Independent Health's Medicare Advantage

Employer Group's Part D Formulary

2019 Formulary

(List of Covered Drugs)

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

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This formulary was updated on 12/01/2019. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502, or for TTY users 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m. or visit www.IndependentHealth.com/Medicare.

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

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

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

When this drug list (formulary) refers to "we," "us", or "our," it means Independent Health. When it refers to "plan" or "our plan," it means Independent Health's Medicare Advantage Plan.

This document includes the list of the drugs (formulary) for our plan which is current as of 12/01/2019. 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, 2019, and from time to time during the year.

What is the Independent Health's Medicare Advantage Employer Group's Part D Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include

information on the steps you may take to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Independent Health's Medicare Advantage Employer Group's Part D Formulary?"]

- **Drugs removed from the market.** 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.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier.). Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 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 30-day supply of the drug.

The enclosed formulary is current as of 12/01/2019. To get updated information about the drugs covered by Independent Health, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.IndependentHealth.com/MedicareFormularies 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 107. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Independent Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Independent Health before you fill your prescriptions. If you don't get approval, Independent Health may not cover the drug.

- **Quantity Limits:** For certain drugs, Independent Health limits the amount of the drug that we will cover. For example, Independent Health provides 30 tablets per prescription for SILENOR 3MG. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Independent Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization, quantity limit, and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Independent Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Independent Health's Medicare Advantage Employer Group's Part D Formulary?" on page IV for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Independent Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Independent Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Independent Health.

- You can ask Independent Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Independent Health's Medicare Advantage Employer Group's Part D Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Independent Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide

up to a maximum 30-day supply of medication. 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 and 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 34-day emergency supply of that drug while you pursue a formulary exception.

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

If you are a new or current Medicare Part D enrollee transitioning from one treatment setting to another or experience transitions due to level of care changes, Independent Health will provide a supply of medication pursuant to CMS requirements in compliance with the 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 needed.

- If you are a resident of a long-term care facility, a 34-day supply (unless the prescription is written for less) will be authorized with refills to total 34 days of medication if needed.

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

For more information

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

If you have questions about Independent Health, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.
If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 711. Or, visit http://www.medicare.gov.

Independent Health's Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by Independent Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 107.

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 Independent Health has any special requirements for coverage of your drug.

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

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

Drugs listed with 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.

For group formulary: Drugs listed with an **"ENH"** in the Requirements/Limits column are prescription drugs that are not normally covered under 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 **"LA"** in the Requirements/Limits column may be available only at certain pharmacies. For more information please contact our Member Services Department. Our contact information, along with the date we last updated the formulary, 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 to my coverage on page III).

Drugs listed with a **"QL"** in the Requirements/Limits column require prior authorization (see "Are there any restrictions to my coverage" on page III).

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

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Drug Name	Tier	Requirements/Limits
Analgesics		
Analgesics		
acetaminophen-codeine #3 oral tablet	2	
acetaminophen-codeine oral solution	2	
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	2	
ascomp-codeine oral capsule	2	PA; PA not required if under 65 years of age
butalbital-acetaminophen oral tablet 50-325 mg	2	PA; PA not required if under 65 years of age
butalbital-apap-caff-cod oral capsule	2	PA; PA not required if under 65 years of age
butalbital-apap-caffeine oral capsule	2	PA; PA not required if under 65 years of age
butalbital-apap-caffeine oral tablet 50-325-40 mg	2	PA; PA not required if under 65 years of age
butalbital-asa-caff-codeine oral capsule	2	PA; PA not required if under 65 years of age
butalbital-aspirin-caffeine oral capsule	2	PA; PA not required if under 65 years of age
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	
lorcet hd oral tablet	2	
lorcet oral tablet	2	
lorcet plus oral tablet 7.5-325 mg	2	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	
oxycodone-aspirin oral tablet 4.8355-325 mg	2	
pentazocine-naloxone hcl oral tablet	2	
phrenilin forte oral capsule 50-300-40 mg	2	PA; PA not required if under 65 years of age
TENCON ORAL TABLET 50-325 MG	4	PA; PA not required if under 65 years of age

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

Drug Name	Tier	Requirements/Limits
tramadol-acetaminophen oral tablet	2	
VANATOL LQ ORAL SOLUTION	3	PA; PA not required if under 65 years of age
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	PA; PA not required if under 65 years of age
Nonsteroidal Anti-Inflammatory Drugs		
CAMBIA ORAL PACKET	4	
celecoxib oral capsule	2	EDS
diclofenac epolamine transdermal patch	4	PA
diclofenac potassium oral tablet	2	EDS
diclofenac sodium er oral tablet extended release 24 hour	2	EDS
diclofenac sodium oral tablet delayed release	2	EDS
diclofenac sodium transdermal gel 3 %	4	PA
diflunisal oral tablet	2	EDS
etodolac oral capsule	2	EDS
etodolac oral tablet	2	EDS
fenoprofen calcium oral capsule 400 mg	2	EDS
fenoprofen calcium oral tablet	2	EDS
flurbiprofen oral tablet	2	EDS
ibu oral tablet 600 mg, 800 mg	2	EDS
ibuprofen oral suspension	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	EDS
INDOCIN ORAL SUSPENSION	4	PA; PA not required if under 65 years of age; EDS
indomethacin er oral capsule extended release	2	PA; PA not required if under 65 years of age; EDS
indomethacin oral capsule	2	PA; PA not required if under 65 years of age; EDS
ketoprofen er oral capsule extended release 24 hour	4	EDS
ketorolac tromethamine oral tablet	2	PA; PA not required if under 65 years of age
meloxicam oral tablet	2	EDS
nabumetone oral tablet	2	EDS
naproxen oral tablet	2	EDS
naproxen sodium oral tablet 275 mg, 550 mg	2	EDS
oxycodone-ibuprofen oral tablet	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
piroxicam oral capsule	2	EDS
sulindac oral tablet	2	EDS
Opioid Analgesics, Long-Acting		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	5	PA; Prior authorization not required for oncologists.; QL (128 EA per 30 days)
buprenorphine hcl sublingual tablet sublingual	2	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	2	QL (4 EA per 28 days)
buprenorphine transdermal patch weekly 20 mcg/hr	2	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	3	QL (4 EA per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR	3	
duramorph injection solution	2	BD
EMBEDA ORAL CAPSULE EXTENDED RELEASE	4	
fentanyl citrate buccal lozenge on a handle	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
fentanyl citrate buccal tablet	5	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	2	QL (30 EA per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr	2	QL (15 EA per 30 days)
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent	2	QL (30 EA per 30 days)
hydromorphone hcl injection solution 2 mg/ml	2	
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	2	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	QL (60 EA per 30 days)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	5	
LAZANDA NASAL SOLUTION 300 MCG/ACT	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
methadone hcl oral solution	2	
methadone hcl oral tablet 10 mg	2	
methadone hcl oral tablet 5 mg	2	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
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	4	
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	
morphine sulfate er beads oral capsule extended release 24 hour	2	
morphine sulfate er oral capsule extended release 24 hour	2	
morphine sulfate er oral tablet extended release	2	
morphine sulfate oral solution	2	
morphine sulfate oral tablet	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	QL (60 EA per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent	2	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	
oxymorphone hcl er oral tablet extended release 12 hour	2	
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg	2	ST; QL (30 EA per 30 days)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg	2	ST
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg	2	ST; QL (30 EA per 30 days)
tramadol hcl er oral capsule extended release 24 hour 300 mg	2	ST
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg	2	QL (30 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 300 mg	2	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	4	QL (60 EA per 30 days)
Opioid Analgesics, Short-Acting		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	5	PA; Prior authorization not required for oncologists.; QL (128 EA per 30 days)
butorphanol tartrate nasal solution	2	
codeine sulfate oral tablet 30 mg, 60 mg	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
fentanyl citrate buccal lozenge on a handle	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
fentanyl citrate buccal tablet	5	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	2	QL (30 EA per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr	2	QL (15 EA per 30 days)
hydromorphone hcl oral liquid	2	
hydromorphone hcl oral tablet	2	QL (180 EA per 30 days)
LAZANDA NASAL SOLUTION	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	
morphine sulfate oral solution	2	
morphine sulfate oral tablet	2	
NUCYNTA ORAL TABLET	3	QL (180 EA per 30 days)
oxycodone hcl oral capsule	2	
oxycodone hcl oral concentrate 100 mg/5ml	4	
oxycodone hcl oral solution	2	
oxycodone hcl oral tablet	2	
oxymorphone hcl oral tablet 10 mg	2	
oxymorphone hcl oral tablet 5 mg	2	QL (180 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
tramadol hcl oral tablet	2	
Anesthetics		
Local Anesthetics		
lidocaine external ointment	2	
lidocaine external patch 5 %	2	PA
lidocaine hcl external solution	2	
lidocaine hcl urethral/mucosal external gel	2	
lidocaine viscous hcl mouth/throat solution	2	
lidocaine-prilocaine external cream	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
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate calcium oral tablet delayed release	2	EDS
disulfiram oral tablet	2	EDS
naltrexone hcl oral tablet	2	
Opioid Dependence Treatments		
buprenorphine hcl sublingual tablet sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	2	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	2	QL (4 EA per 28 days)
buprenorphine transdermal patch weekly 20 mcg/hr	2	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	3	QL (4 EA per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR	3	
LUCEMYRA ORAL TABLET	5	PA
naltrexone hcl oral tablet	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	3	
Opioid Reversal Agents		
naloxone hcl injection solution 0.4 mg/ml	2	
naloxone hcl injection solution cartridge	2	
naloxone hcl injection solution prefilled syringe	2	
NARCAN NASAL LIQUID	3	
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	3	
CHANTIX ORAL TABLET	3	
CHANTIX STARTING MONTH PAK ORAL TABLET	3	
NICOTROL INHALATION INHALER	3	
NICOTROL NS NASAL SOLUTION	3	

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

Drug Name	Tier	Requirements/Limits
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution 500 mg/2ml	2	
ARIKAYCE INHALATION SUSPENSION	5	PA; LA
BETHKIS INHALATION NEBULIZATION SOLUTION	5	BD; LA
gentak ophthalmic ointment	2	
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-%	2	
gentamicin sulfate external cream	2	
gentamicin sulfate external ointment	2	
gentamicin sulfate injection solution 40 mg/ml	2	
gentamicin sulfate ophthalmic solution	2	
neomycin sulfate oral tablet	2	
paromomycin sulfate oral capsule	2	
streptomycin sulfate intramuscular solution reconstituted	4	
TOBI PODHALER INHALATION CAPSULE	5	PA New Starts
TOBRADEX OPHTHALMIC OINTMENT	3	
tobramycin inhalation nebulization solution	5	BD
tobramycin ophthalmic solution	2	
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	2	
Antibacterials		
colistimethate sodium (cba) injection solution reconstituted	2	
Antibacterials, Other		
acetic acid otic solution	2	
bacitracin ophthalmic ointment	2	
CLEOCIN VAGINAL SUPPOSITORY	4	
clindamycin hcl oral capsule	2	
clindamycin palmitate hcl oral solution reconstituted	2	
clindamycin phosphate external gel	2	
clindamycin phosphate external lotion	2	
clindamycin phosphate external solution	2	
clindamycin phosphate external swab	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
clindamycin phosphate in d5w intravenous solution	2	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	2	
clindamycin phosphate vaginal cream	2	
colistimethate sodium (cba) injection solution reconstituted	2	
daptomycin intravenous solution reconstituted 500 mg	4	
FIRVANQ ORAL SOLUTION RECONSTITUTED	4	PA; Prior authorization not required for gastroenterologists or infectious diseases specialists.
GLOBAL ALCOHOL PREP EASE PAD	3	
linezolid intravenous solution 600 mg/300ml	2	PA; Prior authorization not required for infectious diseases specialists.
linezolid oral suspension reconstituted	2	PA; Prior authorization not required for infectious diseases specialists.
linezolid oral tablet	2	PA; Prior authorization not required for infectious diseases specialists.
methenamine hippurate oral tablet	2	
metronidazole external cream	2	
metronidazole external gel	2	
metronidazole external lotion	2	
metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%	2	
metronidazole oral capsule	2	
metronidazole oral tablet	2	
metronidazole vaginal gel	2	
MONUROL ORAL PACKET	4	
mupirocin calcium external cream	2	
mupirocin external ointment	2	
nitrofurantoin monohyd macro oral capsule	2	
polymyxin b sulfate injection solution reconstituted	2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	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
SIVEXTRO ORAL TABLET	5	PA
SULFAMYLON EXTERNAL CREAM	4	
tigecycline intravenous solution reconstituted	5	
tinidazole oral tablet	2	
trimethoprim oral tablet	2	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg	2	
vancomycin hcl oral capsule	2	
vandazole vaginal gel	2	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	
Beta-Lactam, Cephalosporins		
cefaclor er oral tablet extended release 12 hour	4	
cefaclor oral capsule	2	
cefaclor oral suspension reconstituted	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	2	
cefdinir oral capsule	2	
cefdinir oral suspension reconstituted	2	
cefepime hcl injection solution reconstituted	2	
cefixime oral capsule	2	
cefixime oral suspension reconstituted	2	
cefotaxime sodium injection solution reconstituted 1 gm, 500 mg	2	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	4	
cefoxitin sodium injection solution reconstituted	2	
cefoxitin sodium intravenous solution reconstituted	2	
cefpodoxime proxetil oral suspension reconstituted	2	
cefpodoxime proxetil oral tablet	2	
cefprozil oral suspension reconstituted	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
cefprozil oral tablet	2	
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	2	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2	
ceftriaxone sodium intravenous solution reconstituted 10 gm	2	
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	2	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	
cephalexin oral capsule	2	
cephalexin oral suspension reconstituted	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
tazicef injection solution reconstituted	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	4	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
Beta-Lactam, Other		
aztreonam injection solution reconstituted 1 gm	2	
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	LA
ertapenem sodium injection solution reconstituted	2	
imipenem-cilastatin intravenous solution reconstituted	2	
meropenem intravenous solution reconstituted	2	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; Prior authorization not required for urologists or infectious diseases specialists.
Beta-Lactam, Penicillins		
amoxicillin oral capsule	2	
amoxicillin oral suspension reconstituted	2	
amoxicillin oral tablet	2	
amoxicillin oral tablet chewable 125 mg, 250 mg	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
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	2	
amoxicillin-pot clavulanate oral suspension reconstituted	2	
amoxicillin-pot clavulanate oral tablet	2	
amoxicillin-pot clavulanate oral tablet chewable	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	
ampicillin sodium intravenous solution reconstituted 10 gm	2	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	2	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	4	
dicloxacillin sodium oral capsule	2	
nafcillin sodium injection solution reconstituted 1 gm	4	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	4	
oxacillin sodium injection solution reconstituted	2	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	2	
penicillin g potassium injection solution reconstituted 20000000 unit	2	
penicillin g procaine intramuscular suspension	2	
penicillin g sodium injection solution reconstituted	2	
penicillin v potassium oral solution reconstituted	2	
penicillin v potassium oral tablet	2	
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	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
Macrolides		
AZASITE OPHTHALMIC SOLUTION	4	
azithromycin intravenous solution reconstituted	2	
azithromycin oral packet	2	
azithromycin oral suspension reconstituted	2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	2	
clarithromycin er oral tablet extended release 24 hour	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	2	
DIFICID ORAL TABLET	5	PA
e.e.s. 400 oral tablet	2	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
erythromycin base oral capsule delayed release particles	2	
erythromycin base oral tablet	2	
erythromycin base oral tablet delayed release	4	
erythromycin ethylsuccinate oral suspension reconstituted	2	
erythromycin ethylsuccinate oral tablet	2	
erythromycin ophthalmic ointment	2	
Quinolones		
ciprofloxacin hcl ophthalmic solution	2	
ciprofloxacin hcl oral tablet	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	2	
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	2	
gatifloxacin ophthalmic solution	2	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	2	
levofloxacin intravenous solution	2	
levofloxacin ophthalmic solution	2	
levofloxacin oral solution	2	
levofloxacin oral tablet	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
moxifloxacin hcl in nacl intravenous solution	2	
moxifloxacin hcl oral tablet	2	
ofloxacin ophthalmic solution	2	
ofloxacin otic solution	2	
Sulfonamides		
AVC VAGINAL VAGINAL CREAM	4	
silver sulfadiazine external cream	2	
ssd external cream	2	
sulfacetamide sodium (acne) external lotion	2	
sulfacetamide sodium ophthalmic ointment	4	
sulfacetamide sodium ophthalmic solution	2	
sulfadiazine oral tablet	2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet	2	
Tetracyclines		
demeclocycline hcl oral tablet	4	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	4	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule	2	
doxycycline monohydrate oral suspension reconstituted	2	
doxycycline monohydrate oral tablet	2	
minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg	4	
minocycline hcl oral capsule	2	
minocycline hcl oral tablet	2	
mondoxyne nl oral capsule 100 mg, 75 mg	2	
tetracycline hcl oral capsule	2	
VIBRAMYCIN ORAL SYRUP	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	5	PA New Starts; Prior authorization not required for neurologists.

