

Independent Health's Medicare Advantage Employer Group's Part D Formulary



2017 Formulary

(List of Covered Drugs)

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

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This formulary was updated on December 1, 2017. For more recent information or other questions, please contact us, Independent Health's Medicare Advantage Plan 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.independenthealth.com/Medicare.

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal.

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 Independent Health. When it refers to “plan” or “our plan,” it means Independent Health’s Medicare Advantage Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of December 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 Independent Health’s Medicare Advantage Employer Group’s Part D Formulary?

A formulary is a list of covered drugs selected by Independent Health 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 an Independent Health 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 December 1, 2017. To get updated information about the drugs covered by Independent Health, 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.independenthealth.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 119. 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?

Independent Health 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:** Independent Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Independent Health before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Independent Health limits the amount of the drug that Independent Health will cover. For example, Independent Health 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, Independent Health 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, Independent Health 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 Independent Health 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 Independent Health’s 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 Independent Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Independent Health. 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 Independent Health 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 Independent Health’s Medicare Advantage Employer Group’s Part D Formulary?

You can ask Independent Health 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, Independent Health 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, Independent Health 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, Independent Health 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 Independent Health Medicare Advantage Plan Part D formularies, 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 Independent Health prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Independent Health, 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>.

Independent Health's Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by Independent Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 119.

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 Independent Health 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 Independent Health's Medicare Member Services Department. Our contact information appears on the front and back cover pages.

Drugs listed with a “**GC**” in the Requirements/Limits column are covered by us in the coverage gap for all plans with prescription drug coverage (please refer to your Evidence of Coverage for more information about this coverage).

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 Independent Health’s 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		
Analgesics		
<i>acetaminophen-codeine #2 oral tablet</i>	2	
<i>acetaminophen-codeine #3 oral tablet</i>	2	
<i>acetaminophen-codeine #4 oral tablet</i>	2	
<i>acetaminophen-codeine oral solution</i>	2	
<i>ascomp-codeine oral capsule</i>	2	PA; AL (Max 64 Years)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	PA; AL (Max 64 Years)
<i>butalbital-apap-caff-cod oral capsule</i>	2	PA; AL (Max 64 Years)
<i>butalbital-apap-caffeine oral capsule</i>	2	PA; AL (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA; AL (Max 64 Years)
<i>butalbital-asa-caff-codeine oral capsule</i>	2	PA; AL (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule</i>	2	PA; AL (Max 64 Years)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	
<i>lorcet hd oral tablet</i>	2	
<i>lorcet oral tablet</i>	2	
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	
<i>oxycodone-acetaminophen oral solution</i>	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet</i>	2	
SYNALGOS-DC ORAL CAPSULE	4	
TENCON ORAL TABLET 50-325 MG	4	PA; AL (Max 64 Years)
<i>tramadol-acetaminophen oral tablet</i>	2	
VANATOL LQ ORAL SOLUTION	3	PA; AL (Max 64 Years)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	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
Nonsteroidal Anti-Inflammatory Drugs		
CAMBIA ORAL PACKET	4	EHS
<i>celecoxib oral capsule</i>	2	EHS
<i>diclofenac potassium oral tablet</i>	2	EHS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	EHS
<i>diclofenac sodium oral tablet delayed release</i>	2	EHS
<i>diclofenac sodium transdermal gel 3 %</i>	5	PA
<i>diclofenac sodium transdermal solution</i>	2	PA
<i>diflunisal oral tablet</i>	2	EHS
<i>etodolac oral capsule</i>	2	EHS
<i>etodolac oral tablet</i>	2	EHS
FENOPROFEN CALCIUM ORAL CAPSULE 400 MG	3	EHS
FENOPROFEN CALCIUM ORAL TABLET	3	EHS
FLECTOR TRANSDERMAL PATCH	4	PA
<i>flurbiprofen oral tablet</i>	2	EHS
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EHS
INDOCIN ORAL SUSPENSION	4	PA; AL (Max 64 Years); EHS
<i>indomethacin er oral capsule extended release</i>	2	PA; AL (Max 64 Years); EHS
<i>indomethacin oral capsule</i>	2	PA; AL (Max 64 Years); EHS
KETOPROFEN ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EHS
<i>ketoprofen oral capsule</i>	2	EHS
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	2	
<i>ketorolac tromethamine oral tablet</i>	2	PA; QL (20 EA per 5 days); AL (Max 64 Years)
<i>meclofenamate sodium oral capsule</i>	2	EHS
<i>meloxicam oral tablet</i>	2	EHS
<i>nabumetone oral tablet</i>	2	EHS
<i>naproxen oral tablet</i>	2	EHS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EHS
<i>oxycodone-ibuprofen oral tablet</i>	2	QL (240 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
PENNSAID TRANSDERMAL SOLUTION 2 %	4	
<i>piroxicam oral capsule</i>	2	EHS
<i>sulindac oral tablet</i>	2	EHS
VOLTAREN TRANSDERMAL GEL	4	PA
Opioid Analgesics, Long-Acting		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	5	PA; QL (128 EA per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine transdermal patch weekly</i>	2	QL (4 EA per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY	3	QL (4 EA per 28 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)
<i>duramorph injection solution</i>	2	HI
EMBEDA ORAL CAPSULE EXTENDED RELEASE	3	EHS
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	2	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	2	QL (15 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	2	QL (30 EA per 30 days)
<i>hydromorphone hcl injection solution 2 mg/ml</i>	2	
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	2	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	QL (60 EA per 30 days)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	5	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	4	EHS

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

Drug Name	Tier	Requirements/Limits
LAZANDA NASAL SOLUTION 300 MCG/ACT	5	PA; QL (120 EA per 30 days)
LEVORPHANOL TARTRATE ORAL TABLET	4	
<i>methadone hcl injection solution</i>	2	HI
<i>methadone hcl oral solution</i>	2	
<i>methadone hcl oral tablet 10 mg</i>	2	
<i>methadone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	4	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	2	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	
<i>morphine sulfate er oral tablet extended release</i>	2	
<i>morphine sulfate oral solution</i>	2	
<i>morphine sulfate oral tablet</i>	2	
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	QL (60 EA per 30 days)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	4	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	2	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	2	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	ST; QL (30 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	4	QL (60 EA per 30 days); EHS

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

Drug Name	Tier	Requirements/Limits
Opioid Analgesics, Short-Acting		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	5	PA; QL (128 EA per 30 days)
<i>butorphanol tartrate injection solution</i>	2	
<i>butorphanol tartrate nasal solution</i>	2	
<i>codeine sulfate oral tablet</i>	2	
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	2	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	2	QL (15 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	
<i>hydromorphone hcl oral liquid</i>	2	
<i>hydromorphone hcl oral tablet</i>	2	QL (180 EA per 30 days)
LAZANDA NASAL SOLUTION	5	PA; QL (120 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	
<i>morphine sulfate oral solution</i>	2	
<i>morphine sulfate oral tablet</i>	2	
<i>nalbuphine hcl injection solution 10 mg/ml</i>	2	QL (480 ML per 30 days)
<i>nalbuphine hcl injection solution 20 mg/ml</i>	2	QL (240 ML per 30 days)
NUCYNTA ORAL TABLET	3	QL (180 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	2	
OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML	4	
<i>oxycodone hcl oral solution</i>	2	
<i>oxycodone hcl oral tablet</i>	2	
<i>oxymorphone hcl oral tablet 10 mg</i>	2	
<i>oxymorphone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
TALWIN INJECTION SOLUTION	4	PA
<i>tramadol hcl oral tablet</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
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment</i>	2	
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %</i>	2	
<i>lidocaine hcl external gel 2 %</i>	2	
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl injection solution 2 %</i>	2	
<i>lidocaine viscous mouth/throat solution</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	2	EHS
<i>disulfiram oral tablet</i>	2	EHS
<i>naltrexone hcl oral tablet</i>	2	
Opioid Dependence Treatments		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine transdermal patch weekly</i>	2	QL (4 EA per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY	3	QL (4 EA per 28 days)
<i>naltrexone hcl oral tablet</i>	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	3	
Opioid Reversal Agents		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe</i>	2	
NARCAN NASAL LIQUID	3	QL (2 EA per 30 days)
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</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
CHANTIX CONTINUING MONTH PAK ORAL TABLET	3	
CHANTIX ORAL TABLET	3	
CHANTIX STARTING MONTH PAK ORAL TABLET	3	
NICOTROL INHALATION INHALER	3	
NICOTROL NS NASAL SOLUTION	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
BETHKIS INHALATION NEBULIZATION SOLUTION	5	BD
<i>gentak ophthalmic ointment</i>	2	
<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>	2	HI
<i>gentamicin sulfate external cream</i>	2	
<i>gentamicin sulfate external ointment</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	HI
<i>gentamicin sulfate intravenous solution</i>	2	HI
<i>gentamicin sulfate ophthalmic solution</i>	2	
<i>neomycin sulfate oral tablet</i>	2	
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
<i>paromomycin sulfate oral capsule</i>	2	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED	4	
TOBI PODHALER INHALATION CAPSULE	5	PA New Starts Only
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin inhalation nebulization solution</i>	5	BD
<i>tobramycin ophthalmic solution</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
TOBREX OPHTHALMIC OINTMENT	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	4	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
Antibacterials		
<i>colistimethate sodium injection solution reconstituted</i>	2	HI
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	4	
Antibacterials, Other		
<i>acetic acid otic solution</i>	2	
<i>bacitracin intramuscular solution reconstituted</i>	2	
<i>bacitracin ophthalmic ointment</i>	2	
BACTROBAN NASAL NASAL OINTMENT	4	
CHLORAMPHENICOL SOD SUCCINATE INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	
<i>clindamycin phosphate external foam</i>	2	
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	
<i>clindamycin phosphate external solution</i>	2	
<i>clindamycin phosphate external swab</i>	2	
<i>clindamycin phosphate in d5w intravenous solution</i>	2	HI
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	2	HI
<i>clindamycin phosphate vaginal cream</i>	2	
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED	5	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
GLOBAL ALCOHOL PREP EASE PAD	3	
<i>lincomycin hcl injection solution</i>	2	HI
<i>linezolid intravenous solution 600 mg/300ml</i>	2	PA; HI
<i>linezolid oral suspension reconstituted</i>	2	PA
<i>linezolid oral tablet</i>	2	PA
<i>methenamine hippurate oral tablet</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
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel</i>	2	
<i>metronidazole external lotion</i>	2	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	2	HI
<i>metronidazole oral capsule</i>	2	
<i>metronidazole oral tablet</i>	2	
<i>metronidazole vaginal gel</i>	2	
MONUROL ORAL PACKET	4	
<i>mupirocin calcium external cream</i>	2	
<i>mupirocin external ointment</i>	2	
<i>nitrofurantoin monohyd macro oral capsule</i>	2	
NUVESSA VAGINAL GEL	4	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<i>polymyxin b sulfate injection solution reconstituted</i>	2	
PRIMSOL ORAL SOLUTION	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
SIVEXTRO ORAL TABLET	5	PA
SULFAMYLON EXTERNAL CREAM	4	
SULFAMYLON EXTERNAL PACKET	4	
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>tinidazole oral tablet</i>	2	
<i>trimethoprim oral tablet</i>	2	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 1000 mg, 500 mg</i>	2	
<i>vancomycin hcl oral capsule</i>	2	
<i>vandazole vaginal gel</i>	2	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	

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

Drug Name	Tier	Requirements/Limits
Beta-Lactam, Cephalosporins		
CEDAX ORAL CAPSULE	4	
CEDAX ORAL SUSPENSION RECONSTITUTED 180 MG/5ML	4	
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	HI
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted</i>	2	
<i>cefixime oral suspension reconstituted</i>	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	2	HI
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	4	
<i>cefoxitin sodium injection solution reconstituted</i>	2	HI
<i>cefoxitin sodium intravenous solution reconstituted 1 gm</i>	2	HI
<i>cefoxitin sodium intravenous solution reconstituted 2 gm</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>cefprozil oral suspension reconstituted</i>	2	
<i>cefprozil oral tablet</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	2	HI
CEFTIN ORAL SUSPENSION RECONSTITUTED	4	
<i>ceftriaxone sodium injection solution reconstituted 250 mg, 500 mg</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
<i>ceftriaxone sodium intravenous solution reconstituted</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 1.5 gm, 750 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm</i>	2	HI
<i>cephalexin oral capsule</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
<i>tazicef injection solution reconstituted</i>	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	4	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
Beta-Lactam, Other		
AZACTAM IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	
DORIBAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	
INVANZ INJECTION SOLUTION RECONSTITUTED	4	
<i>meropenem intravenous solution reconstituted</i>	2	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</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
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	HI
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	HI
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	HI
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	HI
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION	4	HI
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	4	
<i>dicloxacillin sodium oral capsule</i>	2	
NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM	4	HI; EHS
<i>nafcillin sodium injection solution reconstituted 10 gm</i>	5	HI
<i>oxacillin sodium injection solution reconstituted 10 gm</i>	2	HI
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	HI
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	2	HI
<i>penicillin g procaine intramuscular suspension</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
<i>penicillin g sodium injection solution reconstituted</i>	2	HI
<i>penicillin v potassium oral solution reconstituted</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	2	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	3	
Macrolides		
AZASITE OPHTHALMIC SOLUTION	4	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral packet</i>	2	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>clarithromycin er oral tablet extended release 24 hour</i>	2	
<i>clarithromycin oral suspension reconstituted</i>	2	
<i>clarithromycin oral tablet</i>	2	
DIFICID ORAL TABLET	5	PA
<i>e.e.s. 400 oral tablet</i>	2	
ERY EXTERNAL PAD	4	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	4	
ERY-TAB ORAL TABLET DELAYED RELEASE	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles</i>	2	
<i>erythromycin base oral tablet</i>	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted</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
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
<i>erythromycin ophthalmic ointment</i>	2	
PCE ORAL TABLET DELAYED RELEASE	4	
ZITHROMAX ORAL PACKET	4	
ZMAX ORAL SUSPENSION RECONSTITUTED	4	
Quinolones		
AVELOX INTRAVENOUS SOLUTION	3	HI
CILOXAN OPHTHALMIC OINTMENT	4	
<i>ciprofloxacin hcl ophthalmic solution</i>	2	
<i>ciprofloxacin hcl oral tablet</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>ciprofloxacin intravenous solution 400 mg/40ml</i>	2	
<i>ciprofloxacin oral suspension reconstituted</i>	2	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	2	
<i>gatifloxacin ophthalmic solution</i>	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml</i>	2	
<i>levofloxacin in d5w intravenous solution 750 mg/150ml</i>	2	HI
<i>levofloxacin intravenous solution</i>	2	
<i>levofloxacin ophthalmic solution</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin hcl intravenous solution</i>	2	HI
<i>moxifloxacin hcl oral tablet</i>	2	
<i>ofloxacin ophthalmic solution</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	
<i>ofloxacin otic solution</i>	2	
Sulfonamides		
AVC VAGINAL VAGINAL CREAM	4	
<i>silver sulfadiazine external cream</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
<i>ssd external cream</i>	2	
<i>sulfacetamide sodium external suspension</i>	2	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	4	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
Tetracyclines		
<i>demeclocycline hcl oral tablet</i>	2	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet</i>	2	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	2	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	2	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	
<i>tetracycline hcl oral capsule</i>	2	
VIBRAMYCIN ORAL SYRUP	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INTRAVENOUS SOLUTION	5	PA New Starts Only
BRIVIACT ORAL SOLUTION	5	PA New Starts Only
BRIVIACT ORAL TABLET	5	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>diazepam rectal gel</i>	4	
<i>levetiracetam er oral tablet extended release 24 hour</i>	2	EHS
<i>levetiracetam in nacl intravenous solution</i>	2	
<i>levetiracetam intravenous solution</i>	2	HI
<i>levetiracetam oral solution</i>	2	EHS
<i>levetiracetam oral tablet</i>	2	EHS
<i>roweepra oral tablet</i>	2	EHS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	EHS
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	3	EHS
<i>ethosuximide oral capsule</i>	2	EHS
<i>ethosuximide oral solution</i>	2	EHS
LYRICA ORAL CAPSULE	3	EHS
LYRICA ORAL SOLUTION	3	EHS
<i>zonisamide oral capsule</i>	2	EHS
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clonazepam oral tablet</i>	2	EHS
<i>clonazepam oral tablet dispersible</i>	2	EHS
<i>clorazepate dipotassium oral tablet</i>	2	
<i>diazepam intensol oral concentrate</i>	2	
<i>diazepam oral solution 1 mg/ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EHS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EHS
<i>divalproex sodium oral tablet delayed release</i>	2	EHS
<i>gabapentin oral capsule</i>	2	EHS
<i>gabapentin oral solution 250 mg/5ml</i>	2	EHS
<i>gabapentin oral tablet</i>	2	EHS
GABITRIL ORAL TABLET 12 MG, 16 MG	4	EHS
GRALISE ORAL TABLET	4	EHS
GRALISE STARTER ORAL	4	

