

Pharmacy Benefit Dimensions Prescription Drug Plan PDP

5 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 00021282, Version Number 28.

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>	2	
<i>acetaminophen-codeine oral solution</i>	2	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	
ASCOMP-CODEINE	4	PA; PA not required if under 65 years of age.
<i>buprenorphine hcl sublingual</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	2	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caff-cod</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caffeine oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-asa-caff-codeine</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-aspirin-caffeine oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>butorphanol tartrate nasal</i>	2	
CAMBIA	4	
<i>celecoxib oral</i>	2	EDS
<i>codeine sulfate oral tablet</i>	2	
<i>diclofenac epolamine external</i>	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	EDS
<i>diclofenac sodium er</i>	2	EDS
<i>diclofenac sodium external gel</i>	2	PA
<i>diclofenac sodium external solution</i>	2	PA
<i>diclofenac sodium oral</i>	2	EDS
<i>diflunisal oral</i>	2	EDS
<i>duramorph</i>	2	
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>etodolac oral</i>	2	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	2	EDS
<i>fenoprofen calcium oral tablet</i>	2	EDS
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	5	PA; PA not required for oncologists.; QL (120 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 100 mcg/hr, 75 mcg/hr</i>	2	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	2	QL (15 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	2	EDS
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	2	QL (60 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	
<i>hydromorphone hcl oral liquid</i>	2	
<i>hydromorphone hcl oral tablet</i>	2	QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	2	EDS
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EDS
<i>indomethacin er</i>	4	PA; PA not required if under 65 years of age.; EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4	PA; PA not required if under 65 years of age.; EDS
<i>ketorolac tromethamine oral</i>	2	PA; PA not required if under 65 years of age.
<i>lorcet</i>	2	
<i>lorcet hd</i>	2	
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	
<i>meloxicam oral tablet</i>	2	EDS
<i>methadone hcl oral solution</i>	2	
<i>methadone hcl oral tablet 10 mg</i>	2	
<i>methadone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 60 MG	5	
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG	4	EDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate er beads</i>	2	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	
<i>morphine sulfate er oral tablet extended release</i>	2	
<i>morphine sulfate oral</i>	2	
<i>nabumetone oral</i>	2	EDS
<i>naproxen oral tablet</i>	2	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	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>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	2	
<i>oxycodone hcl oral capsule</i>	2	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	
<i>oxycodone hcl oral solution</i>	2	
<i>oxycodone hcl oral tablet</i>	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	
<i>oxycodone-ibuprofen</i>	2	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	
<i>oxymorphone hcl er</i>	4	
<i>oxymorphone hcl oral tablet 10 mg</i>	2	
<i>oxymorphone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl</i>	2	
<i>piroxicam oral</i>	2	EDS
<i>sulindac oral</i>	2	EDS
TENCON ORAL TABLET 50-325 MG	4	PA; PA not required if under 65 years of age.
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	2	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 300 mg</i>	2	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	2	
<i>tramadol hcl oral tablet 50 mg</i>	2	
<i>tramadol-acetaminophen</i>	2	
VANATOL LQ	4	PA; PA not required if under 65 years of age.
<i>vtol lq</i>	4	PA; PA not required if under 65 years of age.
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	PA; PA not required if under 65 years of age.
Anesthetics		
<i>lidocaine external ointment 5 %</i>	2	
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl urethral/mucosal external gel</i>	2	
<i>lidocaine viscous hcl</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>lidocaine-prilocaine external cream</i>	2	
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	2	EDS
<i>buprenorphine hcl sublingual</i>	2	
<i>buprenorphine hcl-naloxone hcl</i>	2	
<i>bupropion hcl er (smoking det)</i>	2	
CHANTIX	3	
CHANTIX CONTINUING MONTH PAK	3	
CHANTIX STARTING MONTH PAK	3	
<i>disulfiram oral</i>	2	EDS
KLOXXADO	3	
LUCEMYRA	5	PA
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe</i>	2	
<i>naltrexone hcl oral</i>	2	
NARCAN	3	
NICOTROL	3	
NICOTROL NS	3	
<i>varenicline tartrate</i>	2	
VIVITROL	5	
ZUBSOLV	3	
Antibacterials		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er</i>	2	
<i>amoxicillin-pot clavulanate oral</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	
ARIKAYCE	5	PA; LA
<i>azithromycin intravenous</i>	2	
<i>azithromycin oral packet</i>	2	
<i>azithromycin oral suspension reconstituted</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
BICILLIN C-R	4	
BICILLIN C-R 900/300	4	
BICILLIN L-A	4	
<i>cefaclor</i>	2	
<i>cefaclor er</i>	4	
<i>cefadroxil</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir</i>	2	
<i>cefepime hcl injection</i>	2	
<i>cefixime</i>	2	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium intravenous</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	3	
<i>ciprofloxacin hcl ophthalmic</i>	2	
<i>ciprofloxacin hcl oral</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin oral</i>	2	
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin hcl oral</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate external swab</i>	2	
<i>clindamycin phosphate in d5w</i>	2	