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

Drug Name	Tier	Requirements/Limits
BRIVIACT ORAL TABLET	5	PA New Starts; Prior authorization not required for neurologists.
DIASTAT ACUDIAL RECTAL GEL	4	
DIASTAT PEDIATRIC RECTAL GEL	4	
diazepam intensol oral concentrate	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet	2	
levetiracetam er oral tablet extended release 24 hour	2	EDS
levetiracetam oral solution	2	EDS
levetiracetam oral tablet	2	EDS
roweepra oral tablet	2	EDS
roweepra xr oral tablet extended release 24 hour	2	EDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	EDS
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	3	EDS
ethosuximide oral capsule	2	EDS
ethosuximide oral solution	2	EDS
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
pregabalin oral capsule	2	EDS
pregabalin oral solution	2	EDS
zonisamide oral capsule	2	EDS
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
clobazam oral suspension	4	EDS
clobazam oral tablet	4	EDS
clonazepam oral tablet	2	EDS
clonazepam oral tablet dispersible	2	EDS
clorazepate dipotassium oral tablet	2	
DIASTAT ACUDIAL RECTAL GEL	4	
DIASTAT PEDIATRIC RECTAL GEL	4	
diazepam intensol oral concentrate	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet	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
divalproex sodium er oral tablet extended release 24 hour	2	EDS
divalproex sodium oral capsule delayed release sprinkle	2	EDS
divalproex sodium oral tablet delayed release	2	EDS
EPIDIOLEX ORAL SOLUTION	4	PA New Starts; LA; EDS
gabapentin oral capsule	2	EDS
gabapentin oral solution 250 mg/5ml	2	EDS
gabapentin oral tablet	2	EDS
GRALISE ORAL TABLET	4	EDS
GRALISE STARTER ORAL	4	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	EDS
lamotrigine oral tablet dispersible	2	EDS
lorazepam oral concentrate 2 mg/ml	2	
lorazepam oral tablet	2	
phenobarbital oral elixir	2	PA New Starts; PA not required if under 65 years of age; EDS
phenobarbital oral tablet	2	PA New Starts; PA not required if under 65 years of age; EDS
primidone oral tablet	2	EDS
SYMPAZAN ORAL FILM	5	
tiagabine hcl oral tablet	2	EDS
valproic acid oral capsule	2	EDS
valproic acid oral solution	2	EDS
vigabatrin oral packet	5	LA
vigabatrin oral tablet	5	LA
vigadrone oral packet	5	
Glutamate Reducing Agents		
felbamate oral suspension	2	EDS
felbamate oral tablet	2	EDS
FYCOMPA ORAL SUSPENSION	4	EDS
FYCOMPA ORAL TABLET	4	EDS
lamotrigine er oral tablet extended release 24 hour	2	EDS
lamotrigine oral tablet	2	EDS
lamotrigine oral tablet chewable	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
lamotrigine starter kit-blue oral kit	2	
lamotrigine starter kit-green oral kit	2	
lamotrigine starter kit-orange oral kit	2	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	4	EDS
topiramate er oral capsule er 24 hour sprinkle	2	EDS
topiramate oral capsule sprinkle	2	EDS
topiramate oral tablet	2	EDS
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
Sodium Channel Agents		
APTIOM ORAL TABLET	5	
BANZEL ORAL SUSPENSION	4	EDS
BANZEL ORAL TABLET	4	EDS
carbamazepine er oral tablet extended release 12 hour	2	EDS
carbamazepine oral suspension	2	EDS
carbamazepine oral tablet	2	EDS
carbamazepine oral tablet chewable	2	EDS
DILANTIN ORAL CAPSULE 30 MG	3	EDS
epitol oral tablet	2	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
oxcarbazepine oral suspension	2	EDS
oxcarbazepine oral tablet	2	EDS
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS
PEGANONE ORAL TABLET	3	EDS
phenytoin oral suspension 125 mg/5ml	2	EDS
phenytoin oral tablet chewable	2	EDS
phenytoin sodium extended oral capsule	2	EDS
VIMPAT ORAL SOLUTION	3	EDS
VIMPAT ORAL TABLET	3	EDS
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates oral tablet	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
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	2	EDS
donepezil hcl oral tablet dispersible	2	EDS
galantamine hydrobromide er oral capsule extended release 24 hour	2	EDS
galantamine hydrobromide oral solution	2	EDS
galantamine hydrobromide oral tablet	2	EDS
rivastigmine tartrate oral capsule	2	EDS
rivastigmine transdermal patch 24 hour	2	EDS
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine hcl oral solution 2 mg/ml	2	EDS
memantine hcl oral tablet 10 mg, 5 mg	2	EDS
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA; EDS
Antidepressants		
Antidepressants		
chlordiazepoxide-amitriptyline oral tablet	2	PA New Starts; PA not required if under 65 years of age; EDS
olanzapine-fluoxetine hcl oral capsule	2	EDS
perphenazine-amitriptyline oral tablet	2	PA New Starts; PA not required if under 65 years of age; EDS
Antidepressants, Other		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	BD
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 30 MG	5	PA New Starts; LA
aripiprazole oral solution	2	EDS
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 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
aripiprazole oral tablet 2 mg	2	QL (60 EA per 30 days); EDS
aripiprazole oral tablet 5 mg	2	QL (30 EA per 30 days); EDS
aripiprazole oral tablet dispersible 10 mg	5	QL (60 EA per 30 days)
aripiprazole oral tablet dispersible 15 mg	5	
bupropion hcl er (sr) oral tablet extended release 12 hour	2	EDS
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	EDS
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	4	EDS
bupropion hcl oral tablet	2	EDS
chlordiazepoxide-amitriptyline oral tablet	2	PA New Starts; PA not required if under 65 years of age; EDS
maprotiline hcl oral tablet	2	EDS
mirtazapine oral tablet	2	EDS
mirtazapine oral tablet dispersible	2	EDS
nefazodone hcl oral tablet	2	EDS
perphenazine-amitriptyline oral tablet	2	PA New Starts; PA not required if under 65 years of age; EDS
quetiapine fumarate er oral tablet extended release 24 hour	2	EDS
quetiapine fumarate oral tablet	2	EDS
trazodone hcl oral tablet	2	EDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	5	PA New Starts
MARPLAN ORAL TABLET	3	EDS
phenelzine sulfate oral tablet	2	EDS
tranylcypromine sulfate oral tablet	2	EDS
Ssris/ Snris		
citalopram hydrobromide oral solution	2	EDS
citalopram hydrobromide oral tablet	2	EDS
desvenlafaxine er oral tablet extended release 24 hour	2	EDS
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	2	EDS
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	2	QL (90 EA 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
duloxetine hcl oral capsule delayed release particles	2	EDS
escitalopram oxalate oral solution	2	EDS
escitalopram oxalate oral tablet	1	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
fluoxetine hcl oral capsule	2	EDS
fluoxetine hcl oral capsule delayed release	2	EDS
fluoxetine hcl oral solution	2	EDS
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg	2	QL (60 EA per 30 days); EDS
fluvoxamine maleate er oral capsule extended release 24 hour 150 mg	2	EDS
fluvoxamine maleate oral tablet	2	EDS
paroxetine hcl er oral tablet extended release 24 hour	2	EDS
paroxetine hcl oral tablet	1	EDS
paroxetine mesylate oral capsule	2	EDS
PAXIL ORAL SUSPENSION	4	EDS
PEXEVA ORAL TABLET	4	EDS
sertraline hcl oral concentrate	2	EDS
sertraline hcl oral tablet	1	EDS
TRINTELLIX ORAL TABLET	4	EDS
venlafaxine hcl er oral capsule extended release 24 hour	2	EDS
venlafaxine hcl oral tablet	2	EDS
VIIBRYD ORAL TABLET	4	EDS
VIIBRYD STARTER PACK ORAL KIT	4	
Tricyclics		
amitriptyline hcl oral tablet	2	PA New Starts; PA not required if under 65 years of age; EDS
amoxapine oral tablet	2	EDS
clomipramine hcl oral capsule	2	PA New Starts; PA not required if under 65 years of age; EDS
desipramine hcl oral tablet	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
doxepin hcl oral capsule	2	PA New Starts; PA not required if under 65 years of age; EDS
doxepin hcl oral concentrate	2	PA New Starts; PA not required if under 65 years of age; EDS
imipramine hcl oral tablet	2	PA New Starts; PA not required if under 65 years of age; EDS
imipramine pamoate oral capsule	4	PA New Starts; PA not required if under 65 years of age; EDS
nortriptyline hcl oral capsule	2	EDS
nortriptyline hcl oral solution	2	EDS
protriptyline hcl oral tablet	2	EDS
SILENOR ORAL TABLET 3 MG	3	QL (30 EA per 30 days); EDS
SILENOR ORAL TABLET 6 MG	3	EDS
trimipramine maleate oral capsule	2	PA New Starts; PA not required if under 65 years of age; EDS
Antiemetics		
Antiemetics, Other		
chlorpromazine hcl oral tablet	2	EDS
compro rectal suppository	2	
doxylamine-pyridoxine oral tablet delayed release	2	
hydroxyzine hcl oral tablet	2	PA; PA not required if under 65 years of age
hydroxyzine pamoate oral capsule	2	PA; PA not required if under 65 years of age
meclizine hcl oral tablet	2	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	2	
metoclopramide hcl oral tablet dispersible	2	
perphenazine oral tablet	2	EDS
phenadoz rectal suppository 12.5 mg	2	PA; PA not required if under 65 years of age
prochlorperazine maleate oral tablet	2	EDS
prochlorperazine rectal suppository	2	
promethazine hcl oral syrup	2	PA; PA not required if under 65 years of age
promethazine hcl oral tablet	2	PA; PA not required if under 65 years of age

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

Drug Name	Tier	Requirements/Limits
promethazine hcl rectal suppository	2	PA; PA not required if under 65 years of age
promethegan rectal suppository 25 mg, 50 mg	2	PA; PA not required if under 65 years of age
scopolamine transdermal patch 72 hour	2	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	4	
trimethobenzamide hcl oral capsule	2	PA; PA not required if under 65 years of age
Emetogenic Therapy Adjuncts		
aprepitant oral capsule	2	BD
CESAMET ORAL CAPSULE	4	PA
dronabinol oral capsule	2	PA
EMEND ORAL SUSPENSION RECONSTITUTED	3	BD
granisetron hcl oral tablet	2	BD
ondansetron hcl oral solution	2	BD
ondansetron hcl oral tablet	2	BD
ondansetron oral tablet dispersible	2	BD
SANCUSO TRANSDERMAL PATCH	5	
SYNDROS ORAL SOLUTION	4	PA
VARUBI ORAL TABLET	4	BD
ZUPLENZ ORAL FILM	4	BD
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	5	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	4	PA
amphotericin b intravenous solution reconstituted	2	PA
caspofungin acetate intravenous solution reconstituted	2	BD
ciclopirox external gel	2	
ciclopirox external shampoo	2	
ciclopirox external solution	2	
ciclopirox olamine external cream	2	
ciclopirox olamine external suspension	2	
clotrimazole external cream	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
clotrimazole external solution	2	
clotrimazole mouth/throat lozenge	2	
CRESEMBA ORAL CAPSULE	5	PA
econazole nitrate external cream	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	4	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	
fluconazole oral suspension reconstituted	2	
fluconazole oral tablet	2	
flucytosine oral capsule	2	
griseofulvin microsize oral suspension	2	
griseofulvin microsize oral tablet	2	
griseofulvin ultramicrosize oral tablet	2	
GYNAZOLE-1 VAGINAL CREAM	4	
itraconazole oral capsule	2	PA; Prior authorization not required for infectious diseases specialists.
itraconazole oral solution	4	PA; Prior authorization not required for infectious diseases specialists.
JUBLIA EXTERNAL SOLUTION	4	PA
ketoconazole external cream	2	
ketoconazole external shampoo 2 %	2	
ketoconazole oral tablet	2	PA
MENTAX EXTERNAL CREAM	4	
miconazole 3 vaginal suppository	4	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
naftifine hcl external cream	2	
NAFTIN EXTERNAL GEL	4	
NATACYN OPHTHALMIC SUSPENSION	3	
NOXAFIL ORAL SUSPENSION	5	
nyamyc external powder	2	
nystatin external cream	2	
nystatin external ointment	2	
nystatin external powder	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
nystatin mouth/throat suspension	2	
nystatin oral tablet	2	
nystop external powder	2	
ORAVIG BUCCAL TABLET	4	
OXISTAT EXTERNAL LOTION	4	
posaconazole oral tablet delayed release	5	
terbinafine hcl oral tablet	2	
terconazole vaginal cream	2	
TOLSURA ORAL CAPSULE	5	PA; Prior authorization not required for infectious diseases specialists.
voriconazole intravenous solution reconstituted	4	PA
voriconazole oral suspension reconstituted	4	PA
voriconazole oral tablet	4	PA
ZOLINZA ORAL CAPSULE	3	
Antigout Agents		
Antigout Agents		
allopurinol oral tablet	2	EDS
colchicine oral capsule	2	
colchicine oral tablet	2	
colchicine-probenecid oral tablet	2	EDS
febuxostat oral tablet	2	EDS
probenecid oral tablet	2	EDS
Anti-Inflammatory Agents		
Glucocorticoids		
betamethasone dipropionate aug external cream	2	
betamethasone dipropionate aug external gel	2	
betamethasone dipropionate aug external lotion	2	
betamethasone dipropionate aug external ointment	2	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	2	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	2	
betamethasone valerate external foam	2	
betamethasone valerate external lotion	2	
betamethasone valerate external ointment	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
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
cortisone acetate oral tablet	2	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	3	
dexamethasone oral elixir	2	
dexamethasone oral tablet	2	
dexamethasone oral tablet therapy pack 1.5 mg (51)	4	
EMFLAZA ORAL SUSPENSION	5	PA; LA
EMFLAZA ORAL TABLET	5	PA; LA
hydrocortisone oral tablet 20 mg, 5 mg	2	
MEDROL ORAL TABLET 2 MG	4	
methylprednisolone oral tablet	2	
MILLIPRED ORAL TABLET	4	
PRED MILD OPHTHALMIC SUSPENSION	3	
prednisolone acetate ophthalmic suspension	2	
prednisolone oral solution	2	
prednisolone sodium phosphate ophthalmic solution	2	
prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml	2	
prednisone intensol oral concentrate	2	
prednisone oral solution	2	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
sulfacetamide-prednisolone ophthalmic solution	2	
triamcinolone acetonide external aerosol solution	2	
Nonsteroidal Anti-Inflammatory Drugs		
celecoxib oral capsule	2	EDS
diclofenac potassium oral tablet	2	EDS
diclofenac sodium er oral tablet extended release 24 hour	2	EDS
diclofenac sodium oral tablet delayed release	2	EDS
diflunisal oral tablet	2	EDS
etodolac oral capsule 200 mg	2	EDS
etodolac oral tablet	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
fenoprofen calcium oral capsule 400 mg	2	EDS
fenoprofen calcium oral tablet	2	EDS
flurbiprofen oral tablet	2	EDS
ibu oral tablet 600 mg, 800 mg	2	EDS
ibuprofen oral suspension	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	EDS
INDOCIN ORAL SUSPENSION	4	PA; PA not required if under 65 years of age; EDS
indomethacin er oral capsule extended release	2	PA; PA not required if under 65 years of age; EDS
indomethacin oral capsule	2	PA; PA not required if under 65 years of age; EDS
ketoprofen er oral capsule extended release 24 hour	4	EDS
ketorolac tromethamine oral tablet	2	PA; PA not required if under 65 years of age
meloxicam oral tablet	2	EDS
nabumetone oral tablet	2	EDS
naproxen oral tablet	2	EDS
naproxen sodium oral tablet 275 mg, 550 mg	2	EDS
oxycodone-ibuprofen oral tablet	2	
piroxicam oral capsule	2	EDS
sulindac oral tablet	2	EDS
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate nasal solution	5	
ergotamine-caffeine oral tablet	2	
MIGERGOT RECTAL SUPPOSITORY	5	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
divalproex sodium er oral tablet extended release 24 hour	2	EDS
divalproex sodium oral capsule delayed release sprinkle	2	EDS
divalproex sodium oral tablet delayed release	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
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
timolol maleate oral tablet	2	EDS
topiramate oral capsule sprinkle	2	EDS
topiramate oral tablet	2	EDS
valproic acid oral capsule	2	EDS
valproic acid oral solution	2	EDS
Serotonin (5-Ht) 1B/1D Receptor Agonists		
almotriptan malate oral tablet	2	
eletriptan hydrobromide oral tablet	2	
frovatriptan succinate oral tablet	2	
naratriptan hcl oral tablet	2	
rizatriptan benzoate oral tablet	2	
rizatriptan benzoate oral tablet dispersible	2	
sumatriptan nasal solution	2	
sumatriptan succinate oral tablet	2	
sumatriptan succinate refill subcutaneous solution cartridge	2	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	2	
sumatriptan succinate subcutaneous solution auto-injector	2	
zolmitriptan oral tablet	2	
zolmitriptan oral tablet dispersible	2	
ZOMIG NASAL SOLUTION	3	
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl oral tablet	2	
MESTINON ORAL SOLUTION	3	
pyridostigmine bromide er oral tablet extended release	2	
pyridostigmine bromide oral solution	2	
pyridostigmine bromide oral tablet 30 mg	4	

