

# Pharmacy Benefit Dimensions PDP Part D Formulary Provided by City of Stamford

**Pharmacy  
Benefit  
Dimensions®**



## 2018 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00018280, Version Number 18

This formulary was updated on December 1, 2018. For more recent information or other questions, please contact Pharmacy Benefit Dimensions' Medicare Member Services at (716) 250-4401 or 1-800-665-1502 or, for TTY users (716) 631-3108 or 1-800-432-1110, October 1<sup>st</sup> – February 14<sup>th</sup>: Monday through Sunday from 8 a.m. to 8 p.m., February 15<sup>th</sup> – September 30<sup>th</sup>: Monday through Friday from 8 a.m. to 8 p.m., or visit [www.pbdrx.com/Medicare](http://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 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 PDP provided by City of Stamford.

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 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, 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](http://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 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 121. 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 PDP Part D formulary?” on page III for information about how to request an exception.

### **What are over-the counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. City of Stamford pays for certain OTC drugs. The cost to City of Stamford of these OTC drugs will not count toward your total Part D drug costs.

These drugs include Alavert, Allegra, budesonide, cetirizine, Claritin, esomeprazole, fexofenadine, Flonase, fluticasone, lansoprazole, loratadine, Naphcon-A, Nasacort, Nexium, omeprazole/sodium bicarbonate OTC, omeprazole, Opcon-A, Prevacid, Prilosec OTC, Rhinocort, triamcinolone, Visine-A, Xyzal, Zegerid OTC, and Zyrtec. City of Stamford will provide these OTC drugs at a Tier 1 copayment for you.

### **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 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 PDP Part D formulary, an explanation of your right to request a formulary exception and a description of the procedures for requesting a formulary exception. We will also send a copy of the letter to your doctor.

### **For more information**

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

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

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

### **Pharmacy Benefit Dimensions' Formulary**

The formulary that begins on page 3 provides coverage information about the drugs covered by Pharmacy Benefit Dimensions. If you have trouble finding your drug in the list, turn to the Index that begins on page 121.

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 on 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 a Part B drug or contact Pharmacy Benefit Dimensions Medicare Member Services Department. Our contact information appears on the front and back cover pages.

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

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

Drugs listed with an “**OBT**” in the Requirements/Limits column may be covered under Medicare Part B or Part D depending on the circumstances. Information may need to be submitted describing how the drug will be obtained. If it is determined that coverage for the 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 limits (see “Are there any restrictions on my coverage” on page II).

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

### **Information for members with Diabetes**

Insulin, syringes, and pen needles are covered by your pharmacy benefit and are included in this formulary. LIFESCAN diabetic testing supplies, including blood glucose meters, lancing devices, lancets, and test strips



are not listed on this formulary. These items are covered at a zero (\$0) copayment under your plan. Test strips and lancets are limited to a quantity of 100 per 30 days.

| AFFORDABLE CARE ACT PREVENTATIVE SERVICES  |  |
|--|--|
| Prescription and OTC versions (where applicable) will be covered only with a prescription written by a licensed healthcare provider. These will be covered at a zero (\$0) dollar copayment for you. |  |
| Aspirin  | Covered for patients aged 45 and older.  |
| Bowel Prep   | Prescription and OTC products will be covered for adults older than age 50 and younger than age 75 receiving screening for colorectal cancer   |
| Folic Acid Supplements   | Supplements containing 0.4mg and 0.8mg of folic acid will be covered for women who are planning or are capable of pregnancy.   |
| Immunizations/Vaccines/Toxoids   | Flu, Pneumonia, and vaccinations will be covered when administered at a network pharmacy.  |
| Iron Supplementation for Children  | Iron supplements will be covered for children aged six (6) months to twelve (12) months who are at high risk for iron deficiency anemia.   |
| Tobacco Cessation Products (FDA Approved)  | Covered for adults eighteen (18) years of age and older and for pregnant women with no age limit. The following products are covered: <i>bupropion sr</i> (generic ZYBAN), CHANTIX, gums, inhalers, lozenges, nasal sprays, and patches. |
| Vitamin D  | Covered for adults aged sixty-five (65) and older who are at an increased risk for falls.  |

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| Drug Name  | Tier | Requirements/Limits         |
|--|------|-----------------------------|
| <b>Analgesics</b>  |      |                             |
| 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 VI.

| Drug Name   | Tier | Requirements/Limits         |
|---|------|-----------------------------|
| <i>diclofenac sodium transdermal gel 3 %</i>                              | 1    | PA; EDS                     |
| <i>diclofenac-misoprostol oral tablet delayed release</i>                 | 1    | 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                     |

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

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b>  |
|---|-------------|-----------------------------|
| <i>flurbiprofen oral</i>  | 1           | EDS                         |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>  | 1           |                             |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 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           | EDS                         |
| <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)     |

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

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| MOBIC ORAL TABLET   | 3           | EDS                        |
| <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           | EDS                        |
| <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           | EDS                        |
| <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 VI.

| 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)     |
| PENNSAID TRANSDERMAL SOLUTION 2 %   | 3    |                             |
| 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    | EDS                         |
| ROXICODONE ORAL TABLET 15 MG  | 3    | QL (180 EA per 30 days)     |
| ROXICODONE ORAL TABLET 30 MG  | 3    | QL (90 EA per 30 days)      |
| ROXICODONE ORAL TABLET 5 MG   | 3    | QL (540 EA per 30 days)     |
| SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG                                    | 3    | PA; QL (120 EA per 30 days) |
| <i>sulindac oral</i>  | 1    | EDS                         |
| <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)       |

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



| Drug Name  | Tier | Requirements/Limits    |
|--|------|------------------------|
| VOLTAREN TRANSDERMAL   | 3    | PA; EDS                |
| XTAMPZA ER   | 3    | QL (60 EA per 30 days) |
| zebutal oral capsule 50-325-40 mg  | 3    | PA; AL (Max 64 Years)  |
| <b>Anesthetics</b>   |      |                        |
| <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    |                        |
| <b>Anti-Addiction/ Substance Abuse Treatment Agents</b>                      |      |                        |
| <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    |                        |

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

| Drug Name  | Tier | Requirements/Limits   |
|--|------|-----------------------|
| <i>naloxone hcl injection solution cartridge</i>   | 1    |                       |
| <i>naloxone hcl injection solution prefilled syringe</i>   | 1    |                       |
| <i>naltrexone hcl oral</i>   | 1    |                       |
| NARCAN   | 2    | QL (2 EA per 30 days) |
| NICOTROL   | 2    |                       |
| NICOTROL NS  | 2    |                       |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG | 2    |                       |
| ZYBAN  | 3    |                       |
| <b>Antibacterials</b>  |      |                       |
| <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    |                       |

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

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <i>bacitracin intramuscular</i>   | 1           |                            |
| <i>bacitracin ophthalmic</i>  | 1           |                            |
| BACTROBAN EXTERNAL CREAM  | 3           |                            |
| BACTROBAN NASAL   | 3           |                            |
| <i>besivance</i>  | 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           |                            |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| <i>cephalexin oral suspension reconstituted</i>                                    | 1    |                     |
| CHLORAMPHENICOL SOD SUCCINATE  | 3    |                     |
| CILOXAN OPHTHALMIC OINTMENT  | 3    |                     |
| 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                  |
| DORIPENEM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG                                | 3    |                     |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| DOXY 100  | 3    |                     |
| <i>doxycycline hyclate oral capsule</i>   | 1    |                     |
| <i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>   | 1    |                     |
| <i>doxycycline hyclate oral tablet delayed release</i>  | 1    |                     |
| <i>doxycycline monohydrate oral</i>   | 1    |                     |
| E.E.S. 400 ORAL TABLET  | 3    |                     |
| <i>ery</i>  | 3    |                     |
| ERYPED 400  | 3    |                     |
| ERY-TAB   | 3    | EDS                 |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG   | 3    |                     |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG  | 3    | EDS                 |
| <i>erythromycin base oral capsule delayed release particles</i>   | 1    |                     |
| <i>erythromycin base oral tablet</i>  | 1    |                     |
| <i>erythromycin ethylsuccinate oral</i>   | 1    |                     |
| <i>erythromycin external gel</i>  | 1    |                     |
| <i>erythromycin external solution</i>   | 1    |                     |
| <i>erythromycin ophthalmic</i>  | 1    |                     |
| <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    |                     |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| LINCOCIN   | 3    |                     |
| <i>lincomycin hcl injection</i>  | 1    |                     |
| <i>linezolid intravenous solution 600 mg/300ml</i>   | 1    | PA                  |
| <i>linezolid oral</i>  | 1    | PA                  |
| MAXIPIME INJECTION SOLUTION<br>RECONSTITUTED 1 GM, 2 GM  | 3    |                     |
| <i>meropenem</i>   | 1    |                     |
| MERREM INTRAVENOUS SOLUTION<br>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-<br/>0.79 mg/100ml-%</i>                             | 1    |                     |
| <i>metronidazole oral</i>  | 1    |                     |
| <i>metronidazole vaginal</i>   | 1    |                     |
| <i>minocycline hcl er oral tablet extended release 24<br/>hour 115 mg, 135 mg, 45 mg, 65 mg, 90 mg</i> | 1    |                     |
| <i>minocycline hcl oral capsule 100 mg, 50 mg</i>  | 1    | EDS                 |
| <i>minocycline hcl oral capsule 75 mg</i>  | 1    |                     |
| <i>minocycline hcl oral tablet</i>   | 1    | EDS                 |
| MONUROL  | 3    |                     |
| <i>moxifloxacin hcl in nacl</i>  | 1    |                     |
| <i>moxifloxacin hcl ophthalmic</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<br/>gm</i>                                      | 1    |                     |
| <i>nafcillin sodium intravenous solution<br/>reconstituted 10 gm</i>                                   | 1    |                     |
| <i>neomycin sulfate oral</i>   | 1    |                     |
| <i>neomycin-polymyxin b gu</i>   | 1    |                     |
| <i>nitrofurantoin macrocrystal oral</i>  | 1    |                     |
| <i>nitrofurantoin monohyd macro</i>  | 1    |                     |
| OCUFLOX  | 3    |                     |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| <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    |                     |
| <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, 115 MG, 55 MG, 65 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                  |

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

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b>                                   |
|---|-------------|--|
| <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  |
| 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           |  |
| VIGAMOX   | 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   | 3           |  |
| ZITHROMAX TRI-PAK   | 3           |  |
| ZITHROMAX Z-PAK   | 3           |  |
| ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML                      | 2           |  |
| ZYVOX ORAL  | 3           | PA   |
| <b>Anticonvulsants</b>  |             |  |
| APTIOM  | 3           | EDS  |

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



| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| 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                  |
| 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 INFATABS  | 3    | EDS                 |
| DILANTIN ORAL CAPSULE 100 MG                                     | 3    | EDS                 |
| DILANTIN ORAL CAPSULE 30 MG                                      | 2    | EDS                 |
| DILANTIN ORAL SUSPENSION   | 3    | 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                 |
| GABITRIL ORAL TABLET 12 MG, 16 MG                                | 2    | EDS                 |
| GRALISE  | 3    |                     |
| GRALISE STARTER  | 3    |                     |

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

| Drug Name  | Tier | Requirements/Limits              |
|--|------|----------------------------------|
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG                   | 3    | EDS                              |
| KLONOPIN   | 3    |                                  |
| LAMICTAL STARTER   | 3    |                                  |
| LAMICTAL XR ORAL KIT   | 3    |                                  |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 50 MG | 3    | EDS                              |
| <i>lamotrigine er</i>  | 1    | EDS                              |
| <i>lamotrigine oral tablet</i>                                 | 1    | EDS                              |
| <i>lamotrigine oral tablet chewable</i>                        | 1    | EDS                              |
| <i>lamotrigine oral tablet dispersible</i>                     | 1    | EDS                              |
| <i>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                              |
| <i>levetiracetam intravenous</i>                               | 1    |                                  |
| <i>levetiracetam oral</i>                                      | 1    | EDS                              |
| <i>lorazepam oral</i>  | 1    |                                  |
| LYRICA   | 2    | EDS                              |
| LYRICA CR  | 2    | EDS                              |
| 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    | EDS                              |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| <i>roweepra xr</i>                                     | 1    | EDS                 |
| SABRIL   | 2    | EDS                 |
| SPRITAM  | 3    | EDS                 |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg</i>          | 1    | EDS                 |
| <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    | EDS                 |
| VIMPAT INTRAVENOUS                                     | 2    |                     |
| VIMPAT ORAL  | 2    | EDS                 |
| <i>zonisamide oral</i>                                 | 1    | EDS                 |
| <b>Antidementia Agents</b>                             |      |                     |
| 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 er</i>                                | 1    | EDS                 |
| <i>memantine hcl oral solution</i>                     | 1    | EDS                 |
| <i>memantine hcl oral tablet 10 mg, 5 mg</i>           | 1    | EDS                 |
| <i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>     | 1    |                     |
| NAMENDA ORAL TABLET                                    | 3    | EDS                 |
| NAMENDA TITRATION PAK                                  | 2    |                     |
| NAMENDA XR   | 3    | EDS                 |
| NAMENDA XR TITRATION PACK                              | 3    |                     |
| NAMZARIC   | 3    | PA; EDS             |
| RAZADYNE ER  | 3    | EDS                 |
| RAZADYNE ORAL TABLET                                   | 3    | EDS                 |
| <i>rivastigmine</i>                                    | 1    | EDS                 |

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

| Drug Name  | Tier | Requirements/Limits              |
|--|------|----------------------------------|
| <i>rivastigmine tartrate</i>   | 1    | EDS                              |
| <b>Antidepressants</b>   |      |                                  |
| 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; EDS                          |
| <i>amitriptyline hcl oral</i>  | 1    | PA New Starts; AL (Max 64 Years) |
| AMOXAPINE  | 2    |                                  |
| APLENZIN   | 3    | EDS                              |
| <i>aripiprazole oral solution</i>  | 1    | EDS                              |
| <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                              |
| BRISDELLE  | 3    |                                  |
| <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) |
| CYMBALTA   | 3    | EDS                              |
| <i>desipramine hcl oral</i>  | 1    |                                  |
| <i>desvenlafaxine er</i>   | 1    | EDS                              |
| <i>desvenlafaxine succinate er</i>   | 1    | EDS                              |
| <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    |                                  |

