

Pharmacy Benefit Dimensions Prescription Drug Plan (PDP)

Part D Formulary

*Pharmacy
Benefit
Dimensions®*

2018 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, 2018. For more recent information or other questions, please contact Pharmacy Benefit Dimensions' 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.pbdrx.com/Medicare.

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

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

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Pharmacy Benefit Dimensions. When it refers to “plan” or “our plan,” it means Pharmacy Benefit Dimensions Prescription Drug Plan (PDP).

This document includes the list of the drugs (formulary) for our plan which is current as of December 1, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

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

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 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, or 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, 2018. To get updated information about the drugs covered by Pharmacy Benefit Dimensions, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.pbdrx.com/Medicare and in printed form.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 113. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Pharmacy Benefit Dimensions requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Pharmacy Benefit Dimensions before you fill your prescriptions. If you don't get approval, Pharmacy Benefit Dimensions may not cover the drug.
- **Quantity Limits:** For certain drugs, Pharmacy Benefit Dimensions limits the amount of the drug that we will cover. For example, Pharmacy Benefit Dimensions provides 30 tablets per prescription for SILENOR 3MG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Pharmacy Benefit Dimensions requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we 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 documents that explain our prior authorization, quantity limit, and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Pharmacy Benefit Dimensions to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan (PDP) Part D formulary?” on page III for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Pharmacy Benefit Dimensions limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day 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 month prescription claim.

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

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

After authorizing the temporary fills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received, instructions for working with the plan and your doctor to identify appropriate therapeutic alternatives that are in the Pharmacy Benefit Dimensions Prescription Drug Plan (PDP) Part D 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 Pharmacy Benefit Dimensions prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Pharmacy Benefit Dimensions' Formulary

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

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

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

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

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

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

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

Drugs listed with an “**OBT**” 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 how the drug will be obtained. If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-payment in this drug list. Please refer to your Evidence of Coverage for the cost of Part B drugs or contact Pharmacy Benefit Dimensions’ Medicare Member Services Department. Our contact information appears on the front and back cover pages.

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

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Drug Name	Tier	Requirements/Limits
Analgesics		
ABSTRAL	3	PA; QL (120 EA per 30 days)
<i>acetaminophen-codeine</i>	1	
<i>acetaminophen-codeine #3</i>	1	
<i>ascomp-codeine</i>	1	PA; AL (Max 64 Years)
BUPAP ORAL TABLET 50-300 MG	3	PA; AL (Max 64 Years)
BUPRENEX	3	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA; AL (Max 64 Years)
<i>butalbital-apap-caff-cod</i>	1	PA; AL (Max 64 Years)
<i>butalbital-apap-caffeine oral capsule</i>	1	PA; AL (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA; AL (Max 64 Years)
<i>butalbital-asa-caff-codeine</i>	1	PA; AL (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA; AL (Max 64 Years)
<i>butorphanol tartrate injection</i>	1	
<i>butorphanol tartrate nasal</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	2	QL (4 EA per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR	2	
CAMBIA	3	
CELEBREX	3	EDS
<i>celecoxib oral</i>	1	EDS
<i>codeine sulfate oral tablet</i>	1	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG	3	ST; QL (30 EA per 30 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	3	ST
<i>diclofenac potassium</i>	1	EDS
<i>diclofenac sodium er</i>	1	EDS
<i>diclofenac sodium oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>diclofenac sodium transdermal gel 3 %</i>	1	PA; EDS
<i>diflunisal oral</i>	1	EDS
DILAUDID ORAL LIQUID	3	QL (2400 ML per 30 days)
DILAUDID ORAL TABLET	3	QL (180 EA per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	
DOLOPHINE ORAL TABLET 5 MG	3	QL (180 EA per 30 days)
DURAGESIC-100	3	QL (30 EA per 30 days)
DURAGESIC-12	3	QL (15 EA per 30 days)
DURAGESIC-25	3	QL (15 EA per 30 days)
DURAGESIC-50	3	QL (15 EA per 30 days)
DURAGESIC-75	3	QL (30 EA per 30 days)
<i>duramorph</i>	1	BD
EMBEDA	3	
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC ORAL TABLET	3	PA; AL (Max 64 Years)
<i>etodolac oral</i>	1	EDS
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	QL (30 EA per 30 days)
FELDENE	3	
<i>fenoprofen calcium oral capsule 400 mg</i>	1	EDS
<i>fenoprofen calcium oral tablet</i>	1	EDS
<i>fentanyl citrate buccal</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	1	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	1	QL (15 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (120 EA per 30 days)
FIORICET ORAL CAPSULE	3	PA; AL (Max 64 Years)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA; AL (Max 64 Years)
FIORINAL	3	PA; AL (Max 64 Years)
FIORINAL/CODEINE #3	3	PA; AL (Max 64 Years)
FLECTOR	2	PA; EDS
<i>flurbiprofen oral</i>	1	EDS

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

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

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

Drug Name	Tier	Requirements/Limits
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	BD
<i>morphine sulfate er beads</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	
<i>morphine sulfate er oral tablet extended release</i>	1	
<i>morphine sulfate injection solution 5 mg/ml</i>	1	
<i>morphine sulfate oral</i>	1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	
<i>nabumetone oral</i>	1	EDS
<i>nalbuphine hcl injection solution 10 mg/ml</i>	1	QL (480 ML per 30 days)
<i>nalbuphine hcl injection solution 20 mg/ml</i>	1	QL (240 ML per 30 days)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	EDS
<i>naproxen dr oral tablet delayed release 375 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	EDS
<i>naproxen oral</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
NORCO	3	
NUCYNTA	2	QL (180 EA per 30 days)
NUCYNTA ER	2	QL (60 EA per 30 days)
OPANA ORAL	3	QL (180 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	1	
<i>oxycodone hcl oral capsule</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution</i>	1	
<i>oxycodone hcl oral tablet</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	
<i>oxycodone-ibuprofen</i>	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	
<i>oxymorphone hcl er</i>	1	
<i>oxymorphone hcl oral tablet 10 mg</i>	1	
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
PENTAZOCINE-NALOXONE HCL	3	
<i>phrenilin forte oral capsule 50-300-40 mg</i>	1	PA; AL (Max 64 Years)
<i>piroxicam oral</i>	1	EDS
<i>profeno</i>	1	
ROXICODONE ORAL TABLET 15 MG	3	QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	QL (90 EA per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (540 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (120 EA per 30 days)
<i>sulindac oral</i>	1	EDS
<i>tencon oral tablet 50-325 mg</i>	3	PA; AL (Max 64 Years)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg, 300 mg (matrix delivery)</i>	1	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl oral</i>	1	
<i>tramadol-acetaminophen</i>	1	
TYLENOL WITH CODEINE #3	3	
TYLENOL WITH CODEINE #4	3	
ULTRACET	3	
ULTRAM	3	
VANATOL LQ	2	PA; AL (Max 64 Years)
XTAMPZA ER	3	QL (60 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>zebutal oral capsule 50-325-40 mg</i>	3	PA; AL (Max 64 Years)
Anesthetics		
<i>lidocaine external ointment</i>	1	EDS
<i>lidocaine external patch 5 %</i>	1	PA; EDS
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %</i>	1	
<i>lidocaine hcl external gel 2 %</i>	1	EDS
<i>lidocaine hcl external solution</i>	1	EDS
<i>lidocaine hcl injection solution 2 %</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
XYLOCAINE INJECTION SOLUTION 2 %	3	
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	1	
ANTABUSE	3	EDS
BUPRENEX	3	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	2	QL (4 EA per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR	2	
CHANTIX	2	
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH PAK	2	
<i>disulfiram oral</i>	1	EDS
LUCEMYRA	3	PA
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>naltrexone hcl oral</i>	1	
NARCAN	2	QL (2 EA per 30 days)
NICOTROL	2	
NICOTROL NS	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
ZYBAN	3	
Antibacterials		
<i>acetic acid otic</i>	1	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection</i>	1	
AVC VAGINAL	3	
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM	3	
AZASITE	3	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
<i>baciim</i>	1	
<i>bacitracin intramuscular</i>	1	
<i>bacitracin ophthalmic</i>	1	

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

Drug Name	Tier	Requirements/Limits
BACTROBAN EXTERNAL CREAM	3	
BACTROBAN NASAL	3	
BETHKIS	3	BD
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
BLEPH-10	3	
CAYSTON	3	
<i>cefaclor</i>	1	
CEFACLOR ER	3	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl injection</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
CHLORAMPHENICOL SOD SUCCINATE	3	
CILOXAN OPHTHALMIC OINTMENT	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
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin oral</i>	1	
<i>ciprofloxacin-ciproflox hcl er</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
CLEOCIN IN D5W	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
CLEOCIN-T EXTERNAL LOTION	3	
CLEOCIN-T EXTERNAL SOLUTION	3	
CLEOCIN-T EXTERNAL SWAB	3	
CLINDACIN-P	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>colistimethate sodium (cba)</i>	1	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	BD
<i>demeclocycline hcl oral</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	3	PA
<i>doripenem intravenous solution reconstituted 500 mg</i>	3	
DOXY 100	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>doxycycline monohydrate oral</i>	1	
E.E.S. 400 ORAL TABLET	3	
<i>ery</i>	3	
ERYPED 400	3	
ERY-TAB	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral capsule delayed release particles</i>	1	
<i>erythromycin base oral tablet</i>	1	
<i>erythromycin ethylsuccinate oral</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
<i>erythromycin ophthalmic</i>	1	
<i>gatifloxacin ophthalmic</i>	1	
<i>gentak ophthalmic ointment</i>	1	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate external</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	BD
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>global alcohol prep ease</i>	1	
HIPREX	3	
<i>imipenem-cilastatin</i>	1	
INVANZ INJECTION	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin ophthalmic</i>	1	
<i>levofloxacin oral</i>	1	
LINCOCIN	3	
<i>lincomycin hcl injection</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA
<i>linezolid oral</i>	1	PA

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

Drug Name	Tier	Requirements/Limits
MAXIPIME INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>meropenem</i>	1	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>methenamine hippurate</i>	1	EDS
METROCREAM	3	
METROLOTION	3	
<i>metronidazole external</i>	1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl er</i>	1	
<i>minocycline hcl oral</i>	1	
MONUROL	3	
<i>moxifloxacin hcl in nacl</i>	1	
<i>moxifloxacin hcl oral</i>	1	
<i>mupirocin calcium</i>	1	
<i>mupirocin external</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>neomycin sulfate oral</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin otic</i>	1	
ORBACTIV	3	PA
<i>oxacillin sodium</i>	1	
<i>paromomycin sulfate oral</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	
PENICILLIN G PROCAINE	3	

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

Drug Name	Tier	Requirements/Limits
<i>penicillin v potassium</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<i>polymyxin b sulfate injection</i>	1	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
SILVADENE	3	
<i>silver sulfadiazine external</i>	1	
SIVEXTRO	3	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 55 MG, 80 MG	3	
<i>ssd</i>	1	
STREPTOMYCIN SULFATE INTRAMUSCULAR	3	
<i>sulfacetamide sodium (acne)</i>	1	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>sulfadiazine oral</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SULFAMYLON	3	
SUPRAX ORAL CAPSULE	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
SYNERCID	3	BD
<i>tazicef injection</i>	1	
TEFLARO	3	
<i>tetracycline hcl oral</i>	1	
<i>tigecycline</i>	1	BD
TINDAMAX ORAL TABLET 500 MG	3	
<i>tinidazole oral</i>	1	
TOBI	3	BD
TOBI PODHALER	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
TOBRADEX OPHTHALMIC OINTMENT	2	
<i>tobramycin inhalation</i>	1	BD
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
TOBREX	3	
<i>trimethoprim oral</i>	1	
UNASYN INJECTION SOLUTION RECONSTITUTED 15 (10-5) GM, 3 (2-1) GM	3	
VABOMERE	3	PA; Prior Authorization Except Infectious Disease or Urology
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 1000 mg, 500 mg</i>	1	BD
<i>vancomycin hcl oral</i>	1	
<i>vandazole</i>	1	
VIBRAMYCIN ORAL SYRUP	3	
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	
ZANOSAR	3	PA New Starts; OBT
ZERBAXA	3	PA; OBT
ZITHROMAX INTRAVENOUS	3	
ZITHROMAX ORAL PACKET	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	2	
ZYVOX ORAL	3	PA
Anticonvulsants		
APTIOM	3	EDS
BANZEL	2	EDS
BRIVIACT	3	PA New Starts
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
CELONTIN	2	EDS
CEREBYX INJECTION SOLUTION 500 MG PE/10ML	3	
<i>clonazepam oral</i>	1	
<i>clorazepate dipotassium</i>	1	
DEPACON	3	BD

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

Drug Name	Tier	Requirements/Limits
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
DILANTIN ORAL CAPSULE 30 MG	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>epitol</i>	1	EDS
EQUETRO	3	EDS
<i>ethosuximide oral</i>	1	EDS
<i>felbamate</i>	1	EDS
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	1	
FYCOMPA	3	
<i>gabapentin oral capsule</i>	1	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	1	EDS
<i>gabapentin oral tablet</i>	1	EDS
GRALISE	3	
GRALISE STARTER	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	EDS
KLONOPIN	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 50 MG	3	EDS
<i>lamotrigine er</i>	1	EDS
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam er</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral</i>	1	EDS
<i>lorazepam oral</i>	1	
LYRICA	2	EDS
LYRICA CR	2	
MYSOLINE	3	EDS
ONFI ORAL SUSPENSION	2	
ONFI ORAL TABLET 10 MG, 20 MG	2	
<i>oxcarbazepine</i>	1	EDS
OXTELLAR XR	3	EDS
PEGANONE	2	EDS
<i>phenobarbital oral elixir</i>	1	PA New Starts; AL (Max 64 Years)
<i>phenobarbital oral tablet</i>	1	PA New Starts; AL (Max 64 Years)
PHENYTEK	2	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	1	EDS
<i>phenytoin oral tablet chewable</i>	1	EDS
<i>phenytoin sodium extended</i>	1	EDS
<i>phenytoin sodium injection</i>	1	
<i>primidone oral</i>	1	EDS
QUDEXY XR	3	
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
SABRIL ORAL TABLET	2	
SPRITAM	3	EDS
<i>tiagabine hcl oral tablet 12 mg, 16 mg</i>	1	
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	1	EDS
<i>topiramate er</i>	1	
<i>topiramate oral</i>	1	EDS
TROKENDI XR	3	
VALIUM	3	
<i>valproate sodium intravenous solution 100 mg/ml</i>	1	BD
<i>valproate sodium oral solution</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>vigabatrin</i>	1	
VIMPAT INTRAVENOUS	2	

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

Drug Name	Tier	Requirements/Limits
VIMPAT ORAL	2	EDS
<i>zonisamide oral</i>	1	EDS
Antidementia Agents		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	EDS
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	1	EDS
<i>ergoloid mesylates oral</i>	1	
<i>galantamine hydrobromide</i>	1	EDS
<i>galantamine hydrobromide er</i>	1	EDS
<i>memantine hcl oral solution</i>	1	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	1	
NAMENDA ORAL TABLET	3	EDS
NAMENDA TITRATION PAK	2	
NAMZARIC	3	PA
RAZADYNE ER	3	EDS
RAZADYNE ORAL TABLET	3	EDS
<i>rivastigmine</i>	1	EDS
<i>rivastigmine tartrate</i>	1	EDS
Antidepressants		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG	2	BD
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG	2	BD
<i>amitriptyline hcl oral</i>	1	PA New Starts; AL (Max 64 Years)
AMOXAPINE	2	
APLENZIN	3	EDS
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	EDS
<i>aripiprazole oral tablet 2 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	1	EDS; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	EDS; QL (60 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	EDS
<i>bupropion hcl er (sr)</i>	1	EDS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	EDS
<i>bupropion hcl oral</i>	1	EDS
<i>chlordiazepoxide-amitriptyline</i>	1	PA New Starts; AL (Max 64 Years)
<i>citalopram hydrobromide</i>	1	EDS
<i>clomipramine hcl oral</i>	1	PA New Starts; AL (Max 64 Years)
<i>desipramine hcl oral</i>	1	
<i>desvenlafaxine er</i>	1	EDS
<i>desvenlafaxine succinate er</i>	1	
<i>doxepin hcl oral</i>	1	PA New Starts; AL (Max 64 Years)
<i>duloxetine hcl oral</i>	1	EDS
EMSAM	2	PA New Starts
<i>escitalopram oxalate</i>	1	EDS
FETZIMA	3	
FETZIMA TITRATION	3	
<i>fluoxetine hcl oral capsule</i>	1	EDS
<i>fluoxetine hcl oral capsule delayed release</i>	1	EDS
<i>fluoxetine hcl oral solution</i>	1	EDS
<i>fluvoxamine maleate</i>	1	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	EDS
FORFIVO XL	3	EDS
<i>imipramine hcl oral</i>	1	PA New Starts; AL (Max 64 Years)
<i>imipramine pamoate</i>	3	PA New Starts; AL (Max 64 Years)
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine oral</i>	1	EDS
<i>nefazodone hcl</i>	1	EDS
<i>nortriptyline hcl oral</i>	1	EDS
<i>olanzapine-fluoxetine hcl</i>	1	EDS
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>paroxetine mesylate</i>	1	