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

Drug Name	Tier	Requirements/Limits
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet	2	EDS
PRIFTIN ORAL TABLET	4	
rifabutin oral capsule	2	
Antituberculars		
ethambutol hcl oral tablet	2	
isoniazid oral syrup	2	EDS
isoniazid oral tablet	2	EDS
PASER ORAL PACKET	4	
pyrazinamide oral tablet	2	
RIFAMATE ORAL CAPSULE	4	
rifampin intravenous solution reconstituted	2	
rifampin oral capsule	2	
RIFATER ORAL TABLET	3	
SIRTURO ORAL TABLET	4	PA
TRECATOR ORAL TABLET	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	2	BD
LEUKERAN ORAL TABLET	3	
MATULANE ORAL CAPSULE	5	LA
VALCHLOR EXTERNAL GEL	5	PA New Starts; Prior authorization not required for dermatologists or oncologists.
Antiandrogens		
abiraterone acetate oral tablet	5	PA New Starts
bicalutamide oral tablet	2	
ERLEADA ORAL TABLET	5	PA New Starts
flutamide oral capsule	2	
nilutamide oral tablet	4	
NUBEQA ORAL TABLET	5	PA New Starts; LA
XTANDI ORAL CAPSULE	5	PA New Starts
ZYTIGA ORAL TABLET	5	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
Antiangiogenic Agents		
POMALYST ORAL CAPSULE	5	PA New Starts
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	5	PA New Starts; LA
THALOMID ORAL CAPSULE	5	LA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	3	
SOLTAMOX ORAL SOLUTION	3	EDS
tamoxifen citrate oral tablet	2	EDS
toremifene citrate oral tablet	5	
Antimetabolites		
DROXIA ORAL CAPSULE	4	EDS
hydroxyurea oral capsule	2	
LONSURF ORAL TABLET	5	PA New Starts; LA
PURIXAN ORAL SUSPENSION	3	LA
tabloid oral tablet	2	
Antineoplastics		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	
LYNPARZA ORAL TABLET	5	PA New Starts; LA
MESNEX ORAL TABLET	3	
NINLARO ORAL CAPSULE	5	PA New Starts
RUBRACA ORAL TABLET	5	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA New Starts; LA
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA New Starts; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA New Starts; LA
ZEJULA ORAL CAPSULE	5	PA New Starts; LA
Antineoplastics, Other		
leucovorin calcium oral tablet	2	
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PA New Starts; LA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA New Starts; Prior authorization not required for oncologists.

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

Drug Name	Tier	Requirements/Limits
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (20 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (12 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (32 EA per 28 days)
Aromatase Inhibitors, 3Rd Generation		
anastrozole oral tablet	2	EDS
exemestane oral tablet	2	EDS
letrozole oral tablet	2	EDS
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE 15 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	5	PA New Starts; LA
FARYDAK ORAL CAPSULE	5	PA New Starts; LA
IBRANCE ORAL CAPSULE	5	PA New Starts; LA
IDHIFA ORAL TABLET	5	PA New Starts; LA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
TIBSOVO ORAL TABLET	5	PA New Starts; LA
VERZENIO ORAL TABLET	5	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	5	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA New Starts; LA
XOSPATA ORAL TABLET	5	PA New Starts; LA
ZOLINZA ORAL CAPSULE	3	
ZYDELIG ORAL TABLET	5	PA New Starts
Molecular Target Inhibitors		
AFINITOR ORAL TABLET	5	PA New Starts
ALECENSA ORAL CAPSULE	5	PA New Starts
ALUNBRIG ORAL TABLET	5	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA New Starts; LA
BALVERSA ORAL TABLET	5	PA New Starts; LA
BOSULIF ORAL TABLET	5	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA New Starts; LA
CABOMETYX ORAL TABLET	5	PA New Starts; LA
CALQUENCE ORAL CAPSULE	5	PA New Starts
CAPRELSA ORAL TABLET	5	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	5	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	5	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA New Starts; LA
COTELLIC ORAL TABLET	5	PA New Starts
DAURISMO ORAL TABLET 100 MG	5	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE	5	PA New Starts
erlotinib hcl oral tablet	5	
GILOTRIF ORAL TABLET	5	PA New Starts; LA
ICLUSIG ORAL TABLET	5	PA New Starts
imatinib mesylate oral tablet	2	PA New Starts
IMBRUVICA ORAL CAPSULE	5	PA New Starts; LA
IMBRUVICA ORAL TABLET	5	PA New Starts; LA
INLYTA ORAL TABLET	5	PA New Starts; LA
INREBIC ORAL CAPSULE	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
IRESSA ORAL TABLET	5	PA New Starts; LA
JAKAFI ORAL TABLET	5	PA New Starts; LA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET	5	PA New Starts
MEKTOVI ORAL TABLET	5	PA New Starts; LA
NERLYNX ORAL TABLET	5	PA New Starts; LA
NEXAVAR ORAL TABLET	5	PA New Starts; LA
ODOMZO ORAL CAPSULE	5	PA New Starts
OFEV ORAL CAPSULE	5	PA; LA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA New Starts; LA
RYDAPT ORAL CAPSULE	5	PA New Starts
SPRYCEL ORAL TABLET	5	PA New Starts
STIVARGA ORAL TABLET	5	PA New Starts; LA
SUTENT ORAL CAPSULE	5	PA New Starts; LA
TAFINLAR ORAL CAPSULE	5	PA New Starts
TAGRISSO ORAL TABLET	5	PA New Starts; LA
TASIGNA ORAL CAPSULE	5	
TURALIO ORAL CAPSULE	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
TYKERB ORAL TABLET	5	PA New Starts
VIZIMPRO ORAL TABLET 15 MG, 30 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	5	PA New Starts; LA
VOTRIENT ORAL TABLET	5	PA New Starts
XALKORI ORAL CAPSULE	5	PA New Starts; LA
ZELBORAF ORAL TABLET	5	PA New Starts
ZYKADIA ORAL CAPSULE	5	PA New Starts
ZYKADIA ORAL TABLET	5	PA New Starts
Retinoids		
avita external cream	2	
avita external gel	2	
bexarotene oral capsule	5	
PANRETIN EXTERNAL GEL	3	
TARGRETIN EXTERNAL GEL	5	
tretinoin external cream	2	
tretinoin external gel 0.01 %, 0.025 %	2	
tretinoin oral capsule	5	
Treatment Adjuncts		
leucovorin calcium oral tablet	2	
Antiparasitics		
Anthelmintics		
albendazole oral tablet	4	
EMVERM ORAL TABLET CHEWABLE	4	
ivermectin oral tablet	2	
praziquantel oral tablet	2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	
ALINIA ORAL TABLET	3	
atovaquone oral suspension	5	
atovaquone-proguanil hcl oral tablet	2	
benznidazole oral tablet	4	PA
chloroquine phosphate oral tablet	2	EDS
COARTEM ORAL TABLET	3	QL (24 EA per 30 days)
DARAPRIM ORAL TABLET	5	LA
hydroxychloroquine sulfate oral tablet	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
mefloquine hcl oral tablet	2	EDS
NEBUPENT INHALATION SOLUTION RECONSTITUTED	4	BD
PENTAM INJECTION SOLUTION RECONSTITUTED	4	
primaquine phosphate oral tablet	2	
quinine sulfate oral capsule	2	
Pediculicides/Scabicides		
EURAX EXTERNAL CREAM	3	
EURAX EXTERNAL LOTION	3	
lindane external shampoo	2	
malathion external lotion	2	
permethrin external cream	2	
SKLICE EXTERNAL LOTION	4	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral tablet	2	PA; PA not required if under 65 years of age; EDS
trihexyphenidyl hcl oral solution	2	PA; PA not required if under 65 years of age; EDS
trihexyphenidyl hcl oral tablet	2	PA; PA not required if under 65 years of age; EDS
Antiparkinson Agents		
carbidopa oral tablet	2	EDS
carbidopa-levodopa-entacapone oral tablet	2	EDS
Antiparkinson Agents, Other		
amantadine hcl oral capsule	2	EDS
amantadine hcl oral syrup	2	EDS
amantadine hcl oral tablet	2	EDS
carbidopa-levodopa-entacapone oral tablet	2	EDS
entacapone oral tablet	2	EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	4	PA; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG	4	PA; EDS
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; LA; Prior authorization not required for neurologists.