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

Drug Name	Tier	Requirements/Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	EHS
<i>lamotrigine oral tablet dispersible</i>	2	EHS
<i>lorazepam intensol oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	2	
ONFI ORAL SUSPENSION	4	PA New Starts Only; EHS
ONFI ORAL TABLET 10 MG, 20 MG	4	PA New Starts Only; EHS
<i>phenobarbital oral elixir</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
<i>phenobarbital oral tablet</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
<i>primidone oral tablet</i>	2	EHS
SABRIL ORAL PACKET	5	
SABRIL ORAL TABLET	5	
<i>tiagabine hcl oral tablet</i>	2	EHS
<i>valproate sodium intravenous solution 500 mg/5ml</i>	2	
<i>valproate sodium oral solution</i>	2	EHS
<i>valproic acid oral capsule</i>	2	EHS
VIGABATRIN ORAL PACKET	4	
Glutamate Reducing Agents		
<i>felbamate oral suspension</i>	2	EHS
<i>felbamate oral tablet</i>	2	EHS
FYCOMPA ORAL SUSPENSION	4	EHS
FYCOMPA ORAL TABLET	4	EHS
LAMICTAL STARTER ORAL KIT	4	
LAMICTAL XR ORAL KIT	4	
<i>lamotrigine er oral tablet extended release 24 hour</i>	2	EHS
<i>lamotrigine oral tablet</i>	2	EHS
<i>lamotrigine oral tablet chewable</i>	2	EHS
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	4	EHS
<i>topiramate er oral capsule er 24 hour sprinkle</i>	2	EHS
<i>topiramate oral capsule sprinkle</i>	2	EHS
<i>topiramate oral tablet</i>	2	EHS

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

Drug Name	Tier	Requirements/Limits
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EHS
Sodium Channel Agents		
APTIOM ORAL TABLET	5	
BANZEL ORAL SUSPENSION	5	
BANZEL ORAL TABLET	5	
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	EHS
<i>carbamazepine oral suspension</i>	2	EHS
<i>carbamazepine oral tablet</i>	2	EHS
<i>carbamazepine oral tablet chewable</i>	2	EHS
DILANTIN ORAL CAPSULE 30 MG	3	EHS
<i>epitol oral tablet</i>	2	EHS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EHS
<i>oxcarbazepine oral suspension</i>	2	EHS
<i>oxcarbazepine oral tablet</i>	2	EHS
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EHS
PEGANONE ORAL TABLET	3	EHS
<i>phenytoin oral suspension 125 mg/5ml</i>	2	EHS
<i>phenytoin oral tablet chewable</i>	2	EHS
<i>phenytoin sodium extended oral capsule</i>	2	EHS
<i>phenytoin sodium injection solution</i>	2	
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	EHS
VIMPAT ORAL TABLET	3	EHS
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet</i>	2	EHS
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	EHS
<i>donepezil hcl oral tablet dispersible</i>	2	EHS
EXELON TRANSDERMAL PATCH 24 HOUR	4	EHS
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	2	EHS

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>galantamine hydrobromide oral solution</i>	2	EHS
<i>galantamine hydrobromide oral tablet</i>	2	EHS
<i>rivastigmine tartrate oral capsule</i>	2	EHS
<i>rivastigmine transdermal patch 24 hour</i>	2	EHS
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl oral solution</i>	2	EHS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	EHS
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	2	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EHS
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	PA; EHS
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA; EHS
Antidepressants		
Antidepressants		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
<i>olanzapine-fluoxetine hcl oral capsule</i>	2	EHS
<i>perphenazine-amitriptyline oral tablet</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
Antidepressants, Other		
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days); EHS
<i>aripiprazole oral tablet 2 mg</i>	2	QL (60 EA per 30 days); EHS
<i>aripiprazole oral tablet dispersible</i>	5	QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	2	QL (60 EA per 30 days); EHS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	2	QL (90 EA per 30 days); EHS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	2	EHS
<i>bupropion hcl oral tablet</i>	2	EHS
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EHS

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>maprotiline hcl oral tablet</i>	2	EHS
<i>mirtazapine oral tablet</i>	2	EHS
<i>mirtazapine oral tablet dispersible</i>	2	EHS
<i>nefazodone hcl oral tablet</i>	2	EHS
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 50 MG	4	EHS
<i>trazodone hcl oral tablet</i>	2	EHS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	5	PA New Starts Only
MARPLAN ORAL TABLET	3	EHS
<i>phenelzine sulfate oral tablet</i>	2	EHS
<i>tranylcypromine sulfate oral tablet</i>	2	EHS
Ssris/ Snris		
BRISDELLE ORAL CAPSULE	4	EHS
<i>citalopram hydrobromide oral solution</i>	1	EHS
<i>citalopram hydrobromide oral tablet</i>	1	EHS
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	2	EHS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	QL (120 EA per 30 days); EHS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (90 EA per 30 days); EHS
<i>duloxetine hcl oral capsule delayed release particles</i>	2	EHS
<i>escitalopram oxalate oral solution</i>	2	EHS
<i>escitalopram oxalate oral tablet</i>	2	EHS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EHS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
<i>fluoxetine hcl oral capsule</i>	1	EHS
<i>fluoxetine hcl oral capsule delayed release</i>	1	EHS
<i>fluoxetine hcl oral solution</i>	1	EHS
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	2	QL (60 EA per 30 days); EHS
<i>fluvoxamine maleate oral tablet</i>	1	QL (90 EA per 30 days); EHS

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>paroxetine hcl er oral tablet extended release 24 hour</i>	1	EHS
<i>paroxetine hcl oral tablet</i>	1	EHS
PAXIL ORAL SUSPENSION	4	EHS
PEXEVA ORAL TABLET	4	EHS
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	QL (120 EA per 30 days); EHS
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (90 EA per 30 days); EHS
<i>sertraline hcl oral concentrate</i>	1	EHS
<i>sertraline hcl oral tablet</i>	1	EHS
TRINTELLIX ORAL TABLET	4	EHS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EHS
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	2	EHS
<i>venlafaxine hcl oral tablet</i>	2	EHS
VIIBRYD ORAL TABLET	4	EHS
VIIBRYD STARTER PACK ORAL KIT	4	
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
<i>amoxapine oral tablet</i>	2	EHS
<i>clomipramine hcl oral capsule</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
<i>desipramine hcl oral tablet</i>	2	EHS
<i>doxepin hcl oral capsule</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
<i>doxepin hcl oral concentrate</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
<i>imipramine hcl oral tablet</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
IMIPRAMINE PAMOATE ORAL CAPSULE	4	PA New Starts Only; AL (Max 64 Years); EHS
<i>nortriptyline hcl oral capsule</i>	2	EHS
<i>nortriptyline hcl oral solution</i>	2	EHS
<i>protriptyline hcl oral tablet</i>	2	EHS
PRUDOXIN EXTERNAL CREAM	4	

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

Drug Name	Tier	Requirements/Limits
SILENOR ORAL TABLET	3	QL (30 EA per 30 days); EHS
<i>trimipramine maleate oral capsule</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
Antiemetics		
Antiemetics, Other		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	4	
<i>chlorpromazine hcl oral tablet</i>	2	EHS
<i>compro rectal suppository</i>	2	
<i>diphenhydramine hcl injection solution</i>	2	
<i>diphenhydramine hcl oral elixir</i>	2	PA; AL (Max 64 Years)
<i>hydroxyzine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>hydroxyzine pamoate oral capsule</i>	2	PA; AL (Max 64 Years)
<i>meclizine hcl oral tablet</i>	2	
<i>metoclopramide hcl injection solution</i>	2	PA New Starts Only; AL (Max 64 Years)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
<i>perphenazine oral tablet</i>	2	EHS
<i>phenadoz rectal suppository 12.5 mg</i>	2	PA; AL (Max 64 Years)
PHENERGAN RECTAL SUPPOSITORY	4	PA; AL (Max 64 Years)
<i>prochlorperazine edisylate injection solution</i>	2	
<i>prochlorperazine maleate oral tablet</i>	2	EHS
<i>prochlorperazine rectal suppository</i>	2	
<i>promethazine hcl injection solution</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl oral syrup</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl rectal suppository</i>	2	PA; AL (Max 64 Years)
<i>promethegan rectal suppository 25 mg, 50 mg</i>	2	PA; AL (Max 64 Years)
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	4	EHS
<i>trimethobenzamide hcl oral capsule</i>	2	PA; AL (Max 64 Years)
Emetogenic Therapy Adjuncts		
AKYNZEO ORAL CAPSULE	4	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
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	4	
ANZEMET ORAL TABLET	4	BD
<i>aprepitant oral capsule</i>	2	BD; BD
CESAMET ORAL CAPSULE	4	PA
<i>dronabinol oral capsule</i>	2	PA
EMEND ORAL SUSPENSION RECONSTITUTED	3	BD; BD
EMEND TRI-PACK ORAL CAPSULE	3	BD
<i>granisetron hcl intravenous solution 0.1 mg/ml, 1 mg/ml</i>	2	
<i>granisetron hcl oral tablet</i>	2	BD
<i>ondansetron hcl injection solution 4 mg/2ml</i>	2	
<i>ondansetron hcl oral solution</i>	2	BD
<i>ondansetron hcl oral tablet</i>	2	BD
<i>ondansetron oral tablet dispersible</i>	2	BD
SANCUSO TRANSDERMAL PATCH	5	
SYNDROS ORAL SOLUTION	4	PA
VARUBI ORAL TABLET	4	BD
ZUPLENZ ORAL FILM	4	BD
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	5	PA; HI
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	4	PA; HI
<i>amphotericin b injection solution reconstituted</i>	2	PA; HI
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	HI
<i>caspofungin acetate intravenous solution reconstituted</i>	2	HI
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external cream</i>	2	
<i>ciclopirox olamine external suspension</i>	2	
<i>clotrimazole external cream</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
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
<i>econazole nitrate external cream</i>	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	HI
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	
ERTACZO EXTERNAL CREAM	4	
EXELDERM EXTERNAL CREAM	4	
EXELDERM EXTERNAL SOLUTION	4	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	HI
<i>fluconazole oral suspension reconstituted</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	2	
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosize oral tablet</i>	2	
GYNAZOLE-1 VAGINAL CREAM	4	
<i>itraconazole oral capsule</i>	2	PA
JUBLIA EXTERNAL SOLUTION	4	PA
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external shampoo</i>	2	
<i>ketoconazole oral tablet</i>	2	PA
MENTAX EXTERNAL CREAM	4	
MICONAZOLE 3 VAGINAL SUPPOSITORY	4	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	HI
<i>naftifine hcl external cream</i>	2	
NAFTIN EXTERNAL GEL	3	
NATACYN OPHTHALMIC SUSPENSION	3	
NOXAFIL ORAL SUSPENSION	5	
NOXAFIL ORAL TABLET DELAYED RELEASE	5	
<i>nyamyc external powder</i>	2	
<i>nyata external powder</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
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystop external powder</i>	2	
ORAVIG BUCCAL TABLET	4	
OXISTAT EXTERNAL LOTION	4	
SPORANOX ORAL SOLUTION	4	PA
<i>terbinafine hcl oral tablet</i>	2	
<i>terconazole vaginal cream</i>	2	
<i>voriconazole intravenous solution reconstituted</i>	2	PA; EHS
<i>voriconazole oral suspension reconstituted</i>	5	PA
<i>voriconazole oral tablet 200 mg</i>	5	PA
<i>voriconazole oral tablet 50 mg</i>	2	PA
ZOLINZA ORAL CAPSULE	3	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet</i>	2	EHS
<i>allopurinol sodium intravenous solution reconstituted</i>	2	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>colchicine oral capsule</i>	2	
<i>colchicine oral tablet</i>	2	
<i>colchicine-probenecid oral tablet</i>	2	EHS
COLCRYS ORAL TABLET	4	
MITIGARE ORAL CAPSULE	4	
<i>probenecid oral tablet</i>	2	EHS
ULORIC ORAL TABLET	3	EHS
Anti-Inflammatory Agents		
Glucocorticoids		
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</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
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external foam</i>	2	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
<i>cortisone acetate oral tablet</i>	2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	3	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	2	
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	2	
KENALOG INJECTION SUSPENSION	4	
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 40 mg</i>	2	HI
MILLIPRED ORAL TABLET	4	
PRED MILD OPHTHALMIC SUSPENSION	3	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</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
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	4	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>triamcinolone acetonide external aerosol solution</i>	2	
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule</i>	2	EHS
<i>diclofenac potassium oral tablet</i>	2	EHS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	EHS
<i>diclofenac sodium oral tablet delayed release</i>	2	EHS
<i>diflunisal oral tablet</i>	2	EHS
<i>etodolac oral capsule 200 mg</i>	2	EHS
<i>etodolac oral tablet</i>	2	EHS
FENOPROFEN CALCIUM ORAL CAPSULE 400 MG	3	EHS
FENOPROFEN CALCIUM ORAL TABLET	3	EHS
FLECTOR TRANSDERMAL PATCH	4	PA
<i>flurbiprofen oral tablet</i>	2	EHS
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EHS
INDOCIN ORAL SUSPENSION	4	PA; AL (Max 64 Years); EHS
<i>indomethacin er oral capsule extended release</i>	2	PA; AL (Max 64 Years); EHS
<i>indomethacin oral capsule</i>	2	PA; AL (Max 64 Years); EHS
KETOPROFEN ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EHS

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>ketoprofen oral capsule</i>	2	EHS
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	2	
<i>ketorolac tromethamine oral tablet</i>	2	PA; QL (20 EA per 5 days); AL (Max 64 Years)
<i>meclofenamate sodium oral capsule</i>	2	EHS
<i>meloxicam oral tablet</i>	2	EHS
<i>nabumetone oral tablet</i>	2	EHS
<i>naproxen oral tablet</i>	2	EHS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EHS
<i>oxycodone-ibuprofen oral tablet</i>	2	QL (240 EA per 30 days)
<i>piroxicam oral capsule</i>	2	EHS
<i>sulindac oral tablet</i>	2	EHS
Antimigraine Agents		
Ergot Alkaloids		
CAFERGOT ORAL TABLET	3	
<i>dihydroergotamine mesylate injection solution</i>	2	
<i>dihydroergotamine mesylate nasal solution</i>	2	
<i>ergotamine-caffeine oral tablet</i>	2	
MIGERGOT RECTAL SUPPOSITORY	5	
MIGRANAL NASAL SOLUTION	5	
Prophylactic		
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EHS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EHS
<i>divalproex sodium oral tablet delayed release</i>	2	EHS
<i>timolol maleate oral tablet</i>	2	EHS
<i>topiramate oral capsule sprinkle</i>	2	EHS
<i>topiramate oral tablet</i>	2	EHS
<i>valproate sodium oral solution</i>	2	EHS
<i>valproic acid oral capsule</i>	2	EHS
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>almotriptan malate oral tablet</i>	2	
<i>eletriptan hydrobromide oral tablet</i>	2	
<i>frovatriptan succinate oral tablet</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
IMITREX NASAL SOLUTION	4	
<i>naratriptan hcl oral tablet</i>	2	
<i>rizatriptan benzoate oral tablet</i>	2	
<i>rizatriptan benzoate oral tablet dispersible</i>	2	
<i>sumatriptan nasal solution</i>	2	
<i>sumatriptan succinate oral tablet</i>	2	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	2	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	2	
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	5	
<i>zolmitriptan oral tablet</i>	2	
<i>zolmitriptan oral tablet dispersible</i>	2	
ZOMIG NASAL SOLUTION	3	
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl oral tablet</i>	2	
MESTINON ORAL SYRUP	3	
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral tablet</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	2	EHS
PRIFTIN ORAL TABLET	4	
<i>rifabutin oral capsule</i>	2	
Antituberculars		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED	4	HI
<i>ethambutol hcl oral tablet</i>	2	
ISONIAZID INJECTION SOLUTION	4	
<i>isoniazid oral syrup</i>	2	EHS

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>isoniazid oral tablet</i>	2	EHS
PASER ORAL PACKET	4	
<i>pyrazinamide oral tablet</i>	2	
RIFAMATE ORAL CAPSULE	4	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	
RIFATER ORAL TABLET	3	
SIRTURO ORAL TABLET	4	PA
TRECTOR ORAL TABLET	4	
Antineoplastics		
Alkylating Agents		
<i>busulfan intravenous solution</i>	2	PA
BUSULFEX INTRAVENOUS SOLUTION	4	PA
<i>cyclophosphamide oral capsule</i>	2	BD
HEXALEN ORAL CAPSULE	3	
LEUKERAN ORAL TABLET	3	
MATULANE ORAL CAPSULE	5	
<i>melfalan hcl intravenous solution reconstituted</i>	2	PA
VALCHLOR EXTERNAL GEL	5	PA New Starts Only
Antiandrogens		
<i>bicalutamide oral tablet</i>	2	
<i>flutamide oral capsule</i>	2	
<i>nilutamide oral tablet</i>	2	
XTANDI ORAL CAPSULE	5	PA New Starts Only
ZYTIGA ORAL TABLET	5	PA New Starts Only
Antiangiogenic Agents		
POMALYST ORAL CAPSULE	5	PA New Starts Only
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	5	PA New Starts Only
THALOMID ORAL CAPSULE	5	
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	3	
FARESTON ORAL TABLET	3	EHS
SOLTAMOX ORAL SOLUTION	3	EHS
<i>tamoxifen citrate oral tablet</i>	2	EHS