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

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b>       |
|--|-------------|----------------------------------|
| 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>fluoxetine hcl oral tablet</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) |
| LEXAPRO ORAL TABLET  | 3           | EDS                              |
| <i>maprotiline hcl</i>   | 1           |                                  |
| MARPLAN  | 2           |                                  |
| <i>mirtazapine oral</i>  | 1           | EDS                              |
| NARDIL   | 3           | 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           | EDS                              |
| PAXIL CR   | 3           | EDS                              |
| PAXIL ORAL SUSPENSION  | 3           | EDS                              |
| PAXIL ORAL TABLET  | 3           | EDS                              |
| <i>perphenazine-amitriptyline</i>  | 1           | PA New Starts; AL (Max 64 Years) |
| PEXEVA   | 3           | EDS                              |
| <i>phenelzine sulfate oral</i>   | 1           |                                  |
| PRISTIQ  | 3           | EDS                              |
| <i>protriptyline hcl</i>   | 1           |                                  |
| <i>quetiapine fumarate</i>   | 1           | EDS                              |
| <i>quetiapine fumarate er</i>  | 1           | EDS                              |
| REMERON ORAL TABLET 15 MG, 30 MG   | 3           | EDS                              |
| SEROQUEL   | 3           | EDS                              |

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

| Drug Name  | Tier | Requirements/Limits              |
|--|------|----------------------------------|
| SEROQUEL XR  | 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>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    |                                  |
| WELLBUTRIN SR  | 3    | EDS                              |
| ZOLOFT ORAL TABLET   | 3    | EDS                              |
| <b>Antiemetics</b>   |      |                                  |
| 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)            |
| 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    |                                  |

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

| Drug Name  | Tier | Requirements/Limits   |
|--|------|-----------------------|
| <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                    |
| <b>Antifungals</b>                                 |      |                       |
| ABELCET  | 3    | BD; OBT               |
| AMBISOME   | 3    | BD; OBT               |
| AMPHOTERICIN B INJECTION                           | 2    | BD; OBT               |
| CANCIDAS   | 3    | BD                    |
| <i>caspofungin acetate</i>                         | 1    | BD                    |
| <i>ciclopirox</i>                                  | 1    |                       |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| <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    |                     |
| GNAZOLE-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    |                     |
| <i>nystatin mouth/throat</i>  | 1    |                     |
| <i>nystatin oral tablet</i>   | 1    |                     |
| <i>nystop</i>   | 1    |                     |
| ORAVIG  | 3    |                     |

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



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

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

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <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           | EDS                        |
| <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</i>   | 1           | BD; EDS                    |
| <i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i> | 1           |                            |
| MILLIPRED   | 3           |                            |
| MOBIC ORAL TABLET   | 3           | EDS                        |
| <i>nabumetone oral</i>  | 1           | EDS                        |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG                          | 3           | EDS                        |
| <i>naproxen dr oral tablet delayed release 375 mg</i>   | 1           | EDS                        |
| <i>naproxen dr oral tablet delayed release 500 mg</i>   | 1           | EDS                        |

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

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <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           | EDS                        |
| <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 FORTE  | 3           |                            |
| 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           | EDS                        |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG                       | 3           |                            |
| SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 125 MG, 2 GM, 40 MG, 500 MG          | 3           |                            |
| <i>sulfacetamide-prednisolone ophthalmic solution</i>                             | 1           |                            |
| <i>sulindac oral</i>  | 1           | EDS                        |
| <i>triamcinolone acetonide external aerosol solution</i>                          | 1           |                            |
| VERIPRED 20   | 3           |                            |
| <b>Antimigraine Agents</b>  |             |                            |
| AIMOVIG 140 DOSE  | 3           | PA; EDS                    |
| <i>almotriptan malate</i>   | 1           |                            |
| AMERGE  | 3           |                            |
| AXERT ORAL TABLET 12.5 MG   | 3           |                            |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| 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    |                     |
| RELPAX  | 2    |                     |
| <i>rizatriptan benzoate</i>   | 1    |                     |
| <i>sumatriptan nasal</i>  | 1    |                     |
| <i>sumatriptan succinate oral</i>   | 1    |                     |
| <i>sumatriptan succinate refill subcutaneous solution cartridge</i>                     | 1    |                     |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>                           | 1    |                     |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> | 1    |                     |
| <i>sumatriptan-naproxen sodium</i>  | 1    |                     |
| <i>timolol maleate oral</i>   | 1    | EDS                 |
| <i>topiramate oral</i>  | 1    | EDS                 |

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

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

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML                          | 3    | PA New Starts; OBT  |
| AFINITOR  | 3    | PA New Starts       |
| ALECENSA  | 3    | PA New Starts       |
| ALIMTA  | 3    | PA; OBT             |
| 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; OBT  |
| AVASTIN   | 3    | PA; OBT             |
| <i>avita</i>  | 1    |                     |
| <i>azacitidine</i>  | 1    | PA New Starts; OBT  |
| BAVENCIO  | 3    | PA New Starts; OBT  |
| BELEODAQ  | 3    | PA New Starts; OBT  |
| <i>bexarotene</i>   | 1    |                     |
| <i>bicalutamide</i>   | 1    |                     |
| BICNU   | 3    | PA New Starts; OBT  |
| <i>bleomycin sulfate injection solution reconstituted 30 unit</i> | 1    | PA New Starts; OBT  |
| <i>bortezomib</i>   | 1    | PA New Starts       |
| BOSULIF   | 3    | PA New Starts       |
| <i>busulfan</i>   | 1    | PA New Starts; OBT  |
| 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; OBT  |
| <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       |

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

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------|----------------------------|
| COMETRIQ (60 MG DAILY DOSE)                                  | 3           | PA New Starts              |
| COSMEGEN   | 3           | PA New Starts; OBT         |
| COTELLIC   | 3           | PA New Starts              |
| <i>cyclophosphamide oral capsule</i>                         | 1           | BD; EDS                    |
| 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                    |
| ERIVEDGE   | 3           | PA New Starts              |
| ERLEADA  | 2           | PA New Starts              |
| ERWINAZE INJECTION   | 3           | PA New Starts; OBT         |
| ETOPOPHOS  | 3           |                            |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| <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; OBТ  |
| <i>fludarabine phosphate intravenous solution reconstituted</i> | 1    | PA; OBТ             |
| <i>flutamide</i>  | 1    | EDS                 |
| FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML                          | 2    | PA; OBТ             |
| FUSILEV   | 3    |                     |
| <i>gemcitabine hcl intravenous solution reconstituted 1 gm</i>  | 1    | PA; OBТ             |
| GEMZAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM                  | 3    | PA                  |
| GILOTRIF  | 3    | PA New Starts       |
| GLEEVEC   | 3    | PA New Starts; EDS  |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG                     | 3    |                     |
| HALAVEN   | 2    | PA New Starts; OBТ  |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG             | 3    | PA New Starts       |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG             | 3    | PA; OBТ             |
| 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; OBТ             |
| IDHIFA  | 3    | PA New Starts       |
| IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM                    | 3    | PA                  |
| <i>ifosfamide intravenous solution reconstituted 1 gm</i>       | 1    | PA; OBТ             |

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



| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <i>imatinib mesylate</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<br>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<br/>reconstituted 100 mg, 350 mg</i> | 1           |                            |
| <i>leucovorin calcium oral</i>  | 1           |                            |
| LEUKERAN  | 2           |                            |
| <i>levoleucovorin calcium intravenous solution</i>                            | 1           |                            |
| <i>levoleucovorin calcium intravenous solution<br/>reconstituted 50 mg</i>    | 1           |                            |
| LONSURF   | 3           | PA New Starts              |
| LYNPARZA  | 3           | PA New Starts              |
| MATULANE  | 2           |                            |

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

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------|----------------------------|
| 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           |                            |
| 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              |

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

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------|----------------------------|
| 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; OB          |
| TABLOID  | 3           |                            |
| TAFINLAR   | 3           | PA New Starts              |
| TAGRISO  | 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; OB          |
| 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; OB          |
| 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           |                            |
| <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; OB                     |

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

| Drug Name  | Tier | Requirements/Limits    |
|--|------|------------------------|
| 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; EDS                |
| ZYDELIG  | 3    |                        |
| ZYKADIA  | 3    | PA New Starts          |
| ZYTIGA   | 2    | PA New Starts          |
| <b>Antiparasitics</b>                                      |      |                        |
| ALBENZA  | 3    |                        |
| ALINIA   | 2    |                        |
| <i>atovaquone oral</i>                                     | 1    |                        |
| <i>atovaquone-proguanil hcl</i>                            | 1    |                        |
| <i>benznidazole</i>  | 3    | PA                     |
| BILTRICIDE   | 3    |                        |
| <i>chloroquine phosphate oral</i>                          | 1    | EDS                    |
| COARTEM  | 2    | QL (24 EA per 30 days) |
| DARAPRIM   | 2    |                        |
| EMVERM   | 3    |                        |

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

| Drug Name  | Tier | Requirements/Limits        |
|--|------|----------------------------|
| EURAX  | 2    |                            |
| <i>hydroxychloroquine sulfate oral</i>   | 1    | EDS                        |
| <i>ivermectin oral</i>   | 1    |                            |
| <i>lindane external shampoo</i>  | 1    |                            |
| MALARONE   | 3    | EDS                        |
| <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    |                            |
| <b>Antiparkinson Agents</b>  |      |                            |
| <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                         |
| 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; EDS                    |

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

| Drug Name   | Tier | Requirements/Limits        |
|---|------|----------------------------|
| LODOSYN   | 3    | EDS                        |
| MIRAPEX   | 3    | EDS                        |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE<br>24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG,<br>4.5 MG                              | 3    | EDS                        |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE<br>24 HOUR 3 MG, 3.75 MG  | 3    | EDS                        |
| NEUPRO  | 3    |                            |
| PARLODEL ORAL CAPSULE   | 3    | EDS                        |
| <i>pramipexole dihydrochloride</i>  | 1    | EDS                        |
| <i>pramipexole dihydrochloride er oral tablet<br/>extended release 24 hour 0.375 mg, 0.75 mg, 1.5<br/>mg, 2.25 mg, 4.5 mg</i> | 1    | EDS                        |
| <i>pramipexole dihydrochloride er oral tablet<br/>extended release 24 hour 3 mg, 3.75 mg</i>                                  | 1    | EDS                        |
| <i>rasagiline mesylate oral</i>   | 1    | EDS                        |
| 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) |
| ZELAPAR   | 2    | EDS                        |
| <b>Antipsychotics</b>   |      |                            |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED<br>SYRINGE 300 MG  | 2    | BD                         |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED<br>SYRINGE 400 MG  | 2    | BD; EDS                    |

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

| Drug Name   | Tier | Requirements/Limits         |
|---|------|-----------------------------|
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG | 2    | BD; EDS                     |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG | 2    | BD; EDS                     |
| <i>aripiprazole oral solution</i>                                 | 1    | EDS                         |
| <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; EDS                     |
| CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML                   | 3    |                             |
| <i>chlorpromazine hcl oral</i>                                    | 1    | EDS                         |
| <i>clozapine</i>  | 1    | EDS                         |
| FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG                         | 3    | EDS; QL (90 EA per 30 days) |
| FANAPT ORAL TABLET 10 MG  | 3    | EDS; QL (60 EA per 30 days) |
| FANAPT ORAL TABLET 12 MG, 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                         |
| 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                         |

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

| Drug Name  | Tier | Requirements/Limits                   |
|--|------|---------------------------------------|
| NUPLAZID ORAL TABLET 17 MG   | 3    | PA New Starts; EDS                    |
| <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    | EDS                                   |
| 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                                   |
| SEROQUEL   | 3    | EDS                                   |
| SEROQUEL XR  | 3    | EDS                                   |
| <i>thioridazine hcl oral</i>   | 1    | PA New Starts; EDS; AL (Max 64 Years) |
| <i>thiothixene oral</i>  | 1    | EDS                                   |
| <i>trifluoperazine hcl oral</i>  | 1    | EDS                                   |
| VERSACLOZ  | 3    |                                       |
| VRAYLAR  | 3    | PA New Starts                         |
| <i>ziprasidone hcl</i>   | 1    | EDS                                   |
| ZYPREXA INTRAMUSCULAR  | 3    | BD                                    |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG               | 3    | BD                                    |
| <b>Antispasticity Agents</b>   |      |                                       |
| <i>baclofen oral tablet 10 mg, 20 mg</i>                                     | 1    | EDS                                   |
| <i>baclofen oral tablet 5 mg</i>   | 1    | EDS                                   |
| BOTOX  | 3    | PA; OBT                               |

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



| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| <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                 |
| <b>Antivirals</b>   |      |                     |
| <i>abacavir sulfate oral solution</i>                                 | 1    | EDS                 |
| <i>abacavir sulfate oral tablet</i>                                   | 1    | EDS                 |
| <i>abacavir sulfate-lamivudine</i>                                    | 1    | EDS                 |
| <i>abacavir-lamivudine-zidovudine</i>                                 | 1    | EDS                 |
| <i>acyclovir external</i>   | 1    |                     |
| <i>acyclovir oral capsule</i>   | 1    | EDS                 |
| <i>acyclovir oral suspension</i>                                      | 1    | EDS                 |
| <i>acyclovir oral tablet 400 mg</i>                                   | 1    | EDS                 |
| <i>acyclovir oral tablet 800 mg</i>                                   | 1    |                     |
| <i>acyclovir sodium intravenous solution</i>                          | 1    | BD                  |
| <i>adefovir dipivoxil</i>   | 1    | EDS                 |
| <i>amantadine hcl oral</i>  | 1    | EDS                 |
| APTIVUS   | 2    | EDS                 |
| <i>atazanavir sulfate</i>   | 1    | EDS                 |
| ATRIPLA   | 2    | EDS                 |
| BARACLUDE   | 2    | EDS                 |
| BIKTARVY  | 2    | EDS                 |
| <i>cidofovir intravenous</i>  | 1    | BD                  |
| CIMDUO  | 2    | EDS                 |
| COMBIVIR  | 3    | EDS                 |
| COMPLERA  | 2    | EDS                 |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG                                  | 2    | EDS                 |
| 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    | EDS                 |
| EMTRIVA   | 2    | EDS                 |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| <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    | EDS                 |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED                   | 2    | EDS                 |
| <i>ganciclovir sodium intravenous solution reconstituted</i> | 1    | PA; OBT             |
| 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; OBT  |
| INTRON A INJECTION SOLUTION RECONSTITUTED                    | 2    | PA New Starts; OBT  |
| INVIRASE   | 2    | EDS                 |
| ISENTRESS  | 2    | EDS                 |
| ISENTRESS HD   | 2    | EDS                 |
| JULUCA   | 2    | EDS                 |
| KALETRA ORAL TABLET  | 2    | EDS                 |
| <i>lamivudine</i>  | 1    | EDS                 |
| <i>lamivudine-zidovudine</i>                                 | 1    | EDS                 |
| LEXIVA   | 2    | EDS                 |
| <i>lopinavir-ritonavir</i>                                   | 1    | EDS                 |
| 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                 |