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

Drug Name	Tier	Requirements/Limits
bromocriptine mesylate oral capsule	2	EDS
bromocriptine mesylate oral tablet	2	EDS
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	PA; LA
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	EDS
pramipexole dihydrochloride er oral tablet extended release 24 hour	2	EDS
pramipexole dihydrochloride oral tablet	2	EDS
ropinirole hcl er oral tablet extended release 24 hour	2	EDS
ropinirole hcl oral tablet	2	EDS
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet	2	EDS
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	EDS
carbidopa-levodopa oral tablet	2	EDS
carbidopa-levodopa oral tablet dispersible	2	EDS
DUOPA ENTERAL SUSPENSION	4	PA; EDS
INBRIJA INHALATION CAPSULE	5	PA; LA
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline mesylate oral tablet	2	EDS
selegiline hcl oral capsule	2	EDS
selegiline hcl oral tablet	2	EDS
ZELAPAR ORAL TABLET DISPERSIBLE	3	EDS
Antipsychotics		
1St Generation/Typical		
chlorpromazine hcl oral tablet	2	EDS
fluphenazine decanoate injection solution	2	BD
fluphenazine hcl injection solution	2	BD
fluphenazine hcl oral concentrate	2	EDS
fluphenazine hcl oral elixir	2	EDS
fluphenazine hcl oral tablet	2	EDS
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	2	BD
haloperidol lactate injection solution	2	BD
haloperidol lactate oral concentrate	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
haloperidol oral tablet	2	EDS
loxapine succinate oral capsule	2	EDS
molindone hcl oral tablet	2	EDS
perphenazine oral tablet	2	EDS
pimozide oral tablet	2	EDS
prochlorperazine maleate oral tablet	2	EDS
thioridazine hcl oral tablet	2	PA New Starts; PA not required if under 65 years of age; EDS
thiothixene oral capsule	2	EDS
trifluoperazine hcl oral tablet	2	EDS
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	BD
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 30 MG	5	PA New Starts; LA
aripiprazole oral solution	2	EDS
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg	2	EDS
aripiprazole oral tablet 2 mg	2	QL (60 EA per 30 days); EDS
aripiprazole oral tablet 5 mg	2	QL (30 EA per 30 days); EDS
aripiprazole oral tablet dispersible 10 mg	5	QL (60 EA per 30 days)
aripiprazole oral tablet dispersible 15 mg	5	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	4	QL (90 EA per 30 days)
FANAPT ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
FANAPT ORAL TABLET 12 MG, 8 MG	4	
FANAPT TITRATION PACK ORAL TABLET	4	QL (8 EA per 28 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	4	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
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	PA New Starts
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	5	QL (30 EA per 30 days)
LATUDA ORAL TABLET 60 MG	5	QL (60 EA per 30 days)
LATUDA ORAL TABLET 80 MG	5	
NUPLAZID ORAL CAPSULE	5	PA New Starts; LA
NUPLAZID ORAL TABLET 10 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted	2	BD
olanzapine oral tablet	2	EDS
olanzapine oral tablet dispersible	2	EDS
paliperidone er oral tablet extended release 24 hour	2	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	BD
quetiapine fumarate er oral tablet extended release 24 hour	2	EDS
quetiapine fumarate oral tablet	2	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	5	QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	BD
risperidone oral solution	2	EDS
risperidone oral tablet	2	EDS
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	2	QL (120 EA per 30 days); EDS
risperidone oral tablet dispersible 4 mg	2	EDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	5	
VRAYLAR ORAL CAPSULE	5	PA New Starts
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA New Starts
ziprasidone hcl oral capsule	2	EDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	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
Treatment-Resistant		
clozapine oral tablet	2	
clozapine oral tablet dispersible	2	
VERSACLOZ ORAL SUSPENSION	4	
Antispasticity Agents		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg	2	EDS
baclofen oral tablet 5 mg	4	EDS
dantrolene sodium oral capsule	2	
tizanidine hcl oral capsule	2	EDS
tizanidine hcl oral tablet	2	EDS
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
PREVYMIS ORAL TABLET	5	PA
valganciclovir hcl oral solution reconstituted	5	
valganciclovir hcl oral tablet	5	
ZIRGAN OPHTHALMIC GEL	3	
Anti-Hepatitis B (Hbv) Agents		
adefovir dipivoxil oral tablet	5	
BARACLUDE ORAL SOLUTION	5	
entecavir oral tablet	2	EDS
EPIVIR HBV ORAL SOLUTION	3	EDS
INTRON A INJECTION SOLUTION	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA New Starts
lamivudine oral solution	2	EDS
lamivudine oral tablet	2	EDS
ribavirin oral capsule	2	
ribavirin oral tablet 200 mg	2	
tenofovir disoproxil fumarate oral tablet	2	EDS
VEMLIDY ORAL TABLET	5	PA; Prior authorization not required for gastroenterologists or infectious diseases specialists.
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
EPCLUSA ORAL TABLET	5	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
HARVONI ORAL TABLET 90-400 MG	5	PA
MAVYRET ORAL TABLET	5	PA
SOVALDI ORAL TABLET 400 MG	5	PA
VOSEVI ORAL TABLET	5	PA
Anti-Hepatitis C (Hcv) Agents, Others		
EPCLUSA ORAL TABLET	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	3	PA New Starts; EDS
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION	5	PA
ribavirin oral capsule	2	
ribavirin oral tablet 200 mg	2	
SOVALDI ORAL TABLET 400 MG	5	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA New Starts; Prior authorization not required for oncologists.
Antiherpetic Agents		
acyclovir external ointment	2	
acyclovir oral capsule	2	
acyclovir oral suspension	2	
acyclovir oral tablet	2	
acyclovir sodium intravenous solution	2	BD
famciclovir oral tablet	2	
trifluridine ophthalmic solution	2	
valacyclovir hcl oral tablet	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET	5	
GENVOYA ORAL TABLET	5	
ISENTRESS HD ORAL TABLET	3	EDS
ISENTRESS ORAL PACKET	3	EDS
ISENTRESS ORAL TABLET	3	EDS
ISENTRESS ORAL TABLET CHEWABLE	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
STRIBILD ORAL TABLET	5	
SYMTUZA ORAL TABLET	5	
TIVICAY ORAL TABLET 10 MG	3	EDS
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	5	
EDURANT ORAL TABLET	5	
efavirenz oral capsule	2	EDS
efavirenz oral tablet	2	EDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	3	EDS
nevirapine er oral tablet extended release 24 hour	2	EDS
nevirapine oral suspension	2	EDS
nevirapine oral tablet	2	EDS
PIFELTRO ORAL TABLET	5	
RESCRIPTOR ORAL TABLET 200 MG	3	EDS
SUSTIVA ORAL TABLET	5	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir sulfate oral solution	2	EDS
abacavir sulfate oral tablet	2	EDS
abacavir sulfate-lamivudine oral tablet	2	EDS
abacavir-lamivudine-zidovudine oral tablet	5	
ATRIPLA ORAL TABLET	5	
CIMDUO ORAL TABLET	5	
DELSTRIGO ORAL TABLET	5	
DESCOVY ORAL TABLET	5	
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	2	EDS
DOVATO ORAL TABLET	5	
EMTRIVA ORAL CAPSULE	3	EDS
EMTRIVA ORAL SOLUTION	3	EDS
JULUCA ORAL TABLET	3	EDS
lamivudine oral solution	2	EDS
lamivudine oral tablet	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
lamivudine-zidovudine oral tablet	2	EDS
ODEFSEY ORAL TABLET	5	
stavudine oral capsule	2	EDS
SYMFI LO ORAL TABLET	5	
SYMFI ORAL TABLET	5	
tenofovir disoproxil fumarate oral tablet	2	EDS
TRUVADA ORAL TABLET	5	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	EDS
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	3	EDS
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
zidovudine oral capsule	2	EDS
zidovudine oral syrup	2	EDS
zidovudine oral tablet	2	EDS
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	3	EDS
TRIUMEQ ORAL TABLET	5	
TYBOST ORAL TABLET	3	EDS
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	3	EDS
APTIVUS ORAL SOLUTION	3	EDS
atazanavir sulfate oral capsule	4	EDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	EDS
EVOTAZ ORAL TABLET	5	
fosamprenavir calcium oral tablet	2	EDS
INVIRASE ORAL TABLET	5	
KALETRA ORAL TABLET 100-25 MG	3	EDS
KALETRA ORAL TABLET 200-50 MG	5	
LEXIVA ORAL SUSPENSION	3	EDS
lopinavir-ritonavir oral solution	4	EDS
NORVIR ORAL PACKET	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
NORVIR ORAL SOLUTION	3	EDS
PREZCOBIX ORAL TABLET	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	5	
REYATAZ ORAL PACKET	5	
ritonavir oral tablet	2	EDS
VIRACEPT ORAL TABLET	5	
Anti-Influenza Agents		
amantadine hcl oral capsule	2	EDS
amantadine hcl oral syrup	2	EDS
amantadine hcl oral tablet	2	EDS
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
rimantadine hcl oral tablet	2	
XOFLUZA ORAL TABLET THERAPY PACK	3	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet	2	
doxepin hcl oral capsule	2	PA New Starts; PA not required if under 65 years of age; EDS
doxepin hcl oral concentrate	2	PA New Starts; PA not required if under 65 years of age; EDS
hydroxyzine hcl oral tablet	2	PA; PA not required if under 65 years of age
hydroxyzine pamoate oral capsule	2	PA; PA not required if under 65 years of age
oxazepam oral capsule	2	
SILENOR ORAL TABLET 3 MG	3	QL (30 EA per 30 days); EDS
SILENOR ORAL TABLET 6 MG	3	EDS
triazolam oral tablet	2	QL (7 EA per 30 days)
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour	2	
alprazolam oral tablet	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
alprazolam oral tablet dispersible	2	
clonazepam oral tablet	2	EDS
clonazepam oral tablet dispersible	2	EDS
clorazepate dipotassium oral tablet	2	
DIASTAT ACUDIAL RECTAL GEL	4	
DIASTAT PEDIATRIC RECTAL GEL	4	
diazepam intensol oral concentrate	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet	2	
lorazepam oral concentrate 2 mg/ml	2	
lorazepam oral tablet	2	
Ssris/ Snris		
duloxetine hcl oral capsule delayed release particles	2	EDS
escitalopram oxalate oral solution	2	EDS
escitalopram oxalate oral tablet	1	EDS
paroxetine hcl er oral tablet extended release 24 hour	2	EDS
paroxetine hcl oral tablet	1	EDS
PAXIL ORAL SUSPENSION	4	EDS
PEXEVA ORAL TABLET	4	EDS
sertraline hcl oral concentrate	2	EDS
sertraline hcl oral tablet	1	EDS
venlafaxine hcl er oral capsule extended release 24 hour	2	EDS
venlafaxine hcl oral tablet	2	EDS
Bipolar Agents		
Bipolar Agents, Other		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	4	BD
olanzapine intramuscular solution reconstituted	2	BD
olanzapine oral tablet	2	EDS
olanzapine oral tablet dispersible	2	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	BD
quetiapine fumarate er oral tablet extended release 24 hour	2	EDS
quetiapine fumarate oral tablet	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
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	BD
risperidone oral solution	2	EDS
risperidone oral tablet	2	EDS
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	2	QL (120 EA per 30 days); EDS
risperidone oral tablet dispersible 4 mg	2	EDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	5	
VRAYLAR ORAL CAPSULE	5	PA New Starts
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA New Starts
ziprasidone hcl oral capsule	2	EDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD
Mood Stabilizers		
carbamazepine er oral capsule extended release 12 hour	2	EDS
carbamazepine er oral tablet extended release 12 hour 100 mg	2	EDS
carbamazepine oral suspension	2	EDS
carbamazepine oral tablet	2	EDS
carbamazepine oral tablet chewable	2	EDS
divalproex sodium er oral tablet extended release 24 hour	2	EDS
divalproex sodium oral capsule delayed release sprinkle	2	EDS
divalproex sodium oral tablet delayed release	2	EDS
epitol oral tablet	2	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
lamotrigine er oral tablet extended release 24 hour 50 mg	2	EDS
lamotrigine oral tablet	2	EDS
lamotrigine oral tablet chewable	2	EDS
lamotrigine oral tablet dispersible	2	EDS
lamotrigine starter kit-blue oral kit	2	
lamotrigine starter kit-green oral kit	2	
lamotrigine starter kit-orange oral kit	2	
lithium carbonate er oral tablet extended release	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
lithium carbonate oral capsule	2	EDS
lithium carbonate oral tablet	2	EDS
lithium oral solution	2	EDS
valproic acid oral capsule	2	EDS
valproic acid oral solution	2	EDS
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral tablet	2	EDS
AVANDIA ORAL TABLET 2 MG, 4 MG	4	EDS
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	4	ST; EDS
BYDUREON SUBCUTANEOUS PEN-INJECTOR	4	ST; EDS
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; EDS
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; EDS
colesevelam hcl oral packet	4	EDS
colesevelam hcl oral tablet	4	EDS
CYCLOSET ORAL TABLET	4	EDS
glimepiride oral tablet	1	EDS
glipizide er oral tablet extended release 24 hour	1	EDS
glipizide oral tablet	1	EDS
GLYXAMBI ORAL TABLET	3	EDS
INVOKAMET ORAL TABLET	3	EDS
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
INVOKANA ORAL TABLET	3	EDS
JARDIANCE ORAL TABLET	3	EDS
JENTADUETO ORAL TABLET	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
LAZANDA NASAL SOLUTION 300 MCG/ACT	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour	1	EDS
metformin hcl oral tablet	1	EDS
miglitol oral tablet	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
nateglinide oral tablet	2	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
pioglitazone hcl oral tablet	1	EDS
repaglinide oral tablet 0.5 mg, 1 mg	2	QL (150 EA per 30 days); EDS
repaglinide oral tablet 2 mg	2	EDS
RIOMET ORAL SOLUTION	4	EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; Prior authorization not required for endocrinologists.; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; Prior authorization not required for endocrinologists.; EDS
SYNJARDY ORAL TABLET	3	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
tolbutamide oral tablet	4	EDS
TRADJENTA ORAL TABLET	3	EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
Blood Glucose Regulators		
glipizide-metformin hcl oral tablet	1	EDS
JENTADUETO ORAL TABLET	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
repaglinide-metformin hcl oral tablet	2	EDS
Glycemic Agents		
BAQSIMI TWO PACK NASAL POWDER	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	
glucagon emergency injection kit	2	
KORLYM ORAL TABLET	3	PA New Starts; LA; EDS
PROGLYCEM ORAL SUSPENSION	5	
Insulins		
assure id insulin safety syr 29g x 1/2" 1 ml	2	
comfort assist insulin syringe 29g x 1/2" 1 ml	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
exel comfort point pen needle 29g x 12mm	2	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION	3	EDS
HUMULIN R INJECTION SOLUTION	3	EDS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
insulin lispro (1 unit dial) subcutaneous solution pen-injector	3	EDS
insulin lispro subcutaneous solution	3	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LANTUS SUBCUTANEOUS SOLUTION	3	EDS
preferred plus insulin syringe 28g x 1/2" 0.5 ml	2	
reli-on insulin syringe 29g 0.3 ml	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION 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
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
Blood Products/ Modifiers/ Volume Expanders		
Anticoagulants		
BEVYXXA ORAL CAPSULE	4	EDS
COUMADIN ORAL TABLET	4	EDS
ELIQUIS ORAL TABLET	3	EDS
ELIQUIS STARTER PACK ORAL TABLET	3	EDS
enoxaparin sodium subcutaneous solution	2	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5	
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	2	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	3	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	
jantoven oral tablet	2	EDS
PRADAXA ORAL CAPSULE	3	EDS
warfarin sodium oral tablet	1	EDS
XARELTO ORAL TABLET	3	EDS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	
Blood Formation Modifiers		
anagrelide hcl oral capsule	2	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA
CABLIVI INJECTION KIT	5	PA; LA
DOPTELET ORAL TABLET	5	PA; LA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	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
GRANIX SUBCUTANEOUS SOLUTION	5	BD
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	BD
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA
MULPLETA ORAL TABLET	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	BD
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	BD
NIVESTYM INJECTION SOLUTION	5	BD
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	BD
PROCRIT INJECTION SOLUTION	3	PA
PROMACTA ORAL PACKET	5	PA
PROMACTA ORAL TABLET	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 40000 UNIT/ML	5	PA
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
TAVALISSE ORAL TABLET	5	PA; LA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	BD
Hemostasis Agents		
tranexamic acid oral tablet	2	
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour	2	EDS
BRILINTA ORAL TABLET	3	EDS
cilostazol oral tablet	2	EDS
clopidogrel bisulfate oral tablet 75 mg	1	EDS
dipyridamole oral tablet	2	PA; PA not required if under 65 years of age; EDS
prasugrel hcl oral tablet	2	EDS
ZONTIVITY ORAL TABLET	4	PA New Starts; EDS
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet	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
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	2	QL (4 EA per 28 days); EDS
clonidine transdermal patch weekly 0.3 mg/24hr	2	EDS
guanfacine hcl oral tablet	2	PA; PA not required if under 65 years of age; EDS
methyldopa oral tablet	2	PA; PA not required if under 65 years of age; EDS
midodrine hcl oral tablet	2	
NORTHERA ORAL CAPSULE	5	PA; LA
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS
doxazosin mesylate oral tablet	2	EDS
prazosin hcl oral capsule	2	EDS
terazosin hcl oral capsule	2	EDS
Angiotensin Ii Receptor Antagonists		
candesartan cilexetil oral tablet	2	EDS
ENTRESTO ORAL TABLET	3	EDS
eprosartan mesylate oral tablet	2	EDS
irbesartan oral tablet	1	EDS
losartan potassium oral tablet	1	EDS
olmesartan medoxomil oral tablet	1	EDS
olmesartan medoxomil-hctz oral tablet	1	EDS
telmisartan oral tablet	2	EDS
valsartan oral tablet	1	EDS
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril hcl oral tablet	1	EDS
captopril oral tablet	4	EDS
enalapril maleate oral tablet	1	EDS
fosinopril sodium oral tablet	1	EDS
lisinopril oral tablet	1	EDS
moexipril hcl oral tablet	2	EDS
perindopril erbumine oral tablet	2	EDS
quinapril hcl oral tablet	1	EDS
ramipril oral capsule	1	EDS
trandolapril oral tablet	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
Antiarrhythmics		
amiodarone hcl oral tablet	2	EDS
disopyramide phosphate oral capsule	2	PA; PA not required if under 65 years of age; EDS
dofetilide oral capsule	2	EDS
flecainide acetate oral tablet	2	EDS
mexiletine hcl oral capsule	2	EDS
MULTAQ ORAL TABLET	4	EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	PA; PA not required if under 65 years of age; EDS
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	EDS
propafenone hcl er oral capsule extended release 12 hour	2	EDS
propafenone hcl oral tablet	2	EDS
quinidine gluconate er oral tablet extended release	2	EDS
quinidine sulfate oral tablet	2	EDS
sorine oral tablet	2	EDS
sotalol hcl (af) oral tablet 120 mg	2	EDS
sotalol hcl oral tablet 160 mg, 240 mg, 80 mg	2	EDS
sotalol hydrochloride oral tablet 120 mg	2	EDS
SOTYLIZE ORAL SOLUTION	4	EDS
TIKOSYN ORAL CAPSULE	4	EDS
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule	2	EDS
atenolol oral tablet	1	EDS
betaxolol hcl oral tablet	2	EDS
bisoprolol fumarate oral tablet	1	EDS
BYSTOLIC ORAL TABLET	4	EDS
carvedilol oral tablet	1	EDS
carvedilol phosphate er oral capsule extended release 24 hour	2	EDS
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
labetalol hcl oral tablet	2	EDS
metoprolol succinate er oral tablet extended release 24 hour	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
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	EDS
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	EDS
pindolol oral tablet	2	EDS
propranolol hcl er oral capsule extended release 24 hour	2	EDS
propranolol hcl oral solution	2	EDS
propranolol hcl oral tablet	1	EDS
timolol maleate oral tablet	2	EDS
Calcium Channel Blocking Agents		
amlodipine besylate oral tablet	1	EDS
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	4	EDS
cartia xt oral capsule extended release 24 hour	2	EDS
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	EDS
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	EDS
diltiazem hcl er oral capsule extended release 12 hour	2	EDS
diltiazem hcl oral tablet	2	EDS
dilt-xr oral capsule extended release 24 hour	2	EDS
felodipine er oral tablet extended release 24 hour	2	EDS
isradipine oral capsule	4	EDS
matzim la oral tablet extended release 24 hour	2	EDS
nicardipine hcl oral capsule	2	EDS
nifedipine er oral tablet extended release 24 hour	2	EDS
nifedipine er osmotic release oral tablet extended release 24 hour	2	EDS
nifedipine oral capsule	2	PA; PA not required if under 65 years of age; EDS
nimodipine oral capsule	4	EDS
nisoldipine er oral tablet extended release 24 hour	4	EDS
NYMALIZE ORAL SOLUTION 30 MG/10ML	4	EDS
taztia xt oral capsule extended release 24 hour	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
verapamil hcl er oral capsule extended release 24 hour	2	EDS
verapamil hcl er oral tablet extended release	2	EDS
verapamil hcl oral tablet	2	EDS
Cardiovascular Agents		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	EDS
amiloride-hydrochlorothiazide oral tablet	1	EDS
amlodipine besy-benazepril hcl oral capsule	1	EDS
amlodipine besylate-valsartan oral tablet	2	EDS
amlodipine-olmesartan oral tablet	2	EDS
amlodipine-valsartan-hctz oral tablet	2	EDS
atenolol-chlorthalidone oral tablet	1	EDS
benazepril-hydrochlorothiazide oral tablet	1	EDS
bisoprolol-hydrochlorothiazide oral tablet	1	EDS
captopril-hydrochlorothiazide oral tablet	4	EDS
DEMSER ORAL CAPSULE	4	
enalapril-hydrochlorothiazide oral tablet	1	EDS
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	2	EDS
ezetimibe-simvastatin oral tablet 10-80 mg	2	PA New Starts; EDS
fosinopril sodium-hctz oral tablet	1	EDS
irbesartan-hydrochlorothiazide oral tablet	1	EDS
lisinopril-hydrochlorothiazide oral tablet	1	EDS
losartan potassium-hctz oral tablet	1	EDS
methyldopa-hydrochlorothiazide oral tablet	4	PA; PA not required if under 65 years of age; EDS
metoprolol-hydrochlorothiazide oral tablet	2	EDS
nadolol-bendroflumethiazide oral tablet 40-5 mg	2	EDS
olmesartan medoxomil-hctz oral tablet	1	EDS
olmesartan-amlodipine-hctz oral tablet	2	EDS
propranolol-hctz oral tablet	2	EDS
quinapril-hydrochlorothiazide oral tablet	1	EDS
spironolactone-hctz oral tablet	1	EDS
TEKTURNA HCT ORAL TABLET	4	ST; EDS
telmisartan-hctz oral tablet	2	EDS
trandolapril-verapamil hcl er oral tablet extended release	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
triamterene-hctz oral capsule 37.5-25 mg	1	EDS
triamterene-hctz oral tablet	1	EDS
valsartan-hydrochlorothiazide oral tablet	1	EDS
Cardiovascular Agents, Other		
aliskiren fumarate oral tablet	4	ST; EDS
CORLANOR ORAL SOLUTION	4	PA; EDS
CORLANOR ORAL TABLET	4	PA; EDS
digitek oral tablet 125 mcg	2	QL (30 EA per 30 days); EDS
digitek oral tablet 250 mcg	2	PA; PA not required if under 65 years of age; EDS
digox oral tablet 125 mcg	2	QL (30 EA per 30 days); EDS
digox oral tablet 250 mcg	2	PA; PA not required if under 65 years of age; EDS
digoxin oral solution	2	EDS
digoxin oral tablet 125 mcg	2	QL (30 EA per 30 days); EDS
digoxin oral tablet 250 mcg	2	PA; PA not required if under 65 years of age; EDS
LANOXIN ORAL TABLET 62.5 MCG	4	QL (30 EA per 30 days); EDS
pentoxifylline er oral tablet extended release	2	EDS
ranolazine er oral tablet extended release 12 hour	2	EDS
UPTRAVI ORAL TABLET	5	PA New Starts; LA
UPTRAVI ORAL TABLET THERAPY PACK	5	PA New Starts; LA
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er oral capsule extended release 12 hour	2	EDS
acetazolamide oral tablet	2	EDS
KEVEYIS ORAL TABLET	5	PA; LA
methazolamide oral tablet	2	EDS
Diuretics, Loop		
bumetanide injection solution	2	
bumetanide oral tablet	2	EDS
ethacrynic acid oral tablet	4	EDS
furosemide injection solution 10 mg/ml	2	
furosemide oral solution 10 mg/ml, 8 mg/ml	2	EDS
furosemide oral tablet	1	EDS
torsemide oral tablet	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
Diuretics, Potassium-Sparing		
amiloride hcl oral tablet	1	EDS
eplerenone oral tablet	2	EDS
spironolactone oral tablet	1	EDS
Diuretics, Thiazide		
chlorothiazide oral tablet	2	EDS
chlorthalidone oral tablet 25 mg, 50 mg	1	EDS
DIURIL ORAL SUSPENSION	3	EDS
hydrochlorothiazide oral capsule	1	EDS
hydrochlorothiazide oral tablet	1	EDS
indapamide oral tablet	1	EDS
irbesartan-hydrochlorothiazide oral tablet	1	EDS
metolazone oral tablet	1	EDS
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	EDS
fenofibric acid oral capsule delayed release	2	EDS
fenofibric acid oral tablet	2	EDS
gemfibrozil oral tablet	2	EDS
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium oral tablet	1	EDS
fluvastatin sodium er oral tablet extended release 24 hour	2	EDS
fluvastatin sodium oral capsule	2	EDS
LIVALO ORAL TABLET	4	EDS
lovastatin oral tablet	1	EDS
pravastatin sodium oral tablet	1	EDS
rosuvastatin calcium oral tablet	1	EDS
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	EDS
simvastatin oral tablet 80 mg	2	PA New Starts; EDS
Dyslipidemics, Other		
cholestyramine light oral powder	2	EDS
cholestyramine oral packet	2	EDS
colesevelam hcl oral packet	4	EDS
colesevelam hcl oral tablet	4	EDS
colestipol hcl oral packet	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
colestipol hcl oral tablet	2	EDS
ezetimibe oral tablet	2	EDS
JUXTAPID ORAL CAPSULE	5	PA
niacin er (antihyperlipidemic) oral tablet extended release	2	EDS
omega-3-acid ethyl esters oral capsule	4	EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
prevalite oral packet	2	EDS
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
VASCEPA ORAL CAPSULE	3	EDS
Vasodilators, Direct-Acting Arterial		
BIDIL ORAL TABLET	4	EDS
hydralazine hcl oral tablet	2	EDS
minoxidil oral tablet	2	EDS
Vasodilators, Direct-Acting Arterial/ Venous		
ISORDIL TITRADOSE ORAL TABLET 40 MG	4	EDS
isosorbide dinitrate er oral tablet extended release	2	EDS
isosorbide dinitrate oral tablet	2	EDS
isosorbide mononitrate er oral tablet extended release 24 hour	2	EDS
isosorbide mononitrate oral tablet	2	EDS
MINITRAN TRANSDERMAL PATCH 24 HOUR	4	EDS
NITRO-BID TRANSDERMAL OINTMENT	4	EDS
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
nitroglycerin sublingual tablet sublingual	2	EDS
nitroglycerin transdermal patch 24 hour	2	EDS
nitroglycerin translingual solution	2	EDS
RECTIV RECTAL OINTMENT	4	