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

Drug Name	Tier	Requirements/Limits
Antimetabolites		
DROXIA ORAL CAPSULE	4	EHS
<i>gemcitabine hcl intravenous solution reconstituted 1 gm</i>	2	PA
<i>hydroxyurea oral capsule</i>	2	
LONSURF ORAL TABLET	5	PA New Starts Only
PURIXAN ORAL SUSPENSION	3	
<i>tabloid oral tablet</i>	2	
Antineoplastics		
<i>adriamycin intravenous solution</i>	2	PA
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	4	PA New Starts Only
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA
ARRANON INTRAVENOUS SOLUTION	4	PA
AVASTIN INTRAVENOUS SOLUTION	5	PA
AZACITIDINE INJECTION SUSPENSION RECONSTITUTED	5	PA
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
BICNU INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	2	PA
<i>carboplatin intravenous solution 150 mg/15ml</i>	2	BD
<i>cisplatin intravenous solution 100 mg/100ml</i>	2	PA
<i>cladribine intravenous solution 10 mg/10ml</i>	2	PA New Starts Only
<i>clofarabine intravenous solution</i>	2	PA
CLOLAR INTRAVENOUS SOLUTION	4	PA
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
<i>cytarabine (pf) injection solution 100 mg/ml</i>	2	PA
<i>cytarabine injection solution</i>	2	PA
<i>dacarbazine intravenous solution reconstituted 200 mg</i>	2	PA
<i>daunorubicin hcl intravenous injectable</i>	2	PA
<i>decitabine intravenous solution reconstituted</i>	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
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	2	PA
DOCETAXEL INTRAVENOUS CONCENTRATE 80 MG/4ML	4	PA
DOCETAXEL INTRAVENOUS SOLUTION 80 MG/8ML	4	PA
<i>doxorubicin hcl intravenous solution</i>	2	PA
<i>doxorubicin hcl liposomal intravenous injectable</i>	2	PA
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
<i>epirubicin hcl intravenous solution 200 mg/100ml</i>	2	PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML	5	PA
ERWINAZE INJECTION SOLUTION RECONSTITUTED	5	PA New Starts Only
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	3	PA
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	3	PA
GLEOSTINE ORAL CAPSULE	4	
HALAVEN INTRAVENOUS SOLUTION	3	PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG	5	PA
<i>idarubicin hcl intravenous solution 10 mg/10ml</i>	2	PA
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	2	PA
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	2	PA
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	4	PA New Starts Only
JEVTANA INTRAVENOUS SOLUTION	3	PA
<i>levoleucovorin calcium intravenous solution</i>	2	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	2	
LYNPARZA ORAL CAPSULE	5	PA New Starts Only
LYNPARZA ORAL TABLET	5	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>mesna intravenous solution</i>	2	PA
MESNEX ORAL TABLET	3	
<i>mitomycin intravenous solution reconstituted</i>	2	PA New Starts Only
MUSTARGEN INJECTION SOLUTION RECONSTITUTED	4	PA
NINLARO ORAL CAPSULE	5	PA New Starts Only
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
<i>oxaliplatin intravenous solution 100 mg/20ml</i>	2	PA
<i>paclitaxel intravenous concentrate 300 mg/50ml</i>	2	PA
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
RUBRACA ORAL TABLET 200 MG, 300 MG	5	PA New Starts Only
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	PA
TRISENOX INTRAVENOUS SOLUTION	3	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML	4	BD
VELCADE INJECTION SOLUTION RECONSTITUTED	5	PA
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA New Starts Only; EHS
VENCLEXTA ORAL TABLET 100 MG	5	PA New Starts Only
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA New Starts Only
VINBLASTINE SULFATE INTRAVENOUS SOLUTION	4	PA
<i>vincasar pfs intravenous solution</i>	2	PA
<i>vincristine sulfate intravenous solution</i>	2	PA
<i>vinorelbine tartrate intravenous solution 50 mg/5ml</i>	2	PA
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED	5	PA New Starts Only
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
<i>zejula oral capsule</i>	5	PA New Starts Only
ZURAMPIC ORAL TABLET	4	PA; EHS

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

Drug Name	Tier	Requirements/Limits
Antineoplastics, Other		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	4	PA
<i>fludarabine phosphate intravenous solution reconstituted</i>	2	PA
FUSILEV INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	2	
<i>leucovorin calcium oral tablet</i>	2	
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	2	PA
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PA New Starts Only
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA New Starts Only
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
YERVOY INTRAVENOUS SOLUTION 50 MG/10ML	4	PA
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	2	EHS
<i>exemestane oral tablet</i>	2	EHS
<i>letrozole oral tablet</i>	2	EHS
Enzyme Inhibitors		
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>etoposide intravenous solution 500 mg/25ml</i>	2	
FARYDAK ORAL CAPSULE	5	PA New Starts Only
IBRANCE ORAL CAPSULE	5	PA New Starts Only
IDHIFA ORAL TABLET	5	PA New Starts Only
KISQALI 200 DOSE ORAL TABLET	5	PA New Starts Only
KISQALI 400 DOSE ORAL TABLET	5	PA New Starts Only
KISQALI 600 DOSE ORAL TABLET	5	PA New Starts Only
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK	5	PA New Starts Only
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK	5	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
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK	5	PA New Starts Only
<i>toposar intravenous solution 1 gm/50ml</i>	2	
<i>topotecan hcl intravenous solution reconstituted</i>	2	
ZOLINZA ORAL CAPSULE	3	
ZYDELIG ORAL TABLET	5	PA New Starts Only
Molecular Target Inhibitors		
AFINITOR ORAL TABLET	5	PA New Starts Only
ALECENSA ORAL CAPSULE	5	PA New Starts Only
ALUNBRIG ORAL TABLET	5	PA New Starts Only
BOSULIF ORAL TABLET	5	PA New Starts Only
CABOMETYX ORAL TABLET	5	PA New Starts Only
CAPRELSA ORAL TABLET	5	PA New Starts Only
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	5	PA New Starts Only
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	5	PA New Starts Only
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA New Starts Only
COTELLIC ORAL TABLET	5	PA New Starts Only
ERIVEDGE ORAL CAPSULE	5	PA New Starts Only
GILOTRIF ORAL TABLET	5	PA New Starts Only
ICLUSIG ORAL TABLET	5	PA New Starts Only
<i>imatinib mesylate oral tablet</i>	3	PA New Starts Only; EHS
IMBRUVICA ORAL CAPSULE	5	PA New Starts Only
INLYTA ORAL TABLET	5	PA New Starts Only
IRESSA ORAL TABLET	5	PA New Starts Only
JAKAFI ORAL TABLET	5	PA New Starts Only
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	5	PA New Starts Only
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	5	PA New Starts Only
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	5	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
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	5	PA New Starts Only
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	5	PA New Starts Only
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	5	PA New Starts Only
MEKINIST ORAL TABLET	5	PA New Starts Only
NERLYNX ORAL TABLET	5	PA New Starts Only
NEXAVAR ORAL TABLET	5	PA New Starts Only
ODOMZO ORAL CAPSULE	5	PA New Starts Only
OFEV ORAL CAPSULE	5	PA
RYDAPT ORAL CAPSULE	5	PA New Starts Only
SPRYCEL ORAL TABLET	5	PA New Starts Only
STIVARGA ORAL TABLET	5	PA New Starts Only
SUTENT ORAL CAPSULE	5	PA New Starts Only
TAFINLAR ORAL CAPSULE	5	PA New Starts Only
TAGRISSE ORAL TABLET	5	PA New Starts Only
TARCEVA ORAL TABLET	5	
TASIGNA ORAL CAPSULE	5	
TYKERB ORAL TABLET	5	PA New Starts Only
VOTRIENT ORAL TABLET	5	PA New Starts Only
XALKORI ORAL CAPSULE	5	PA New Starts Only
ZELBORAF ORAL TABLET	5	PA New Starts Only
ZYKADIA ORAL CAPSULE	5	PA New Starts Only
Monoclonal Antibodies		
BAVENCIO INTRAVENOUS SOLUTION	5	PA New Starts Only
CYRAMZA INTRAVENOUS SOLUTION	5	PA New Starts Only
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML	5	PA New Starts Only
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
IMFINZI INTRAVENOUS SOLUTION	5	PA New Starts Only
KEYTRUDA INTRAVENOUS SOLUTION	5	PA New Starts Only
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
LARTRUVO INTRAVENOUS SOLUTION 500 MG/50ML	5	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
OPDIVO INTRAVENOUS SOLUTION 40 MG/4ML	5	PA New Starts Only
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML	3	PA; EHS
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	BD
TECENTRIQ INTRAVENOUS SOLUTION	5	PA New Starts Only
Retinoids		
<i>avita external cream</i>	2	
<i>avita external gel</i>	2	
<i>bexarotene oral capsule</i>	5	
PANRETIN EXTERNAL GEL	3	
TARGRETIN EXTERNAL GEL	5	
<i>tretinoin external cream</i>	2	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	
<i>tretinoin oral capsule</i>	2	
Antiparasitics		
Anthelmintics		
ALBENZA ORAL TABLET	4	
BILTRICIDE ORAL TABLET	4	
EMVERM ORAL TABLET CHEWABLE	4	
<i>ivermectin oral tablet</i>	2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	
ALINIA ORAL TABLET	3	
<i>atovaquone oral suspension</i>	5	
<i>atovaquone-proguanil hcl oral tablet</i>	2	
<i>chloroquine phosphate oral tablet</i>	2	EHS
COARTEM ORAL TABLET	3	QL (24 EA per 30 days)
DARAPRIM ORAL TABLET	3	
<i>hydroxychloroquine sulfate oral tablet</i>	2	EHS
<i>mefloquine hcl oral tablet</i>	2	EHS
NEBUPENT INHALATION SOLUTION RECONSTITUTED	4	BD
PENTAM INJECTION SOLUTION RECONSTITUTED	4	

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>primaquine phosphate oral tablet</i>	2	
<i>quinine sulfate oral capsule</i>	2	
Pediculicides/ Scabicides		
EURAX EXTERNAL CREAM	3	
EURAX EXTERNAL LOTION	3	
<i>lindane external shampoo</i>	2	
<i>malathion external lotion</i>	2	
<i>permethrin external cream</i>	2	
SKLICE EXTERNAL LOTION	4	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate injection solution</i>	2	HI
<i>benztropine mesylate oral tablet</i>	2	PA; AL (Max 64 Years); EHS
<i>diphenhydramine hcl injection solution</i>	2	
<i>diphenhydramine hcl oral elixir</i>	2	PA; AL (Max 64 Years)
<i>trihexyphenidyl hcl oral elixir</i>	2	PA; AL (Max 64 Years); EHS
<i>trihexyphenidyl hcl oral tablet</i>	2	PA; AL (Max 64 Years); EHS
Antiparkinson Agents		
<i>carbidopa oral tablet</i>	2	EHS
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	EHS
STALEVO 100 ORAL TABLET	4	EHS
STALEVO 125 ORAL TABLET	4	EHS
STALEVO 150 ORAL TABLET	4	EHS
STALEVO 200 ORAL TABLET	4	EHS
STALEVO 50 ORAL TABLET	4	EHS
STALEVO 75 ORAL TABLET	4	EHS
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule</i>	2	EHS
<i>amantadine hcl oral syrup</i>	2	EHS
<i>amantadine hcl oral tablet</i>	2	EHS
<i>entacapone oral tablet</i>	2	EHS
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA New Starts Only
<i>bromocriptine mesylate oral capsule</i>	2	EHS
<i>bromocriptine mesylate oral tablet</i>	2	EHS

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

Drug Name	Tier	Requirements/Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	EHS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	2	EHS
<i>pramipexole dihydrochloride oral tablet</i>	2	EHS
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	2	EHS
<i>ropinirole hcl oral tablet</i>	2	EHS
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	EHS
<i>carbidopa-levodopa oral tablet</i>	2	EHS
<i>carbidopa-levodopa oral tablet dispersible</i>	2	EHS
DUOPA ENTERAL SUSPENSION	4	PA; EHS
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet</i>	2	EHS
<i>selegiline hcl oral capsule</i>	2	EHS
<i>selegiline hcl oral tablet</i>	2	EHS
XADAGO ORAL TABLET	4	PA
ZELAPAR ORAL TABLET DISPERSIBLE	3	EHS
Antipsychotics		
1st Generation/ Typical		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	4	
<i>chlorpromazine hcl oral tablet</i>	2	EHS
<i>fluphenazine decanoate injection solution</i>	2	BD
<i>fluphenazine hcl injection solution</i>	2	BD
<i>fluphenazine hcl oral concentrate</i>	2	EHS
<i>fluphenazine hcl oral elixir</i>	2	EHS
<i>fluphenazine hcl oral tablet</i>	2	EHS
<i>haloperidol decanoate intramuscular solution</i>	2	BD
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	EHS
<i>haloperidol oral tablet</i>	2	EHS
<i>loxapine succinate oral capsule</i>	2	EHS
<i>perphenazine oral tablet</i>	2	EHS

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>pimozide oral tablet</i>	2	EHS
<i>prochlorperazine edisylate injection solution</i>	2	
<i>prochlorperazine maleate oral tablet</i>	2	EHS
<i>thioridazine hcl oral tablet</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
<i>thiothixene oral capsule</i>	2	EHS
<i>trifluoperazine hcl oral tablet</i>	2	EHS
2Nd Generation/ Atypical		
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days); EHS
<i>aripiprazole oral tablet 2 mg</i>	2	QL (60 EA per 30 days); EHS
<i>aripiprazole oral tablet dispersible</i>	5	QL (60 EA per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	QL (90 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	4	QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET	4	QL (8 EA per 28 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	4	BD
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION	5	PA New Starts Only
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	5	QL (30 EA per 30 days)
LATUDA ORAL TABLET 60 MG	5	QL (60 EA per 30 days)
LATUDA ORAL TABLET 80 MG	5	
NUPLAZID ORAL TABLET	5	PA New Starts Only
<i>olanzapine intramuscular solution reconstituted</i>	2	BD
<i>olanzapine oral tablet</i>	2	EHS
<i>olanzapine oral tablet dispersible</i>	2	EHS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	2	EHS

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>paliperidone er oral tablet extended release 24 hour 9 mg</i>	2	QL (40 EA per 30 days); EHS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EHS
<i>quetiapine fumarate oral tablet</i>	2	EHS
REXULTI ORAL TABLET	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BD
<i>risperidone oral solution</i>	2	QL (480 ML per 30 days); EHS
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	2	QL (120 EA per 30 days); EHS
<i>risperidone oral tablet 3 mg</i>	2	QL (240 EA per 30 days); EHS
<i>risperidone oral tablet dispersible</i>	2	QL (120 EA per 30 days); EHS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	3	EHS
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 50 MG	4	EHS
VRAYLAR ORAL CAPSULE	5	PA New Starts Only
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA New Starts Only
<i>ziprasidone hcl oral capsule</i>	2	QL (60 EA per 30 days); EHS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD; EHS
Treatment-Resistant		
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible</i>	2	
FAZACLO ORAL TABLET DISPERSIBLE	4	
VERSACLOZ ORAL SUSPENSION	4	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet</i>	2	EHS
<i>dantrolene sodium oral capsule</i>	2	
<i>tizanidine hcl oral capsule</i>	2	EHS
<i>tizanidine hcl oral tablet</i>	2	EHS
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
<i>cidofovir intravenous solution</i>	2	HI

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>ganciclovir sodium intravenous solution reconstituted</i>	2	PA
<i>valganciclovir hcl oral solution reconstituted</i>	2	EHS
VALGANCICLOVIR HCL ORAL TABLET	5	
ZIRGAN OPHTHALMIC GEL	3	
Anti-Hepatitis B (Hbv) Agents		
ADEFOVIR DIPIVOXIL ORAL TABLET	5	
BARACLUDE ORAL SOLUTION	5	
<i>entecavir oral tablet</i>	5	
EPIVIR HBV ORAL SOLUTION	3	EHS
INTRON A INJECTION SOLUTION	5	PA New Starts Only
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA New Starts Only
<i>lamivudine oral solution</i>	2	EHS
<i>lamivudine oral tablet</i>	2	EHS
REBETOL ORAL SOLUTION	4	PA
RIBASPHERE ORAL CAPSULE	4	PA
RIBASPHERE ORAL TABLET	4	PA
<i>ribavirin oral capsule</i>	2	PA
<i>ribavirin oral tablet 200 mg</i>	2	PA
VEMLIDY ORAL TABLET	5	PA
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET	5	
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL TABLET	5	PA
HARVONI ORAL TABLET	5	PA
INTRON A INJECTION SOLUTION	5	PA New Starts Only
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA New Starts Only
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	3	PA New Starts Only; EHS
MODERIBA 1200 DOSE PACK ORAL TABLET	4	PA
MODERIBA 800 DOSE PACK ORAL TABLET	4	PA
MODERIBA ORAL TABLET 200 MG	4	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
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	5	PA
PEGASYS SUBCUTANEOUS SOLUTION	5	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	5	PA
REBETOL ORAL SOLUTION	4	PA
RIBASPHERE ORAL CAPSULE	4	PA
RIBASPHERE ORAL TABLET	4	PA
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	5	PA
<i>ribavirin oral capsule</i>	2	PA
<i>ribavirin oral tablet 200 mg</i>	2	PA
SOVALDI ORAL TABLET	5	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA New Starts Only
VOSEVI ORAL TABLET	5	PA
Antitherpetic Agents		
<i>acyclovir external ointment</i>	2	
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	PA
DENAVIR EXTERNAL CREAM	4	
<i>famciclovir oral tablet</i>	2	QL (90 EA per 30 days)
<i>trifluridine ophthalmic solution</i>	2	
<i>valacyclovir hcl oral tablet</i>	2	
XERESE EXTERNAL CREAM	4	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
GENVOYA ORAL TABLET	5	
ISENTRESS HD ORAL TABLET	3	EHS
ISENTRESS ORAL PACKET	3	EHS
ISENTRESS ORAL TABLET	3	EHS
ISENTRESS ORAL TABLET CHEWABLE	3	EHS
STRIBILD ORAL TABLET	5	
TIVICAY ORAL TABLET 10 MG	3	EHS
TIVICAY ORAL TABLET 25 MG, 50 MG	5	