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

| <b>Drug Name</b>                                   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------|----------------------------|
| NORVIR ORAL CAPSULE                                | 2           | EDS                        |
| NORVIR ORAL PACKET                                 | 2           | EDS                        |
| NORVIR ORAL SOLUTION                               | 2           | EDS                        |
| NORVIR ORAL TABLET                                 | 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; EDS         |
| 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 CAPSULE 150 MG, 200 MG, 300 MG        | 2           | EDS                        |
| REYATAZ ORAL PACKET                                | 2           | EDS                        |
| <i>ribasphere oral capsule</i>                     | 3           | PA                         |
| <i>ribasphere oral tablet 200 mg</i>               | 3           | PA                         |
| RIBASPHERE ORAL TABLET 400 MG, 600 MG              | 3           | PA                         |
| RIBASPHERE RIBAPAK ORAL TABLET 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           | EDS                        |
| SELZENTRY  | 2           | EDS                        |
| SOVALDI  | 2           | PA                         |
| <i>stavudine oral capsule</i>                      | 1           | EDS                        |
| STRIBILD   | 2           |                            |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| SUSTIVA   | 2    | EDS                 |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG   | 3    | PA New Starts       |
| SYMFI   | 2    | EDS                 |
| SYMFI LO  | 2    | EDS                 |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML         | 2    |                     |
| <i>tenofovir disoproxil fumarate</i>                  | 1    | EDS                 |
| 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 oral solution reconstituted</i> | 1    | EDS                 |
| <i>valganciclovir hcl oral tablet</i>                 | 1    |                     |
| VALTREX   | 3    | EDS                 |
| VEMLIDY   | 2    | PA; EDS             |
| 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  | 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    |                     |
| ZOVIRAX ORAL CAPSULE                                  | 3    |                     |

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

| Drug Name                              | Tier | Requirements/Limits              |
|--|------|----------------------------------|
| ZOVIRAX ORAL SUSPENSION                | 3    | EDS                              |
| <b>Anxiolytics</b>                     |      |                                  |
| <i>alprazolam er</i>                   | 1    |                                  |
| <i>alprazolam oral</i>                 | 1    |                                  |
| <i>buspirone hcl oral</i>              | 1    | EDS                              |
| <i>chlordiazepoxide hcl</i>            | 1    |                                  |
| <i>clonazepam oral</i>                 | 1    |                                  |
| <i>clorazepate dipotassium</i>         | 1    |                                  |
| CYMBALTA                               | 3    | EDS                              |
| 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    |                                  |
| LEXAPRO ORAL TABLET                    | 3    | EDS                              |
| <i>lorazepam oral</i>                  | 1    |                                  |
| <i>meprobamate</i>                     | 1    | PA; EDS; AL (Max 64 Years)       |
| <i>oxazepam</i>                        | 1    |                                  |
| <i>paroxetine hcl er</i>               | 1    | EDS                              |
| <i>paroxetine hcl oral tablet</i>      | 1    | EDS                              |
| PAXIL CR                               | 3    | EDS                              |
| PAXIL ORAL SUSPENSION                  | 3    | EDS                              |
| PAXIL ORAL TABLET                      | 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                              |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| <i>venlafaxine hcl er</i>   | 1    | EDS                 |
| XANAX   | 3    |                     |
| XANAX XR  | 3    |                     |
| ZOLOFT ORAL TABLET  | 3    | EDS                 |
| <b>Bipolar Agents</b>   |      |                     |
| <i>carbamazepine er oral capsule extended release 12 hour</i>       | 1    | EDS                 |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg</i> | 1    | EDS                 |
| <i>carbamazepine oral</i>   | 1    | EDS                 |
| <i>divalproex sodium er oral tablet extended release 24 hour</i>    | 1    | EDS                 |
| <i>divalproex sodium oral capsule delayed release sprinkle</i>      | 1    | EDS                 |
| <i>divalproex sodium oral tablet delayed release</i>                | 1    | EDS                 |
| <i>epitol</i>   | 1    | EDS                 |
| EQUETRO   | 3    | EDS                 |
| GEODON INTRAMUSCULAR  | 3    | BD                  |
| LAMICTAL STARTER  | 3    |                     |
| LAMICTAL XR ORAL KIT  | 3    |                     |
| 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    | EDS                 |

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

| Drug Name  | Tier | Requirements/Limits        |
|--|------|----------------------------|
| 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                        |
| SEROQUEL   | 3    | EDS                        |
| SEROQUEL XR  | 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                         |
| <b>Blood Glucose Regulators</b>  |      |                            |
| <i>acarbose</i>  | 1    | EDS                        |
| ACTOPLUS MET XR  | 2    | EDS                        |
| <i>alogliptin-pioglitazone</i>   | 1    | 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; EDS                    |
| BYDUREON SUBCUTANEOUS PEN-INJECTOR   | 3    | ST; EDS                    |
| BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER                            | 3    | ST; EDS                    |
| 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    | EDS                        |
| <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                        |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| <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    |                     |
| GLUCOPHAGE  | 3    | EDS                 |
| GLUCOPHAGE XR   | 3    | EDS                 |
| GLUCOTROL   | 3    | EDS                 |
| GLUCOTROL XL  | 3    | EDS                 |
| GLUMETZA  | 3    | EDS                 |
| <i>glyburide micronized</i>   | 1    | EDS                 |
| <i>glyburide oral</i>   | 1    | EDS                 |
| GLYSET  | 3    | EDS                 |
| GLYXAMBI  | 3    | ST; EDS             |
| HUMALOG   | 2    | EDS                 |
| HUMALOG JUNIOR KWIKPEN  | 2    | EDS                 |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 2    | EDS                 |
| HUMALOG MIX 50/50   | 2    | EDS                 |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR              | 2    | EDS                 |
| HUMALOG MIX 75/25   | 2    | EDS                 |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR              | 2    | EDS                 |
| HUMULIN 70/30   | 2    | EDS                 |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                  | 2    |                     |
| 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    | EDS                 |
| INVOKAMET XR  | 2    | EDS                 |
| INVOKANA  | 2    | EDS                 |

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



| Drug Name  | Tier | Requirements/Limits          |
|--|------|------------------------------|
| JANUMET  | 2    | EDS                          |
| JANUMET XR   | 2    | EDS                          |
| JANUVIA  | 2    | EDS                          |
| JARDIANCE  | 2    | EDS                          |
| JENTADUETO   | 2    | EDS                          |
| JENTADUETO XR  | 2    | EDS                          |
| 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 er (mod)</i>  | 1    | EDS                          |
| <i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i> | 1    | EDS                          |
| <i>metformin hcl oral tablet</i>   | 1    | EDS                          |
| <i>miglitol</i>  | 1    | EDS                          |
| <i>nateglinide</i>   | 1    | EDS                          |
| OZEMPIC  | 2    | ST; EDS                      |
| <i>pioglitazone hcl</i>  | 1    | EDS                          |
| <i>pioglitazone hcl-metformin 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    | EDS                          |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR                                   | 2    | PA; EDS                      |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR                                    | 2    | PA; EDS                      |
| SYNJARDY   | 2    | EDS                          |
| SYNJARDY XR  | 2    | EDS                          |
| TANZEUM  | 3    | ST                           |
| <i>tolazamide oral tablet 250 mg</i>   | 3    | EDS                          |

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

| Drug Name  | Tier | Requirements/Limits        |
|--|------|----------------------------|
| TOLAZAMIDE ORAL TABLET 500 MG  | 3    | EDS                        |
| TOLBUTAMIDE  | 3    | EDS                        |
| TOUJEO MAX SOLOSTAR  | 2    | EDS                        |
| TOUJEO SOLOSTAR  | 2    | EDS                        |
| TRADJENTA  | 2    | EDS                        |
| TRULICITY  | 2    | ST; EDS                    |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR   | 2    | ST; EDS                    |
| WELCHOL  | 2    | EDS                        |
| <b>Blood Products/ Modifiers/ Volume Expanders</b>   |      |                            |
| 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; EDS                    |
| BRILINTA   | 2    | EDS                        |
| <i>cilostazol</i>  | 1    | EDS                        |
| <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                         |
| EFFIENT  | 2    | EDS                        |
| ELIQUIS  | 2    | EDS                        |
| ELIQUIS STARTER PACK   | 2    | EDS                        |
| <i>enoxaparin sodium</i>   | 1    |                            |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML   | 2    | PA; 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    |                            |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | 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 75 MG  | 3    | EDS                 |
| PRADAXA   | 2    | EDS                 |
| <i>prasugrel hcl</i>  | 1    | EDS                 |
| PROCRIT   | 2    | PA; OBT             |
| PROMACTA  | 2    | PA                  |
| SAVAYSA   | 3    | EDS                 |
| TAVALLISSE  | 3    | PA; EDS             |
| <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             |
| <b>Cardiovascular Agents</b>  |      |                     |
| <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                 |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| ALDACTAZIDE ORAL TABLET 25-25 MG                                   | 3    | EDS                 |
| ALDACTAZIDE ORAL TABLET 50-50 MG                                   | 2    | EDS                 |
| ALTACE ORAL CAPSULE  | 3    | EDS                 |
| ALTOPREV   | 3    | EDS                 |
| <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    | EDS                 |
| <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-atorvastatin</i>                                     | 1    | EDS                 |
| <i>amlodipine-olmesartan</i>                                       | 1    | EDS                 |
| <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                 |
| BENICAR  | 3    | EDS                 |
| BENICAR HCT  | 3    | EDS                 |
| BETAPACE AF  | 3    | EDS                 |
| <i>betaxolol hcl oral</i>  | 1    | EDS                 |
| BIDIL  | 3    | EDS                 |
| <i>bisoprolol fumarate</i>   | 1    | EDS                 |
| <i>bisoprolol-hydrochlorothiazide</i>                              | 1    | EDS                 |
| <i>bumetanide injection</i>  | 1    |                     |
| <i>bumetanide oral</i>   | 1    | EDS                 |
| BYSTOLIC   | 3    | EDS                 |
| BYVALSON   | 3    | EDS                 |
| <i>candesartan cilexetil</i>                                       | 1    | EDS                 |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>           | 1    |                     |
| <i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i> | 1    | EDS                 |
| <i>captopril oral</i>  | 1    | EDS                 |

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

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b>  |
|--|-------------|-----------------------------|
| <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           | EDS                         |
| <i>chlorothiazide oral</i>   | 1           | EDS                         |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                   | 1           | EDS                         |
| <i>cholestyramine light oral powder</i>  | 1           | EDS                         |
| <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           | EDS                         |
| 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                         |
| COREG CR   | 3           | EDS                         |
| CORLANOR   | 3           | PA; EDS                     |
| CRESTOR  | 3           | EDS                         |
| DEMSER   | 3           | EDS                         |
| <i>digitek oral tablet 125 mcg</i>   | 1           | EDS; QL (30 EA per 30 days) |
| <i>digitek oral tablet 250 mcg</i>   | 1           | PA; EDS; AL (Max 64 Years)  |
| <i>digox oral tablet 125 mcg</i>   | 1           | QL (30 EA per 30 days); EDS |
| <i>digox oral tablet 250 mcg</i>   | 1           | PA; AL (Max 64 Years); EDS  |
| <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)  |

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

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <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                        |
| DIOVAN  | 3           | EDS                        |
| DIOVAN HCT  | 3           | EDS                        |
| <i>disopyramide phosphate oral</i>  | 1           | PA; EDS; AL (Max 64 Years) |
| DIURIL  | 2           | EDS                        |
| <i>dofetilide</i>   | 1           | EDS                        |
| <i>doxazosin mesylate 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           | EDS                        |
| EXFORGE   | 3           | EDS                        |
| EXFORGE HCT   | 3           | EDS                        |
| <i>ezetimibe</i>  | 1           | EDS                        |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>                                     | 1           | EDS                        |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i>   | 1           | PA New Starts; EDS         |
| <i>felodipine er</i>  | 1           | EDS                        |
| <i>fenofibrate micronized</i>   | 1           | EDS                        |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i>   | 1           | EDS                        |
| <i>fenofibrate oral tablet</i>  | 1           | EDS                        |
| <i>fenofibric acid</i>  | 1           | EDS                        |

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

| <b>Drug Name</b>                                  | <b>Tier</b> | <b>Requirements/Limits</b>             |
|---|-------------|--|
| <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)            |
| LANOXIN ORAL TABLET 250 MCG                       | 3           | PA; EDS; AL (Max 64 Years)             |
| LASIX   | 3           | EDS                                    |
| LESCOL XL   | 3           | EDS                                    |

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

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| LIPITOR   | 3           | EDS                        |
| LIPOFEN   | 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           | EDS                        |
| <i>nicardipine hcl intravenous</i>                          | 1           |                            |

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



| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------|----------------------------|
| <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           | EDS                        |
| <i>nitroglycerin transdermal patch 24 hour</i>   | 1           | EDS                        |
| <i>nitroglycerin translingual solution</i>   | 1           | EDS                        |
| NITROSTAT  | 3           | EDS                        |
| NORPACE  | 3           | PA; EDS; AL (Max 64 Years) |
| NORPACE CR   | 3           | PA; EDS; AL (Max 64 Years) |
| NORTHERA   | 3           | PA                         |
| NORVASC  | 3           | EDS                        |
| NYMALIZE ORAL SOLUTION 30 MG/10ML  | 3           | PA; EDS                    |
| <i>olmesartan medoxomil oral</i>   | 1           | EDS                        |
| <i>olmesartan medoxomil-hctz</i>   | 1           | EDS                        |
| <i>olmesartan-amlodipine-hctz</i>  | 1           | EDS                        |
| <i>omega-3-acid ethyl esters</i>   | 1           | EDS                        |
| <i>pacerone oral tablet 100 mg</i>   | 1           | EDS                        |
| <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                        |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| <i>propranolol hcl er</i>                                       | 1    | EDS                 |
| <i>propranolol hcl intravenous</i>                              | 1    |                     |
| PROPRANOLOL HCL ORAL SOLUTION                                   | 3    | EDS                 |
| <i>propranolol hcl oral tablet</i>                              | 1    | EDS                 |
| <i>propranolol-hctz</i>   | 1    | EDS                 |
| QUESTRAN LIGHT ORAL POWDER                                      | 3    | EDS                 |
| 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    |                     |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| <i>terazosin hcl oral</i>   | 1    | EDS                 |
| TIAZAC  | 3    | EDS                 |
| TIKOSYN   | 3    | EDS                 |
| <i>timolol maleate oral</i>   | 1    | EDS                 |
| TOPROL XL   | 3    | EDS                 |
| <i>toremide 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                 |
| TRIBENZOR   | 3    | EDS                 |
| TRICOR  | 3    | EDS                 |
| TRILIPIX  | 3    | EDS                 |
| UPTRAVI   | 3    | PA                  |
| <i>valsartan</i>  | 1    | EDS                 |
| <i>valsartan-hydrochlorothiazide</i>  | 1    | EDS                 |
| VASCEPA   | 2    | EDS                 |
| VASERETIC   | 3    | EDS                 |
| VASOTEC   | 3    | EDS                 |
| <i>verapamil hcl er oral capsule extended release 24 hour</i>               | 1    | EDS                 |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i> | 1    | EDS                 |
| <i>verapamil hcl intravenous</i>  | 1    |                     |
| <i>verapamil hcl oral</i>   | 1    | EDS                 |
| VERELAN   | 3    | EDS                 |
| VERELAN PM  | 3    | EDS                 |
| VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG                            | 3    | EDS                 |
| VYTORIN ORAL TABLET 10-80 MG  | 3    | PA New Starts; EDS  |
| WELCHOL   | 2    | EDS                 |
| ZESTORETIC  | 3    | EDS                 |
| ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 5 MG                       | 3    | 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  |

