

Pharmacy Benefit Dimensions Prescription Drug Plan PDP

3 Tier Formulary



2021 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00021281, Version Number 29.

This formulary was updated on December 1, 2021. For more recent information or other questions, please contact Pharmacy Benefit Dimensions Medicare Member Services at (716) 504-4444 or 1-800-667-5936 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 8 a.m. to 8 p.m., or visit www.pbdrx.com/Medicare.

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

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

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

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

This document includes the list of the drugs (formulary) for our plan which is current as of December 1, 2021. 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, 2021, and from time to time during the year.

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

A formulary is a list of covered drugs selected by Pharmacy Benefit Dimensions Prescription Drug Plan PDP in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Pharmacy Benefit Dimensions Prescription Drug Plan PDP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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?

Most changes in drug coverage happen on January 1, but Pharmacy Benefit Dimensions Prescription Drug Plan PDP may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. Pharmacy Benefit Dimensions Prescription Drug Plan PDP must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **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 how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan PDP’s 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 both. 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.
 - If we make these other changes, 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 how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 1, 2021. To get updated information about the drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.pbdrx.com/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 12. 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 10. 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 Index Page 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Pharmacy Benefit Dimensions Prescription Drug Plan PDP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Pharmacy Benefit Dimensions Prescription Drug Plan PDP before you fill your prescriptions. If you don't get approval, Pharmacy Benefit Dimensions Prescription Drug Plan PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Pharmacy Benefit Dimensions Prescription Drug Plan PDP limits the amount of the drug that Pharmacy Benefit Dimensions Prescription Drug Plan PDP will cover. For example, Pharmacy Benefit Dimensions Prescription Drug Plan PDP provides 30 tablets per prescription for LATUDA 20 MG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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, Pharmacy Benefit Dimensions Prescription Drug Plan PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization, quantity limit and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Pharmacy Benefit Dimensions Prescription Drug Plan PDP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the

section, “How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary?” on page IV for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Pharmacy Benefit Dimensions Prescription Drug Plan PDP pays for certain OTC drugs. Pharmacy Benefit Dimensions Prescription Drug Plan PDP will provide these OTC drugs at no cost to you. The cost to Pharmacy Benefit Dimensions Prescription Drug Plan PDP of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP does not cover your drug, you have two options:

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

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

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

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

Generally, Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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 month prescription claim.

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

- At a retail pharmacy a one-time 30-day transition supply (unless the prescription is written for less than 30 days) will be authorized with refills to total 30 days of medication.
- If you are a resident of a long-term care facility, a 34-day supply (unless the prescription is written for less) will be authorized with refills if needed.

After authorizing the temporary fills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received, instructions for working with the plan and your doctor to identify appropriate therapeutic alternatives that are in the Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary, an explanation of your right

to request a formulary exception and a description of the procedures for requesting a formulary exception. We will also send a copy of the letter to your doctor.

For more information

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

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

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

Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary

The formulary that begins on page 12 provides coverage information about the drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP. If you have trouble finding your drug in the list, turn to the Index that begins on Index Page 1.

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

The information in the Requirements/Limits column tells you if Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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 Pharmacy Benefit Dimensions’ Medicare Member Services Department. Our contact information appears on the front and back cover pages.

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

Drugs listed with a **“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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CURRENT AS OF 12/1/2021

Drug Name	Tier	Requirements/Limits
Analgesics		
<i>acetaminophen-codeine #3</i>	1	
<i>acetaminophen-codeine oral solution</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	
<i>ascomp-codeine</i>	3	PA; PA does not apply to age less than 65.
BUPAP ORAL TABLET 50-300 MG	3	PA; PA does not apply to age less than 65.
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
BUTALBITAL-ACETAMINOPHEN ORAL TABLET 50-300 MG, 50-325 MG	3	PA; PA does not apply to age less than 65.
BUTALBITAL-APAP-CAFF-COD	3	PA; PA does not apply to age less than 65.
<i>butalbital-apap-caffeine oral capsule</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-asa-caff-codeine</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-aspirin-caffeine oral capsule</i>	3	PA; PA does not apply to age less than 65.
<i>butorphanol tartrate nasal</i>	1	
CAMBIA	3	
<i>celecoxib oral</i>	1	EDS
<i>codeine sulfate oral tablet</i>	1	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG	3	ST; QL (30 EA per 30 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	3	ST
<i>diclofenac epolamine external</i>	1	PA; EDS
<i>diclofenac potassium oral tablet 50 mg</i>	1	EDS
<i>diclofenac sodium er</i>	1	EDS
<i>diclofenac sodium external gel</i>	1	PA; EDS
<i>diclofenac sodium external solution</i>	1	PA
<i>diclofenac sodium oral</i>	1	EDS
<i>diflunisal oral</i>	1	EDS
<i>duramorph</i>	1	
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>etodolac oral</i>	1	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	1	EDS
<i>fenoprofen calcium oral tablet</i>	1	EDS
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	1	PA; PA not required for oncologists.; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	1	QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	1	QL (15 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	EDS
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	1	QL (60 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl oral liquid</i>	1	
<i>hydromorphone hcl oral tablet</i>	1	QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	1	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	EDS
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	EDS
<i>indomethacin er</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA; PA does not apply to age less than 65.; EDS
KETOPROFEN ER	2	EDS
<i>ketoprofen oral capsule 50 mg</i>	1	EDS
<i>ketorolac tromethamine oral</i>	1	PA; PA does not apply to age less than 65.
<i>lorcet hd</i>	1	
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	
<i>meloxicam oral tablet</i>	1	EDS
<i>methadone hcl oral solution</i>	1	
<i>methadone hcl oral tablet 10 mg</i>	1	
<i>methadone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
MORPHABOND ER	3	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate er beads</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	1	
<i>morphine sulfate er oral tablet extended release</i>	1	
<i>morphine sulfate oral</i>	1	
<i>nabumetone oral</i>	1	EDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	EDS
<i>naproxen oral</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	1	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	1	
<i>oxycodone hcl oral capsule</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution</i>	1	
<i>oxycodone hcl oral tablet</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	
<i>oxycodone-ibuprofen</i>	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	
<i>oxymorphone hcl er</i>	1	
<i>oxymorphone hcl oral tablet 10 mg</i>	1	
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
PENTAZOCINE-NALOXONE HCL	3	
<i>piroxicam oral</i>	1	EDS
<i>sulindac oral</i>	1	EDS
TENCON ORAL TABLET 50-325 MG	3	PA; PA does not apply to age less than 65.
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl oral tablet 50 mg</i>	1	
<i>tramadol-acetaminophen</i>	1	
VANATOL LQ	3	PA; PA does not apply to age less than 65.
VTOL LQ	3	PA; PA does not apply to age less than 65.
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	PA; PA does not apply to age less than 65.
Anesthetics		
<i>lidocaine external ointment 5 %</i>	1	EDS
<i>lidocaine external patch 5 %</i>	1	PA; EDS
<i>lidocaine hcl external solution</i>	1	EDS
<i>lidocaine hcl urethral/mucosal external gel</i>	1	EDS
<i>lidocaine viscous hcl</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
CHANTIX	2	
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH PAK	2	
<i>disulfiram oral</i>	1	EDS
KLOXXADO	2	
LUCEMYRA	3	PA
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	EDS
<i>naltrexone hcl oral</i>	1	
NARCAN	2	
NICOTROL	2	
NICOTROL NS	2	
<i>varenicline tartrate</i>	1	
VIVITROL	3	
ZUBSOLV	2	
Antibacterials		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	
ARIKAYCE	3	PA; LA
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
BICILLIN C-R	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
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
<i>cefaclor</i>	1	
CEFACLOR ER	3	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl injection</i>	1	
<i>cefixime</i>	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>cefoxitin sodium intravenous</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	2	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate in d5w</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal</i>	1	EDS
<i>colistimethate sodium (cba)</i>	1	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	
<i>demeclocycline hcl oral</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	3	PA
DOXY 100	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	EDS
<i>doxycycline monohydrate oral</i>	1	
E.E.S. 400 ORAL TABLET	3	
<i>ertapenem sodium</i>	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral</i>	1	
<i>erythromycin ethylsuccinate oral</i>	1	
FIRVANQ	3	
<i>fosfomycin tromethamine</i>	1	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate external</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>imipenem-cilastatin</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral</i>	1	
<i>meropenem</i>	1	
<i>methenamine hippurate</i>	1	EDS
<i>metronidazole external</i>	1	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl oral</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	1	
<i>moxifloxacin hcl in nacl</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>moxifloxacin hcl oral</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>neomycin sulfate oral</i>	1	
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>oxacillin sodium intravenous</i>	1	
<i>paromomycin sulfate oral</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	
PENICILLIN G PROCAINE	3	
<i>penicillin v potassium</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<i>polymyxin b sulfate injection</i>	1	
SIVEXTRO	3	PA
STREPTOMYCIN SULFATE INTRAMUSCULAR	3	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfadiazine oral</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
TEFLARO	3	
<i>tetracycline hcl oral</i>	1	
<i>tigecycline</i>	1	
<i>tinidazole oral</i>	1	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	BD; EDS
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
<i>trimethoprim oral</i>	1	
VABOMERE	3	PA; Prior Authorization Except Infectious Disease or Urology
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule</i>	1	
<i>vandazole</i>	1	
VIBRAMYCIN ORAL SYRUP	3	
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	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
ZERBAXA	3	PA
ZITHROMAX ORAL PACKET	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	2	
Anticonvulsants		
APTIOM	3	EDS
BRIVIACT ORAL	3	PA New Starts; PA Except Neurology; EDS
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
CELONTIN	2	EDS
<i>clobazam</i>	1	EDS
<i>clonazepam oral</i>	1	EDS
<i>clorazepate dipotassium</i>	1	
DIACOMIT	3	PA New Starts; LA; EDS
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
DIAZEPAM RECTAL	3	
DILANTIN ORAL CAPSULE 30 MG	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
EPIDIOLEX	3	PA New Starts; LA; EDS
<i>epitol</i>	1	EDS
EQUETRO	3	EDS
<i>ethosuximide oral</i>	1	EDS
<i>felbamate</i>	1	EDS
FINTEPLA	3	PA New Starts; LA; EDS
FYCOMPA	3	EDS
<i>gabapentin oral capsule</i>	1	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	1	EDS
<i>gabapentin oral tablet</i>	1	EDS
GRALISE ORAL TABLET	3	EDS
GRALISE STARTER	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	QL (90 EA per 30 days); EDS
LAMICTAL XR ORAL KIT	3	
<i>lamotrigine er</i>	1	EDS
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	1	
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam er</i>	1	EDS
<i>levetiracetam oral</i>	1	EDS
<i>lorazepam intensol</i>	1	
<i>lorazepam oral tablet</i>	1	
NAYZILAM	3	PA New Starts
<i>oxcarbazepine</i>	1	EDS
OXTELLAR XR	3	EDS
PEGANONE	2	EDS
<i>phenobarbital oral elixir</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>phenobarbital oral tablet</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	1	EDS
<i>phenytoin oral tablet chewable</i>	1	EDS
<i>phenytoin sodium extended</i>	1	EDS
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	1	ST; QL (30 EA per 30 days); EDS
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	1	ST; QL (60 EA per 30 days); EDS
<i>pregabalin oral</i>	1	EDS
<i>primidone oral</i>	1	EDS
<i>roweepra</i>	1	EDS
<i>roweepra xr</i>	1	EDS
<i>rufinamide</i>	1	EDS
SPRITAM	3	EDS
SYMPAZAN	3	EDS
<i>tiagabine hcl</i>	1	EDS
<i>topiramate er</i>	1	EDS
<i>topiramate oral</i>	1	EDS
TROKENDI XR	3	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
VALTOCO 10 MG DOSE	3	PA New Starts
VALTOCO 15 MG DOSE	3	PA New Starts
VALTOCO 20 MG DOSE	3	PA New Starts
VALTOCO 5 MG DOSE	3	PA New Starts
<i>vigabatrin</i>	1	LA; EDS
<i>vigadrone</i>	1	LA; EDS
VIMPAT ORAL	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
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	PA New Starts; QL (56 EA per 28 days); EDS
XCOPRI (350 MG DAILY DOSE)	3	PA New Starts; QL (56 EA per 28 days); EDS
XCOPRI ORAL TABLET 100 MG, 50 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
XCOPRI ORAL TABLET 150 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
XCOPRI ORAL TABLET 200 MG	3	PA New Starts; EDS
XCOPRI ORAL TABLET THERAPY PACK	3	PA New Starts; QL (28 EA per 28 days)
<i>zonisamide oral</i>	1	EDS
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	1	EDS
<i>ergoloid mesylates oral</i>	1	EDS
<i>galantamine hydrobromide</i>	1	EDS
<i>galantamine hydrobromide er</i>	1	EDS
<i>memantine hcl er</i>	1	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	1	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	
NAMENDA TITRATION PAK	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	PA New Starts
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA New Starts; EDS
<i>rivastigmine</i>	1	EDS
<i>rivastigmine tartrate</i>	1	EDS
Antidepressants		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
ABILIFY MYCITE ORAL TABLET 30 MG	3	PA New Starts; EDS
<i>amitriptyline hcl oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
AMOXAPINE	2	EDS
ALENZIN	3	EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	EDS
<i>aripiprazole oral tablet 2 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet 5 mg</i>	1	QL (30 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
<i>aripiprazole oral tablet dispersible</i>	1	QL (60 EA per 30 days); EDS
<i>bupropion hcl er (sr)</i>	1	EDS
<i>bupropion hcl er (xl)</i>	1	EDS
<i>bupropion hcl oral</i>	1	EDS
<i>chlordiazepoxide-amitriptyline</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>citalopram hydrobromide</i>	1	EDS
<i>clomipramine hcl oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>desipramine hcl oral</i>	1	EDS
<i>desvenlafaxine er</i>	1	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	QL (90 EA per 30 days); EDS
<i>doxepin hcl oral capsule</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>doxepin hcl oral concentrate</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>doxepin hcl oral tablet 3 mg</i>	1	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	3	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	EDS
<i>duloxetine hcl oral</i>	1	EDS
EMSAM	2	PA New Starts; EDS
<i>escitalopram oxalate</i>	1	EDS
FETZIMA	3	EDS
FETZIMA TITRATION	3	
<i>fluoxetine hcl oral capsule</i>	1	EDS
<i>fluoxetine hcl oral capsule delayed release</i>	1	EDS
<i>fluoxetine hcl oral solution</i>	1	EDS
<i>fluvoxamine maleate</i>	1	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	EDS
<i>imipramine hcl oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>maprotiline hcl</i>	1	EDS
MARPLAN	2	EDS
<i>mirtazapine oral</i>	1	EDS
<i>nefazodone hcl</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>nortriptyline hcl oral</i>	1	EDS
<i>olanzapine-fluoxetine hcl</i>	1	EDS
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>paroxetine mesylate</i>	1	EDS
PAXIL ORAL SUSPENSION	3	EDS
<i>perphenazine-amitriptyline</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
PEXEVA	3	EDS
<i>phenelzine sulfate oral</i>	1	EDS
<i>protriptyline hcl</i>	1	EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
<i>sertraline hcl oral concentrate</i>	1	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>tranylcypromine sulfate</i>	1	EDS
<i>trazodone hcl oral</i>	1	EDS
<i>trimipramine maleate oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
TRINTELLIX	3	QL (30 EA per 30 days); EDS
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
VIIBRYD ORAL TABLET	3	EDS
VIIBRYD STARTER PACK	3	
Antiemetics		
<i>aprepitant oral capsule</i>	1	BD
<i>chlorpromazine hcl oral</i>	1	EDS
<i>compro</i>	1	
<i>dronabinol</i>	1	PA
EMEND ORAL SUSPENSION RECONSTITUTED	2	BD
<i>granisetron hcl oral</i>	1	BD
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	EDS
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>ondansetron</i>	1	BD
<i>ondansetron hcl oral</i>	1	BD
<i>perphenazine oral</i>	1	EDS
PHENADOZ RECTAL SUPPOSITORY 12.5 MG	3	PA; PA does not apply to age less than 65.
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate oral</i>	1	EDS
<i>promethazine hcl oral syrup</i>	3	PA; PA does not apply to age less than 65.