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

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

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

Drug Name	Tier	Requirements/Limits
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	2	
<i>moxifloxacin hcl in nacl</i>	2	
<i>moxifloxacin hcl oral</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	4	
<i>neomycin sulfate oral</i>	2	
<i>nitrofurantoin macrocrystal oral</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
OXACILLIN SODIUM IN DEXTROSE	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>oxacillin sodium intravenous</i>	2	
<i>paromomycin sulfate oral</i>	2	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	2	
<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</i>	2	
<i>polymyxin b sulfate injection</i>	2	
SIVEXTRO	5	PA
<i>streptomycin sulfate intramuscular</i>	4	
<i>sulfacetamide sodium (acne)</i>	2	
<i>sulfadiazine oral</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
TEFLARO	5	
<i>tetracycline hcl oral</i>	2	
<i>tigecycline</i>	5	
<i>tinidazole oral</i>	2	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	5	BD
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
<i>trimethoprim oral</i>	2	
VABOMERE	4	PA; Prior authorization not required for urologists or infectious diseases specialists.; EDS
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>vancomycin hcl oral capsule</i>	2	
<i>vandazole</i>	2	
VIBRAMYCIN ORAL SYRUP	4	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	
ZERBAXA	5	PA
Anticonvulsants		
APTIOM	5	
BRIVIACT ORAL	5	PA New Starts; Prior authorization not required for neurologists.
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	EDS
<i>carbamazepine oral</i>	2	EDS
CELONTIN	3	EDS
<i>clobazam</i>	2	EDS
<i>clonazepam oral</i>	2	EDS
<i>clorazepate dipotassium</i>	2	
DIACOMIT	5	PA New Starts; LA
<i>diazepam oral concentrate</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>diazepam rectal</i>	2	
DILANTIN ORAL CAPSULE 30 MG	3	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
EPIDIOLEX	5	PA New Starts; LA
<i>epitol</i>	2	EDS
EQUETRO	4	EDS
<i>ethosuximide oral</i>	2	EDS
<i>felbamate</i>	2	EDS
FINTEPLA	5	PA New Starts; LA
FYCOMPA ORAL SUSPENSION	4	EDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	
FYCOMPA ORAL TABLET 2 MG	4	EDS
<i>gabapentin oral capsule</i>	2	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	2	EDS
<i>gabapentin oral tablet</i>	2	EDS
GRALISE ORAL TABLET	4	EDS
GRALISE STARTER	4	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	QL (90 EA per 30 days); EDS
<i>lamotrigine er</i>	2	EDS
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>lamotrigine oral tablet</i>	2	EDS
<i>lamotrigine oral tablet chewable</i>	2	EDS
<i>lamotrigine oral tablet dispersible</i>	2	EDS
<i>lamotrigine starter kit-blue</i>	2	
<i>lamotrigine starter kit-green</i>	2	
<i>lamotrigine starter kit-orange</i>	2	
<i>levetiracetam er</i>	2	EDS
<i>levetiracetam oral</i>	2	EDS
LORAZEPAM INTENSOL	2	
<i>lorazepam oral tablet</i>	2	
NAYZILAM	4	PA New Starts
<i>oxcarbazepine</i>	2	EDS
OXTELLAR XR	4	EDS
PEGANONE	3	EDS
<i>phenobarbital oral elixir</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>phenobarbital oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	2	EDS
<i>phenytoin oral tablet chewable</i>	2	EDS
<i>phenytoin sodium extended</i>	2	EDS
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	2	ST; QL (30 EA per 30 days); EDS
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	2	ST; QL (60 EA per 30 days); EDS
<i>pregabalin oral</i>	2	EDS
<i>primidone oral</i>	2	EDS
<i>roweepra</i>	2	EDS
<i>roweepra xr</i>	2	EDS
<i>rufinamide</i>	5	
SPRITAM	4	EDS
SYMPAZAN	5	
<i>tiagabine hcl</i>	2	EDS
<i>topiramate er</i>	2	EDS
<i>topiramate oral</i>	2	EDS
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG	5	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	EDS
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution</i>	2	EDS
VALTOCO 10 MG DOSE	4	PA New Starts
VALTOCO 15 MG DOSE	4	PA New Starts
VALTOCO 20 MG DOSE	4	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
VALTOCO 5 MG DOSE	4	PA New Starts
<i>vigabatrin</i>	5	LA
<i>vigadrone</i>	5	
VIMPAT ORAL	3	EDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	PA New Starts; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	PA New Starts; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	PA New Starts; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG	5	PA New Starts; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 200 MG	5	PA New Starts
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA New Starts; QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	5	PA New Starts; QL (28 EA per 28 days)
<i>zonisamide oral</i>	2	EDS
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	2	EDS
<i>ergoloid mesylates oral</i>	2	EDS
<i>galantamine hydrobromide</i>	2	EDS
<i>galantamine hydrobromide er</i>	2	EDS
<i>memantine hcl er</i>	2	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	2	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	EDS
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	PA New Starts
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA New Starts; EDS
<i>rivastigmine</i>	2	EDS
<i>rivastigmine tartrate</i>	2	EDS
Antidepressants		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	BD
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 30 MG	5	PA New Starts
<i>amitriptyline hcl oral</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>amoxapine</i>	2	EDS
<i>aripiprazole oral solution</i>	2	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	EDS
<i>aripiprazole oral tablet 2 mg</i>	2	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet 5 mg</i>	2	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>	5	QL (60 EA per 30 days)
<i>bupropion hcl er (sr)</i>	1	EDS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	EDS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	4	EDS
<i>bupropion hcl oral</i>	2	EDS
<i>chlordiazepoxide-amitriptyline</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>citalopram hydrobromide oral solution</i>	2	EDS
<i>citalopram hydrobromide oral tablet</i>	1	EDS
<i>clomipramine hcl oral</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>desipramine hcl oral</i>	2	EDS
<i>desvenlafaxine er</i>	2	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (90 EA per 30 days); EDS
<i>doxepin hcl oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral concentrate</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral tablet 3 mg</i>	2	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	4	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	EDS
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	EDS
EMSAM	5	PA New Starts
<i>escitalopram oxalate oral solution</i>	2	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
FETZIMA	4	EDS
FETZIMA TITRATION	4	
<i>fluoxetine hcl oral capsule</i>	2	EDS
<i>fluoxetine hcl oral capsule delayed release</i>	2	EDS
<i>fluoxetine hcl oral solution</i>	2	EDS
<i>fluvoxamine maleate</i>	2	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	2	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	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>imipramine hcl oral</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>maprotiline hcl</i>	2	EDS
MARPLAN	3	EDS
<i>mirtazapine oral</i>	2	EDS
<i>nefazodone hcl</i>	2	EDS
<i>nortriptyline hcl oral</i>	2	EDS
<i>olanzapine-fluoxetine hcl</i>	2	EDS
<i>paroxetine hcl er</i>	2	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>paroxetine mesylate</i>	2	EDS
PAXIL ORAL SUSPENSION	4	EDS
<i>perphenazine-amitriptyline</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>phenelzine sulfate oral</i>	2	EDS
<i>protriptyline hcl</i>	2	EDS
<i>quetiapine fumarate</i>	2	EDS
<i>quetiapine fumarate er</i>	2	EDS
<i>sertraline hcl oral concentrate</i>	2	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>tranylcypromine sulfate</i>	2	EDS
<i>trazodone hcl oral</i>	2	EDS
<i>trimipramine maleate oral</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
TRINTELLIX	4	QL (30 EA per 30 days); EDS
<i>venlafaxine hcl</i>	2	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS
VIIBRYD ORAL TABLET	4	EDS
VIIBRYD STARTER PACK	4	
Antiemetics		
<i>aprepitant oral capsule</i>	2	BD
<i>chlorpromazine hcl oral concentrate</i>	4	EDS
<i>chlorpromazine hcl oral tablet</i>	2	EDS
<i>compro</i>	2	
<i>dronabinol</i>	2	PA
EMEND ORAL SUSPENSION RECONSTITUTED	3	BD
<i>granisetron hcl oral</i>	2	BD
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
<i>ondansetron</i>	2	BD