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

| Drug Name  | Tier | Requirements/Limits                    |
|--|------|--|
| <b>Central Nervous System Agents</b>   |      |  |
| ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG   | 3    | EDS                                    |
| ADDERALL XR  | 3    | EDS                                    |
| <i>amphetamine-dextroamphetamine</i>   | 1    | EDS                                    |
| <i>amphetamine-dextroamphetamine</i>   | 1    | EDS                                    |
| AMPYRA   | 3    | PA; EDS                                |
| APTENSIO XR  | 3    | EDS                                    |
| <i>atomoxetine hcl</i>   | 1    | EDS                                    |
| AUBAGIO  | 2    |  |
| AUSTEDO  | 3    | PA; EDS                                |
| AVONEX   | 2    | EDS                                    |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT   | 2    | EDS                                    |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT   | 2    | EDS                                    |
| 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    | EDS                                    |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML  | 2    | EDS                                    |
| CYMBALTA   | 3    | EDS                                    |
| 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    | EDS                                    |
| <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    |  |

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

| Drug Name   | Tier | Requirements/Limits                    |
|---|------|--|
| FOCALIN   | 3    | EDS                                    |
| FOCALIN XR  | 3    | EDS                                    |
| GILENYA ORAL CAPSULE 0.5 MG   | 2    | EDS                                    |
| <i>glatiramer acetate</i>   | 1    | EDS                                    |
| <i>glatopa</i>  | 1    | EDS                                    |
| <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)             |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR   | 3    | EDS; AL (Min 6 Years and Max 17 Years) |
| LYRICA  | 2    | EDS                                    |
| LYRICA CR   | 2    | EDS                                    |
| <i>metadate er oral tablet extended release 20 mg</i>   | 1    | EDS                                    |
| <i>methamphetamine hcl</i>  | 1    | PA; EDS                                |
| METHYLIN ORAL SOLUTION  | 3    | EDS                                    |
| <i>methylphenidate hcl er (cd)</i>  | 1    | EDS                                    |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 30 mg, 60 mg</i>        | 1    | EDS                                    |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>               | 1    | EDS                                    |
| <i>methylphenidate hcl er 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    | EDS                                    |
| <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; EDS                     |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | 2    |  |

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

| Drug Name  | Tier | Requirements/Limits    |
|--|------|------------------------|
| REBIF REBIDOSE TITRATION PACK<br>SUBCUTANEOUS SOLUTION AUTO-INJECTOR           | 2    |                        |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED<br>SYRINGE                               | 2    |                        |
| REBIF TITRATION PACK SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE                | 2    |                        |
| RILUTEK  | 3    | EDS                    |
| <i>riluzole</i>  | 1    | EDS                    |
| RITALIN  | 3    | EDS                    |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE<br>24 HOUR 10 MG, 20 MG, 30 MG, 40 MG | 3    | EDS                    |
| SAVELLA  | 2    | EDS                    |
| SAVELLA TITRATION PACK   | 2    |                        |
| TECFIDERA ORAL   | 2    |                        |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 120<br>MG                               | 2    | QL (60 EA per 30 days) |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 240<br>MG                               | 2    |                        |
| <i>tetrabenazine</i>   | 1    | PA New Starts          |
| TYSABRI  | 3    | PA; OBT                |
| VECAMYL  | 3    | PA                     |
| VYVANSE  | 3    | EDS                    |
| <i>zenzedi oral tablet 10 mg, 5 mg</i>   | 3    | EDS                    |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG,<br>30 MG, 7.5 MG                     | 3    | EDS                    |
| <b>Dental And Oral Agents</b>  |      |                        |
| <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, 150 mg,<br/>20 mg, 75 mg</i>        | 1    |                        |
| <i>doxycycline hyclate oral tablet delayed release<br/>200 mg, 50 mg</i>       | 1    |                        |
| <i>doxycycline monohydrate oral tablet 150 mg, 50<br/>mg, 75 mg</i>            | 1    |                        |
| EVOXAC   | 3    | EDS                    |
| KEPIVANCE  | 3    |                        |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| <i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 65 mg, 90 mg</i> | 1    |                     |
| <i>minocycline hcl oral capsule 100 mg, 50 mg</i>  | 1    | EDS                 |
| <i>minocycline hcl oral capsule 75 mg</i>  | 1    |                     |
| <i>minocycline hcl oral tablet</i>   | 1    | EDS                 |
| <i>periogard</i>   | 1    |                     |
| <i>pilocarpine hcl oral</i>  | 1    | EDS                 |
| SALAGEN  | 3    |                     |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG, 65 MG   | 3    |                     |
| <i>triamcinolone acetamide mouth/throat</i>  | 1    |                     |
| VIBRAMYCIN ORAL SYRUP  | 3    |                     |
| <b>Dermatological Agents</b>   |      |                     |
| ABSORICA   | 3    |                     |
| <i>acitretin</i>   | 1    | PA New Starts       |
| ACZONE EXTERNAL GEL 5 %  | 3    |                     |
| <i>adapalene external gel</i>  | 1    |                     |
| <i>adapalene-benzoyl peroxide</i>  | 1    |                     |
| <i>ammonium lactate external</i>   | 1    |                     |
| <i>amnesteem</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; EDS            |
| COSENTYX SENSOREADY 300 DOSE   | 2    | OBT; EDS            |
| <i>dapsone external</i>  | 1    |                     |

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

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <i>diclofenac sodium transdermal gel</i>                                    | 1           | PA; EDS                    |
| <i>doxycycline hyclate oral capsule 50 mg</i>                               | 1           |                            |
| <i>doxycycline hyclate oral tablet delayed release 200 mg, 50 mg, 75 mg</i> | 1           |                            |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                   | 1           |                            |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>                    | 1           |                            |
| 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              |
| <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           |                            |

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



| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| RETIN-A MICRO  | 3    |                     |
| SANTYL   | 2    |                     |
| <i>selenium sulfide external lotion</i>                      | 1    |                     |
| SILIQ  | 2    | OBT; EDS            |
| SOOLANTRA  | 3    |                     |
| SORIATANE ORAL CAPSULE 10 MG, 25 MG                          | 3    |                     |
| STELARA INTRAVENOUS  | 2    | OBT                 |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML                    | 2    | EDS                 |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE              | 2    | OBT; EDS            |
| 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    | EDS                 |
| <i>tretinoin external</i>                                    | 1    |                     |
| <i>tretinoin microsphere</i>                                 | 1    |                     |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> | 1    |                     |
| TRIANEX  | 3    |                     |
| VALCHLOR   | 3    | PA New Starts       |
| VOLTAREN TRANSDERMAL   | 3    | PA; EDS             |
| <i>zenatane</i>  | 1    |                     |
| <b>Electrolytes/Minerals/Metals/Vitamins</b>                 |      |                     |
| 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                 |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| 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                  |
| 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                  |
| <i>doxercalciferol intravenous</i>   | 1    |                     |
| <i>doxercalciferol oral</i>  | 1    | ST; EDS             |
| 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                  |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| IONOSOL-MB IN D5W  | 3    |                     |
| ISOLYTE-P IN D5W   | 3    |                     |
| ISOLYTE-S  | 3    | BD                  |
| JADENU   | 3    | PA; EDS             |
| JADENU SPRINKLE  | 3    | PA; EDS             |
| <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    | EDS                 |
| KLOR-CON M15   | 3    | EDS                 |
| <i>klor-con m20</i>  | 1    | EDS                 |
| <i>klor-con oral packet 20 meq</i>   | 1    | EDS                 |
| <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    |                     |
| <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    | EDS                 |
| <i>potassium chloride er</i>   | 1    | EDS                 |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| <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    | EDS                 |
| <i>sterile water for irrigation</i>  | 1    |                     |
| SUPREP BOWEL PREP KIT  | 3    |                     |
| <i>tpn electrolytes intravenous solution</i>   | 1    | BD                  |
| TRAVASOL   | 2    | BD                  |
| <i>trientine hcl</i>   | 1    | PA New Starts; EDS  |
| TROPHAMINE   | 2    | BD                  |
| VELPHORO   | 3    | EDS                 |
| VELTASSA   | 2    |                     |
| <b>Gastrointestinal Agents</b>   |      |                     |
| ACIPHEX  | 3    | EDS                 |
| ACTIGALL   | 3    | EDS                 |
| <i>alosetron hcl</i>   | 1    | EDS                 |
| AMITIZA  | 3    | EDS                 |
| <i>amoxicill-clarithro-lansopraz</i>   | 1    |                     |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| BENTYL INTRAMUSCULAR   | 3    |                     |
| <i>budesonide er oral tablet extended release 24 hour</i>          | 1    | EDS                 |
| <i>budesonide oral</i>   | 1    |                     |
| CARAFATE ORAL SUSPENSION   | 2    | EDS                 |
| CARAFATE ORAL TABLET   | 3    | EDS                 |
| CHENODAL   | 3    | PA                  |
| CHOLBAM  | 3    | PA                  |
| <i>cimetidine hcl oral</i>   | 1    | EDS                 |
| <i>cimetidine oral</i>   | 1    | EDS                 |
| CLENPIQ  | 3    |                     |
| COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM        | 3    |                     |
| <i>constulose</i>  | 1    | EDS                 |
| CYTOTEC  | 3    | EDS                 |
| DELZICOL   | 2    | EDS                 |
| DEXILANT   | 3    | 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</i>                                      | 1    | EDS                 |
| <i>esomeprazole strontium oral capsule delayed release 49.3 mg</i> | 1    | EDS                 |
| <i>famotidine intravenous solution 20 mg/2ml</i>                   | 1    |                     |
| <i>famotidine oral suspension reconstituted</i>                    | 1    | EDS                 |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                         | 1    | EDS                 |
| GATTEX   | 3    | PA New Starts       |
| <i>gavilyte-c</i>  | 1    |                     |
| <i>gavilyte-g</i>  | 1    |                     |
| <i>gavilyte-n with flavor pack</i>                                 | 1    |                     |
| <i>generlac</i>  | 1    | EDS                 |
| GIAZO  | 3    |                     |
| <i>glycopyrrolate injection solution 4 mg/20ml</i>                 | 1    | EDS                 |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                       | 1    | EDS                 |

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

| Drug Name   | Tier | Requirements/Limits         |
|---|------|-----------------------------|
| GOLYTELY  | 3    |                             |
| KRISTALOSE  | 3    | EDS                         |
| <i>lactulose oral solution 10 gm/15ml</i>         | 1    | EDS                         |
| <i>lansoprazole oral capsule delayed release</i>  | 1    | EDS                         |
| LINZESS ORAL CAPSULE 145 MCG, 72 MCG              | 2    | QL (30 EA per 30 days); EDS |
| LINZESS ORAL CAPSULE 290 MCG                      | 2    | EDS                         |
| 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    |                             |
| MOVIPREP  | 3    |                             |
| MYTESI  | 2    | PA; EDS                     |
| NEXIUM ORAL CAPSULE DELAYED RELEASE               | 3    | EDS                         |
| <i>nizatidine</i>                                 | 1    | EDS                         |
| NULYTELY WITH FLAVOR PACKS                        | 3    |                             |
| OALIVA  | 3    | PA; EDS                     |
| 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    |                             |
| <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    |                             |
| PROTONIX ORAL TABLET DELAYED RELEASE              | 3    | EDS                         |
| <i>rabeprazole sodium</i>                         | 1    | EDS                         |

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

| Drug Name  | Tier | Requirements/Limits  |
|--|------|----------------------|
| <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>sucrafate 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; EDS              |
| 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                   |
| <b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b> |      |                      |
| ADAGEN   | 2    | PA New Starts; OBT   |
| <i>buphenyl oral powder 3 gm/tsp</i>                                 | 1    |                      |
| BUPHENYL ORAL TABLET   | 2    | EDS                  |
| 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   |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| KANUMA   | 3    | PA New Starts; OBT  |
| KUVAN  | 2    | PA                  |
| <i>miglustat</i>   | 1    | PA New Starts; EDS  |
| NAGLAZYME  | 2    | PA New Starts; OBT  |
| ORFADIN  | 2    | PA New Starts; EDS  |
| PALYNZIQ   | 3    | PA; EDS             |
| PANCREAZE  | 2    | EDS                 |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 4000 UNIT, 8000 UNIT  | 2    | EDS                 |
| PROCYSBI   | 3    | PA New Starts       |
| RAVICTI  | 3    | PA New Starts       |
| <i>sodium phenylbutyrate oral tablet</i>   | 1    | EDS                 |
| 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; EDS             |
| 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    | EDS                 |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 3000-14000 UNIT  | 2    | EDS                 |
| <b>Genitourinary Agents</b>  |      |                     |
| <i>alfuzosin hcl er</i>  | 1    | EDS                 |
| AURYXIA  | 3    | EDS                 |
| AVODART  | 3    | EDS                 |
| <i>bethanechol chloride oral</i>   | 1    | EDS                 |
| <i>calcium acetate (phos binder) oral capsule</i>  | 1    | EDS                 |
| CARDURA XL   | 3    | EDS                 |
| CIALIS ORAL TABLET 2.5 MG, 5 MG  | 2    | EHS; EDS            |
| CUPRIMINE ORAL CAPSULE 250 MG  | 3    | PA; EDS             |
| <i>darifenacin hydrobromide er</i>   | 1    | EDS                 |
| DEPEN TITRATABS  | 2    |                     |
| DETROL   | 3    | EDS                 |