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

Drug Name	Tier	Requirements/Limits
PAXIL ORAL SUSPENSION	3	EDS
<i>perphenazine-amitriptyline</i>	1	PA New Starts; AL (Max 64 Years)
PEXEVA	3	EDS
<i>phenelzine sulfate oral</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	
<i>sertraline hcl oral</i>	1	EDS
SILENOR ORAL TABLET 3 MG	3	QL (30 EA per 30 days)
SILENOR ORAL TABLET 6 MG	3	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl oral</i>	1	EDS
<i>trimipramine maleate oral</i>	1	PA New Starts; AL (Max 64 Years)
TRINTELLIX	3	EDS
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
VIIBRYD ORAL TABLET	3	EDS
VIIBRYD STARTER PACK	3	
Antiemetics		
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	3	BD
ANZEMET ORAL	3	BD
<i>aprepitant</i>	1	BD
CESAMET	3	PA
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	3	
<i>chlorpromazine hcl oral</i>	1	EDS
CINVANTI	2	BD
<i>compro</i>	1	
<i>diphenhydramine hcl injection</i>	1	
<i>dronabinol</i>	1	BD
EMEND ORAL SUSPENSION RECONSTITUTED	2	BD
<i>granisetron hcl intravenous solution 0.1 mg/ml, 1 mg/ml</i>	1	BD
<i>granisetron hcl oral</i>	1	BD
<i>hydroxyzine hcl oral tablet</i>	1	PA; AL (Max 64 Years)
<i>hydroxyzine pamoate oral</i>	1	PA; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
MARINOL	3	BD
<i>meclizine hcl oral tablet</i>	1	EDS
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>ondansetron</i>	1	BD
<i>ondansetron hcl injection solution 4 mg/2ml</i>	1	
<i>ondansetron hcl oral</i>	1	BD
<i>palonosetron hcl intravenous solution</i>	3	BD
<i>perphenazine oral</i>	1	EDS
<i>phenadoz rectal suppository 12.5 mg</i>	1	PA; AL (Max 64 Years)
PHENERGAN INJECTION	3	PA; AL (Max 64 Years)
<i>prochlorperazine</i>	1	EDS
<i>prochlorperazine edisylate injection</i>	1	BD
<i>prochlorperazine maleate oral</i>	1	BD; EDS
<i>promethazine hcl injection</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl oral syrup</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl oral tablet</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl rectal</i>	1	PA; AL (Max 64 Years)
<i>promethegan rectal suppository 25 mg</i>	1	PA; AL (Max 64 Years)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	3	PA; AL (Max 64 Years)
REGLAN ORAL	3	
SANCUSO	3	
<i>scopolamine</i>	1	
SYNDROS	3	BD
TIGAN ORAL	3	PA
TRANSDERM-SCOP (1.5 MG)	3	
<i>trimethobenzamide hcl oral</i>	1	PA
VARUBI ORAL	3	BD
ZOFRAN ODT	3	BD
ZOFRAN ORAL	3	BD
ZUPLENZ	3	BD
Antifungals		
ABELCET	3	BD; OBT
AMBISOME	3	BD; OBT

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

Drug Name	Tier	Requirements/Limits
AMPHOTERICIN B INJECTION	2	BD; OBT
CANCIDAS	3	BD
<i>casprofungin acetate</i>	1	BD
<i>ciclopirox</i>	1	
<i>ciclopirox olamine external</i>	1	
<i>clotrimazole external</i>	1	
<i>clotrimazole mouth/throat lozenge</i>	1	
<i>econazole nitrate external</i>	1	
ERAXIS	3	
ERTACZO	3	
EXELDERM	3	
EXTINA	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GYNAZOLE-1	3	
<i>itraconazole oral capsule</i>	1	PA
JUBLIA	3	PA
<i>ketoconazole external</i>	1	
<i>ketoconazole oral</i>	1	PA
LOPROX EXTERNAL SHAMPOO	3	
MENTAX	3	
MICONAZOLE 3 VAGINAL SUPPOSITORY	3	
MYCAMINE	2	
<i>naftifine hcl</i>	1	
NAFTIN EXTERNAL CREAM 2 %	3	
NAFTIN EXTERNAL GEL	2	
NATACYN	2	
NIZORAL	3	
NOXAFIL ORAL	3	EDS
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>nystatin mouth/throat</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystop</i>	1	
ORAVIG	3	
OXISTAT	3	
SPORANOX ORAL SOLUTION	2	PA
<i>terbinafine hcl oral</i>	1	
<i>terconazole vaginal cream</i>	1	
<i>voriconazole intravenous</i>	1	PA
<i>voriconazole oral</i>	1	PA
ZOLINZA	2	
Antigout Agents		
<i>allopurinol oral</i>	1	
<i>allopurinol sodium</i>	1	
<i>colchicine oral</i>	1	EDS
<i>colchicine-probenecid</i>	1	EDS
COLCRYS	3	EDS
MITIGARE	3	
<i>probenecid oral</i>	1	EDS
ULORIC	2	
ZYLOPRIM	3	EDS
Anti-Inflammatory Agents		
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
CELEBREX	3	EDS
<i>celecoxib oral</i>	1	EDS
CORTEF ORAL TABLET 20 MG, 5 MG	3	
<i>cortisone acetate oral</i>	1	
DEPO-MEDROL	3	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	1	
<i>diclofenac potassium</i>	1	EDS
<i>diclofenac sodium er</i>	1	EDS
<i>diclofenac sodium oral</i>	1	EDS
<i>diflunisal oral</i>	1	EDS
DIPROLENE EXTERNAL OINTMENT	3	
EMFLAZA	3	PA
<i>etodolac oral capsule 200 mg</i>	1	EDS
<i>etodolac oral tablet</i>	1	EDS
FELDENE	3	
<i>fenoprofen calcium oral capsule 400 mg</i>	1	EDS
<i>fenoprofen calcium oral tablet</i>	1	EDS
FLECTOR	2	PA; EDS
<i>flurbiprofen oral</i>	1	EDS
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	1	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	EDS
INDOCIN ORAL	3	PA; EDS; AL (Max 64 Years)
<i>indomethacin er</i>	1	PA; EDS; AL (Max 64 Years)
<i>indomethacin oral</i>	1	PA; EDS; AL (Max 64 Years)
KENALOG INJECTION	3	
KETOPROFEN ER	2	EDS
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac tromethamine oral</i>	1	PA; AL (Max 64 Years)
MEDROL ORAL TABLET	3	
<i>meloxicam oral tablet</i>	1	EDS
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg</i>	1	BD
<i>methylprednisolone oral tablet 32 mg, 4 mg, 8 mg</i>	1	BD; EDS
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	1	
MILLIPRED	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
MOBIC ORAL TABLET	3	EDS
<i>nabumetone oral</i>	1	EDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	EDS
<i>naproxen dr oral tablet delayed release 375 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	EDS
<i>naproxen oral</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG, 30 MG	3	
<i>oxycodone-ibuprofen</i>	1	
<i>piroxicam oral</i>	1	EDS
PRED MILD	2	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	2	
PREDNISONE ORAL TABLET THERAPY PACK 10 MG (48), 5 MG (21), 5 MG (48)	2	
<i>profeno</i>	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 125 MG, 2 GM, 40 MG, 500 MG	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>sulindac oral</i>	1	EDS
<i>triamcinolone acetonide external aerosol solution</i>	1	
VERIPRED 20	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
Antimigraine Agents		
AIMOVIG 140 DOSE	3	PA
<i>almotriptan malate</i>	1	
AMERGE	3	
AXERT ORAL TABLET 12.5 MG	3	
BOTOX	3	PA; OBT
CAFERGOT	2	
<i>dihydroergotamine mesylate injection</i>	1	
<i>dihydroergotamine mesylate nasal</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>eletriptan hydrobromide</i>	1	
<i>ergotamine-caffeine</i>	1	
FROVA	3	
<i>frovatriptan succinate</i>	1	
IMITREX ORAL	3	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	3	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	3	
IMITREX SUBCUTANEOUS	3	
MAXALT ORAL TABLET 10 MG	3	
MAXALT-MLT	3	
<i>migergot</i>	1	
MIGRANAL	3	
<i>naratriptan hcl</i>	1	
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan nasal</i>	1	
<i>sumatriptan succinate oral</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	

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>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	
<i>sumatriptan-naproxen sodium</i>	1	
<i>timolol maleate oral</i>	1	EDS
<i>topiramate oral</i>	1	EDS
TREXIMET	3	
<i>valproate sodium oral solution</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>zolmitriptan oral</i>	1	
ZOMIG	3	
ZOMIG ZMT	3	
Antimyasthenic Agents		
<i>guanidine hcl oral</i>	1	
MESTINON ORAL SYRUP	2	
MESTINON ORAL TABLET	3	EDS
MESTINON ORAL TABLET EXTENDED RELEASE	3	
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide oral</i>	1	EDS
Antimycobacterials		
CAPASTAT SULFATE	3	
<i>dapsone oral</i>	1	EDS
<i>ethambutol hcl oral</i>	1	
ISONIAZID INJECTION	3	
<i>isoniazid oral</i>	1	EDS
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	1	
RIFADIN ORAL CAPSULE 150 MG	3	
RIFAMATE	3	
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
RIFATER	2	
SIRTURO	3	PA

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

Drug Name	Tier	Requirements/Limits
TRECTOR	3	
Antineoplastics		
ABRAXANE	3	PA New Starts; OB
<i>adriamycin intravenous solution</i>	1	PA
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	3	PA New Starts; OB
AFINITOR	3	PA New Starts
ALECENSA	3	PA New Starts
ALIMTA	3	PA; OB
ALIQOPA	3	PA New Starts
ALKERAN INTRAVENOUS	3	PA New Starts
ALUNBRIG	3	PA New Starts
<i>anastrozole oral</i>	1	EDS
ARIMIDEX	3	EDS
AROMASIN	3	EDS
ARRANON	3	PA New Starts; OB
AVASTIN	3	PA; OB
<i>avita</i>	1	
<i>azacitidine</i>	1	PA New Starts; OB
BAVENCIO	3	PA New Starts; OB
BELEODAQ	3	PA New Starts; OB
<i>bexarotene</i>	1	
<i>bicalutamide</i>	1	
BICNU	3	PA New Starts; OB
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	1	PA New Starts; OB
<i>bortezomib</i>	1	PA New Starts
BOSULIF	3	PA New Starts
<i>busulfan</i>	1	PA New Starts; OB
BUSULFEX	3	PA New Starts
CABOMETYX	3	PA New Starts
CALQUENCE	3	PA New Starts
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML	3	PA
CAPRELSA	3	PA New Starts
CASODEX	3	
<i>cisplatin intravenous solution 50 mg/50ml</i>	1	PA New Starts; OB

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>cladribine intravenous solution 10 mg/10ml</i>	1	PA New Starts; OBT
<i>clofarabine</i>	1	PA New Starts; OBT
COMETRIQ (100 MG DAILY DOSE)	3	PA New Starts
COMETRIQ (140 MG DAILY DOSE)	3	PA New Starts
COMETRIQ (60 MG DAILY DOSE)	3	PA New Starts
COTELLIC	3	PA New Starts
<i>cyclophosphamide oral capsule 25 mg</i>	1	BD; EDS
<i>cyclophosphamide oral capsule 50 mg</i>	1	BD
CYRAMZA	3	PA; OBT
<i>cytarabine (pf) injection solution 100 mg/ml</i>	1	PA New Starts; OBT
<i>cytarabine injection solution</i>	1	PA New Starts; OBT
<i>dacarbazine intravenous solution reconstituted 200 mg</i>	1	PA; OBT
DACOGEN	3	PA New Starts
<i>dactinomycin</i>	1	PA New Starts
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML	3	PA New Starts; OBT
<i>daunorubicin hcl intravenous injectable</i>	1	PA New Starts; OBT
<i>decitabine</i>	1	PA New Starts; OBT
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	1	PA; OBT
DOCETAXEL INTRAVENOUS CONCENTRATE 80 MG/4ML	3	PA New Starts; OBT
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML	3	PA New Starts; OBT
DOXIL	3	PA
<i>doxorubicin hcl intravenous solution</i>	1	PA; OBT
<i>doxorubicin hcl liposomal</i>	1	PA; OBT
DROXIA	3	
ELITEK	2	PA; OBT
ELLECE INTRAVENOUS SOLUTION 200 MG/100ML	3	PA New Starts
EMCYT	2	
EMPLICITI	3	PA New Starts; OBT
<i>epirubicin hcl intravenous solution 200 mg/100ml</i>	1	PA New Starts; OBT
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML	3	PA; OBT

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

Drug Name	Tier	Requirements/Limits
ERIVEDGE	3	PA New Starts
ERLEADA	2	PA New Starts
ERWINAZE INJECTION	3	PA New Starts; OBT
ETOPOPHOS	3	
<i>etoposide intravenous solution 100 mg/5ml</i>	1	
<i>exemestane</i>	1	EDS
FARESTON	2	EDS
FARYDAK	3	PA New Starts
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	2	PA New Starts; OBT
<i>fludarabine phosphate intravenous solution reconstituted</i>	1	PA; OBT
<i>flutamide</i>	1	EDS
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	2	PA; OBT
FUSILEV	3	
<i>gemcitabine hcl intravenous solution reconstituted 1 gm</i>	1	PA; OBT
GEMZAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	3	PA
GILOTRIF	3	PA New Starts
GLEEVEC ORAL TABLET 100 MG	3	PA New Starts
GLEEVEC ORAL TABLET 400 MG	3	PA New Starts; EDS
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
HALAVEN	2	PA New Starts; OBT
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	PA New Starts
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG	3	PA New Starts; OBT
HEXALEN	2	
HYCAMTIN INTRAVENOUS	3	
HYDREA	3	
<i>hydroxyurea oral</i>	1	EDS
IBRANCE	3	PA New Starts
ICLUSIG	3	PA New Starts
IDAMYCIN PFS INTRAVENOUS SOLUTION 20 MG/20ML	3	PA
<i>idarubicin hcl intravenous solution 10 mg/10ml</i>	1	PA; OBT

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

Drug Name	Tier	Requirements/Limits
IDHIFA	3	PA New Starts
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	3	PA
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	1	PA; OBT
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA New Starts
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA New Starts; EDS
IMBRUVICA	3	PA New Starts
IMFINZI	3	PA New Starts; OBT
INLYTA	3	PA New Starts
IRESSA	3	PA New Starts
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	1	PA; OBT
ISTODAX (OVERFILL)	3	PA New Starts; OBT
JAKAFI	3	PA New Starts
JEVTANA	2	PA New Starts; OBT
KADCYLA	3	PA New Starts
KEYTRUDA INTRAVENOUS SOLUTION	3	PA New Starts; OBT
KISQALI 200 DOSE	3	PA New Starts
KISQALI 400 DOSE	3	PA New Starts
KISQALI 600 DOSE	3	PA New Starts
KISQALI FEMARA 200 DOSE	3	PA New Starts
KISQALI FEMARA 400 DOSE	3	PA New Starts
KISQALI FEMARA 600 DOSE	3	PA New Starts
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG	3	PA New Starts; OBT
LARTRUVO	3	PA New Starts; OBT
LENVIMA 10 MG DAILY DOSE	3	PA New Starts
LENVIMA 14 MG DAILY DOSE	3	PA New Starts
LENVIMA 18 MG DAILY DOSE	3	PA New Starts
LENVIMA 20 MG DAILY DOSE	3	PA New Starts
LENVIMA 24 MG DAILY DOSE	3	PA New Starts
LENVIMA 8 MG DAILY DOSE	3	PA New Starts
<i>letrozole oral</i>	1	EDS
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	1	
<i>leucovorin calcium oral</i>	1	
LEUKERAN	2	