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

Drug Name	Tier	Requirements/Limits
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	5	
EDURANT ORAL TABLET	5	
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	3	
<i>nevirapine er oral tablet extended release 24 hour</i>	2	EHS
<i>nevirapine oral tablet</i>	2	EHS
RESCRIPTOR ORAL TABLET	3	EHS
SUSTIVA ORAL CAPSULE	3	EHS
SUSTIVA ORAL TABLET	3	EHS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral tablet</i>	2	EHS
ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET	4	EHS
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	
ATRIPLA ORAL TABLET	5	
DESCOVY ORAL TABLET	5	
<i>didanosine oral capsule delayed release</i>	2	EHS
EMTRIVA ORAL CAPSULE	3	EHS
EMTRIVA ORAL SOLUTION	3	EHS
<i>lamivudine oral solution</i>	2	EHS
<i>lamivudine oral tablet</i>	2	EHS
<i>lamivudine-zidovudine oral tablet</i>	2	EHS
ODEFSEY ORAL TABLET	5	
RETROVIR INTRAVENOUS SOLUTION	3	
<i>stavudine oral capsule</i>	2	EHS
TRUVADA ORAL TABLET	5	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	3	EHS
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET	5	
ZERIT ORAL SOLUTION RECONSTITUTED	4	EHS

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

Drug Name	Tier	Requirements/Limits
ZIAGEN ORAL SOLUTION	3	EHS
<i>zidovudine oral capsule</i>	2	EHS
<i>zidovudine oral syrup</i>	2	EHS
<i>zidovudine oral tablet</i>	2	EHS
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	3	EHS
TRIUMEQ ORAL TABLET	5	
TYBOST ORAL TABLET	3	EHS
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	3	EHS
APTIVUS ORAL SOLUTION	3	EHS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	EHS
EVOTAZ ORAL TABLET	5	
INVIRASE ORAL CAPSULE	5	
INVIRASE ORAL TABLET	5	
KALETRA ORAL TABLET 100-25 MG	3	EHS
KALETRA ORAL TABLET 200-50 MG	5	
LEXIVA ORAL SUSPENSION	3	EHS
LEXIVA ORAL TABLET	5	
<i>lopinavir-ritonavir oral solution</i>	2	EHS
NORVIR ORAL CAPSULE	3	EHS
NORVIR ORAL SOLUTION	3	EHS
NORVIR ORAL TABLET	3	EHS
PREZCOBIX ORAL TABLET	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	5	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	
REYATAZ ORAL PACKET	5	
VIRACEPT ORAL TABLET	5	

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

Drug Name	Tier	Requirements/Limits
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	2	EHS
<i>amantadine hcl oral syrup</i>	2	EHS
<i>amantadine hcl oral tablet</i>	2	EHS
<i>oseltamivir phosphate oral capsule</i>	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
<i>rimantadine hcl oral tablet</i>	2	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet</i>	2	
<i>doxepin hcl oral capsule</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
<i>doxepin hcl oral concentrate</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
<i>hydroxyzine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>hydroxyzine pamoate oral capsule</i>	2	PA; AL (Max 64 Years)
<i>meprobamate oral tablet</i>	2	PA; AL (Max 64 Years)
<i>oxazepam oral capsule</i>	2	
SILENOR ORAL TABLET	3	QL (30 EA per 30 days); EHS
<i>triazolam oral tablet</i>	2	QL (7 EA per 30 days)
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour</i>	2	
<i>alprazolam oral tablet</i>	2	
<i>alprazolam oral tablet dispersible</i>	2	
<i>clonazepam oral tablet</i>	2	EHS
<i>clonazepam oral tablet dispersible</i>	2	EHS
<i>clorazepate dipotassium oral tablet</i>	2	
DIASTAT ACUDIAL RECTAL GEL	4	
DIASTAT PEDIATRIC RECTAL GEL	4	
<i>diazepam intensol oral concentrate</i>	2	
<i>diazepam oral solution 1 mg/ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>diazepam rectal gel</i>	4	

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>lorazepam intensol oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	2	
Ssris/ Snris		
<i>duloxetine hcl oral capsule delayed release particles</i>	2	EHS
<i>escitalopram oxalate oral solution</i>	2	EHS
<i>escitalopram oxalate oral tablet</i>	2	EHS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1	EHS
<i>paroxetine hcl oral tablet</i>	1	EHS
PAXIL ORAL SUSPENSION	4	EHS
PEXEVA ORAL TABLET	4	EHS
<i>sertraline hcl oral concentrate</i>	1	EHS
<i>sertraline hcl oral tablet</i>	1	EHS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EHS
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	2	EHS
<i>venlafaxine hcl oral tablet</i>	2	EHS
Bipolar Agents		
Bipolar Agents, Other		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	4	BD
<i>olanzapine intramuscular solution reconstituted</i>	2	BD
<i>olanzapine oral tablet</i>	2	EHS
<i>olanzapine oral tablet dispersible</i>	2	EHS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	
<i>quetiapine fumarate oral tablet</i>	2	EHS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BD
<i>risperidone oral solution</i>	2	QL (480 ML per 30 days); EHS
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	2	QL (120 EA per 30 days); EHS
<i>risperidone oral tablet 3 mg</i>	2	QL (240 EA per 30 days); EHS
<i>risperidone oral tablet dispersible</i>	2	QL (120 EA per 30 days); EHS

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

Drug Name	Tier	Requirements/Limits
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	3	EHS
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 50 MG	4	EHS
VRAYLAR ORAL CAPSULE	5	PA New Starts Only
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA New Starts Only
<i>ziprasidone hcl oral capsule</i>	2	QL (60 EA per 30 days); EHS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD; EHS
Mood Stabilizers		
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	EHS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	2	EHS
<i>carbamazepine oral suspension</i>	2	EHS
<i>carbamazepine oral tablet</i>	2	EHS
<i>carbamazepine oral tablet chewable</i>	2	EHS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EHS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EHS
<i>divalproex sodium oral tablet delayed release</i>	2	EHS
<i>epitol oral tablet</i>	2	EHS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EHS
LAMICTAL STARTER ORAL KIT	4	
LAMICTAL XR ORAL KIT	4	
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	2	EHS
<i>lamotrigine oral tablet</i>	2	EHS
<i>lamotrigine oral tablet chewable</i>	2	EHS
<i>lamotrigine oral tablet dispersible</i>	2	EHS
<i>lithium carbonate er oral tablet extended release</i>	2	EHS
<i>lithium carbonate oral capsule</i>	2	EHS
<i>lithium carbonate oral tablet</i>	2	EHS

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>lithium oral solution</i>	2	EHS
<i>valproate sodium oral solution</i>	2	EHS
<i>valproic acid oral capsule</i>	2	EHS
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	2	EHS
AVANDIA ORAL TABLET 2 MG, 4 MG	4	EHS
BYDUREON SUBCUTANEOUS PEN-INJECTOR	4	ST; EHS
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	4	ST; EHS
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; EHS
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; EHS
CYCLOSET ORAL TABLET	4	EHS
<i>glimepiride oral tablet</i>	1	EHS
<i>glipizide er oral tablet extended release 24 hour</i>	1	EHS
<i>glipizide oral tablet</i>	1	EHS
GLYXAMBI ORAL TABLET	4	ST; EHS
INVOKAMET ORAL TABLET	3	EHS
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EHS
INVOKANA ORAL TABLET	3	EHS
JANUVIA ORAL TABLET	3	EHS
JARDIANCE ORAL TABLET	3	EHS
JENTADUETO ORAL TABLET	3	EHS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EHS
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	EHS
<i>metformin hcl oral tablet</i>	1	EHS
<i>miglitol oral tablet</i>	2	EHS
<i>nateglinide oral tablet</i>	2	EHS
<i>pioglitazone hcl oral tablet</i>	2	QL (30 EA per 30 days); EHS
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (150 EA per 30 days); EHS

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>repaglinide oral tablet 2 mg</i>	2	QL (240 EA per 30 days); EHS
RIOMET ORAL SOLUTION	4	EHS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; EHS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; EHS
SYNJARDY ORAL TABLET	3	EHS
TANZEUM SUBCUTANEOUS PEN-INJECTOR	4	ST; EHS
TOLAZAMIDE ORAL TABLET	4	EHS
TOLBUTAMIDE ORAL TABLET	4	EHS
TRADJENTA ORAL TABLET	3	EHS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EHS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EHS
WELCHOL ORAL PACKET	4	EHS
WELCHOL ORAL TABLET	4	EHS
Blood Glucose Regulators		
<i>glipizide-metformin hcl oral tablet</i>	1	EHS
JANUMET ORAL TABLET	3	EHS
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EHS
JENTADUETO ORAL TABLET	3	EHS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EHS
<i>repaglinide-metformin hcl oral tablet</i>	2	EHS
Glycemic Agents		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	
<i>glucagon emergency injection kit</i>	2	
KORLYM ORAL TABLET	3	PA New Starts Only; EHS
PROGLYCEM ORAL SUSPENSION	3	EHS
Insulins		
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	4	EHS

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

Drug Name	Tier	Requirements/Limits
APIDRA INJECTION SOLUTION	4	EHS
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	EHS
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	EHS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EHS
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	3	EHS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EHS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	3	EHS
HUMALOG SUBCUTANEOUS SOLUTION	3	EHS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	EHS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EHS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	EHS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EHS
HUMULIN N SUBCUTANEOUS SUSPENSION	3	EHS
HUMULIN R INJECTION SOLUTION	3	EHS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	EHS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EHS

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

Drug Name	Tier	Requirements/Limits
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EHS
LANTUS SUBCUTANEOUS SOLUTION	3	EHS
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EHS
LEVEMIR SUBCUTANEOUS SOLUTION	3	EHS
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	EHS
NOVOLIN N SUBCUTANEOUS SUSPENSION	3	EHS
NOVOLIN R INJECTION SOLUTION	3	EHS
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EHS
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EHS
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	3	EHS
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	EHS
NOVOLOG SUBCUTANEOUS SOLUTION	3	EHS
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	3	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EHS
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EHS
Blood Products/ Modifiers/ Volume Expanders		
Anticoagulants		
COUMADIN ORAL TABLET	4	EHS
ELIQUIS ORAL TABLET	3	EHS
<i>enoxaparin sodium injection solution</i>	2	
<i>enoxaparin sodium subcutaneous solution</i>	2	
FONDAPARINUX SODIUM SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML	5	

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>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	3	
<i>heparin (porcine) in d5w intravenous solution</i>	2	
<i>heparin sod (porcine) in d5w intravenous solution</i>	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
<i>jantoven oral tablet</i>	1	EHS
PRADAXA ORAL CAPSULE	3	EHS
SAVAYSA ORAL TABLET	4	EHS
<i>warfarin sodium oral tablet</i>	1	EHS
XARELTO ORAL TABLET	3	EHS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	2	EHS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
MOZOBIL SUBCUTANEOUS SOLUTION	4	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	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	5	PA
PROCRIT INJECTION SOLUTION	3	PA
PROMACTA ORAL TABLET	5	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	PA
Coagulants		
<i>tranexamic acid oral tablet</i>	2	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	2	EHS
BRILINTA ORAL TABLET	3	EHS
<i>cilostazol oral tablet</i>	2	EHS
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EHS
<i>dipyridamole oral tablet</i>	2	PA; AL (Max 64 Years); EHS
EFFIENT ORAL TABLET	3	EHS
<i>prasugrel hcl oral tablet</i>	2	EHS
ZONTIVITY ORAL TABLET	4	PA; EHS
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	2	EHS
<i>clonidine hcl transdermal patch weekly</i>	2	QL (4 EA per 28 days); EHS
<i>guanfacine hcl oral tablet</i>	2	PA; AL (Max 64 Years); EHS
<i>methyl dopa oral tablet</i>	2	PA; AL (Max 64 Years); EHS
METHYLDOPATE HCL INTRAVENOUS SOLUTION	4	HI
<i>midodrine hcl oral tablet</i>	2	
NORTHERA ORAL CAPSULE	5	PA
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EHS
<i>doxazosin mesylate oral tablet</i>	2	EHS
<i>prazosin hcl oral capsule</i>	2	EHS
<i>terazosin hcl oral capsule</i>	2	EHS
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet</i>	2	EHS

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

Drug Name	Tier	Requirements/Limits
EDARBI ORAL TABLET	4	EHS
ENTRESTO ORAL TABLET	3	PA; EHS
<i>eprosartan mesylate oral tablet</i>	2	EHS
<i>irbesartan oral tablet</i>	1	EHS
<i>losartan potassium oral tablet</i>	1	EHS
<i>olmesartan medoxomil oral tablet</i>	2	EHS
<i>olmesartan medoxomil-hctz oral tablet</i>	2	EHS
<i>telmisartan oral tablet</i>	2	EHS
<i>valsartan oral tablet</i>	1	EHS
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	1	EHS
<i>captopril oral tablet</i>	1	EHS
<i>enalapril maleate oral tablet</i>	1	EHS
<i>fosinopril sodium oral tablet</i>	1	EHS
<i>lisinopril oral tablet</i>	1	EHS
<i>moexipril hcl oral tablet</i>	2	EHS
<i>perindopril erbumine oral tablet</i>	2	EHS
<i>quinapril hcl oral tablet</i>	1	EHS
<i>ramipril oral capsule</i>	1	EHS
<i>trandolapril oral tablet</i>	2	EHS
Antiarrhythmics		
<i>amiodarone hcl intravenous solution 150 mg/3ml</i>	2	
<i>amiodarone hcl oral tablet</i>	2	EHS
<i>disopyramide phosphate oral capsule</i>	2	PA; AL (Max 64 Years); EHS
<i>dofetilide oral capsule</i>	2	EHS
<i>flecainide acetate oral tablet</i>	2	EHS
<i>mexiletine hcl oral capsule</i>	2	EHS
MULTAQ ORAL TABLET	4	EHS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	PA; AL (Max 64 Years); EHS
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	EHS
<i>propafenone hcl er oral capsule extended release 12 hour</i>	2	EHS
<i>propafenone hcl oral tablet</i>	2	EHS

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 oral tablet extended release</i>	2	EHS
<i>quinidine sulfate oral tablet</i>	2	EHS
<i>sorine oral tablet</i>	2	EHS
<i>sotalol hcl (af) oral tablet 120 mg</i>	2	EHS
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	2	EHS
SOTYLIZE ORAL SOLUTION	4	EHS
TIKOSYN ORAL CAPSULE	4	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	2	EHS
<i>atenolol oral tablet</i>	1	EHS
<i>betaxolol hcl oral tablet</i>	2	EHS
<i>bisoprolol fumarate oral tablet</i>	1	EHS
BYSTOLIC ORAL TABLET	4	EHS
<i>carvedilol oral tablet</i>	1	EHS
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EHS
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EHS
<i>labetalol hcl oral tablet</i>	2	EHS
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	EHS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EHS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	EHS
<i>pindolol oral tablet</i>	2	EHS
<i>propranolol hcl er oral capsule extended release 24 hour</i>	2	EHS
<i>propranolol hcl oral solution</i>	1	EHS
<i>propranolol hcl oral tablet</i>	1	EHS
<i>timolol maleate oral tablet</i>	2	EHS
Calcium Channel Blocking Agents		
<i>afeditab cr oral tablet extended release 24 hour</i>	2	EHS
<i>amlodipine besylate oral tablet</i>	1	EHS
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	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
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	4	EHS
<i>cartia xt oral capsule extended release 24 hour</i>	2	EHS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 360 mg, 420 mg</i>	2	EHS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	2	EHS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	EHS
<i>diltiazem hcl oral tablet</i>	2	EHS
<i>dilt-xr oral capsule extended release 24 hour</i>	2	EHS
<i>felodipine er oral tablet extended release 24 hour</i>	2	EHS
<i>isradipine oral capsule</i>	2	EHS
<i>matzim la oral tablet extended release 24 hour</i>	2	EHS
NICARDIPINE HCL INTRAVENOUS SOLUTION	3	
<i>nicardipine hcl oral capsule</i>	2	EHS
<i>nifedipine er oral tablet extended release 24 hour</i>	2	EHS
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	2	EHS
<i>nifedipine oral capsule</i>	2	PA; AL (Max 64 Years); EHS
<i>nimodipine oral capsule</i>	2	EHS
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	2	EHS
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG	4	EHS
<i>taztia xt oral capsule extended release 24 hour</i>	2	EHS
<i>verapamil hcl er oral capsule extended release 24 hour</i>	2	EHS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	EHS

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>verapamil hcl oral tablet</i>	2	EHS
Cardiovascular Agents		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	EHS
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	EHS
<i>amlodipine besy-benazepril hcl oral capsule</i>	2	EHS
<i>amlodipine-olmesartan oral tablet</i>	2	EHS
<i>amlodipine-valsartan-hctz oral tablet</i>	2	EHS
<i>atenolol-chlorthalidone oral tablet</i>	1	EHS
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	EHS
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	EHS
BYVALSON ORAL TABLET	4	EHS
<i>captopril-hydrochlorothiazide oral tablet</i>	1	EHS
CLORPRES ORAL TABLET	4	EHS
DEMSER ORAL CAPSULE	4	
<i>dutoprol oral tablet extended release 24 hour</i>	2	EHS
EDARBYCLOR ORAL TABLET	4	EHS
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	EHS
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	2	EHS
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	2	PA New Starts Only; EHS
<i>fosinopril sodium-hctz oral tablet</i>	1	EHS
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	EHS
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	EHS
<i>losartan potassium-hctz oral tablet</i>	1	EHS
<i>methyl dopa-hydrochlorothiazide oral tablet</i>	2	PA; AL (Max 64 Years); EHS
<i>metoprolol-hydrochlorothiazide oral tablet</i>	2	EHS
<i>moexipril-hydrochlorothiazide oral tablet</i>	2	EHS
<i>nadolol-bendroflumethiazide oral tablet</i>	2	EHS
<i>olmesartan medoxomil-hctz oral tablet</i>	2	EHS
<i>olmesartan-amlodipine-hctz oral tablet</i>	2	EHS
<i>propranolol-hctz oral tablet</i>	1	EHS
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	EHS
<i>spironolactone-hctz oral tablet</i>	1	EHS
TEKTURNA HCT ORAL TABLET	4	ST; EHS
<i>telmisartan-hctz oral tablet</i>	2	EHS