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



| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| 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, 750 MG | 2    | EDS                 |
| GELNIQUE TRANSDERMAL GEL 10 %                         | 3    | EDS                 |
| JALYN   | 3    | EDS                 |
| JYNARQUE  | 3    | PA; EDS             |
| <i>lanthanum carbonate</i>                            | 1    | EDS                 |
| MYRBETRIQ   | 2    | EDS                 |
| <i>oxybutynin chloride er</i>                         | 1    | EDS                 |
| <i>oxybutynin chloride oral</i>                       | 1    | EDS                 |
| OXYTROL   | 3    | EDS                 |
| PHOSLYRA  | 3    | EDS                 |
| <i>potassium citrate er</i>                           | 1    | EDS                 |
| <i>prazosin hcl oral</i>                              | 1    | EDS                 |
| RAPAFLO   | 3    | EDS                 |
| RENAGEL ORAL TABLET 800 MG                            | 2    | EDS                 |
| REVELA ORAL TABLET                                    | 2    | EDS                 |
| <i>sevelamer carbonate</i>                            | 1    | EDS                 |
| <i>sodium phenylbutyrate oral powder 3 gm/tsp</i>     | 1    |                     |
| <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  | 3    | EDS                 |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| UROCIT-K 10   | 3    | EDS                 |
| UROCIT-K 15   | 3    | EDS                 |
| UROCIT-K 5  | 3    | EDS                 |
| VELPHORO  | 3    | EDS                 |
| VESICARE  | 3    | EDS                 |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b> |      |                     |
| 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    | EDS                 |
| 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</i>                             | 1    |                     |
| DEXAMETHASONE INTENSOL  | 2    |                     |
| <i>dexamethasone oral elixir</i>                                    | 1    |                     |

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

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <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           |                            |
| HALOG   | 3           |                            |
| HP ACTHAR   | 3           | PA                         |
| <i>hydrocortisone butyrate external cream</i>   | 1           |                            |
| <i>hydrocortisone butyrate external ointment</i>  | 1           |                            |
| <i>hydrocortisone butyrate external solution</i>  | 1           |                            |
| <i>hydrocortisone external cream 1 %, 2.5 %</i>   | 1           |                            |
| <i>hydrocortisone external lotion 2.5 %</i>   | 1           |                            |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i>  | 1           |                            |
| <i>hydrocortisone oral</i>  | 1           |                            |
| <i>hydrocortisone valerate</i>  | 1           |                            |
| KENALOG INJECTION   | 3           |                            |
| MEDROL ORAL TABLET  | 3           |                            |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>                     | 1           |                            |
| <i>methylprednisolone oral tablet</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           |                            |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| <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    |                     |
| PREDNISON 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    |                     |
| ULTRAVATE   | 3    |                     |
| VERIPRED 20   | 3    |                     |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>                                   |      |                     |
| <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    |                     |

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

| Drug Name   | Tier | Requirements/Limits        |
|---|------|----------------------------|
| <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                         |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>          |      |                            |
| CYTOTEC   | 3    | EDS                        |
| <i>misoprostol oral tablet 200 mcg</i>  | 1    | EDS                        |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b> |      |                            |
| ALORA   | 2    | PA; EDS; AL (Max 64 Years) |
| <i>altavera</i>   | 1    | EDS                        |
| <i>alyacen 1/35</i>   | 1    | EDS                        |
| <i>amabelz</i>  | 1    | PA; AL (Max 64 Years); EDS |
| <i>amethia</i>  | 1    |                            |
| <i>amethia lo</i>   | 1    | EDS                        |
| <i>anadrol-50</i>   | 3    | PA New Starts              |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR   | 2    | PA                         |

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

| Drug Name   | Tier | Requirements/Limits        |
|---|------|----------------------------|
| 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    | EDS                        |
| <i>aviane</i>   | 1    | EDS                        |
| <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    | EDS                        |
| <i>budesonide oral</i>  | 1    |                            |
| <i>camila</i>   | 1    | EDS                        |
| <i>camrese lo</i>   | 1    | EDS                        |
| <i>caziant</i>  | 1    | EDS                        |
| CLIMARA   | 3    | PA; AL (Max 64 Years); EDS |
| CLIMARA PRO   | 3    | PA; EDS; AL (Max 64 Years) |
| COMBIPATCH  | 2    | PA; EDS; AL (Max 64 Years) |
| CRINONE   | 3    | PA                         |
| <i>cryselle-28</i>  | 1    | EDS                        |
| <i>cyclafem 1/35</i>  | 1    | EDS                        |
| <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    | EDS                        |
| DEPO-ESTRADIOL  | 3    | OBT                        |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION                                   | 3    |                            |

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

| Drug Name   | Tier | Requirements/Limits        |
|---|------|----------------------------|
| 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    | EDS                        |
| 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    | EDS                        |
| <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    | EDS                        |
| 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    | EDS                        |
| ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES                        | 3    |                            |
| <i>errin</i>  | 1    | EDS                        |
| <i>estarylla</i>  | 1    | EDS                        |
| ESTRACE ORAL  | 3    | PA; EDS; AL (Max 64 Years) |
| ESTRACE VAGINAL   | 2    | EDS                        |
| <i>estradiol oral</i>   | 1    | PA; EDS; AL (Max 64 Years) |
| <i>estradiol transdermal</i>  | 1    | PA; EDS; AL (Max 64 Years) |
| <i>estradiol vaginal</i>  | 1    | EDS                        |
| <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); EDS |
| <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    | EDS                        |
| EVAMIST   | 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 VI.

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <i>falmina</i>  | 1           | EDS                        |
| <i>fayosim</i>  | 1           | EDS                        |
| FEMRING   | 3           |                            |
| <i>femynor</i>  | 1           | EDS                        |
| FORTESTA  | 3           | PA                         |
| <i>fyavolv</i>  | 1           | PA; EDS; AL (Max 64 Years) |
| GENERESS FE   | 3           | EDS                        |
| <i>incassia</i>   | 1           | EDS                        |
| <i>introvale</i>  | 1           |                            |
| <i>isibloom</i>   | 1           | EDS                        |
| 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           | EDS                        |
| <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           | EDS                        |
| <i>kimidess</i>   | 1           | EDS                        |
| <i>kurvelo</i>  | 1           | EDS                        |
| <i>larin 1.5/30</i>   | 1           | EDS                        |
| <i>larin 1/20</i>   | 1           | EDS                        |
| <i>larin fe 1.5/30</i>  | 1           | EDS                        |
| <i>larin fe 1/20</i>  | 1           | EDS                        |
| <i>larissia</i>   | 1           | EDS                        |
| <i>layolis fe</i>   | 1           | EDS                        |
| <i>lessina</i>  | 1           | EDS                        |
| <i>levonest</i>   | 1           | EDS                        |
| <i>levonorgest-eth est &amp; eth est</i>                                | 1           | EDS                        |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg</i> | 1           | EDS                        |

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



| Drug Name  | Tier | Requirements/Limits        |
|--|------|----------------------------|
| <i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i> | 1    |                            |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>         | 1    | EDS                        |
| <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    | EDS                        |
| <i>lutra</i>   | 1    | EDS                        |
| <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    | EDS                        |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG   | 3    | PA; EDS; AL (Max 64 Years) |
| MENOSTAR   | 2    | PA; EDS; AL (Max 64 Years) |
| METHITEST  | 2    | PA; EDS                    |
| <i>methyltestosterone oral</i>   | 1    | PA; EDS                    |
| <i>mibelas 24 fe</i>   | 1    | EDS                        |
| <i>microgestin 1.5/30</i>  | 1    | EDS                        |
| <i>microgestin 1/20</i>  | 1    | EDS                        |
| <i>microgestin fe 1.5/30</i>   | 1    | EDS                        |
| <i>microgestin fe 1/20</i>   | 1    | EDS                        |
| <i>mili</i>  | 1    | EDS                        |
| <i>mimvey</i>  | 1    | PA                         |
| <i>mimvey lo</i>   | 1    | PA; EDS                    |
| MINIVELLE  | 2    | PA; EDS; AL (Max 64 Years) |
| <i>mononessa</i>   | 1    | EDS                        |
| NATAZIA  | 3    | EDS                        |
| <i>necon 0.5/35 (28)</i>   | 1    | EDS                        |

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

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <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           | EDS                        |
| <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           | EDS                        |
| <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           | EDS                        |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 1           | EDS                        |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i> | 1           | EDS                        |
| <i>norlyroc</i>   | 1           | EDS                        |
| <i>nortrel 0.5/35 (28)</i>  | 1           | EDS                        |
| <i>nortrel 1/35 (21)</i>  | 1           | EDS                        |
| <i>nortrel 1/35 (28)</i>  | 1           | EDS                        |
| <i>nortrel 7/7/7</i>  | 1           | EDS                        |
| NUVARING  | 2           |                            |
| <i>ocella</i>   | 1           | EDS                        |
| OGESTREL  | 2           | EDS                        |
| <i>orsythia</i>   | 1           | EDS                        |
| ORTHO TRI-CYCLEN LO   | 3           | EDS                        |
| <i>oxandrolone oral</i>   | 1           |                            |
| <i>pimtrea</i>  | 1           | EDS                        |
| <i>pirmella 1/35</i>  | 1           | EDS                        |
| <i>portia-28</i>  | 1           | EDS                        |
| PREFEST   | 3           | PA; EDS; AL (Max 64 Years) |
| PREMARIN INJECTION  | 2           |                            |
| PREMARIN ORAL   | 2           | PA; EDS; AL (Max 64 Years) |
| PREMARIN VAGINAL  | 2           | EDS                        |

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

| Drug Name   | Tier | Requirements/Limits        |
|---|------|----------------------------|
| PREMPHASE   | 2    | PA; EDS; AL (Max 64 Years) |
| PREMPRO   | 2    | PA; EDS; AL (Max 64 Years) |
| <i>previfem</i>   | 1    | EDS                        |
| <i>progesterone micronized oral</i>                                       | 1    | EDS                        |
| QUARTETTE   | 3    |                            |
| <i>quasense</i>   | 1    |                            |
| <i>raloxifene hcl</i>   | 1    | EDS                        |
| <i>reclipsen</i>  | 1    | EDS                        |
| <i>rivelsa</i>  | 1    | EDS                        |
| SAFYRAL   | 3    | EDS                        |
| <i>setlakin</i>   | 1    |                            |
| <i>sharobel</i>   | 1    | EDS                        |
| <i>sprintec 28</i>  | 1    | EDS                        |
| <i>sronyx</i>   | 1    | EDS                        |
| STRIANT   | 3    | PA                         |
| <i>syeda</i>  | 1    | EDS                        |
| <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%)</i>                      | 1    | PA; EDS                    |
| <i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>      | 1    | PA                         |
| <i>testosterone transdermal solution</i>                                  | 1    | PA; EDS                    |
| <i>tri-legest fe</i>  | 1    | EDS                        |
| <i>tri-lo-estarylla</i>   | 1    | EDS                        |
| <i>tri-mili</i>   | 1    | EDS                        |
| <i>trinessa (28)</i>  | 1    | EDS                        |
| TRI-NORINYL (28)  | 3    | EDS                        |
| <i>tri-previfem</i>   | 1    | EDS                        |
| <i>tri-sprintec</i>   | 1    | EDS                        |
| <i>trivora (28)</i>   | 1    | EDS                        |
| <i>tri-vylibra</i>  | 1    | EDS                        |
| <i>tydemy</i>   | 1    | EDS                        |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| VAGIFEM VAGINAL TABLET 10 MCG  | 3    | EDS                 |
| <i>velivet</i>   | 1    | EDS                 |
| <i>vienva</i>  | 1    | EDS                 |
| <i>vyfemla</i>   | 1    | EDS                 |
| <i>vylibra</i>   | 1    | EDS                 |
| <i>wymzya fe</i>   | 1    | EDS                 |
| <i>xulane</i>  | 1    | EDS                 |
| <i>yuvafem</i>   | 1    | EDS                 |
| <i>zarah</i>   | 1    | EDS                 |
| <i>zenchent</i>  | 1    | EDS                 |
| <i>zovia 1/35e (28)</i>  | 1    | EDS                 |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>  |      |                     |
| CYTOMEL  | 3    | EDS                 |
| <i>levo-t</i>  | 1    | EDS                 |
| LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 100 MCG  | 3    |                     |
| <i>levothyroxine sodium oral</i>   | 1    | EDS                 |
| <i>levoxyl</i>   | 1    | EDS                 |
| <i>liothyronine sodium intravenous</i>   | 1    |                     |
| <i>liothyronine sodium oral</i>  | 1    | EDS                 |
| SYNTHROID  | 2    | EDS                 |
| THYROLAR-1 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                 |
| <b>Hormonal Agents, Suppressant (Adrenal)</b>  |      |                     |
| LYSODREN   | 2    | EDS                 |
| <b>Hormonal Agents, Suppressant (Pituitary)</b>  |      |                     |
| <i>bromocriptine mesylate oral</i>   | 1    | EDS                 |
| <i>cabergoline</i>   | 1    |                     |
| ELIGARD  | 2    | PA New Starts; OBT  |

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

| Drug Name   | Tier | Requirements/Limits         |
|---|------|-----------------------------|
| FIRMAGON  | 2    | PA New Starts; OBT          |
| <i>leuprolide acetate injection</i>   | 1    | PA New Starts               |
| 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)<br>INTRAMUSCULAR KIT 11.25 MG, 15 MG   | 2    | PA New Starts; OBT          |
| LUPRON DEPOT-PED (3-MONTH)<br>INTRAMUSCULAR KIT 30 MG (PED)   | 2    | PA New Starts               |
| <i>octreotide acetate injection solution 100 mcg/ml,<br/>1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500<br/>mcg/ml</i> | 1    | PA New Starts               |
| SANDOSTATIN INJECTION SOLUTION 100<br>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<br>120 MG/0.5ML  | 3    | PA New Starts; OBT          |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION<br>60 MG/0.2ML, 90 MG/0.3ML  | 3    | PA; OBT                     |
| SOMAVERT  | 3    | PA                          |
| SYNAREL   | 2    | PA New Starts               |
| TRELSTAR MIXJECT  | 3    | PA; OBT                     |
| <b>Hormonal Agents, Suppressant (Thyroid)</b>   |      |                             |
| <i>methimazole oral</i>   | 1    | EDS                         |
| <i>propylthiouracil oral</i>  | 1    | EDS                         |
| TAPAZOLE  | 3    | EDS                         |
| <b>Immunological Agents</b>   |      |                             |
| 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) |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| ARCALYST   | 2    | PA; OBT             |
| ASTAGRAF XL  | 3    | BD                  |
| 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; EDS            |
| 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  |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML                                   | 2    | PA; OBT             |
| 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    | EDS                 |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT  | 2    | EDS                 |
| HUMIRA PEN-CD/UC/HS STARTER   | 2    | EDS                 |
| HUMIRA PEN-PS/UV/ADOL HS START  | 2    | EDS                 |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT                                       | 2    | EDS                 |
| <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; EDS             |
| <i>ipol injection injectable</i>  | 1    |                     |
| <i>ixiaro</i>   | 1    |                     |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                 | 2    | OBT; EDS            |
| KEYTRUDA INTRAVENOUS SOLUTION   | 3    | PA New Starts; OBT  |