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

Drug Name	Tier	Requirements/Limits
<i>promethazine hcl oral tablet</i>	3	PA; PA does not apply to age less than 65.
PROMETHAZINE HCL RECTAL SUPPOSITORY 12.5 MG	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl rectal suppository 25 mg</i>	3	PA; PA does not apply to age less than 65.
<i>promethegan rectal suppository 25 mg, 50 mg</i>	3	PA; PA does not apply to age less than 65.
SANCUSO	3	
<i>scopolamine</i>	1	
SYNDROS	3	PA
<i>trimethobenzamide hcl oral</i>	1	
VARUBI (180 MG DOSE)	3	BD
ZUPLENZ	3	BD
Antifungals		
ABELCET	3	PA
AMBISOME	3	PA
AMPHOTERICIN B INTRAVENOUS	2	PA
<i>caspofungin acetate</i>	1	BD
<i>ciclopirox olamine external</i>	1	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	
<i>econazole nitrate external</i>	1	
ERAXIS	3	
ERTACZO	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GYNAZOLE-1	3	
<i>itraconazole oral capsule</i>	1	PA; Prior authorization not required for infectious diseases specialists.
<i>itraconazole oral solution</i>	1	PA; PA EXCEPT INFECTIOUS DISEASE
JUBLIA	3	PA
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external foam</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral</i>	1	PA
<i>ketodan external foam</i>	1	
MENTAX	3	
<i>micafungin sodium</i>	1	
MICONAZOLE 3 VAGINAL SUPPOSITORY	3	
<i>naftifine hcl external cream</i>	1	

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

Drug Name	Tier	Requirements/Limits
NAFTIN EXTERNAL GEL	2	
NOXAFIL ORAL SUSPENSION	3	EDS
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystop</i>	1	
<i>oxiconazole nitrate</i>	1	
OXISTAT EXTERNAL LOTION	3	
<i>posaconazole</i>	1	EDS
<i>tavaborole</i>	1	PA
<i>terbinafine hcl oral</i>	1	
<i>terconazole vaginal cream</i>	1	
TOLSURA	3	PA; PA Except Infectious Disease
<i>voriconazole intravenous</i>	1	BD
<i>voriconazole oral</i>	1	
Antigout Agents		
<i>allopurinol oral</i>	1	EDS
<i>colchicine oral</i>	1	EDS
<i>colchicine-probenecid</i>	1	EDS
<i>febuxostat</i>	1	ST; EDS
<i>probenecid oral</i>	1	EDS
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (1 ML per 30 days); EDS
AJOVY	2	PA; EDS
<i>almotriptan malate</i>	1	
<i>dihydroergotamine mesylate nasal</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>eletriptan hydrobromide</i>	1	
EMGALITY	3	PA; EDS
EMGALITY (300 MG DOSE)	3	PA; EDS
<i>ergotamine-caffeine</i>	1	
<i>frovatriptan succinate</i>	1	
<i>migergot</i>	1	
MIGRANAL	3	
<i>naratriptan hcl</i>	1	
NURTEC	2	PA

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

Drug Name	Tier	Requirements/Limits
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan nasal</i>	1	
<i>sumatriptan succinate oral</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	
<i>sumatriptan-naproxen sodium</i>	1	
<i>timolol maleate oral</i>	1	EDS
<i>topiramate er</i>	1	EDS
<i>topiramate oral</i>	1	EDS
TROKENDI XR	3	EDS
UBRELVY	2	ST
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
<i>zolmitriptan oral</i>	1	
ZOMIG NASAL	3	
Antimyasthenic Agents		
<i>guanidine hcl oral</i>	1	
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide oral solution</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	EDS
Antimycobacterials		
<i>dapsone external gel 7.5 %</i>	1	
<i>dapsone oral</i>	1	EDS
<i>ethambutol hcl oral</i>	1	
<i>isoniazid oral</i>	1	EDS
PASER	3	
PRETOMANID	3	PA
PRIFTIN	3	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	1	
RIFAMATE	3	
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
RIFATER	2	
SIRTURO	3	PA
TRECTOR	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
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	1	PA New Starts
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG, 5 MG	3	PA New Starts
AFINITOR ORAL TABLET 10 MG	3	PA New Starts
ALECENSA	3	PA New Starts
ALUNBRIG	3	PA New Starts; LA
<i>anastrozole oral</i>	1	EDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	3	PA New Starts; LA
BALVERSA	3	PA New Starts; LA
<i>bexarotene</i>	1	
<i>bicalutamide</i>	1	
BOSULIF	3	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA New Starts; LA
BRUKINSA	3	PA New Starts
CABOMETYX	3	PA New Starts; LA
CALQUENCE	3	PA New Starts
CAPRELSA	3	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE)	3	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	3	PA New Starts; LA
COTELLIC	3	PA New Starts
<i>cyclophosphamide oral capsule</i>	1	BD; EDS
<i>cyclophosphamide oral tablet</i>	1	BD
DAURISMO ORAL TABLET 100 MG	3	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
DROXIA	2	EDS
EMCYT	2	
ERIVEDGE	3	PA New Starts
ERLEADA	2	PA New Starts
<i>erlotinib hcl</i>	1	PA New Starts
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	BD; EDS
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA New Starts
<i>exemestane</i>	1	EDS
FARYDAK	3	PA New Starts; LA
<i>flutamide</i>	1	EDS
FOTIVDA	3	PA New Starts; LA; QL (30 EA per 30 days)
GAVRETO	3	PA New Starts; LA
GILOTRIF	3	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
<i>hydroxyurea oral</i>	1	EDS
IBRANCE	3	PA New Starts; LA
ICLUSIG	3	PA New Starts
IDHIFA	3	PA New Starts; LA
<i>imatinib mesylate</i>	1	EDS
IMBRUVICA	3	PA New Starts; LA
INLYTA	3	PA New Starts; LA
INQOVI	3	PA New Starts; LA
INREBIC	3	PA New Starts; LA
IRESSA	3	PA New Starts; LA
JAKAFI	3	PA New Starts; LA
KISQALI (200 MG DOSE)	3	PA New Starts
KISQALI (400 MG DOSE)	3	PA New Starts
KISQALI (600 MG DOSE)	3	PA New Starts
KISQALI FEMARA (400 MG DOSE)	3	PA New Starts
KISQALI FEMARA (600 MG DOSE)	3	PA New Starts
KISQALI FEMARA(200 MG DOSE)	3	PA New Starts
KOSELUGO	3	PA New Starts; LA
<i>lapatinib ditosylate</i>	1	PA New Starts
LENVIMA (10 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE)	3	PA New Starts; LA
<i>letrozole oral</i>	1	EDS
<i>leucovorin calcium oral</i>	1	
LEUKERAN	2	
LONSURF	3	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	3	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
LUMAKRAS	3	PA New Starts
LYNPARZA ORAL TABLET	3	PA New Starts; LA
LYSODREN	2	
MATULANE	2	LA
MEKINIST	3	PA New Starts
MEKTOVI	3	PA New Starts; LA
MESNEX ORAL	2	
<i>methotrexate oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	
NERLYNX	3	PA New Starts; LA
NEXAVAR	3	PA New Starts; LA
<i>nilutamide</i>	1	
NINLARO	3	PA New Starts; QL (3 EA per 28 days)
NUBEQA	3	PA New Starts; LA
ODOMZO	3	PA New Starts
ONUREG ORAL TABLET 200 MG	3	PA New Starts
ONUREG ORAL TABLET 300 MG	3	PA New Starts; QL (30 EA per 30 days)
ORGOVYX	3	PA New Starts; LA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA; EDS
PEMAZYRE	3	PA New Starts; LA
PIQRAY (200 MG DAILY DOSE)	3	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE)	3	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE)	3	PA New Starts; LA
POMALYST	3	PA New Starts; LA
PURIXAN	2	LA
QINLOCK	3	PA New Starts; LA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA; EDS
RETEVMO ORAL CAPSULE 40 MG	3	PA New Starts; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	3	PA New Starts
REVLIMID	3	PA New Starts; LA
ROZLYTREK ORAL CAPSULE 100 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA New Starts; LA
RUBRACA	3	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT	3	PA New Starts
SOLTAMOX	2	EDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	2	PA New Starts; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	2	PA New Starts; QL (60 EA per 30 days)
STIVARGA	3	PA New Starts; LA
<i>sunitinib malate</i>	1	PA New Starts
SUTENT	3	PA New Starts; LA
SYNRIBO	3	PA New Starts
TABLOID	3	
TABRECTA ORAL TABLET 150 MG	3	PA New Starts; QL (120 EA per 30 days)
TABRECTA ORAL TABLET 200 MG	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
TAFINLAR	3	PA New Starts
TAGRISSO	3	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.25 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	3	PA New Starts; LA
<i>tamoxifen citrate oral</i>	1	EDS
TARGRETIN EXTERNAL	2	PA New Starts
TASIGNA	3	PA New Starts
TAZVERIK	3	PA New Starts; LA; QL (240 EA per 30 days)
TEPMETKO	3	PA New Starts
THALOMID	2	LA; EDS
TIBSOVO	3	PA New Starts; LA
<i>toremifene citrate</i>	1	EDS
<i>tretinoin oral</i>	1	
TREXALL	2	
TRUSELTIQ (100MG DAILY DOSE)	3	PA New Starts; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	3	PA New Starts; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	3	PA New Starts; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	3	PA New Starts; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	3	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	3	PA New Starts; LA; QL (120 EA per 30 days)
TURALIO	3	PA New Starts; LA
UKONIQ	3	PA New Starts
VALCHLOR	3	PA New Starts
VENCLEXTA ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	3	PA New Starts; LA
VENCLEXTA STARTING PACK	3	PA New Starts; LA; QL (42 EA per 30 days)
VERZENIO	3	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	3	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	3	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	3	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	3	PA New Starts; LA
VOTRIENT	3	PA New Starts
WELIREG	3	PA New Starts
XALKORI	3	PA New Starts; LA
XATMEP	3	PA New Starts
XOSPATA	3	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	3	PA New Starts; LA; QL (20 EA per 28 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
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	3	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	3	PA New Starts; LA; QL (12 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	3	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	3	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	3	PA New Starts; LA; QL (32 EA per 28 days)
XTANDI	2	PA New Starts
XURIDEN	2	PA; EDS
ZEJULA	2	PA New Starts; LA
ZELBORAF	3	PA New Starts
ZOLINZA	2	
ZYDELIG	3	PA New Starts
ZYKADIA ORAL TABLET	3	PA New Starts
Antiparasitics		
<i>albendazole oral</i>	1	
ALINIA ORAL SUSPENSION RECONSTITUTED	2	
<i>atovaquone oral</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate oral</i>	1	EDS
COARTEM	2	QL (24 EA per 30 days)
EMVERM	3	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	EDS
<i>ivermectin oral</i>	1	
LAMPIT	3	PA
<i>mefloquine hcl</i>	1	EDS
<i>nitazoxanide oral</i>	1	
<i>pentamidine isethionate inhalation</i>	1	BD
<i>pentamidine isethionate injection</i>	1	
<i>praziquantel oral</i>	1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>pyrimethamine oral</i>	1	
<i>quinine sulfate oral</i>	1	
Antiparkinson Agents		
<i>amantadine hcl oral capsule</i>	1	EDS
<i>amantadine hcl oral solution</i>	1	EDS
<i>amantadine hcl oral tablet</i>	1	EDS
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; LA
<i>benztropine mesylate oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>bromocriptine mesylate oral</i>	1	EDS
<i>carbidopa oral</i>	1	EDS
<i>carbidopa-levodopa</i>	1	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	EDS
<i>carbidopa-levodopa-entacapone</i>	1	EDS
DUOPA ENTERAL	3	PA; EDS
<i>entacapone</i>	1	EDS
GOCOVRI	3	PA; LA; EDS
INBRIJA	3	PA; LA; EDS
KYNMOBI	3	PA; PA Except Neurology
NEUPRO	3	EDS
ONGENTYS	3	ST; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	PA; EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	PA; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG	3	PA; EDS
<i>pramipexole dihydrochloride</i>	1	EDS
<i>pramipexole dihydrochloride er</i>	1	EDS
<i>rasagiline mesylate oral</i>	1	EDS
<i>ropinirole hcl</i>	1	EDS
<i>ropinirole hcl er</i>	1	EDS
<i>selegiline hcl oral</i>	1	EDS
STALEVO 100	3	EDS
STALEVO 125	3	EDS
STALEVO 150	3	EDS
STALEVO 200	3	EDS
STALEVO 50	3	EDS
STALEVO 75	3	EDS
<i>tolcapone</i>	1	EDS
<i>trihexyphenidyl hcl</i>	1	PA; PA does not apply to age less than 65.; EDS
ZELAPAR	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
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
ABILIFY MYCITE ORAL TABLET 30 MG	3	PA New Starts; EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	EDS
<i>aripiprazole oral tablet 2 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet 5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible</i>	1	QL (60 EA per 30 days); EDS
ARISTADA	2	BD; EDS
ARISTADA INITIO	2	BD
<i>asenapine maleate</i>	1	EDS
CAPLYTA	3	PA New Starts; EDS
<i>chlorpromazine hcl oral</i>	1	EDS
<i>clozapine</i>	1	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	QL (90 EA per 30 days); EDS
FANAPT ORAL TABLET 10 MG	3	QL (60 EA per 30 days); EDS
FANAPT ORAL TABLET 12 MG, 8 MG	3	EDS
FANAPT TITRATION PACK	3	QL (8 EA per 28 days)
<i>fluphenazine decanoate injection</i>	1	BD
<i>fluphenazine hcl injection</i>	1	BD
<i>fluphenazine hcl oral</i>	1	EDS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	BD
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	EDS
<i>haloperidol oral</i>	1	EDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PA New Starts; EDS
LATUDA ORAL TABLET 120 MG, 60 MG, 80 MG	3	EDS
LATUDA ORAL TABLET 20 MG, 40 MG	3	QL (30 EA per 30 days); EDS
<i>loxapine succinate oral</i>	1	EDS
<i>molindone hcl</i>	1	EDS
NUPLAZID ORAL CAPSULE	3	PA New Starts; LA; EDS
NUPLAZID ORAL TABLET 10 MG	3	PA New Starts; LA; QL (30 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
<i>olanzapine intramuscular</i>	1	BD
<i>olanzapine oral</i>	1	EDS
<i>paliperidone er</i>	1	EDS
<i>perphenazine oral</i>	1	EDS
PERSERIS	3	BD; EDS
<i>pimozide</i>	1	EDS
<i>prochlorperazine maleate oral</i>	1	EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	QL (30 EA per 30 days); EDS
REXULTI ORAL TABLET 4 MG	3	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	1	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR	3	QL (30 EA per 30 days); EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR	3	EDS
<i>thioridazine hcl oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>thiothixene oral</i>	1	EDS
<i>trifluoperazine hcl oral</i>	1	EDS
VERSACLOZ	3	
VRAYLAR ORAL CAPSULE	3	PA New Starts; EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS
<i>ziprasidone mesylate</i>	1	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Antispasticity Agents		
<i>baclofen oral</i>	1	EDS
<i>dantrolene sodium oral</i>	1	
<i>tizanidine hcl oral</i>	1	EDS
Antivirals		
<i>abacavir sulfate</i>	1	EDS
<i>abacavir sulfate-lamivudine</i>	1	EDS
<i>abacavir-lamivudine-zidovudine</i>	1	EDS
<i>acyclovir oral capsule</i>	1	EDS
<i>acyclovir oral suspension</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>acyclovir oral tablet 400 mg</i>	1	EDS
<i>acyclovir oral tablet 800 mg</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	BD
<i>adefovir dipivoxil</i>	1	EDS
<i>amantadine hcl oral capsule</i>	1	EDS
<i>amantadine hcl oral solution</i>	1	EDS
<i>amantadine hcl oral tablet</i>	1	EDS
APTIVUS	3	EDS
<i>atazanavir sulfate</i>	1	EDS
BARACLUDE ORAL SOLUTION	2	EDS
BIKTARVY	2	EDS
CIMDUO	2	EDS
COMPLERA	3	EDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	EDS
<i>delstrigo</i>	3	EDS
DESCOVY	3	EDS
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	1	EDS
DOVATO	3	EDS
EDURANT	3	EDS
<i>efavirenz</i>	1	EDS
<i>efavirenz-emtricitab-tenofovir</i>	1	EDS
<i>efavirenz-lamivudine-tenofovir</i>	1	EDS
<i>emtricitabine</i>	1	EDS
<i>emtricitabine-tenofovir df</i>	1	EDS
EMTRIVA ORAL SOLUTION	2	EDS
<i>entecavir</i>	1	EDS
EPCLUSA ORAL TABLET 200-50 MG	2	PA; QL (30 EA per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	2	PA
EPIVIR HBV ORAL SOLUTION	2	EDS
<i>etravirine</i>	1	EDS
EVOTAZ	3	EDS
<i>famciclovir oral</i>	1	EDS
<i>fosamprenavir calcium</i>	1	EDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
GENVOYA	2	EDS
HARVONI ORAL PACKET	2	PA
HARVONI ORAL TABLET 90-400 MG	2	PA
INTELENCE ORAL TABLET 25 MG	2	EDS
INVIRASE ORAL TABLET	2	EDS
ISENTRESS	3	EDS
ISENTRESS HD	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
JULUCA	3	EDS
<i>lamivudine</i>	1	EDS
<i>lamivudine-zidovudine</i>	1	EDS
LEXIVA ORAL SUSPENSION	2	EDS
<i>lopinavir-ritonavir</i>	1	EDS
MAVYRET ORAL TABLET	2	PA
<i>nevirapine</i>	1	EDS
<i>nevirapine er</i>	1	EDS
NORVIR ORAL PACKET	2	EDS
NORVIR ORAL SOLUTION	2	EDS
ODEFSEY	3	EDS
<i>oseltamivir phosphate oral</i>	1	
PIFELTRO	3	EDS
PREVYMIS ORAL	3	PA; EDS
PREZCOBIX	3	EDS
PREZISTA ORAL SUSPENSION	2	EDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	EDS
RELENZA DISKHALER	3	
REYATAZ ORAL PACKET	2	EDS
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine hcl</i>	1	
<i>ritonavir</i>	1	EDS
RUKOBIA	3	EDS
SELZENTRY	2	EDS
<i>sofosbuvir-velpatasvir</i>	1	PA
SOVALDI ORAL PACKET	2	PA
SOVALDI ORAL TABLET 400 MG	2	PA
<i>stavudine oral capsule</i>	1	EDS
STRIBILD	2	EDS
SYMTUZA	3	EDS
TEMIXYS	2	EDS
<i>tenofovir disoproxil fumarate</i>	1	EDS
TIVICAY	2	EDS
TIVICAY PD	2	EDS
<i>trifluridine ophthalmic</i>	1	
TRIUMEQ	2	EDS
TYBOST	2	EDS
<i>valacyclovir hcl oral</i>	1	EDS
<i>valganciclovir hcl</i>	1	EDS
VEMLIDY	2	PA; EDS

