	3	PA New Starts Only
ORKAMBI	3	PA
PATANASE	3	QL (30.5 GM per 30 days)
PERFOROMIST	2	BD; EDS
PHENERGAN INJECTION	3	PA; AL (Max 64 Years)
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA New Starts Only
<i>promethazine hcl injection</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl oral syrup</i>	1	PA; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
<i>promethazine hcl oral tablet</i>	1	PA; AL (Max 64 Years)
<i>promethazine vc plain oral solution</i>	1	PA
PULMICORT	3	BD; EDS
PULMICORT FLEXHALER	2	EDS
PULMOZYME	2	BD
QNASL	3	
QNASL CHILDRENS	3	QL (4.9 GM per 30 days)
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT	2	EDS; QL (8.7 GM per 30 days)
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT	2	EDS; QL (17.4 GM per 30 days)
RAGWITEK	3	PA
REMODULIN	3	PA New Starts Only
REVATIO INTRAVENOUS	3	PA New Starts Only
REVATIO ORAL SUSPENSION RECONSTITUTED	2	PA New Starts Only
REVATIO ORAL TABLET	3	PA New Starts Only; EDS
SEREVENT DISKUS	2	EDS; QL (60 EA per 30 days)
<i>sildenafil citrate intravenous</i>	1	PA New Starts Only
<i>sildenafil citrate oral</i>	1	PA New Starts Only; EDS
SINGULAIR	3	EDS
SPIRIVA HANDIHALER	2	EDS; QL (30 EA per 30 days)
SPIRIVA RESPIMAT	2	EDS; QL (60 GM per 30 days)
STIOLTO RESPIMAT	2	EDS
STRIVERDI RESPIMAT	2	EDS; QL (60 GM per 30 days)
SYMBICORT	2	EDS; QL (10.2 GM per 30 days)
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate oral</i>	1	EDS
THEO-24	3	EDS
<i>theophylline</i>	1	
<i>theophylline er</i>	1	EDS
TOBI	3	BD
TOBI PODHALER	3	PA
TRACLEER	2	PA New Starts Only
VENTAVIS	3	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
VENTOLIN HFA	2	
XOLAIR	3	PA
XYZAL ORAL SOLUTION	3	EDS
<i>zafirlukast</i>	1	EDS
ZEMAIRA	3	PA New Starts Only
ZETONNA	3	
<i>zileuton er</i>	1	PA
ZYFLO	2	PA
ZYFLO CR	2	PA
Skeletal Muscle Relaxants		
<i>carisoprodol oral</i>	1	PA; AL (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; EDS; AL (Max 64 Years)
<i>cyclobenzaprine hcl oral</i>	1	PA; AL (Max 64 Years)
FEXMID	3	PA; AL (Max 64 Years)
<i>metaxall</i>	1	PA; AL (Max 64 Years)
<i>metaxalone</i>	1	PA; AL (Max 64 Years)
<i>methocarbamol oral</i>	1	PA; AL (Max 64 Years)
SKELAXIN	3	PA; AL (Max 64 Years)
<i>tizanidine hcl oral capsule</i>	1	EDS
Sleep Disorder Agents		
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	PA New Starts Only; AL (Max 64 Years)
<i>doxepin hcl oral concentrate</i>	1	PA New Starts Only; AL (Max 64 Years)
HETLIOZ	3	PA
<i>modafinil</i>	1	PA
PROVIGIL	3	PA
ROZEREM	2	QL (30 EA per 30 days)
SONATA	3	AL (Max 64 Years)
<i>temazepam</i>	1	PA New Starts Only; QL (7 EA per 30 days)
XYREM	3	PA New Starts Only
<i>zaleplon</i>	1	AL (Max 64 Years)
<i>zolpidem tartrate oral</i>	1	PA New Starts Only; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
Therapeutic Nutrients/ Minerals/ Electrolytes		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %, 8.5 %	2	BD
<i>aminosyn iilelectrolytes</i>	1	BD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	2	BD