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

Drug Name	Tier	Requirements/Limits
<i>ondansetron hcl oral</i>	2	BD
<i>perphenazine oral</i>	2	EDS
PHENADOZ RECTAL SUPPOSITORY 12.5 MG	4	PA; PA not required if under 65 years of age.
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate oral</i>	2	EDS
<i>promethazine hcl oral syrup</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl oral tablet</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	PA; PA not required if under 65 years of age.
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	4	PA; PA not required if under 65 years of age.
SANCUSO	5	
<i>scopolamine</i>	2	
SYNDROS	4	PA
<i>trimethobenzamide hcl oral</i>	2	
VARUBI (180 MG DOSE)	4	BD
ZUPLENZ	4	BD
Antifungals		
ABELCET	4	PA
AMBISOME	4	PA
<i>amphotericin b intravenous</i>	2	PA
<i>caspofungin acetate</i>	2	BD
<i>ciclopirox olamine external</i>	2	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
CRESEMBA ORAL	5	PA
<i>econazole nitrate external</i>	2	
ERAXIS	4	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral</i>	2	
<i>flucytosine oral</i>	2	
<i>griseofulvin microsize oral</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
GYNAZOLE-1	4	
<i>itraconazole oral capsule</i>	2	PA; Prior authorization not required for infectious diseases specialists.
<i>itraconazole oral solution</i>	4	PA; Prior authorization not required for infectious diseases specialists.