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

Drug Name	Tier	Requirements/Limits
VIRACEPT ORAL TABLET	2	EDS
VIREAD ORAL POWDER	2	EDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	EDS
VOSEVI	2	PA
XOFLUZA (40 MG DOSE)	2	
XOFLUZA (80 MG DOSE)	2	
<i>zidovudine</i>	1	EDS
Anxiolytics		
<i>alprazolam er</i>	1	
<i>alprazolam oral</i>	1	
<i>bupirone hcl oral</i>	1	EDS
<i>clonazepam oral</i>	1	EDS
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
DIAZEPAM RECTAL	3	
<i>doxepin hcl oral capsule</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>doxepin hcl oral concentrate</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>doxepin hcl oral tablet 3 mg</i>	1	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	3	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	EDS
<i>duloxetine hcl oral</i>	1	EDS
<i>escitalopram oxalate</i>	1	EDS
<i>hydroxyzine hcl oral tablet</i>	1	PA; PA does not apply to age less than 65.
<i>hydroxyzine pamoate oral</i>	1	PA; PA does not apply to age less than 65.
<i>lorazepam intensol</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>meprobamate</i>	1	PA; PA does not apply to age less than 65.; EDS
NAYZILAM	3	PA New Starts
<i>oxazepam</i>	1	
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL ORAL SUSPENSION	3	EDS
PEXEVA	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>sertraline hcl oral concentrate</i>	1	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
VALTOCO 10 MG DOSE	3	PA New Starts
VALTOCO 15 MG DOSE	3	PA New Starts
VALTOCO 20 MG DOSE	3	PA New Starts
VALTOCO 5 MG DOSE	3	PA New Starts
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
Bipolar Agents		
<i>asenapine maleate</i>	1	EDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>epitol</i>	1	EDS
EQUETRO	3	EDS
LAMICTAL XR ORAL KIT	3	
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	1	EDS
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
LATUDA ORAL TABLET 120 MG, 60 MG, 80 MG	3	EDS
LATUDA ORAL TABLET 20 MG, 40 MG	3	QL (30 EA per 30 days); EDS
<i>lithium carbonate er</i>	1	EDS
<i>lithium carbonate oral</i>	1	EDS
<i>olanzapine intramuscular</i>	1	BD
<i>olanzapine oral</i>	1	EDS
PERSERIS	3	BD; EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 4 mg</i>	1	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR	3	QL (30 EA per 30 days); EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR	3	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS
<i>ziprasidone mesylate</i>	1	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Blood Glucose Regulators		
<i>acarbose oral</i>	1	EDS
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	EDS
<i>baqsimi two pack</i>	1	
<i>colesevelam hcl</i>	1	EDS
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
CYCLOSET	3	EDS
<i>diazoxide oral</i>	1	EDS
<i>exel comfort point pen needle 29g x 12mm</i>	1	EDS
FARXIGA	2	EDS
<i>glimepiride</i>	1	EDS
<i>glipizide er</i>	1	EDS
<i>glipizide oral</i>	1	EDS
<i>glipizide-metformin hcl</i>	1	EDS
GLUCAGEN HYPOKIT	2	
<i>glucagon emergency injection kit</i>	1	
GLYXAMBI	2	EDS
<i>gvoke hypopen 2-pack</i>	1	
GVOKE PFS	1	
HUMALOG	2	EDS
HUMALOG JUNIOR KWIKPEN	2	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMALOG MIX 50/50	2	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 75/25	2	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN 70/30	2	EDS

