

Pharmacy Benefit Dimensions PDP Part D Formulary
Provided by Plumbers' and Pipefitters' Welfare Educational Fund

*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 1st – February 14th: Monday through Sunday from 8 a.m. to 8 p.m., February 15th – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.pbdrx.com/Medicare.

Pharmacy Benefit Dimensions is a subsidiary of Independent Health. Independent Health is a PDP plan with a Medicare contract. Enrollment in Pharmacy Benefit Dimensions 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 Plumbers’ and Pipefitters’ Welfare Educational Fund.

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 and/or quantity limits restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of December 1, 2018. To get updated information about the drugs covered by Pharmacy Benefit Dimensions, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the

monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.pbdrx.com/Medicare and in printed form.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Pharmacy Benefit Dimensions requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Pharmacy Benefit Dimensions before you fill your prescriptions. If you don't get approval, Pharmacy Benefit Dimensions may not cover the drug.
- **Quantity Limits:** For certain drugs, Pharmacy Benefit Dimensions limits the amount of the drug that we will cover. For example, Pharmacy Benefit Dimensions provides 30 tablets per prescription for SILENOR 3MG. This may be in addition to a standard one-month or three-month supply.

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 and quantity limit 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. Plumbers’ and Pipefitters’ Welfare Educational Fund pays for certain OTC drugs. These drugs are ALLEGRA OTC, ALLEGRA-D OTC, CHILDREN’S ALLEGRA OTC, CLARITIN OTC, CLARITIN-D OTC, *lansoprazole otc*, NEXIUM 24HR OTC, *omeprazole otc*, *omeprazole/bicarbonate otc*, PREVACID OTC, PRILOSEC OTC, ZEGERID OTC, ZYRTEC OTC, and ZYRTEC-D OTC. Plumbers’ and Pipefitters’ Welfare Educational Fund will provide these OTC drugs at no cost to you when you switch from a non-preferred brand name medication to one of the over-the-counter (OTC) therapeutic alternatives listed above. The OTC alternative will be available to you at no cost share for up to a 90 day supply and will then revert back to your standard co-insurance. The cost to Plumbers’ and Pipefitters’ Welfare Educational Fund for these OTC drugs will not count toward your total Part D drug costs.

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

For more information

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

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

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

Pharmacy Benefit Dimensions' Formulary

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

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., 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 a **“GP”** in the Requirements/Limits column are part of the 2018 Generic Incentive Program. These prescription drugs will be provided at a zero dollar cost-share for up to a 90-day supply of medication when you switch from the non-preferred brand name medication to a generic or over-the-counter (OTC) therapeutic alternative. After 90 days, the cost of your medication will be the standard co-insurance. Deductibles and out-of-pocket maximums still apply.

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).

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

Drug Name	Tier	Requirements/Limits
<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	
<i>ketoprofen er</i>	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.

Drug Name	Tier	Requirements/Limits
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)
<i>pentazocine-naloxone hcl</i>	3	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	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
TENCON ORAL TABLET 50-325 MG	3	PA; AL (Max 64 Years)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 300 mg</i>	1	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	
<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)
VICODIN ES ORAL TABLET 7.5-300 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
VICODIN HP ORAL TABLET 10-300 MG	3	
VICODIN ORAL TABLET 5-300 MG	3	
VOLTAREN TRANSDERMAL	3	
XTAMPZA ER	3	QL (60 EA per 30 days)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	PA; AL (Max 64 Years)
Anesthetics		
<i>lidocaine external ointment</i>	1	EDS
<i>lidocaine external patch 5 %</i>	1	PA; EDS
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %</i>	1	
<i>lidocaine hcl external gel 2 %</i>	1	EDS
<i>lidocaine hcl external solution</i>	1	EDS
<i>lidocaine hcl injection solution 2 %</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
LIDODERM	3	PA; EDS
XYLOCAINE INJECTION SOLUTION 2 %	3	
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	1	
ANTABUSE	3	EDS
BUPRENEX	3	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	2	QL (4 EA per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR	2	
CHANTIX	2	
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH PAK	2	

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>disulfiram oral</i>	1	EDS
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML	3	
LUCEMYRA	3	PA
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naltrexone hcl oral</i>	1	
NARCAN	2	QL (2 EA per 30 days)
NICOTROL	2	
NICOTROL NS	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
ZYBAN	3	
Antibacterials		
<i>acetic acid otic</i>	1	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection</i>	1	
AVC VAGINAL	3	
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM	3	
AZASITE	3	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	
<i>azithromycin oral packet</i>	1	

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>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
<i>baciim</i>	1	
<i>bacitracin intramuscular</i>	1	
<i>bacitracin ophthalmic</i>	1	
BACTROBAN EXTERNAL CREAM	3	
BACTROBAN NASAL	3	
BESIVANCE	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	
<i>cefaclor er</i>	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	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	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	

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 7.5 gm, 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin</i>	1	
<i>chloramphenicol sod succinate</i>	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 suspension reconstituted 500 mg/5ml (10%)</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

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>demeclocycline hcl oral</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	3	PA
DORIPENEM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
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	

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>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin ophthalmic</i>	1	
<i>levofloxacin oral</i>	1	
LINCOCIN	3	
<i>lincomycin hcl injection</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA
<i>linezolid oral</i>	1	PA
MAXIPIME INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>meropenem</i>	1	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>methenamine hippurate</i>	1	EDS
METROCREAM	3	
METROLOTION	3	
<i>metronidazole external</i>	1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl er 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, 75 mg</i>	1	
<i>minocycline hcl oral capsule 50 mg</i>	1	EDS
<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 gm</i>	1	
<i>neomycin sulfate oral</i>	1	
<i>neomycin-polymyxin b gu</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>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin otic</i>	1	
ORBACTIV	3	PA
<i>oxacillin sodium</i>	1	
<i>paromomycin sulfate oral</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	
<i>penicillin g procaine</i>	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, 55 MG, 80 MG	3	
<i>ssd</i>	1	
<i>streptomycin sulfate intramuscular</i>	3	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium ophthalmic ointment</i>	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	

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

Drug Name	Tier	Requirements/Limits
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
SYNERCID	3	BD
TARGADOX	3	
<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 INTRAVENOUS	3	
ZITHROMAX ORAL PACKET	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
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	2	
ZYVOX ORAL	3	PA
Anticonvulsants		
APTIOM	3	EDS
BANZEL	2	EDS
BRIVIACT	3	PA New Starts
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
CARBATROL	3	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	

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>gabapentin oral capsule</i>	1	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	1	EDS
<i>gabapentin oral tablet</i>	1	EDS
GRALISE	3	
GRALISE STARTER	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	EDS
KLONOPIN	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	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

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>phenytoin sodium injection</i>	1	
<i>primidone oral</i>	1	EDS
QUDEXY XR	3	
<i>roweepra</i>	1	EDS
<i>roweepra xr</i>	1	EDS
SABRIL ORAL TABLET	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
Antidementia Agents		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	EDS
<i>donepezil hcl oral tablet</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	

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

Drug Name	Tier	Requirements/Limits
NAMZARIC	3	PA; EDS
RAZADYNE ER	3	EDS
RAZADYNE ORAL TABLET	3	EDS
<i>rivastigmine</i>	1	EDS
<i>rivastigmine tartrate</i>	1	EDS
Antidepressants		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG	2	BD
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG	2	BD; EDS
<i>amitriptyline hcl oral</i>	1	PA New Starts; AL (Max 64 Years)
<i>amoxapine</i>	2	
APLENZIN	3	EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	EDS; QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	1	EDS
<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
<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

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

Drug Name	Tier	Requirements/Limits
EFFEXOR XR	3	EDS
EMSAM	2	PA New Starts
<i>escitalopram oxalate</i>	1	EDS
FETZIMA	3	
FETZIMA TITRATION	3	
<i>fluoxetine hcl oral</i>	1	EDS
<i>fluvoxamine maleate</i>	1	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	EDS; QL (60 EA per 30 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	EDS
FORFIVO XL	3	EDS
<i>imipramine hcl oral</i>	1	PA New Starts; AL (Max 64 Years)
<i>imipramine pamoate</i>	3	PA New Starts; AL (Max 64 Years)
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine oral</i>	1	EDS
<i>nefazodone hcl</i>	1	EDS
<i>nortriptyline hcl oral</i>	1	EDS
<i>olanzapine-fluoxetine hcl</i>	1	EDS
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>paroxetine mesylate</i>	1	EDS
PAXIL ORAL SUSPENSION	3	EDS
<i>perphenazine-amitriptyline</i>	1	PA New Starts; AL (Max 64 Years)
PEXEVA	3	EDS
<i>phenelzine sulfate oral</i>	1	
PRISTIQ	3	EDS
<i>protriptyline hcl</i>	1	
PROZAC ORAL CAPSULE	3	EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	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	