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>levoleucovorin calcium intravenous solution</i>	1	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	1	
LONSURF	3	PA New Starts
LYNPARZA	3	PA New Starts
MATULANE	2	
MEKINIST	3	PA New Starts
<i>melphalan hcl</i>	1	PA New Starts; OBT
<i>mesna</i>	1	PA; OBT
MESNEX INTRAVENOUS	3	PA
MESNEX ORAL	2	
<i>mitomycin intravenous</i>	1	PA New Starts; OBT
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	1	PA; OBT
MUSTARGEN	3	PA New Starts; OBT
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	3	PA New Starts
NERLYNX	3	PA New Starts
NEXAVAR	3	PA New Starts
<i>nilutamide</i>	1	
NINLARO	3	PA New Starts
NIPENT	3	PA New Starts; OBT
ODOMZO	3	PA New Starts
OFEV	2	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	3	PA New Starts; OBT
<i>oxaliplatin intravenous solution 100 mg/20ml</i>	1	PA New Starts; OBT
<i>oxaliplatin intravenous solution reconstituted 100 mg</i>	1	PA New Starts
<i>paclitaxel intravenous concentrate 100 mg/16.7ml</i>	1	PA New Starts; OBT
PANRETIN	2	
POMALYST	3	PA New Starts
PROLEUKIN	2	PA New Starts; OBT
PURIXAN	2	
RETIN-A	3	
RETIN-A MICRO	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
REVLIMID	3	PA New Starts
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML	2	PA New Starts
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML	2	PA New Starts; OBT
RUBRACA	3	PA New Starts
RYDAPT	3	PA New Starts
SOLTAMOX	2	EDS
SPRYCEL	2	PA New Starts
STIVARGA	3	PA New Starts
SUTENT	3	PA New Starts
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	BD
<i>sylvant intravenous solution reconstituted 400 mg</i>	3	BD
SYNRIBO	3	PA New Starts; OBT
TABLOID	3	
TAFINLAR	3	PA New Starts
TAGRISSO	3	PA New Starts
<i>tamoxifen citrate oral</i>	1	EDS
TARCEVA	2	
TARGRETIN EXTERNAL	2	
TARGRETIN ORAL	3	
TASIGNA	3	
TAXOTERE INTRAVENOUS CONCENTRATE 80 MG/4ML	3	PA New Starts
TECENTRIQ	3	PA New Starts; OBT
THALOMID	2	
<i>toposar intravenous solution 1 gm/50ml</i>	1	
<i>topotecan hcl intravenous solution reconstituted</i>	1	
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	2	PA New Starts; OBT
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	2	PA New Starts
<i>tretinoin external cream</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>tretinoin oral</i>	1	
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	2	PA New Starts
TYKERB	3	PA New Starts
VALCHLOR	3	PA New Starts
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML	3	BD; OBT
VELCADE INJECTION	2	PA New Starts; OBT
VENCLEXTA	3	PA New Starts
VENCLEXTA STARTING PACK	3	PA New Starts
VERZENIO	3	PA New Starts
VIDAZA	3	PA New Starts
VINBLASTINE SULFATE INTRAVENOUS SOLUTION	3	PA New Starts; OBT
<i>vincasar pfs</i>	1	PA; OBT
<i>vincristine sulfate intravenous</i>	1	PA; OBT
<i>vinorelbine tartrate intravenous solution 50 mg/5ml</i>	1	PA; OBT
VOTRIENT	3	PA New Starts
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	3	PA New Starts
XALKORI	3	PA New Starts
XTANDI	3	PA New Starts
YERVOY INTRAVENOUS SOLUTION 50 MG/10ML	3	PA; OBT
YONDELIS	3	PA New Starts; OBT
ZEJULA	2	PA New Starts
ZELBORAF	3	PA New Starts
ZINECARD INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	3	PA
ZOLINZA	2	
ZURAMPIC	3	PA
ZYDELIG	3	
ZYKADIA	3	PA New Starts
ZYTIGA	2	PA New Starts
Antiparasitics		
ALBENZA	3	
ALINIA	2	
<i>atovaquone oral</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>benznidazole</i>	3	PA

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

Drug Name	Tier	Requirements/Limits
BILTRICIDE	3	
<i>chloroquine phosphate oral</i>	1	EDS
COARTEM	2	QL (24 EA per 30 days)
DARAPRIM	2	
EMVERM	3	
EURAX	2	
<i>hydroxychloroquine sulfate oral</i>	1	EDS
<i>ivermectin oral</i>	1	
<i>lindane external shampoo</i>	1	
MALARONE ORAL TABLET 250-100 MG	3	EDS
MALARONE ORAL TABLET 62.5-25 MG	3	
<i>malathion external</i>	1	
<i>mefloquine hcl</i>	1	EDS
MEPRON	3	
NEBUPENT	3	
OVIDE	3	
PENTAM	3	
<i>permethrin external cream</i>	1	
PLAQUENIL	3	EDS
<i>primaquine phosphate oral</i>	1	
QUALAQUIN	3	
<i>quinine sulfate oral</i>	1	
SKLICE	3	
STROMECTOL	3	
Antiparkinson Agents		
<i>amantadine hcl oral</i>	1	EDS
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA New Starts
<i>benztropine mesylate injection</i>	1	BD
<i>benztropine mesylate oral</i>	1	PA; EDS; AL (Max 64 Years)
<i>bromocriptine mesylate oral</i>	1	EDS
<i>carbidopa oral</i>	1	EDS
<i>carbidopa-levodopa</i>	1	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	EDS
<i>carbidopa-levodopa-entacapone</i>	1	EDS
COGENTIN	3	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
COMTAN	3	EDS
<i>diphenhydramine hcl injection</i>	1	
DUOPA ENTERAL	3	PA New Starts; EDS
ELDEPRYL	3	EDS
<i>entacapone</i>	1	EDS
GOCOVRI	3	PA
LODOSYN	3	EDS
MIRAPEX	3	EDS
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG	3	EDS
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 3.75 MG	3	
NEUPRO	3	
PARLODEL ORAL CAPSULE	3	
<i>pramipexole dihydrochloride</i>	1	EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 4.5 mg</i>	1	EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3 mg, 3.75 mg</i>	1	
<i>rasagiline mesylate oral</i>	1	
REQUIP	3	EDS
REQUIP XL	3	EDS
<i>ropinirole hcl</i>	1	EDS
<i>ropinirole hcl er</i>	1	EDS
<i>selegiline hcl oral</i>	1	EDS
SINEMET	3	EDS
SINEMET CR	3	EDS
STALEVO 100	3	EDS
STALEVO 125	3	EDS
STALEVO 150	3	EDS
STALEVO 200	3	EDS
STALEVO 50	3	EDS
STALEVO 75	3	EDS
<i>tolcapone</i>	1	EDS
<i>trihexyphenidyl hcl</i>	1	PA; EDS; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
ZELAPAR	2	EDS
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG	2	BD
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG	2	BD
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	EDS
<i>aripiprazole oral tablet 2 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	1	EDS; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	EDS
ARISTADA	2	BD
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	3	
<i>chlorpromazine hcl oral</i>	1	EDS
<i>clozapine</i>	1	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	QL (90 EA per 30 days)
FANAPT ORAL TABLET 10 MG	3	EDS; QL (60 EA per 30 days)
FANAPT ORAL TABLET 12 MG	3	
FANAPT ORAL TABLET 8 MG	3	EDS
FANAPT TITRATION PACK	3	QL (8 EA per 28 days)
<i>fluphenazine decanoate injection</i>	1	BD
<i>fluphenazine hcl injection</i>	1	BD
<i>fluphenazine hcl oral</i>	1	EDS
GEODON INTRAMUSCULAR	3	BD
HALDOL	3	BD
HALDOL DECANOATE	3	BD
<i>haloperidol decanoate intramuscular</i>	1	BD
<i>haloperidol lactate injection</i>	1	BD
<i>haloperidol lactate oral</i>	1	
<i>haloperidol oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
INVEGA	3	EDS
INVEGA SUSTENNA	2	
INVEGA TRINZA	3	PA New Starts; OBT
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	3	EDS; QL (30 EA per 30 days)
LATUDA ORAL TABLET 60 MG	3	EDS; QL (60 EA per 30 days)
LATUDA ORAL TABLET 80 MG	3	EDS
<i>loxapine succinate oral</i>	1	EDS
NUPLAZID ORAL TABLET 17 MG	3	PA New Starts
<i>olanzapine intramuscular</i>	1	BD
<i>olanzapine oral</i>	1	EDS
ORAP ORAL TABLET 1 MG	3	EDS
<i>paliperidone er</i>	1	EDS
<i>perphenazine oral</i>	1	EDS
<i>pimozide</i>	1	EDS
<i>prochlorperazine edisylate injection</i>	1	BD
<i>prochlorperazine maleate oral</i>	1	BD; EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	3	
RISPERDAL CONSTA	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	1	
SAPHRIS	3	EDS
<i>thioridazine hcl oral tablet 10 mg</i>	1	PA New Starts; EDS; AL (Max 64 Years)
<i>thioridazine hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	PA New Starts; AL (Max 64 Years)
<i>thiothixene oral capsule 1 mg, 2 mg</i>	1	EDS
<i>thiothixene oral capsule 10 mg, 5 mg</i>	1	
<i>trifluoperazine hcl oral</i>	1	EDS
VERSACLOZ	3	
VRAYLAR	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
ZYPREXA INTRAMUSCULAR	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	EDS
<i>baclofen oral tablet 5 mg</i>	1	
BOTOX	3	PA; OBT
<i>dantrolene sodium oral</i>	1	
DYSPORT	3	PA; OBT
<i>tizanidine hcl oral</i>	1	EDS
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT	3	PA; OBT
ZANAFLEX	3	EDS
Antivirals		
<i>abacavir sulfate oral solution</i>	1	
<i>abacavir sulfate oral tablet</i>	1	EDS
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	EDS
<i>acyclovir external</i>	1	
<i>acyclovir oral capsule</i>	1	EDS
<i>acyclovir oral suspension</i>	1	
<i>acyclovir oral tablet 400 mg</i>	1	EDS
<i>acyclovir oral tablet 800 mg</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	BD
<i>adefovir dipivoxil</i>	1	EDS
<i>amantadine hcl oral</i>	1	EDS
APTIVUS	2	EDS
<i>atazanavir sulfate</i>	1	
ATRIPLA	2	EDS
BARACLUDE	2	EDS
BIKTARVY	2	
<i>cidofovir intravenous</i>	1	BD
CIMDUO	2	
COMBIVIR	3	EDS
COMPLERA	2	EDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	EDS

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

Drug Name	Tier	Requirements/Limits
CYTOVENE	3	PA
DESCOVY	3	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	1	EDS
EDURANT	2	EDS
<i>efavirenz</i>	1	
EMTRIVA	2	EDS
<i>entecavir</i>	1	EDS
EPCLUSA	2	PA
EPIVIR	3	EDS
EPIVIR HBV ORAL SOLUTION	2	EDS
EPIVIR HBV ORAL TABLET	3	EDS
EVOTAZ	3	
<i>famciclovir oral</i>	1	EDS
FLUMADINE	3	
<i>fosamprenavir calcium</i>	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
<i>ganciclovir sodium intravenous solution reconstituted</i>	1	PA; OB
GENVOYA	2	
HARVONI	2	PA
HEPSERA	3	EDS
INTELENCE	2	EDS
INTRON A INJECTION SOLUTION 10000000 UNIT/ML	2	PA New Starts
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	2	PA New Starts; OB
INTRON A INJECTION SOLUTION RECONSTITUTED	2	PA New Starts; OB
INVIRASE	2	EDS
ISENTRESS	2	EDS
ISENTRESS HD	2	
JULUCA	2	
KALETRA ORAL TABLET	2	EDS
<i>lamivudine</i>	1	EDS
<i>lamivudine-zidovudine</i>	1	EDS
LEXIVA ORAL SUSPENSION	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>lopinavir-ritonavir</i>	1	
MAVYRET	2	PA
MODERIBA 1200 DOSE PACK	3	PA
MODERIBA 800 DOSE PACK	3	PA
MODERIBA ORAL TABLET 200 MG	3	PA
<i>nevirapine er</i>	1	EDS
<i>nevirapine oral tablet</i>	1	EDS
NORVIR ORAL CAPSULE	2	EDS
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	EDS
ODEFSEY	2	
<i>oseltamivir phosphate oral</i>	1	
PEGASYS PROCLICK	2	PA
PEGASYS SUBCUTANEOUS SOLUTION	2	PA
PREVYMIS ORAL	3	PA New Starts
PREZCOBIX	3	
PREZISTA ORAL SUSPENSION	2	EDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	EDS
REBETOL ORAL SOLUTION	3	PA
RELENZA DISKHALER	3	
RESCRIPTOR	2	EDS
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL CAPSULE	3	EDS
RETROVIR ORAL SYRUP	3	EDS
REYATAZ ORAL PACKET	2	EDS
<i>ribasphere oral capsule</i>	3	PA
<i>ribasphere oral tablet 200 mg</i>	3	PA
RIBASPHERE ORAL TABLET 400 MG, 600 MG	3	PA
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	3	PA
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK	3	PA
<i>ribavirin oral capsule</i>	1	PA
<i>ribavirin oral tablet 200 mg</i>	1	PA
<i>rimantadine hcl</i>	1	
<i>ritonavir</i>	1	

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

Drug Name	Tier	Requirements/Limits
SELZENTRY	2	
SOVALDI	2	PA
<i>stavudine oral capsule</i>	1	EDS
STRIBILD	2	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts
SYMFI	2	
SYMFI LO	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	EDS
<i>trifluridine ophthalmic</i>	1	
TRIUMEQ	2	
TRIZIVIR	3	EDS
TRUVADA	2	EDS
TYBOST	2	EDS
<i>valacyclovir hcl oral</i>	1	EDS
VALCYTE ORAL TABLET	3	
<i>valganciclovir hcl</i>	1	
VALTREX	3	EDS
VEMLIDY	2	PA
VIDEX EC	3	EDS
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	2	EDS
VIRACEPT ORAL TABLET	2	EDS
VIRAMUNE ORAL SUSPENSION	2	EDS
VIRAMUNE ORAL TABLET	3	EDS
VIRAMUNE XR	3	EDS
VIREAD ORAL POWDER	2	EDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	EDS
VOSEVI	2	PA
ZERIT	3	EDS
ZIAGEN ORAL SOLUTION	2	EDS
ZIAGEN ORAL TABLET	3	EDS
<i>zidovudine</i>	1	EDS
ZIRGAN	2	
ZOVIRAX EXTERNAL CREAM	2	
ZOVIRAX EXTERNAL OINTMENT	3	

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

Drug Name	Tier	Requirements/Limits
ZOVIRAX ORAL CAPSULE	3	
ZOVIRAX ORAL SUSPENSION	3	
Anxiolytics		
<i>alprazolam er</i>	1	
<i>alprazolam oral</i>	1	
<i>bupirone hcl oral</i>	1	EDS
<i>clonazepam oral</i>	1	
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin hcl oral</i>	1	PA New Starts; AL (Max 64 Years)
<i>duloxetine hcl oral</i>	1	EDS
<i>escitalopram oxalate</i>	1	EDS
<i>hydroxyzine hcl oral tablet</i>	1	PA; AL (Max 64 Years)
<i>hydroxyzine pamoate oral</i>	1	PA; AL (Max 64 Years)
KLONOPIN	3	
<i>lorazepam oral</i>	1	
<i>meprobamate oral tablet 200 mg</i>	1	PA; AL (Max 64 Years)
<i>meprobamate oral tablet 400 mg</i>	1	PA; EDS; AL (Max 64 Years)
<i>oxazepam</i>	1	
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL ORAL SUSPENSION	3	EDS
PEXEVA	3	EDS
<i>sertraline hcl oral</i>	1	EDS
SILENOR ORAL TABLET 3 MG	3	QL (30 EA per 30 days)
SILENOR ORAL TABLET 6 MG	3	
<i>triazolam</i>	1	QL (7 EA per 30 days)
VALIUM	3	
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
XANAX	3	
XANAX XR	3	