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

Drug Name	Tier	Requirements/Limits
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphet er oral capsule extended release 24 hour	2	EDS
amphetamine-dextroamphetamine oral tablet	2	EDS
dextroamphetamine sulfate er oral capsule extended release 24 hour	2	EDS
dextroamphetamine sulfate oral tablet	2	EDS
methamphetamine hcl oral tablet	2	PA; EDS
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	4	EDS
VYVANSE ORAL CAPSULE	4	EDS
VYVANSE ORAL TABLET CHEWABLE	4	EDS
ZENZEDI ORAL TABLET	4	EDS
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
atomoxetine hcl oral capsule	2	EDS
clonidine hcl er oral tablet extended release 12 hour	2	EDS
DAYTRANA TRANSDERMAL PATCH	4	EDS
dexmethylphenidate hcl er oral capsule extended release 24 hour	2	EDS
dexmethylphenidate hcl oral tablet	2	EDS
guanfacine hcl er oral tablet extended release 24 hour	2	PA; PA not required if under 65 years of age; EDS
methylphenidate hcl er (cd) oral capsule extended release	2	EDS
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	EDS
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	2	EDS
methylphenidate hcl er oral tablet extended release 24 hour	2	EDS
methylphenidate hcl er oral tablet extended release 72 mg	4	EDS
methylphenidate hcl oral solution	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
methylphenidate hcl oral tablet	2	EDS
methylphenidate hcl oral tablet chewable	2	EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	4	EDS
Central Nervous System, Other		
AUSTEDO ORAL TABLET	5	PA; LA
estazolam oral tablet	2	
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	4	EDS
NUEDEXTA ORAL CAPSULE	3	PA; EDS
riluzole oral tablet	2	EDS
tetrabenazine oral tablet	5	PA; LA
TIGLUTIK ORAL SUSPENSION	4	EDS
VECAMYL ORAL TABLET	4	PA; LA; EDS
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles	2	EDS
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
pregabalin oral capsule 100 mg	2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	2	EDS
pregabalin oral solution	2	EDS
SAVELLA ORAL TABLET	3	EDS
SAVELLA TITRATION PACK ORAL	3	
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET	5	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	
dalfampridine er oral tablet extended release 12 hour	2	PA; EDS
FIRDAPSE ORAL TABLET	5	PA; LA
GILENYA ORAL CAPSULE 0.5 MG	5	

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

Drug Name	Tier	Requirements/Limits
glatiramer acetate subcutaneous solution prefilled syringe	5	
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	5	PA
MAYZENT ORAL TABLET 0.25 MG	5	QL (120 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
TECFIDERA ORAL	5	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5	QL (60 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5	
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline hcl oral capsule	2	EDS
chlorhexidine gluconate mouth/throat solution	2	
CUVPOSA ORAL SOLUTION	4	EDS
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	2	
minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg	4	
minocycline hcl oral capsule	2	
minocycline hcl oral tablet	2	
mondoxyne nl oral capsule 100 mg, 75 mg	2	
pilocarpine hcl oral tablet	2	EDS
triamcinolone acetonide mouth/throat paste	2	
VIBRAMYCIN ORAL SYRUP	4	
Dermatological Agents		
Dermatological Agents		
ABSORICA ORAL CAPSULE	5	
acitretin oral capsule	4	PA; Prior authorization not required for dermatologists.
adapalene external cream	4	
adapalene external gel 0.1 %	2	
adapalene external gel 0.3 %	4	
adapalene-benzoyl peroxide external gel	2	
ammonium lactate external cream	2	
ammonium lactate external lotion	2	
amnesteem oral capsule	2	
APEXICON E EXTERNAL CREAM	4	
avita external cream	2	
avita external gel	2	
azelaic acid external gel	4	
AZELEX EXTERNAL CREAM	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
betamethasone dipropionate external lotion	2	
BRYHALI EXTERNAL LOTION	4	
calcipotriene external cream	2	
calcipotriene external ointment	2	
calcipotriene external solution	2	
calcipotriene-betameth diprop external ointment	4	
calcitriol external ointment	2	
CARAC EXTERNAL CREAM	5	
claravis oral capsule	2	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	2	
clobetasol propionate external liquid	2	
clocortolone pivalate external cream	4	
clotrimazole-betamethasone external cream	2	
clotrimazole-betamethasone external lotion	2	
CONDYLOX EXTERNAL GEL	3	
CORTISPORIN EXTERNAL CREAM	4	
CORTISPORIN EXTERNAL OINTMENT	4	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	EDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	EDS
dapsone external gel	2	
diclofenac sodium transdermal gel 1 %	2	PA
diclofenac sodium transdermal gel 3 %	4	PA
doxepin hcl external cream	4	
doxycycline hyclate oral capsule 50 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral tablet 100 mg, 50 mg	2	
DUOBRII EXTERNAL LOTION	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
EUCRISA EXTERNAL OINTMENT	4	PA
FABIOR EXTERNAL FOAM	3	PA; Prior authorization not required for dermatologists.

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

Drug Name	Tier	Requirements/Limits
FINACEA EXTERNAL FOAM	4	
fluocinonide external cream 0.1 %	2	
fluorouracil external cream 0.5 %	5	
fluorouracil external cream 5 %	2	
fluorouracil external solution	2	
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
hydrocortisone butyrate external lotion	2	
imiquimod 5% external cream	2	PA New Starts; Prior authorization not required for dermatologists, colorectal surgeons, oncologists, or obstetricians/gynecologists.
isotretinoin oral capsule	2	
KERYDIN EXTERNAL SOLUTION	4	PA
mafenide acetate external packet	4	
methoxsalen rapid oral capsule	2	
MIRVASO EXTERNAL GEL	4	ST
mondoxyne nl oral capsule 100 mg, 75 mg	2	
myorisan oral capsule	2	
NEO-SYNALAR EXTERNAL CREAM	4	
neuac external gel	2	
nystatin-triamcinolone external cream	2	
nystatin-triamcinolone external ointment	2	
oxiconazole nitrate external cream	2	
PICATO EXTERNAL GEL	4	
pimecrolimus external cream	4	
podofilox external solution	2	
prednicarbate external cream	2	
REGRANEX EXTERNAL GEL	4	
SANTYL EXTERNAL OINTMENT	3	
selenium sulfide external lotion	2	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SOOLANTRA EXTERNAL CREAM	4	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	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
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	EDS
TACLONEX EXTERNAL SUSPENSION	5	
tacrolimus external ointment	2	
tazarotene external cream	2	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL CREAM 0.05 %	3	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL GEL	3	PA; Prior authorization not required for dermatologists.
TOLAK EXTERNAL CREAM	4	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	EDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	EDS
tretinoin external cream	2	
tretinoin external gel	2	
tretinoin microsphere external gel	2	
VALCHLOR EXTERNAL GEL	5	PA New Starts; Prior authorization not required for dermatologists or oncologists.
zenatane oral capsule	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
CARBAGLU ORAL TABLET	5	PA; LA
ISOLYTE-S INTRAVENOUS SOLUTION	4	
klor-con 10 oral tablet extended release	2	EDS
klor-con m10 oral tablet extended release	2	EDS
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	4	EDS
klor-con m20 oral tablet extended release	2	EDS
klor-con oral tablet extended release	2	EDS
klor-con sprinkle oral capsule extended release 8 meq	2	EDS
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	4	EDS
magnesium sulfate injection solution 50 %	2	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	

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

Drug Name	Tier	Requirements/Limits
OSMOPREP ORAL TABLET	4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
potassium chloride crys er oral tablet extended release	2	EDS
potassium chloride er oral capsule extended release	2	EDS
potassium chloride er oral tablet extended release	2	EDS
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	2	
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml	2	
potassium chloride oral packet	2	EDS
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	2	EDS
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	
sodium chloride irrigation solution 0.9 %	2	
sodium fluoride oral tablet 2.2 (1 f) mg	2	EDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE	3	
deferasirox oral tablet soluble	5	PA
DEPEN TITRATABS ORAL TABLET	5	
FERRIPROX ORAL SOLUTION	5	PA New Starts; LA
FERRIPROX ORAL TABLET	5	PA New Starts; LA
FREAMINE HBC INTRAVENOUS SOLUTION	3	BD
JADENU ORAL TABLET	5	PA
JADENU SPRINKLE ORAL PACKET	5	PA
kionex oral suspension	2	
klor-con oral packet 20 meq	2	EDS
LOKELMA ORAL PACKET	3	EDS
penicillamine oral capsule	5	PA
PLENAMINE INTRAVENOUS SOLUTION	3	BD
SAMSCA ORAL TABLET	5	PA
sodium polystyrene sulfonate oral powder	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
sps oral suspension	2	
trientine hcl oral capsule	5	PA
VELPHORO ORAL TABLET CHEWABLE	5	
VELTASSA ORAL PACKET	3	EDS
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	3	BD
AMINOSYN-PF INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION	3	BD
CLINISOL SF INTRAVENOUS SOLUTION	3	BD
dextrose intravenous solution 10 %, 5 %	2	
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 %	2	
HEPATAMINE INTRAVENOUS SOLUTION	3	BD
intralipid intravenous emulsion 20 %	2	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	4	BD
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	4	