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>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	
ZOLOFT ORAL TABLET	3	EDS
Antiemetics		
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	3	BD
ANZEMET ORAL	3	BD
<i>aprepitant</i>	1	BD
CESAMET	3	PA
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	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	
<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

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>phenadoz rectal suppository 12.5 mg</i>	1	PA; AL (Max 64 Years)
PHENERGAN INJECTION	3	PA; AL (Max 64 Years)
<i>prochlorperazine</i>	1	EDS
<i>prochlorperazine edisylate injection</i>	1	BD
<i>prochlorperazine maleate oral</i>	1	BD; EDS
<i>promethazine hcl injection</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl oral syrup</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl oral tablet</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl rectal</i>	1	PA; AL (Max 64 Years)
<i>promethegan rectal suppository 25 mg</i>	1	PA; AL (Max 64 Years)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	3	PA; AL (Max 64 Years)
REGLAN ORAL	3	
SANCUSO	3	
<i>scopolamine</i>	1	
SYNDROS	3	BD
TIGAN ORAL	3	PA
TRANSDERM-SCOP (1.5 MG)	3	
<i>trimethobenzamide hcl oral</i>	1	PA
VARUBI ORAL	3	BD
ZOFRAN ODT	3	BD
ZOFRAN ORAL	3	BD
ZUPLENZ	3	BD
Antifungals		
ABELCET	3	BD; OBT
AMBISOME	3	BD; OBT
<i>amphotericin b injection</i>	2	BD; OBT
CANCIDAS	3	BD
<i>caspofungin acetate</i>	1	BD
<i>ciclopirox</i>	1	
<i>ciclopirox olamine external</i>	1	
<i>clotrimazole external</i>	1	
<i>clotrimazole mouth/throat lozenge</i>	1	
<i>econazole nitrate external</i>	1	
ERAXIS	3	
ERTACZO	3	
EXELDERM	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
EXTINA	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GYNAZOLE-1	3	
<i>itraconazole oral capsule</i>	1	PA
JUBLIA	3	PA
<i>ketoconazole external</i>	1	
<i>ketoconazole oral</i>	1	PA
LOPROX EXTERNAL SHAMPOO	3	
MENTAX	3	
<i>miconazole 3 vaginal suppository</i>	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	
OXISTAT	3	
SPORANOX ORAL SOLUTION	2	PA
<i>terbinafine hcl oral</i>	1	
<i>terconazole</i>	1	
<i>voriconazole intravenous</i>	1	PA
<i>voriconazole oral</i>	1	PA
ZOLINZA	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
Antigout Agents		
<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
Anti-Inflammatory Agents		
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
CELEBREX	3	EDS
<i>celecoxib oral</i>	1	EDS
CORTEF ORAL TABLET 20 MG, 5 MG	3	
<i>cortisone acetate oral</i>	1	EDS
DEPO-MEDROL	3	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	1	
<i>diclofenac potassium</i>	1	EDS
<i>diclofenac sodium er</i>	1	EDS
<i>diclofenac sodium oral</i>	1	EDS
<i>diflunisal oral</i>	1	EDS
DIPROLENE EXTERNAL OINTMENT	3	
<i>emflaza</i>	3	PA
<i>etodolac oral capsule 200 mg</i>	1	EDS
<i>etodolac oral tablet</i>	1	EDS
FELDENE	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>fenopropfen calcium oral capsule 400 mg</i>	1	EDS
<i>fenopropfen 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	
<i>ketoprofen er</i>	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
<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

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

Drug Name	Tier	Requirements/Limits
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG, 30 MG	3	
<i>oxycodone-ibuprofen</i>	1	
<i>piroxicam oral</i>	1	EDS
PRED MILD	2	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>prednisone oral tablet therapy pack</i>	2	
<i>profeno</i>	1	EDS
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	3	
SOLU-MEDROL	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	
Antimigraine Agents		
AIMOVIG 140 DOSE	3	PA; EDS
<i>almotriptan malate</i>	1	
AMERGE	3	
AXERT ORAL TABLET 12.5 MG	3	
BOTOX	3	PA; OBT
CAFERGOT	2	
<i>dihydroergotamine mesylate injection</i>	1	
<i>dihydroergotamine mesylate nasal</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>eletriptan hydrobromide</i>	1	

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>ergotamine-caffeine</i>	1	
FROVA	3	
<i>frovatriptan succinate</i>	1	
IMITREX ORAL	3	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	3	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	3	
IMITREX SUBCUTANEOUS	3	
MAXALT ORAL TABLET 10 MG	3	
MAXALT-MLT	3	
<i>migergot</i>	1	
MIGRANAL	3	
<i>naratriptan hcl</i>	1	
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan nasal</i>	1	
<i>sumatriptan succinate oral</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	
<i>sumatriptan-naproxen sodium</i>	1	
<i>timolol maleate oral</i>	1	EDS
<i>topiramate oral</i>	1	EDS
TREXIMET	3	
<i>valproate sodium oral solution</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>zolmitriptan oral</i>	1	
ZOMIG	3	
ZOMIG ZMT	3	
Antimyasthenic Agents		
<i>guanidine hcl oral</i>	1	
MESTINON ORAL SYRUP	2	EDS
MESTINON ORAL TABLET	3	EDS
MESTINON ORAL TABLET EXTENDED RELEASE	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>pyridostigmine bromide er</i>	1	EDS
<i>pyridostigmine bromide oral</i>	1	EDS
Antimycobacterials		
CAPASTAT SULFATE	3	
<i>dapsone oral</i>	1	EDS
<i>ethambutol hcl oral</i>	1	
<i>isoniazid injection</i>	3	
<i>isoniazid oral</i>	1	EDS
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	1	
RIFADIN ORAL CAPSULE 150 MG	3	
RIFAMATE	3	EDS
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
RIFATER	2	EDS
SIRTURO	3	PA
TRECTOR	3	
Antineoplastics		
ABRAXANE	3	PA New Starts; OBТ
<i>adriamycin intravenous solution</i>	1	PA
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	3	PA New Starts; OBТ
AFINITOR	3	PA New Starts
ALECENSA	3	PA New Starts
ALIMTA	3	PA; OBТ
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; OBТ

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

Drug Name	Tier	Requirements/Limits
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
COMETRIQ (60 MG DAILY DOSE)	3	PA New Starts
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

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>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
<i>docetaxel intravenous concentrate 80 mg/4ml</i>	3	PA New Starts; OBT
<i>docetaxel intravenous solution 160 mg/16ml</i>	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
ELLENCE 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	
<i>etoposide intravenous solution 100 mg/5ml</i>	1	
<i>exemestane</i>	1	EDS
FARESTON	2	EDS
FARYDAK	3	PA New Starts
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	2	PA New Starts; OBT
FEMARA	3	EDS
<i>fludarabine phosphate intravenous solution reconstituted</i>	1	PA; OBT
<i>flutamide</i>	1	EDS
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	2	PA; OBT
FUSILEV	3	
<i>gemcitabine hcl intravenous solution reconstituted 1 gm</i>	1	PA; OBT