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

Drug Name	Tier	Requirements/Limits
Bipolar Agents		
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>epitol</i>	1	EDS
EQUETRO	3	EDS
GEODON INTRAMUSCULAR	3	BD
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	EDS
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	1	EDS
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>lithium</i>	1	EDS
<i>lithium carbonate er</i>	1	EDS
<i>lithium carbonate oral</i>	1	EDS
<i>olanzapine intramuscular</i>	1	BD
<i>olanzapine oral</i>	1	EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	
RISPERDAL CONSTA	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 4 mg</i>	1	
SAPHRIS	3	EDS
<i>valproate sodium oral solution</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
VRAYLAR	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS
ZYPREXA INTRAMUSCULAR	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Blood Glucose Regulators		
<i>acarbose</i>	1	EDS
ACTOPLUS MET XR	2	EDS
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	EDS
BYDUREON BCISE	3	ST
BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	ST; EDS
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	3	ST
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
CHLORPROPAMIDE	3	PA; EDS; AL (Max 64 Years)
<i>colesevelam hcl oral tablet</i>	1	
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
CYCLOSET	3	EDS
<i>exel comfort point pen needle 29g x 12mm</i>	1	EDS
<i>glimepiride</i>	1	EDS
<i>glipizide er</i>	1	EDS
<i>glipizide oral</i>	1	EDS
<i>glipizide-metformin hcl</i>	1	EDS
GLUCAGEN HYPOKIT	2	
<i>glucagon emergency</i>	1	
GLYSET	3	EDS
GLYXAMBI	3	ST; EDS
HUMALOG	2	EDS

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

Drug Name	Tier	Requirements/Limits
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	EDS
HUMALOG MIX 50/50	2	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 75/25	2	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN 70/30	2	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN N	2	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN R	2	EDS
HUMULIN R U-500 (CONCENTRATED)	2	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
INVOKAMET	2	
INVOKAMET XR	2	
INVOKANA	2	EDS
JANUMET	2	EDS
JANUMET XR	2	EDS
JANUVIA	2	EDS
JARDIANCE	2	EDS
JENTADUETO	2	
JENTADUETO XR	2	
KORLYM	2	PA New Starts
LANTUS	2	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LAZANDA NASAL SOLUTION 300 MCG/ACT	3	PA; QL (120 EA per 30 days)
<i>metformin hcl er</i>	1	EDS
<i>metformin hcl oral tablet</i>	1	EDS
<i>miglitol</i>	1	EDS
<i>nateglinide</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
OZEMPIC	2	ST
<i>pioglitazone hcl</i>	1	EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
PROGLYCEM	2	
<i>reli-on insulin syringe 29g 0.3 ml</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	EDS; QL (150 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	EDS
<i>repaglinide-metformin hcl</i>	1	EDS
RIOMET	3	EDS
SOLIQUA	2	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYNJARDY	2	EDS
SYNJARDY XR	2	
TANZEUM	3	ST
<i>tolazamide oral tablet 250 mg</i>	3	EDS
TOLAZAMIDE ORAL TABLET 500 MG	3	EDS
TOLBUTAMIDE	3	EDS
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	EDS
TRADJENTA	2	EDS
TRULICITY	2	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
WELCHOL	2	EDS
Blood Products/ Modifiers/ Volume Expanders		
AGGRENOX	3	EDS
<i>anagrelide hcl</i>	1	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; OBT
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA; OBT
<i>aspirin-dipyridamole er</i>	1	EDS
BEVYXXA	3	PA

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

Drug Name	Tier	Requirements/Limits
BRILINTA	2	EDS
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
COUMADIN ORAL	3	EDS
<i>dipyridamole oral</i>	1	PA; EDS; AL (Max 64 Years)
DOPTELET	3	PA
ELIQUIS	2	EDS
ELIQUIS STARTER PACK	2	
<i>enoxaparin sodium</i>	1	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	PA; OBT
<i>fondaparinux sodium</i>	1	
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	2	
GRANIX	2	OBT
<i>heparin (porcine) in d5w</i>	1	BD
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml</i>	1	BD
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BD
<i>jantoven</i>	1	EDS
LEUKINE INTRAVENOUS	2	PA; OBT
LYSTEDA	3	
MOZOBIL	3	PA; OBT
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; OBT
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	OBT
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	2	OBT
PLAVIX ORAL TABLET 300 MG	3	
PLAVIX ORAL TABLET 75 MG	3	EDS
PRADAXA	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>prasugrel hcl</i>	1	
PROCRIT	2	PA; OBT
PROMACTA	2	PA
SAVAYSA	3	EDS
TAVALISSE	3	PA
<i>tranexamic acid oral</i>	1	
<i>warfarin sodium oral</i>	1	EDS
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	EDS
XARELTO STARTER PACK	2	
ZARXIO	2	OBT
ZONTIVITY	3	PA; EDS
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	1	EDS
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide oral</i>	1	EDS
<i>acetazolamide sodium</i>	1	
<i>afeditab cr</i>	1	EDS
ALDACTAZIDE ORAL TABLET 25-25 MG	3	EDS
ALDACTAZIDE ORAL TABLET 50-50 MG	2	EDS
ALTOPREV	3	
<i>amiloride hcl oral</i>	1	EDS
<i>amiloride-hydrochlorothiazide</i>	1	EDS
<i>amiodarone hcl intravenous solution 150 mg/3ml</i>	1	BD
<i>amiodarone hcl oral tablet 100 mg</i>	1	
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	1	EDS
<i>amlodipine besy-benazepril hcl</i>	1	EDS
<i>amlodipine besylate oral</i>	1	EDS
<i>amlodipine besylate-valsartan</i>	1	EDS
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	EDS
<i>atenolol oral</i>	1	EDS
<i>atenolol-chlorthalidone</i>	1	EDS
<i>atorvastatin calcium oral</i>	1	EDS
<i>benazepril hcl oral</i>	1	EDS
<i>benazepril-hydrochlorothiazide</i>	1	EDS
BETAPACE AF	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>betaxolol hcl oral</i>	1	EDS
BIDIL	3	EDS
<i>bisoprolol fumarate</i>	1	EDS
<i>bisoprolol-hydrochlorothiazide</i>	1	EDS
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	EDS
BYSTOLIC	3	EDS
BYVALSON	3	
<i>candesartan cilexetil</i>	1	EDS
<i>captopril oral</i>	1	EDS
<i>captopril-hydrochlorothiazide</i>	1	EDS
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	3	EDS
CARDIZEM LA	3	EDS
CARDURA XL	3	EDS
<i>cartia xt</i>	1	EDS
<i>carvedilol</i>	1	EDS
<i>carvedilol phosphate er</i>	1	
<i>chlorothiazide oral</i>	1	EDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine oral packet</i>	1	EDS
<i>clonidine hcl oral</i>	1	EDS
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1	EDS; QL (4 EA per 28 days)
<i>clonidine hcl transdermal patch weekly 0.3 mg/24hr</i>	1	EDS
<i>colesevelam hcl oral tablet</i>	1	
COLESTID ORAL PACKET	3	EDS
COLESTID ORAL TABLET	3	EDS
<i>colestipol hcl oral packet</i>	1	EDS
<i>colestipol hcl oral tablet</i>	1	EDS
CORLANOR	3	PA; EDS
CRESTOR	3	EDS

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

Drug Name	Tier	Requirements/Limits
DEMSEER	3	
<i>digitek oral tablet 125 mcg</i>	1	EDS; QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg</i>	1	PA; EDS; AL (Max 64 Years)
<i>digox oral tablet 125 mcg</i>	1	QL (30 EA per 30 days)
<i>digox oral tablet 250 mcg</i>	1	PA; AL (Max 64 Years)
<i>digoxin injection</i>	1	PA; AL (Max 64 Years)
<i>digoxin oral solution</i>	1	PA; EDS; AL (Max 64 Years)
<i>digoxin oral tablet 125 mcg</i>	1	EDS; QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	1	PA; EDS; AL (Max 64 Years)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	EDS
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	1	
<i>diltiazem hcl intravenous solution reconstituted</i>	1	
<i>diltiazem hcl oral</i>	1	EDS
<i>dilt-xr</i>	1	EDS
<i>disopyramide phosphate oral</i>	1	PA; EDS; AL (Max 64 Years)
DIURIL	2	EDS
<i>dofetilide</i>	1	EDS
<i>doxazosin mesylate oral</i>	1	EDS
DUTOPROL	2	EDS
EDARBI	3	EDS
EDARBYCLOR	3	EDS
<i>enalapril maleate oral</i>	1	EDS
<i>enalapril-hydrochlorothiazide</i>	1	EDS
ENTRESTO	2	EDS
<i>eplerenone</i>	1	EDS
<i>eprosartan mesylate</i>	1	EDS
<i>ethacrynic acid oral</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1	PA New Starts

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

Drug Name	Tier	Requirements/Limits
<i>felodipine er</i>	1	EDS
<i>fenofibrate oral tablet</i>	1	EDS
<i>fenofibric acid</i>	1	EDS
<i>flecainide acetate</i>	1	EDS
<i>fluvastatin sodium er</i>	1	EDS
<i>fosinopril sodium</i>	1	EDS
<i>fosinopril sodium-hctz</i>	1	EDS
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>gemfibrozil oral</i>	1	EDS
<i>guanfacine hcl oral</i>	1	PA; EDS; AL (Max 64 Years)
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl oral</i>	1	EDS
<i>hydrochlorothiazide oral</i>	1	EDS
<i>indapamide oral</i>	1	EDS
INNOPRAN XL	3	EDS
INSPRA	3	EDS
<i>irbesartan</i>	1	EDS
<i>irbesartan-hydrochlorothiazide</i>	1	EDS
ISORDIL TITRADOSE	3	EDS
<i>isosorbide dinitrate er</i>	1	EDS
<i>isosorbide dinitrate oral</i>	1	EDS
<i>isosorbide mononitrate</i>	1	EDS
<i>isosorbide mononitrate er</i>	1	EDS
<i>isradipine</i>	1	EDS
JUXTAPID	3	PA New Starts
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	EDS; AL (Min 6 Years and Max 17 Years)
KEVEYIS	3	PA
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>labetalol hcl intravenous solution</i>	1	
<i>labetalol hcl oral</i>	1	EDS
LANOXIN INJECTION SOLUTION 0.25 MG/ML	3	PA
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	EDS; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
LANOXIN ORAL TABLET 250 MCG	3	PA; EDS; AL (Max 64 Years)
LESCOL XL	3	EDS
LIPITOR	3	EDS
<i>lisinopril oral</i>	1	EDS
<i>lisinopril-hydrochlorothiazide</i>	1	EDS
LIVALO	3	EDS
LOPID	3	EDS
<i>losartan potassium</i>	1	EDS
<i>losartan potassium-hctz</i>	1	EDS
<i>lovastatin</i>	1	EDS
LOVAZA	3	EDS
<i>matzim la</i>	1	EDS
<i>methazolamide oral</i>	1	EDS
<i>methyclothiazide oral</i>	1	EDS
<i>methyldopa oral</i>	1	PA; EDS; AL (Max 64 Years)
<i>methyldopa-hydrochlorothiazide</i>	1	EDS
METHYLDOPATE HCL	3	BD
<i>metolazone</i>	1	EDS
<i>metoprolol succinate er</i>	1	EDS
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>metoprolol-hydrochlorothiazide</i>	1	EDS
<i>mexiletine hcl oral</i>	1	EDS
MICROZIDE	3	EDS
<i>midodrine hcl</i>	1	EDS
<i>minitran</i>	3	EDS
<i>minoxidil oral</i>	1	EDS
<i>moexipril hcl</i>	1	EDS
<i>moexipril-hydrochlorothiazide</i>	1	EDS
MULTAQ	3	EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>nadolol-bendroflumethiazide</i>	1	EDS
<i>niacin er (antihyperlipidemic)</i>	1	EDS
NIACOR	3	

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>nicardipine hcl intravenous</i>	1	
<i>nicardipine hcl oral</i>	1	EDS
<i>nifedipine er</i>	1	EDS
<i>nifedipine er osmotic release</i>	1	EDS
<i>nifedipine oral</i>	1	PA; EDS; AL (Max 64 Years)
<i>nimodipine oral</i>	1	EDS
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	1	EDS
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG	3	EDS
NITRO-BID	3	EDS
NITRO-DUR	3	EDS
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	EDS
<i>nitroglycerin translingual solution</i>	1	EDS
NORPACE	3	PA; EDS; AL (Max 64 Years)
NORPACE CR	3	PA; EDS; AL (Max 64 Years)
NORTHERA	3	PA
NYMALIZE ORAL SOLUTION 30 MG/10ML	3	PA
<i>olmesartan medoxomil oral</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
<i>omega-3-acid ethyl esters</i>	1	EDS
<i>pacerone oral tablet 100 mg</i>	1	
<i>pacerone oral tablet 200 mg, 400 mg</i>	1	EDS
<i>pentoxifylline er</i>	1	EDS
<i>perindopril erbumine</i>	1	EDS
<i>pindolol</i>	1	EDS
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	EDS
<i>pravastatin sodium</i>	1	EDS
<i>prazosin hcl oral</i>	1	EDS
<i>prevalite oral packet</i>	1	EDS
<i>propafenone hcl</i>	1	EDS
<i>propafenone hcl er</i>	1	EDS
<i>propranolol hcl er</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>propranolol hcl intravenous</i>	1	
PROPRANOLOL HCL ORAL SOLUTION	3	EDS
<i>propranolol hcl oral tablet</i>	1	EDS
<i>propranolol-hctz</i>	1	EDS
QUESTRAN LIGHT ORAL POWDER	3	
QUESTRAN ORAL PACKET	3	EDS
<i>quinapril hcl</i>	1	EDS
<i>quinapril-hydrochlorothiazide</i>	1	EDS
<i>quinidine gluconate er</i>	1	EDS
<i>quinidine sulfate oral</i>	1	EDS
<i>ramipril</i>	1	EDS
RANEXA	2	EDS
RECTIV	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<i>rosuvastatin calcium</i>	1	EDS
RYTHMOL SR	3	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	1	PA New Starts; EDS
<i>sorine</i>	1	EDS
<i>sotalol hcl (af) oral tablet 120 mg</i>	1	EDS
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	1	EDS
SOTYLIZE	3	EDS
<i>spironolactone oral</i>	1	EDS
<i>spironolactone-hctz</i>	1	EDS
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	EDS
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	3	EDS
<i>taztia xt</i>	1	EDS
TEKTURNA	3	ST; EDS
TEKTURNA HCT	3	ST; EDS
<i>telmisartan</i>	1	EDS
<i>telmisartan-hctz</i>	1	
<i>terazosin hcl oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
TIAZAC	3	EDS
TIKOSYN	3	EDS
<i>timolol maleate oral</i>	1	EDS
<i>torseamide oral</i>	1	EDS
<i>trandolapril</i>	1	EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet</i>	1	EDS
TRICOR	3	EDS
TRILIPIX	3	EDS
UPTRAVI	3	PA
<i>valsartan</i>	1	EDS
<i>valsartan-hydrochlorothiazide</i>	1	EDS
VASCEPA	2	
VASERETIC	3	EDS
<i>verapamil hcl er oral capsule extended release 24 hour</i>	1	EDS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	EDS
<i>verapamil hcl intravenous</i>	1	
<i>verapamil hcl oral</i>	1	EDS
VERELAN	3	EDS
VERELAN PM	3	EDS
WELCHOL	2	EDS
ZESTRIL ORAL TABLET 40 MG	3	EDS
ZETIA	2	EDS
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	EDS
ZOCOR ORAL TABLET 80 MG	3	PA New Starts; EDS
Central Nervous System Agents		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	EDS
ADDERALL XR	3	EDS
<i>amphetamine-dextroamphetamine er</i>	1	EDS
<i>amphetamine-dextroamphetamine</i>	1	EDS
AMPYRA	3	PA; EDS
APTENSIO XR	3	EDS
<i>atomoxetine hcl</i>	1	
AUBAGIO	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
AUSTEDO	3	PA
AVONEX	2	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	
BUTISOL SODIUM ORAL TABLET 30 MG	3	PA; AL (Max 64 Years)
<i>clonidine hcl er</i>	1	EDS; AL (Min 6 Years and Max 17 Years)
CONCERTA	3	EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	
DAYTRANA	3	EDS
DESOXYN	3	PA; EDS
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
<i>dexmethylphenidate hcl</i>	1	EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg</i>	1	
<i>dextroamphetamine sulfate er</i>	1	EDS
<i>dextroamphetamine sulfate oral tablet</i>	1	EDS
<i>duloxetine hcl oral</i>	1	EDS
<i>estazolam</i>	1	
FOCALIN	3	EDS
FOCALIN XR	3	EDS
GILENYA ORAL CAPSULE 0.5 MG	2	EDS
<i>glatiramer acetate</i>	1	
<i>glatopa</i>	1	
<i>guanfacine hcl er</i>	1	PA; EDS; AL (Max 64 Years)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	EDS
INTUNIV	3	PA; EDS; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	EDS; AL (Min 6 Years and Max 17 Years)
LYRICA	2	EDS
LYRICA CR	2	
<i>metadate er oral tablet extended release 20 mg</i>	1	EDS
<i>methamphetamine hcl</i>	1	PA; EDS
METHYLIN ORAL SOLUTION	3	EDS
<i>methylphenidate hcl er (cd)</i>	1	EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 30 mg, 60 mg</i>	1	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	2	
<i>methylphenidate hcl oral</i>	1	EDS
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	1	PA; OBT
NUEDEXTA	2	PA New Starts
PLEGRIDY	2	
PLEGRIDY STARTER PACK	2	
PROCENTRA	3	
QUILLIVANT XR	3	EDS
RADICAVA	3	PA New Starts
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
RILUTEK	3	EDS
<i>riluzole</i>	1	EDS
RITALIN	3	EDS
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG	3	EDS