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

Drug Name	Tier	Requirements/Limits
JUBLIA	5	PA
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral</i>	2	PA
MENTAX	4	
<i>micafungin sodium</i>	2	
<i>miconazole 3 vaginal suppository</i>	4	
<i>naftifine hcl external cream</i>	2	
NAFTIN EXTERNAL GEL	4	
NOXAFIL ORAL SUSPENSION	5	
<i>nyamyc</i>	2	
<i>nystatin external</i>	2	
<i>nystatin mouth/throat</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystop</i>	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT EXTERNAL LOTION	4	
<i>posaconazole</i>	5	
<i>tavaborole</i>	5	PA
<i>terbinafine hcl oral</i>	2	
<i>terconazole vaginal cream</i>	2	
TOLSURA	5	PA; Prior authorization not required for infectious diseases specialists.
<i>voriconazole intravenous</i>	5	BD
<i>voriconazole oral suspension reconstituted</i>	5	
<i>voriconazole oral tablet 200 mg</i>	5	
<i>voriconazole oral tablet 50 mg</i>	4	
Antigout Agents		
<i>allopurinol oral</i>	1	EDS
<i>colchicine oral</i>	2	
<i>colchicine-probenecid</i>	2	EDS
<i>febuxostat</i>	2	ST; EDS
<i>probenecid oral</i>	2	EDS
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days); EDS
AJOVY	3	PA; EDS
<i>almotriptan malate</i>	2	
<i>dihydroergotamine mesylate nasal</i>	5	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	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>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<i>eletriptan hydrobromide</i>	2	
EMGALITY	4	PA; EDS
EMGALITY (300 MG DOSE)	4	PA; EDS
<i>ergotamine-caffeine</i>	2	
<i>frovatriptan succinate</i>	2	
MIGERGOT	5	
<i>naratriptan hcl</i>	2	
NURTEC	3	PA
<i>rizatriptan benzoate</i>	2	
<i>sumatriptan nasal</i>	2	
<i>sumatriptan succinate oral</i>	2	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	2	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	2	
<i>timolol maleate oral</i>	2	EDS
<i>topiramate er</i>	2	EDS
<i>topiramate oral</i>	2	EDS
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG	5	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	EDS
UBRELVY	3	ST
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution</i>	2	EDS
<i>zolmitriptan oral</i>	2	
ZOMIG NASAL	3	
Antimyasthenic Agents		
<i>guanidine hcl oral</i>	2	
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide oral solution</i>	2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
Antimycobacterials		
<i>dapsone external gel 7.5 %</i>	4	
<i>dapsone oral</i>	2	EDS
<i>ethambutol hcl oral</i>	2	
<i>isoniazid oral</i>	2	EDS
PASER	4	
PRETOMANID	4	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
PRIFTIN	4	
<i>pyrazinamide oral</i>	2	
<i>rifabutin</i>	2	
RIFAMATE	4	
<i>rifampin intravenous</i>	2	
<i>rifampin oral</i>	2	
RIFATER	3	
SIRTIURO	5	PA
TRECTOR	4	
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA New Starts
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG, 5 MG	5	PA New Starts
AFINITOR ORAL TABLET 10 MG	5	PA New Starts
ALECENSA	5	PA New Starts
ALUNBRIG	5	PA New Starts; LA
<i>anastrozole oral</i>	2	EDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	5	PA New Starts; LA
BALVERSA	5	PA New Starts; LA
<i>bexarotene</i>	5	
<i>bicalutamide</i>	2	
BOSULIF	5	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA New Starts; LA
BRUKINSA	5	PA New Starts
CABOMETYX	5	PA New Starts; LA
CALQUENCE	5	PA New Starts
CAPRELSA	5	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE)	5	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	5	PA New Starts; LA
COTELLIC	5	PA New Starts
<i>cyclophosphamide oral</i>	2	BD
DAURISMO ORAL TABLET 100 MG	5	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
DROXIA	2	EDS
EMCYT	3	
ERIVEDGE	5	PA New Starts
ERLEADA	5	PA New Starts
<i>erlotinib hcl</i>	5	PA New Starts