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

Drug Name	Tier	Requirements/Limits
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; OB
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	PA New Starts
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG	3	PA; OB
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; OB
IDHIFA	3	PA New Starts
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	3	PA
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	1	PA; OB
<i>imatinib mesylate</i>	1	PA New Starts; EDS
IMBRUVICA	3	PA New Starts
IMFINZI	3	PA New Starts; OB
INLYTA	3	PA New Starts
IRESSA	3	PA New Starts
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	1	PA; OB
ISTODAX (OVERFILL)	3	PA New Starts; OB
JAKAFI	3	PA New Starts
JEVTANA	2	PA New Starts; OB
KADCYLA	3	PA New Starts
KEYTRUDA INTRAVENOUS SOLUTION	3	PA New Starts; OB
KISQALI 200 DOSE	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
KISQALI 400 DOSE	3	PA New Starts
KISQALI 600 DOSE	3	PA New Starts
KISQALI FEMARA 200 DOSE	3	PA New Starts
KISQALI FEMARA 400 DOSE	3	PA New Starts
KISQALI FEMARA 600 DOSE	3	PA New Starts
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG	3	PA New Starts; OBТ
LARTRUVO	3	PA New Starts; OBТ
LENVIMA 10 MG DAILY DOSE	3	PA New Starts
LENVIMA 14 MG DAILY DOSE	3	PA New Starts
LENVIMA 18 MG DAILY DOSE	3	PA New Starts
LENVIMA 20 MG DAILY DOSE	3	PA New Starts
LENVIMA 24 MG DAILY DOSE	3	PA New Starts
LENVIMA 8 MG DAILY DOSE	3	PA New Starts
<i>letrozole oral</i>	1	EDS
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	1	
<i>leucovorin calcium oral</i>	1	
LEUKERAN	2	
<i>levoleucovorin calcium intravenous solution</i>	1	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	1	
LONSURF	3	PA New Starts
LYNPARZA	3	PA New Starts
MATULANE	2	
MEKINIST	3	PA New Starts
<i>melphalan hcl</i>	1	PA New Starts; OBТ
<i>mesna</i>	1	PA; OBТ
MESNEX INTRAVENOUS	3	PA
MESNEX ORAL	2	
<i>mitomycin intravenous</i>	1	PA New Starts; OBТ
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	1	PA; OBТ
MUSTARGEN	3	PA New Starts; OBТ
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	3	PA New Starts
NERLYNX	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
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
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	3	BD
SYNRIBO	3	PA New Starts; OBT
TABLOID	3	
TAFINLAR	3	PA New Starts
TAGRISO	3	PA New Starts

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>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; OBТ
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; OBТ
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; OBТ
VELCADE INJECTION	2	PA New Starts; OBТ
VENCLEXTA	3	PA New Starts
VENCLEXTA STARTING PACK	3	PA New Starts
VERZENIO	3	PA New Starts
VIDAZA	3	PA New Starts
<i>vinblastine sulfate intravenous solution</i>	3	PA New Starts; OBТ
<i>vincasar pfs</i>	1	PA; OBТ
<i>vincristine sulfate intravenous</i>	1	PA; OBТ
<i>vinorelbine tartrate intravenous solution 50 mg/5ml</i>	1	PA; OBТ
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

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

Drug Name	Tier	Requirements/Limits
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
Antiparasitics		
ALBENZA	3	
ALINIA	2	
<i>atovaquone oral</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
BENZNIDAZOLE	3	PA
BILTRICIDE	3	
<i>chloroquine phosphate oral</i>	1	EDS
COARTEM	2	QL (24 EA per 30 days)
DARAPRIM	2	
EMVERM	3	
EURAX	2	
<i>hydroxychloroquine sulfate oral</i>	1	EDS
<i>ivermectin oral</i>	1	
<i>lindane external shampoo</i>	1	
MALARONE	3	EDS
<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	

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

Drug Name	Tier	Requirements/Limits
QUALAQUIN	3	
<i>quinine sulfate oral</i>	1	
SKLICE	3	
STROMEKTOL	3	
Antiparkinson Agents		
<i>amantadine hcl oral</i>	1	EDS
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA New Starts
AZILECT	3	EDS
<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
LODOSYN	3	EDS
MIRAPEX	3	EDS
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG	3	EDS
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 3.75 MG	3	EDS
NEUPRO	3	
PARLODEL ORAL CAPSULE	3	EDS
<i>pramipexole dihydrochloride</i>	1	EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 4.5 mg</i>	1	EDS

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>pramipexole dihydrochloride er oral tablet 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
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG	2	BD
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG	2	BD; 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
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	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>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 solution 100 mg/ml, 50 mg/ml</i>	1	BD
<i>haloperidol lactate injection solution 5 mg/ml</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
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

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

Drug Name	Tier	Requirements/Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	3	
RISPERDAL CONSTA	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	1	
SAPHRIS	3	EDS
<i>thioridazine hcl oral</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
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	EDS
<i>baclofen oral tablet 5 mg</i>	1	EDS
BOTOX	3	PA; OBT
<i>dantrolene sodium oral</i>	1	
DYSPORT	3	PA; OBT
<i>tizanidine hcl oral</i>	1	EDS
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT	3	PA; OBT
ZANAFLEX	3	EDS
Antivirals		
<i>abacavir sulfate oral solution</i>	1	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

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>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
<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	

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

Drug Name	Tier	Requirements/Limits
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 ORAL SUSPENSION	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
NORVIR ORAL CAPSULE	2	EDS
NORVIR ORAL PACKET	2	EDS
NORVIR ORAL SOLUTION	2	EDS
ODEFSEY	2	
<i>oseltamivir phosphate oral</i>	1	
PEGASYS PROCLICK	2	PA
PEGASYS SUBCUTANEOUS SOLUTION	2	PA
PREVYMIS ORAL	3	PA New Starts; 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	

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

Drug Name	Tier	Requirements/Limits
RESCRIPTOR	2	EDS
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL CAPSULE	3	EDS
RETROVIR ORAL SYRUP	3	EDS
REYATAZ ORAL PACKET	2	EDS
RIBASPHERE	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	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts
SYMFI	2	EDS
SYMFI LO	2	EDS
TAMIFLU ORAL CAPSULE	3	
<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	
VALTRES	3	EDS
VEMLIDY	2	PA; EDS
VIDEX EC	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
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	2	EDS
VIRACEPT ORAL TABLET	2	EDS
VIRAMUNE ORAL SUSPENSION	2	EDS
VIRAMUNE ORAL TABLET	3	EDS
VIRAMUNE XR	3	EDS
VIREAD ORAL POWDER	2	EDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	EDS
VOSEVI	2	PA
ZERIT	3	EDS
ZIAGEN ORAL SOLUTION	2	EDS
ZIAGEN ORAL TABLET	3	EDS
<i>zidovudine</i>	1	EDS
ZIRGAN	2	
ZOVIRAX EXTERNAL CREAM	2	
ZOVIRAX EXTERNAL OINTMENT	3	
ZOVIRAX ORAL CAPSULE	3	
ZOVIRAX ORAL SUSPENSION	3	EDS
Anxiolytics		
<i>alprazolam er</i>	1	
<i>alprazolam oral</i>	1	
<i>buspirone hcl oral</i>	1	EDS
<i>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
EFFEXOR XR	3	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)

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

Drug Name	Tier	Requirements/Limits
KLONOPIN	3	
<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 ORAL SUSPENSION	3	EDS
PEXEVA	3	EDS
<i>sertraline hcl oral</i>	1	EDS
SILENOR ORAL TABLET 3 MG	3	QL (30 EA per 30 days)
SILENOR ORAL TABLET 6 MG	3	
<i>triazolam</i>	1	QL (7 EA per 30 days)
VALIUM	3	
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
XANAX	3	
XANAX XR	3	
ZOLOFT ORAL TABLET	3	EDS
Bipolar Agents		
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
CARBATROL	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
GEODON INTRAMUSCULAR	3	BD
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 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>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
RISPERDAL CONSTA	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	1	
SAPHRIS	3	EDS
<i>valproate sodium oral solution</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
VRAYLAR	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS
ZYPREXA INTRAMUSCULAR	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Blood Glucose Regulators		
<i>acarbose</i>	1	EDS
ACTOPLUS MET XR	2	EDS
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	EDS
BYDUREON BCISE	3	EDS
BYDUREON SUBCUTANEOUS PEN-INJECTOR	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
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	3	EDS
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
<i>chlorpropamide</i>	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	
CYCLOSET	3	EDS
<i>exel comfort point pen needle 29g x 12mm</i>	1	EDS
<i>glimepiride</i>	1	EDS
<i>glipizide er</i>	1	EDS
<i>glipizide oral</i>	1	EDS
<i>glipizide-metformin hcl</i>	1	EDS
GLUCAGEN HYPOKIT	2	
<i>glucagon emergency</i>	1	
GLUCOPHAGE	3	EDS
GLUCOPHAGE XR	3	EDS
GLUMETZA	3	EDS
<i>glyburide micronized</i>	1	EDS
<i>glyburide oral</i>	1	EDS
<i>glyburide-metformin</i>	1	EDS
GLYSET	3	EDS
GLYXAMBI	3	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