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

Drug Name	Tier	Requirements/Limits
SAVELLA	2	EDS
SAVELLA TITRATION PACK	2	
TECFIDERA ORAL	2	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	2	QL (60 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	2	
<i>tetrabenazine</i>	1	PA New Starts
TYSABRI	3	PA; OBT
VECAMYL	3	PA
VYVANSE	3	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	3	EDS
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	EDS
Dental And Oral Agents		
<i>cevimeline hcl</i>	1	EDS
<i>chlorhexidine gluconate mouth/throat</i>	1	EDS
CUVPOSA	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
EVOXAC	3	EDS
KEPIVANCE	3	
<i>minocycline hcl er</i>	1	
<i>minocycline hcl oral</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl oral</i>	1	EDS
SALAGEN	3	
<i>triamcinolone acetonide mouth/throat</i>	1	
VIBRAMYCIN ORAL SYRUP	3	
Dermatological Agents		
ABSORICA	3	
<i>acitretin</i>	1	PA New Starts
<i>adapalene external gel</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
<i>ammonium lactate external</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>amnesteam</i>	1	
<i>avita</i>	1	
AZELEX	2	
<i>betamethasone dipropionate external lotion</i>	1	
<i>calcipotriene external</i>	1	
<i>calcipotriene-betameth diprop</i>	1	
<i>calcitriol external</i>	1	
CARAC	2	
<i>claravis oral capsule 10 mg</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 % , 1.2-5 %</i>	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clotrimazole-betamethasone</i>	1	
CONDYLOX EXTERNAL GEL	2	
CORTISPORIN EXTERNAL	3	
COSENTYX 300 DOSE	2	OBT
COSENTYX SENSOREADY 300 DOSE	2	OBT
<i>dapsone external</i>	1	
<i>diclofenac sodium transdermal gel</i>	1	PA; EDS
<i>doxycycline hyclate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA New Starts; OBT
EFUDEX EXTERNAL CREAM	3	
ELIDEL	2	
<i>erygel</i>	1	
EUCRISA	3	PA
FABIOR	2	PA New Starts
FINACEA	2	
<i>fluorouracil external</i>	1	
<i>fluorouracil intravenous solution 5 gm/100ml</i>	1	PA New Starts; OBT
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>imiquimod external</i>	1	PA New Starts

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>isotretinoin oral</i>	1	
KERYDIN	3	PA
LOTRISONE EXTERNAL CREAM	3	
<i>methoxsalen rapid</i>	1	
MIRVASO	3	PA
<i>myorisan</i>	1	
NEO-SYNALAR EXTERNAL CREAM	3	
<i>neuac external gel</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>oxiconazole nitrate</i>	1	
OXSORALEN ULTRA	3	
PICATO	3	
<i>podofilox external</i>	1	
<i>prednicarbate external cream</i>	1	
REGRANEX	3	QL (45 GM per 30 days)
RETIN-A	3	
RETIN-A MICRO	3	
SANTYL	2	
<i>selenium sulfide external lotion</i>	1	
SILIQ	2	OBT
SOOLANTRA	3	
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
STELARA INTRAVENOUS	2	OBT
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	OBT
TACLONEX EXTERNAL OINTMENT	3	PA New Starts
<i>tacrolimus external</i>	1	EDS
TALTZ	3	OBT
<i>tazarotene external</i>	1	PA New Starts
TAZORAC	2	PA New Starts
TOLAK	3	
TREMFYA	2	
<i>tretinoin external</i>	1	
<i>tretinoin microsphere</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
TRIANEX	3	
VALCHLOR	3	PA New Starts
<i>zenatane</i>	1	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %, 8.5 %	2	BD
<i>aminosyn ii/electrolytes</i>	1	BD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	2	BD
<i>aminosyn/electrolytes intravenous solution 8.5 %</i>	1	BD
AMINOSYN-HBC	2	BD
AMINOSYN-PF	2	BD
AMINOSYN-RF	2	BD
AURYXIA	3	EDS
CARBAGLU	3	PA New Starts
CARNITOR INTRAVENOUS	3	BD
CARNITOR ORAL	3	
CHEMET	2	
CLINIMIX E/DEXTROSE (2.75/10)	2	BD
CLINIMIX E/DEXTROSE (2.75/5)	2	BD
CLINIMIX E/DEXTROSE (4.25/10)	2	BD
CLINIMIX E/DEXTROSE (4.25/25)	2	BD
CLINIMIX E/DEXTROSE (4.25/5)	2	BD
CLINIMIX E/DEXTROSE (5/15)	2	BD
CLINIMIX E/DEXTROSE (5/20)	2	BD
CLINIMIX E/DEXTROSE (5/25)	2	BD
CLINIMIX/DEXTROSE (2.75/5)	2	BD
CLINIMIX/DEXTROSE (4.25/10)	2	BD
CLINIMIX/DEXTROSE (4.25/20)	2	BD
CLINIMIX/DEXTROSE (4.25/25)	2	BD
CLINIMIX/DEXTROSE (4.25/5)	2	BD
CLINIMIX/DEXTROSE (5/15)	2	BD
CLINIMIX/DEXTROSE (5/20)	2	BD
CLINIMIX/DEXTROSE (5/25)	2	BD
<i>clinisol sf</i>	1	BD

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

Drug Name	Tier	Requirements/Limits
DEPEN TITRATABS	2	
<i>dextrose in lactated ringers</i>	1	BD
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	BD
EXJADE	3	PA
FERRIPROX	3	PA New Starts
<i>fomepizole intravenous solution 1.5 gm/1.5ml</i>	1	
FREAMINE HBC	2	BD
<i>hepatamine</i>	1	BD
<i>intralipid intravenous emulsion 20 %</i>	1	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	3	BD
IONOSOL-MB IN D5W	3	
ISOLYTE-P IN D5W	3	
ISOLYTE-S	3	BD
JADENU	3	PA
JADENU SPRINKLE	3	PA
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	BD
<i>kcl-lactated ringers-d5w</i>	1	BD
<i>kionex oral suspension</i>	1	
<i>klor-con 10</i>	1	EDS
<i>klor-con m10</i>	1	
KLOR-CON M15	3	EDS
<i>klor-con m20</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con oral tablet extended release</i>	1	EDS
<i>klor-con sprinkle</i>	1	EDS
K-TAB	3	EDS
<i>lactated ringers intravenous</i>	1	BD
<i>lactated ringers irrigation</i>	1	
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	

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

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

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

Drug Name	Tier	Requirements/Limits
SUPREP BOWEL PREP KIT	3	
<i>tpn electrolytes intravenous solution</i>	1	BD
TRAVASOL	2	BD
<i>trientine hcl</i>	1	PA New Starts
TROPHAMINE	2	BD
VELPHORO	3	EDS
VELTASSA	2	
Gastrointestinal Agents		
ACTIGALL	3	EDS
<i>alosetron hcl</i>	1	EDS
AMITIZA	3	EDS
<i>amoxicill-clarithro-lansopraz</i>	1	
BENTYL INTRAMUSCULAR	3	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
CARAFATE ORAL SUSPENSION	2	EDS
CARAFATE ORAL TABLET	3	EDS
CHENODAL	3	PA
CHOLBAM	3	PA
<i>cimetidine hcl oral</i>	1	EDS
<i>cimetidine oral tablet 200 mg, 300 mg, 800 mg</i>	1	EDS
<i>cimetidine oral tablet 400 mg</i>	1	
CLENPIQ	3	
<i>constulose</i>	1	EDS
CYTOTEC	3	EDS
DELZICOL	2	EDS
<i>dicyclomine hcl intramuscular</i>	1	
<i>dicyclomine hcl oral</i>	1	EDS
<i>diphenoxylate-atropine</i>	1	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>enulose</i>	1	EDS
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	
<i>famotidine intravenous solution 20 mg/2ml</i>	1	
<i>famotidine oral suspension reconstituted</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
GATTEX	3	PA New Starts
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
<i>generlac</i>	1	EDS
GIAZO	3	
<i>glycopyrrolate injection solution 4 mg/20ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg</i>	1	EDS
<i>glycopyrrolate oral tablet 2 mg</i>	1	
GOLYTELY	3	
KRISTALOSE	3	EDS
<i>lactulose oral solution 10 gm/15ml</i>	1	EDS
<i>lansoprazole oral capsule delayed release</i>	1	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	2	QL (30 EA per 30 days)
LINZESS ORAL CAPSULE 290 MCG	2	
LOMOTIL ORAL TABLET	3	
<i>loperamide hcl oral capsule</i>	1	
LOTRONEX	3	EDS
<i>methscopolamine bromide oral</i>	1	
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>misoprostol oral</i>	1	EDS
MOVANTIK	3	
MYTESI	2	PA
<i>nizatidine</i>	1	EDS
NULYTELY WITH FLAVOR PACKS	3	
OICALIVA	3	PA
OMECLAMOX-PAK	3	
<i>omeprazole oral capsule delayed release</i>	1	EDS
<i>pantoprazole sodium intravenous</i>	1	
<i>pantoprazole sodium oral</i>	1	EDS
<i>peg 3350/electrolytes</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>peg-3350/electrolytes</i>	1	
PEPCID ORAL SUSPENSION RECONSTITUTED	3	EDS
<i>polyethylene glycol 3350 oral powder</i>	1	
PREPOPIK	3	
<i>proctozone-hc rectal</i>	1	
<i>propantheline bromide oral</i>	1	
<i>rabeprazole sodium</i>	1	EDS
<i>ranitidine hcl injection solution 50 mg/2ml</i>	1	
<i>ranitidine hcl oral capsule</i>	1	EDS
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	EDS
REGLAN ORAL	3	
RELISTOR ORAL	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	2	
ROBINUL ORAL	3	
ROBINUL-FORTE	3	
<i>scopolamine</i>	1	
<i>sucralfate oral tablet</i>	1	EDS
SYMPROIC	3	PA
TRANSDERM-SCOP (1.5 MG)	3	
<i>trilyte</i>	1	
UCERIS	3	
URSO 250	3	EDS
URSO FORTE	3	EDS
<i>ursodiol oral</i>	1	EDS
VIBERZI	3	PA; EDS
XERMELO	3	PA
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
ZANTAC INJECTION SOLUTION 1000 MG/40ML	3	
ZANTAC ORAL TABLET 300 MG	3	EDS
ZORBTIVE	3	PA
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN	2	PA New Starts; OBT
<i>buphenyl oral powder 3 gm/tsp</i>	1	

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

Drug Name	Tier	Requirements/Limits
CERDELGA	3	PA New Starts
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	2	PA New Starts; OBT
CREON	2	EDS
CYSTADANE	2	
CYSTAGON	2	
FABRAZYME	3	PA New Starts; OBT
KANUMA	3	PA New Starts; OBT
KUVAN	2	PA
<i>miglustat</i>	1	PA New Starts
NAGLAZYME	2	PA New Starts; OBT
ORFADIN	2	PA New Starts
PALYNZIQ	3	PA
PANCREAZE	2	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 4000 UNIT, 8000 UNIT	2	
PROCYSBI	3	PA New Starts
RAVICTI	3	PA New Starts
<i>sodium phenylbutyrate oral tablet</i>	1	
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8ML	2	PA New Starts
SUCRAID	3	PA New Starts
VIOKACE	2	EDS
VPRIV	3	PA New Starts; OBT
XURIDEN	2	PA
ZAVESCA	2	PA New Starts
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 3000-14000 UNIT	2	EDS
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	EDS
AURYXIA	3	EDS
AVODART	3	EDS
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>bethanechol chloride oral tablet 50 mg</i>	1	
<i>calcium acetate (phos binder) oral capsule</i>	1	EDS
CARDURA XL	3	EDS
CUPRIMINE ORAL CAPSULE 250 MG	3	PA; EDS
<i>darifenacin hydrobromide er</i>	1	EDS
DEPEN TITRATABS	2	
DETROL	3	EDS
DETROL LA	3	EDS
DITROPAN XL	3	EDS
<i>doxazosin mesylate oral</i>	1	EDS
<i>dutasteride oral</i>	1	EDS
<i>dutasteride-tamsulosin hcl</i>	1	EDS
ELMIRON	2	
ENABLEX	3	EDS
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>flavoxate hcl</i>	1	EDS
FOSRENOL ORAL PACKET	2	EDS
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG	2	
GELNIQUE TRANSDERMAL GEL 10 %	3	EDS
JALYN	3	EDS
JYNARQUE	3	PA
<i>lanthanum carbonate</i>	1	
MYRBETRIQ	2	EDS
<i>oxybutynin chloride er</i>	1	EDS
<i>oxybutynin chloride oral</i>	1	EDS
OXYTROL	3	EDS
PHOSLYRA	3	EDS
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)</i>	1	EDS
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	1	
<i>prazosin hcl oral</i>	1	EDS
RAPAFLO	3	EDS
RENAGEL ORAL TABLET 800 MG	2	EDS
<i>sevelamer carbonate</i>	1	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>tamsulosin hcl</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS
<i>tolterodine tartrate</i>	1	EDS
<i>tolterodine tartrate er</i>	1	EDS
TOVIAZ	3	EDS
<i>trospium chloride</i>	1	EDS
<i>trospium chloride er</i>	1	EDS
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG	3	EDS
URECHOLINE ORAL TABLET 50 MG	3	
UROCIT-K 10	3	EDS
UROCIT-K 15	3	EDS
UROCIT-K 5	3	
VELPHORO	3	EDS
VESICARE	3	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ALA SCALP	3	
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate</i>	1	
AMCINONIDE EXTERNAL LOTION	3	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>betamethasone valerate external</i>	1	
CAPEX	2	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
CLOBEX	3	
CLOBEX SPRAY	3	
<i>clodan external shampoo</i>	1	
CORDRAN EXTERNAL TAPE	2	
CORTEF	3	
<i>cortisone acetate oral</i>	1	