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

Drug Name	Tier	Requirements/Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN N	2	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN R	2	EDS
HUMULIN R U-500 (CONCENTRATED)	2	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
JARDIANCE	2	EDS
JENTADUETO	2	EDS
JENTADUETO XR	2	EDS
KORLYM	3	PA New Starts; LA; EDS
LANTUS	2	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LEVEMIR	2	EDS
LEVEMIR FLEXTOUCH	2	EDS
LYUMJEV	2	EDS
LYUMJEV KWIKPEN	2	EDS
<i>metformin hcl er</i>	1	EDS
<i>metformin hcl oral</i>	1	EDS
<i>miglitol</i>	1	EDS
<i>nateglinide</i>	1	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	ST; EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	ST; EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	ST; Step therapy not required for endocrinologists; EDS
<i>pioglitazone hcl</i>	1	EDS
<i>pioglitazone hcl-metformin hcl</i>	1	EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
<i>reli-on insulin syringe 29g 0.3 ml</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	1	EDS
RYBELSUS ORAL TABLET 14 MG	2	ST; EDS
RYBELSUS ORAL TABLET 3 MG, 7 MG	2	ST; QL (30 EA per 30 days); EDS
SOLIQUA	2	EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYNJARDY	2	EDS
SYNJARDY XR	2	EDS
TOUJEO MAX SOLOSTAR	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
TOUJEO SOLOSTAR	2	EDS
TRADJENTA	2	EDS
TRESIBA	2	EDS
TRESIBA FLEXTOUCH	2	EDS
TRIJARDY XR	2	EDS
TRULICITY	2	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
XIGDUO XR	2	EDS
Blood Products And Modifiers		
<i>anagrelide hcl</i>	1	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA
<i>aspirin-dipyridamole er</i>	1	EDS
BEVYXXA ORAL CAPSULE 40 MG	3	QL (31 EA per 30 days); EDS
BEVYXXA ORAL CAPSULE 80 MG	3	EDS
BRILINTA	2	EDS
CABLIVI	3	PA; LA
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
COUMADIN ORAL	3	EDS
<i>dipyridamole oral</i>	1	PA; PA does not apply to age less than 65.; EDS
DOPTELET	3	PA; LA
ELIQUIS	2	EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	EDS
<i>enoxaparin sodium subcutaneous</i>	1	
<i>fondaparinux sodium</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>jantoven</i>	1	EDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	2	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
NIVESTYM	2	PA
OXBRYTA	3	PA; LA; EDS
PRADAXA	2	EDS
<i>prasugrel hcl</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
PROMACTA	2	PA; EDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	PA
TAVALISSE ORAL TABLET 100 MG	3	PA; LA; QL (60 EA per 30 days); EDS
TAVALISSE ORAL TABLET 150 MG	3	PA; LA; EDS
<i>tranexamic acid oral</i>	1	
UDENYCA	2	PA
<i>warfarin sodium oral</i>	1	EDS
XARELTO	2	EDS
XARELTO STARTER PACK	2	
ZARXIO	2	PA
ZONTIVITY	3	PA New Starts; EDS
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	1	EDS
<i>acetazolamide oral</i>	1	EDS
ALDACTAZIDE ORAL TABLET 50-50 MG	2	EDS
<i>aliskiren fumarate</i>	1	ST; EDS
ALTOPREV	3	EDS
<i>amiloride hcl oral</i>	1	EDS
<i>amiloride-hydrochlorothiazide</i>	1	EDS
<i>amiodarone hcl oral</i>	1	EDS
<i>amlodipine besy-benazepril hcl</i>	1	EDS
<i>amlodipine besylate oral</i>	1	EDS
<i>amlodipine besylate-valsartan</i>	1	EDS
<i>amlodipine-olmesartan</i>	1	EDS
<i>amlodipine-valsartan-hctz</i>	1	EDS
<i>atenolol oral</i>	1	EDS
<i>atenolol-chlorthalidone</i>	1	EDS
<i>atorvastatin calcium oral</i>	1	EDS
<i>benazepril hcl oral</i>	1	EDS
<i>benazepril-hydrochlorothiazide</i>	1	EDS
<i>betaxolol hcl oral</i>	1	EDS
BIDIL	3	EDS
<i>bisoprolol fumarate oral</i>	1	EDS
<i>bisoprolol-hydrochlorothiazide</i>	1	EDS
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	EDS
BYSTOLIC	3	EDS
<i>candesartan cilxetil</i>	1	EDS
<i>candesartan cilxetil-hctz</i>	1	EDS
<i>captopril oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>captopril-hydrochlorothiazide</i>	1	EDS
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	EDS
<i>cartia xt</i>	1	EDS
<i>carvedilol</i>	1	EDS
<i>carvedilol phosphate er</i>	1	EDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
<i>cholestyramine light oral powder</i>	1	EDS
<i>cholestyramine oral packet</i>	1	EDS
<i>clonidine hcl oral</i>	1	EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1	QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	1	EDS
<i>colesevelam hcl</i>	1	EDS
COLESTID ORAL TABLET	3	EDS
<i>colestipol hcl oral packet</i>	1	EDS
<i>colestipol hcl oral tablet</i>	1	EDS
CORLANOR	3	PA; EDS
<i>digitek oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digitek oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>digox oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digox oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>digoxin oral solution</i>	1	EDS
<i>digoxin oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	1	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	EDS
<i>diltiazem hcl oral</i>	1	EDS
<i>dilt-xr</i>	1	EDS
<i>disopyramide phosphate oral</i>	1	PA; PA does not apply to age less than 65.; EDS
DIURIL	2	EDS
<i>dofetilide</i>	1	EDS
<i>doxazosin mesylate oral</i>	1	EDS
<i>droxidopa</i>	1	PA

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

Drug Name	Tier	Requirements/Limits
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 50-12.5 MG	2	EDS
EDARBI	3	EDS
EDARBYCLOR	3	EDS
<i>enalapril maleate oral tablet</i>	1	EDS
<i>enalapril-hydrochlorothiazide</i>	1	EDS
ENTRESTO	2	EDS
<i>eplerenone</i>	1	EDS
<i>eprosartan mesylate</i>	1	EDS
<i>ethacrynic acid oral</i>	1	EDS
<i>ezetimibe</i>	1	EDS
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1	EDS
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1	PA New Starts; EDS
<i>felodipine er</i>	1	EDS
<i>fenofibrate oral tablet</i>	1	EDS
<i>fenofibric acid oral capsule delayed release</i>	1	EDS
<i>flecainide acetate</i>	1	EDS
<i>fluvastatin sodium er</i>	1	EDS
<i>fosinopril sodium</i>	1	EDS
<i>fosinopril sodium-hctz</i>	1	EDS
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>gemfibrozil oral</i>	1	EDS
<i>guanfacine hcl oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>hydralazine hcl oral</i>	1	EDS
<i>hydrochlorothiazide oral</i>	1	EDS
<i>icosapent ethyl</i>	1	EDS
<i>indapamide oral</i>	1	EDS
<i>irbesartan</i>	1	EDS
<i>irbesartan-hydrochlorothiazide</i>	1	EDS
<i>isosorbide dinitrate oral</i>	1	EDS
<i>isosorbide mononitrate</i>	1	EDS
<i>isosorbide mononitrate er</i>	1	EDS
<i>isradipine</i>	1	EDS
JUXTAPID	3	PA; EDS
KERENDIA	3	PA; QL (30 EA per 30 days); EDS
<i>labetalol hcl oral</i>	1	EDS
LANOXIN ORAL TABLET 62.5 MCG	3	EDS
<i>lisinopril oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide</i>	1	EDS
LIVALO	3	EDS
<i>losartan potassium oral</i>	1	EDS
<i>losartan potassium-hctz</i>	1	EDS
<i>lovastatin oral</i>	1	EDS
<i>matzim la</i>	1	EDS
<i>methyldopa oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>methyldopa-hydrochlorothiazide</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>metolazone</i>	1	EDS
<i>metoprolol succinate er</i>	1	EDS
<i>metoprolol tartrate oral</i>	1	EDS
<i>metoprolol-hydrochlorothiazide</i>	1	EDS
<i>metyrosine</i>	1	
<i>mexiletine hcl oral</i>	1	EDS
<i>midodrine hcl</i>	1	EDS
<i>minitran</i>	1	EDS
<i>minoxidil oral</i>	1	EDS
<i>moexipril hcl</i>	1	EDS
MULTAQ	2	QL (60 EA per 30 days); EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>nebivolol hcl</i>	1	EDS
NEXLETOL	3	PA New Starts; EDS
NEXLIZET	3	PA New Starts; EDS
<i>niacin er (antihyperlipidemic)</i>	1	EDS
<i>nicardipine hcl oral</i>	1	EDS
<i>nifedipine er</i>	1	EDS
<i>nifedipine er osmotic release</i>	1	EDS
<i>nifedipine oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>nimodipine oral</i>	1	EDS
NITRO-BID	3	EDS
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	EDS
<i>nitroglycerin sublingual</i>	1	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	1	EDS
<i>nitroglycerin translingual solution</i>	1	EDS
NORPACE CR	3	PA; PA does not apply to age less than 65.; EDS
NYMALIZE ORAL SOLUTION 6 MG/ML	3	
<i>olmesartan medoxomil oral</i>	1	EDS
<i>olmesartan medoxomil-hctz</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>olmesartan-amlodipine-hctz</i>	1	EDS
ORLADEYO	3	PA New Starts; LA; QL (30 EA per 30 days); EDS
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	EDS
<i>pentoxifylline er</i>	1	EDS
<i>perindopril erbumine</i>	1	EDS
<i>pindolol</i>	1	EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
<i>pravastatin sodium</i>	1	EDS
<i>prazosin hcl oral</i>	1	EDS
<i>prevalite oral packet</i>	1	EDS
<i>propafenone hcl</i>	1	EDS
<i>propafenone hcl er</i>	1	EDS
<i>propranolol hcl er</i>	1	EDS
PROPRANOLOL HCL ORAL SOLUTION	3	EDS
<i>propranolol hcl oral tablet</i>	1	EDS
<i>propranolol-hctz</i>	1	EDS
<i>quinapril hcl</i>	1	EDS
<i>quinapril-hydrochlorothiazide</i>	1	EDS
<i>quinidine gluconate er</i>	1	EDS
<i>quinidine sulfate oral</i>	1	EDS
<i>ramipril</i>	1	EDS
<i>ranolazine er</i>	1	EDS
RECTIV	3	
REPATHA	3	PA; EDS
REPATHA PUSHTRONEX SYSTEM	3	PA; EDS
REPATHA SURECLICK	3	PA; EDS
<i>rosuvastatin calcium</i>	1	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	1	PA New Starts; EDS
<i>sorine</i>	1	EDS
<i>sotalol hcl (af)</i>	1	EDS
<i>sotalol hcl oral</i>	1	EDS
SOTYLIZE	3	EDS
<i>spironolactone oral</i>	1	EDS
<i>spironolactone-hctz</i>	1	EDS
<i>taztia xt</i>	1	EDS
TEKTURNA HCT	3	ST; EDS
<i>telmisartan</i>	1	EDS
<i>telmisartan-hctz</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS
<i>tiadylt er</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>timolol maleate oral</i>	1	EDS
<i>toremide oral</i>	1	EDS
<i>trandolapril</i>	1	EDS
<i>trandolapril-verapamil hcl er</i>	1	EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet</i>	1	EDS
<i>valsartan</i>	1	EDS
<i>valsartan-hydrochlorothiazide</i>	1	EDS
VASCEPA	2	EDS
VECAMYL	3	PA; LA; EDS
<i>verapamil hcl er</i>	1	EDS
<i>verapamil hcl oral</i>	1	EDS
VERQUVO ORAL TABLET 10 MG	3	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days); EDS
Central Nervous System Agents		
<i>amphetamine-dextroamphet er</i>	1	EDS
<i>amphetamine-dextroamphetamine</i>	1	EDS
<i>atomoxetine hcl</i>	1	EDS
AUBAGIO	2	EDS
AUSTEDO ORAL TABLET 12 MG	3	PA; LA; EDS
AUSTEDO ORAL TABLET 6 MG, 9 MG	3	PA; LA; QL (60 EA per 30 days); EDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	EDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	EDS
BAFIERTAM	3	PA; EDS
CLONIDINE HCL ER	3	AL (Min 6 Years and Max 17 Years); EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	EDS
<i>dalfampridine er</i>	1	PA; EDS
DAYTRANA	3	EDS
<i>dexmethylphenidate hcl</i>	1	EDS
<i>dexmethylphenidate hcl er</i>	1	EDS
<i>dextroamphetamine sulfate er</i>	1	EDS
<i>dextroamphetamine sulfate oral</i>	1	EDS
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	QL (60 EA per 30 days); EDS
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	EDS
<i>dimethyl fumarate starter pack</i>	1	
<i>duloxetine hcl oral</i>	1	EDS
EVRYSDI	3	PA; LA; EDS
EXSERVAN	3	ST; QL (60 EA per 30 days); EDS
FIRDAPSE	3	PA; LA
GILENYA ORAL CAPSULE 0.5 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
<i>glatiramer acetate</i>	1	EDS
<i>glatopa</i>	1	EDS
GRALISE ORAL TABLET	3	EDS
<i>guanfacine hcl er</i>	1	PA; PA does not apply to age less than 65.; EDS
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	EDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG	3	PA; LA; QL (30 EA per 30 days); EDS
INGREZZA ORAL CAPSULE 80 MG	3	PA; LA; EDS
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; LA; EDS
KESIMPTA	2	EDS
MAVENCLAD (10 TABS)	3	PA
MAVENCLAD (4 TABS)	3	PA
MAVENCLAD (5 TABS)	3	PA
MAVENCLAD (6 TABS)	3	PA
MAVENCLAD (7 TABS)	3	PA
MAVENCLAD (8 TABS)	3	PA
MAVENCLAD (9 TABS)	3	PA
MAYZENT ORAL TABLET 0.25 MG	2	LA; QL (120 EA per 30 days); EDS
MAYZENT ORAL TABLET 2 MG	2	LA; EDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	2	LA
<i>metadate er oral tablet extended release 20 mg</i>	1	EDS
<i>methamphetamine hcl</i>	1	PA; EDS
<i>methylphenidate hcl er (cd)</i>	1	EDS
<i>methylphenidate hcl er (la)</i>	1	EDS
<i>methylphenidate hcl er (xr)</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	2	EDS
<i>methylphenidate hcl oral</i>	1	EDS
NUEDEXTA	2	PA; EDS
PLEGRIDY STARTER PACK	2	
PLEGRIDY SUBCUTANEOUS	2	EDS
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	1	ST; QL (30 EA per 30 days); EDS
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	1	ST; QL (60 EA per 30 days); EDS
<i>pregabalin oral</i>	1	EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (30 EA per 30 days); EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	3	ST; QL (60 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
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	EDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	EDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	EDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
<i>riluzole</i>	1	EDS
SAVELLA	2	EDS
SAVELLA TITRATION PACK	2	
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; EDS
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; LA; EDS
TIGLUTIK	3	EDS
VUMERITY	3	PA; EDS
VYVANSE	3	EDS
WAKIX ORAL TABLET 17.8 MG	3	PA; LA; EDS
WAKIX ORAL TABLET 4.45 MG	3	PA; LA; QL (90 EA per 30 days); EDS
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	EDS
ZEPOSIA	2	PA; LA; EDS
ZEPOSIA 7-DAY STARTER PACK	2	PA; LA
ZEPOSIA STARTER KIT	2	PA; LA
Dental And Oral Agents		
<i>cevimeline hcl</i>	1	EDS
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl oral</i>	1	EDS
<i>triamcinolone acetate mouth/throat</i>	1	EDS
Dermatological Agents		
ABSORICA	3	
<i>acitretin</i>	1	
<i>acyclovir external</i>	1	
<i>adapalene external gel</i>	1	
<i>adapalene-benzoyl peroxide external gel</i>	1	
ALA SCALP	3	
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate</i>	1	
ALTABAX	3	
<i>ammonium lactate external</i>	1	
<i>amnestem</i>	1	
<i>avita</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>azelaic acid external</i>	1	
AZELEX	2	
<i>betamethasone dipropionate aug external gel</i>	1	
<i>betamethasone dipropionate aug external lotion</i>	1	
<i>betamethasone dipropionate aug external ointment</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external lotion</i>	1	
<i>betamethasone valerate external</i>	1	
BRYHALI	3	
<i>calcipotriene external cream</i>	1	
<i>calcipotriene external ointment</i>	1	
<i>calcipotriene external solution</i>	1	
<i>calcipotriene-betameth diprop external ointment</i>	1	
<i>calcitriol external</i>	1	
CAPEX	3	
CARAC	2	
<i>ciclopirox external</i>	1	
<i>claravis</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
<i>clodan external shampoo</i>	1	
<i>clotrimazole-betamethasone</i>	1	
CONDYLOX EXTERNAL GEL	2	
CORTISPORIN EXTERNAL OINTMENT	3	
<i>dapsone external gel 5 %</i>	1	
<i>desonide external cream</i>	1	
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream 0.25 %</i>	1	
<i>desoximetasone external gel</i>	3	
<i>desoximetasone external ointment 0.25 %</i>	1	
DUOBRII	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
DUPIXENT	2	PA; EDS
ERY	3	
<i>erygel</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
EUCRISA	2	ST
FABIOR	2	PA
FINACEA EXTERNAL FOAM	2	
<i>fluocinolone acetonide external</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>fluorouracil external</i>	1	
<i>flurandrenolide external lotion</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>global alcohol prep ease</i>	1	
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>imiquimod external cream 5 %</i>	1	
<i>isotretinoin oral</i>	1	
<i>ivermectin external</i>	1	
<i>lindane external shampoo</i>	1	
<i>mafenide acetate external</i>	1	
<i>malathion external</i>	1	
<i>methoxsalen rapid</i>	1	
MIRVASO	3	
<i>mometasone furoate external</i>	1	EDS
<i>mupirocin calcium</i>	1	
<i>mupirocin external</i>	1	
<i>myorisan</i>	1	
NEO-SYNALAR 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
<i>nystatin-triamcinolone</i>	1	
OTEZLA ORAL TABLET	3	PA; EDS
PANDEL	3	
PANRETIN	2	
<i>permethrin external cream</i>	1	
PICATO	3	
<i>pimecrolimus</i>	1	
<i>podofilox external</i>	1	
<i>prednicarbate</i>	1	
<i>procto-med hc external</i>	1	
<i>procto-pak external</i>	1	
<i>proctosol hc external</i>	1	
PROCTOZONE-HC EXTERNAL	1	
REGRANEX	3	
SANTYL	2	
<i>selenium sulfide external lotion</i>	1	
<i>silver sulfadiazine external</i>	1	
<i>ssd</i>	1	
SULFAMYLON EXTERNAL CREAM	3	
<i>tacrolimus external ointment</i>	1	EDS
<i>tavaborole</i>	1	PA
<i>tazarotene external</i>	1	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL CREAM 0.05 %	2	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL GEL	2	PA; Prior authorization not required for dermatologists.
<i>tretinoin external</i>	1	
<i>tretinoin microsphere</i>	1	
<i>triamcinolone acetonide external</i>	1	
<i>triderm external cream 0.1 %</i>	1	
ULTRAVATE EXTERNAL LOTION	3	
<i>zenatane</i>	1	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	2	BD
AMINOSYN-PF	2	BD
AURYXIA	3	PA; EDS
<i>calcium acetate (phos binder) oral capsule</i>	1	EDS
CARBAGLU	3	PA; LA; EDS
CHEMET	2	
CLINIMIX E/DEXTROSE (2.75/5)	2	BD
CLINIMIX E/DEXTROSE (4.25/10)	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
CLINIMIX E/DEXTROSE (4.25/5)	2	BD
CLINIMIX E/DEXTROSE (5/15)	2	BD
CLINIMIX E/DEXTROSE (5/20)	2	BD
CLINIMIX/DEXTROSE (4.25/10)	2	BD
CLINIMIX/DEXTROSE (4.25/5)	2	BD
CLINIMIX/DEXTROSE (5/15)	2	BD
CLINIMIX/DEXTROSE (5/20)	2	BD
<i>clinisol sf</i>	1	BD
<i>clovique</i>	1	PA; EDS
<i>deferasirox granules</i>	1	PA; EDS
<i>deferasirox oral tablet</i>	1	PA; EDS
<i>deferasirox oral tablet soluble</i>	1	PA; EDS
<i>deferiprone</i>	1	PA New Starts; EDS
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.45 %, 5-0.9 %</i>	1	
FERRIPROX ORAL SOLUTION	3	PA New Starts; LA; EDS
FERRIPROX ORAL TABLET 1000 MG	3	PA New Starts; LA; EDS
FREAMINE HBC	2	BD
<i>hepatamine</i>	1	BD
INTRALIPID	3	BD
ISOLYTE-P IN D5W	3	
ISOLYTE-S	3	
JYNARQUE	3	PA; LA
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i>	1	
<i>kcl-lactated ringers-d5w</i>	1	
<i>kionex oral suspension</i>	1	
<i>klor-con 10</i>	1	EDS
<i>klor-con m10</i>	1	EDS
<i>klor-con m15</i>	1	EDS
<i>klor-con m20</i>	1	EDS
<i>klor-con oral packet 20 meq</i>	1	EDS
<i>klor-con oral tablet extended release</i>	1	EDS
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	3	EDS
<i>lanthanum carbonate</i>	1	EDS
<i>levocarnitine oral solution</i>	1	EDS
<i>levocarnitine oral tablet</i>	1	EDS
LOKELMA	2	EDS
<i>magnesium sulfate injection solution 50 %</i>	1	