<i>aminosyn/electrolytes intravenous solution 8.5 %</i>	1	BD
AMINOSYN-HBC	2	BD
AMINOSYN-PF	2	BD
AMINOSYN-RF	2	BD
CARBAGLU	3	PA New Starts Only
CARNITOR INTRAVENOUS	3	BD
CARNITOR ORAL	3	
CHEMET	2	
CLINIMIX E/DEXTROSE (2.75/10)	2	BD
CLINIMIX E/DEXTROSE (2.75/5)	2	BD
CLINIMIX E/DEXTROSE (4.25/10)	2	BD
CLINIMIX E/DEXTROSE (4.25/25)	2	BD
CLINIMIX E/DEXTROSE (4.25/5)	2	BD
CLINIMIX E/DEXTROSE (5/15)	2	BD
CLINIMIX E/DEXTROSE (5/20)	2	BD
CLINIMIX E/DEXTROSE (5/25)	2	BD
CLINIMIX/DEXTROSE (2.75/5)	2	BD
CLINIMIX/DEXTROSE (4.25/10)	2	BD
CLINIMIX/DEXTROSE (4.25/20)	2	BD
CLINIMIX/DEXTROSE (4.25/25)	2	BD
CLINIMIX/DEXTROSE (4.25/5)	2	BD
CLINIMIX/DEXTROSE (5/15)	2	BD
CLINIMIX/DEXTROSE (5/20)	2	BD
CLINIMIX/DEXTROSE (5/25)	2	BD
<i>clinisol sf</i>	1	BD
DEPEN TITRATABS	2	
<i>dextrose in lactated ringers</i>	1	BD
<i>dextrose intravenous solution 10 %, 5 %</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	BD
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	ST; EDS
EXJADE	3	PA
FERRIPROX	3	PA New Starts Only
<i>fomepizole intravenous solution 1 gm/ml</i>	1	
FREAMINE HBC	2	BD
<i>hepatamine</i>	1	BD
<i>intralipid intravenous emulsion 20 %</i>	1	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	3	BD
IONOSOL-B IN D5W	3	
IONOSOL-MB IN D5W	3	
ISOLYTE-P IN D5W	3	
ISOLYTE-S	3	BD
JADENU	3	PA
JADENU SPRINKLE	3	PA
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	BD
<i>kcl-lactated ringers-d5w</i>	1	BD
<i>kionex oral powder</i>	1	
<i>klor-con 10</i>	1	EDS
<i>klor-con m10</i>	1	
KLOR-CON M15	3	EDS
<i>klor-con m20</i>	1	
<i>klor-con oral tablet extended release</i>	1	EDS
<i>klor-con sprinkle</i>	1	EDS
K-TAB	3	EDS
<i>lactated ringers intravenous</i>	1	BD
<i>lactated ringers irrigation</i>	1	
<i>levocarnitine oral solution</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>levocarnitine oral tablet</i>	1	
<i>magnesium sulfate injection solution 50 %</i>	1	
NEPHRAMINE	3	BD
<i>normosol-m in d5w</i>	1	BD
NORMOSOL-R IN D5W	3	BD
NORMOSOL-R PH 7.4	3	BD
<i>nutrilipid intravenous emulsion 20 %</i>	1	BD
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
PLASMA-LYTE 148	3	BD
PLASMA-LYTE A	3	BD
PLENAMINE	2	BD
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er</i>	1	EDS
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	BD
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	BD
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	1	BD
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	EDS
PREMASOL	2	BD
<i>prenatal oral tablet 27-1 mg</i>	1	
PROCALAMINE	2	BD
PROSOL	3	BD
<i>ringers</i>	1	BD
<i>ringers irrigation</i>	1	
SAMSCA	2	PA
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>sodium polystyrene sulfonate oral suspension</i>	1	EDS
<i>sps</i>	1	
<i>sterile water for irrigation</i>	1	
SUPREP BOWEL PREP KIT	3	
SYPRINE	2	PA; EDS
<i>tpn electrolytes intravenous solution</i>	1	BD
TRAVASOL	2	BD
TROPHAMINE	2	BD
VELPHORO	3	EDS
VELTASSA	2	

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

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