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

Drug Name	Tier	Requirements/Limits
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
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 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	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)

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>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	
<i>tolazamide</i>	3	EDS
<i>tolbutamide</i>	3	EDS
TOUJEO MAX SOLOSTAR	2	EDS
TOUJEO SOLOSTAR	2	EDS
TRADJENTA	2	EDS
TRULICITY	2	EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
WELCHOL	2	EDS
Blood Products/ Modifiers/ Volume Expanders		
AGGRENOX	3	EDS
<i>anagrelide hcl</i>	1	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; OBT
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA; OBT
<i>aspirin-dipyridamole er</i>	1	EDS
BEVYXXA	3	PA; 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
ELIQUIS	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
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	
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
TAVALISSE	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

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

Drug Name	Tier	Requirements/Limits
XARELTO STARTER PACK	2	
ZARXIO	2	OBT
ZONTIVITY	3	PA; EDS
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	1	EDS
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide oral</i>	1	EDS
<i>acetazolamide sodium</i>	1	
<i>afeditab cr</i>	1	EDS
ALDACTAZIDE ORAL TABLET 25-25 MG	3	EDS
ALDACTAZIDE ORAL TABLET 50-50 MG	2	EDS
ALDACTONE	3	EDS
ALTACE ORAL CAPSULE	3	EDS
ALTOPREV	3	GP; 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; EDS
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	EDS
AZOR	3	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

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>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</i>	1	EDS
<i>captopril oral</i>	1	EDS
<i>captopril-hydrochlorothiazide</i>	1	EDS
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	3	EDS
CARDIZEM LA	3	EDS
CARDURA XL	3	EDS
<i>cartia xt</i>	1	EDS
<i>carvedilol</i>	1	EDS
<i>carvedilol phosphate er</i>	1	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
CORLANOR	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
CRESTOR	3	GP; EDS; 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)
<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
DYAZIDE	3	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

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>ezetimibe</i>	1	EDS
<i>ezetimibe-simvastatin</i>	1	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
<i>flecainide acetate</i>	1	EDS
<i>fluvastatin sodium</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

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

Drug Name	Tier	Requirements/Limits
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)
LESCOL XL	3	GP; EDS; EDS
LIPITOR	3	GP; EDS; 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
<i>methyldopate hcl</i>	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
MICARDIS	3	EDS
MICARDIS HCT	3	EDS
MICROZIDE	3	EDS
<i>midodrine hcl</i>	1	EDS
MINITRAN	3	EDS
<i>minoxidil 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>moexipril hcl</i>	1	EDS
<i>moexipril-hydrochlorothiazide</i>	1	EDS
MULTAQ	3	EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>nadolol-bendroflumethiazide</i>	1	EDS
<i>niacin er (antihyperlipidemic)</i>	1	EDS
NIACOR	3	EDS
<i>nicardipine hcl intravenous</i>	1	
<i>nicardipine hcl oral</i>	1	EDS
<i>nifedipine er</i>	1	EDS
<i>nifedipine er osmotic release</i>	1	EDS
<i>nifedipine oral</i>	1	PA; EDS; AL (Max 64 Years)
<i>nimodipine oral</i>	1	EDS
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	1	EDS
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 30 mg, 40 mg</i>	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

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>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
PRINIVIL	3	EDS
PROCARDIA	3	EDS
PROCARDIA XL	3	EDS
<i>propafenone hcl</i>	1	EDS
<i>propafenone hcl er</i>	1	EDS
<i>propranolol hcl er</i>	1	EDS
<i>propranolol hcl intravenous</i>	1	
<i>propranolol hcl oral solution</i>	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; EDS
RYTHMOL SR	3	EDS
<i>simvastatin oral</i>	1	EDS; 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

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>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	EDS
TEKTURNA HCT	3	EDS
<i>telmisartan</i>	1	EDS
<i>telmisartan-hctz</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS
TIAZAC	3	EDS
TIKOSYN	3	EDS
<i>timolol maleate oral</i>	1	EDS
<i>toremide oral</i>	1	EDS
<i>trandolapril</i>	1	EDS
<i>trandolapril-verapamil hcl er</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
TRIGLIDE ORAL TABLET 160 MG	3	EDS
TRILIPIX	3	EDS
UPTRAVI	3	PA
<i>valsartan</i>	1	EDS
<i>valsartan-hydrochlorothiazide</i>	1	EDS
VASCEPA	2	EDS
VASERETIC	3	EDS
<i>verapamil hcl er oral capsule extended release 24 hour</i>	1	EDS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	EDS
<i>verapamil hcl intravenous</i>	1	
<i>verapamil hcl oral</i>	1	EDS
VERELAN	3	EDS
VERELAN PM	3	EDS

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

Drug Name	Tier	Requirements/Limits
VYTORIN	3	EDS
WELCHOL	2	EDS
ZESTRIL ORAL TABLET 40 MG	3	EDS
ZETIA	2	EDS
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	EDS
ZOCOR ORAL TABLET 80 MG	3	PA New Starts; EDS
Central Nervous System Agents		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	EDS
ADDERALL XR	3	EDS
<i>amphetamine-dextroamphetamine</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

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>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	
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	

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

Drug Name	Tier	Requirements/Limits
PROCENTRA	3	
QUILLIVANT XR	3	EDS
RADICAVA	3	PA New Starts; EDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
RILUTEK	3	EDS
<i>riluzole</i>	1	EDS
RITALIN	3	EDS
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG	3	EDS
SAVELLA	2	EDS
SAVELLA TITRATION PACK	2	
STRATTERA	3	EDS
TECFIDERA ORAL	2	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	2	QL (60 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	2	
<i>tetrabenazine</i>	1	PA New Starts
TYSABRI	3	PA; OBT
VECAMYL	3	PA
VYVANSE	3	EDS
ZENZEDI	3	EDS
Dental And Oral Agents		
<i>cevimeline hcl</i>	1	EDS
<i>chlorhexidine gluconate mouth/throat</i>	1	EDS
CUVPOSA	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 200 mg, 50 mg</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>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
EVOXAC	3	EDS
KEPIVANCE	3	
<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	
<i>triamcinolone acetonide mouth/throat</i>	1	
VIBRAMYCIN ORAL SYRUP	3	
Dermatological Agents		
ABSORICA	3	
<i>acitretin</i>	1	PA New Starts
<i>adapalene external gel</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
<i>ammonium lactate external</i>	1	
<i>amnesteam</i>	1	
<i>avita</i>	1	
AZELEX	2	
<i>betamethasone dipropionate external lotion</i>	1	
<i>calcipotriene external</i>	1	
<i>calcipotriene-betameth diprop</i>	1	
<i>calcitriol external</i>	1	
CARAC	2	
<i>claravis oral capsule 10 mg</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clotrimazole-betamethasone</i>	1	
CONDYLOX EXTERNAL GEL	2	
CORTISPORIN EXTERNAL	3	
COSENTYX 300 DOSE	2	OBT; EDS
COSENTYX SENSOREADY 300 DOSE	2	OBT; 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>dapsone external</i>	1	
<i>diclofenac sodium transdermal gel 1 %</i>	1	EDS
<i>diclofenac sodium transdermal gel 3 %</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>fluocinonide external cream 0.1 %</i>	1	
<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	

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>prednicarbate external cream</i>	1	
REGRANEX	3	QL (45 GM per 30 days)
RETIN-A	3	
RETIN-A MICRO	3	
SANTYL	2	
<i>selenium sulfide external lotion</i>	1	
SILIQ	2	OBT; 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	
<i>zenatane</i>	1	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %, 8.5 %	2	BD
<i>aminosyn ii/electrolytes</i>	1	BD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	2	BD
<i>aminosyn/electrolytes intravenous solution 8.5 %</i>	1	BD
AMINOSYN-HBC	2	BD