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>trandolapril-verapamil hcl er oral tablet extended release</i>	2	EHS
<i>triamterene-hctz oral capsule</i>	1	EHS
<i>triamterene-hctz oral tablet</i>	1	EHS
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	EHS
Cardiovascular Agents, Other		
CORLANOR ORAL TABLET	4	PA; EHS
<i>digitek oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EHS
<i>digitek oral tablet 250 mcg</i>	2	PA; EHS
<i>digoxin injection solution</i>	2	PA
<i>digoxin oral solution</i>	2	EHS
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EHS
<i>digoxin oral tablet 250 mcg</i>	2	PA; EHS
LANOXIN ORAL TABLET 187.5 MCG	4	PA; EHS
LANOXIN ORAL TABLET 62.5 MCG	4	QL (30 EA per 30 days); EHS
<i>pentoxifylline er oral tablet extended release</i>	2	EHS
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	EHS
TEKTRUNA ORAL TABLET	4	ST; EHS
UPTRAVI ORAL TABLET	5	PA
UPTRAVI ORAL TABLET THERAPY PACK	5	PA
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	EHS
<i>acetazolamide oral tablet</i>	2	EHS
<i>acetazolamide sodium injection solution reconstituted</i>	2	
KEVEYIS ORAL TABLET	5	PA
<i>methazolamide oral tablet</i>	2	EHS
Diuretics, Loop		
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	2	EHS
<i>ethacrynic acid oral tablet</i>	2	EHS
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	EHS
<i>furosemide oral tablet</i>	1	EHS

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>toremide oral tablet</i>	2	EHS
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	1	EHS
DYRENIUM ORAL CAPSULE	4	EHS
<i>eplerenone oral tablet</i>	2	EHS
<i>spironolactone oral tablet</i>	1	EHS
Diuretics, Thiazide		
<i>chlorothiazide oral tablet</i>	1	EHS
<i>chlorothiazide sodium intravenous solution reconstituted</i>	2	HI
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EHS
DIURIL ORAL SUSPENSION	3	EHS
<i>hydrochlorothiazide oral capsule</i>	1	EHS
<i>hydrochlorothiazide oral tablet</i>	1	EHS
<i>indapamide oral tablet</i>	1	EHS
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	EHS
<i>methyclothiazide oral tablet</i>	2	EHS
<i>metolazone oral tablet</i>	1	EHS
Dyslipidemics, Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	EHS
<i>fenofibrate micronized oral capsule</i>	2	EHS
<i>fenofibrate oral capsule</i>	2	EHS
<i>fenofibrate oral tablet</i>	2	EHS
<i>fenofibric acid oral capsule delayed release</i>	2	EHS
<i>fenofibric acid oral tablet</i>	2	EHS
FENOGLIDE ORAL TABLET	4	EHS
FIBRICOR ORAL TABLET	4	EHS
<i>gemfibrozil oral tablet</i>	2	EHS
LIPOFEN ORAL CAPSULE	4	EHS
TRIGLIDE ORAL TABLET 160 MG	4	EHS
Dyslipidemics, Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EHS
<i>atorvastatin calcium oral tablet</i>	1	EHS

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>fluvastatin sodium er oral tablet extended release 24 hour</i>	2	EHS
<i>fluvastatin sodium oral capsule</i>	2	EHS
LIVALO ORAL TABLET	4	EHS
<i>lovastatin oral tablet</i>	1	EHS
<i>pravastatin sodium oral tablet</i>	1	EHS
<i>rosuvastatin calcium oral tablet</i>	2	EHS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EHS
<i>simvastatin oral tablet 80 mg</i>	1	PA New Starts Only; EHS
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	2	EHS
<i>cholestyramine light oral powder</i>	2	EHS
<i>colestipol hcl oral granules</i>	2	EHS
<i>colestipol hcl oral tablet</i>	2	EHS
<i>ezetimibe oral tablet</i>	2	EHS
JUXTAPID ORAL CAPSULE	5	PA New Starts Only
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	2	EHS
<i>niacor oral tablet</i>	2	
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE	4	EHS
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
<i>prevalite oral powder</i>	2	EHS
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
VASCEPA ORAL CAPSULE	3	EHS
WELCHOL ORAL PACKET	4	EHS
WELCHOL ORAL TABLET	4	EHS
Vasodilators, Direct-Acting Arterial		
BIDIL ORAL TABLET	4	EHS

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>hydralazine hcl oral tablet</i>	2	EHS
<i>minoxidil oral tablet</i>	2	EHS
Vasodilators, Direct-Acting Arterial/ Venous		
ISORDIL TITRADOSE ORAL TABLET 40 MG	4	EHS
<i>isosorbide dinitrate er oral tablet extended release</i>	2	EHS
<i>isosorbide dinitrate oral tablet</i>	2	EHS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	2	EHS
<i>isosorbide mononitrate oral tablet</i>	2	EHS
MINITRAN TRANSDERMAL PATCH 24 HOUR	4	EHS
NITRO-BID TRANSDERMAL OINTMENT	4	EHS
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	EHS
<i>nitroglycerin sublingual tablet sublingual</i>	2	EHS
<i>nitroglycerin transdermal patch 24 hour</i>	2	EHS
<i>nitroglycerin translingual solution</i>	2	EHS
NITROMIST TRANSLINGUAL AEROSOL SOLUTION	4	EHS
RECTIV RECTAL OINTMENT	4	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i>	2	EHS
<i>amphetamine-dextroamphetamine oral tablet</i>	2	EHS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	2	EHS
<i>dextroamphetamine sulfate oral tablet</i>	2	EHS
<i>methamphetamine hcl oral tablet</i>	2	PA; AL (Max 64 Years); EHS
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	4	EHS
VYVANSE ORAL CAPSULE	4	EHS
VYVANSE ORAL TABLET CHEWABLE	4	EHS
ZENZEDI ORAL TABLET	4	EHS

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

Drug Name	Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EHS
<i>atomoxetine hcl oral capsule</i>	2	EHS
<i>clonidine hcl er oral tablet extended release 12 hour</i>	2	EHS
DAYTRANA TRANSDERMAL PATCH	4	EHS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	2	EHS
<i>dexmethylphenidate hcl oral tablet</i>	2	EHS
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	PA; AL (Max 64 Years); EHS
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	2	EHS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>	2	EHS
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	2	EHS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	2	EHS
<i>methylphenidate hcl oral solution</i>	2	EHS
<i>methylphenidate hcl oral tablet</i>	2	EHS
<i>methylphenidate hcl oral tablet chewable</i>	2	EHS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	4	EHS
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	4	EHS
STRATTERA ORAL CAPSULE	4	EHS
Central Nervous System, Other		
AUSTEDO ORAL TABLET	5	PA New Starts Only
<i>estazolam oral tablet</i>	2	
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	4	EHS
NUDEXTA ORAL CAPSULE	3	PA New Starts Only; EHS
RADICAVA INTRAVENOUS SOLUTION	5	PA New Starts Only
<i>riluzole oral tablet</i>	2	EHS
<i>tetrabenazine oral tablet</i>	5	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
VECAMYL ORAL TABLET	4	PA; EHS
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles</i>	2	EHS
LYRICA ORAL CAPSULE	3	EHS
LYRICA ORAL SOLUTION	3	EHS
SAVELLA ORAL TABLET	3	QL (60 EA per 30 days); EHS
SAVELLA TITRATION PACK ORAL	3	QL (55 EA per 30 days)
Multiple Sclerosis Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	PA
AUBAGIO ORAL TABLET	5	
AVONEX INTRAMUSCULAR KIT	5	QL (4 EA per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	QL (4 EA per 28 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	QL (12 ML per 28 days)
GILENYA ORAL CAPSULE	5	
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (30 ML per 30 days)
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	2	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	QL (12 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (6 ML per 28 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
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
TECFIDERA ORAL	5	
TECFIDERA ORAL CAPSULE DELAYED RELEASE	5	QL (60 EA per 30 days)
TYSABRI INTRAVENOUS CONCENTRATE	5	PA
ZINBRYTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

Dental And Oral Agents

Dental And Oral Agents

<i>cevimeline hcl oral capsule</i>	2	EHS
<i>chlorhexidine gluconate mouth/throat solution</i>	2	
CUVPOSA ORAL SOLUTION	4	EHS
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet delayed release 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
<i>minocycline hcl er oral tablet extended release 24 hour</i>	2	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	2	
<i>perio gard mouth/throat solution</i>	2	
<i>pilocarpine hcl oral tablet</i>	2	EHS
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG, 65 MG	4	
<i>triamcinolone acetonide mouth/throat paste</i>	2	
VIBRAMYCIN ORAL SYRUP	4	

Dermatological Agents

Dermatological Agents

ABSORICA ORAL CAPSULE	5	
ACANYA EXTERNAL GEL	4	
ACITRETIN ORAL CAPSULE	4	PA New Starts Only
ACZONE EXTERNAL GEL 5 %	4	

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>adapalene external cream</i>	2	
<i>adapalene external gel</i>	2	
<i>adapalene-benzoyl peroxide external gel</i>	2	
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>amnesteem oral capsule</i>	2	
APEXICON E EXTERNAL CREAM	4	
<i>avita external cream</i>	2	
<i>avita external gel</i>	2	
AZELEX EXTERNAL CREAM	3	
<i>benzoyl peroxide-erythromycin external gel</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	
<i>calcipotriene external cream</i>	2	
<i>calcipotriene external ointment</i>	2	
<i>calcipotriene external solution</i>	2	
<i>calcipotriene-betameth diprop external ointment</i>	2	
<i>calcitriol external ointment</i>	2	
CARAC EXTERNAL CREAM	5	
<i>claravis oral capsule</i>	2	
<i>clindamycin phos-benzoyl perox external gel</i>	2	
<i>clindamycin-tretinoin external gel</i>	2	
<i>clobetasol propionate external liquid</i>	2	
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	2	
CONDYLOX EXTERNAL GEL	3	
<i>cormax scalp application external solution</i>	2	
CORTISPORIN EXTERNAL CREAM	4	
CORTISPORIN EXTERNAL OINTMENT	4	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>diclofenac sodium transdermal gel 1 %</i>	2	PA
<i>diclofenac sodium transdermal gel 3 %</i>	5	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
DIFFERIN EXTERNAL LOTION	4	
<i>doxepin hcl external cream</i>	2	
<i>doxycycline hyclate oral capsule 50 mg</i>	2	
<i>doxycycline hyclate oral tablet delayed release 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ELIDEL EXTERNAL CREAM	4	
ENSTILAR EXTERNAL FOAM	4	PA
EPIDUO EXTERNAL GEL	4	
EPIDUO FORTE EXTERNAL GEL	4	
EUCRISA EXTERNAL OINTMENT	4	PA
FABIOR EXTERNAL FOAM	3	PA New Starts Only
FINACEA EXTERNAL FOAM	4	
FINACEA EXTERNAL GEL	4	
<i>fluocinonide external cream 0.1 %</i>	2	
<i>fluorouracil external cream 0.5 %</i>	5	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	2	
<i>fluorouracil intravenous solution 2.5 gm/50ml</i>	2	PA New Starts Only
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external lotion</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>imiquimod external cream</i>	2	PA New Starts Only
KERYDIN EXTERNAL SOLUTION	4	PA
LOCOID EXTERNAL LOTION	4	
<i>methoxsalen rapid oral capsule</i>	2	
MIRVASO EXTERNAL GEL	4	PA
<i>myorisan oral capsule</i>	2	
NEO-SYNALAR EXTERNAL CREAM	4	
<i>neuac external gel</i>	2	
<i>nystatin-triamcinolone external cream</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
<i>nystatin-triamcinolone external ointment</i>	2	
ONEXTON EXTERNAL GEL	4	
<i>oxiconazole nitrate external cream</i>	2	
PICATO EXTERNAL GEL	4	
<i>podofilox external solution</i>	2	
<i>prednicarbate external cream</i>	2	
PRUDOXIN EXTERNAL CREAM	4	
REGRANEX EXTERNAL GEL	4	
SANTYL EXTERNAL OINTMENT	3	
<i>selenium sulfide external lotion</i>	2	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SOOLANTRA EXTERNAL CREAM	4	
SORILUX EXTERNAL FOAM	4	
STELARA INTRAVENOUS SOLUTION	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
TACLONEX EXTERNAL SUSPENSION	5	
<i>tacrolimus external ointment</i>	2	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>tazarotene external cream</i>	2	PA New Starts Only
TAZORAC EXTERNAL CREAM	3	PA New Starts Only
TAZORAC EXTERNAL GEL	3	PA New Starts Only
TOLAK EXTERNAL CREAM	4	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>tretinoin external cream</i>	2	
<i>tretinoin external gel</i>	2	
<i>tretinoin microsphere external gel</i>	2	
TRIANEX EXTERNAL OINTMENT	4	
VALCHLOR EXTERNAL GEL	5	PA New Starts Only
VECTICAL EXTERNAL OINTMENT	3	
VEREGEN EXTERNAL OINTMENT	3	
VOLTAREN TRANSDERMAL GEL	4	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>zenatane oral capsule</i>	2	
ZIANA EXTERNAL GEL	3	
ZONALON EXTERNAL CREAM	4	
ZYCLARA EXTERNAL CREAM	5	PA New Starts Only
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	5	PA New Starts Only
Enzyme Replacement/ Modifiers		
Enzyme Replacement/ Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION	5	PA
BUPHENYL ORAL TABLET	5	
CERDELGA ORAL CAPSULE	5	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PA New Starts Only
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EHS
CYSTADANE ORAL POWDER	3	EHS
CYSTAGON ORAL CAPSULE	3	EHS
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG	5	PA New Starts Only
KANUMA INTRAVENOUS SOLUTION	5	PA
KUVAN ORAL PACKET	5	PA
KUVAN ORAL TABLET SOLUBLE	5	PA
NAGLAZYME INTRAVENOUS SOLUTION	3	PA New Starts Only
ORFADIN ORAL CAPSULE	5	PA
ORFADIN ORAL SUSPENSION	5	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	EHS
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	EHS
PROCYSBI ORAL CAPSULE DELAYED RELEASE	5	PA New Starts Only
RAVICTI ORAL LIQUID	5	PA
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8ML	5	PA
SUCRAID ORAL SOLUTION	5	PA New Starts Only
VIOKACE ORAL TABLET	4	EHS
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	5	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
ZAVESCA ORAL CAPSULE	3	PA New Starts Only; EHS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EHS
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	2	
<i>dicyclomine hcl intramuscular solution</i>	2	
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral solution</i>	2	
<i>dicyclomine hcl oral tablet</i>	2	
<i>glycopyrrolate injection solution 4 mg/20ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral tablet</i>	2	
<i>propantheline bromide oral tablet</i>	2	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	4	EHS
Gastrointestinal Agents		
<i>amoxicill-clarithro-lansopraz oral</i>	2	
PYLERA ORAL CAPSULE	4	EHS
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
UCERIS RECTAL FOAM	4	
Gastrointestinal Agents, Other		
CHENODAL ORAL TABLET	4	PA
CHOLBAM ORAL CAPSULE	5	PA
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	2	
GATTEX SUBCUTANEOUS KIT	5	PA New Starts Only
<i>loperamide hcl oral capsule</i>	2	
<i>metoclopramide hcl injection solution</i>	2	PA New Starts Only; AL (Max 64 Years)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
MOVANTIK ORAL TABLET	4	

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

Drug Name	Tier	Requirements/Limits
MYTESI ORAL TABLET DELAYED RELEASE	4	PA New Starts Only; EHS
OCALIVA ORAL TABLET	5	PA
<i>proctozone-hc rectal cream</i>	2	
RELISTOR ORAL TABLET	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
UCERIS RECTAL FOAM	4	
<i>ursodiol oral capsule</i>	2	EHS
<i>ursodiol oral tablet</i>	2	EHS
XERMELO ORAL TABLET	5	PA
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EHS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution</i>	2	EHS
<i>cimetidine oral tablet 200 mg</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	EHS
<i>famotidine intravenous solution 20 mg/2ml</i>	2	HI
<i>famotidine oral suspension reconstituted</i>	1	EHS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EHS
<i>famotidine premixed intravenous solution</i>	2	HI
<i>nizatidine oral capsule</i>	2	EHS
<i>nizatidine oral solution</i>	2	EHS
<i>ranitidine hcl injection solution 150 mg/6ml, 50 mg/2ml</i>	2	
<i>ranitidine hcl oral capsule</i>	1	EHS
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	EHS
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	EHS
Irritable Bowel Syndrome Agents		
<i>alosecron hcl oral tablet</i>	2	EHS
AMITIZA ORAL CAPSULE	4	EHS
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	