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

| Drug Name   | Tier | Requirements/Limits         |
|---|------|-----------------------------|
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | 3    |                             |
| <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; EDS                     |
| <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    |                             |

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



| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| <i>rabavert</i>   | 1    |                     |
| 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; EDS             |
| <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 VI.

| 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    |                     |
| <b>Inflammatory Bowel Disease Agents</b>   |      |                     |
| 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    | EDS                 |
| <i>budesonide oral</i>   | 1    |                     |
| CANASA   | 2    | EDS                 |
| <i>colocort</i>  | 1    |                     |
| CORTEF   | 3    |                     |
| <i>cortisone acetate oral</i>  | 1    | EDS                 |
| DELZICOL   | 2    | EDS                 |
| DEPO-MEDROL  | 3    |                     |
| DEXAMETHASONE INTENSOL   | 2    |                     |
| <i>dexamethasone oral elixir</i>   | 1    |                     |
| <i>dexamethasone oral tablet</i>   | 1    |                     |
| DIPENTUM   | 3    | EDS                 |
| ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES   | 3    |                     |
| <i>hydrocortisone oral</i>   | 1    |                     |
| <i>hydrocortisone rectal enema</i>   | 1    |                     |
| LIALDA   | 3    | EDS                 |
| MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG  | 3    |                     |
| <i>mesalamine oral</i>   | 1    |                     |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| <i>mesalamine rectal</i>   | 1    | EDS                 |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>                    | 1    |                     |
| <i>methylprednisolone oral tablet</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                 |
| 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    |                     |
| <b>Metabolic Bone Disease Agents</b>   |      |                     |
| ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG   | 3    | EDS                 |
| <i>alendronate sodium</i>  | 1    | EDS                 |
| ATELVIA  | 3    | EDS                 |
| BINOSTO  | 3    | EDS                 |
| BONIVA INTRAVENOUS   | 3    | PA                  |
| <i>calcitonin (salmon)</i>   | 1    | EDS                 |
| <i>calcitriol intravenous solution 1 mcg/ml</i>  | 1    | BD                  |

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

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------|----------------------------|
| <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; EDS                    |
| RECLAST  | 3           | PA                         |
| <i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>               | 1           | EDS                        |
| <i>risedronate sodium oral tablet delayed release</i>                          | 1           | EDS                        |
| ROCALTROL  | 3           | EDS                        |
| SENSIPAR   | 2           | EDS                        |
| TYMLOS   | 2           | PA; EDS                    |
| 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                    |
| <b>Non-Frf</b>   |             |                            |
| 8-MOP  | 3           |                            |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG (1.5ML SYRINGE) | 2           | BD                         |

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

| Drug Name  | Tier | Requirements/Limits                        |
|--|------|--|
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG                             | 2    | BD; EDS                                    |
| ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG  | 3    | PA New Starts; QL (30 EA per 30 days); EDS |
| ABILIFY MYCITE ORAL TABLET 2 MG  | 3    | PA New Starts; QL (60 EA per 30 days); EDS |
| <i>acetaminophen-codeine #2</i>  | 1    |  |
| <i>acetaminophen-codeine #4</i>  | 1    |  |
| <i>acetasol hc</i>   | 1    |  |
| ACIPHEX SPRINKLE   | 3    | EDS  |
| ACUICYN EXTERNAL LIQUID  | 2    | EHS  |
| ACZONE EXTERNAL GEL 7.5 %  | 3    |  |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 30 MG  | 3    | EDS  |
| ADVICOR  | 3    | EDS  |
| <i>agoneaze</i>  | 1    | EHS  |
| <i>a-hydrocort</i>   | 1    |  |
| AIMOVIG  | 3    | PA; QL (1 ML per 30 days); EDS             |
| <i>airavite</i>  | 1    | EHS  |
| 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    |  |
| <i>ambitussin ac</i>   | 1    | EHS  |
| 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    |  |

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

| Drug Name   | Tier | Requirements/Limits         |
|---|------|-----------------------------|
| <i>ana-lex</i>  | 1    | EHS                         |
| ANALPRAM HC   | 3    | EHS                         |
| ANALPRAM HC SINGLES   | 3    | EHS                         |
| ANAPROX DS  | 3    | EDS                         |
| ANDROID   | 3    | PA; EDS                     |
| <i>anodyne lpt</i>  | 1    | EHS                         |
| <i>anucort-hc</i>   | 1    | EHS                         |
| <i>anumed-hc</i>  | 1    | EHS                         |
| <i>anusol-hc rectal suppository</i>                                     | 1    | EHS                         |
| ANZEMET INTRAVENOUS   | 3    | BD                          |
| APOKYN SUBCUTANEOUS SOLUTION  | 3    | PA New Starts               |
| <i>aqua care external cream</i>   | 1    | EHS                         |
| 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    | EDS                         |
| ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML                              | 3    | PA; OBT                     |
| ATOPICLAIR  | 2    | EHS                         |
| <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    |                             |
| AVENOVA   | 2    | EHS                         |
| AVENOVA/NEUTROX   | 2    | EHS                         |
| <i>av-vite fb</i>   | 1    | EHS                         |
| AXERT ORAL TABLET 6.25 MG   | 3    |                             |
| AXIRON  | 3    | PA                          |
| <i>azelaic acid external</i>  | 1    |                             |
| <i>azurette</i>   | 1    | EDS                         |
| BACTROBAN EXTERNAL OINTMENT   | 3    |                             |
| <i>bd posiflush intravenous</i>   | 1    | EHS                         |
| BENTYL ORAL CAPSULE   | 3    |                             |
| BENTYL ORAL TABLET  | 3    |                             |

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

| Drug Name  | Tier | Requirements/Limits           |
|--|------|-------------------------------|
| <i>benzonatate oral capsule 100 mg, 200 mg</i>   | 1    | EHS                           |
| BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML   | 2    | PA                            |
| BRAFTOVI   | 3    | PA New Starts                 |
| BRINTELLIX   | 3    |                               |
| <i>bromfed dm</i>  | 1    | EHS                           |
| <i>bromfenac sodium (once-daily)</i>   | 1    |                               |
| <i>bromfenac sodium ophthalmic</i>   | 1    |                               |
| <i>budesonide nasal</i>  | 1    | EDS; 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    | EDS                           |
| BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED   | 3    | ST; EDS                       |
| 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                            |
| <i>cavarest</i>  | 1    | EHS; EDS                      |
| CAVERJECT  | 2    | EHS; QL (8 EA per 30 days)    |
| CAVERJECT IMPULSE  | 2    | EHS; QL (8 EA per 30 days)    |
| CEDAX  | 3    |                               |
| <i>cefditoren pivoxil oral tablet 200 mg</i>   | 1    |                               |
| <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    |                               |

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

| Drug Name   | Tier | Requirements/Limits        |
|---|------|----------------------------|
| <i>cefuroxime sodium injection solution reconstituted 1.5 gm</i>      | 1    |                            |
| <i>cervarix</i>   | 1    |                            |
| <i>cheratussin ac</i>   | 1    | EHS                        |
| CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML                        | 3    |                            |
| <i>cholestyramine light oral packet</i>                               | 1    | EDS                        |
| <i>cholestyramine oral powder</i>                                     | 1    | EDS                        |
| CIALIS ORAL TABLET 10 MG, 20 MG                                       | 2    | EHS; QL (8 EA per 30 days) |
| <i>cidaleaze</i>  | 1    | EHS                        |
| CIMZIA STARTER KIT  | 2    |                            |
| CINQAIR   | 3    | PA; OBT; EDS               |
| <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    | EDS                        |
| <i>clobetasol propionate e</i>  | 1    |                            |
| <i>clopidogrel bisulfate oral tablet 300 mg</i>                       | 1    | EDS                        |
| CLORPRES  | 3    | EDS                        |
| <i>clotrimazole mouth/throat troche</i>                               | 1    |                            |
| COLESTID ORAL GRANULES  | 3    | EDS                        |
| <i>colestipol hcl oral granules</i>                                   | 1    | EDS                        |
| <i>colistimethate sodium injection</i>                                | 1    |                            |
| COPEGUS   | 3    | PA                         |
| CORDARONE   | 3    | EDS                        |
| CORDRAN EXTERNAL LOTION   | 2    |                            |
| <i>cormax scalp application</i>                                       | 1    |                            |
| CORTISPORIN OTIC SOLUTION   | 3    |                            |
| CORTISPORIN-TC  | 3    |                            |
| COSENTYX  | 2    | OBT; EDS                   |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 2    | OBT; EDS                   |
| <i>crotan</i>   | 1    |                            |
| <i>cyanocobalamin injection</i>                                       | 1    | EHS                        |
| <i>dalfampridine er</i>   | 1    | PA; EDS                    |

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



| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <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         |
| <i>decon-dm</i>   | 1           | EHS                        |
| DELSTRIGO   | 3           | EDS                        |
| <i>denta 5000 plus</i>  | 1           | EHS; EDS                   |
| <i>dentagel</i>   | 1           | EHS; EDS                   |
| <i>dentall 1100 plus</i>  | 1           | EHS; EDS                   |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION                                     | 3           |                            |
| <i>dermacinrx empricaine</i>  | 1           | EHS                        |
| <i>dermacinrx prizopak</i>  | 1           | EHS                        |
| 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                        |
| DEXERYL   | 2           | EHS                        |
| <i>dexfol</i>   | 1           | EHS                        |
| <i>dexifol</i>  | 1           | EHS                        |
| <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>dimetane dx</i>  | 1           | EHS                        |
| <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) |

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

| Drug Name   | Tier | Requirements/Limits        |
|---|------|----------------------------|
| DOCEFREZ INTRAVENOUS SOLUTION RECONSTITUTED 20 MG                   | 3    | PA; OBT                    |
| DOCETAXEL INTRAVENOUS SOLUTION 20 MG/2ML, 80 MG/8ML                 | 3    | PA New Starts; OBT         |
| DONNATAL ORAL ELIXIR  | 2    | EHS                        |
| DORIBAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG                   | 3    |                            |
| <i>dorzolamide hcl-timolol mal pf</i>                               | 1    | EDS                        |
| <i>doxycycline</i>  | 1    |                            |
| <i>doxycycline hyclate intravenous</i>                              | 1    |                            |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>   | 1    | EDS                        |
| EC-NAPROSYN   | 3    | EDS                        |
| <i>effe-k oral tablet effervescent 25 meq</i>                       | 1    | EDS                        |
| ELETONE   | 2    | EHS                        |
| ELETONE TWINPACK  | 2    | EHS                        |
| ELIPHOS   | 3    | EDS                        |
| ELIXOPHYLLIN  | 2    | EDS                        |
| EMLA  | 3    |                            |
| <i>emla/tegaderm</i>  | 1    | EHS                        |
| <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; EDS         |
| <i>epirubicin hcl intravenous solution 50 mg/25ml</i>               | 1    | PA; OBT                    |
| ERBITUX INTRAVENOUS SOLUTION 200 MG/100ML                           | 3    | PA                         |
| <i>ergocalciferol oral capsule</i>                                  | 1    | EHS; EDS                   |
| ERGOMAR   | 2    |                            |
| <i>ertapenem sodium</i>   | 1    |                            |
| <i>esomeprazole strontium oral capsule delayed release 24.65 mg</i> | 1    | EDS                        |
| <i>est estrogens-methyltest hs</i>                                  | 1    | EHS; EDS                   |
| <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                        |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| EXELON ORAL CAPSULE  | 3    | EDS                 |
| FACTIVE  | 3    |                     |
| FAMVIR   | 3    |                     |
| FERRALET 90  | 2    | EHS                 |
| 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    |                     |
| <i>fluocinolone acetonide body</i>   | 1    |                     |
| <i>fluocinonide external cream 0.05 %</i>  | 1    |                     |
| <i>fluocinonide-e</i>  | 1    |                     |
| <i>fluoridex daily defense</i>   | 1    | EHS; EDS            |
| <i>fluoridex enhanced whitening dental gel</i>   | 1    | EHS; EDS            |
| <i>fluoridex sensitivity relief dental paste</i>   | 1    | EHS                 |
| <i>fluorouracil intravenous solution 2.5 gm/50ml</i>   | 1    | PA New Starts; OBT  |
| FOCALGIN DSS   | 2    | EHS                 |
| <i>folbee</i>  | 1    | EHS                 |
| <i>folbee plus</i>   | 1    | EHS                 |
| FOLBEE PLUS CZ   | 2    | EHS                 |
| <i>folic acid oral tablet 1 mg</i>   | 1    | EHS; EDS            |
| FOLIVANE-F   | 2    | EHS                 |
| FOLIVANE-PLUS  | 2    | EHS                 |
| <i>fomepizole intravenous solution 1 gm/ml</i>   | 1    |                     |
| FORTAZ INJECTION SOLUTION RECONSTITUTED 2 GM, 6 GM   | 3    |                     |
| FORTAZ INTRAVENOUS   | 3    |                     |
| FORTICAL   | 2    | EDS                 |
| <i>g tussin ac</i>   | 1    | EHS                 |
| GALAFOLD   | 3    | PA New Starts; EDS  |
| 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             |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| 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>gani-tuss nr</i>  | 1    | EHS                 |
| <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>genebrom dm</i>   | 1    | EHS                 |
| <i>gengraf oral capsule 50 mg</i>  | 1    | BD; EDS             |
| <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    |                     |
| <i>gold bond multi-symptom</i>   | 1    | EHS                 |
| <i>gormel</i>  | 1    | EHS                 |
| GRANIX SUBCUTANEOUS SOLUTION   | 2    |                     |
| GRASTEK  | 3    | PA                  |
| <i>grx hicort 25</i>   | 1    | EHS                 |
| <i>guaiaatussin ac</i>   | 1    | EHS                 |
| <i>guaifenesin ac</i>  | 1    | EHS                 |
| <i>guaifenesin nr oral liquid† 100-10 mg/5ml</i>   | 1    | EHS                 |
| <i>guaifenesin-codeine oral solution</i>   | 1    | EHS                 |
| <i>guaifenesin-codeine oral syrup</i>  | 1    | EHS                 |
| <i>guiatuss ac</i>   | 1    | EHS                 |
| <i>hc pram cream 2.5-1 %</i>   | 1    | EHS                 |
| HECTOROL ORAL  | 3    | ST; EDS             |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| HEMANGEOL  | 3    | PA                  |
| <i>hemmorex-hc rectal suppository 25 mg</i>                                  | 1    | EHS                 |
| <i>hemorrhoidal-hc rectal suppository</i>                                    | 1    | EHS                 |
| HPR PLUS EXTERNAL CREAM  | 2    | EHS                 |
| HYCET  | 3    |                     |
| <i>hydrocod polst-cpm polst er oral suspension extended release</i>          | 1    | EHS                 |
| <i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i> | 1    |                     |
| <i>hydrocodone-homatropine oral syrup</i>                                    | 1    | EHS                 |
| <i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>                     | 1    | EHS                 |
| <i>hydrocortisone acetate rectal suppository 25 mg</i>                       | 1    | EHS                 |
| <i>hydrocortisone-iodoquinol external cream 1-1 %</i>                        | 1    | EHS                 |
| <i>hydromet</i>  | 1    | EHS                 |
| <i>hydromorphone hcl injection solution 1 mg/ml, 4 mg/ml</i>                 | 1    |                     |
| <i>hydromorphone hcl pf injection solution 500 mg/50ml</i>                   | 1    |                     |
| HYLATOPIC PLUS EXTERNAL CREAM  | 2    | EHS                 |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>           | 1    | EHS; EDS            |
| <i>hyoscyamine sulfate sl</i>  | 1    | EHS; EDS            |
| <i>hyoscyamine sulfate sublingual</i>  | 1    | EHS; EDS            |
| <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                  |
| INTEGRA  | 2    | EHS                 |
| INTEGRA F  | 2    | EHS                 |
| INTEGRA PLUS   | 2    | EHS                 |
| INVELTYS   | 3    |                     |
| IONOSOL-B IN D5W   | 3    |                     |
| <i>iophen c-nr</i>   | 1    | EHS                 |