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

Drug Name	Tier	Requirements/Limits
DEPO-MEDROL	3	
<i>desonide external cream</i>	1	
<i>desonide external ointment</i>	1	
DESOWEN EXTERNAL CREAM	3	
<i>desoximetasone external cream</i>	1	
<i>desoximetasone external gel</i>	1	
<i>desoximetasone external ointment 0.25 %</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	1	
<i>diflorasone diacetate external ointment</i>	1	
DIPROLENE EXTERNAL OINTMENT	3	
EMFLAZA	3	PA
<i>fludrocortisone acetate oral</i>	1	EDS
<i>fluocinolone acetonide external</i>	1	
<i>fluocinolone acetonide otic</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>flurandrenolide external lotion</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>halobetasol propionate</i>	1	
HP ACTHAR	3	PA
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone valerate</i>	1	
KENALOG INJECTION	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
MEDROL ORAL TABLET	3	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg</i>	1	BD
<i>methylprednisolone oral tablet 32 mg, 4 mg, 8 mg</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	1	
MILLIPRED ORAL TABLET	3	
<i>mometasone furoate external</i>	1	EDS
ORAPRED ODT ORAL TABLET DISPERSIBLE 30 MG	3	
PANDEL	3	
<i>prednicarbate external ointment</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	2	
PREDNISONE ORAL TABLET THERAPY PACK 10 MG (48), 5 MG (21), 5 MG (48)	2	
<i>procto-pak</i>	1	
<i>proctozone-hc rectal</i>	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 125 MG, 2 GM, 40 MG, 500 MG	3	
TOPICORT EXTERNAL CREAM 0.05 %	3	
<i>triamcinolone acetonide external</i>	1	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
<i>triamcinolone acetonide nasal aerosol</i>	1	
<i>triderm external cream 0.1 %</i>	1	

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

Drug Name	Tier	Requirements/Limits
ULTRAVATE	3	
VERIPRED 20	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>chorionic gonadotropin intramuscular</i>	1	PA New Starts
DDAVP INJECTION SOLUTION 4 MCG/ML	3	
DDAVP NASAL	3	
DDAVP ORAL	3	
DDAVP RHINAL TUBE	3	
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate oral</i>	1	EDS
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	3	PA
GENOTROPIN	2	PA
GENOTROPIN MINIQUICK	2	PA
HUMATROPE	2	PA
INCRELEX	3	PA
MYALEPT	3	PA
NORDITROPIN FLEXPRO	2	PA
<i>novarel</i>	1	PA New Starts
NUTROPIN AQ NUSPIN 10	2	PA
NUTROPIN AQ NUSPIN 20	2	PA
NUTROPIN AQ NUSPIN 5	2	PA
OMNITROPE	3	PA
<i>pregnyl</i>	1	PA New Starts
SAIZEN	3	PA
SAIZENPREP	3	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA New Starts
STIMATE	2	
ZOMACTON	3	PA
ZORBTIVE	3	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
CYTOTEC	3	EDS
<i>misoprostol oral tablet 200 mcg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALORA	2	PA; EDS; AL (Max 64 Years)
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>amabelz</i>	1	PA; AL (Max 64 Years)
<i>amethia</i>	1	
<i>amethia lo</i>	1	
<i>anadrol-50</i>	3	PA New Starts
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	3	PA
ANGELIQ	3	PA; EDS; AL (Max 64 Years)
<i>apri</i>	1	EDS
<i>aranelle</i>	1	EDS
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	EDS
<i>bekyree</i>	1	EDS
<i>blisovi 24 fe</i>	1	EDS
<i>blisovi fe 1.5/30</i>	1	EDS
<i>blisovi fe 1/20</i>	1	EDS
<i>briellyn</i>	1	EDS
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
<i>camila</i>	1	EDS
<i>camrese lo</i>	1	
<i>caziant</i>	1	
CLIMARA PRO	3	PA; EDS; AL (Max 64 Years)
COMBIPATCH	2	PA; EDS; AL (Max 64 Years)
CRINONE	3	PA

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>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	EDS
<i>danazol oral</i>	1	
<i>deblitane</i>	1	EDS
<i>delestrogen intramuscular oil 10 mg/ml</i>	1	
<i>delyla</i>	1	
DEPO-ESTRADIOL	3	OBT
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	EDS
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	
DIVIGEL TRANSDERMAL GEL 1 MG/GM	3	PA; EDS; AL (Max 64 Years)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	EDS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
DUAVEE	3	PA; EDS; AL (Max 64 Years)
ELESTRIN	3	PA
<i>emoquette</i>	1	EDS
<i>enpresse-28</i>	1	EDS
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>errin</i>	1	EDS
<i>estarylla</i>	1	
ESTRACE ORAL	3	PA; EDS; AL (Max 64 Years)
<i>estradiol oral</i>	1	PA; EDS; AL (Max 64 Years)
<i>estradiol transdermal</i>	1	PA; EDS; AL (Max 64 Years)
<i>estradiol vaginal</i>	1	

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>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	1	PA; AL (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	1	PA; EDS; AL (Max 64 Years)
ESTRING	2	EDS
<i>estropipate oral tablet 0.75 mg</i>	1	PA; EDS; AL (Max 64 Years)
<i>ethynodiol diac-eth estradiol</i>	1	
EVAMIST	3	PA; EDS; AL (Max 64 Years)
<i>falmina</i>	1	
<i>fayosim</i>	1	
FEMRING	3	
<i>femynor</i>	1	
FORTESTA	3	PA
<i>fyavolv</i>	1	PA; EDS; AL (Max 64 Years)
GENERESS FE	3	EDS
<i>incassia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
JINTELI	3	PA; EDS; AL (Max 64 Years)
<i>jolivette</i>	1	EDS
<i>juleber</i>	1	EDS
<i>junel 1.5/30</i>	1	EDS
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	EDS
<i>junel fe 1/20</i>	1	EDS
<i>junel fe 24</i>	1	EDS
<i>kaitlib fe</i>	1	EDS
<i>kariva</i>	1	EDS
<i>kelnor 1/35</i>	1	EDS
<i>kelnor 1/50</i>	1	
<i>kimidess</i>	1	EDS
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	EDS
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>larin fe 1/20</i>	1	EDS
<i>larissia</i>	1	
<i>layolis fe</i>	1	EDS
<i>lessina</i>	1	
<i>levonest</i>	1	EDS
<i>levonorgest-eth est & eth est</i>	1	
<i>levonorgest-eth estrad 91-day</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	1	EDS
<i>levonorg-eth estrad triphasic</i>	1	EDS
<i>levora 0.15/30 (28)</i>	1	EDS
LO LOESTRIN FE	3	EDS
<i>loryna</i>	1	EDS
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>lyza</i>	1	EDS
<i>marlissa</i>	1	EDS
<i>medroxyprogesterone acetate intramuscular</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	EDS
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	EDS
<i>megestrol acetate oral tablet</i>	1	EDS
<i>melodetta 24 fe</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; EDS; AL (Max 64 Years)
MENOSTAR	2	PA; EDS; AL (Max 64 Years)
METHITEST	2	PA; EDS
<i>methyltestosterone oral</i>	1	PA; EDS
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	EDS
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	EDS
<i>microgestin fe 1/20</i>	1	EDS
<i>mili</i>	1	
<i>mimvey</i>	1	PA

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

Drug Name	Tier	Requirements/Limits
<i>mimvey lo</i>	1	PA
MINIVELLE	2	PA; EDS; AL (Max 64 Years)
<i>mononessa</i>	1	
NATAZIA	3	EDS
<i>necon 0.5/35 (28)</i>	1	EDS
<i>necon 7/7/7</i>	1	EDS
<i>nikki</i>	1	EDS
<i>nora-be</i>	1	EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	1	EDS
<i>norethindrone acetate oral</i>	1	EDS
<i>norethindrone acet-ethinyl est</i>	1	
<i>norethindrone oral</i>	1	EDS
<i>norethindrone-eth estradiol</i>	1	PA; EDS; AL (Max 64 Years)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	1	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	1	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
<i>norlyroc</i>	1	EDS
<i>nortrel 0.5/35 (28)</i>	1	EDS
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	EDS
NUVARING	2	
<i>ocella</i>	1	
OGESTREL	2	EDS
<i>orsythia</i>	1	
ORTHO TRI-CYCLEN LO	3	
<i>oxandrolone oral</i>	1	
<i>pimtrea</i>	1	EDS
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	EDS
PREFEST	3	PA; EDS; AL (Max 64 Years)
PREMARIN INJECTION	2	

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

Drug Name	Tier	Requirements/Limits
PREMARIN ORAL	2	PA; EDS; AL (Max 64 Years)
PREMARIN VAGINAL	2	EDS
PREMPHASE	2	PA; EDS; AL (Max 64 Years)
PREMPRO	2	PA; EDS; AL (Max 64 Years)
<i>previfem</i>	1	
<i>progesterone micronized oral</i>	1	EDS
<i>quasense</i>	1	
<i>raloxifene hcl</i>	1	EDS
<i>reclipsen</i>	1	EDS
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel</i>	1	EDS
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
STRIANT	3	PA
<i>syeda</i>	1	
<i>tarina fe 1/20</i>	1	EDS
TESTIM	3	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	PA; OBT
<i>testosterone enanthate intramuscular solution</i>	1	PA; OBT
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	3	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	1	PA
<i>testosterone transdermal solution</i>	1	PA
<i>tri-legest fe</i>	1	EDS
<i>tri-lo-estarylla</i>	1	
<i>tri-mili</i>	1	
<i>trinessa (28)</i>	1	
TRI-NORINYL (28)	3	EDS
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora (28)</i>	1	EDS
<i>tri-vylibra</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>vienva</i>	1	
<i>vyfemla</i>	1	EDS
<i>vylibra</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	EDS
<i>yuvafem</i>	1	
<i>zarah</i>	1	
<i>zenchent</i>	1	EDS
<i>zovia 1/35e (28)</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	3	EDS
<i>levo-t</i>	1	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 100 MCG	3	
<i>levothyroxine sodium oral</i>	1	EDS
<i>levoxyl</i>	1	EDS
<i>liothyronine sodium intravenous</i>	1	
<i>liothyronine sodium oral</i>	1	EDS
SYNTHROID	2	EDS
THYROLAR-1 ORAL TABLET 60 MG	3	EDS
THYROLAR-1/2 ORAL TABLET 30 MG	3	EDS
THYROLAR-1/4 ORAL TABLET 15 MG	3	EDS
THYROLAR-2 ORAL TABLET 120 MG	3	EDS
THYROLAR-3 ORAL TABLET 180 MG	3	EDS
TIROSINT	3	EDS
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	EDS
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral</i>	1	EDS
<i>cabergoline</i>	1	
ELIGARD	2	PA New Starts; OBT
FIRMAGON	2	PA New Starts; OBT
<i>leuprolide acetate injection</i>	1	PA New Starts

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

Drug Name	Tier	Requirements/Limits
LUPANETA PACK	3	BD
LUPRON DEPOT (1-MONTH)	2	PA New Starts; OBT
LUPRON DEPOT (3-MONTH)	2	PA New Starts; OBT
LUPRON DEPOT (4-MONTH)	2	PA New Starts; OBT
LUPRON DEPOT (6-MONTH)	2	PA New Starts; OBT
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA New Starts; OBT
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	2	PA New Starts
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA New Starts
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA New Starts
SANDOSTATIN LAR DEPOT	3	PA New Starts; OBT
SIGNIFOR	3	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	3	PA New Starts; OBT
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	3	PA; OBT
SOMAVERT	3	PA
SYNAREL	2	PA New Starts
TRELSTAR MIXJECT	3	PA; OBT
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral</i>	1	EDS
<i>propylthiouracil oral</i>	1	EDS
TAPAZOLE	3	EDS
Immunological Agents		
ACTEMRA SUBCUTANEOUS	3	
<i>acthib</i>	1	
ACTIMMUNE	3	PA New Starts
<i>adacel</i>	1	
AFINITOR DISPERZ	3	PA New Starts
AFINITOR ORAL TABLET 2.5 MG	3	PA New Starts
ARAVA	3	EDS; QL (30 EA per 30 days)
ARCALYST	2	PA; OBT
ASTAGRAF XL	3	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
ATGAM	2	BD
AZASAN	2	BD; EDS
<i>azathioprine oral</i>	1	BD; EDS
BCG VACCINE	2	
BENLYSTA INTRAVENOUS	3	PA New Starts; OBT
BENLYSTA SUBCUTANEOUS	3	PA New Starts
BERINERT	3	PA New Starts; OBT
<i>bexsero</i>	1	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	2	PA; OBT
<i>boostrix intramuscular suspension 5-2.5-18.5 , 5-2.5-18.5 (0.5ml syringe)</i>	1	
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	2	PA; OBT
CELLCEPT	3	BD; EDS
CIMZIA PREFILLED	2	OBT
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	2	OBT
CINRYZE	2	PA New Starts; OBT
<i>cyclosporine intravenous</i>	1	BD
<i>cyclosporine modified</i>	1	BD; EDS
<i>cyclosporine oral capsule</i>	1	BD; EDS
<i>daptacel intramuscular suspension 15-23-5 lf-mcg/0.5</i>	1	
DEPEN TITRATABS	2	
<i>diphtheria-tetanus toxoids dt</i>	1	
ELIDEL	2	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	2	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
<i>engerix-b injection suspension 10 mcg/0.5ml, 20 mcg/ml</i>	1	BD
ENVARUSUS XR	3	BD
FIRAZYR	2	PA New Starts; OBT
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	2	PA; OBT

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 (10ML), (2ML)	2	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	2	PA; OBT
GAMMAGARD S/D LESS IGA	2	PA; OBT
GAMMAKED INJECTION SOLUTION 1 GM/10ML	2	PA; OBT
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	2	PA; OBT
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	2	PA; OBT
<i>gardasil 9</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	BD; EDS
<i>gengraf oral solution</i>	1	BD; EDS
HAEGARDA	3	PA
<i>havrix</i>	1	
<i>hiberix injection</i>	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	2	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	
HUMIRA PEN-CD/UC/HS STARTER	2	
HUMIRA PEN-PS/UV STARTER	2	
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	
<i>hyperrab s/d injection solution 300 unit/2ml</i>	1	BD
ILARIS SUBCUTANEOUS SOLUTION	3	PA; OBT
<i>imogam rabies-ht injection solution 300 unit/2ml</i>	1	BD
<i>imovax rabies</i>	1	
IMURAN	3	BD; EDS
<i>infanrix</i>	1	
INFLECTRA	3	
INGREZZA	3	PA
<i>ipol injection injectable</i>	1	
<i>ixiaro</i>	1	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	OBT
KEYTRUDA INTRAVENOUS SOLUTION	3	PA New Starts; OBT
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	

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

Drug Name	Tier	Requirements/Limits
<i>kinrix</i>	1	
<i>leflunomide oral tablet 10 mg</i>	1	EDS; QL (30 EA per 30 days)
<i>leflunomide oral tablet 20 mg</i>	1	EDS
<i>menactra</i>	1	
<i>menveo</i>	1	
<i>mercaptopurine oral</i>	1	EDS
<i>methotrexate oral</i>	1	EDS
<i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</i>	1	BD
<i>methotrexate sodium injection solution 250 mg/10ml</i>	1	BD
<i>methotrexate sodium injection solution reconstituted</i>	1	
<i>m-m-r ii</i>	1	
<i>mycophenolate mofetil</i>	1	BD; EDS
<i>mycophenolate sodium</i>	1	BD; EDS
MYFORTIC	3	BD; EDS
NEORAL	3	BD; EDS
NULOJIX	3	PA; OBT
<i>octagam intravenous solution 1 gm/20ml</i>	2	PA; OBT
OCTAGAM INTRAVENOUS SOLUTION 2 GM/20ML	2	PA; OBT
ORENCIA INTRAVENOUS	3	OBT
OTEZLA ORAL TABLET	2	
OTEZLA ORAL TABLET THERAPY PACK	2	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA
<i>pediarix</i>	1	
<i>pedvax hib intramuscular suspension</i>	1	
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	2	PA; OBT
PROGRAF INTRAVENOUS	2	BD
PROGRAF ORAL	3	BD; EDS
<i>proquad subcutaneous injectable</i>	1	
<i>quadracel</i>	1	
<i>rabavert</i>	1	