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

Drug Name	Tier	Requirements/Limits
DELZICOL ORAL CAPSULE DELAYED RELEASE	4	EHS
GIAZO ORAL TABLET	4	
LINZESS ORAL CAPSULE	4	EHS
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
UCERIS RECTAL FOAM	4	
VIBERZI ORAL TABLET	4	PA; EHS
Laxatives		
<i>constulose oral solution</i>	2	EHS
<i>enulose oral solution</i>	2	EHS
<i>gavilyte-c oral solution reconstituted</i>	2	
<i>gavilyte-g oral solution reconstituted</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	2	
<i>generlac oral solution</i>	2	EHS
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	4	
KRISTALOSE ORAL PACKET	4	EHS
<i>lactulose oral solution 10 gm/15ml</i>	2	EHS
MOVIPREP ORAL SOLUTION RECONSTITUTED	4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	
PREPOPIK ORAL PACKET	4	EHS
<i>trilyte oral solution reconstituted</i>	2	
Protectants		
CARAFATE ORAL SUSPENSION	3	EHS
<i>misoprostol oral tablet</i>	2	EHS
<i>sucrafate oral tablet</i>	2	EHS
Proton Pump Inhibitors		
<i>lansoprazole oral capsule delayed release 15 mg</i>	2	QL (30 EA per 30 days); EHS
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	EHS

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

Drug Name	Tier	Requirements/Limits
NEXIUM ORAL PACKET	4	ST; EHS
<i>omeprazole oral capsule delayed release 10 mg</i>	1	QL (30 EA per 30 days); EHS
<i>omeprazole oral capsule delayed release 20 mg</i>	1	QL (60 EA per 30 days); EHS
<i>omeprazole oral capsule delayed release 40 mg</i>	1	EHS
<i>pantoprazole sodium intravenous solution reconstituted</i>	2	
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	QL (60 EA per 30 days); EHS
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	EHS
<i>rabeprazole sodium oral tablet delayed release</i>	2	EHS
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	2	EHS
<i>flavoxate hcl oral tablet</i>	2	EHS
GELNIQUE TRANSDERMAL GEL 10 %	4	EHS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EHS
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	EHS
<i>oxybutynin chloride oral syrup</i>	2	EHS
<i>oxybutynin chloride oral tablet</i>	2	EHS
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	2	EHS
<i>tolterodine tartrate oral tablet</i>	2	EHS
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EHS
<i>trospium chloride er oral capsule extended release 24 hour</i>	2	EHS
<i>trospium chloride oral tablet</i>	2	EHS
VESICARE ORAL TABLET	3	EHS
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	EHS

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 XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EHS
<i>doxazosin mesylate oral tablet</i>	2	EHS
<i>dutasteride oral capsule</i>	2	EHS
<i>dutasteride-tamsulosin hcl oral capsule</i>	2	EHS
<i>finasteride oral tablet 5 mg</i>	2	EHS
<i>prazosin hcl oral capsule</i>	2	EHS
RAPAFLO ORAL CAPSULE	4	EHS
<i>tamsulosin hcl oral capsule</i>	2	EHS
<i>terazosin hcl oral capsule</i>	2	EHS
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	2	
CUPRIMINE ORAL CAPSULE 250 MG	5	PA
DEPEN TITRATABS ORAL TABLET	5	
ELMIRON ORAL CAPSULE	4	EHS
<i>potassium citrate er oral tablet extended release</i>	2	
<i>sodium phenylbutyrate oral powder 3 gml tsp</i>	2	EHS
Phosphate Binders		
AURYXIA ORAL TABLET	4	EHS
<i>calcium acetate (phos binder) oral capsule</i>	2	EHS
FOSRENOL ORAL PACKET	5	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	5	
PHOSLYRA ORAL SOLUTION	4	EHS
RENAGEL ORAL TABLET	3	EHS
RENVELA ORAL PACKET	5	
RENVELA ORAL TABLET	5	
SEVELAMER CARBONATE ORAL PACKET	4	EHS
SEVELAMER CARBONATE ORAL TABLET	4	EHS
VELPHORO ORAL TABLET CHEWABLE	5	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>ala-cort external cream</i>	2	
<i>alclometasone dipropionate external cream</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
<i>alclometasone dipropionate external ointment</i>	2	
<i>amcinonide external cream</i>	2	
AMCINONIDE EXTERNAL LOTION	4	
AMCINONIDE EXTERNAL OINTMENT	4	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external foam</i>	2	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
CAPEX EXTERNAL SHAMPOO	3	
<i>clobetasol propionate e external cream</i>	2	
<i>clobetasol propionate external foam</i>	2	
<i>clobetasol propionate external gel</i>	2	
<i>clobetasol propionate external lotion</i>	2	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
<i>clodan external shampoo</i>	2	
CLODERM PUMP EXTERNAL CREAM	4	
CORDRAN EXTERNAL TAPE	3	
<i>cortisone acetate oral tablet</i>	2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DESONATE EXTERNAL GEL	4	
<i>desonide external cream</i>	2	
<i>desonide external lotion</i>	2	
<i>desonide external ointment</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
<i>desoximetasone external cream</i>	2	
<i>desoximetasone external gel</i>	2	
<i>desoximetasone external ointment</i>	2	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	3	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	2	
DEXPAK 13 DAY ORAL TABLET THERAPY PACK	4	
<i>diflorasone diacetate external cream</i>	2	
<i>diflorasone diacetate external ointment</i>	2	
EMFLAZA ORAL SUSPENSION	5	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG	5	PA; QL (30 EA per 30 days)
EMFLAZA ORAL TABLET 36 MG, 6 MG	5	PA; QL (60 EA per 30 days)
<i>fludrocortisone acetate oral tablet</i>	2	EHS
<i>fluocinolone acetonide body external oil</i>	2	
<i>fluocinolone acetonide external cream</i>	2	
<i>fluocinolone acetonide external ointment</i>	2	
<i>fluocinolone acetonide external solution</i>	2	
<i>fluocinolone acetonide otic oil</i>	2	
<i>fluocinonide external cream</i>	2	
<i>fluocinonide external gel</i>	2	
<i>fluocinonide external ointment</i>	2	
<i>fluocinonide external solution</i>	2	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external lotion</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>halobetasol propionate external cream</i>	2	
<i>halobetasol propionate external ointment</i>	2	
HALOG EXTERNAL CREAM	3	
HALOG EXTERNAL OINTMENT	3	
HP ACTHAR INJECTION GEL	5	PA
<i>hydrocortisone butyr lipo base external cream</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
<i>hydrocortisone butyrate external ointment</i>	2	
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone oral tablet</i>	2	
<i>hydrocortisone valerate external cream</i>	2	
<i>hydrocortisone valerate external ointment</i>	2	
KENALOG INJECTION SUSPENSION	4	
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 40 mg</i>	2	HI
MILLIPRED ORAL TABLET	4	
<i>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
PANDEL EXTERNAL CREAM	4	
<i>prednicarbate external ointment</i>	2	
<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>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablet therapy pack</i>	2	
<i>procto-pak rectal cream</i>	2	
<i>proctozone-hc rectal cream</i>	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	4	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	4	

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

Drug Name	Tier	Requirements/Limits
TOPICORT EXTERNAL CREAM 0.05 %	4	
TOPICORT EXTERNAL OINTMENT 0.05 %	4	
TOPICORT SPRAY EXTERNAL LIQUID	4	
<i>triamcinolone acetonide external aerosol solution</i>	2	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment</i>	2	
<i>triamcinolone acetonide nasal aerosol</i>	2	
<i>triderm external cream 0.1 %</i>	2	
ULTRAVATE EXTERNAL LOTION	4	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	2	PA New Starts Only
<i>desmopressin ace rhinal tube nasal solution</i>	2	EHS
<i>desmopressin ace spray refrig nasal solution</i>	2	EHS
<i>desmopressin acetate injection solution</i>	2	
<i>desmopressin acetate oral tablet</i>	2	EHS
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EHS
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EHS
HUMATROPE INJECTION SOLUTION RECONSTITUTED	3	PA; EHS
INCRELEX SUBCUTANEOUS SOLUTION	5	PA
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	3	PA; EHS
<i>novarel intramuscular solution reconstituted 10000 unit</i>	2	PA New Starts Only
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	3	PA; EHS

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

Drug Name	Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	3	PA; EHS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	3	PA; EHS
OMNITROPE SUBCUTANEOUS SOLUTION	4	PA; EHS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EHS
<i>pregnyl intramuscular solution reconstituted</i>	2	PA New Starts Only
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED	4	PA; EHS
SAIZEN INJECTION SOLUTION RECONSTITUTED	4	PA; EHS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA New Starts Only; EHS
STIMATE NASAL SOLUTION	3	EHS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EHS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EHS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	2	EHS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET	4	PA New Starts Only
<i>oxandrolone oral tablet</i>	2	
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; EHS
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; EHS
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	3	PA; EHS
<i>danazol oral capsule</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
FORTESTA TRANSDERMAL GEL	4	PA; EHS
METHITEST ORAL TABLET	3	PA; EHS
<i>methyltestosterone oral capsule</i>	2	PA; EHS
NATESTO NASAL GEL	4	PA; EHS
STRIANT BUCCAL	4	PA; EHS
TESTIM TRANSDERMAL GEL	4	PA; EHS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate intramuscular solution</i>	2	PA
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	4	PA; EHS
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; EHS
<i>testosterone transdermal solution</i>	2	PA; EHS
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	4	PA; EHS
Estrogens		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	PA
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	4	PA; AL (Max 64 Years); EHS
DUAVEE ORAL TABLET	4	PA; AL (Max 64 Years); EHS
ELESTRIN TRANSDERMAL GEL	4	PA; AL (Max 64 Years); EHS
ESTRACE VAGINAL CREAM	3	EHS
<i>estradiol oral tablet</i>	2	PA; AL (Max 64 Years); EHS
<i>estradiol transdermal patch twice weekly</i>	2	PA; AL (Max 64 Years); EHS
<i>estradiol transdermal patch weekly</i>	2	PA; AL (Max 64 Years); EHS
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	2	
ESTRING VAGINAL RING	4	EHS
<i>estropipate oral tablet</i>	2	PA; AL (Max 64 Years); EHS
EVAMIST TRANSDERMAL SOLUTION	4	PA; AL (Max 64 Years); EHS
FEMRING VAGINAL RING	4	EHS
<i>marlissa oral tablet</i>	2	EHS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PA; AL (Max 64 Years); EHS

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

Drug Name	Tier	Requirements/Limits
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	PA; AL (Max 64 Years); EHS
PREMARIN INJECTION SOLUTION RECONSTITUTED	3	
PREMARIN ORAL TABLET	3	PA; AL (Max 64 Years); EHS
PREMARIN VAGINAL CREAM	3	EHS
VAGIFEM VAGINAL TABLET 10 MCG	4	EHS
<i>yuvafem vaginal tablet</i>	2	EHS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>alyacen 1/35 oral tablet</i>	2	EHS
<i>amabelz oral tablet</i>	2	PA; AL (Max 64 Years); EHS
<i>amethia lo oral tablet</i>	2	EHS
<i>amethia oral tablet</i>	2	EHS
ANGELIQ ORAL TABLET	4	PA; AL (Max 64 Years); EHS
<i>apri oral tablet</i>	2	EHS
<i>aranelle oral tablet</i>	2	EHS
<i>ashlyna oral tablet</i>	2	EHS
<i>aubra oral tablet</i>	2	EHS
<i>aviane oral tablet</i>	2	EHS
<i>balziva oral tablet</i>	2	EHS
<i>bekyree oral tablet</i>	2	EHS
<i>blisovi 24 fe oral tablet</i>	2	EHS
<i>blisovi fe 1.5/30 oral tablet</i>	2	EHS
<i>blisovi fe 1/20 oral tablet</i>	2	EHS
<i>briellyn oral tablet</i>	2	EHS
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	
<i>camrese lo oral tablet</i>	2	EHS
<i>caziant oral tablet</i>	2	EHS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	PA; AL (Max 64 Years); EHS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	PA; AL (Max 64 Years); EHS
<i>cryselle-28 oral tablet</i>	2	EHS
<i>cyclafem 1/35 oral tablet</i>	2	EHS

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>cyclafem 7/7/7 oral tablet</i>	2	EHS
<i>deblitane oral tablet</i>	2	EHS
<i>delyla oral tablet</i>	2	EHS
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	EHS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	2	EHS
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	EHS
<i>emoquette oral tablet</i>	2	EHS
<i>enpresse-28 oral tablet</i>	2	EHS
<i>estradiol vaginal tablet</i>	2	EHS
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet</i>	2	PA; AL (Max 64 Years); EHS
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	2	EHS
<i>falmina oral tablet</i>	2	EHS
<i>fayosim oral tablet</i>	2	EHS
<i>femynor oral tablet</i>	2	EHS
<i>fyavolv oral tablet</i>	2	PA; AL (Max 64 Years); EHS
<i>gianvi oral tablet</i>	2	EHS
<i>gildagia oral tablet</i>	2	EHS
<i>introvale oral tablet</i>	2	EHS
<i>isibloom oral tablet</i>	2	EHS
JINTELI ORAL TABLET	4	PA; AL (Max 64 Years); EHS
<i>juleber oral tablet</i>	2	EHS
<i>junel 1.5/30 oral tablet</i>	2	EHS
<i>junel 1/20 oral tablet</i>	2	EHS
<i>junel fe 1.5/30 oral tablet</i>	2	EHS
<i>junel fe 1/20 oral tablet</i>	2	EHS
<i>junel fe 24 oral tablet</i>	2	EHS
<i>kaitlib fe oral tablet chewable</i>	2	EHS
<i>kariva oral tablet</i>	2	EHS
<i>kelnor 1/35 oral tablet</i>	2	EHS
<i>kimidess oral tablet</i>	2	EHS
<i>larin 1.5/30 oral tablet</i>	2	EHS
<i>larin 1/20 oral tablet</i>	2	EHS
<i>larin fe 1.5/30 oral tablet</i>	2	EHS

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>larin fe 1/20 oral tablet</i>	2	EHS
<i>larissia oral tablet</i>	2	EHS
<i>layolis fe oral tablet chewable</i>	2	EHS
<i>leena oral tablet</i>	2	EHS
<i>lessina oral tablet</i>	2	EHS
<i>levonest oral tablet</i>	2	EHS
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg, 0.15-0.03 mg</i>	2	EHS
<i>levonorgestrel-ethinyl estrad oral tablet 0.1- 20 mg-mcg, 90-20 mcg</i>	2	EHS
<i>levonorg-eth estrad triphasic oral tablet</i>	2	EHS
<i>levora 0.15/30 (28) oral tablet</i>	2	EHS
LO LOESTRIN FE ORAL TABLET	4	EHS
LOMEDIA 24 FE ORAL TABLET	4	EHS
<i>loryna oral tablet</i>	2	EHS
<i>low-ogestrel oral tablet</i>	2	EHS
<i>lutra oral tablet</i>	2	EHS
<i>marlissa oral tablet</i>	2	EHS
<i>mibelas 24 fe oral tablet chewable</i>	2	EHS
<i>microgestin 1.5/30 oral tablet</i>	2	EHS
<i>microgestin 1/20 oral tablet</i>	2	EHS
<i>microgestin fe 1.5/30 oral tablet</i>	2	EHS
<i>microgestin fe 1/20 oral tablet</i>	2	EHS
<i>mimvey lo oral tablet</i>	2	PA; AL (Max 64 Years); EHS
<i>mimvey oral tablet</i>	2	PA; AL (Max 64 Years); EHS
MINASTRIN 24 FE ORAL TABLET CHEWABLE	4	EHS
<i>mononessa oral tablet</i>	2	EHS
NATAZIA ORAL TABLET	4	EHS
<i>necon 0.5/35 (28) oral tablet</i>	2	EHS
NECON 1/50 (28) ORAL TABLET	4	EHS
<i>necon 7/7/7 oral tablet</i>	2	EHS
<i>nikki oral tablet</i>	2	EHS
<i>nora-be oral tablet</i>	2	EHS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	2	EHS

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>norethin ace-eth estrad-fe oral tablet chewable</i>	2	EHS
<i>norethindrone acet-ethinyl est oral tablet</i>	2	EHS
<i>norethindrone-eth estradiol oral tablet</i>	2	PA; AL (Max 64 Years); EHS
<i>norethin-eth estradiol-fe oral tablet chewable</i>	2	EHS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	EHS
<i>norgestim-eth estrad triphasic oral tablet</i>	2	EHS
<i>norlyroc oral tablet</i>	2	EHS
<i>nortrel 0.5/35 (28) oral tablet</i>	2	EHS
<i>nortrel 1/35 (21) oral tablet</i>	2	EHS
<i>nortrel 1/35 (28) oral tablet</i>	2	EHS
<i>nortrel 7/7/7 oral tablet</i>	2	EHS
NUVARING VAGINAL RING	3	EHS
<i>ocella oral tablet</i>	2	EHS
OGESTREL ORAL TABLET	3	EHS
<i>orsythia oral tablet</i>	2	EHS
<i>pimtrea oral tablet</i>	2	EHS
<i>pirmella 1/35 oral tablet</i>	2	EHS
<i>portia-28 oral tablet</i>	2	EHS
PREFEST ORAL TABLET	4	PA; AL (Max 64 Years); EHS
PREMPHASE ORAL TABLET	3	PA; AL (Max 64 Years); EHS
PREMPRO ORAL TABLET	3	PA; AL (Max 64 Years); EHS
<i>previfem oral tablet</i>	2	EHS
QUARTETTE ORAL TABLET	4	EHS
<i>quasense oral tablet</i>	2	EHS
<i>reclipsen oral tablet</i>	2	EHS
<i>rivelsa oral tablet</i>	2	EHS
SAFYRAL ORAL TABLET	4	EHS
<i>setlakin oral tablet</i>	2	EHS
<i>sharobel oral tablet</i>	2	EHS
<i>sprintec 28 oral tablet</i>	2	EHS
<i>sronyx oral tablet</i>	2	EHS
<i>tarina fe 1/20 oral tablet</i>	2	EHS
<i>tri-legest fe oral tablet</i>	2	EHS
<i>tri-lo-estarylla oral tablet</i>	2	EHS