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

| Drug Name   | Tier | Requirements/Limits              |
|---|------|----------------------------------|
| 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                          |
| <i>karigel</i>  | 1    | EHS; EDS                         |
| <i>karigel-n</i>  | 1    | EHS; EDS                         |
| KAYEXALATE  | 3    |                                  |
| <i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%</i> | 1    | BD                               |
| <i>k-effervescent</i>   | 1    | EDS                              |
| <i>kendall sodium chloride flush</i>                                  | 1    | EHS                              |
| KETEK   | 2    |                                  |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                           | 1    | EDS                              |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                           | 2    | EDS                              |
| KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED                           | 3    | PA New Starts; OBT               |
| <i>kionex oral powder</i>   | 1    |                                  |
| KITABIS PAK   | 3    | BD                               |
| <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                    |
| <i>lactulose oral packet</i>  | 1    | EDS                              |
| 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>leva set</i>   | 1    | EHS                              |
| <i>leva set/occlusive dressing</i>                                    | 1    | EHS                              |
| LEVITRA   | 2    | EHS; QL (8 EA per 30 days)       |
| <i>levocarnitine intravenous</i>                                      | 1    | BD                               |
| <i>levofloxacin in d5w intravenous solution 250 mg/50ml</i>           | 1    |                                  |

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

| Drug Name  | Tier | Requirements/Limits        |
|--|------|----------------------------|
| <i>levothyroxine sodium intravenous solution reconstituted 200 mcg, 500 mcg</i>                | 3    |                            |
| <i>lido bdk</i>  | 1    | EHS                        |
| <i>lidocaine hcl external cream 3 %</i>  | 1    | EHS                        |
| <i>lidocaine hcl injection solution 1 %</i>  | 1    |                            |
| <i>lidocaine-hydrocortisone ace rectal</i>   | 1    | EHS                        |
| <i>lidocaine-prilocaine external kit</i>   | 1    | EHS                        |
| <i>lidopin external cream 3 %</i>  | 1    | EHS                        |
| <i>lidopril external kit</i>   | 1    | EHS                        |
| <i>lidopril xr</i>   | 1    | EHS                        |
| <i>lido-prilo caine pack</i>   | 1    | EHS                        |
| <i>lindane external lotion</i>   | 1    |                            |
| <i>liprozonepak</i>  | 1    | EHS                        |
| <i>livixil pak</i>   | 1    | EHS                        |
| 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>lp lite pak</i>   | 1    | EHS                        |
| <i>margesic</i>  | 1    | PA                         |
| MAVIK  | 3    | EDS                        |
| MAXALT ORAL TABLET 5 MG  | 3    |                            |
| <i>me/naphos/mb/hyo1</i>   | 1    | EHS                        |
| <i>medolor pak</i>   | 1    | EHS                        |
| 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    | EDS                        |
| <i>methenamine mandelate oral</i>  | 1    | EHS                        |
| <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                         |

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

| Drug Name   | Tier | Requirements/Limits        |
|---|------|----------------------------|
| <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>methyltest-est estrogens hs</i>  | 1    | EHS; EDS                   |
| <i>metoprolol tartrate intravenous solution 1 mg/ml</i>                             | 1    |                            |
| <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>                               | 1    | EDS                        |
| <i>metoprolol-hctz er</i>   | 1    | EDS                        |
| METOZOLV ODT ORAL TABLET DISPERSIBLE 5 MG   | 3    |                            |
| MIACALCIN NASAL   | 3    | EDS                        |
| MOBIC ORAL SUSPENSION   | 3    | EDS                        |
| <i>molindone hcl</i>  | 1    | EDS                        |
| <i>monoject flush syringe intravenous</i>   | 1    | EHS                        |
| <i>monoject sodium chloride flush intravenous</i>                                   | 1    | EHS                        |
| 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                         |
| MUSE  | 2    | EHS; QL (6 EA per 30 days) |
| <i>myci-gc</i>  | 1    | EHS                        |
| <i>mycophenolic acid</i>  | 1    | BD; EDS                    |
| <i>mynephrocaps</i>   | 1    | EHS                        |
| <i>mynephron</i>  | 1    | EHS                        |
| <i>mytussin ac</i>  | 1    | EHS                        |
| <i>nafcellin 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                        |
| NASCOBAL  | 2    | EHS; EDS                   |
| NATESTO   | 3    | PA; EDS                    |
| <i>necon 1/35 (28)</i>  | 1    | EDS                        |
| NECON 1/50 (28)   | 3    | EDS                        |
| NECON 10/11 (28)  | 3    | EDS                        |

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



| Drug Name   | Tier | Requirements/Limits                        |
|---|------|--|
| NEOCERA   | 2    | EHS  |
| NEOSALUS CP   | 2    | EHS  |
| NEOSALUS EXTERNAL CREAM   | 2    | EHS  |
| NEOSPORIN   | 3    |  |
| NEO-SYNALAR EXTERNAL KIT  | 2    | EHS  |
| NEULASTA ONPRO  | 3    | PA   |
| <i>neuromed7</i>  | 1    | EHS  |
| <i>neutragard advanced</i>  | 1    | EHS; EDS                                   |
| <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  |
| NIVATOPIC PLUS  | 2    | EHS  |
| <i>norethin ace-eth estrad-fe oral tablet chewable</i>  | 1    | EDS  |
| NORINYL 1+50 (28)   | 3    | EDS  |
| <i>normal saline flush intravenous</i>  | 1    | EHS  |
| <i>nufol</i>  | 1    | EHS  |
| NUPLAZID ORAL CAPSULE   | 3    | PA New Starts; EDS                         |
| NUPLAZID ORAL TABLET 10 MG  | 3    | PA New Starts; QL (30 EA per 30 days); EDS |
| <i>nutraplus external cream</i>   | 1    | EHS  |
| NUTROPIN AQ PEN   | 2    | PA   |
| NUVESSA   | 3    |  |
| <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                                    |
| OCUSOFT HYPOCHLOR EXTERNAL LIQUID   | 2    | EHS  |
| OCUSOFT LID SCRUB FOAMING   | 2    | EHS  |
| OCUSOFT LID SCRUB ORIGINAL  | 2    | EHS  |
| OMEGAVEN INTRAVENOUS EMULSION 5 GM/50ML   | 2    | BD   |
| ONCASPAR INJECTION  | 3    | PA New Starts; OBT                         |

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

| Drug Name   | Tier | Requirements/Limits             |
|---|------|---------------------------------|
| OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT   | 3    |                                 |
| ORAP ORAL TABLET 2 MG   | 3    | EDS                             |
| ORILISSA ORAL TABLET 150 MG   | 3    | PA; QL (30 EA per 30 days); EDS |
| ORILISSA ORAL TABLET 200 MG   | 3    | PA; EDS                         |
| <i>oscimin sr</i>   | 1    | EHS; EDS                        |
| <i>oscimin sublingual</i>   | 1    | EHS; EDS                        |
| OSMOLEX ER  | 3    | PA; EDS                         |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.4ML                                  | 3    | PA; EDS                         |
| <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              |
| <i>paroex</i>   | 1    |                                 |
| 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; EDS                         |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT                           | 2    | EDS                             |
| PHENAZO ORAL TABLET 200 MG  | 3    | EHS                             |
| <i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>                                     | 1    | EHS                             |
| PHENERGAN RECTAL  | 3    | PA; AL (Max 64 Years)           |
| <i>phenobarbital-belladonna alk</i>   | 1    | EHS                             |
| <i>phos-flur</i>  | 1    | EHS; EDS                        |
| PHOSLO  | 3    | EDS                             |
| PIFELTRO  | 3    | EDS                             |
| <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    | EDS                             |

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

| Drug Name  | Tier | Requirements/Limits          |
|--|------|------------------------------|
| <i>polyethylene glycol 3350 oral packet</i>                          | 1    |                              |
| <i>potassium bicarbonate oral</i>                                    | 1    | EDS                          |
| <i>potassium chloride oral packet</i>                                | 1    | EDS                          |
| POTELIGEO  | 3    | PA New Starts                |
| POTIGA   | 3    | EDS                          |
| PRALUENT SUBCUTANEOUS SOLUTION<br>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<br/>mg/5ml</i>     | 1    |                              |
| <i>prevalite oral powder</i>   | 1    | EDS                          |
| PREVIDENT 5000 ENAMEL PROTECT  | 3    | EHS                          |
| PREVIDENT 5000 PLUS  | 3    | EHS; EDS                     |
| PREVIDENT 5000 SENSITIVE   | 3    | EHS                          |
| PREVPAC  | 3    |                              |
| <i>prilolid</i>  | 1    | EHS                          |
| <i>priloxx lp</i>  | 1    | EHS                          |
| PRIMAXIN IV INTRAVENOUS SOLUTION<br>RECONSTITUTED 250-250 MG         | 3    |                              |
| PRIMSOL  | 3    |                              |
| PRIVIGEN INTRAVENOUS SOLUTION 10<br>GM/100ML, 40 GM/400ML, 5 GM/50ML | 2    | PA; OBT                      |
| <i>promethazine vc plain oral syrup</i>                              | 1    | PA                           |
| <i>promethazine-codeine oral syrup</i>                               | 1    | EHS                          |
| <i>promethazine-phenylephrine</i>                                    | 1    | PA                           |
| PRUCLAIR   | 2    | EHS                          |
| PRUMYX   | 2    | EHS                          |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10<br/>mg/5ml</i>           | 1    | EHS                          |
| PYRIDIUM   | 3    | EHS                          |
| QUADRAPAX  | 2    | EHS                          |
| QVAR INHALATION AEROSOL SOLUTION 40<br>MCG/ACT                       | 2    | EDS; QL (8.7 GM per 30 days) |
| QVAR INHALATION AEROSOL SOLUTION 80<br>MCG/ACT                       | 2    | EDS                          |
| <i>ra pain relief</i>  | 1    | EHS                          |

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

| Drug Name   | Tier | Requirements/Limits           |
|---|------|-------------------------------|
| RAGWITEK  | 3    | PA                            |
| <i>rajani</i>   | 1    | EDS                           |
| <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                       |
| <i>rea lo 39</i>  | 1    | EHS                           |
| <i>rea lo 40 external cream</i>                           | 1    | EHS                           |
| REBETOL ORAL CAPSULE                                      | 3    | PA                            |
| <i>rectacort-hc</i>                                       | 1    | EHS                           |
| <i>relador pak external kit</i>                           | 1    | EHS                           |
| <i>relador pak plus</i>                                   | 1    | EHS                           |
| REMERON ORAL TABLET 45 MG                                 | 3    | EDS                           |
| <i>remeven</i>  | 1    | EHS                           |
| RENACIDIN   | 2    |                               |
| RENAGEL ORAL TABLET 400 MG                                | 2    | EDS                           |
| <i>renal oral capsule</i>                                 | 1    | EHS                           |
| <i>reno caps</i>  | 1    | EHS                           |
| 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                           |
| RHINOCORT AQUA  | 3    | EDS; 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                           |
| <i>robafen ac</i>   | 1    | EHS                           |
| <i>romilar ac</i>   | 1    | EHS                           |
| ROXICET ORAL SOLUTION                                     | 3    |                               |
| RYTHMOL ORAL TABLET 150 MG, 225 MG                        | 3    | EDS                           |
| SAIZEN CLICK.EASY   | 3    | PA                            |
| <i>salicylic acid external shampoo</i>                    | 1    | EHS                           |

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

| Drug Name   | Tier | Requirements/Limits         |
|---|------|-----------------------------|
| <i>saline flush intravenous</i>   | 1    | EHS                         |
| <i>saline flush zr</i>  | 1    | EHS                         |
| SANDOSTATIN INJECTION SOLUTION 1000 MCG/ML, 200 MCG/ML                          | 3    | PA New Starts               |
| SE-DONNA PB HYOS  | 2    | EHS                         |
| <i>sf</i>   | 1    | EHS; EDS                    |
| <i>sf 5000 plus</i>   | 1    | EHS; EDS                    |
| SFROWASA  | 3    | EDS                         |
| <i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>                      | 1    | EHS; QL (8 EA per 30 days)  |
| SIMCOR  | 2    | EDS                         |
| <i>sodium chloride flush</i>  | 1    | EHS                         |
| <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               |
| STYGIENE STERILE EYELID CLEANS  | 2    | EHS                         |
| 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    |                             |
| <i>swabflush saline flush</i>   | 1    | EHS                         |
| <i>symax-sl</i>   | 1    | EHS; EDS                    |
| <i>symax-sr</i>   | 1    | EHS; EDS                    |
| SYMTUZA   | 3    | EDS                         |
| SYNALGOS-DC   | 2    |                             |
| <i>tadalafil (pah)</i>  | 1    | PA New Starts; EDS          |