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

Drug Name	Tier	Requirements/Limits
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
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-%-%	2	
kcl-lactated ringers-d5w intravenous solution	2	
levocarnitine oral solution	2	EDS
levocarnitine oral tablet	2	EDS
NEPHRAMINE INTRAVENOUS SOLUTION	3	BD
normosol-m in d5w intravenous solution	2	
normosol-r in d5w intravenous solution	2	
nutrilipid intravenous emulsion	2	BD
PLENAMINE INTRAVENOUS SOLUTION	3	BD
potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%	2	
PREMASOL INTRAVENOUS SOLUTION	3	BD
PRENATAL ORAL TABLET 27-1 MG	3	
PROCALAMINE INTRAVENOUS SOLUTION	3	BD
PROSOL INTRAVENOUS SOLUTION	3	BD
sodium lactate intravenous solution 5 meq/ml	2	
tpn electrolytes intravenous solution	2	
TRAVASOL INTRAVENOUS SOLUTION	3	BD
TROPHAMINE INTRAVENOUS SOLUTION	3	BD
Vitamins		
doxercalciferol oral capsule	2	ST; EDS
klor-con 10 oral tablet extended release	2	EDS
klor-con m10 oral tablet extended release	2	EDS
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	4	EDS
klor-con m20 oral tablet extended release	2	EDS
klor-con oral tablet extended release	2	EDS
klor-con sprinkle oral capsule extended release 8 meq	2	EDS
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl 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
dicyclomine hcl oral solution	2	
dicyclomine hcl oral tablet	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine bromide oral tablet	2	
propantheline bromide oral tablet	2	
scopolamine transdermal patch 72 hour	2	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	4	
Gastrointestinal Agents		
amoxicill-clarithro-lansopraz oral	4	
OMECLAMOX-PAK ORAL	4	
PYLERA ORAL CAPSULE	4	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
UCERIS RECTAL FOAM	4	
Gastrointestinal Agents, Other		
CHENODAL ORAL TABLET	4	PA; LA
CHOLBAM ORAL CAPSULE	5	PA
diphenoxylate-atropine oral liquid	2	
diphenoxylate-atropine oral tablet	2	
GATTEX SUBCUTANEOUS KIT	5	PA; LA
loperamide hcl oral capsule	2	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	2	
metoclopramide hcl oral tablet dispersible	2	
MOVANTIK ORAL TABLET	4	
MYTESI ORAL TABLET DELAYED RELEASE	4	PA New Starts; EDS
OCALIVA ORAL TABLET	5	PA; LA
proctozone-hc rectal cream	2	
RELISTOR ORAL TABLET	4	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	
SYMPROIC ORAL TABLET	4	PA
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
UCERIS RECTAL FOAM	4	
ursodiol oral capsule	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
ursodiol oral tablet	2	EDS
XERMELO ORAL TABLET	5	PA; LA
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EDS
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral solution	2	EDS
cimetidine oral tablet 200 mg	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	EDS
famotidine oral suspension reconstituted	2	EDS
famotidine oral tablet 20 mg, 40 mg	1	EDS
nizatidine oral capsule	2	EDS
nizatidine oral solution	2	EDS
ranitidine hcl oral capsule	2	EDS
ranitidine hcl oral syrup 75 mg/5ml	2	EDS
ranitidine hcl oral tablet 150 mg, 300 mg	1	EDS
Irritable Bowel Syndrome Agents		
alosetron hcl oral tablet	5	
AMITIZA ORAL CAPSULE	4	EDS
budesonide er oral tablet extended release 24 hour	5	
budesonide oral capsule delayed release particles	4	
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	3	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	3	EDS
mesalamine oral capsule delayed release	4	EDS
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
UCERIS RECTAL FOAM	4	
VIBERZI ORAL TABLET	4	PA; EDS
Laxatives		
CLENPIQ ORAL SOLUTION	4	
constulose oral solution	2	EDS
enulose oral solution	2	EDS
gavilyte-c oral solution reconstituted	2	
gavilyte-g oral solution reconstituted	2	
gavilyte-n with flavor pack oral solution reconstituted	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
generlac oral solution	2	EDS
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	4	
KRISTALOSE ORAL PACKET 20 GM	4	EDS
lactulose oral packet	4	EDS
lactulose oral solution 10 gm/15ml	2	EDS
MOVIPREP ORAL SOLUTION RECONSTITUTED	4	
peg 3350/electrolytes oral solution reconstituted	2	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	2	
peg-3350/electrolytes oral solution reconstituted	2	
PREPOPIK ORAL PACKET	4	
trilyte oral solution reconstituted	2	
Protectants		
CARAFATE ORAL SUSPENSION	3	EDS
misoprostol oral tablet	2	EDS
sucralfate oral tablet	2	EDS
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release 40 mg	2	EDS
lansoprazole oral capsule delayed release	2	EDS
NEXIUM ORAL PACKET	4	ST
omeprazole oral capsule delayed release	2	EDS
pantoprazole sodium oral tablet delayed release	2	EDS
rabeprazole sodium oral tablet delayed release	2	EDS
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
CERDELGA ORAL CAPSULE	5	PA; LA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
CYSTADANE ORAL POWDER	3	EDS
CYSTAGON ORAL CAPSULE	3	LA; EDS
GALAFOLD ORAL CAPSULE	5	PA New Starts; LA
KUVAN ORAL PACKET	5	PA; LA
KUVAN ORAL TABLET SOLUBLE	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
miglustat oral capsule	5	PA New Starts
NITYR ORAL TABLET	5	PA
ORFADIN ORAL CAPSULE	5	PA; LA
ORFADIN ORAL SUSPENSION	5	PA; LA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	EDS
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 4000 UNIT, 8000 UNIT	4	EDS
RAVICTI ORAL LIQUID	5	PA; LA
RUZURGI ORAL TABLET	5	PA; LA
sodium phenylbutyrate oral tablet	4	EDS
SUCRAID ORAL SOLUTION	5	PA; LA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
VIOKACE ORAL TABLET	4	EDS
XURIDEN ORAL PACKET	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	EDS
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er oral tablet extended release 24 hour	2	EDS
flavoxate hcl oral tablet	2	EDS
GELNIQUE PUMP TRANSDERMAL GEL	4	EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
oxybutynin chloride er oral tablet extended release 24 hour	2	EDS
oxybutynin chloride oral syrup	2	EDS
oxybutynin chloride oral tablet	2	EDS
tolterodine tartrate er oral capsule extended release 24 hour	2	EDS
tolterodine tartrate oral tablet	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
trospium chloride er oral capsule extended release 24 hour	2	EDS
trospium chloride oral tablet	2	EDS
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour	2	EDS
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS
doxazosin mesylate oral tablet	2	EDS
dutasteride oral capsule	2	EDS
dutasteride-tamsulosin hcl oral capsule	2	EDS
finasteride oral tablet 5 mg	2	EDS
prazosin hcl oral capsule	2	EDS
silodosin oral capsule	2	EDS
tamsulosin hcl oral capsule	2	EDS
terazosin hcl oral capsule	2	EDS
Genitourinary Agents, Other		
bethanechol chloride oral tablet	2	
DEPEN TITRATABS ORAL TABLET	5	
ELMIRON ORAL CAPSULE	4	
JYNARQUE ORAL TABLET 15 MG	5	PA; LA; QL (60 EA per 30 days)
JYNARQUE ORAL TABLET 30 MG	5	PA; LA; QL (30 EA per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK	5	PA; LA
penicillamine oral capsule	5	PA
potassium citrate er oral tablet extended release	2	
sodium phenylbutyrate oral powder 3 gm/tsp	2	EDS
Phosphate Binders		
AURYXIA ORAL TABLET	4	EDS
calcium acetate (phos binder) oral capsule	2	EDS
calcium acetate (phos binder) oral tablet	2	EDS
FOSRENOL ORAL PACKET	5	
lanthanum carbonate oral tablet chewable	2	
PHOSLYRA ORAL SOLUTION	4	EDS
sevelamer carbonate oral packet	4	EDS
sevelamer carbonate oral tablet	4	EDS
sevelamer hcl oral tablet	2	EDS
VELPHORO ORAL TABLET CHEWABLE	5	

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

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR INJECTION GEL	5	PA
ala-cort external cream	2	
alclometasone dipropionate external cream	2	
alclometasone dipropionate external ointment	2	
amcinonide external cream	2	
amcinonide external lotion	4	
amcinonide external ointment	4	
betamethasone dipropionate aug external cream	2	
betamethasone dipropionate aug external gel	2	
betamethasone dipropionate aug external lotion	2	
betamethasone dipropionate aug external ointment	2	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	2	
betamethasone valerate external foam	2	
betamethasone valerate external lotion	2	
betamethasone valerate external ointment	2	
CAPEX EXTERNAL SHAMPOO	3	
clobetasol prop emollient base external cream	2	
clobetasol propionate external cream	2	
clobetasol propionate external gel	2	
clobetasol propionate external lotion	2	
clobetasol propionate external ointment	2	
clobetasol propionate external shampoo	2	
clobetasol propionate external solution	2	
clodan external shampoo	2	
CORDRAN EXTERNAL TAPE	3	
cortisone acetate oral tablet	2	
desonide external cream	2	
desonide external lotion	2	
desonide external ointment	2	
desoximetasone external cream	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
desoximetasone external gel	2	
desoximetasone external liquid	4	
desoximetasone external ointment	2	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	3	
dexamethasone oral elixir	2	
dexamethasone oral tablet	2	
dexamethasone oral tablet therapy pack 1.5 mg (51)	4	
diflorasone diacetate external cream	2	
diflorasone diacetate external ointment	2	
EMFLAZA ORAL SUSPENSION	5	PA; LA
EMFLAZA ORAL TABLET	5	PA; LA
fludrocortisone acetate oral tablet	2	EDS
fluocinolone acetonide external cream	2	
fluocinolone acetonide external ointment	2	
fluocinolone acetonide external solution	2	
fluocinolone acetonide otic oil	2	
fluocinolone acetonide scalp external oil	2	
fluocinonide emulsified base external cream	2	
fluocinonide external cream 0.1 %	2	
fluocinonide external gel	2	
fluocinonide external ointment	2	
fluocinonide external solution	2	
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	2	
halobetasol propionate external ointment	2	
hydrocortisone butyrate external ointment	2	
hydrocortisone butyrate external solution	2	
hydrocortisone external cream 1 %, 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone oral tablet	2	
hydrocortisone valerate external cream	2	
hydrocortisone valerate external ointment	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
MEDROL ORAL TABLET 2 MG	4	
methylprednisolone oral tablet	2	
methylprednisolone oral tablet therapy pack	2	
MILLIPRED ORAL TABLET	4	
mometasone furoate external cream	2	
mometasone furoate external ointment	2	
mometasone furoate external solution	2	
prednicarbate external ointment	2	
prednisolone oral solution	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	2	
prednisone intensol oral concentrate	2	
prednisone oral solution	2	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
procto-pak rectal cream	2	
proctozone-hc rectal cream	2	
triamcinolone acetonide external aerosol solution	2	
triamcinolone acetonide external cream	2	
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin ace spray refrig nasal solution	2	EDS
desmopressin acetate oral tablet	2	EDS
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	5	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
HUMATROPE INJECTION SOLUTION RECONSTITUTED	3	PA; EDS
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	3	PA; EDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	3	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION	4	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EDS
ORILISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	5	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	4	PA; EDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; EDS
STIMATE NASAL SOLUTION	3	EDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
VYNDAQEL ORAL CAPSULE	5	PA; LA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EDS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
misoprostol oral tablet 200 mcg	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET	4	PA New Starts
oxandrolone oral tablet	2	
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; EDS
danazol 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
FORTESTA TRANSDERMAL GEL	4	PA; EDS
METHITEST ORAL TABLET	3	PA; EDS
methyltestosterone oral capsule	2	PA; EDS
STRIANT BUCCAL	4	PA; EDS
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	2	PA; Prior authorization not required for endocrinologists or urologists.
testosterone enanthate intramuscular solution	2	PA; Prior authorization not required for endocrinologists or urologists.
testosterone transdermal gel 10 mg/act (2%)	4	PA; EDS
testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	2	PA; EDS
testosterone transdermal solution	2	PA; EDS
Estrogens		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist
DIVIGEL TRANSDERMAL GEL 1 MG/GM	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
DUAVEE ORAL TABLET	4	PA; EDS
ELESTRIN TRANSDERMAL GEL	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
estradiol oral tablet	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
estradiol transdermal patch twice weekly	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
estradiol transdermal patch weekly	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
estradiol vaginal cream	2	EDS
estradiol vaginal tablet	2	EDS
estradiol valerate intramuscular oil 20 mg/ml	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
ESTRING VAGINAL RING	4	EDS
EVAMIST TRANSDERMAL SOLUTION	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
FEMRING VAGINAL RING	4	EDS
marlissa oral tablet	2	EDS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
PREMARIN ORAL TABLET	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
PREMARIN VAGINAL CREAM	3	EDS
yuvafem vaginal tablet	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
altavera oral tablet	2	EDS
alyacen 1/35 oral tablet	2	EDS
amabelz oral tablet	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
amethia lo oral tablet	2	EDS
amethia oral tablet	2	EDS
ANGELIQ ORAL TABLET	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
apri oral tablet	2	EDS
aranelle oral tablet	2	EDS
ashlyna oral tablet	2	EDS
aubra oral tablet	2	EDS
aviane oral tablet	2	EDS
BALCOLTRA ORAL TABLET	3	EDS
balziva oral tablet	2	EDS
blisovi 24 fe oral tablet	2	EDS
blisovi fe 1.5/30 oral tablet	2	EDS
briellyn oral tablet	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
budesonide er oral tablet extended release 24 hour	5	
budesonide oral capsule delayed release particles	4	
camrese lo oral tablet	2	EDS
caziant oral tablet	2	EDS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
cryselle-28 oral tablet	2	EDS
cyclafem 1/35 oral tablet	2	EDS
cyclafem 7/7/7 oral tablet	2	EDS
cyred eq oral tablet	2	EDS
deblitane oral tablet	2	EDS
delyla oral tablet	2	EDS
desogestrel-ethinyl estradiol oral tablet	2	EDS
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	2	EDS
drospirenone-ethinyl estradiol oral tablet	2	EDS
emoquette oral tablet	2	EDS
enpresse-28 oral tablet	2	EDS
enskyce oral tablet 0.15-30 mg-mcg	2	EDS
estarylla oral tablet	2	EDS
estradiol valerate intramuscular oil 40 mg/ml	2	
estradiol-norethindrone acet oral tablet	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
ethynodiol diac-eth estradiol oral tablet	2	EDS
falmina oral tablet	2	EDS
fayosim oral tablet	2	EDS
femynor oral tablet	2	EDS
fyavolv oral tablet	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
gianvi oral tablet	2	EDS
hailey 24 fe oral tablet	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
incassia oral tablet	2	EDS
introvale oral tablet	2	EDS
isibloom oral tablet	2	EDS
jasmiel oral tablet	2	EDS
JINTELI ORAL TABLET	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
juleber oral tablet	2	EDS
junel 1.5/30 oral tablet	2	EDS
junel 1/20 oral tablet	2	EDS
junel fe 1.5/30 oral tablet	2	EDS
junel fe 1/20 oral tablet	2	EDS
junel fe 24 oral tablet	2	EDS
kaitlib fe oral tablet chewable	2	EDS
kariva oral tablet	2	EDS
kelnor 1/35 oral tablet	2	EDS
kelnor 1/50 oral tablet	2	EDS
kurvelo oral tablet	2	EDS
larin 1.5/30 oral tablet	2	EDS
larin 1/20 oral tablet	2	EDS
larin fe 1.5/30 oral tablet	2	EDS
larin fe 1/20 oral tablet	2	EDS
larissia oral tablet	2	EDS
layolis fe oral tablet chewable	2	EDS
leena oral tablet	2	EDS
lessina oral tablet	2	EDS
levonest oral tablet	2	EDS
levonorgest-eth est & eth est oral tablet	2	EDS
levonorgest-eth estrad 91-day oral tablet	2	EDS
levonorgestrel-ethinyl estrad oral tablet	2	EDS
levonorg-eth estrad triphasic oral tablet	2	EDS
levora 0.15/30 (28) oral tablet	2	EDS
LO LOESTRIN FE ORAL TABLET	4	EDS
lopreeza oral tablet 1-0.5 mg	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
loryna oral tablet	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
low-ogestrel oral tablet	2	EDS
lutera oral tablet	2	EDS
marlissa oral tablet	2	EDS
melodetta 24 fe oral tablet chewable	2	EDS
mibelas 24 fe oral tablet chewable	2	EDS
microgestin 1.5/30 oral tablet	2	EDS
microgestin 1/20 oral tablet	2	EDS
microgestin fe 1.5/30 oral tablet	2	EDS
microgestin fe 1/20 oral tablet	2	EDS
mili oral tablet	2	EDS
mimvey lo oral tablet	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
mimvey oral tablet	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
NATAZIA ORAL TABLET	4	EDS
necon 0.5/35 (28) oral tablet	2	EDS
nikki oral tablet	2	EDS
nora-be oral tablet	2	EDS
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	2	EDS
norethin ace-eth estrad-fe oral tablet chewable	2	EDS
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	2	EDS
norethindrone-eth estradiol oral tablet	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
norethin-eth estradiol-fe oral tablet chewable	2	EDS
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	EDS
norgestim-eth estrad triphasic oral tablet	2	EDS
norlyroc oral tablet	2	EDS
nortrel 0.5/35 (28) oral tablet	2	EDS
nortrel 1/35 (21) oral tablet	2	EDS
nortrel 1/35 (28) oral tablet	2	EDS
nortrel 7/7/7 oral tablet	2	EDS
NUVARING VAGINAL RING	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
ocella oral tablet	2	EDS
OGESTREL ORAL TABLET	3	EDS
orsythia oral tablet	2	EDS
pimtrea oral tablet	2	EDS
pirmella 1/35 oral tablet	2	EDS
portia-28 oral tablet	2	EDS
PREFEST ORAL TABLET	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
PREMPHASE ORAL TABLET	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
PREMPRO ORAL TABLET	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
previfem oral tablet	2	EDS
reclipsen oral tablet	2	EDS
rivelsa oral tablet	2	EDS
setlakin oral tablet	2	EDS
sharobel oral tablet	2	EDS
SLYND ORAL TABLET	4	EDS
sprintec 28 oral tablet	2	EDS
sronyx oral tablet	2	EDS
syeda oral tablet	2	EDS
tarina 24 fe oral tablet	2	EDS
tarina fe 1/20 oral tablet	2	EDS
tri-estarylla oral tablet	2	EDS
tri-legest fe oral tablet	2	EDS
tri-lo-estarylla oral tablet	2	EDS
tri-lo-sprintec oral tablet	2	EDS
tri-mili oral tablet	2	EDS
tri-previfem oral tablet	2	EDS
tri-sprintec oral tablet	2	EDS
trivora (28) oral tablet	2	EDS
tri-vylibra lo oral tablet	2	EDS
tri-vylibra oral tablet	2	EDS
TYDEMY ORAL TABLET	4	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
velivet oral tablet	2	EDS
vienva oral tablet	2	EDS
vyfemla oral tablet	2	EDS
vylibra oral tablet	2	EDS
wymzya fe oral tablet chewable	2	EDS
xulane transdermal patch weekly	2	EDS
zarah oral tablet	2	EDS
zovia 1/35e (28) oral tablet	2	EDS
Progestins		
camila oral tablet	2	EDS
CRINONE VAGINAL GEL	4	PA; Prior authorization not required for reproductive endocrinologists.
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
errin oral tablet	2	EDS
lyza oral tablet	2	EDS
marlissa oral tablet	2	EDS
medroxyprogesterone acetate intramuscular suspension	2	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	2	
medroxyprogesterone acetate oral tablet	2	EDS
megestrol acetate oral suspension 40 mg/ml	2	PA; PA not required if under 65 years of age
megestrol acetate oral suspension 625 mg/5ml	2	PA; PA not required if under 65 years of age; EDS
megestrol acetate oral tablet	2	
norethindrone acetate oral tablet	2	EDS
norethindrone oral tablet	2	EDS
progesterone micronized oral capsule	2	EDS
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET	4	PA; EDS
raloxifene hcl oral tablet	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
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
levo-t oral tablet	2	EDS
levothyroxine sodium oral tablet	2	EDS
levoxyl oral tablet	2	EDS
liothyronine sodium oral tablet	2	EDS
SYNTHROID ORAL TABLET	3	EDS
TIROSINT ORAL CAPSULE	4	EDS
TIROSINT-SOL ORAL SOLUTION	4	EDS
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	2	EDS
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	3	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
bromocriptine mesylate oral capsule	2	EDS
bromocriptine mesylate oral tablet	2	EDS
cabergoline oral tablet	2	
ELIGARD SUBCUTANEOUS KIT	3	PA New Starts
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA New Starts
leuprolide acetate injection kit	2	PA New Starts
LUPANETA PACK COMBINATION KIT	4	PA New Starts
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	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
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; LA; EDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	5	PA New Starts
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
SYNAREL NASAL SOLUTION	3	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	PA New Starts
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet	2	EDS
propylthiouracil oral tablet	2	EDS
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	5	PA New Starts; LA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
icatibant acetate subcutaneous solution	5	PA New Starts
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA New Starts; LA
Immune Suppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE	5	PA New Starts
AFINITOR ORAL TABLET 2.5 MG	5	PA New Starts
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	BD; EDS
AZASAN ORAL TABLET	3	BD; EDS
azathioprine oral tablet	2	BD; EDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA New Starts
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts
CIMZIA PREFILLED SUBCUTANEOUS KIT	4	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
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	4	
cyclosporine modified oral capsule	2	BD; EDS
cyclosporine modified oral solution	2	BD; EDS
cyclosporine oral capsule	2	BD; EDS
DEPEN TITRATABS ORAL TABLET	5	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	BD; EDS
gengraf oral capsule 100 mg, 25 mg	2	BD; EDS
gengraf oral solution	2	BD; EDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; LA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
INGREZZA ORAL CAPSULE	5	PA; LA
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; LA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	EDS
mercaptopurine oral tablet	2	
methotrexate oral tablet	1	
methotrexate sodium (pf) injection solution 50 mg/2ml	2	BD
methotrexate sodium injection solution 250 mg/10ml	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
mycophenolate mofetil oral capsule	2	BD; EDS
mycophenolate mofetil oral suspension reconstituted	2	BD; EDS
mycophenolate mofetil oral tablet	2	BD; EDS
mycophenolate sodium oral tablet delayed release	2	BD; EDS
OTEZLA ORAL TABLET	4	EDS
OTEZLA ORAL TABLET THERAPY PACK	4	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA; EDS
pimecrolimus external cream	4	
PROGRAF ORAL PACKET	5	BD
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA; EDS
SANDIMMUNE ORAL SOLUTION	4	BD; EDS
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	4	EDS
sirolimus oral solution	2	BD; EDS
sirolimus oral tablet	2	BD; EDS
tacrolimus oral capsule	2	BD; EDS
TREXALL ORAL TABLET	4	
XATMEP ORAL SOLUTION	4	PA New Starts
XELJANZ ORAL TABLET	4	EDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS
ZORTRESS ORAL TABLET	5	BD
Immunizing Agents, Passive		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	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
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
Immunological Agents		
leflunomide oral tablet 10 mg	2	QL (30 EA per 30 days); EDS
leflunomide oral tablet 20 mg	2	EDS
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA; EDS
leflunomide oral tablet 10 mg	2	QL (30 EA per 30 days); EDS
leflunomide oral tablet 20 mg	2	EDS
RIDAURA ORAL CAPSULE	3	EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	EDS
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	
BCG VACCINE INJECTION INJECTABLE	3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	3	
ENGERIX-B INJECTION SUSPENSION	3	BD
GARDASIL 9 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
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	3	
INFANRIX INTRAMUSCULAR SUSPENSION	3	
IPOL INJECTION INJECTABLE	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION	3	
MENACTRA INTRAMUSCULAR INJECTABLE	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
PEDIARIX INTRAMUSCULAR SUSPENSION	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION	3	BD
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
TDVAX INTRAMUSCULAR SUSPENSION	3	
TENIVAC INTRAMUSCULAR INJECTABLE	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
VAQTA INTRAMUSCULAR SUSPENSION	3	
VARIVAX SUBCUTANEOUS INJECTABLE	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	
YF-VAX SUBCUTANEOUS INJECTABLE	3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	