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

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

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>vaqta intramuscular suspension 25 unit/0.5ml, 25 unit/0.5ml 0.5 ml, 50 unit/ml, 50 unit/ml 1 ml</i>	1	
<i>varivax</i>	1	
<i>varizig intramuscular solution</i>	1	
XATMEP	3	PA New Starts
XELJANZ	2	
XELJANZ XR	2	
<i>yf-vax</i>	1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	2	BD; EDS
<i>zostavax subcutaneous suspension reconstituted</i>	1	
Inflammatory Bowel Disease Agents		
ANUSOL-HC RECTAL CREAM	3	
APRISO	2	EDS
ASACOL HD	2	EDS
<i>balsalazide disodium</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
CANASA	2	EDS
<i>colocort</i>	1	
CORTEF	3	
<i>cortisone acetate oral</i>	1	
DELZICOL	2	EDS
DEPO-MEDROL	3	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
DIPENTUM	3	EDS
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal enema</i>	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
<i>mesalamine oral</i>	1	
<i>mesalamine rectal</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg</i>	1	BD
<i>methylprednisolone oral tablet 32 mg, 4 mg, 8 mg</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg</i>	1	
MILLIPRED ORAL TABLET	3	
ORAPRED ODT	3	
PENTASA	2	EDS
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
ROWASA RECTAL	3	EDS
SFROWASA	3	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 125 MG, 2 GM, 40 MG, 500 MG	3	
<i>sulfasalazine oral</i>	1	EDS
VERIPRED 20	3	
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	3	EDS
ACTONEL ORAL TABLET 30 MG	3	
<i>alendronate sodium oral solution</i>	1	EDS
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	EDS
<i>alendronate sodium oral tablet 40 mg</i>	1	
AELVIA	3	EDS

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

Drug Name	Tier	Requirements/Limits
BINOSTO	3	EDS
BONIVA INTRAVENOUS	3	PA
<i>calcitonin (salmon)</i>	1	EDS
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	BD
<i>calcitriol oral</i>	1	EDS
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	ST; EDS
<i>etidronate disodium</i>	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; EDS
FOSAMAX ORAL TABLET 70 MG	3	EDS
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML	3	
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	1	PA; OBT
<i>ibandronate sodium oral</i>	1	EDS
MIACALCIN INJECTION	3	
NATPARA	3	PA New Starts
<i>pamidronate disodium intravenous solution</i>	1	PA; OBT
<i>paricalcitol oral</i>	1	ST; EDS
PROLIA	2	PA; OBT
RAYALDEE	3	ST
RECLAST	3	PA
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	1	EDS
<i>risedronate sodium oral tablet 30 mg</i>	1	
<i>risedronate sodium oral tablet delayed release</i>	1	EDS
ROCALTROL	3	EDS
SENSIPAR	2	EDS
TYMLOS	2	PA
XGEVA	3	PA New Starts; OBT
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST; EDS
<i>zoledronic acid intravenous concentrate</i>	1	PA; OBT
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	1	PA; OBT
ZOMETA INTRAVENOUS CONCENTRATE	3	PA
ZOMETA INTRAVENOUS SOLUTION	3	PA; OBT

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

Drug Name	Tier	Requirements/Limits
Non-Frf		
8-MOP	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG (1.5ML SYRINGE)	2	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG	2	BD; EDS
<i>acetaminophen-codeine #2</i>	1	
<i>acetaminophen-codeine #4</i>	1	
<i>acetazol hc</i>	1	
ACZONE EXTERNAL GEL 7.5 %	3	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 30 MG	3	
ADVICOR	3	EDS
<i>α-hydrocort</i>	1	
AIMOVIG	3	PA; QL (1 ML per 30 days)
AKYNZEO ORAL	3	PA
<i>albendazole oral</i>	1	
ALCAINE	3	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	1	
ALSUMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
ALTABAX	3	
AMETHYST	2	EDS
<i>amifostine</i>	1	
AMINOSYN II INTRAVENOUS SOLUTION 7 %	2	BD
AMINOSYN INTRAVENOUS SOLUTION 10 %	2	BD
AMINOSYN M	2	BD
<i>ampicillin oral capsule 250 mg</i>	1	
<i>ampicillin oral suspension reconstituted</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm</i>	1	
ANAPROX DS	3	EDS
ANDROID	3	PA; EDS
ANZEMET INTRAVENOUS	3	BD
APOKYN SUBCUTANEOUS SOLUTION	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA New Starts; OBT
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 800 MG	3	PA New Starts
ARBINOXA ORAL SOLUTION	3	PA
ARBINOXA ORAL TABLET	3	PA; AL (Max 64 Years)
ARISTADA INITIO	2	BD
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML	3	PA; OBT
<i>atropine sulfate injection solution prefilled syringe 0.5 mg/5ml</i>	1	
ATROVENT	3	EDS; QL (30 ML per 30 days)
AVELOX INTRAVENOUS	2	
AXERT ORAL TABLET 6.25 MG	3	
AXIRON	3	PA
<i>azurette</i>	1	EDS
BACTROBAN EXTERNAL OINTMENT	3	
BENTYL ORAL CAPSULE	3	
BENTYL ORAL TABLET	3	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
BRAFTOVI	3	PA New Starts
BRINTELLIX	3	
<i>bromfenac sodium (once-daily)</i>	1	
<i>bromfenac sodium ophthalmic</i>	1	
<i>budesonide nasal</i>	1	QL (17.2 GM per 30 days)
<i>buprenorphine transdermal patch weekly 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buproban</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	1	
CANTIL	3	
CAPITAL/CODEINE	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	3	EDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM	2	PA
CEDAX	3	
<i>cefditoren pivoxil oral tablet 200 mg</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>cefepime-dextrose intravenous solution reconstituted 1 gm/50ml, 2 gm/50ml</i>	1	
<i>cefotaxime sodium injection solution reconstituted 10 gm</i>	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	3	
CEFTIN ORAL SUSPENSION RECONSTITUTED	3	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%, 2-2.22 gm-%</i>	1	
<i>cefuroxime sodium injection solution reconstituted 1.5 gm</i>	1	
<i>cervarix</i>	1	
CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML	3	
<i>cholestyramine light oral packet</i>	1	EDS
<i>cholestyramine oral powder</i>	1	EDS
CIMZIA STARTER KIT	2	
CINQAIR	3	PA; OBT
<i>ciprofloxacin intravenous solution 400 mg/40ml</i>	1	
<i>cisplatin intravenous solution 100 mg/100ml</i>	1	PA New Starts; OBT
CLAFORAN INJECTION	3	
<i>claravis oral capsule 20 mg, 30 mg, 40 mg</i>	1	
<i>clindamax external gel</i>	1	
<i>clobazam</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	
CLORPRES	3	EDS
<i>clotrimazole mouth/throat troche</i>	1	
<i>colesevelam hcl oral packet</i>	1	
COLESTID ORAL GRANULES	3	EDS
<i>colestipol hcl oral granules</i>	1	EDS
<i>colistimethate sodium injection</i>	1	
COPEGUS	3	
CORDARONE	3	EDS
CORDRAN EXTERNAL LOTION	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>cormax scalp application</i>	1	
CORTISPORIN OTIC SOLUTION	3	
CORTISPORIN-TC	3	
COSENTYX	2	OBT
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	OBT
<i>crotan</i>	1	
<i>dalfampridine er</i>	1	PA
<i>daptacel intramuscular suspension 10-15-5</i>	1	
DARZALEX INTRAVENOUS SOLUTION 400 MG/20ML	3	PA New Starts; OBT
<i>daunorubicin hcl intravenous solution</i>	1	PA New Starts; OBT
DELSTRIGO	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION	3	
DERMATOP EXTERNAL CREAM	3	
<i>desmopressin ace rhinal tube</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>dexamethasone oral solution</i>	1	
DEXEDRINE ORAL TABLET	3	EDS
<i>dextroamphetamine sulfate oral solution</i>	1	
<i>diazepam oral solution 1 mg/ml</i>	1	
DIAZEPAM RECTAL	3	
DICLEGIS	2	
<i>didanosine oral capsule delayed release 125 mg</i>	1	EDS
DILAUDID INJECTION SOLUTION 4 MG/ML	3	
DILAUDID-HP INJECTION SOLUTION	3	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	1	EDS
<i>diphenhydramine hcl oral elixir</i>	1	PA; AL (Max 64 Years)
DIPROLENE AF	3	
DIPROLENE EXTERNAL LOTION	3	
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	3	PA; EDS; AL (Max 64 Years)
DOCEFREZ INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	3	PA; OBT

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

Drug Name	Tier	Requirements/Limits
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/2ML, 80 MG/8ML	3	PA New Starts; OBT
DORIBAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>dorzolamide hcl-timolol mal pf</i>	1	
<i>doxycycline hyclate intravenous</i>	1	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	1	
EC-NAPROSYN	3	EDS
<i>effe-r-k oral tablet effervescent 25 meq</i>	1	EDS
ELIPHOS	3	EDS
ELIXOPHYLLIN	2	EDS
EMLA	3	
<i>engerix-b injection suspension 10 mcg/0.5ml (0.5ml syringe)</i>	1	BD
ENJUVA	3	PA; EDS; AL (Max 64 Years)
EPANED ORAL SOLUTION RECONSTITUTED	3	
EPIDIOLEX	3	PA New Starts
<i>epirubicin hcl intravenous solution 50 mg/25ml</i>	1	PA; OBT
ERBITUX INTRAVENOUS SOLUTION 200 MG/100ML	3	PA
ERGOMAR	2	
<i>ertapenem sodium</i>	1	
<i>estropipate oral tablet 1.5 mg, 3 mg</i>	1	PA; EDS; AL (Max 64 Years)
<i>etoposide intravenous solution 1 gm/50ml, 500 mg/25ml</i>	1	
<i>exel pen needles 1/2"</i>	1	EDS
EXELON ORAL CAPSULE	3	EDS
FACTIVE	3	
FAMVIR	3	
FLAGYL ER	3	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	2	PA; OBT
FLO-PRED	3	
<i>fluconazole in dextrose intravenous solution 400 mg/200ml</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>fluocinolone acetonide body</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluorouracil intravenous solution 2.5 gm/50ml</i>	1	PA New Starts; OBT
<i>fomepizole intravenous solution 1 gm/ml</i>	1	
FORTAZ INJECTION SOLUTION RECONSTITUTED 2 GM, 6 GM	3	
FORTAZ INTRAVENOUS	3	
FORTICAL	2	EDS
GALAFOLD	3	PA New Starts
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	2	PA; OBT
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	2	PA; OBT
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	2	PA; OBT
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	2	PA; OBT
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	2	PA; OBT
<i>garamycin ophthalmic solution</i>	3	
<i>gardasil</i>	1	
<i>gavilyte-h</i>	1	
GELNIQUE TRANSDERMAL GEL 3 (28) % (MG/ACT)	3	EDS
<i>gengraf oral capsule 50 mg</i>	1	BD
<i>gentamicin in saline intravenous solution 0.9-0.9 mg/ml-%, 1.4-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate intravenous</i>	1	BD
<i>gentamicin sulfate ophthalmic ointment</i>	1	
<i>gildagia</i>	1	EDS
<i>gildess 1.5/30</i>	1	EDS
<i>gildess 24 fe</i>	1	EDS
GLEOSTINE ORAL CAPSULE 5 MG	3	
GRASTEK	3	PA
HECTOROL ORAL	3	ST; EDS

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

Drug Name	Tier	Requirements/Limits
HEMANGEOL	3	PA
HYCET	3	
<i>hydromorphone hcl injection solution 1 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	1	
<i>hyperrab</i>	1	BD
<i>hyperrab s/d intramuscular injectable 150 unit/ml</i>	1	BD
ILARIS (150MG DELIVERED)	3	PA; OBT
ILOTYCIN	3	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	3	
<i>imogam rabies-ht intramuscular</i>	1	BD
INVELTYS	3	
IONOSOL-B IN D5W	3	
IRENKA	3	EDS
ISTODAX	3	PA New Starts; OBT
<i>itraconazole oral solution</i>	1	PA; PA EXCEPT INFECTIOUS DISEASE
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 45 MG	2	PA; OBT
KAYEXALATE	3	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%</i>	1	BD
<i>k-effervescent</i>	1	EDS
KETEK	2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	EDS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA New Starts; OBT
<i>kionex oral powder</i>	1	
<i>klor-con/ef</i>	1	EDS
<i>k-prime</i>	1	EDS
<i>k-vescent oral tablet effervescent</i>	1	EDS
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	3	PA New Starts

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>lactulose oral packet</i>	1	
LAMISIL ORAL PACKET	3	PA
LANOXIN ORAL TABLET 187.5 MCG	3	PA; EDS; AL (Max 64 Years)
LENVIMA 12 MG DAILY DOSE	3	PA New Starts
LENVIMA 4 MG DAILY DOSE	3	PA New Starts
<i>levocarnitine intravenous</i>	1	BD
<i>levofloxacin in d5w intravenous solution 250 mg/50ml</i>	1	
<i>levothyroxine sodium intravenous solution reconstituted 200 mcg, 500 mcg</i>	3	
<i>lidocaine hcl injection solution 1 %</i>	1	
<i>lindane external lotion</i>	1	
LOFIBRA ORAL TABLET 54 MG	3	EDS
LOMEDIA 24 FE	3	EDS
<i>lopreeza</i>	1	PA; EDS; AL (Max 64 Years)
<i>lorazepam intensol</i>	1	
<i>margesic</i>	1	PA
MAVIK	3	EDS
MAXALT ORAL TABLET 5 MG	3	
MEKTOVI	3	PA New Starts
<i>meloxicam oral suspension</i>	1	EDS
MENEST ORAL TABLET 2.5 MG	3	PA; EDS; AL (Max 64 Years)
<i>menhibrix</i>	1	
<i>menomune</i>	1	
<i>mesalamine-cleanser</i>	1	EDS
METADATE CD	3	EDS
<i>metformin hcl oral solution</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 25 mg/ml</i>	1	BD
<i>methotrexate sodium injection solution 25 mg/ml, 50 mg/2ml</i>	1	BD
<i>methylergonovine maleate oral</i>	1	
METHYLIN ORAL TABLET CHEWABLE	3	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>metoprolol tartrate intravenous solution 1 mg/ml</i>	1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>metoprolol-hctz er</i>	1	
METOZOLV ODT ORAL TABLET DISPERSIBLE 5 MG	3	
MIACALCIN NASAL	3	EDS
MOBIC ORAL SUSPENSION	3	EDS
<i>molindone hcl</i>	1	EDS
MORPHABOND ER	3	
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
<i>moxifloxacin hcl intravenous</i>	1	
MULPLETA	3	PA
<i>mycophenolic acid</i>	1	BD; EDS
<i>nafcillin sodium injection solution reconstituted 10 gm</i>	1	
<i>naloxone hcl injection solution 1 mg/ml, 4 mg/10ml</i>	1	
NAMENDA ORAL SOLUTION	3	EDS
NAPHAZOLINE HCL OPHTHALMIC	2	
NAPROSYN ORAL TABLET 250 MG, 500 MG	3	EDS
NATESTO	3	PA; EDS
<i>necon 1/35 (28)</i>	1	
NECON 1/50 (28)	3	EDS
NECON 10/11 (28)	3	EDS
NEOSPORIN	3	
NEULASTA ONPRO	3	PA
<i>nevirapine oral suspension</i>	1	EDS
<i>nifediac cc oral tablet extended release 24 hour 60 mg</i>	1	EDS
<i>nifedical xl</i>	1	EDS
NITROLINGUAL	3	EDS
NITROMIST	3	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	
NORINYL 1+50 (28)	3	EDS
NUPLAZID ORAL CAPSULE	3	PA New Starts
NUPLAZID ORAL TABLET 10 MG	3	PA New Starts; QL (30 EA per 30 days)
NUTROPIN AQ PEN	2	PA
NUVESSA	3	