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

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------|----------------------------|
| <i>tadalafil oral tablet 10 mg, 20 mg</i>  | 1           | EHS; QL (8 EA per 30 days) |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i>  | 1           | EHS; EDS                   |
| TAKHZYRO   | 3           | PA New Starts; EDS         |
| TALWIN   | 3           | PA; AL (Max 64 Years)      |
| 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           |                            |
| TESSALON   | 3           | EHS                        |
| TESSALON PERLES  | 3           | EHS                        |
| <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; EDS                    |
| TESTRED  | 3           | PA; EDS                    |
| TETRIX EXTERNAL CREAM  | 2           | EHS                        |
| <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                         |

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

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------|----------------------------|
| <i>travoprost</i>  | 1           | EDS                        |
| TRETIN-X EXTERNAL CREAM 0.075 %  | 3           |                            |
| <i>triamterene-hctz oral capsule 50-25 mg</i>                            | 1           | EDS                        |
| <i>triphrocaps</i>   | 1           | EHS                        |
| TRISENOX INTRAVENOUS SOLUTION 10 MG/10ML                                 | 2           | PA New Starts; OBT         |
| TYZEKA   | 3           | EDS                        |
| TYZINE NASAL SOLUTION 0.05 %   | 3           |                            |
| <i>urea 20 intensive hydrating</i>                                       | 1           | EHS                        |
| <i>urea external cream 39 %, 40 %, 47 %, 50 %</i>                        | 1           | EHS                        |
| <i>ureacin-20</i>  | 1           | EHS                        |
| <i>ure-k</i>   | 1           | EHS                        |
| <i>uremez-40</i>   | 1           | EHS                        |
| <i>uribel</i>  | 1           | EHS                        |
| <i>uroav-b</i>   | 1           | EHS                        |
| <i>urolet mb</i>   | 1           | EHS                        |
| <i>uro-mp</i>  | 1           | EHS                        |
| <i>uryl</i>  | 1           | EHS                        |
| 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                         |
| <i>vardenafil hcl oral tablet</i>  | 1           | EHS; QL (8 EA per 30 days) |
| VERAMYST   | 3           | EDS                        |
| <i>vestura</i>   | 1           | EDS                        |
| VEXOL  | 2           |                            |
| V-GO 20  | 2           |                            |
| V-GO 30  | 2           |                            |
| V-GO 40  | 2           |                            |
| VIAGRA   | 2           | EHS; QL (8 EA per 30 days) |
| VICOPROFEN   | 3           |                            |
| VIDEX ORAL SOLUTION RECONSTITUTED 2 GM                                   | 2           | EDS                        |

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

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| <i>vilamit mb</i>   | 1    | EHS                 |
| <i>viorele</i>  | 1    | EDS                 |
| <i>virt-caps</i>  | 1    | EHS                 |
| <i>virtussin a/c</i>  | 1    | EHS                 |
| <i>virt-vite</i>  | 1    | EHS                 |
| <i>virt-vite plus</i>   | 1    | EHS                 |
| VISTIDE   | 3    | BD                  |
| <i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>   | 1    | EHS; EDS            |
| 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    | EDS                 |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT  | 3    | PA                  |
| XERALUX   | 2    | EHS                 |
| XOFLUZA   | 2    |                     |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | 3    | PA                  |
| <i>xolido xp</i>  | 1    | EHS                 |
| XYLOCAINE EXTERNAL  | 3    |                     |
| XYZAL   | 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    | EDS                 |
| 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; EDS        |
| ZMAX  | 3    |                     |
| ZOCOR ORAL TABLET 5 MG  | 3    | EDS                 |
| ZOFRAN INJECTION SOLUTION 40 MG/20ML  | 3    | BD                  |

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



| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| <i>zoledronic acid intravenous solution 4 mg/100ml</i>              | 1    | PA; OBT             |
| ZOLOFT ORAL CONCENTRATE   | 3    | EDS                 |
| ZORTRESS ORAL TABLET 1 MG   | 2    | BD; EDS             |
| <i>zostavax subcutaneous solution reconstituted</i>                 | 1    |                     |
| ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED 3.375 (3-0.375) GM         | 3    |                     |
| ZOVIA 1/50E (28)  | 2    | EDS                 |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG                    | 2    |                     |
| <b>Ophthalmic Agents</b>  |      |                     |
| <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>betagan</i>  | 3    | EDS                 |
| <i>betaxolol hcl ophthalmic</i>                                     | 1    | EDS                 |
| BETIMOL OPHTHALMIC SOLUTION 0.25 %                                  | 2    | EDS                 |
| BETIMOL OPHTHALMIC SOLUTION 0.5 %                                   | 3    | EDS                 |
| BETOPTIC-S  | 2    | EDS                 |
| <i>bimatoprost ophthalmic</i>                                       | 1    | EDS                 |
| BLEPHAMIDE  | 2    |                     |
| BLEPHAMIDE S.O.P.   | 2    |                     |
| <i>brimonidine tartrate ophthalmic</i>                              | 1    | EDS                 |
| BROMSITE  | 3    | EDS                 |
| <i>carteolol hcl</i>  | 1    | EDS                 |
| COMBIGAN  | 2    | EDS                 |
| COSOPT  | 3    | EDS                 |

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

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| 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           | EDS                        |
| ISOPTO CARPINE  | 3           | EDS                        |
| ISTALOL   | 3           | EDS                        |
| <i>ketorolac tromethamine ophthalmic</i>                              | 1           |                            |
| LACRISERT   | 2           | EDS                        |
| LASTACAFT   | 3           |                            |
| <i>latanoprost ophthalmic</i>   | 1           | EDS                        |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                      | 1           | EDS                        |
| LOTEMAX   | 2           |                            |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 %                                    | 2           | EDS                        |
| MAXIDEX   | 2           |                            |
| MAXITROL  | 3           |                            |
| <i>methazolamide oral</i>   | 1           | EDS                        |
| <i>metipranolol</i>   | 1           | EDS                        |
| MILLIPRED ORAL SOLUTION   | 3           |                            |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i> | 1           |                            |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i>                | 1           |                            |

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

| Drug Name  | Tier | Requirements/Limits |
|--|------|---------------------|
| <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    |                     |
| PATADAY  | 3    |                     |
| PATANOL  | 3    |                     |
| PAZEO  | 3    |                     |
| PHOSPHOLINE IODIDE   | 2    | EDS                 |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>                 | 1    | EDS                 |
| <i>polymyxin b-trimethoprim</i>  | 1    |                     |
| POLYTRIM   | 3    |                     |
| PRED FORTE   | 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    | EDS                 |
| SIMBRINZA  | 2    | EDS                 |
| SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT                                 | 3    |                     |
| <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    | EDS                 |
| TIMOPTIC OCUDOSE   | 3    | EDS                 |
| TOBRADEX ST  | 2    |                     |
| <i>tobramycin-dexamethasone</i>  | 1    |                     |

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

| Drug Name  | Tier | Requirements/Limits                            |
|--|------|--|
| TRAVATAN Z   | 2    | EDS  |
| XALATAN  | 3    | EDS  |
| XIIDRA   | 2    | EDS  |
| ZIOPTAN  | 3    | EDS  |
| ZYLET  | 3    |  |
| <b>Otic Agents</b>   |      |  |
| 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    |  |
| <b>Respiratory Tract/ Pulmonary Agents</b>                             |      |  |
| ACCOLATE   | 3    | EDS  |
| <i>acetylcysteine inhalation</i>                                       | 1    | BD; EDS  |
| 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</i>                                    | 1    | BD; EDS  |
| <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                             |
| ARCAPTA NEOHALER   | 2    | EDS  |
| ARMONAIR RESPICLICK 113  | 3    | EDS  |
| ARMONAIR RESPICLICK 232  | 3    | EDS  |
| ARMONAIR RESPICLICK 55   | 3    | EDS  |
| 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    | EDS  |

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

| Drug Name   | Tier | Requirements/Limits         |
|---|------|-----------------------------|
| 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>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  | 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</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                         |
| <i>desloratadine oral tablet dispersible 2.5 mg</i>                                   | 1    | QL (30 EA per 30 days); EDS |
| <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; EDS                     |
| FASENRA   | 3    | PA; EDS                     |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST | 2    | 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 VI.

| Drug Name  | Tier | Requirements/Limits              |
|--|------|----------------------------------|
| 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); EDS |
| <i>fluticasone propionate nasal</i>  | 1    | EDS                              |
| <i>fluticasone-salmeterol</i>  | 1    | EDS                              |
| 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; EDS               |
| <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    | EDS                              |
| <i>levocetirizine dihydrochloride oral</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                              |
| NASONEX  | 3    |                                  |
| NUCALA   | 3    | PA; OBT                          |
| OFEV   | 2    | PA                               |
| <i>olopatadine hcl nasal</i>   | 1    |                                  |
| OMNARIS  | 3    | EDS                              |
| OPSUMIT  | 3    | PA New Starts                    |
| ORALAIR  | 3    | PA                               |

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

| Drug Name  | Tier | Requirements/Limits           |
|--|------|-------------------------------|
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG | 3    | PA; EDS                       |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG                            | 3    | PA New Starts; EDS            |
| ORKAMBI ORAL TABLET  | 3    | PA New Starts; EDS            |
| PATANASE   | 3    |                               |
| PERFOROMIST  | 2    | BD; EDS                       |
| PHENERGAN INJECTION  | 3    | PA; AL (Max 64 Years)         |
| PROAIR HFA   | 2    | EDS                           |
| PROAIR RESPICLICK  | 2    | EDS                           |
| 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); EDS |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT           | 2    | EDS                           |
| REMODULIN  | 3    | PA; OBT                       |
| 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    | EDS                           |
| 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                           |

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

| Drug Name  | Tier | Requirements/Limits           |
|--|------|-------------------------------|
| 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; EDS                       |
| <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; EDS            |
| UTIBRON NEOHALER   | 3    | EDS                           |
| <i>vaqta intramuscular suspension 50 unit/ml 1 ml</i>                              | 1    |                               |
| VENTAVIS   | 3    | PA New Starts                 |
| VENTOLIN HFA   | 2    |                               |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED   | 3    | PA; OBT                       |
| <i>zafirlukast</i>   | 1    | EDS                           |
| ZEMAIRA  | 3    | PA New Starts; OBT            |
| ZETONNA  | 3    |                               |
| ZILEUTON ER  | 3    | PA; EDS                       |
| ZYFLO  | 2    | PA                            |
| <b>Skeletal Muscle Relaxants</b>   |      |                               |
| <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)         |

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| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b>       |
|--|-------------|----------------------------------|
| <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                              |
| <b>Sleep Disorder Agents</b>                                       |             |                                  |
| AMBIEN   | 3           | PA New Starts; AL (Max 64 Years) |
| AMBIEN CR  | 3           | PA New Starts; AL (Max 64 Years) |
| <i>armodafinil</i>   | 1           | PA; EDS                          |
| <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) |
| <i>eszopiclone</i>   | 1           | PA New Starts                    |
| HETLIOZ  | 3           | PA                               |
| LUNESTA  | 3           | PA New Starts                    |
| <i>modafinil</i>   | 1           | PA; EDS                          |
| 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 er</i>  | 1           | PA New Starts; AL (Max 64 Years) |
| <i>zolpidem tartrate oral</i>                                      | 1           | PA New Starts; AL (Max 64 Years) |

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## Language Assistance Services

|                      |   |
|----------------------|---|
| <b>English</b>       | ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 1-800-432-1110).                             |
| <b>Spanish</b>       | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 1-800-432-1110).                            |
| <b>Chinese</b>       | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-1502 (TTY: 1-800-432-1110)。  |
| <b>Russian</b>       | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-1502 (телетайп: 1-800-432-1110).                                 |
| <b>French Creole</b> | ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-1502 (TTY: 1-800-432-1110).   |
| <b>Korean</b>        | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-1502 (TTY: 1-800-432-1110)번으로 전화해 주십시오.  |
| <b>Italian</b>       | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-665-1502 (TTY: 1-800-432-1110). |
| <b>Yiddish</b>       | אויפּמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט. 1-800-665-1502 (TTY: 1-800-432-1110)                                   |
| <b>Bengali</b>       | লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৬৬৫-১৫০২ (TTY: ১-৮০০-৪৩২-১১১০)।                                |
| <b>Polish</b>        | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-1502 (TTY: 1-800-432-1110).                                    |
| <b>Arabic</b>        | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بر-1-800-665-1502 (رقم هاتف الصم والبكم: 1-800-432-1110).                              |
| <b>French</b>        | ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-1502 (ATS : 1-800-432-1110).                    |
| <b>Urdu</b>          | خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں. 1-800-665-1502 (TTY: 1-800-432-1110)   |
| <b>Tagalog</b>       | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-1502 (TTY: 1-800-432-1110).          |
| <b>Greek</b>         | ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-1502 (TTY: 1-800-432-1110).         |
| <b>Albanian</b>      | KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-1502 (TTY: 1-800-432-1110).                        |
| <b>Vietnamese</b>    | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-665-1502 (TTY: 1-800-432-1110).   |



## Language Assistance Services

|                            |  |
|----------------------------|--|
| <b>Serbo-Croatian</b>      | OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-665-1502 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-432-1110).                      |
| <b>German</b>              | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-665-1502 (TTY: 1-800-432-1110).   |
| <b>Pennsylvanian Dutch</b> | Wann du [Deitsch (Pennsylvania German / Dutch)] schwetztscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-665-1502 (TTY: 1-800-432-1110). |
| <b>Farsi</b>               | توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-665-1502 تماس بگیرید. (TTY: 1-800-432-1110)   |
| <b>Oromo</b>               | XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-665-1502 (TTY: 1-800-432-1110).  |
| <b>Portuguese</b>          | ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-665-1502 (TTY: 1-800-432-1110).   |
| <b>Amharic</b>             | ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1-800-665-1502 (መስማት ለተሳናቸው: 1-800-432-1110)።   |
| <b>Hindi</b>               | 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।   |

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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 1<sup>st</sup> – February 14<sup>th</sup>: Monday through Sunday from 8 a.m. to 8 p.m. February 15<sup>th</sup> – September 30<sup>th</sup>: Monday through Friday 8 a.m. to 8 p.m. or visit [www.pbdrx.com/medicare](http://www.pbdrx.com/medicare)