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

Drug Name	Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
balsalazide disodium oral capsule	2	
DIPENTUM ORAL CAPSULE	4	EDS
mesalamine oral capsule delayed release	4	EDS
mesalamine oral tablet delayed release	2	
mesalamine rectal enema	2	
mesalamine rectal suppository	4	
PENTASA ORAL CAPSULE EXTENDED RELEASE	4	EDS
Glucocorticoids		
budesonide er oral tablet extended release 24 hour	5	
budesonide oral capsule delayed release particles	4	
colocort rectal enema	2	
cortisone acetate oral tablet	2	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	3	
dexamethasone oral elixir	2	
dexamethasone oral tablet	2	
dexamethasone oral tablet therapy pack 1.5 mg (51)	4	
hydrocortisone oral tablet	2	
hydrocortisone rectal enema	2	
methylprednisolone oral tablet	2	
methylprednisolone oral tablet therapy pack	2	
MILLIPRED ORAL TABLET	4	
prednisolone acetate ophthalmic suspension	2	
prednisolone oral solution	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 6.7 (5 base) mg/5ml	2	
prednisone intensol oral concentrate	2	
prednisone oral solution	2	
prednisone oral tablet	2	
procto-med hc rectal cream	2	
proctosol hc rectal cream	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
Sulfonamides		
sulfasalazine oral tablet	2	EDS
sulfasalazine oral tablet delayed release	2	EDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral solution	2	EDS
alendronate sodium oral tablet 10 mg, 5 mg	2	EDS
alendronate sodium oral tablet 35 mg, 70 mg	1	EDS
alendronate sodium oral tablet 40 mg	2	
BINOSTO ORAL TABLET EFFERVESCENT	4	EDS
calcitonin (salmon) nasal solution	2	EDS
calcitriol oral capsule	2	EDS
calcitriol oral solution	2	EDS
cinacalcet hcl oral tablet	5	
doxercalciferol oral capsule	2	ST; EDS
etidronate disodium oral tablet	2	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	5	PA
ibandronate sodium oral tablet	1	EDS
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; LA
paricalcitol oral capsule	2	ST; EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	4	ST; EDS
risedronate sodium oral tablet 150 mg, 35 mg, 5 mg	2	EDS
risedronate sodium oral tablet 30 mg	2	
risedronate sodium oral tablet delayed release	2	EDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
XGEVA SUBCUTANEOUS SOLUTION	5	PA New Starts
Non-Frf		
Non-Frf		
acetasol hc otic solution	2	
ACZONE EXTERNAL GEL 7.5 %	4	
ADAGEN INTRAMUSCULAR SOLUTION	5	PA; LA
afeditab cr oral tablet extended release 24 hour	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
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
AKYNZEO ORAL CAPSULE	4	PA
alcohol wipes pad 70 %	2	
ALTABAX EXTERNAL OINTMENT	4	
AMINOSYN II INTRAVENOUS SOLUTION 8.5 %	3	BD
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION	3	BD
AMINOSYN INTRAVENOUS SOLUTION 10 %	3	BD
AMINOSYN M INTRAVENOUS SOLUTION	3	BD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION	3	BD
AMINOSYN-HBC INTRAVENOUS SOLUTION	3	BD
AMINOSYN-RF INTRAVENOUS SOLUTION	3	BD
amphotericin b injection solution reconstituted	2	PA
ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm	2	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm	2	
ANNOVERA VAGINAL RING	4	QL (1 EA per 365 days); EDS
ANZEMET ORAL TABLET	4	BD
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA New Starts; LA
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	EDS
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	EDS
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	EDS
AVONEX INTRAMUSCULAR KIT	5	
azurette oral tablet	2	EDS
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION	4	
BACTROBAN NASAL NASAL OINTMENT	4	
BAQSIMI ONE PACK NASAL POWDER	2	
bekyree oral tablet	2	EDS
benzonatate oral capsule 200 mg	2	ENH
BIVIGAM INTRAVENOUS SOLUTION	5	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
blisovi fe 1/20 oral tablet	2	EDS
BRAFTOVI ORAL CAPSULE 50 MG	5	PA New Starts; LA
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	4	ST; EDS
BYVALSON ORAL TABLET	4	EDS
camrese oral tablet	2	EDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	5	PA
cefditoren pivoxil oral tablet	2	
cefepime-dextrose intravenous solution reconstituted 1 gm/50ml, 2 gm/50ml	2	
cefotaxime sodium injection solution reconstituted 2 gm	2	
cefotetan disodium injection solution reconstituted 10 gm	4	
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%, 2-2.2 gm-%	4	
ceftazidime and dextrose intravenous solution reconstituted 1 gm/50ml, 2 gm/50ml	4	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm	2	
cefuroxime sodium injection solution reconstituted 1.5 gm	2	
cholestyramine light oral packet	2	EDS
cholestyramine oral powder	2	EDS
CIMZIA STARTER KIT SUBCUTANEOUS KIT	4	EDS
ciprofloxacin intravenous solution 400 mg/40ml	2	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour	2	
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION	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
clobetasol propionate e external cream	2	
clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	2	QL (4 EA per 28 days); EDS
clonidine hcl transdermal patch weekly 0.3 mg/24hr	2	EDS
clopidogrel bisulfate oral tablet 300 mg	2	
codeine sulfate oral tablet 15 mg	2	
colestipol hcl oral granules	2	EDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	EDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	EDS
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	5	PA; LA
cyanocobalamin injection solution 1000 mcg/ml	2	ENH
cyred oral tablet	2	EDS
daysee oral tablet	2	EDS
desmopressin acetate spray nasal solution	2	EDS
dexamethasone oral solution	2	
dextrose in lactated ringers intravenous solution	2	
DIACOMIT ORAL CAPSULE	5	PA New Starts; LA
DIACOMIT ORAL PACKET	5	PA New Starts; LA
diazepam oral solution 1 mg/ml	2	
diazepam rectal gel	2	
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	2	EDS
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	2	EDS
diltiazem hcl er coated beads oral tablet extended release 24 hour	2	EDS
diphenhydramine hcl oral elixir	2	PA; PA not required if under 65 years of age
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
doripenem intravenous solution reconstituted 500 mg	4	
dorzolamide hcl-timolol mal pf ophthalmic solution	4	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
doxycycline hyclate intravenous solution reconstituted	2	
D-PENAMINE ORAL TABLET	5	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	4	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	EDS
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	4	EDS
ELIXOPHYLLIN ORAL ELIXIR	4	
EMADINE OPHTHALMIC SOLUTION	4	
enoxaparin sodium injection solution	2	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	3	LA
estropipate oral tablet 0.75 mg, 1.5 mg	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
fentora buccal tablet 300 mcg	5	PA; QL (120 EA per 30 days)
ferrex 150 forte plus oral capsule	4	ENH
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	5	PA
fluconazole in dextrose intravenous solution 400 mg/200ml	2	
fluocinolone acetonide body external oil	2	
fluocinonide external cream 0.05 %	2	
folic acid oral tablet 1 mg	2	ENH; EDS
FREAMINE III INTRAVENOUS SOLUTION 10 %	3	BD
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	3	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	5	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
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
gauze pads pad 2"x2"	2	
gavilyte-h oral kit	2	
GELNIQUE TRANSDERMAL GEL 10 %	4	EDS
gengraf oral capsule 50 mg	2	BD; EDS
GIAZO ORAL TABLET	4	
GLEOSTINE ORAL CAPSULE 5 MG	4	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (30 EA per 30 days)
HEMANGEOL ORAL SOLUTION	4	PA; EDS
heparin sodium (porcine) injection solution prefilled syringe	2	
HEXALEN ORAL CAPSULE	3	
hydrocodone-acetaminophen oral tablet 2.5-325 mg	2	
HYPERRAB INJECTION SOLUTION	3	
ILARIS SUBCUTANEOUS SOLUTION	5	PA
insulin lispro subcutaneous solution pen-injector	3	EDS
insulin syringe 29g x 1" 0.3 ml	2	
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED	4	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION	5	PA New Starts
INVIRASE ORAL CAPSULE	5	
ivermectin external cream	4	
jolessa oral tablet	2	EDS
jolivette oral tablet	2	EDS
ketoprofen oral capsule 75 mg	2	EDS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	EDS
kimidess oral tablet	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
kionex oral powder	2	
KISQALI 200 DOSE ORAL TABLET	5	PA New Starts
KISQALI 400 DOSE ORAL TABLET	5	PA New Starts
KISQALI 600 DOSE ORAL TABLET	5	PA New Starts
klor-con sprinkle oral capsule extended release 10 meq	2	EDS
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
lactated ringers intravenous solution	2	
lactated ringers irrigation solution	2	
LANOXIN ORAL TABLET 187.5 MCG	4	PA; PA not required if under 65 years of age; EDS
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
lidocaine hcl (pf) injection solution 1 %	2	
lidocaine hcl external gel	2	
lidocaine hcl injection solution 1 %	2	
lidocaine viscous mouth/throat solution	2	
lopreeza oral tablet 0.5-0.1 mg	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist; EDS
lorazepam intensol oral concentrate	2	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA New Starts
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	5	PA New Starts
LYNPARZA ORAL CAPSULE	5	PA New Starts; LA
mesalamine-cleanser rectal kit	2	
MESTINON ORAL SYRUP	3	
metaproterenol sulfate oral tablet	2	EDS
metaxall oral tablet	2	PA; PA not required if under 65 years of age
metformin hcl oral solution	4	EDS
methotrexate sodium (pf) injection solution 100 mg/4ml	2	BD
methotrexate sodium injection solution 50 mg/2ml	2	BD
methoxsalen 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
methyclothiazide oral tablet	2	EDS
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	EDS
metipranolol ophthalmic solution	2	EDS
metoprolol tartrate oral tablet 37.5 mg, 75 mg	1	EDS
metoprolol-hctz er oral tablet extended release 24 hour	4	EDS
M-M-R II SUBCUTANEOUS INJECTABLE	3	
MODERIBA 1200 DOSE PACK ORAL TABLET	4	
MODERIBA 800 DOSE PACK ORAL TABLET	4	
MODERIBA ORAL TABLET 200 MG	4	
moexipril-hydrochlorothiazide oral tablet	2	EDS
mono-linyah oral tablet	2	EDS
mononessa oral tablet	2	EDS
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	2	
morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	2	
morphine sulfate injection solution 5 mg/ml	2	
moxifloxacin hcl intravenous solution	2	
MULTIGEN PLUS ORAL TABLET	4	ENH
nadolol-bendroflumethiazide oral tablet 80-5 mg	2	EDS
naftifine hcl external gel	4	
NATESTO NASAL GEL	4	PA; EDS
NAYZILAM NASAL SOLUTION	4	PA New Starts
necon 1/35 (28) oral tablet	2	EDS
necon 7/7/7 oral tablet	2	EDS
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
nifedical xl oral tablet extended release 24 hour 60 mg	2	EDS
nitisinone oral capsule	5	PA
norethindrone acet-ethinyl est oral tablet chewable	2	EDS
NORVIR ORAL CAPSULE	3	EDS
NUPLAZID ORAL TABLET 17 MG	5	PA New Starts; LA
NUVESSA VAGINAL GEL	4	

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

Drug Name	Tier	Requirements/Limits
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	5	PA
OMEGAVEN INTRAVENOUS EMULSION	3	BD
OMNIPOD DASH 5 PACK	3	QL (15 EA per 30 days)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	4	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
oxycodone-acetaminophen oral solution	2	
PCE ORAL TABLET DELAYED RELEASE	4	
penicillin g potassium injection solution reconstituted 5000000 unit	2	
pentamidine isethionate injection solution reconstituted	4	
periogard mouth/throat solution	2	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT	4	EDS
physiolyte irrigation solution	2	
physiosol irrigation irrigation solution	2	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
prednisolone sodium phosphate oral solution 15 mg/5ml	2	
prevalite oral powder	2	EDS
PRIMSOL ORAL SOLUTION	4	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	5	PA
PROCYSBI ORAL CAPSULE DELAYED RELEASE	5	PA; LA
profeno oral tablet	2	EDS
PROLIA SUBCUTANEOUS SOLUTION	4	PA
promethazine-dm oral syrup	2	ENH
PROQUAD SUBCUTANEOUS INJECTABLE	3	
quasense oral tablet	2	EDS
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT	2	QL (8.7 GM per 30 days); EDS
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT	2	EDS