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

Drug Name	Tier	Requirements/Limits
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	5	BD
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA New Starts
<i>exemestane</i>	2	EDS
FARYDAK	5	PA New Starts; LA
<i>flutamide</i>	2	
FOTIVDA	5	PA New Starts; LA; QL (30 EA per 30 days)
GAVRETO	5	PA New Starts; LA
GILOTRIF	5	PA New Starts; LA
<i>hydroxyurea oral</i>	2	
IBRANCE	5	PA New Starts; LA
ICLUSIG	5	PA New Starts
IDHIFA	5	PA New Starts; LA
<i>imatinib mesylate</i>	2	
IMBRUVICA	5	PA New Starts; LA
INLYTA	5	PA New Starts; LA
INQOVI	5	PA New Starts; LA
INREBIC	5	PA New Starts; LA
IRESSA	5	PA New Starts; LA
JAKAFI	5	PA New Starts; LA
KISQALI (200 MG DOSE)	5	PA New Starts
KISQALI (400 MG DOSE)	5	PA New Starts
KISQALI (600 MG DOSE)	5	PA New Starts
KISQALI FEMARA (400 MG DOSE)	5	PA New Starts
KISQALI FEMARA (600 MG DOSE)	5	PA New Starts
KISQALI FEMARA(200 MG DOSE)	5	PA New Starts
KOSELUGO	5	PA New Starts; LA
<i>lapatinib ditosylate</i>	5	PA New Starts
LENVIMA (10 MG DAILY DOSE)	5	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE)	5	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE)	5	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE)	5	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE)	5	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE)	5	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE)	5	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE)	5	PA New Starts; LA
<i>letrozole oral</i>	2	EDS
<i>leucovorin calcium oral</i>	2	
LEUKERAN	3	
LONSURF	5	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
LUMAKRAS	5	PA New Starts
LYNPARZA ORAL TABLET	5	PA New Starts; LA
LYSODREN	3	
MATULANE	5	LA
MEKINIST	5	PA New Starts
MEKTOVI	5	PA New Starts; LA
MESNEX ORAL	3	
<i>methotrexate oral</i>	1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
NERLYNX	5	PA New Starts; LA
NEXAVAR	5	PA New Starts; LA
<i>nilutamide</i>	5	
NINLARO	5	PA New Starts; QL (3 EA per 28 days)
NUBEQA	5	PA New Starts; LA
ODOMZO	5	PA New Starts
ONUREG ORAL TABLET 200 MG	5	PA New Starts
ONUREG ORAL TABLET 300 MG	5	PA New Starts; QL (30 EA per 30 days)
ORGOVYX	5	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	4	PA; EDS
PEMAZYRE	5	PA New Starts; LA
PIQRAY (200 MG DAILY DOSE)	5	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE)	5	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE)	5	PA New Starts; LA
POMALYST	5	PA New Starts; LA
PURIXAN	3	LA
QINLOCK	5	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	4	PA; EDS
RETEVMO ORAL CAPSULE 40 MG	5	PA New Starts; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA New Starts
REVLIMID	5	PA New Starts; LA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA New Starts; LA
RUBRACA	5	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT	5	PA New Starts
SOLTAMOX	3	EDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	5	PA New Starts; 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
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	5	PA New Starts; QL (60 EA per 30 days)
STIVARGA	5	PA New Starts; LA
<i>sunitinib malate</i>	5	PA New Starts
SUTENT	5	PA New Starts; LA
SYNRIBO	5	PA New Starts
<i>tabloid</i>	2	
TABRECTA ORAL TABLET 150 MG	5	PA New Starts; QL (120 EA per 30 days)
TABRECTA ORAL TABLET 200 MG	5	PA New Starts
TAFINLAR	5	PA New Starts
TAGRISSO	5	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA New Starts; LA
<i>tamoxifen citrate oral</i>	2	EDS
TARGRETIN EXTERNAL	5	PA New Starts
TASIGNA	5	PA New Starts
TAZVERIK	5	PA New Starts; LA; QL (240 EA per 30 days)
TEPMETKO	5	PA New Starts
THALOMID	5	LA
TIBSOVO	5	PA New Starts; LA
<i>toremifene citrate</i>	5	
<i>tretinoin oral</i>	5	
TREXALL	4	
TRUSELTIQ (100MG DAILY DOSE)	5	PA New Starts; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	5	PA New Starts; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	5	PA New Starts; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	5	PA New Starts; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
TURALIO	5	PA New Starts; LA
UKONIQ	5	PA New Starts
VALCHLOR	5	PA New Starts; Prior authorization not required for dermatologists or oncologists.
VENCLEXTA ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
VENCLEXTA STARTING PACK	5	PA New Starts; LA; QL (42 EA per 30 days)
VERZENIO	5	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	5	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	5	PA New Starts; LA
VOTRIENT	5	PA New Starts
WELIREG	5	PA New Starts
XALKORI	5	PA New Starts; LA
XATMEP	4	PA New Starts
XOSPATA	5	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (20 EA per 28 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (12 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	5	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PA New Starts; LA; QL (32 EA per 28 days)
XTANDI	5	PA New Starts
XURIDEN	5	PA
ZEJULA	5	PA New Starts; LA
ZELBORAF	5	PA New Starts
ZOLINZA	3	
ZYDELIG	5	PA New Starts
ZYKADIA ORAL TABLET	5	PA New Starts
Antiparasitics		
<i>albendazole oral</i>	5	
ALINIA ORAL SUSPENSION RECONSTITUTED	5	
<i>atovaquone oral</i>	5	
<i>atovaquone-proguanil hcl</i>	2	
<i>benznidazole</i>	4	PA
<i>chloroquine phosphate oral</i>	2	EDS
COARTEM	3	QL (24 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
EMVERM	4	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	EDS
<i>ivermectin oral</i>	2	
LAMPIT	4	PA
<i>mefloquine hcl</i>	2	EDS
<i>nitazoxanide oral</i>	5	
<i>pentamidine isethionate inhalation</i>	4	BD
<i>pentamidine isethionate injection</i>	4	
<i>praziquantel oral</i>	2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral</i>	5	
<i>quinine sulfate oral</i>	2	
Antiparkinson Agents		
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral solution</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; LA; Prior authorization not required for neurologists.
<i>benztropine mesylate oral</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>bromocriptine mesylate oral</i>	2	EDS
<i>carbidopa oral</i>	2	EDS
<i>carbidopa-levodopa</i>	2	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	EDS
<i>carbidopa-levodopa-entacapone</i>	2	EDS
DUOPA ENTERAL	5	PA
<i>entacapone</i>	2	EDS
INBRIJA	5	PA; LA
KYNMOBI	5	PA; Prior authorization not required for neurologists.
NEUPRO	4	EDS
ONGENTYS	4	ST; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	4	PA; EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	4	PA; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG	4	PA; EDS
<i>pramipexole dihydrochloride</i>	2	EDS
<i>pramipexole dihydrochloride er</i>	2	EDS
<i>rasagiline mesylate oral</i>	2	EDS
<i>ropinirole hcl</i>	2	EDS
<i>ropinirole hcl er</i>	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>selegiline hcl oral</i>	2	EDS
<i>trihexyphenidyl hcl</i>	2	PA; PA not required if under 65 years of age.; EDS
ZELAPAR	5	
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	BD
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 30 MG	5	PA New Starts
<i>aripiprazole oral solution</i>	2	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	EDS
<i>aripiprazole oral tablet 2 mg</i>	2	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet 5 mg</i>	2	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible</i>	5	QL (60 EA per 30 days)
ARISTADA	5	BD
ARISTADA INITIO	5	BD
<i>asenapine maleate</i>	5	
CAPLYTA	4	PA New Starts; EDS
<i>chlorpromazine hcl oral concentrate</i>	4	EDS
<i>chlorpromazine hcl oral tablet</i>	2	EDS
<i>clozapine</i>	2	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	5	QL (90 EA per 30 days)
FANAPT ORAL TABLET 10 MG	5	QL (60 EA per 30 days)
FANAPT ORAL TABLET 12 MG, 8 MG	5	
FANAPT TITRATION PACK	4	QL (8 EA per 28 days)
<i>fluphenazine decanoate injection</i>	2	BD
<i>fluphenazine hcl injection</i>	2	BD
<i>fluphenazine hcl oral</i>	2	EDS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	BD
<i>haloperidol lactate injection</i>	2	
<i>haloperidol lactate oral</i>	2	EDS
<i>haloperidol oral</i>	2	EDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	PA New Starts
LATUDA ORAL TABLET 120 MG, 60 MG, 80 MG	5	