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

Drug Name	Tier	Requirements/Limits
AMINOSYN-PF	2	BD
AMINOSYN-RF	2	BD
AURYXIA	3	EDS
CARBAGLU	3	PA New Starts
CARNITOR INTRAVENOUS	3	BD
CARNITOR ORAL	3	
CHEMET	2	
CLINIMIX E/DEXTROSE (2.75/10)	2	BD
CLINIMIX E/DEXTROSE (2.75/5)	2	BD
CLINIMIX E/DEXTROSE (4.25/10)	2	BD
CLINIMIX E/DEXTROSE (4.25/25)	2	BD
CLINIMIX E/DEXTROSE (4.25/5)	2	BD
CLINIMIX E/DEXTROSE (5/15)	2	BD
CLINIMIX E/DEXTROSE (5/20)	2	BD
CLINIMIX E/DEXTROSE (5/25)	2	BD
CLINIMIX/DEXTROSE (2.75/5)	2	BD
CLINIMIX/DEXTROSE (4.25/10)	2	BD
CLINIMIX/DEXTROSE (4.25/20)	2	BD
CLINIMIX/DEXTROSE (4.25/25)	2	BD
CLINIMIX/DEXTROSE (4.25/5)	2	BD
CLINIMIX/DEXTROSE (5/15)	2	BD
CLINIMIX/DEXTROSE (5/20)	2	BD
CLINIMIX/DEXTROSE (5/25)	2	BD
<i>clinisol sf</i>	1	BD
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	EDS
EXJADE	3	PA
FERRIPROX	3	PA New Starts
<i>fomepizole intravenous solution 1.5 gm/1.5ml</i>	1	
FREAMINE HBC	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
<i>hepatamine</i>	1	BD
<i>intralipid intravenous emulsion 20 %</i>	1	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	3	BD
IONOSOL-MB IN D5W	3	
ISOLYTE-P IN D5W	3	
ISOLYTE-S	3	BD
JADENU	3	PA; 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

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

Drug Name	Tier	Requirements/Limits
PLENAMINE	2	BD
<i>potassium chloride crys er</i>	1	EDS
<i>potassium chloride er</i>	1	EDS
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	BD
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	BD
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	1	BD
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	EDS
PREMASOL	2	BD
<i>prenatal oral tablet 27-1 mg</i>	1	
PROCALAMINE	2	BD
PROSOL	3	BD
<i>ringers</i>	1	BD
<i>ringers irrigation</i>	1	
SAMSCA	2	PA
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	EDS
<i>sodium polystyrene sulfonate oral powder</i>	1	EDS
<i>sps</i>	1	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	
Gastrointestinal Agents		
ACIPHEX	3	GP; EDS
ACTIGALL	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>alose tron hcl</i>	1	EDS
AMITIZA	3	EDS
<i>amoxicill-clarithro-lansopraz</i>	1	
BENTYL INTRAMUSCULAR	3	
<i>budesonide er oral tablet extended release 24 hour</i>	1	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	
<i>constulose</i>	1	EDS
CYTOTEC	3	EDS
DELZICOL	2	EDS
DEXILANT	3	GP; EDS
<i>dicyclomine hcl intramuscular</i>	1	
<i>dicyclomine hcl oral</i>	1	EDS
<i>diphenoxylate-atropine</i>	1	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>enulose</i>	1	EDS
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	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; EDS
<i>lansoprazole oral tablet dispersible</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	3	GP; EDS
<i>nizatidine</i>	1	EDS
NULYTELY WITH FLAVOR PACKS	3	
OICALIVA	3	PA; EDS
OMECLAMOX-PAK	3	
<i>omeprazole oral capsule delayed release</i>	1	EDS; EDS
<i>omeprazole-sodium bicarbonate</i>	1	EDS
<i>pantoprazole sodium intravenous</i>	1	
<i>pantoprazole sodium oral</i>	1	EDS; 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	
PREVACID	3	GP; EDS
PREVACID SOLUTAB	3	GP; 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>proctozone-hc rectal</i>	1	
<i>propantheline bromide oral</i>	1	
PROTONIX ORAL	3	GP; EDS
<i>rabeprazole sodium</i>	1	EDS
<i>ranitidine hcl injection solution 50 mg/2ml</i>	1	
<i>ranitidine hcl oral capsule</i>	1	EDS
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	EDS
REGLAN ORAL	3	
RELISTOR ORAL	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	2	
ROBINUL ORAL	3	
ROBINUL-FORTE	3	
<i>scopolamine</i>	1	
<i>sucralfate oral tablet</i>	1	EDS
SYMPROIC	3	PA
TRANSDERM-SCOP (1.5 MG)	3	
<i>trilyte</i>	1	
UCERIS	3	
URSO 250	3	EDS
URSO FORTE	3	EDS
<i>ursodiol oral</i>	1	EDS
VIBERZI	3	PA; EDS
XERMELO	3	PA; 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
ZEGERID	3	GP; EDS
ZORBTIVE	3	PA
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN	2	PA New Starts; OBT
<i>buphenyl oral powder 3 gm/tsp</i>	1	
CERDELGA	3	PA New Starts
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	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
CREON	2	EDS
CYSTADANE	2	
CYSTAGON	2	
FABRAZYME	3	PA New Starts; OBT
KANUMA	3	PA New Starts; OBT
KUVAN	2	PA
<i>miglustat</i>	1	PA New Starts; 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
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	EDS
AURYXIA	3	EDS
AVODART	3	EDS
<i>bethanechol chloride oral</i>	1	EDS
<i>calcium acetate (phos binder) oral capsule</i>	1	EDS
CARDURA XL	3	EDS
CIALIS ORAL TABLET 2.5 MG, 5 MG	2	EHS; 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
CUPRIMINE ORAL CAPSULE 250 MG	3	PA; EDS
<i>darifenacin hydrobromide er</i>	1	EDS
DEPEN TITRATABS	2	
DETROL	3	EDS
DETROL LA	3	EDS
DITROPAN XL	3	EDS
<i>doxazosin mesylate oral</i>	1	EDS
<i>dutasteride oral</i>	1	EDS
<i>dutasteride-tamsulosin hcl</i>	1	EDS
ELMIRON	2	
ENABLEX	3	EDS
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>flavoxate hcl</i>	1	EDS
FOSRENOL ORAL PACKET	2	EDS
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
<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

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

Drug Name	Tier	Requirements/Limits
URECHOLINE	3	EDS
UROCIT-K 10	3	EDS
UROCIT-K 15	3	EDS
UROCIT-K 5	3	EDS
VELPHORO	3	EDS
VESICARE	3	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ALA SCALP	3	
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide external lotion</i>	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 gel</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
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</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	