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

Drug Name	Tier	Requirements/Limits
rajani oral tablet	2	EDS
REBETOL ORAL SOLUTION	4	
RENACIDIN IRRIGATION SOLUTION	3	
RESCRIPTOR ORAL TABLET 100 MG	3	EDS
RESCULA OPHTHALMIC SOLUTION	4	EDS
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	EDS
REVCOVI INTRAMUSCULAR SOLUTION	5	PA; LA
RIBASPHERE ORAL CAPSULE	4	
RIBASPHERE ORAL TABLET	4	
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	5	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK	5	
ribavirin inhalation solution reconstituted	5	BD
ringers intravenous solution	2	
ringers irrigation irrigation solution	2	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BD
RYBELSUS ORAL TABLET 14 MG	3	ST
RYBELSUS ORAL TABLET 3 MG, 7 MG	3	ST; QL (30 EA per 30 days); EDS
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED	4	PA; EDS
SECONAL ORAL CAPSULE	4	PA New Starts; PA not required if under 65 years of age
sf 5000 plus dental cream	2	ENH; EDS
SFROWASA RECTAL ENEMA	4	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	ENH; QL (6 EA per 30 days)
sodium chloride injection solution 2.5 meq/ml	2	
sodium fluoride oral tablet chewable 1.1 (0.5 f) mg	2	ENH; EDS
sodium polystyrene sulfonate oral suspension	2	
sodium polystyrene sulfonate rectal suspension	2	
solia oral tablet	2	EDS
sotalol hcl (af) oral tablet 160 mg, 80 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
sotalol hcl oral tablet 120 mg	2	EDS
SOVALDI ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
SPRIX NASAL SOLUTION	4	PA; PA not required if under 65 years of age
sterile water for irrigation irrigation solution	2	
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	5	PA; Prior authorization not required for oncologists.
sulfacetamide sodium external suspension	2	
sulfamethoxazole-trimethoprim intravenous solution	2	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	4	
TANZEUM SUBCUTANEOUS PEN-INJECTOR	4	ST; EDS
TEMIXYS ORAL TABLET	5	
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 450 mg	2	EDS
THYROLAR-1 ORAL TABLET	4	EDS
THYROLAR-1/2 ORAL TABLET	4	EDS
THYROLAR-1/4 ORAL TABLET	4	EDS
THYROLAR-2 ORAL TABLET	4	EDS
THYROLAR-3 ORAL TABLET	4	EDS
tolazamide oral tablet	4	EDS
tramadol hcl er oral capsule extended release 24 hour 150 mg	2	ST; QL (30 EA per 30 days)
trihexyphenidyl hcl oral elixir	2	PA; PA not required if under 65 years of age; EDS
trinessa (28) oral tablet	2	EDS
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	3	
valproate sodium oral solution	2	EDS
vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%	2	
vancomycin hcl intravenous solution reconstituted 1000 mg, 5000 mg	2	
VELTIN EXTERNAL GEL	4	
vestura oral tablet	2	EDS
V-GO 20 KIT	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
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	3	EDS
viorele oral tablet	2	EDS
VISTOGARD ORAL PACKET	5	LA
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	2	ENH; EDS
VYNDAMAX ORAL CAPSULE	5	PA; LA
WAKIX ORAL TABLET 17.8 MG	5	PA; LA
WAKIX ORAL TABLET 4.45 MG	5	PA; LA; QL (90 EA per 30 days)
XADAGO ORAL TABLET	4	PA
zenchent oral tablet	2	EDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000-51000 UNIT, 25000 UNIT, 3000-10000 UNIT, 5000 UNIT	3	EDS
ZERIT ORAL SOLUTION RECONSTITUTED	4	EDS
ZMAX ORAL SUSPENSION RECONSTITUTED	4	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	3	
ZURAMPIC ORAL TABLET	4	PA; EDS
Ophthalmic Agents		
Ophthalmic Agents		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	
neomycin-polymyxin-dexameth ophthalmic ointment	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	4	

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

Drug Name	Tier	Requirements/Limits
OXERVATE OPHTHALMIC SOLUTION	5	PA
polymyxin b-trimethoprim ophthalmic solution	2	
PRED-G OPHTHALMIC SUSPENSION	4	
PRED-G S.O.P. OPHTHALMIC OINTMENT	4	
sulfacetamide sodium ophthalmic ointment	4	
sulfacetamide-prednisolone ophthalmic solution	2	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
tobramycin-dexamethasone ophthalmic suspension	2	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution	2	EDS
CYSTARAN OPHTHALMIC SOLUTION	5	PA; LA
LACRISERT OPHTHALMIC INSERT	3	
proparacaine hcl ophthalmic solution	2	
RESTASIS OPHTHALMIC EMULSION	3	EDS
sulfacetamide sodium ophthalmic ointment	4	
Ophthalmic Anti-Allergy Agents		
ALOCRIL OPHTHALMIC SOLUTION	4	
azelastine hcl ophthalmic solution	2	
BEPREVE OPHTHALMIC SOLUTION	4	
cromolyn sodium ophthalmic solution	2	
epinastine hcl ophthalmic solution	2	
LASTACAFT OPHTHALMIC SOLUTION	4	
olopatadine hcl ophthalmic solution	2	
Ophthalmic Antiglaucoma Agents		
acetazolamide oral tablet	2	EDS
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	EDS
apraclonidine hcl ophthalmic solution	2	
AZOPT OPHTHALMIC SUSPENSION	3	EDS
betaxolol hcl ophthalmic solution	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S OPHTHALMIC SUSPENSION	4	EDS
bimatoprost ophthalmic solution	2	EDS
brimonidine tartrate ophthalmic solution	2	EDS
carteolol hcl ophthalmic solution	2	EDS
COMBIGAN OPHTHALMIC SOLUTION	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
dorzolamide hcl ophthalmic solution	2	EDS
dorzolamide hcl-timolol mal ophthalmic solution	2	EDS
dorzolamide hcl-timolol mal pf ophthalmic solution	4	EDS
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
levobunolol hcl ophthalmic solution 0.5 %	1	EDS
methazolamide oral tablet	2	EDS
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	EDS
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	EDS
ROCKLATAN OPHTHALMIC SOLUTION	4	ST; EDS
SIMBRINZA OPHTHALMIC SUSPENSION	3	EDS
timolol maleate ophthalmic gel forming solution	2	EDS
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	EDS
timolol maleate ophthalmic solution 0.5 % (daily)	2	EDS
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	4	EDS
Ophthalmic Anti-Inflammatories		
ACUVAIL OPHTHALMIC SOLUTION	4	
ALREX OPHTHALMIC SUSPENSION	3	
bromfenac sodium (once-daily) ophthalmic solution	2	
BROMSITE OPHTHALMIC SOLUTION	4	
dexamethasone sodium phosphate ophthalmic solution	2	
diclofenac sodium ophthalmic solution	2	
DUREZOL OPHTHALMIC EMULSION	4	
FLAREX OPHTHALMIC SUSPENSION	3	
fluorometholone ophthalmic suspension	2	
flurbiprofen sodium ophthalmic solution	2	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML OPHTHALMIC OINTMENT	3	
ILEVRO OPHTHALMIC SUSPENSION	3	
INVELTYS OPHTHALMIC SUSPENSION	4	
ketorolac tromethamine ophthalmic solution	2	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	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
LOTEMAX SM OPHTHALMIC GEL	3	
loteprednol etabonate ophthalmic suspension	2	
NEVANAC OPHTHALMIC SUSPENSION	3	
PRED MILD OPHTHALMIC SUSPENSION	3	
prednisolone acetate ophthalmic suspension	2	
prednisolone sodium phosphate ophthalmic solution	2	
PROLENSA OPHTHALMIC SOLUTION	4	
XIIDRA OPHTHALMIC SOLUTION	3	EDS
Ophthalmic Prostaglandin And Prostamide Analogs		
bimatoprost ophthalmic solution	2	EDS
latanoprost ophthalmic solution	1	EDS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EDS
RHOPRESSA OPHTHALMIC SOLUTION	4	EDS
TRAVATAN Z OPHTHALMIC SOLUTION	3	EDS
ZIOPTAN OPHTHALMIC SOLUTION	4	EDS
Otic Agents		
Otic Agents		
CIPRO HC OTIC SUSPENSION	4	
CIPRODEX OTIC SUSPENSION	3	
COLY-MYCIN S OTIC SUSPENSION	4	
hydrocortisone-acetic acid otic solution	2	
neomycin-polymyxin-hc otic solution 1 %	2	
neomycin-polymyxin-hc otic suspension	2	
OTOVEL OTIC SOLUTION	4	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 0.15 %	2	
carbinoxamine maleate oral solution	2	PA; PA not required if under 65 years of age
carbinoxamine maleate oral tablet 4 mg	2	PA; PA not required if under 65 years of age
CLARINEX ORAL SYRUP	4	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	

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

Drug Name	Tier	Requirements/Limits
clemastine fumarate oral tablet 2.68 mg	2	PA; PA not required if under 65 years of age
cyproheptadine hcl oral syrup	2	PA; PA not required if under 65 years of age
cyproheptadine hcl oral tablet	2	PA; PA not required if under 65 years of age
desloratadine oral tablet	2	
desloratadine oral tablet dispersible 2.5 mg	2	QL (30 EA per 30 days)
desloratadine oral tablet dispersible 5 mg	2	
hydroxyzine hcl oral tablet	2	PA; PA not required if under 65 years of age
hydroxyzine pamoate oral capsule	2	PA; PA not required if under 65 years of age
levocetirizine dihydrochloride oral solution	2	
levocetirizine dihydrochloride oral tablet	2	
olopatadine hcl nasal solution	2	
promethazine hcl oral syrup	2	PA; PA not required if under 65 years of age
promethazine hcl oral tablet	2	PA; PA not required if under 65 years of age
SEMPREX-D ORAL CAPSULE	4	
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION AEROSOL	3	EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT	2	QL (30 EA per 30 days); EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT, 50 MCG/ACT	2	EDS
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX HFA INHALATION AEROSOL	2	EDS
BECONASE AQ NASAL SUSPENSION	4	
budesonide inhalation suspension	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
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	QL (60 EA per 30 days); EDS
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	EDS
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 GM per 30 days); EDS
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	EDS
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
flunisolide nasal solution 25 mcg/act (0.025%)	2	QL (50 ML per 25 days)
fluticasone propionate nasal suspension	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	2	EDS
OMNARIS NASAL SUSPENSION	4	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
QNASL CHILDRENS NASAL AEROSOL SOLUTION	4	QL (4.9 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION	4	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
ZETONNA NASAL AEROSOL SOLUTION	4	
Antileukotrienes		
montelukast sodium oral packet	2	EDS
montelukast sodium oral tablet	2	EDS
montelukast sodium oral tablet chewable	2	EDS
zafirlukast oral tablet	2	EDS
zileuton er oral tablet extended release 12 hour	4	PA
ZYFLO ORAL TABLET	5	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	EDS
ipratropium bromide inhalation solution	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
ipratropium bromide nasal solution	2	EDS
SEEBRI NEOHALER INHALATION CAPSULE	4	EDS
SPIRIVA HANDIHALER INHALATION CAPSULE	3	EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	4	EDS
YUPELRI INHALATION SOLUTION	5	BD
Bronchodilators, Sympathomimetic		
ADVAIR HFA INHALATION AEROSOL	3	EDS
albuterol sulfate er oral tablet extended release 12 hour	2	EDS
albuterol sulfate inhalation nebulization solution	2	BD; EDS
albuterol sulfate oral syrup	2	EDS
albuterol sulfate oral tablet	2	EDS
ARCAPTA NEOHALER INHALATION CAPSULE	3	EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
BROVANA INHALATION NEBULIZATION SOLUTION	4	BD; EDS
DULERA INHALATION AEROSOL	4	EDS
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	
fluticasone-salmeterol inhalation aerosol powder breath activated	2	EDS
levalbuterol hcl inhalation nebulization solution	3	BD; EDS
levalbuterol tartrate inhalation aerosol	3	EDS
metaproterenol sulfate oral syrup	2	EDS
PERFOROMIST INHALATION NEBULIZATION SOLUTION	5	BD
PROAIR HFA INHALATION AEROSOL SOLUTION	3	EDS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	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
terbutaline sulfate oral tablet	2	EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	EDS
wixela inhub inhalation aerosol powder breath activated	2	EDS
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	LA
KALYDECO ORAL PACKET	5	PA New Starts; LA
KALYDECO ORAL TABLET	5	PA New Starts; LA
ORKAMBI ORAL PACKET	5	PA New Starts; LA
ORKAMBI ORAL TABLET	5	PA New Starts; LA
PULMOZYME INHALATION SOLUTION	5	BD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	5	PA
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	5	PA; LA
TOBI PODHALER INHALATION CAPSULE	5	PA New Starts
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution	2	BD; EDS
cromolyn sodium oral concentrate	2	EDS
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG	4	QL (28 EA per 365 days)
DALIRESP ORAL TABLET 500 MCG	4	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
theophylline er oral tablet extended release 12 hour 300 mg	2	EDS
theophylline er oral tablet extended release 24 hour	2	EDS
theophylline oral solution	2	EDS
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	5	PA New Starts; LA
alyq oral tablet	2	PA New Starts; EDS
ambrisentan oral tablet	5	PA New Starts
bosentan oral tablet	5	PA New Starts
OPSUMIT ORAL TABLET	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA New Starts; LA; EDS
sildenafil citrate oral suspension reconstituted	5	PA New Starts
sildenafil citrate oral tablet 20 mg	2	PA New Starts; Covered for pulmonary arterial hypertension only.; EDS
tadalafil 20 mg oral tablet (pah)	2	PA New Starts; EDS
TRACLEER ORAL TABLET SOLUBLE	5	PA New Starts; LA
VENTAVIS INHALATION SOLUTION	4	PA New Starts; LA; EDS
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
OFEV ORAL CAPSULE	5	PA; LA
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution	2	BD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA New Starts; LA
GLASSIA INTRAVENOUS SOLUTION	5	PA New Starts; LA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	4	PA; LA; EDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
UTIBRON NEOHALER INHALATION CAPSULE	4	EDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
Respiratory Tract/ Pulmonary Agents		
ADVAIR HFA INHALATION AEROSOL	3	EDS
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
DYMISTA NASAL SUSPENSION	4	
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	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
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	2	EDS
ipratropium-albuterol inhalation solution	2	BD; EDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
OFEV ORAL CAPSULE	5	PA; LA
PULMOZYME INHALATION SOLUTION	5	BD
SYMBICORT INHALATION AEROSOL	3	EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
carisoprodol oral tablet	2	PA; PA not required if under 65 years of age
chlorzoxazone oral tablet 500 mg	2	PA; PA not required if under 65 years of age
cyclobenzaprine hcl oral tablet	2	PA; PA not required if under 65 years of age
metaxalone oral tablet	2	PA; PA not required if under 65 years of age
methocarbamol oral tablet	2	PA; PA not required if under 65 years of age
orphenadrine citrate er oral tablet extended release 12 hour	2	PA; PA not required if under 65 years of age
tizanidine hcl oral capsule	2	EDS
tizanidine hcl oral tablet	2	EDS
Sleep Disorder Agents		
Gaba Receptor Modulators		
temazepam oral capsule	2	QL (7 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
zolpidem tartrate oral tablet	2	PA New Starts; PA not required if under 65 years of age
Sleep Disorders, Other		
armodafinil oral tablet	2	PA; EDS
BELSOMRA ORAL TABLET 10 MG, 15 MG, 5 MG	3	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 20 MG	3	
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	2	PA New Starts; PA not required if under 65 years of age; EDS
doxepin hcl oral concentrate	2	PA New Starts; PA not required if under 65 years of age; EDS
HETLIOZ ORAL CAPSULE	5	PA; LA
modafinil oral tablet	2	PA; EDS
ramelteon oral tablet	2	
SUNOSI ORAL TABLET 150 MG	4	PA; EDS
SUNOSI ORAL TABLET 75 MG	4	PA; QL (45 EA per 30 days); EDS
XYREM ORAL SOLUTION	5	PA; LA; Prior authorization not required for neurologists or pulmonologists.

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

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English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 711).
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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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