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

Drug Name	Tier	Requirements/Limits
NEPHRAMINE	3	BD
<i>normosol-m in d5w</i>	1	
NORMOSOL-R IN D5W	3	
<i>nutrilipid</i>	1	BD
<i>penicillamine oral capsule</i>	1	PA; EDS
<i>penicillamine oral tablet</i>	1	
PHOSLYRA	3	EDS
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<i>potassium chloride crys er</i>	1	EDS
<i>potassium chloride er</i>	1	EDS
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	1	
<i>potassium chloride oral packet</i>	1	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	EDS
<i>potassium citrate er</i>	1	EDS
PREMASOL INTRAVENOUS SOLUTION 10 %	2	BD
<i>prenatal oral tablet 27-1 mg</i>	1	
PROCALAMINE	2	BD
PROSOL	3	BD
SAMSCA ORAL TABLET 15 MG	2	PA
<i>sevelamer carbonate</i>	1	EDS
<i>sevelamer hcl</i>	1	EDS
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	EDS
<i>sodium polystyrene sulfonate oral</i>	1	
<i>sps</i>	1	
SUPREP BOWEL PREP KIT	2	
<i>tolvaptan</i>	1	PA
<i>tpn electrolytes intravenous concentrate</i>	1	
TRAVASOL	2	BD
<i>trientine hcl</i>	1	PA; EDS
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	BD
VELPHORO	3	EDS
VELTASSA	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
Gastrointestinal Agents		
<i>alose tron hcl oral tablet 0.5 mg</i>	1	QL (60 EA per 30 days); EDS
<i>alose tron hcl oral tablet 1 mg</i>	1	EDS
<i>amoxicill-clarithro-lansopraz</i>	1	
CHENODAL	3	PA; LA
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	EDS
<i>cimetidine oral</i>	1	EDS
CLENPIQ	3	
<i>constulose</i>	1	EDS
<i>dicyclomine hcl oral</i>	1	EDS
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>enulose</i>	1	EDS
<i>esomeprazole magnesium oral capsule delayed release</i>	1	EDS
<i>famotidine oral suspension reconstituted</i>	1	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
GATTEX	3	PA; LA; EDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
<i>generlac</i>	1	EDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	EDS
HELIDAC THERAPY	3	
KRISTALOSE ORAL PACKET 20 GM	3	EDS
<i>lactulose oral packet</i>	1	EDS
<i>lactulose oral solution 10 gm/15ml</i>	1	EDS
<i>lansoprazole oral capsule delayed release</i>	1	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	2	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	2	EDS
LOMOTIL ORAL TABLET	3	
<i>loperamide hcl oral capsule</i>	1	
<i>lubiprostone</i>	1	EDS
<i>methscopolamine bromide oral</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>misoprostol oral</i>	1	EDS
MOVANTIK	3	
MYALEPT	3	PA; LA; EDS
MYTESI	2	PA New Starts; EDS
<i>nizatidine</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
OCALIVA ORAL TABLET 10 MG	3	PA; LA; EDS
OCALIVA ORAL TABLET 5 MG	3	PA; LA; QL (30 EA per 30 days); EDS
OMECLAMOX-PAK	3	
<i>omeprazole oral capsule delayed release</i>	1	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	1	EDS
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
<i>propantheline bromide oral</i>	1	
PYLERA	3	
<i>rabeprazole sodium oral tablet delayed release</i>	1	EDS
RELISTOR ORAL	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	2	
<i>scopolamine</i>	1	
<i>sucrafate oral</i>	1	EDS
SUTAB	2	
SYMPROIC	3	PA
TALICIA	3	ST
<i>trilyte</i>	1	
TRULANCE	3	EDS
<i>ursodiol oral capsule 300 mg</i>	1	EDS
<i>ursodiol oral tablet</i>	1	EDS
VIBERZI	3	PA; EDS
XERMELO	3	PA; LA; EDS
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	EDS
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA New Starts; LA
CERDELGA	3	PA; LA; EDS
CHOLBAM	3	PA; EDS
CREON	2	EDS
<i>cromolyn sodium inhalation</i>	1	BD; EDS
<i>cromolyn sodium oral</i>	1	EDS
CYSTADANE	2	EDS
CYSTAGON	2	LA; EDS
FIRDAPSE	3	PA; LA
GALAFOLD	3	PA New Starts; LA; EDS
GLASSIA	3	PA New Starts; LA
KEVEYIS	3	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
<i>miglustat</i>	1	PA New Starts; EDS
<i>nitisinone</i>	1	PA; EDS
NITYR	3	PA; EDS
ORFADIN ORAL CAPSULE 20 MG	3	PA; LA; EDS
ORFADIN ORAL SUSPENSION	3	PA; LA; EDS
PALYNZIQ	3	PA; LA; EDS
PLENAMINE	2	BD
PROCYSBI ORAL PACKET	3	PA; LA; EDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
RAVICTI	3	PA; LA; EDS
RUZURGI	3	PA
<i>sapropterin dihydrochloride oral packet</i>	1	PA; EDS
<i>sapropterin dihydrochloride oral tablet</i>	1	PA; EDS
SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TSP	2	EDS
SODIUM PHENYLBUTYRATE ORAL TABLET	2	EDS
SUCRAID	3	PA; LA; EDS
TEGSEDI	3	PA; LA; EDS
VIOKACE	2	EDS
VYNDAQEL	3	PA; LA; EDS
XURIDEN	2	PA; EDS
ZEMAIRA	3	PA New Starts; LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	EDS
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	EDS
AVODART	3	EDS
<i>bethanechol chloride oral</i>	1	EDS
<i>darifenacin hydrobromide er</i>	1	EDS
<i>doxazosin mesylate oral</i>	1	EDS
<i>dutasteride oral</i>	1	EDS
<i>dutasteride-tamsulosin hcl</i>	1	EDS
ELMIRON	2	
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>flavoxate hcl</i>	1	EDS
GELNIQUE TRANSDERMAL GEL 10 %	3	EDS
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	2	QL (30 EA per 30 days); EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	2	EDS
<i>oxybutynin chloride er</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>oxybutynin chloride oral</i>	1	EDS
<i>penicillamine oral capsule</i>	1	PA; EDS
<i>penicillamine oral tablet</i>	1	
<i>prazosin hcl oral</i>	1	EDS
<i>silodosin</i>	1	EDS
<i>solifenacin succinate</i>	1	EDS
<i>tamsulosin hcl</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS
<i>tolterodine tartrate</i>	1	EDS
<i>tolterodine tartrate er</i>	1	EDS
<i>tropium chloride</i>	1	EDS
<i>tropium chloride er</i>	1	QL (30 EA per 30 days); EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR	3	PA
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
<i>cortisone acetate oral</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
EMFLAZA	3	PA; LA
<i>fludrocortisone acetate oral</i>	1	EDS
<i>hydrocortisone oral</i>	1	
ISTURISA	3	PA; EDS
MEDROL ORAL TABLET 2 MG	3	BD
<i>methylprednisolone oral tablet</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
MILLIPRED ORAL TABLET	3	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	BD
<i>prednisone oral solution</i>	1	BD
<i>prednisone oral tablet</i>	1	BD; EDS
PREDNISONE ORAL TABLET THERAPY PACK	2	
UCERIS RECTAL	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
DDAVP RHINAL TUBE	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>desmopressin ace spray refrig</i>	1	EDS
<i>desmopressin acetate oral</i>	1	EDS
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	3	PA; LA; EDS
EGRIFTA SV	3	PA; LA; EDS
GENOTROPIN	2	PA; EDS
GENOTROPIN MINIQUICK	2	PA; EDS
HUMATROPE	2	PA; EDS
INCRELEX	3	PA; LA; EDS
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
ORILISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA
SAIZEN	3	PA; EDS
SAIZENPREP	3	PA; EDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA; EDS
STIMATE	2	EDS
VYNDAMAX	3	PA; LA; EDS
ZOMACTON	3	PA; EDS
ZORBTIVE	3	PA; EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR	2	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>altavera</i>	1	EDS
<i>alyacen 1/35</i>	1	EDS
<i>amabelz</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>amethia</i>	1	EDS
ANADROL-50	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; EDS
ANGELIQ	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ANNOVERA	3	QL (1 EA per 365 days); EDS
<i>apri</i>	1	EDS
<i>aranelle</i>	1	EDS
<i>ashlyna</i>	1	EDS
<i>aviane</i>	1	EDS
BALCOLTRA	2	EDS
<i>balziva</i>	1	EDS
<i>blisovi 24 fe</i>	1	EDS
<i>blisovi fe 1.5/30</i>	1	EDS
<i>briellyn</i>	1	EDS
<i>camila</i>	1	EDS
<i>camrese lo</i>	1	EDS
<i>caziant</i>	1	EDS
CLIMARA PRO	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
COMBIPATCH	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
CRINONE VAGINAL GEL 4 %	3	PA; EDS
CRINONE VAGINAL GEL 8 %	3	PA
<i>cryselle-28</i>	1	EDS
<i>cyclafem 1/35</i>	1	EDS
<i>cyclafem 7/7/7</i>	1	EDS
<i>danazol oral</i>	1	
<i>deblitane</i>	1	EDS
<i>delestrogen intramuscular oil 10 mg/ml</i>	1	
DEPO-ESTRADIOL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
<i>desogestrel-ethinyl estradiol</i>	1	EDS
DIVIGEL TRANSDERMAL GEL 1 MG/GM	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>dolishale</i>	1	EDS
<i>dotti</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	1	EDS
<i>drospirenone-ethinyl estradiol</i>	1	EDS
DUAVEE	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; 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
ELESTRIN	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>eluryng</i>	1	EDS
<i>emoquette</i>	1	EDS
<i>enpresse-28</i>	1	EDS
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	EDS
<i>errin</i>	1	EDS
<i>estarylla</i>	1	EDS
<i>estradiol oral</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch twice weekly 0.05 mg/24hr</i>	1	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch weekly</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol vaginal</i>	1	EDS
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ESTRING	2	EDS
<i>ethynodiol diac-eth estradiol</i>	1	EDS
<i>etonogestrel-ethinyl estradiol</i>	1	EDS
EVAMIST	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>falmina</i>	1	EDS
<i>fayosim</i>	1	EDS
FEMRING	3	EDS
<i>femynor</i>	1	EDS
<i>fyavolv</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>hailey 24 fe</i>	1	EDS
<i>iclevia</i>	1	EDS
<i>incassia</i>	1	EDS
<i>introvale</i>	1	EDS
<i>isibloom</i>	1	EDS
<i>jasmiel</i>	1	EDS
JINTELI	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>juleber</i>	1	EDS
<i>junel 1.5/30</i>	1	EDS
<i>junel 1/20</i>	1	EDS
<i>junel fe 1.5/30</i>	1	EDS
<i>junel fe 1/20</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>junel fe 24</i>	1	EDS
<i>kaitlib fe</i>	1	EDS
<i>kariva</i>	1	EDS
<i>kelnor 1/35</i>	1	EDS
<i>kelnor 1/50</i>	1	EDS
<i>kurvelo</i>	1	EDS
<i>larin 1.5/30</i>	1	EDS
<i>larin 1/20</i>	1	EDS
<i>larin fe 1.5/30</i>	1	EDS
<i>larin fe 1/20</i>	1	EDS
<i>larissia</i>	1	EDS
<i>layolis fe</i>	1	EDS
<i>lessina</i>	1	EDS
<i>levonest</i>	1	EDS
<i>levonorgest-eth est & eth est</i>	1	EDS
<i>levonorgest-eth estrad 91-day</i>	1	EDS
<i>levonorgestrel-ethinyl estrad</i>	1	EDS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	EDS
<i>levora 0.15/30 (28)</i>	1	EDS
LO LOESTRIN FE	3	EDS
<i>lopreeza oral tablet 1-0.5 mg</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>loryna</i>	1	EDS
<i>low-ogestrel</i>	1	EDS
<i>lutera</i>	1	EDS
<i>lyleq</i>	1	EDS
<i>lyllana</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>lyza</i>	1	EDS
<i>marlissa</i>	1	EDS
<i>medroxyprogesterone acetate intramuscular</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	PA; PA does not apply to age less than 65.
<i>megestrol acetate oral tablet</i>	1	EDS
<i>melodetta 24 fe</i>	1	EDS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
MENOSTAR	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
METHITEST	2	PA; EDS