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

Drug Name	Tier	Requirements/Limits
LATUDA ORAL TABLET 20 MG, 40 MG	5	QL (30 EA per 30 days)
<i>loxapine succinate oral</i>	2	EDS
<i>molindone hcl</i>	2	EDS
NUPLAZID ORAL CAPSULE	5	PA New Starts; LA
NUPLAZID ORAL TABLET 10 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular</i>	2	BD
<i>olanzapine oral</i>	2	EDS
<i>paliperidone er</i>	2	EDS
<i>perphenazine oral</i>	2	EDS
PERSERIS	5	BD
<i>pimozide</i>	2	EDS
<i>prochlorperazine maleate oral</i>	2	EDS
<i>quetiapine fumarate</i>	2	EDS
<i>quetiapine fumarate er</i>	2	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	5	QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	3	BD
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	BD
<i>risperidone oral solution</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	2	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR	5	QL (30 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR	5	
<i>thioridazine hcl oral</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>thiothixene oral</i>	2	EDS
<i>trifluoperazine hcl oral</i>	2	EDS
VERSACLOZ	4	
VRAYLAR ORAL CAPSULE	5	PA New Starts
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA New Starts
<i>ziprasidone hcl</i>	2	EDS
<i>ziprasidone mesylate</i>	4	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	EDS
<i>baclofen oral tablet 5 mg</i>	4	EDS

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

Drug Name	Tier	Requirements/Limits
<i>dantrolene sodium oral</i>	2	
<i>tizanidine hcl oral</i>	2	EDS
Antivirals		
<i>abacavir sulfate</i>	2	EDS
<i>abacavir sulfate-lamivudine</i>	2	EDS
<i>abacavir-lamivudine-zidovudine</i>	5	
<i>acyclovir oral</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	BD
<i>adefovir dipivoxil</i>	5	
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral solution</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
APTIVUS	3	EDS
<i>atazanavir sulfate</i>	2	EDS
BARACLUDE ORAL SOLUTION	5	
BIKTARVY	5	
CIMDUO	5	
COMPLERA	5	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	EDS
DELSTRIGO	5	
DESCOVY	5	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	2	EDS
DOVATO	5	
EDURANT	5	
<i>efavirenz</i>	2	EDS
<i>efavirenz-emtricitab-tenofovir</i>	5	
<i>efavirenz-lamivudine-tenofovir</i>	5	
<i>emtricitabine</i>	2	EDS
<i>emtricitabine-tenofovir df</i>	2	EDS
EMTRIVA ORAL SOLUTION	3	EDS
<i>entecavir</i>	2	EDS
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (30 EA per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA
EPIVIR HBV ORAL SOLUTION	3	EDS
<i>etravirine</i>	5	
EVOTAZ	5	
<i>famciclovir oral</i>	2	
<i>fosamprenavir calcium</i>	2	EDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
GENVOYA	5	
HARVONI ORAL PACKET	5	PA

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

Drug Name	Tier	Requirements/Limits
HARVONI ORAL TABLET 90-400 MG	5	PA
INTELENCE ORAL TABLET 25 MG	3	EDS
INVIRASE ORAL TABLET	5	
ISENTRESS HD	5	
ISENTRESS ORAL PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	EDS
JULUCA	5	
<i>lamivudine</i>	2	EDS
<i>lamivudine-zidovudine</i>	2	EDS
LEXIVA ORAL SUSPENSION	3	EDS
<i>lopinavir-ritonavir oral solution</i>	4	EDS
<i>lopinavir-ritonavir oral tablet</i>	2	EDS
MAVYRET ORAL TABLET	5	PA
<i>nevirapine</i>	2	EDS
<i>nevirapine er</i>	2	EDS
NORVIR ORAL PACKET	3	EDS
NORVIR ORAL SOLUTION	3	EDS
ODEFSEY	5	
<i>oseltamivir phosphate oral</i>	2	
PIFELTRO	5	
PREVYMIS ORAL	5	PA
PREZCOBIX	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	
PREZISTA ORAL TABLET 75 MG	3	EDS
RELENZA DISKHALER	4	
REYATAZ ORAL PACKET	5	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine hcl</i>	2	
<i>ritonavir</i>	2	EDS
RUKOBIA	5	
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	3	EDS
<i>sofosbuvir-velpatasvir</i>	5	PA
SOVALDI ORAL PACKET	5	PA
SOVALDI ORAL TABLET 400 MG	5	PA
<i>stavudine oral capsule</i>	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
STRIBILD	5	
SYMTUZA	5	
TEMIXYS	5	
<i>tenofovir disoproxil fumarate</i>	2	EDS
TIVICAY ORAL TABLET 10 MG	3	EDS
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD	3	EDS
<i>trifluridine ophthalmic</i>	2	
TRIUMEQ	5	
TYBOST	3	EDS
<i>valacyclovir hcl oral</i>	2	
<i>valganciclovir hcl oral solution reconstituted</i>	5	
<i>valganciclovir hcl oral tablet</i>	2	
VEMLIDY	5	PA; Prior authorization not required for gastroenterologists or infectious diseases specialists.
VIRACEPT ORAL TABLET	5	
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
VOSEVI	5	PA
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	
<i>zidovudine</i>	2	EDS
Anxiolytics		
<i>alprazolam er</i>	2	
<i>alprazolam oral</i>	2	
<i>bupirone hcl oral</i>	2	
<i>clonazepam oral</i>	2	EDS
<i>clorazepate dipotassium</i>	2	
<i>diazepam oral concentrate</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>diazepam rectal</i>	2	
<i>doxepin hcl oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral concentrate</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral tablet 3 mg</i>	2	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	4	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	EDS