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>tri-lo-sprintec oral tablet</i>	2	EHS
<i>trinessa (28) oral tablet</i>	2	EHS
<i>tri-previfem oral tablet</i>	2	EHS
<i>tri-sprintec oral tablet</i>	2	EHS
<i>trivora (28) oral tablet</i>	2	EHS
<i>velivet oral tablet</i>	2	EHS
<i>vestura oral tablet</i>	2	EHS
<i>vienva oral tablet</i>	2	EHS
<i>vyfemla oral tablet</i>	2	EHS
<i>wymzya fe oral tablet chewable</i>	2	EHS
<i>xulane transdermal patch weekly</i>	2	EHS
<i>zarah oral tablet</i>	2	EHS
<i>zenchent oral tablet</i>	2	EHS
<i>zovia 1/35e (28) oral tablet</i>	2	EHS
ZOVIA 1/50E (28) ORAL TABLET	3	EHS
Progestins		
<i>camila oral tablet</i>	2	EHS
CRINONE VAGINAL GEL	4	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
<i>errin oral tablet</i>	2	EHS
<i>jolivette oral tablet</i>	2	EHS
<i>lyza oral tablet</i>	2	EHS
<i>marlissa oral tablet</i>	2	EHS
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	
<i>medroxyprogesterone acetate oral tablet</i>	2	EHS
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	PA New Starts Only
<i>megestrol acetate oral suspension 625 mg/5ml</i>	2	PA New Starts Only; EHS
<i>megestrol acetate oral tablet</i>	2	PA New Starts Only
<i>norethindrone acetate oral tablet</i>	2	EHS
<i>norethindrone oral tablet</i>	2	EHS
<i>progesterone micronized oral capsule</i>	2	EHS

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

Drug Name	Tier	Requirements/Limits
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hcl oral tablet</i>	2	EHS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 100 MCG	4	
<i>levothyroxine sodium oral tablet</i>	2	EHS
<i>levoxyl oral tablet</i>	2	EHS
<i>liothyronine sodium intravenous solution</i>	2	
<i>liothyronine sodium oral tablet</i>	2	EHS
SYNTHROID ORAL TABLET	3	EHS
THYROLAR-1 ORAL TABLET	4	EHS
THYROLAR-1/2 ORAL TABLET	4	EHS
THYROLAR-1/4 ORAL TABLET	4	EHS
THYROLAR-2 ORAL TABLET	4	EHS
THYROLAR-3 ORAL TABLET	4	EHS
TIROSINT ORAL CAPSULE	4	EHS
<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>	2	EHS
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	3	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR ORAL TABLET	3	EHS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral capsule</i>	2	EHS
<i>bromocriptine mesylate oral tablet</i>	2	EHS
<i>cabergoline oral tablet</i>	2	
ELIGARD SUBCUTANEOUS KIT	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
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA New Starts Only
<i>leuprolide acetate injection kit</i>	2	PA New Starts Only
LUPANETA PACK COMBINATION KIT	4	BD
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	PA New Starts Only
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	PA New Starts Only
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	5	PA New Starts Only
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	5	PA New Starts Only
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	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>	2	PA New Starts Only; EHS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	5	PA New Starts Only
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; EHS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5	PA New Starts Only
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SYNAREL NASAL SOLUTION	3	PA New Starts Only
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	2	EHS
<i>propylthiouracil oral tablet</i>	2	EHS
Immunological Agents		
Angioedema (Hae) Agents		
BERINERT INTRAVENOUS KIT	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
FIRAZYR SUBCUTANEOUS SOLUTION	5	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
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
Immune Suppressants		
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE	5	PA New Starts Only
AFINITOR ORAL TABLET 2.5 MG	5	PA New Starts Only
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	BD; EHS
ATGAM INTRAVENOUS INJECTABLE	3	BD
AZASAN ORAL TABLET	3	BD; EHS
<i>azathioprine oral tablet</i>	2	BD; EHS
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA New Starts Only
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts Only
CIMZIA PREFILLED SUBCUTANEOUS KIT	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
<i>cyclosporine intravenous solution</i>	2	BD
<i>cyclosporine modified oral capsule</i>	2	BD; EHS
<i>cyclosporine modified oral solution</i>	2	BD; EHS
<i>cyclosporine oral capsule</i>	2	BD; EHS
DEPEN TITRATABS ORAL TABLET	5	
ELIDEL EXTERNAL CREAM	4	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	BD; EHS
<i>gengraf oral capsule</i>	2	BD; EHS
<i>gengraf oral solution</i>	2	BD; EHS

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

Drug Name	Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	PA
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
INGREZZA ORAL CAPSULE 40 MG	5	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate oral tablet</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml</i>	2	BD
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	BD
<i>methotrexate sodium injection solution reconstituted</i>	2	BD
<i>mycophenolate mofetil hcl intravenous solution reconstituted</i>	2	BD
<i>mycophenolate mofetil oral capsule</i>	2	BD; EHS
<i>mycophenolate mofetil oral suspension reconstituted</i>	2	BD; EHS
<i>mycophenolate mofetil oral tablet</i>	2	BD; EHS
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	2	BD; EHS
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	2	BD
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	4	BD
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
OTEZLA ORAL TABLET	5	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
OTEZLA ORAL TABLET THERAPY PACK	5	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	4	PA; EHS
PROGRAF INTRAVENOUS SOLUTION	3	BD
RAPAMUNE ORAL SOLUTION	3	BD; EHS
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	4	PA; EHS
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
SANDIMMUNE ORAL SOLUTION	4	BD; EHS
SIMPONI ARIA INTRAVENOUS SOLUTION	5	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	5	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	4	BD
<i>sirolimus oral tablet</i>	2	BD; EHS
<i>tacrolimus oral capsule</i>	2	BD; EHS
TREXALL ORAL TABLET	3	
XATMEP ORAL SOLUTION	4	PA New Starts Only
XELJANZ ORAL TABLET	5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA
ZORTRESS ORAL TABLET	3	BD; EHS
Immunizing Agents, Passive		
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	5	PA; HI
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	5	PA; HI
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA; HI

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

Drug Name	Tier	Requirements/Limits
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	3	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA; HI
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA; HI
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA; HI
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA; HI
HYPERRAB S/D INTRAMUSCULAR INJECTABLE 150 UNIT/ML	3	BD
IMOGAM RABIES-HT INTRAMUSCULAR INJECTABLE	3	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA; HI
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA; HI
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	5	PA
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	4	BD
Immunological Agents		
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days); EHS
<i>leflunomide oral tablet 20 mg</i>	2	EHS
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	5	PA
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA New Starts Only
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EHS
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
KEYTRUDA INTRAVENOUS SOLUTION	5	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
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days); EHS
<i>leflunomide oral tablet 20 mg</i>	2	EHS
RIDAURA ORAL CAPSULE	3	EHS
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	BD
TYSABRI INTRAVENOUS CONCENTRATE	5	PA
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	GC
ADACEL INTRAMUSCULAR SUSPENSION	2	GC
BCG VACCINE INJECTION INJECTABLE	2	GC
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	GC
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	2	GC
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	2	GC
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	2	BD; GC
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	GC
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	GC
HAVRIX INTRAMUSCULAR SUSPENSION	2	GC
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	GC
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	2	GC
INFANRIX INTRAMUSCULAR SUSPENSION	2	GC
IPOL INJECTION INJECTABLE	2	GC
IXIARO INTRAMUSCULAR SUSPENSION	2	GC
KINRIX INTRAMUSCULAR SUSPENSION	2	GC
MENACTRA INTRAMUSCULAR INJECTABLE	2	GC
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	GC

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

Drug Name	Tier	Requirements/Limits
M-M-R II SUBCUTANEOUS INJECTABLE	2	GC
PEDIARIX INTRAMUSCULAR SUSPENSION	2	GC
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	GC
PROQUAD SUBCUTANEOUS INJECTABLE	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	2	BD
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	
TENIVAC INTRAMUSCULAR INJECTABLE	2	
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TWINRIX INTRAMUSCULAR SUSPENSION	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	2	
VARIVAX SUBCUTANEOUS INJECTABLE	2	
VARIZIG INTRAMUSCULAR SOLUTION	3	
YF-VAX SUBCUTANEOUS INJECTABLE	2	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EHS
ASACOL HD ORAL TABLET DELAYED RELEASE	4	
<i>balsalazide disodium oral capsule</i>	2	
CANASA RECTAL SUPPOSITORY	5	

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

Drug Name	Tier	Requirements/Limits
DELZICOL ORAL CAPSULE DELAYED RELEASE	4	EHS
DIPENTUM ORAL CAPSULE	4	EHS
LIALDA ORAL TABLET DELAYED RELEASE	4	
<i>mesalamine oral tablet delayed release</i>	2	
<i>mesalamine-cleanser rectal kit</i>	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE	4	EHS
SFROWASA RECTAL ENEMA	4	
Glucocorticoids		
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	
<i>colocort rectal enema</i>	2	
<i>cortisone acetate oral tablet</i>	2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	3	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>hydrocortisone oral tablet</i>	2	
<i>hydrocortisone rectal enema</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
MILLIPRED ORAL TABLET	4	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>procto-med hc rectal cream</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
<i>proctosol hc rectal cream</i>	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	4	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	4	
Sulfonamides		
<i>sulfasalazine oral tablet</i>	2	EHS
<i>sulfasalazine oral tablet delayed release</i>	2	EHS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	2	EHS
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	EHS
<i>alendronate sodium oral tablet 40 mg</i>	1	
BINOSTO ORAL TABLET EFFERVESCENT	4	EHS
<i>calcitonin (salmon) nasal solution</i>	2	EHS
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	HI
<i>calcitriol oral capsule</i>	2	EHS
<i>calcitriol oral solution</i>	2	EHS
<i>doxercalciferol intravenous solution</i>	2	HI
<i>doxercalciferol oral capsule</i>	2	ST; EHS
<i>etidronate disodium oral tablet</i>	2	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	5	PA
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	2	PA
<i>ibandronate sodium oral tablet</i>	2	EHS
MIACALCIN INJECTION SOLUTION	4	
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA
<i>pamidronate disodium intravenous solution</i>	2	PA
<i>paricalcitol oral capsule</i>	2	ST; EHS
PROLIA SUBCUTANEOUS SOLUTION	4	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	4	ST; EHS
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	2	EHS

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>risedronate sodium oral tablet delayed release</i>	2	EHS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
XGEVA SUBCUTANEOUS SOLUTION	5	BD
<i>zoledronic acid intravenous concentrate</i>	2	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	2	PA
ZOMETA INTRAVENOUS SOLUTION	4	PA
Non-Frf		
Non-Frf		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
<i>acetazol hc otic solution</i>	2	
ACZONE EXTERNAL GEL 7.5 %	4	
<i>alcohol wipes pad 70 %</i>	2	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	2	
ALTABAX EXTERNAL OINTMENT	4	
AMINOSYN INTRAVENOUS SOLUTION 10 %	3	
AMINOSYN M INTRAVENOUS SOLUTION	3	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm</i>	2	
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML	3	PA
<i>aspirin-caff-dihydrocodeine oral capsule</i>	2	
<i>atropine sulfate injection solution prefilled syringe 0.5 mg/5ml</i>	2	
<i>benzonatate oral capsule 200 mg</i>	2	ENH
BEVYXXA ORAL CAPSULE	4	PA
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	2	
<i>camrese oral tablet</i>	2	EHS
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	2	EHS

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>cefditoren pivoxil oral tablet</i>	2	
<i>cefepime-dextrose intravenous solution reconstituted</i>	2	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	4	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	4	
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4ml</i>	2	
<i>clobetasol propionate external cream</i>	2	
<i>colestipol hcl oral packet</i>	2	EHS
<i>cyanocobalamin injection solution</i>	2	ENH
<i>dapsone external gel</i>	2	
DARZALEX INTRAVENOUS SOLUTION 400 MG/20ML	5	PA New Starts Only
<i>daysee oral tablet</i>	2	EHS
<i>denta 5000 plus dental cream</i>	2	ENH
<i>dexamethasone oral solution</i>	2	
<i>diazepam rectal gel 20 mg</i>	4	
DICLEGIS ORAL TABLET DELAYED RELEASE	3	
DILAUDID INJECTION SOLUTION 4 MG/ML	4	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	2	EHS
<i>doxycycline hyclate intravenous solution reconstituted</i>	2	
ELIXOPHYLLIN ORAL ELIXIR	3	EHS
<i>epirubicin hcl intravenous solution 50 mg/25ml</i>	2	PA
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	3	
FACTIVE ORAL TABLET	4	

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

Drug Name	Tier	Requirements/Limits
FERREX 150 FORTE PLUS ORAL CAPSULE	4	ENH
<i>fluconazole in dextrose intravenous solution 400 mg/200ml</i>	2	
<i>fluocinolone acetate scalp external oil</i>	2	
<i>folic acid oral tablet 1 mg</i>	2	ENH; EHS
GARDASIL INTRAMUSCULAR SUSPENSION	2	
<i>gauze pads pad 2"x2"</i>	2	
<i>gavilyte-h oral kit</i>	2	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	QL (12 ML per 28 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
HEMANGEOL ORAL SOLUTION	4	PA
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	2	
<i>insulin syringe 29g x 1" 0.3 ml</i>	2	
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 45 MG	3	PA
<i>jolessa oral tablet</i>	2	EHS
<i>klor-con/ef oral tablet effervescent</i>	2	EHS
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	2	EHS
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 200 MCG, 500 MCG	4	
<i>lidocaine hcl (pf) injection solution 2 %</i>	2	
<i>lidocaine hcl injection solution 1 %</i>	2	
<i>lopreeza oral tablet</i>	2	PA; AL (Max 64 Years); EHS
<i>lorazepam injection solution</i>	2	
<i>mafenide acetate external packet</i>	4	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	
<i>mesalamine rectal enema</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
<i>methotrexate sodium (pf) injection solution 100 mg/4ml, 250 mg/10ml, 50 mg/2ml</i>	2	BD
<i>methotrexate sodium injection solution 250 mg/10ml</i>	2	BD
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	2	EHS
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	2	EHS
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg</i>	2	
<i>metoprolol-hctz er oral tablet extended release 24 hour</i>	2	EHS
<i>moxifloxacin hcl in nacl intravenous solution</i>	2	HI
MULTIGEN PLUS ORAL TABLET	4	ENH
<i>naloxone hcl injection solution cartridge</i>	2	
NECON 1/35 (28) ORAL TABLET	2	EHS
<i>nifedical xl oral tablet extended release 24 hour 60 mg</i>	2	EHS
NITYR ORAL TABLET	5	PA
OMECLAMOX-PAK ORAL	4	
ONCASPAN INJECTION SOLUTION	5	PA
<i>ondansetron hcl injection solution 40 mg/20ml</i>	2	
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML	5	PA New Starts Only
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	
<i>oxacillin sodium injection solution reconstituted 2 gm</i>	2	
OXAYDO ORAL TABLET ABUSE-DETERRENT	4	
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 80 MCG/0.5ML	5	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (1 ML per 365 days)
<i>polyethylene glycol 3350 oral packet</i>	2	
<i>potassium chloride oral packet</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
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral syrup 15 mg/5ml</i>	2	
<i>promethazine-dm oral syrup</i>	2	ENH; AL (Max 64 Years)
<i>rajani oral tablet</i>	2	EHS
<i>ranitidine hcl injection solution 150 mg/6ml</i>	2	
RENACIDIN IRRIGATION SOLUTION	3	
<i>ribavirin inhalation solution reconstituted</i>	5	BD
<i>risperidone m-tab oral tablet dispersible</i>	2	QL (120 EA per 30 days); EHS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	5	PA New Starts Only
<i>scopolamine transdermal patch 72 hour</i>	2	EHS
SECONAL ORAL CAPSULE	4	PA New Starts Only
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	GC
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg</i>	2	ENH
<i>sodium polystyrene sulfonate rectal suspension</i>	2	
SPECTRACEF ORAL TABLET 400 MG	4	
SPRIX NASAL SOLUTION	4	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML	5	PA
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	5	PA
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 400 MG	5	BD
SYMPROIC ORAL TABLET	4	PA
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	2	ST; QL (30 EA per 30 days)
UVADEX INJECTION SOLUTION	4	

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>valproic acid oral solution</i>	2	EHS
<i>vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 5000 mg</i>	2	
VELTIN EXTERNAL GEL	4	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VIAGRA ORAL TABLET	3	ENH; QL (6 EA per 30 days)
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	5	BD
VISTOGARD ORAL PACKET	5	
<i>vitamin d (ergocalciferol) oral capsule</i>	2	ENH; EHS
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	3	
Ophthalmic Agents		
Ophthalmic Agents		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1	4	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2	
PRED-G OPHTHALMIC SUSPENSION	4	
PRED-G S.O.P. OPHTHALMIC OINTMENT	4	