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

Drug Name	Tier	Requirements/Limits
<i>methyltestosterone oral</i>	1	PA; EDS
<i>mibelas 24 fe</i>	1	EDS
<i>microgestin 1.5/30</i>	1	EDS
<i>microgestin 1/20</i>	1	EDS
<i>microgestin fe 1.5/30</i>	1	EDS
<i>microgestin fe 1/20</i>	1	EDS
<i>mili</i>	1	EDS
<i>mimvey</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR	2	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
MYFEMBREE	2	PA
NATAZIA	3	EDS
NATESTO	3	PA; EDS
<i>necon 0.5/35 (28)</i>	1	EDS
<i>nikki</i>	1	EDS
<i>nora-be</i>	1	EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	EDS
<i>norethindrone acetate oral</i>	1	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	EDS
<i>norethindrone oral</i>	1	EDS
<i>norethindrone-eth estradiol</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>norethin-eth estradiol-fe</i>	1	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	EDS
<i>norgestim-eth estrad triphasic</i>	1	EDS
<i>nortrel 0.5/35 (28)</i>	1	EDS
<i>nortrel 1/35 (21)</i>	1	EDS
<i>nortrel 1/35 (28)</i>	1	EDS
<i>nortrel 7/7/7</i>	1	EDS
<i>nylia 7/7/7</i>	1	EDS
<i>nymyo</i>	1	EDS
<i>ocella</i>	1	EDS
ORIAHNN	3	PA
<i>orsythia</i>	1	EDS
<i>oxandrolone oral</i>	1	
<i>pimtreea</i>	1	EDS
<i>pirmella 1/35</i>	1	EDS
<i>portia-28</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
PREFEST	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMARIN ORAL	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMARIN VAGINAL	2	EDS
PREMPHASE	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMPRO	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>previfem</i>	1	EDS
<i>progesterone oral</i>	1	EDS
<i>raloxifene hcl</i>	1	EDS
<i>reclipsen</i>	1	EDS
<i>rivelsa</i>	1	EDS
<i>setlakin</i>	1	EDS
<i>sharobel</i>	1	EDS
SLYND	3	EDS
<i>sprintec 28</i>	1	EDS
<i>sronyx</i>	1	EDS
<i>tarina 24 fe</i>	1	EDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	PA; Prior authorization not required for endocrinologists or urologists.; EDS
<i>testosterone enanthate intramuscular solution</i>	1	PA; Prior authorization not required for endocrinologists or urologists.; EDS
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	3	PA; EDS
<i>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%)</i>	1	PA; EDS
<i>testosterone transdermal solution</i>	1	PA; EDS
<i>tilia fe</i>	1	EDS
<i>tri-estarylla</i>	1	EDS
<i>tri-legest fe</i>	1	EDS
<i>tri-lo-estarylla</i>	1	EDS
<i>tri-lo-sprintec</i>	1	EDS
<i>tri-mili</i>	1	EDS
<i>tri-nymyo</i>	1	EDS
<i>tri-previfem</i>	1	EDS
<i>tri-sprintec</i>	1	EDS
<i>trivora (28)</i>	1	EDS
<i>tri-vylibra lo</i>	1	EDS
<i>tydemy</i>	1	EDS
<i>velivet</i>	1	EDS
<i>vestura</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>vienna</i>	1	EDS
<i>vyfemla</i>	1	EDS
<i>wymzya fe</i>	1	EDS
<i>xulane</i>	1	EDS
<i>yuvafem</i>	1	EDS
<i>zafemy</i>	1	EDS
<i>zarah</i>	1	EDS
<i>zovia 1/35e (28)</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>euthyrox</i>	1	EDS
<i>levo-t</i>	1	EDS
<i>levothyroxine sodium oral tablet</i>	1	EDS
<i>levoxyl</i>	1	EDS
<i>liothyronine sodium oral</i>	1	EDS
SYNTHROID	2	EDS
TIROSINT-SOL	1	EDS
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	EDS
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral</i>	1	EDS
<i>cabergoline</i>	1	
ELIGARD	2	PA New Starts
FIRMAGON (240 MG DOSE)	2	PA New Starts
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA New Starts
<i>leuprolide acetate injection</i>	1	PA New Starts
LUPANETA PACK	3	PA New Starts
LUPRON DEPOT (1-MONTH)	2	PA New Starts
LUPRON DEPOT (3-MONTH)	2	PA New Starts
LUPRON DEPOT (4-MONTH)	2	PA New Starts
LUPRON DEPOT (6-MONTH)	2	PA New Starts
MYCAPSSA	3	PA; LA; EDS
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	EDS
SIGNIFOR	3	PA; LA; EDS
SOMATULINE DEPOT	3	PA New Starts
SOMAVERT	3	PA; LA; EDS
SYNAREL	2	PA
TRELSTAR MIXJECT	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral</i>	1	EDS
<i>propylthiouracil oral</i>	1	EDS
Immunological Agents		
ACTEMRA ACTPEN	3	PA; EDS
ACTEMRA SUBCUTANEOUS	3	PA; EDS
<i>acthib</i>	1	
ACTIMMUNE	3	PA; LA; EDS
<i>adacel</i>	1	
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	3	PA New Starts
ARCALYST	2	PA; LA; EDS
ASTAGRAF XL	3	BD; EDS
AZASAN	2	BD; EDS
<i>azathioprine oral tablet 50 mg</i>	1	BD; EDS
BCG VACCINE	2	
BENLYSTA SUBCUTANEOUS	3	PA New Starts; EDS
<i>bexsero</i>	1	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
<i>boostrix intramuscular suspension 5-2.5-18.5 lf-mcg/0.5</i>	1	
<i>boostrix intramuscular suspension prefilled syringe</i>	1	
CIMZIA PREFILLED	3	PA; EDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	3	PA
COSENTYX (300 MG DOSE)	2	EDS
COSENTYX SENSOREADY (300 MG)	2	EDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	2	EDS
<i>cyclosporine modified</i>	1	BD; EDS
<i>cyclosporine oral capsule</i>	1	BD; EDS
<i>daptacel intramuscular suspension 23-15-5</i>	1	
<i>diphtheria-tetanus toxoids dt</i>	1	
DUPIXENT	2	PA; EDS
ENBREL MINI	2	EDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	2	EDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	2	BD; EDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
<i>engerix-b injection</i>	1	BD
ENSPRYNG	3	PA; EDS
ENVARUSUS XR	3	BD; EDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	BD; EDS
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	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
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	2	PA
GAMMAGARD S/D LESS IGA	2	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	2	PA
<i>gardasil 9</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	BD; EDS
<i>gengraf oral solution</i>	1	BD; EDS
HAEGARDA	3	PA New Starts; LA
<i>havrix</i>	1	
<i>hiberix injection</i>	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2	EDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA PEN-CD/UC/HS STARTER	2	EDS
HUMIRA PEN-PEDIATRIC UC START	2	EDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	EDS
HUMIRA PEN-PSOR/UVEIT STARTER	2	EDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	2	EDS
<i>icatibant acetate</i>	1	PA New Starts
<i>imovax rabies</i>	1	BD
IMURAN	3	BD; EDS
<i>infanrix</i>	1	
INTRON A	2	PA New Starts; EDS
<i>ipol</i>	1	
<i>ixiaro</i>	1	
KEVZARA	3	PA; EDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
<i>kinrix intramuscular suspension prefilled syringe</i>	1	
<i>leflunomide oral tablet 10 mg</i>	1	QL (30 EA per 30 days); EDS
<i>leflunomide oral tablet 20 mg</i>	1	EDS
LUPKYNIS	3	PA; LA; EDS
<i>menactra intramuscular solution</i>	1	
<i>menquadfi intramuscular solution</i>	1	
<i>menveo</i>	1	
<i>mercaptopurine oral</i>	1	EDS
<i>methotrexate oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	
<i>m-m-r ii injection</i>	1	
<i>mycophenolate mofetil oral</i>	1	BD; EDS
<i>mycophenolate sodium</i>	1	BD; EDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	2	PA
OTEZLA ORAL TABLET THERAPY PACK	3	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA; EDS
<i>pediarix</i>	1	
<i>pedvax hib intramuscular suspension</i>	1	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	2	PA
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	2	PA
PROGRAF ORAL PACKET	3	BD; EDS
<i>proquad subcutaneous suspension reconstituted</i>	1	
<i>quadracel</i>	1	
<i>rabavert</i>	1	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	3	PA; EDS
<i>recombivax hb</i>	1	BD
REDITREX	3	PA; EDS
RESTASIS	2	EDS
REZUROCK	3	PA New Starts; LA; EDS
RIDAURA	2	EDS
RINVOQ	2	EDS
<i>rotarix</i>	1	
<i>rotateq oral solution</i>	1	
RUCONEST	3	PA New Starts; LA
SANDIMMUNE ORAL SOLUTION	3	BD; EDS
<i>shingrix intramuscular suspension reconstituted 50 mcg/0.5ml</i>	1	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
<i>sirolimus oral</i>	1	BD; EDS
SKYRIZI	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
SKYRIZI (150 MG DOSE)	2	EDS
SKYRIZI PEN	2	EDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	EDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
<i>tacrolimus oral</i>	1	BD; EDS
<i>takhzyro</i>	3	PA New Starts; LA; EDS
TALTZ	3	PA; EDS
<i>tdvax</i>	1	
<i>tenivac</i>	1	
TREMFYA	3	PA; EDS
TREXALL	2	
<i>trumenba</i>	1	
<i>twinrix intramuscular suspension prefilled syringe</i>	1	
<i>typhim vi</i>	1	
<i>vaqta</i>	1	
<i>varivax</i>	1	
<i>varizig intramuscular solution</i>	1	
XATMEP	3	PA New Starts
XELJANZ	2	EDS
XELJANZ XR	2	EDS
XOLAIR	3	PA
<i>yf-vax</i>	1	
ZORTRESS ORAL TABLET 1 MG	2	BD; EDS
<i>zostavax subcutaneous suspension reconstituted</i>	1	
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
DIPENTUM	3	EDS
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal enema</i>	1	
MEDROL ORAL TABLET 2 MG	3	BD
<i>mesalamine er</i>	1	EDS
<i>mesalamine oral capsule delayed release</i>	1	EDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	EDS
<i>mesalamine oral tablet delayed release 800 mg</i>	1	
<i>mesalamine rectal</i>	1	
<i>methylprednisolone oral tablet</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	