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>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	EDS
<i>escitalopram oxalate oral solution</i>	2	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral</i>	2	PA; PA not required if under 65 years of age.
LORAZEPAM INTENSOL	2	
<i>lorazepam oral tablet</i>	2	
NAYZILAM	4	PA New Starts
<i>oxazepam</i>	2	
<i>paroxetine hcl er</i>	2	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL ORAL SUSPENSION	4	EDS
<i>sertraline hcl oral concentrate</i>	2	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
VALTOCO 10 MG DOSE	4	PA New Starts
VALTOCO 15 MG DOSE	4	PA New Starts
VALTOCO 20 MG DOSE	4	PA New Starts
VALTOCO 5 MG DOSE	4	PA New Starts
<i>venlafaxine hcl</i>	2	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS
Bipolar Agents		
<i>asenapine maleate</i>	5	
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	2	EDS
<i>carbamazepine oral</i>	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<i>epitol</i>	2	EDS
EQUETRO	4	EDS
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	2	EDS
<i>lamotrigine oral tablet</i>	2	EDS
<i>lamotrigine oral tablet chewable</i>	2	EDS
<i>lamotrigine oral tablet dispersible</i>	2	EDS
<i>lamotrigine starter kit-blue</i>	2	
<i>lamotrigine starter kit-green</i>	2	
<i>lamotrigine starter kit-orange</i>	2	

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

Drug Name	Tier	Requirements/Limits
LATUDA ORAL TABLET 120 MG, 60 MG, 80 MG	5	
LATUDA ORAL TABLET 20 MG, 40 MG	5	QL (30 EA per 30 days)
<i>lithium carbonate er</i>	2	EDS
<i>lithium carbonate oral</i>	2	EDS
<i>olanzapine intramuscular</i>	2	BD
<i>olanzapine oral</i>	2	EDS
PERSERIS	5	BD
<i>quetiapine fumarate</i>	2	EDS
<i>quetiapine fumarate er</i>	2	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	3	BD
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	BD
<i>risperidone oral solution</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	2	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR	5	QL (30 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR	5	
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution</i>	2	EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA New Starts
<i>ziprasidone hcl</i>	2	EDS
<i>ziprasidone mesylate</i>	4	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD
Blood Glucose Regulators		
<i>acarbose oral</i>	2	EDS
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	2	
AVANDIA ORAL TABLET 2 MG, 4 MG	4	EDS
BAQSIMI TWO PACK	2	
<i>colesevelam hcl</i>	4	EDS
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	2	
CVS GAUZE STERILE PAD 2"X2"	2	
CYCLOSET	4	EDS
<i>diazoxide oral</i>	5	
<i>exel comfort point pen needle 29g x 12mm</i>	2	
FARXIGA	3	EDS
<i>glimepiride</i>	1	EDS
<i>glipizide er</i>	1	EDS
<i>glipizide 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>glipizide-metformin hcl</i>	1	EDS
GLUCAGEN HYPOKIT	3	
<i>glucagon emergency injection kit</i>	2	
GLYXAMBI	3	EDS
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS	2	
HUMALOG	3	EDS
HUMALOG JUNIOR KWIKPEN	3	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMALOG MIX 50/50	3	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMALOG MIX 75/25	3	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN 70/30	3	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN N	3	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN R	3	EDS
HUMULIN R U-500 (CONCENTRATED)	3	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
JARDIANCE	3	EDS
JENTADUETO	3	EDS
JENTADUETO XR	3	EDS
KORLYM	5	PA New Starts; LA
LANTUS	3	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LEVEMIR	3	EDS
LEVEMIR FLEXTOUCH	3	EDS
LYUMJEV	3	EDS
LYUMJEV KWIKPEN	3	EDS
<i>metformin hcl er</i>	1	EDS
<i>metformin hcl oral solution</i>	4	EDS
<i>metformin hcl oral tablet</i>	1	EDS
<i>miglitol</i>	2	EDS
<i>nateglinide</i>	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
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	ST; Step therapy not required for endocrinologists; EDS
OZEMPIC (1 MG/DOSE)	3	ST; Step therapy not required for endocrinologists; EDS
<i>pioglitazone hcl</i>	1	EDS
<i>pioglitazone hcl-metformin hcl</i>	2	EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	
<i>reli-on insulin syringe 29g 0.3 ml</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	2	EDS
RYBELSUS ORAL TABLET 14 MG	3	ST; Step therapy not required for endocrinologists; EDS
RYBELSUS ORAL TABLET 3 MG, 7 MG	3	ST; Step therapy not required for endocrinologists; QL (30 EA per 30 days); EDS
SOLIQUA	3	EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; Prior authorization not required for endocrinologists.; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; Prior authorization not required for endocrinologists.; EDS
SYNJARDY	3	EDS
SYNJARDY XR	3	EDS
TOUJEO MAX SOLOSTAR	3	EDS
TOUJEO SOLOSTAR	3	EDS
TRADJENTA	3	EDS
TRESIBA	3	EDS
TRESIBA FLEXTOUCH	3	EDS
TRIJARDY XR	3	EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	ST; Step therapy not required for endocrinologists; EDS
<i>trulicity subcutaneous solution pen-injector 3 mg/0.5ml, 4.5 mg/0.5ml</i>	3	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; Step therapy not required for endocrinologists; EDS
XIGDUO XR	3	EDS
Blood Products And Modifiers		
<i>anagrelide hcl</i>	2	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA
<i>aspirin-dipyridamole er</i>	4	EDS
BEVYXXA ORAL CAPSULE 40 MG	4	QL (31 EA per 30 days); EDS
BEVYXXA ORAL CAPSULE 80 MG	4	EDS