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>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	1	
<i>diflorasone diacetate external ointment</i>	1	
DIPROLENE EXTERNAL OINTMENT	3	
<i>emflaza</i>	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 cream 0.1 %</i>	1	
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>flurandrenolide external lotion</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>halobetasol propionate</i>	1	
HP ACTHAR	3	PA
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone valerate</i>	1	
KENALOG INJECTION	3	
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</i>	2	
<i>procto-pak</i>	1	
<i>proctozone-hc rectal</i>	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	3	
SOLU-MEDROL	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	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>chorionic gonadotropin intramuscular</i>	1	PA New Starts
DDAVP INJECTION SOLUTION 4 MCG/ML	3	
DDAVP NASAL	3	
DDAVP ORAL	3	
DDAVP RHINAL TUBE	3	
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	3	PA
GENOTROPIN	2	PA
GENOTROPIN MINIQUICK	2	PA
HUMATROPE	2	PA
INCRELEX	3	PA
MYALEPT	3	PA
NORDITROPIN FLEXPRO	2	PA
<i>novarel</i>	1	PA New Starts
NUTROPIN AQ NUSPIN 10	2	PA
NUTROPIN AQ NUSPIN 20	2	PA
NUTROPIN AQ NUSPIN 5	2	PA
OMNITROPE	3	PA
<i>pregnyl</i>	1	PA New Starts
SAIZEN	3	PA
SAIZENPREP	3	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA New Starts
STIMATE	2	
ZOMACTON	3	PA
ZORBTIVE	3	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
CYTOTEC	3	EDS
<i>misoprostol oral tablet 200 mcg</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ACTIVELLA	3	PA; AL (Max 64 Years); EDS
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
ANADROL-50	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 PRO	3	PA; AL (Max 64 Years); EDS
COMBIPATCH	2	PA; AL (Max 64 Years); EDS
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)
<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</i>	1	PA; AL (Max 64 Years); EDS
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)
<i>falmina</i>	1	EDS
<i>fayosim</i>	1	EDS
FEMRING	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>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 & eth est</i>	1	EDS
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	1	EDS
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</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>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>lutera</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)
<i>methitest</i>	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; AL (Max 64 Years); EDS
<i>mimvey lo</i>	1	PA; AL (Max 64 Years); 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
<i>necon 7/7/7</i>	1	EDS
<i>nikki</i>	1	EDS
<i>nora-be</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>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
PREMPHASE	2	PA; EDS; AL (Max 64 Years)
PREMPRO	2	PA; EDS; AL (Max 64 Years)
<i>previfem</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>progesterone micronized oral</i>	1	EDS
<i>quasense</i>	1	
<i>raloxifene hcl</i>	1	EDS
<i>reclipsen</i>	1	EDS
<i>rivelsa</i>	1	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
<i>testosterone transdermal gel 10 mg/act (2%)</i>	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
VAGIFEM VAGINAL TABLET 10 MCG	3	EDS
<i>velivet</i>	1	EDS
<i>vienva</i>	1	EDS
VIVELLE-DOT	3	PA; EDS
<i>vyfemla</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>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
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	3	EDS
<i>levo-t</i>	1	EDS
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg</i>	3	
<i>levothyroxine sodium oral</i>	1	EDS
<i>levoxyl</i>	1	EDS
<i>liothyronine sodium intravenous</i>	1	
<i>liothyronine sodium oral</i>	1	EDS
SYNTHROID	2	EDS
THYROLAR-1 ORAL TABLET 60 MG	3	EDS
THYROLAR-1/2 ORAL TABLET 30 MG	3	EDS
THYROLAR-1/4 ORAL TABLET 15 MG	3	EDS
THYROLAR-2 ORAL TABLET 120 MG	3	EDS
THYROLAR-3 ORAL TABLET 180 MG	3	EDS
TIROSINT	3	EDS
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	EDS
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	EDS
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral</i>	1	EDS
<i>cabergoline</i>	1	
ELIGARD	2	PA New Starts; OBT
FIRMAGON	2	PA New Starts; OBT
<i>leuprolide acetate injection</i>	1	PA New Starts
LUPANETA PACK	3	BD
LUPRON DEPOT (1-MONTH)	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
LUPRON DEPOT (3-MONTH)	2	PA New Starts; OBT
LUPRON DEPOT (4-MONTH)	2	PA New Starts; OBT
LUPRON DEPOT (6-MONTH)	2	PA New Starts; OBT
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA New Starts; OBT
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	2	PA New Starts
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA New Starts
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA New Starts
SANDOSTATIN LAR DEPOT	3	PA New Starts; OBT
SIGNIFOR	3	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	3	PA New Starts; OBT
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	3	PA; OBT
SOMAVERT	3	PA
SYNAREL	2	PA New Starts
TRELSTAR MIXJECT	3	PA; OBT
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral</i>	1	EDS
<i>propylthiouracil oral</i>	1	EDS
TAPAZOLE	3	EDS
Immunological Agents		
ACTEMRA SUBCUTANEOUS	3	
<i>acthib</i>	1	
ACTIMMUNE	3	PA New Starts
<i>adalac intramuscular suspension 5-2-15.5 lf- mcg/0.5</i>	1	
AFINITOR DISPERZ	3	PA New Starts
AFINITOR ORAL TABLET 2.5 MG	3	PA New Starts
ARAVA	3	EDS; QL (30 EA per 30 days)
ARCALYST	2	PA; OBT
ASTAGRAF XL	3	BD
ATGAM	2	BD
AZASAN	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
<i>azathioprine oral</i>	1	BD; EDS
<i>bcg vaccine</i>	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</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
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	2	PA; OBT
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	2	PA; OBT
GAMMAGARD S/D LESS IGA	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 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 intramuscular suspension 1440 el u/ml, 720 el u/0.5ml</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
ILARIS SUBCUTANEOUS SOLUTION	3	PA; OBT
<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
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
<i>kinrix intramuscular suspension</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

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>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	
<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

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>recombivax hb injection suspension 10 mcg/ml, 40 mcg/ml, 5 mcg/0.5ml</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 intramuscular solution 25 mcg/0.5ml</i>	1	
TYSABRI	3	PA; OBT
<i>vaqta intramuscular suspension 25 unit/0.5ml, 50 unit/ml</i>	1	
<i>varivax</i>	1	
<i>varizig intramuscular solution</i>	1	
XATMEP	3	PA New Starts
XELJANZ	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
XELJANZ XR	2	
<i>yf-vax</i>	1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	2	BD; EDS
<i>zostavax subcutaneous suspension reconstituted</i>	1	
Inflammatory Bowel Disease Agents		
ANUSOL-HC RECTAL CREAM	3	
APRISO	2	EDS
ASACOL HD	2	EDS
<i>balsalazide disodium</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	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	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
<i>mesalamine oral</i>	1	
<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	

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

Drug Name	Tier	Requirements/Limits
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	
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG	3	EDS
<i>alendronate sodium</i>	1	EDS
AELVIA	3	EDS
BINOSTO	3	EDS
BONIVA INTRAVENOUS	3	PA
<i>calcitonin (salmon)</i>	1	EDS
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	BD
<i>calcitriol oral</i>	1	EDS
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	EDS
<i>etidronate disodium</i>	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; EDS
FOSAMAX ORAL TABLET 70 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
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	EDS
PROLIA	2	PA; OBT
RAYALDEE	3	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	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
Non-Frf		
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>acetazol hc</i>	1	
ACIPHEX SPRINKLE	3	GP; EDS
ACZONE EXTERNAL GEL 7.5 %	3	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 30 MG	3	EDS
AIMOVIG	3	PA; QL (1 ML per 30 days); 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>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	
ALTABAX	3	
AMETHYST	2	EDS
AMINOSYN INTRAVENOUS SOLUTION 10 %	2	BD
AMINOSYN M	2	BD
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm</i>	1	
ANAPROX DS	3	EDS
ANDROID	3	PA; EDS
<i>anucort-hc</i>	1	EHS
<i>anusol-hc rectal suppository</i>	1	EHS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA New Starts; OBT
ARISTADA INITIO	2	EDS
ARMOUR THYROID	3	EHS; EDS
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML	3	PA; OBT
<i>atropine sulfate injection solution prefilled syringe 0.5 mg/5ml</i>	1	
AVELOX INTRAVENOUS	2	
<i>av-phos 250 neutral</i>	1	EHS; EDS
<i>av-vite fb</i>	1	EHS
AXERT ORAL TABLET 6.25 MG	3	
<i>azelaic acid external</i>	1	
<i>azurette</i>	1	EDS
<i>bd posiflush intravenous</i>	1	EHS
BENTYL ORAL CAPSULE	3	
<i>benzonatate</i>	1	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
BRAFTOVI	3	PA New Starts
<i>bromfenac sodium (once-daily)</i>	1	
<i>budesonide nasal</i>	1	EDS; QL (17.2 GM 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
<i>buprenorphine transdermal patch weekly 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	1	EDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM	2	PA
<i>cavarest</i>	1	EHS
<i>cefditoren pivoxil</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	
<i>cefotetan disodium injection solution reconstituted 10 gm</i>	3	
CEFTIN ORAL SUSPENSION RECONSTITUTED	3	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%, 2-2.22 gm-%</i>	1	
<i>cefuroxime sodium injection solution reconstituted 1.5 gm</i>	1	
CENTRATEX	3	EHS
<i>cheratussin ac</i>	1	EHS
<i>chlordiazepoxide-clidinium</i>	1	EHS
<i>chlorpromazine hcl injection solution 25 mg/ml</i>	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 (10 EA per 30 days); EDS
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
<i>claravis oral capsule 20 mg, 30 mg, 40 mg</i>	1	
<i>clinpro 5000</i>	1	EHS
<i>clobazam</i>	1	EDS
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	1	
<i>clopidogrel bisulfate oral tablet 300 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>clotrimazole mouth/throat troche</i>	1	
COLESTID ORAL GRANULES	3	EDS
<i>colestipol hcl oral granules</i>	1	EDS
CORDRAN EXTERNAL LOTION	2	
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
DARZALEX INTRAVENOUS SOLUTION 400 MG/20ML	3	PA New Starts; OBT
<i>daunorubicin hcl intravenous solution</i>	1	PA New Starts; OBT
DELSTRIGO	3	EDS
<i>denta 5000 plus</i>	1	EHS
<i>dentagel</i>	1	EHS
<i>desmopressin acetate spray</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dextroamphetamine sulfate oral solution</i>	1	
<i>diazepam oral solution 1 mg/ml</i>	1	
<i>diazepam rectal</i>	3	
DICLEGIS	2	
DILAUDID INJECTION SOLUTION 4 MG/ML	3	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	1	EDS
<i>diphenhydramine hcl oral elixir</i>	1	PA; AL (Max 64 Years)
DIPROLENE AF	3	
DIPROLENE EXTERNAL LOTION	3	
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	3	PA; EDS; AL (Max 64 Years)
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/2ML	3	PA New Starts; OBT
<i>docetaxel intravenous solution 80 mg/8ml</i>	3	PA New Starts; OBT
DONNATAL ORAL ELIXIR	2	EHS
<i>dorzolamide hcl-timolol mal pf</i>	1	EDS
<i>doxycycline</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>doxycycline hyclate oral tablet 50 mg</i>	1	
<i>drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	1	EDS
EC-NAPROSYN	3	EDS
<i>effe-r-k oral tablet effervescent 25 meq</i>	1	EDS
ELIXOPHYLLIN	2	EDS
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	
ERGOMAR	2	
<i>ertapenem sodium</i>	1	
<i>erythromycin external pad</i>	1	
<i>estropipate oral tablet 1.5 mg</i>	1	PA; EDS; AL (Max 64 Years)
<i>etoposide intravenous solution 1 gm/50ml, 500 mg/25ml</i>	1	
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML	3	
<i>fabb</i>	1	EHS
FIRST-VANCOMYCIN 25	3	
FIRST-VANCOMYCIN 50	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
<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>fluoridex</i>	1	EHS
<i>fluoridex enhanced whitening dental paste</i>	1	EHS
<i>fluoridex sensitivity relief dental paste</i>	1	EHS
<i>fluorouracil intravenous solution 2.5 gm/50ml</i>	1	PA New Starts; OBT
<i>folbee</i>	1	EHS
FOLGARD RX	3	EHS
<i>folic acid oral tablet 1 mg</i>	1	EHS; EDS
<i>fomepizole intravenous solution 1 gm/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>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
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>gavilyte-h</i>	1	
GENADUR EXTERNAL	3	EHS
<i>gengraf oral capsule 50 mg</i>	1	BD; EDS
<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	1	
GLEOSTINE ORAL CAPSULE 5 MG	3	
GRANIX SUBCUTANEOUS SOLUTION	2	
GRASTEK	3	PA
<i>guaiaatussin ac</i>	1	EHS
<i>guaifenesin ac</i>	1	EHS
<i>guaifenesin-codeine oral solution</i>	1	EHS
<i>guaifenesin-codeine oral syrup</i>	1	EHS
HEMANGEOL	3	PA
<i>hemmorex-hc rectal suppository 25 mg</i>	1	EHS
HEMOCYTE PLUS	3	EHS
<i>hemorrhoidal-hc rectal suppository</i>	1	EHS
<i>heparin lock flush intravenous solution 10 unit/ml</i>	1	EHS
HYCET	3	
<i>hydrocortisone acetate rectal suppository 25 mg</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	