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

Drug Name	Tier	Requirements/Limits
MILLIPRED ORAL TABLET	3	
PENTASA	2	EDS
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	BD
<i>prednisone oral solution</i>	1	BD
<i>prednisone oral tablet</i>	1	BD; EDS
PREDNISON ORAL TABLET THERAPY PACK	2	
<i>procto-med hc external</i>	1	
PROCTOZONE-HC EXTERNAL	1	
<i>sulfasalazine oral</i>	1	EDS
UCERIS RECTAL	3	
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	1	EDS
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	EDS
BINOSTO	3	EDS
<i>calcitonin (salmon) nasal</i>	1	EDS
<i>calcitriol oral</i>	1	EDS
<i>cinacalcet hcl</i>	1	EDS
<i>doxercalciferol oral</i>	1	ST; EDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; EDS
<i>ibandronate sodium oral</i>	1	EDS
NATPARA	3	PA; LA; EDS
<i>paricalcitol oral</i>	1	ST; EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
RAYALDEE	3	ST; EDS
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	1	EDS
<i>risedronate sodium oral tablet 30 mg</i>	1	
<i>risedronate sodium oral tablet delayed release</i>	1	EDS
TERIPARATIDE (RECOMBINANT)	2	PA; EDS
TYMLOS	2	PA; EDS
XGEVA	3	PA New Starts
Non-Frf		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
ABILIFY MYCITE STARTER KIT ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days)
ACCRUFER	3	QL (60 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>acetaminophen-codeine #2</i>	1	
<i>acetaminophen-codeine #4</i>	1	
<i>afeditab cr</i>	1	EDS
AKYNZEO ORAL	3	PA
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	1	BD; EDS
<i>alendronate sodium oral tablet 5 mg</i>	1	EDS
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	1	
<i>amantadine hcl oral solution</i>	1	EDS
<i>amantadine hcl oral syrup</i>	1	EDS
<i>amethia lo</i>	1	EDS
AMETHYST	2	EDS
AMINOSYN II INTRAVENOUS SOLUTION 7 %	2	BD
AMINOSYN INTRAVENOUS SOLUTION 10 %	2	BD
AMINOSYN M	2	BD
AMINOSYN-HBC	2	BD
<i>ampicillin oral capsule 250 mg</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm</i>	1	
ANZEMET ORAL	3	BD
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA New Starts; LA
<i>aubra</i>	1	EDS
<i>azathioprine oral tablet 100 mg, 75 mg</i>	1	BD; EDS
<i>azurette</i>	1	EDS
<i>baqsimi one pack</i>	1	
<i>bekyree</i>	1	EDS
<i>blisovi fe 1/20</i>	1	EDS
<i>boostrix intramuscular suspension</i>	1	
BYLVAY	3	PA; LA; EDS
BYLVAY (PELLETS)	3	PA; LA; EDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	2	PA
<i>cefditoren pivoxil</i>	1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefoxitin sodium injection</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ceftazidime injection solution reconstituted 2 gm</i>	1	
<i>ceftazidime intravenous</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%</i>	1	
CHLORPROPAMIDE ORAL TABLET 100 MG	3	PA; PA does not apply to age less than 65.; EDS
<i>cholestyramine light oral packet</i>	1	EDS
<i>cholestyramine oral powder</i>	1	EDS
CIMZIA STARTER KIT	3	PA; EDS
<i>clindamax external gel</i>	1	
CLINIMIX E/DEXTROSE (8/10)	2	BD
CLINIMIX E/DEXTROSE (8/14)	2	BD
CLINIMIX/DEXTROSE (2.75/5)	2	BD
CLINIMIX/DEXTROSE (6/5)	2	BD
CLINIMIX/DEXTROSE (8/10)	2	BD
CLINIMIX/DEXTROSE (8/14)	2	BD
<i>clobetasol prop emollient base</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	
CLORPRES	3	EDS
<i>colestipol hcl oral granules</i>	1	EDS
<i>colocort</i>	1	
CORTISPORIN-TC	3	
COSENTYX SENSOREADY PEN	2	EDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	2	EDS
<i>crotan</i>	1	
<i>cyred</i>	1	EDS
<i>delyla</i>	1	EDS
<i>desmopressin acetate spray</i>	1	EDS
<i>dexamethasone oral solution</i>	1	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose-nacl intravenous solution 5-0.33 %</i>	1	
<i>diazepam oral solution 1 mg/ml</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	1	EDS
<i>diphenhydramine hcl oral elixir</i>	1	PA; PA does not apply to age less than 65.
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>doxycycline hyclate intravenous</i>	1	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	1	EDS
ELIQUIS DVT/PE STARTER PACK 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
EMPAVELI	3	PA; LA
<i>enoxaparin sodium injection</i>	1	
<i>etidronate disodium</i>	1	
EURAX EXTERNAL LOTION	2	
<i>everolimus oral tablet 10 mg</i>	1	PA New Starts
<i>everolimus oral tablet soluble</i>	1	PA New Starts
EXELDERM	3	
<i>fenofibric acid oral tablet</i>	1	EDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	2	PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinonide-e</i>	1	
<i>flurbiprofen oral tablet 50 mg</i>	1	EDS
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; EDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	2	PA; EDS
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	2	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	2	PA
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	2	PA
<i>gardasil</i>	1	
<i>gavilyte-h</i>	1	
<i>gentamicin in saline intravenous solution 1.4-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate ophthalmic ointment</i>	1	
<i>gildess 1.5/30</i>	1	EDS
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
<i>glucagon emergency injection solution reconstituted</i>	1	
GRALISE ORAL	3	
<i>gvoke hypopen 1-pack</i>	1	
HARVONI ORAL TABLET 45-200 MG	2	PA; QL (30 EA per 30 days)
<i>havrix intramuscular suspension 1440 el u/ml 1 ml</i>	1	
HEMANGEOL	3	PA; EDS
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK)	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
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	2	EDS
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	1	
<i>hyperrab</i>	1	BD
ILARIS SUBCUTANEOUS SOLUTION	3	PA
IMCIVREE	3	PA; LA; EDS
INVEGA HAFYERA	3	PA New Starts
IONOSOL-MB IN D5W	3	
<i>isosorbide dinitrate er</i>	1	EDS
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%</i>	1	
<i>kinrix</i>	1	
<i>klor-con sprinkle</i>	1	EDS
KYNMOBI TITRATION KIT	3	PA; PA Except Neurology
<i>lactated ringers</i>	1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml</i>	1	
<i>lidocaine hcl (pf) injection solution 1 %</i>	1	
<i>lidocaine hcl injection solution 1 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1	
LONHALA MAGNAIR STARTER KIT	2	ST; QL (60 ML per 365 days); EDS
<i>lopreeza oral tablet 0.5-0.1 mg</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA New Starts
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	2	PA New Starts
LYBALVI	3	PA New Starts; EDS
<i>megestrol acetate oral suspension 400 mg/10ml</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>menactra</i>	1	
<i>menquadfi</i>	1	
<i>mesalamine-cleanser</i>	1	EDS
<i>methotrexate sodium (pf) injection solution 250 mg/10ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	1	
<i>methylergonovine maleate oral</i>	1	
<i>mimvey lo</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>mononessa</i>	1	EDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>morphine sulfate injection solution 5 mg/ml</i>	1	
<i>morphine sulfate intravenous solution 4 mg/ml, 8 mg/ml</i>	1	
<i>moxifloxacin hcl intraocular solution 5 mg/ml</i>	1	
<i>moxifloxacin hcl intravenous</i>	1	
<i>naftillin sodium injection solution reconstituted 10 gm</i>	1	
<i>naftifine hcl external gel</i>	1	
<i>naloxone hcl injection solution 4 mg/10ml</i>	1	
NAPHAZOLINE HCL OPHTHALMIC	2	
<i>naproxen dr</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour 750 mg</i>	1	EDS
<i>necon 1/35 (28)</i>	1	EDS
NEULASTA ONPRO	2	PA
<i>niacin (antihyperlipidemic)</i>	1	
<i>nifediac cc oral tablet extended release 24 hour 60 mg</i>	1	EDS
<i>nifedical xl</i>	1	EDS
NITROMIST	3	EDS
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION	2	PA; EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	1	EDS
<i>norlyrac</i>	1	EDS
NORMOSOL-R PH 7.4	3	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	2	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	2	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	2	PA; EDS
NUTROPIN AQ PEN	2	PA; EDS
NUVESSA	3	
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	2	PA
<i>octreotide acetate subcutaneous</i>	1	EDS
OGESTREL	2	EDS
OMEGAIVEN INTRAVENOUS EMULSION 5 GM/50ML	2	BD
OMNIPOD DASH 5 PACK PODS	2	QL (15 EA per 30 days)
OMNITROPE SUBCUTANEOUS SOLUTION	3	PA; EDS
<i>paroxetine hcl oral suspension</i>	1	EDS
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML	2	PA
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 135 MCG/0.5ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
PEG-INTRON REDIPEN SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA; PA Except Infectious Disease, Gastroenterology, Hepatology