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

Drug Name	Tier	Requirements/Limits
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	2	
ZYLET OPHTHALMIC SUSPENSION	4	
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution</i>	2	EHS
CYSTARAN OPHTHALMIC SOLUTION	5	PA New Starts Only
LACRISERT OPHTHALMIC INSERT	3	
<i>proparacaine hcl ophthalmic solution</i>	2	
RESTASIS OPHTHALMIC EMULSION	3	EHS
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	4	
Ophthalmic Anti-Allergy Agents		
ALOCRILOPHTHALMIC SOLUTION	4	
ALOMIDE OPHTHALMIC SOLUTION	3	
<i>azelastine hcl ophthalmic solution</i>	2	
BEPREVE OPHTHALMIC SOLUTION	4	
<i>cromolyn sodium ophthalmic solution</i>	2	
EMADINE OPHTHALMIC SOLUTION	4	
<i>epinastine hcl ophthalmic solution</i>	2	
LASTACFT OPHTHALMIC SOLUTION	4	
<i>olopatadine hcl ophthalmic solution</i>	2	
PATADAY OPHTHALMIC SOLUTION	4	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide oral tablet</i>	2	EHS
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	EHS
<i>apraclonidine hcl ophthalmic solution</i>	2	
AZOPT OPHTHALMIC SUSPENSION	3	EHS
<i>betaxolol hcl ophthalmic solution</i>	2	EHS
BETIMOL OPHTHALMIC SOLUTION	3	EHS
BETOPTIC-S OPHTHALMIC SUSPENSION	4	EHS

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>bimatoprost ophthalmic solution</i>	2	EHS
<i>brimonidine tartrate ophthalmic solution</i>	2	EHS
<i>carteolol hcl ophthalmic solution</i>	2	EHS
COMBIGAN OPHTHALMIC SOLUTION	3	EHS
COSOPT PF OPHTHALMIC SOLUTION	4	EHS
<i>dorzolamide hcl ophthalmic solution</i>	2	EHS
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	EHS
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ISTALOL OPHTHALMIC SOLUTION	3	EHS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	EHS
<i>methazolamide oral tablet</i>	2	EHS
<i>metipranolol ophthalmic solution</i>	2	EHS
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	EHS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	EHS
SIMBRINZA OPHTHALMIC SUSPENSION	3	EHS
<i>timolol maleate ophthalmic gel forming solution</i>	2	EHS
<i>timolol maleate ophthalmic solution</i>	2	EHS
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	4	EHS
Ophthalmic Anti-Inflammatories		
ACUVAIL OPHTHALMIC SOLUTION	3	
ALREX OPHTHALMIC SUSPENSION	3	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	
<i>diclofenac sodium ophthalmic solution</i>	2	
DUREZOL OPHTHALMIC EMULSION	4	
FLAREX OPHTHALMIC SUSPENSION	3	
<i>fluorometholone ophthalmic suspension</i>	2	
<i>flurbiprofen sodium ophthalmic solution</i>	2	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML OPHTHALMIC OINTMENT	3	
ILEVRO OPHTHALMIC SUSPENSION	3	
<i>ketorolac tromethamine ophthalmic solution</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
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	
MAXIDEX OPHTHALMIC SUSPENSION	3	
NEVANAC OPHTHALMIC SUSPENSION	3	
PRED MILD OPHTHALMIC SUSPENSION	3	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
PROLENSA OPHTHALMIC SOLUTION	4	
XIIDRA OPHTHALMIC SOLUTION	3	EHS
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>bimatoprost ophthalmic solution</i>	2	EHS
<i>latanoprost ophthalmic solution</i>	2	EHS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EHS
TRAVATAN Z OPHTHALMIC SOLUTION	3	EHS
ZIOPTAN OPHTHALMIC SOLUTION	4	EHS
Otic Agents		
Otic Agents		
CIPRO HC OTIC SUSPENSION	4	
CIPRODEX OTIC SUSPENSION	3	
COLY-MYCIN S OTIC SUSPENSION	4	
<i>hydrocortisone-acetic acid otic solution</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
<i>ofloxacin oral tablet 300 mg</i>	2	
OTOVEL OTIC SOLUTION	4	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>carbinoxamine maleate oral solution</i>	2	PA; AL (Max 64 Years)
<i>carbinoxamine maleate oral tablet</i>	2	PA; AL (Max 64 Years)
CLARINEX ORAL SYRUP	4	

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

Drug Name	Tier	Requirements/Limits
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA; AL (Max 64 Years)
<i>cyproheptadine hcl oral syrup</i>	2	PA; AL (Max 64 Years)
<i>cyproheptadine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>desloratadine oral tablet</i>	2	QL (30 EA per 30 days)
<i>desloratadine oral tablet dispersible</i>	2	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection solution</i>	2	
<i>diphenhydramine hcl oral elixir</i>	2	PA; AL (Max 64 Years)
<i>hydroxyzine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>hydroxyzine pamoate oral capsule</i>	2	PA; AL (Max 64 Years)
<i>levocetirizine dihydrochloride oral solution</i>	2	
<i>levocetirizine dihydrochloride oral tablet</i>	2	QL (30 EA per 30 days)
<i>olopatadine hcl nasal solution</i>	2	QL (30.5 GM per 30 days)
<i>promethazine hcl injection solution</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl oral syrup</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
SEMPREX-D ORAL CAPSULE	4	
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EHS
ADVAIR HFA INHALATION AEROSOL	3	EHS
AEROSPAN INHALATION AEROSOL SOLUTION	2	EHS
ALVESCO INHALATION AEROSOL SOLUTION	2	EHS
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	EHS
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	EHS
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	EHS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (30 EA per 30 days); EHS
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EHS

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

Drug Name	Tier	Requirements/Limits
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EHS
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EHS
ASMANEX HFA INHALATION AEROSOL	2	EHS
BECONASE AQ NASAL SUSPENSION	3	
<i>budesonide inhalation suspension</i>	2	BD
<i>budesonide nasal suspension</i>	2	QL (17.2 GM per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	QL (60 EA per 30 days); EHS
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	QL (240 EA per 30 days); EHS
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 GM per 30 days); EHS
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	QL (24 GM per 30 days); EHS
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (10.6 GM per 30 days); EHS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (50 ML per 25 days)
<i>fluticasone propionate external lotion</i>	2	
<i>fluticasone propionate nasal suspension</i>	2	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension</i>	2	
NASONEX NASAL SUSPENSION	4	
OMNARIS NASAL SUSPENSION	4	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EHS
QNASL CHILDRENS NASAL AEROSOL SOLUTION	4	QL (4.9 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION	4	
<i>qvar inhalation aerosol solution 40 mcg/act</i>	2	QL (8.7 GM per 30 days); EHS
<i>qvar inhalation aerosol solution 80 mcg/act</i>	2	QL (17.4 GM per 30 days); EHS
ZETONNA NASAL AEROSOL SOLUTION	4	

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

Drug Name	Tier	Requirements/Limits
Antileukotrienes		
<i>montelukast sodium oral packet</i>	2	EHS
<i>montelukast sodium oral tablet</i>	2	EHS
<i>montelukast sodium oral tablet chewable</i>	2	EHS
<i>zafirlukast oral tablet</i>	2	EHS
<i>zileuton er oral tablet extended release 12 hour</i>	5	PA
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR	5	PA
ZYFLO ORAL TABLET	5	PA
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	EHS
<i>ipratropium bromide inhalation solution</i>	2	BD
<i>ipratropium bromide nasal solution</i>	2	QL (30 ML per 30 days); EHS
SPIRIVA HANDIHALER INHALATION CAPSULE	3	QL (30 EA per 30 days); EHS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (60 GM per 30 days); EHS
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	4	EHS
Bronchodilators, Sympathomimetic		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EHS
ADVAIR HFA INHALATION AEROSOL	3	EHS
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	2	EHS
<i>albuterol sulfate inhalation nebulization solution</i>	2	BD
<i>albuterol sulfate oral syrup</i>	2	EHS
<i>albuterol sulfate oral tablet</i>	2	EHS
ARCAPTA NEOHALER INHALATION CAPSULE	3	EHS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EHS
BROVANA INHALATION NEBULIZATION SOLUTION	4	BD
DULERA INHALATION AEROSOL	4	EHS

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>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	2	EHS
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	2	BD
<i>levalbuterol tartrate inhalation aerosol</i>	2	EHS
<i>metaproterenol sulfate oral syrup</i>	2	EHS
<i>metaproterenol sulfate oral tablet</i>	2	EHS
PERFOROMIST INHALATION NEBULIZATION SOLUTION	3	BD
PROAIR HFA INHALATION AEROSOL SOLUTION	3	EHS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EHS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days); EHS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (60 GM per 30 days); EHS
<i>terbutaline sulfate injection solution</i>	2	
<i>terbutaline sulfate oral tablet</i>	2	EHS
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	EHS
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	
KALYDECO ORAL PACKET	5	PA New Starts Only
KALYDECO ORAL TABLET	5	PA New Starts Only
ORKAMBI ORAL TABLET	5	PA
PULMOZYME INHALATION SOLUTION	5	BD
TOBI PODHALER INHALATION CAPSULE	5	PA New Starts Only
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	2	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>cromolyn sodium oral concentrate</i>	2	EHS
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline intravenous solution</i>	2	
DALIRESP ORAL TABLET	4	EHS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EHS
<i>theophylline er oral tablet extended release 12 hour</i>	2	EHS
<i>theophylline er oral tablet extended release 24 hour</i>	2	EHS
<i>theophylline oral solution</i>	2	EHS
Pulmonary Antihypertensives		
ADCIRCA ORAL TABLET	5	PA New Starts Only
ADEMPAS ORAL TABLET	5	PA New Starts Only
LETAIRIS ORAL TABLET	5	PA New Starts Only
OPSUMIT ORAL TABLET	5	PA New Starts Only
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA New Starts Only; EHS
REMODULIN INJECTION SOLUTION	4	PA New Starts Only
REVATIO ORAL SUSPENSION RECONSTITUTED	5	PA New Starts Only
<i>sildenafil citrate intravenous solution</i>	5	PA New Starts Only
<i>sildenafil citrate oral tablet</i>	2	PA New Starts Only; EHS
TRACLEER ORAL TABLET	5	PA New Starts Only
VENTAVIS INHALATION SOLUTION	4	PA New Starts Only; EHS
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	2	BD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EHS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA New Starts Only; HI
GLASSIA INTRAVENOUS SOLUTION	5	PA New Starts Only; HI
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	4	PA; EHS
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	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
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	4	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA New Starts Only
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	4	PA; EHS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	EHS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
Respiratory Tract/ Pulmonary Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EHS
ADVAIR HFA INHALATION AEROSOL	3	EHS
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	EHS
DYMISTA NASAL SUSPENSION	4	QL (23 GM per 30 days)
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	2	EHS
<i>ipratropium-albuterol inhalation solution</i>	2	BD
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
OFEV ORAL CAPSULE	5	PA
<i>promethazine vc plain oral solution</i>	2	PA; AL (Max 64 Years)
PULMOZYME INHALATION SOLUTION	5	BD
SYMBICORT INHALATION AEROSOL	3	QL (10.2 GM per 30 days); EHS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet</i>	2	PA; AL (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA; AL (Max 64 Years)
<i>cyclobenzaprine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>metaxall oral tablet</i>	2	PA; AL (Max 64 Years)
<i>metaxalone oral tablet</i>	2	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>methocarbamol oral tablet</i>	2	PA; AL (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	2	PA; AL (Max 64 Years)
<i>tizanidine hcl oral capsule</i>	2	EHS
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>temazepam oral capsule</i>	2	PA New Starts Only; QL (7 EA per 30 days); AL (Max 64 Years)
<i>zolpidem tartrate oral tablet</i>	2	PA New Starts Only
Sleep Disorders, Other		
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
<i>doxepin hcl oral concentrate</i>	2	PA New Starts Only; AL (Max 64 Years); EHS
HETLIOZ ORAL CAPSULE	5	PA
<i>modafinil oral tablet</i>	2	PA; EHS
ROZEREM ORAL TABLET	3	QL (30 EA per 30 days); EHS
XYREM ORAL SOLUTION	5	PA New Starts Only
Therapeutic Nutrients/ Minerals/ Electrolytes		
Electrolyte/ Mineral Modifiers		
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	3	HI
AMINOSYN-RF INTRAVENOUS SOLUTION	3	HI
CHEMET ORAL CAPSULE	3	
DEPEN TITRATABS ORAL TABLET	5	
EXJADE ORAL TABLET SOLUBLE	5	PA
FERRIPROX ORAL SOLUTION	5	PA New Starts Only
FERRIPROX ORAL TABLET	5	PA New Starts Only
FREAMINE HBC INTRAVENOUS SOLUTION	3	HI
JADENU ORAL TABLET	5	PA
JADENU SPRINKLE ORAL PACKET	5	PA
<i>kionex oral powder</i>	2	
PLENAMINE INTRAVENOUS SOLUTION	3	HI
SAMSCA ORAL TABLET	5	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>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sps oral suspension</i>	2	EHS
SYPRINE ORAL CAPSULE	5	PA
VELPHORO ORAL TABLET CHEWABLE	5	
VELTASSA ORAL PACKET	3	
Electrolyte/ Mineral Replacement		
CARBAGLU ORAL TABLET	5	PA New Starts Only
ISOLYTE-S INTRAVENOUS SOLUTION	4	HI
<i>klor-con 10 oral tablet extended release</i>	2	EHS
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	2	EHS
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	4	EHS
<i>klor-con m20 oral tablet extended release</i>	2	EHS
<i>klor-con oral tablet extended release</i>	2	EHS
<i>klor-con sprinkle oral capsule extended release</i>	2	EHS
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	4	EHS
<i>magnesium sulfate injection solution 50 %</i>	2	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	HI
OSMOPREP ORAL TABLET	4	
<i>physiolyte irrigation solution</i>	2	
<i>physiosol irrigation irrigation solution</i>	2	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	HI
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	HI
<i>potassium chloride crys er oral tablet extended release</i>	2	
<i>potassium chloride er oral capsule extended release</i>	2	EHS
<i>potassium chloride er oral tablet extended release</i>	2	EHS
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	HI

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>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	HI
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	EHS
<i>sodium chloride injection solution 2.5 meq/ml</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	EHS
SUPREP BOWEL PREP KIT ORAL SOLUTION	4	
Therapeutic Nutrients/ Minerals/ Electrolytes		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 8.5 %	3	HI
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION	3	HI
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	3	HI
AMINOSYN-HBC INTRAVENOUS SOLUTION	3	HI
AMINOSYN-PF INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION	3	HI

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

Drug Name	Tier	Requirements/Limits
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION	3	HI
CLINISOL SF INTRAVENOUS SOLUTION	3	HI
<i>dextrose in lactated ringers intravenous solution</i>	2	HI
<i>dextrose intravenous solution 10 %, 5 %</i>	2	HI
<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>	2	HI
<i>fomepizole intravenous solution 1 gm/ml</i>	2	
HEPATAMINE INTRAVENOUS SOLUTION	3	HI
<i>intralipid intravenous emulsion 20 %</i>	2	HI
INTRALIPID INTRAVENOUS EMULSION 30 %	4	HI
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	4	HI
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	HI
<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>	2	HI
<i>kcl-lactated ringers-d5w intravenous solution</i>	2	HI
<i>lactated ringers intravenous solution</i>	2	HI

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>lactated ringers irrigation solution</i>	2	
<i>levocarnitine oral solution</i>	2	EHS
<i>levocarnitine oral tablet</i>	2	EHS
NEPHRAMINE INTRAVENOUS SOLUTION	3	HI
<i>normosol-m in d5w intravenous solution</i>	2	HI
<i>normosol-r in d5w intravenous solution</i>	2	HI
<i>nutrilipid intravenous emulsion 20 %</i>	2	BD
PLENAMINE INTRAVENOUS SOLUTION	3	HI
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	2	HI
PREMASOL INTRAVENOUS SOLUTION	3	HI
PRENATAL ORAL TABLET 27-1 MG	3	EHS
PROCALAMINE INTRAVENOUS SOLUTION	3	BD
PROSOL INTRAVENOUS SOLUTION	3	
<i>ringers intravenous solution</i>	2	
<i>ringers irrigation irrigation solution</i>	2	
<i>sodium lactate intravenous solution 5 meq/ml</i>	2	
<i>sterile water for irrigation irrigation solution</i>	2	
<i>tpn electrolytes intravenous solution</i>	2	
TRAVASOL INTRAVENOUS SOLUTION	3	BD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	BD
Vitamins		
<i>doxercalciferol intravenous solution</i>	2	HI
<i>doxercalciferol oral capsule</i>	2	ST; EHS

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

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Bengali	<p>Independent Health প্রযোজ্য ফেডারেল নাগরিক অধিকার আইন মেনে চলে এবং জাতি, রঙ, জাতীয় উৎপত্তি, বয়স, অক্ষমতা, বা লিঙ্গের ভিত্তিতে বৈষম্য করে না।</p> <p>লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-665-1502 (TTY: 1-800-432-1110)।</p>
Polish	<p>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.</p>
Arabic	<p>يلتزم Independent Health بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس.</p> <p>ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-1502 (رقم هاتف الصم والبكم: 1-800-432-1110).</p>
French	<p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.</p>
Urdu	<p>Independent Health قابل اطلاق وفاقی شہری حقوق کے قوانین کی تعمیل کرتا ہے اور یہ کہ نسل، رنگ، قومیت، عمر، معذوری یا جنس کی بنیاد پر امتیاز نہیں کرتا۔</p> <p>خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-665-1502 (TTY: 1-800-432-1110)۔</p>
Tagalog	<p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Sumusunod ang Independent Health sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.</p>
Greek	<p>ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους για τα ατομικά δικαιώματα και δεν προβαίνει σε διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο.</p>
Albanian	<p>KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health vepron në përputhje me ligjet e zbatueshme federale të të drejtave civile dhe nuk ushtron diskriminim mbi baza si raca, ngjyra, prejardhja etnike, moshë, aftësia e kufizuar ose gjinia.</p>