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>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	1	EHS; EDS
<i>hyoscyamine sulfate oral tablet</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
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	3	
INVELTYS	3	
<i>itraconazole oral solution</i>	1	PA; PA EXCEPT INFECTIOUS DISEASE
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 45 MG	2	PA; OBТ
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%</i>	1	BD
<i>k-effervescent</i>	1	EDS
<i>ketoprofen oral capsule 75 mg</i>	1	EDS
<i>ketoprofen powder</i>	1	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA New Starts; OBТ
<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
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
LESCOL ORAL CAPSULE 20 MG	3	GP; EDS
LEVBID	3	EHS; EDS
LEVITRA	2	EHS; QL (10 EA per 30 days); EDS
<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>levothyroxine-liothyronine</i>	1	EHS; EDS
LEVSIN/SL	3	EHS; EDS
<i>lidocaine hcl injection solution 1 %</i>	1	
<i>lopreeza</i>	1	PA; EDS; AL (Max 64 Years)
<i>lorazepam intensol</i>	1	
<i>mafenide acetate external</i>	1	
MAVIK ORAL TABLET 4 MG	3	EDS
MAXALT ORAL TABLET 5 MG	3	
<i>megestrol acetate oral suspension 400 mg/10ml</i>	1	EDS
MEKTOVI	3	PA New Starts
MEPHYTON	2	EHS
<i>mesalamine-cleanser</i>	1	EDS
<i>metformin hcl oral solution</i>	1	EDS
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 200 mg/8ml</i>	1	BD
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BD
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	EDS
<i>metoprolol-hctz er</i>	1	EDS
MIACALCIN NASAL	3	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 (10 EA per 30 days); EDS
<i>mynephrocaps</i>	1	EHS
<i>mynephron</i>	1	EHS
<i>naloxone hcl injection solution 4 mg/10ml</i>	1	
NAPROSYN ORAL TABLET 250 MG, 500 MG	3	EDS
NATESTO	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
<i>necon 1/35 (28)</i>	1	EDS
NEOSPORIN	3	
NEULASTA ONPRO	3	PA
<i>neutragard advanced</i>	1	EHS
<i>nifedical xl oral tablet extended release 24 hour 60 mg</i>	1	EDS
NITROLINGUAL	3	EDS
NITROMIST	3	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	EDS
<i>normal saline flush intravenous</i>	1	EHS
<i>np thyroid</i>	1	EHS; EDS
<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
NUVESSA	3	
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
OMEGAVEN INTRAVENOUS EMULSION 5 GM/50ML	2	BD
ONCASPAR INJECTION	3	PA New Starts; OBT
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 oral tablet</i>	1	EHS; EDS
<i>oscimin sr</i>	1	EHS; EDS
<i>oscimin sublingual</i>	1	EHS; EDS
OSMOLEX ER	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
PCE	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
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	
PERSERIS	3	BD; EDS
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT	2	EDS
<i>phenazo oral tablet 200 mg</i>	1	EHS
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	EHS
<i>phenobarbital-belladonna alk</i>	1	EHS
<i>phos-flur</i>	1	EHS
PHOSLO	3	EDS
<i>phospha 250 neutral</i>	1	EHS; EDS
<i>phospho-trin 250 neutral</i>	1	EHS; EDS
<i>phytonadione oral</i>	1	EHS
PIFELTRO	3	EDS
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm</i>	1	
PLAVIX ORAL TABLET 300 MG	3	EDS
<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
<i>praziquantel oral</i>	1	
<i>prednisolone oral syrup 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
<i>prevalite oral powder</i>	1	EDS
PREVIDENT 5000 BOOSTER	3	EHS
PREVIDENT 5000 BOOSTER PLUS	3	EHS
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	EHS
PREVIDENT 5000 ENAMEL PROTECT	3	EHS
PREVIDENT 5000 PLUS	3	EHS
PREVIDENT 5000 SENSITIVE	3	EHS
PREVIDENT DENTAL	3	EHS
PREVPAC	3	
PRIMSOL	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
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	2	PA; OBT
<i>promethazine-codeine oral syrup</i>	1	EHS
<i>promethazine-dm</i>	1	EHS
<i>promethazine-phenylephrine</i>	1	PA
<i>pulmosal</i>	1	EHS
PUREFE PLUS	3	EHS
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT	2	EDS; QL (8.7 GM per 30 days)
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT	2	EDS
RAGWITEK	3	PA
<i>rajani</i>	1	EDS
<i>ranitidine hcl injection solution 150 mg/6ml</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
REBETOL ORAL CAPSULE	3	PA
RENACIDIN	2	
<i>renal oral capsule</i>	1	EHS
<i>reno caps</i>	1	EHS
RESCULA	3	EDS
RETACRIT	2	PA; OBT
RIFADIN INTRAVENOUS	3	
RIFADIN ORAL CAPSULE 300 MG	3	
<i>robafen ac oral solution</i>	1	EHS
SAIZEN CLICK.EASY	3	PA
<i>saline flush intravenous</i>	1	EHS
<i>saline flush zr</i>	1	EHS
SANDOSTATIN INJECTION SOLUTION 1000 MCG/ML	3	PA New Starts
<i>sf</i>	1	EHS
<i>sf 5000 plus</i>	1	EHS
SFROWASA	3	EDS
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EHS; QL (10 EA per 30 days); EDS
<i>sodium chloride flush</i>	1	EHS
<i>sodium chloride inhalation nebulization solution 7 %</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>sodium polystyrene sulfonate oral suspension</i>	1	EDS
<i>sodium polystyrene sulfonate rectal</i>	1	
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
STAXYN	3	EHS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML	2	PA New Starts
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	3	PA; QL (120 EA per 30 days)
<i>sulfacetamide sodium external suspension</i>	1	
<i>sulfacetamide sodium-sulfur external emulsion</i>	1	
<i>swabflush saline flush</i>	1	EHS
<i>symax-sl</i>	1	EHS; EDS
<i>symax-sr</i>	1	EHS; EDS
SYMTUZA	3	EDS
<i>tadalafil (pah)</i>	1	PA New Starts; EDS
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	EHS; QL (10 EA per 30 days); EDS
<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)
TEMOVATE EXTERNAL CREAM	3	
TEMOVATE EXTERNAL OINTMENT	3	
<i>temsirolimus</i>	1	PA New Starts
<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
<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