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

Drug Name	Tier	Requirements/Limits
<i>nyata external powder</i>	1	
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	2	PA; OBT
ONCASPAR INJECTION	3	PA New Starts; OBT
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	
ORAP ORAL TABLET 2 MG	3	EDS
ORLISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORLISSA ORAL TABLET 200 MG	3	PA
OSMOLEX ER	3	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.4ML	3	PA
<i>oxaliplatin intravenous solution 50 mg/10ml</i>	1	PA New Starts
<i>oxaliplatin intravenous solution reconstituted 50 mg</i>	1	PA New Starts
<i>oxycodone-acetaminophen oral solution</i>	1	
<i>paclitaxel intravenous concentrate 300 mg/50ml</i>	1	PA New Starts; OBT
PCE	3	
PEGINTRON	2	PA
PEG-INTRON REDIPEN	2	PA
PEG-INTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	
PERCODAN	3	
PERSERIS	3	BD
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT	2	
PHENERGAN RECTAL	3	PA; AL (Max 64 Years)
PHOSLO	3	EDS
PIFELTRO	3	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm</i>	1	
PLASMA-LYTE-56 IN D5W	3	BD
PLAVIX ORAL TABLET 300 MG	3	
<i>polyethylene glycol 3350 oral packet</i>	1	
<i>potassium bicarbonate oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>potassium chloride oral packet</i>	1	
POTELIGEO	3	PA New Starts
POTIGA	3	EDS
PRALUENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/ML	3	PA
<i>praziquantel oral</i>	1	
<i>prednisolone oral syrup 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
<i>prevalite oral powder</i>	1	EDS
PREVPAC	3	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 250-250 MG	3	
PRIMSOL	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	2	PA; OBT
<i>promethazine vc plain oral syrup</i>	1	PA
<i>promethazine-phenylephrine</i>	1	PA
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT	2	EDS; QL (8.7 GM per 30 days)
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT	2	EDS
RAGWITEK	3	PA
<i>rajani</i>	1	
<i>ranitidine hcl injection solution 150 mg/6ml</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 27.5 MG/0.55ML	3	PA; EDS
REBETOL ORAL CAPSULE	3	PA
RENACIDIN	2	
RENAGEL ORAL TABLET 400 MG	2	EDS
REPREXAIN ORAL TABLET 10-200 MG, 5-200 MG	3	
RESCULA	3	EDS
RESERPINE ORAL TABLET 0.1 MG	3	EDS
RESERPINE ORAL TABLET 0.25 MG	3	PA; EDS; AL (Max 64 Years)
RETACRIT	2	PA; OBT
RHEUMATREX ORAL TABLET 2.5 MG	3	EDS

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

Drug Name	Tier	Requirements/Limits
RHINOCORT AQUA	3	QL (17.2 GM per 30 days)
RIBASPHERE RIBAPAK ORAL TABLET 200 & 400 MG, 400 & 600 MG	3	PA
RIFADIN INTRAVENOUS	3	
RIFADIN ORAL CAPSULE 300 MG	3	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG	3	EDS
ROXICET ORAL SOLUTION	3	
RYTHMOL ORAL TABLET 150 MG, 225 MG	3	EDS
SAIZEN CLICK.EASY	3	PA
SANDOSTATIN INJECTION SOLUTION 1000 MCG/ML, 200 MCG/ML	3	PA New Starts
SFROWASA	3	
SIMCOR	2	EDS
<i>sodium polystyrene sulfonate oral suspension</i>	1	EDS
<i>sodium polystyrene sulfonate rectal</i>	1	
SOLARAZE	3	PA; EDS
SORIATANE ORAL CAPSULE 17.5 MG	3	
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	1	EDS
SPECTRACEF ORAL TABLET 400 MG	3	
SPRIX	3	PA
<i>stavudine oral solution reconstituted</i>	1	EDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML	2	PA New Starts
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	3	PA; QL (120 EA per 30 days)
<i>sulfacetamide sodium external suspension</i>	1	
<i>sulfacetamide sodium-sulfur external emulsion</i>	1	
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	3	
SYMTUZA	3	
SYNALGOS-DC	2	
<i>tadalafil (pah)</i>	1	PA New Starts
TAKHZYRO	3	PA New Starts
TALWIN	3	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
TARKA ORAL TABLET EXTENDED RELEASE 1-240 MG	3	EDS
TEMOVATE EXTERNAL CREAM	3	
TEMOVATE EXTERNAL OINTMENT	3	
<i>temsirolimus</i>	1	PA New Starts
TERAZOL 3 VAGINAL CREAM	3	
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	1	PA
TESTRED	3	PA; EDS
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	1	EDS
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	3	EDS
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	3	EDS
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	3	EDS
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	3	EDS
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	3	EDS
TIBSOVO	3	PA New Starts
<i>tindamax oral tablet 250 mg</i>	3	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml</i>	1	
<i>toposar intravenous solution 100 mg/5ml, 500 mg/25ml</i>	1	
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	1	ST
<i>travoprost</i>	1	EDS
TRETIN-X EXTERNAL CREAM 0.075 %	3	
<i>triamterene-hctz oral capsule 50-25 mg</i>	1	EDS
TRISENOX INTRAVENOUS SOLUTION 10 MG/10ML	2	PA New Starts; OBT
TYZEKA	3	EDS
TYZINE NASAL SOLUTION 0.05 %	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
UVADEX	3	
<i>valproate sodium intravenous solution 500 mg/5ml</i>	1	BD
<i>valproate sodium oral syrup</i>	1	EDS
<i>valproic acid oral syrup</i>	1	EDS
<i>vancomycin hcl intravenous solution reconstituted 250 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 5000 mg, 750 mg</i>	1	BD
VERAMYST	3	EDS
<i>vestura</i>	1	EDS
VEXOL	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VICOPROFEN	3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	2	EDS
<i>viorele</i>	1	EDS
VISTIDE	3	BD
VITEKTA	2	EDS
VOSPIRE ER	3	EDS
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 100-44 MG	3	PA New Starts
XARELTO ORAL TABLET 2.5 MG	2	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	3	PA
XOFLUZA	2	
XYLOCAINE EXTERNAL	3	
XYZAL ORAL SOLUTION	3	
XYZAL ORAL TABLET	3	EDS
ZANTAC INJECTION SOLUTION 150 MG/6ML, 50 MG/2ML	3	
ZANTAC ORAL TABLET 150 MG	3	EDS
<i>zazole vaginal cream 0.8 %</i>	1	
<i>zenchent fe</i>	1	

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

Drug Name	Tier	Requirements/Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000-51000 UNIT, 20000-68000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000-136000 UNIT, 5000 UNIT	2	EDS
ZINACEF INJECTION	3	
ZINACEF INTRAVENOUS SOLUTION RECONSTITUTED 1.5 GM	3	
ZINBRYTA	3	PA; OBT
ZMAX	3	
ZOCOR ORAL TABLET 5 MG	3	EDS
ZOFRAN INJECTION SOLUTION 40 MG/20ML	3	BD
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	1	PA; OBT
ZORTRESS ORAL TABLET 1 MG	2	BD
<i>zostavax subcutaneous solution reconstituted</i>	1	
ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED 3.375 (3-0.375) GM	3	
<i>zovia 1/50e (28)</i>	1	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	2	
Ophthalmic Agents		
<i>acetazolamide oral</i>	1	EDS
ACUVAIL	3	
ALOCRIAL	3	
ALOMIDE	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	EDS
ALREX	2	
<i>apraclonidine hcl</i>	1	EDS
<i>atropine sulfate ophthalmic solution</i>	1	
<i>azelastine hcl ophthalmic</i>	1	
AZOPT	2	EDS
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BEPREVE	3	
<i>betaxolol hcl ophthalmic</i>	1	EDS
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS

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

Drug Name	Tier	Requirements/Limits
BETOPTIC-S	2	EDS
<i>bimatoprost ophthalmic</i>	1	EDS
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate ophthalmic</i>	1	EDS
BROMSITE	3	
<i>carteolol hcl</i>	1	
COMBIGAN	2	EDS
COSOPT	3	
COSOPT PF	3	EDS
<i>cromolyn sodium ophthalmic</i>	1	EDS
CYSTARAN	2	PA New Starts
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	EDS
<i>dorzolamide hcl ophthalmic</i>	1	EDS
<i>dorzolamide hcl-timolol mal</i>	1	EDS
DUREZOL	3	
EMADINE	3	
<i>epinastine hcl</i>	1	
FLAREX	2	
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
FML LIQUIFILM	3	
ILEVRO	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %	3	EDS
ISOPTO CARPINE OPHTHALMIC SOLUTION 4 %	3	
<i>ketorolac tromethamine ophthalmic</i>	1	
LACRISERT	2	
LASTACAFT	3	
<i>latanoprost ophthalmic</i>	1	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
LOTEMAX	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
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	EDS
MAXIDEX	2	
MAXITROL	3	
<i>methazolamide oral</i>	1	EDS
<i>metipranolol</i>	1	
MILLIPRED ORAL SOLUTION	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1	3	
NEVANAC	2	
<i>olopatadine hcl ophthalmic</i>	1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG	3	
PATANOL	3	
PHOSPHOLINE IODIDE	2	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>	1	EDS
<i>pilocarpine hcl ophthalmic solution 4 %</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	
PRED MILD	2	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
PROLENSA	3	
<i>proparacaine hcl ophthalmic</i>	1	
RESTASIS	2	EDS
RHOPRESSA	3	
SIMBRINZA	2	EDS
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	

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

Drug Name	Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>timolol maleate ophthalmic gel forming solution</i>	1	EDS
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	EDS
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	1	
TIMOPTIC OCUDOSE	3	EDS
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
TRAVATAN Z	2	EDS
XIIDRA	2	
ZIOPTAN	3	EDS
ZYLET	3	
Otic Agents		
CIPRO HC	3	
CIPRODEX	2	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
<i>ofloxacin oral tablet 300 mg</i>	1	
OTOVEL	3	
Respiratory Tract/ Pulmonary Agents		
ACCOLATE	3	EDS
<i>acetylcysteine inhalation</i>	1	BD
ADCIRCA	2	PA New Starts; EDS
ADEMPAS	3	PA New Starts
ADVAIR DISKUS	2	EDS
ADVAIR HFA	2	EDS
<i>albuterol sulfate er</i>	1	EDS
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	BD; EDS
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	1	BD
<i>albuterol sulfate oral</i>	1	EDS
<i>aminophylline intravenous</i>	1	
ANORO ELLIPTA	2	EDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA New Starts; OBT

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

Drug Name	Tier	Requirements/Limits
ARCAPTA NEOHALER	2	EDS
ARMONAIR RESPICLICK 113	3	
ARMONAIR RESPICLICK 232	3	
ARMONAIR RESPICLICK 55	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT	2	EDS; QL (30 EA per 30 days); AL (Min 12 Years)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT	2	EDS; AL (Min 12 Years)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	
ASMANEX 120 METERED DOSES	2	EDS
ASMANEX 30 METERED DOSES	2	EDS
ASMANEX 60 METERED DOSES	2	EDS
ASMANEX HFA	2	EDS
ASTEPRO NASAL SOLUTION 0.15 %	3	
ATROVENT HFA	2	EDS
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
BECONASE AQ	3	EDS
BREO ELLIPTA	2	EDS
BROVANA	3	BD; EDS
<i>budesonide inhalation</i>	1	BD; EDS
<i>budesonide nasal</i>	1	QL (17.2 GM per 30 days)
<i>carbinoxamine maleate oral solution</i>	1	PA; AL (Max 64 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA; AL (Max 64 Years)
CAYSTON	3	
CLARINEX ORAL SYRUP	3	
CLARINEX ORAL TABLET	3	EDS
CLARINEX-D 12 HOUR	3	EDS
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA; AL (Max 64 Years)
COMBIVENT RESPIMAT	2	EDS
<i>cromolyn sodium inhalation</i>	1	BD; EDS
<i>cromolyn sodium oral</i>	1	EDS
<i>cyproheptadine hcl oral syrup</i>	1	PA; AL (Max 64 Years)
<i>cyproheptadine hcl oral tablet</i>	1	PA; EDS; AL (Max 64 Years)
DALIRESP ORAL TABLET 250 MCG	3	QL (28 EA per 365 days)
DALIRESP ORAL TABLET 500 MCG	3	EDS
<i>desloratadine oral tablet</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>desloratadine oral tablet dispersible 2.5 mg</i>	1	QL (30 EA per 30 days)
<i>desloratadine oral tablet dispersible 5 mg</i>	1	EDS
<i>diphenhydramine hcl injection</i>	1	
DULERA	3	EDS
DYMISTA	3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
ESBRIET	2	PA
FASENRA	3	PA
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	EDS; QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	EDS
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	EDS; QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	EDS
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	EDS; QL (10.6 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	EDS; QL (50 ML per 25 days)
<i>fluticasone propionate nasal</i>	1	EDS
<i>fluticasone-salmeterol</i>	1	
GASTROCROM	3	
GLASSIA	3	PA New Starts; OBT
<i>hydroxyzine hcl oral tablet</i>	1	PA; AL (Max 64 Years)
<i>hydroxyzine pamoate oral</i>	1	PA; AL (Max 64 Years)
<i>ipratropium bromide inhalation</i>	1	BD; EDS
<i>ipratropium bromide nasal</i>	1	EDS; QL (30 ML per 30 days)
<i>ipratropium-albuterol</i>	1	BD; EDS
KALYDECO	2	PA New Starts
LETAIRIS	2	PA New Starts
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml</i>	1	BD
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	1	BD; EDS
<i>levalbuterol tartrate</i>	1	
<i>levocetirizine dihydrochloride oral solution</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>levocetirizine dihydrochloride oral tablet</i>	1	EDS
LUMIZYME	2	PA New Starts; OBT
<i>metaproterenol sulfate oral</i>	1	EDS
<i>mometasone furoate nasal</i>	1	
<i>montelukast sodium oral</i>	1	EDS
NUCALA	3	PA; OBT
OFEV	2	PA
<i>olopatadine hcl nasal</i>	1	
OMNARIS	3	EDS
OPSUMIT	3	PA New Starts
ORALAIR	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	3	PA New Starts
ORKAMBI ORAL TABLET	3	PA New Starts
PATANASE	3	
PERFOROMIST	2	BD; EDS
PHENERGAN INJECTION	3	PA; AL (Max 64 Years)
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA New Starts; OBT
<i>promethazine hcl injection</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl oral syrup</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl oral tablet</i>	1	PA; AL (Max 64 Years)
<i>promethazine vc plain oral solution</i>	1	PA
PULMICORT	3	BD; EDS
PULMICORT FLEXHALER	2	EDS
PULMOZYME	2	BD
QNASL	3	
QNASL CHILDRENS	3	QL (4.9 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (10.6 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	
REMODULIN	3	PA; OBT

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

Drug Name	Tier	Requirements/Limits
REVATIO INTRAVENOUS	3	PA New Starts
REVATIO ORAL SUSPENSION RECONSTITUTED	2	PA New Starts
REVATIO ORAL TABLET	3	PA New Starts; EDS
SEEBRI NEOHALER	3	
SEREVENT DISKUS	2	EDS
<i>sildenafil citrate intravenous</i>	1	PA New Starts
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA New Starts; EDS
SINGULAIR	3	EDS
SPIRIVA HANDIHALER	2	EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	EDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	EDS
STRIVERDI RESPIMAT	2	EDS
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	2	EDS
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	2	EDS; QL (10.2 GM per 30 days)
SYMDEKO	2	PA
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate oral</i>	1	EDS
THEO-24	3	EDS
<i>theophylline</i>	1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	1	EDS
TOBI	3	BD
TOBI PODHALER	3	PA New Starts
TRACLEER	2	PA New Starts
UTIBRON NEOHALER	3	
<i>vaqta intramuscular suspension 50 unit/ml 1 ml</i>	1	
VENTAVIS	3	PA New Starts
VENTOLIN HFA	2	
XOLAIR	3	PA; OBT
XYZAL ORAL SOLUTION	3	
<i>zafirlukast</i>	1	EDS

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

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Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-665-1502 (TTY: 1-800-432-1110).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-665-1502 (TTY: 1-800-432-1110).
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-665-1502 (መስማት ለተሳናቸው: 1-800-432-1110)።
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-665-1502 (TTY: 1-800-432-1110) पर कॉल करें।

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

Discrimination is Against the Law

Pharmacy Benefit Dimensions is a subsidiary of Independent Health and complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Pharmacy Benefit Dimensions does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Pharmacy Benefit Dimensions:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Pharmacy Benefit Dimensions' Member Services Department.

If you believe that Pharmacy Benefit Dimensions has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Pharmacy Benefit Dimensions' Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439, TTY users call 1-800-432-1110, fax (716) 635-3504, memberservice@servicing.independenthealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pharmacy Benefit Dimensions' Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This formulary was updated on December 1, 2018. For more recent information or other questions, please contact our Medicare Member Services Department at 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 8 a.m. to 8 p.m. or visit www.pbdrx.com/medicare