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

Drug Name	Tier	Requirements/Limits
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA; PA Except Infectious Disease, Gastroenterology, Hepatology
PEG-INTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA; PA Except Infectious Disease, Gastroenterology, Hepatology
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm</i>	1	
PLEGRIDY INTRAMUSCULAR	2	EDS
<i>prednisolone oral syrup 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
PREPOPIK	3	
<i>prevalite oral powder</i>	1	EDS
<i>primaquine phosphate oral tablet 26.3 mg</i>	1	
PRIMSOL	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	2	PA
<i>proctozone-hc rectal</i>	1	
PROCYSBI ORAL CAPSULE DELAYED RELEASE	3	PA; LA; EDS
<i>progesterone micronized oral</i>	1	EDS
<i>promethazine hcl oral solution</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine vc plain</i>	1	PA; PA does not apply to age less than 65.
PULMOZYME	2	BD; EDS
RENACIDIN	2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	EDS
REVCOVI	3	PA; LA
<i>ringers</i>	1	
<i>ringers irrigation</i>	1	
<i>sapropterin dihydrochloride oral tablet soluble</i>	1	PA; EDS
SFROWASA	3	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium polystyrene sulfonate rectal</i>	1	
SOVALDI ORAL TABLET 200 MG	2	PA; QL (30 EA per 30 days)
SPECTRACEF ORAL TABLET 400 MG	3	
<i>ssd (silver sulfadiazine)</i>	1	
<i>sterile water for irrigation</i>	1	
<i>sulconazole nitrate</i>	1	
<i>sulfacetamide sodium-sulfur external emulsion</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>tarina fe 1/20</i>	1	EDS
<i>temsirolimus</i>	1	PA New Starts
TERAZOL 3 VAGINAL 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
<i>testosterone cypionate injection solution 200 mg/ml</i>	1	PA; Prior authorization not required for endocrinologists or urologists.; EDS
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml</i>	1	
TOLAK	3	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg (matrix delivery)</i>	1	ST
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	1	ST; QL (30 EA per 30 days)
TREXIMET ORAL TABLET 10-60 MG	3	
<i>triamcinolone acetonide nasal aerosol</i>	1	
<i>trinessa (28)</i>	1	EDS
UPNEEQ	3	PA; EDS
<i>vancomycin hcl intravenous solution reconstituted 5 gm</i>	1	
VERAMYST	3	EDS
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
<i>viorele</i>	1	EDS
VOCABRIA	3	LA; EDS
VUMERITY (STARTER)	3	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	3	PA New Starts; QL (56 EA per 28 days); EDS
<i>zazole vaginal cream 0.8 %</i>	1	
ZEGALOGUE	1	
ZOKINVY ORAL CAPSULE 50 MG	3	PA; LA; QL (120 EA per 30 days); EDS
ZOKINVY ORAL CAPSULE 75 MG	3	PA; LA; EDS
<i>zolmitriptan nasal</i>	1	
ZYKADIA ORAL CAPSULE	3	PA New Starts
Ophthalmic Agents		
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide oral</i>	1	EDS
ALOCRIAL	3	
ALOMIDE	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	EDS
ALREX	3	
<i>apraclonidine hcl</i>	1	EDS
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
AZASITE	3	
<i>azelastine hcl ophthalmic</i>	1	
<i>bacitracin ophthalmic</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>bepotastine besilate</i>	1	
<i>betaxolol hcl ophthalmic</i>	1	EDS
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S	2	EDS
<i>bimatoprost ophthalmic</i>	1	EDS
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate ophthalmic</i>	1	EDS
<i>brinzolamide</i>	1	EDS
<i>bromfenac sodium (once-daily)</i>	1	
BROMSITE	3	EDS
<i>carteolol hcl</i>	1	EDS
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
COMBIGAN	2	EDS
CORTISPORIN EXTERNAL CREAM	3	
<i>cromolyn sodium ophthalmic</i>	1	EDS
CYSTADROPS	3	PA; EDS
CYSTARAN	2	PA; LA; EDS
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	EDS
<i>difluprednate</i>	1	
<i>dorzolamide hcl ophthalmic</i>	1	EDS
<i>dorzolamide hcl-timolol mal</i>	1	EDS
<i>dorzolamide hcl-timolol mal pf</i>	1	EDS
DUREZOL	3	
<i>epinastine hcl</i>	1	
<i>erythromycin ophthalmic</i>	1	
FLAREX	3	
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	3	
FML FORTE	3	
<i>gatifloxacin ophthalmic</i>	1	
<i>gentak ophthalmic ointment</i>	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
ILEVRO	3	
INVELTYS	3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>ketorolac tromethamine ophthalmic</i>	1	
LACRISERT	2	
LASTACAFT	3	
<i>latanoprost ophthalmic</i>	1	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>levofloxacin ophthalmic</i>	1	
LOTEMAX OPHTHALMIC OINTMENT	2	
LOTEMAX SM	2	
<i>loteprednol etabonate</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	EDS
<i>methazolamide oral</i>	1	EDS
<i>moxifloxacin hcl ophthalmic solution</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1	3	
NEVANAC	3	
<i>ofloxacin ophthalmic</i>	1	
<i>olopatadine hcl ophthalmic</i>	1	
OXERVATE	3	PA
PHOSPHOLINE IODIDE	2	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	EDS
<i>polymyxin b-trimethoprim</i>	1	
PRED MILD	3	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
PROLENSA	3	
<i>proparacaine hcl ophthalmic</i>	1	
RESTASIS	2	EDS
RHOPRESSA	2	EDS
ROCKLATAN	2	EDS
SIMBRINZA	2	EDS
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide sodium ophthalmic solution</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>timolol maleate ophthalmic</i>	1	EDS
<i>timolol maleate pf</i>	1	EDS
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	3	EDS
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	2	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
TOBREX OPHTHALMIC OINTMENT	3	
<i>travoprost (bak free)</i>	1	EDS
<i>trifluridine ophthalmic</i>	1	
VYZULTA	2	EDS
XIIDRA	2	EDS
ZIOPTAN	3	EDS
ZIRGAN	2	
ZYLET	3	
Otic Agents		
<i>acetic acid otic</i>	1	
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone pf</i>	1	
<i>flac</i>	1	
<i>fluocinolone acetone otic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
<i>ofloxacin otic</i>	1	
Respiratory Tract/ Pulmonary Agents		
<i>acetylcysteine inhalation</i>	1	BD
ADEMPAS	3	PA New Starts; LA; EDS
ADVAIR HFA	2	EDS
<i>albuterol sulfate er</i>	1	EDS
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	EDS
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	BD; EDS
<i>albuterol sulfate oral</i>	1	EDS
<i>alyq</i>	1	PA New Starts; EDS
<i>ambrisentan</i>	1	PA New Starts; EDS
ANORO ELLIPTA	2	EDS
ARCAPTA NEOHALER	2	EDS
<i>arformoterol tartrate</i>	1	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
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	2	AL (Min 12 Years); EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	EDS
ASMANEX (120 METERED DOSES)	2	EDS
ASMANEX (30 METERED DOSES)	2	EDS
ASMANEX (60 METERED DOSES)	2	EDS
ASMANEX HFA	2	EDS
ATROVENT HFA	2	EDS
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
<i>azelastine-fluticasone</i>	1	
<i>bosentan</i>	1	PA New Starts; EDS
BREO ELLIPTA	2	EDS
BREZTRI AEROSPHERE	2	EDS
BRONCHITOL	3	PA New Starts; EDS
<i>budesonide inhalation</i>	1	BD; EDS
<i>carbinoxamine maleate oral solution</i>	1	PA; PA does not apply to age less than 65.
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA; PA does not apply to age less than 65.
CAYSTON	3	LA
CLARINEX ORAL TABLET	3	EDS
CLARINEX-D 12 HOUR	3	EDS
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA; PA does not apply to age less than 65.
COMBIVENT RESPIMAT	2	EDS
<i>cromolyn sodium inhalation</i>	1	BD; EDS
<i>cromolyn sodium oral</i>	1	EDS
<i>cyproheptadine hcl oral syrup</i>	1	PA; PA does not apply to age less than 65.
<i>cyproheptadine hcl oral tablet</i>	1	PA; PA does not apply to age less than 65.; EDS
DALIRESP ORAL TABLET 250 MCG	3	QL (28 EA per 365 days); EDS
DALIRESP ORAL TABLET 500 MCG	3	EDS
<i>desloratadine oral tablet</i>	1	EDS
<i>desloratadine oral tablet dispersible 2.5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>desloratadine oral tablet dispersible 5 mg</i>	1	EDS
DUPIXENT	2	PA; EDS
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
ESBRIET	2	PA; EDS
FASENRA	2	PA; EDS
FASENRA PEN	2	PA; EDS
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

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Drug Name	Tier	Requirements/Limits
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
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	EDS
<i>fluticasone propionate nasal</i>	1	EDS
<i>fluticasone-salmeterol</i>	1	EDS
<i>formoterol fumarate inhalation</i>	1	BD; ST; EDS
<i>hydroxyzine hcl oral tablet</i>	1	PA; PA does not apply to age less than 65.
<i>hydroxyzine pamoate oral</i>	1	PA; PA does not apply to age less than 65.
<i>ipratropium bromide inhalation</i>	1	BD; EDS
<i>ipratropium bromide nasal</i>	1	EDS
<i>ipratropium-albuterol</i>	1	BD; EDS
KALYDECO	2	PA New Starts; LA; EDS
<i>levalbuterol hcl inhalation</i>	1	BD; EDS
<i>levalbuterol tartrate</i>	1	EDS
<i>levocetirizine dihydrochloride oral solution</i>	1	
<i>levocetirizine dihydrochloride oral tablet</i>	1	EDS
LONHALA MAGNAIR REFILL KIT	2	ST; EDS
<i>metaproterenol sulfate oral syrup</i>	1	EDS
<i>mometasone furoate nasal</i>	1	
<i>montelukast sodium oral</i>	1	EDS
NUCALA	2	PA; LA; EDS
OFEV	2	PA; LA; EDS
<i>olopatadine hcl nasal</i>	1	
OPSUMIT	3	PA New Starts; LA; EDS
ORENITRAM	3	PA New Starts; LA; EDS
ORKAMBI	3	PA New Starts; LA; EDS
PROAIR HFA	2	EDS
PROAIR RESPICLICK	2	EDS
<i>promethazine hcl oral syrup</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl oral tablet</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine-phenylephrine</i>	1	PA; PA does not apply to age less than 65.
PULMICORT FLEXHALER	2	EDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	2	BD; EDS
QNASL	3	
QNASL CHILDRENS	3	QL (4.9 GM per 30 days)
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
SEREVENT DISKUS	2	EDS
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA New Starts; EDS

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

Drug Name	Tier	Requirements/Limits
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA New Starts; EDS
SINGULAIR ORAL TABLET	3	EDS
SPIRIVA HANDIHALER	2	EDS
SPIRIVA RESPIMAT	2	EDS
STIOLTO RESPIMAT	2	EDS
STRIVERDI RESPIMAT	2	EDS
SYMBICORT	2	EDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	2	PA New Starts; EDS
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	2	PA New Starts; LA; EDS
SYMJEPI	2	
<i>tadalafil (pah)</i>	1	PA New Starts; EDS
<i>terbutaline sulfate oral</i>	1	EDS
THEO-24	3	EDS
<i>theophylline</i>	1	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	1	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	1	EDS
TOBI PODHALER	3	PA New Starts; EDS
<i>tobramycin inhalation</i>	1	BD; EDS
TRACLEER ORAL TABLET SOLUBLE	2	PA New Starts; LA; EDS
TRELEGY ELLIPTA	2	EDS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	2	PA New Starts; EDS
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	2	PA New Starts; QL (84 EA per 28 days); EDS
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA New Starts; LA; QL (60 EA per 30 days); EDS
UPTRAVI ORAL TABLET 1600 MCG	3	PA New Starts; LA; EDS
UPTRAVI ORAL TABLET THERAPY PACK	3	PA New Starts; LA
UTIBRON NEOHALER	3	EDS
VENTAVIS	3	PA New Starts; LA; EDS
VENTOLIN HFA	2	EDS
<i>wixela inhub</i>	1	EDS
YUPELRI	3	BD; EDS
<i>zafirlukast</i>	1	EDS
ZETONNA	3	
ZILEUTON ER	3	PA; EDS
ZYFLO	2	EDS
Skeletal Muscle Relaxants		
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>cyclobenzaprine hcl oral</i>	1	PA; PA does not apply to age less than 65.
<i>metaxalone</i>	1	PA; PA does not apply to age less than 65.

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Drug Name	Tier	Requirements/Limits
<i>methocarbamol oral</i>	1	PA; PA does not apply to age less than 65.
<i>orphenadrine citrate er</i>	1	PA; PA does not apply to age less than 65.
Sleep Disorder Agents		
<i>armodafinil</i>	1	PA; EDS
BELSOMRA ORAL TABLET 10 MG, 5 MG	2	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	2	
DAYVIGO ORAL TABLET 10 MG	3	PA New Starts; PA does not apply to age less than 65.
DAYVIGO ORAL TABLET 5 MG	3	PA New Starts; PA does not apply to age less than 65.; QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg</i>	1	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	1	
<i>estazolam</i>	1	
HETLIOZ	3	PA; LA; EDS
<i>modafinil</i>	1	PA; EDS
<i>ramelteon</i>	1	
SUNOSI ORAL TABLET 150 MG	3	PA; EDS
SUNOSI ORAL TABLET 75 MG	3	PA; QL (45 EA per 30 days); EDS
<i>temazepam</i>	1	QL (7 EA per 30 days)
XYREM	3	PA; LA
XYWAV	3	PA; LA
<i>zaleplon</i>	1	
<i>zolpidem tartrate oral</i>	1	PA New Starts; PA does not apply to age less than 65.

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<i>adapalene</i>	49	<i>amitriptyline hcl</i>	21	<i>atenolol</i>	42
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ADVAIR HFA.....	80	<i>amlodipine-olmesartan</i>	42	<i>atovaquone</i>	31
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<i>vaqta</i>	69	WELIREG	30	ZIOPTAN	80
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<i>varizig</i>	69	XALKORI	30	ZIRGAN	80
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VASCEPA	47	XARELTO STARTER PACK	42	ZOKINVY	77
VECAMYL	47	XATMEP	30, 69	ZOLINZA	31
<i>velivet</i>	64	XCOPRI	21	<i>zolmitriptan</i>	26, 77
VELPHORO	54	XCOPRI (250 MG DAILY DOSE)	21, 77	<i>zolpidem tartrate</i>	84
VELTASSA	54	XCOPRI (350 MG DAILY DOSE)	21	ZOMACTON	59
VEMLIDY	36	XELJANZ	69	ZOMIG	26
VENCLEXTA	30	XELJANZ XR	69	<i>zonisamide</i>	21
VENCLEXTA STARTING PACK	30	XERMELO	56	ZONTIVITY	42
<i>venlafaxine hcl</i>	23, 38	XGEVA	70	ZORBTIVE	59
<i>venlafaxine hcl er</i>	23, 38	XIFAXAN	18, 56	ZORTRESS	69
VENTAVIS	83	XIGDUO XR	41	<i>zostavax</i>	69
VENTOLIN HFA	83	XIIDRA	80	ZOSYN	19
VERAMYST	77	XOFLUZA (40 MG DOSE)	37	<i>zovia 1/35e (28)</i>	65
<i>verapamil hcl</i>	47	XOFLUZA (80 MG DOSE)	37	ZUBSOLV	15
<i>verapamil hcl er</i>	47	XOLAIR	69	ZUPLENZ	24
VERQUVO	47	XOSPATA	30	ZYDELIG	31
VERSACLOZ	34	XPOVIO (100 MG ONCE WEEKLY)	30, 31	ZYFLO	83
VERZENIO	30	XPOVIO (40 MG ONCE WEEKLY)	31	ZYKADIA	31, 77
<i>vestura</i>	64	XPOVIO (40 MG TWICE WEEKLY)	31	ZYLET	80
V-GO 20	77	XPOVIO (60 MG ONCE WEEKLY)	31	ZYPREXA RELPREVV	34, 39
V-GO 30	77	XPOVIO (60 MG TWICE WEEKLY)	31		

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

Language Assistance Services

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-667-5936 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-667-5936 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-667-5936（TTY：711）。
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-667-59362 (телетайп: 711).
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-667-5936 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-667-5936 (TTY: 711) 번으로 전화해 주십시오.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-667-5936 (TTY: 711).
Farsi	توجه: اگر به زبان نارسی گفتگو می کنید، تسهیالت زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-667-5936 (TTY: 711) تماس بگیرید.
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-667-5936 (TTY: 711).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-667-5936 (TTY: 711).
Arabic	ب. ال ام جان لك ن نوان ر ال لغوية الام ساعدة خدماتنا إن ال لغفة اذك رن نحدثك زت إذا م لحوطة (711: ووال بالكم ال صم هل ف رن م) 1-800-667-5936 ب ر ان صل
French	ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-667-5936 (ATS : 711).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-667-5936 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-667-5936 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-667-5936（TTY: 711）まで、お電話にてご連絡ください。
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-667-5936 (TTY: 711).

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

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Pharmacy Benefit Dimensions:

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

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

If you believe that Pharmacy Benefit Dimensions has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Pharmacy Benefit Dimensions' Member Services Department, P.O. Box 1642, Buffalo, NY 14231, 1-800-667-5936, TTY users call 711, fax (716) 250-7163, PBDmedicareservicing@pbdrx.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pharmacy Benefit Dimensions' Member Services Department is available to help you.

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

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

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

This formulary was updated on December 1, 2021. For more recent information or other questions, please contact our Medicare Member Services Department at 1-800-667-5936, or for TTY users, 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m. ET April 1st – September 30th: Monday through Friday 8 a.m. to 8 p.m. ET or visit www.pbdrx.com/medicare