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

Drug Name	Tier	Requirements/Limits
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>tl gard rx</i>	1	EHS
<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	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	1	
TRETIN-X EXTERNAL CREAM 0.075 %	3	
<i>triphrocaps</i>	1	EHS
<i>valproate sodium intravenous solution 500 mg/5ml</i>	1	BD
<i>vancomycin hcl intravenous solution reconstituted 250 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 5000 mg, 750 mg</i>	1	BD
<i>vardefafil hcl oral tablet</i>	1	EHS; QL (10 EA per 30 days); EDS
<i>vardefafil hcl oral tablet dispersible</i>	1	EHS
VENELEX	3	
<i>vestura</i>	1	EDS
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIAGRA	2	EHS; QL (10 EA per 30 days); EDS
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	2	EDS
<i>vigadrone</i>	1	EDS
<i>viorele</i>	1	EDS
<i>virt-caps</i>	1	EHS
<i>virt-gard</i>	1	EHS
<i>virt-phos 250 neutral</i>	1	EHS; EDS
<i>virtussin a/c</i>	1	EHS
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</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
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
XOFLUZA	2	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
XYLOCAINE EXTERNAL	3	
XYZAL	3	GP; EDS
ZANTAC INJECTION SOLUTION 150 MG/6ML, 50 MG/2ML	3	
ZANTAC ORAL TABLET 150 MG	3	EDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000-51000 UNIT, 25000 UNIT, 3000-10000 UNIT, 5000 UNIT	2	EDS
ZINACEF INTRAVENOUS SOLUTION RECONSTITUTED 1.5 GM	3	
ZINBRYTA	3	PA; OBT; EDS
ZMAX	3	
ZOCOR ORAL TABLET 5 MG	3	EDS
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	1	PA; OBT
ZORTRESS ORAL TABLET 1 MG	2	BD; EDS
ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED 3.375 (3-0.375) GM	3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	2	
Ophthalmic Agents		
<i>acetazolamide oral</i>	1	EDS
ACUVAIL	3	
ALOCRIAL	3	
ALOMIDE	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	EDS
ALREX	2	
<i>apraclonidine hcl</i>	1	EDS
<i>atropine sulfate ophthalmic solution</i>	1	
<i>azelastine hcl ophthalmic</i>	1	
AZOPT	2	EDS

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>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BEPREVE	3	
<i>betaxolol hcl ophthalmic</i>	1	EDS
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S	2	EDS
<i>bimatoprost ophthalmic</i>	1	EDS
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate ophthalmic</i>	1	EDS
BROMSITE	3	EDS
<i>carteolol hcl</i>	1	EDS
COMBIGAN	2	EDS
COSOPT	3	EDS
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 0.5 %	3	EDS
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	EDS
ISOPTO CARPINE	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
ISTALOL	3	EDS
<i>ketorolac tromethamine ophthalmic</i>	1	
LACRISERT	2	EDS
LASTACFT	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	
<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	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	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 MILD	2	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate ophthalmic</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>prednisolone sodium phosphate ophthalmic</i>	1	
PROLENSA	3	
<i>proparacaine hcl ophthalmic</i>	1	
RESTASIS	2	EDS
RHOPRESSA	3	EDS
SIMBRINZA	2	EDS
<i>sulfacetamide sodium ophthalmic ointment</i>	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	
TRAVATAN Z	2	EDS
XALATAN	3	EDS
XIIDRA	2	EDS
ZIOPTAN	3	EDS
ZYLET	3	
Otic Agents		
CIPRO HC	3	
CIPRODEX	2	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
<i>ofloxacin oral tablet 300 mg</i>	1	
OTOVEL	3	
Respiratory Tract/ Pulmonary Agents		
ACCOLATE	3	EDS
<i>acetylcysteine inhalation</i>	1	BD; EDS
ADCIRCA	2	PA New Starts; EDS
ADEMPAS	3	PA New Starts
ADVAIR DISKUS	2	EDS
ADVAIR HFA	2	EDS
<i>albuterol sulfate 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>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
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	GP; 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)

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

Drug Name	Tier	Requirements/Limits
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)
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

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>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
NUCALA	3	PA; OBT
OFEV	2	PA
<i>olopatadine hcl nasal</i>	1	
OMNARIS	3	EDS
OPSUMIT	3	PA New Starts
ORALAIR	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA; 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

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

Drug Name	Tier	Requirements/Limits
QVAR REDIHALER 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
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
VENTAVIS	3	PA New Starts
VENTOLIN HFA	2	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	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>zafirlukast</i>	1	EDS
ZEMAIRA	3	PA New Starts; OBT
ZETONNA	3	
<i>zileuton er</i>	3	PA; EDS
ZYFLO	2	PA
Skeletal Muscle Relaxants		
AMRIX	3	PA; AL (Max 64 Years)
<i>carisoprodol oral</i>	1	PA; AL (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; EDS; AL (Max 64 Years)
<i>cyclobenzaprine hcl oral</i>	1	PA; AL (Max 64 Years)
FEXMID	3	PA; AL (Max 64 Years)
<i>metaxall</i>	1	PA; AL (Max 64 Years)
<i>metaxalone</i>	1	PA; AL (Max 64 Years)
<i>methocarbamol oral</i>	1	PA; AL (Max 64 Years)
<i>orphenadrine citrate er</i>	1	
SKELAXIN	3	PA; AL (Max 64 Years)
<i>tizanidine hcl oral capsule</i>	1	EDS
Sleep Disorder Agents		
AMBIEN	3	PA New Starts; AL (Max 64 Years)
AMBIEN CR	3	PA New Starts; AL (Max 64 Years)
<i>armodafinil</i>	1	EDS
BELSOMRA	3	
<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	
HETLIOZ	3	PA
<i>modafinil</i>	1	PA; EDS
NUVIGIL	3	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)

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>zolpidem tartrate oral</i>	1	PA New Starts; AL (Max 64 Years)

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

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Language Assistance Services

English	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).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 1-800-432-1110).
Chinese	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)。
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-1502 (телетайп: 1-800-432-1110).
French Creole	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).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-1502 (TTY: 1-800-432-1110)번으로 전화해 주십시오.
Italian	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).
Yiddish	אויפּמערקזאַם: אויב איר רעדט אידיש, זענען פאַרהאַן פאַר אייך שפּראַך הילף סערוויסעס פּרײַ פּון אפּצאַל. רופּט. 1-800-665-1502 (TTY: 1-800-432-1110)
Bengali	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)।
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-1502 (TTY: 1-800-432-1110).
Arabic	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).
French	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).
Urdu	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)
Tagalog	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).
Greek	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).
Albanian	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).
Vietnamese	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

Serbo-Croatian	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).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-665-1502 (TTY: 1-800-432-1110).
Pennsylvanian Dutch	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).
Farsi	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 1-800-665-1502 (TTY: 1-800-432-1110)
Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-665-1502 (TTY: 1-800-432-1110).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-665-1502 (TTY: 1-800-432-1110).
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-665-1502 (መስማት ለተሳናቸው: 1-800-432-1110)።
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-665-1502 (TTY: 1-800-432-1110) पर कॉल करें।

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

Discrimination is Against the Law

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

Pharmacy Benefit Dimensions:

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

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

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

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

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

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

This formulary was updated on December 1, 2018. For more recent information or other questions, please contact our Medicare Member Services Department at 1-800-665-1502, or, for TTY users, (716) 631-3108 or 1-800-432-1110, October 1st – February 14th: Monday through Sunday from 8 a.m. to 8 p.m. February 15th – September 30th: Monday through Friday 8 a.m. to 8 p.m. or visit www.pbdrx.com/medicare