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

Drug Name	Tier	Requirements/Limits
BRILINTA	3	EDS
CABLIVI	5	PA; LA
<i>cilostazol</i>	2	EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
COUMADIN ORAL	4	EDS
<i>dipyridamole oral</i>	2	PA; PA not required if under 65 years of age.; EDS
DOPTELET	5	PA; LA
ELIQUIS	3	EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	EDS
<i>enoxaparin sodium subcutaneous</i>	2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
<i>jantoven</i>	1	EDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NIVESTYM	5	PA
OXBRYTA	5	PA; LA
PRADAXA	3	EDS
<i>prasugrel hcl</i>	2	EDS
PROMACTA	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA
TAVALISSE ORAL TABLET 100 MG	5	PA; LA; QL (60 EA per 30 days)
TAVALISSE ORAL TABLET 150 MG	5	PA; LA
<i>tranexamic acid oral</i>	2	
UDENYCA	5	PA
<i>warfarin sodium oral</i>	1	EDS
XARELTO	3	EDS
XARELTO STARTER PACK	3	
ZARXIO	5	PA
ZONTIVITY	4	PA New Starts; EDS
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	2	EDS
<i>acetazolamide oral</i>	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
ALDACTAZIDE ORAL TABLET 50-50 MG	3	EDS
<i>aliskiren fumarate</i>	4	ST; EDS
<i>amiloride hcl oral</i>	1	EDS
<i>amiloride-hydrochlorothiazide</i>	1	EDS
<i>amiodarone hcl oral</i>	2	EDS
<i>amlodipine besy-benazepril hcl</i>	1	EDS
<i>amlodipine besylate oral</i>	1	EDS
<i>amlodipine besylate-valsartan</i>	2	EDS
<i>amlodipine-olmesartan</i>	2	EDS
<i>amlodipine-valsartan-hctz</i>	2	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>	2	EDS
BIDIL	4	EDS
<i>bisoprolol fumarate oral</i>	1	EDS
<i>bisoprolol-hydrochlorothiazide</i>	1	EDS
<i>bumetanide injection</i>	2	
<i>bumetanide oral</i>	2	EDS
BYSTOLIC	4	EDS
<i>candesartan cilexetil</i>	2	EDS
<i>candesartan cilexetil-hctz</i>	2	EDS
<i>captopril oral</i>	4	EDS
<i>captopril-hydrochlorothiazide</i>	4	EDS
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	4	EDS
<i>cartia xt</i>	2	EDS
<i>carvedilol</i>	1	EDS
<i>carvedilol phosphate er</i>	2	EDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
<i>cholestyramine light oral powder</i>	2	EDS
<i>cholestyramine oral packet</i>	2	EDS
<i>clonidine hcl oral</i>	2	EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	2	QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	2	EDS
<i>colesevelam hcl</i>	4	EDS
<i>colestipol hcl oral packet</i>	2	EDS
<i>colestipol hcl oral tablet</i>	2	EDS
CORLANOR	4	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>digitek oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digitek oral tablet 250 mcg</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>digox oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digox oral tablet 250 mcg</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>digoxin oral solution</i>	2	EDS
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	2	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	EDS
<i>diltiazem hcl oral</i>	2	EDS
<i>dilt-xr</i>	2	EDS
<i>disopyramide phosphate oral</i>	2	PA; PA not required if under 65 years of age.; EDS
DIURIL	3	EDS
<i>dofetilide</i>	2	EDS
<i>doxazosin mesylate oral</i>	2	EDS
DROXIDOPA	5	PA
<i>enalapril maleate oral tablet</i>	1	EDS
<i>enalapril-hydrochlorothiazide</i>	1	EDS
ENTRESTO	3	EDS
<i>eplerenone</i>	2	EDS
<i>ethacrynic acid oral</i>	4	EDS
<i>ezetimibe</i>	2	EDS
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	2	EDS
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	2	PA New Starts; EDS
<i>felodipine er</i>	2	EDS
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	EDS
<i>fenofibric acid oral capsule delayed release</i>	2	EDS
<i>flecainide acetate</i>	2	EDS
<i>fluvastatin sodium</i>	2	EDS
<i>fluvastatin sodium er</i>	2	EDS
<i>fosinopril sodium</i>	1	EDS
<i>fosinopril sodium-hctz</i>	1	EDS
<i>furosemide injection solution 10 mg/ml</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>gemfibrozil oral</i>	2	EDS
<i>guanfacine hcl oral</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>hydralazine hcl oral</i>	2	EDS
<i>hydrochlorothiazide oral</i>	1	EDS
<i>icosapent ethyl</i>	2	EDS
<i>indapamide oral</i>	1	EDS
<i>irbesartan</i>	1	EDS
<i>irbesartan-hydrochlorothiazide</i>	1	EDS
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	EDS
<i>isosorbide dinitrate oral tablet 40 mg</i>	4	EDS
<i>isosorbide mononitrate</i>	2	EDS
<i>isosorbide mononitrate er</i>	2	EDS
<i>isradipine</i>	4	EDS
JUXTAPID	5	PA
KERENDIA	4	PA; QL (30 EA per 30 days); EDS
<i>labetalol hcl oral</i>	2	EDS
LANOXIN ORAL TABLET 62.5 MCG	4	EDS
LANOXIN ORAL TABLET 62.5 MCG	4	QL (30 EA per 30 days); EDS
<i>lisinopril oral</i>	1	EDS
<i>lisinopril-hydrochlorothiazide</i>	1	EDS
LIVALO	4	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>	2	EDS
<i>methyldopa oral</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>methyldopa-hydrochlorothiazide</i>	4	PA; PA not required if under 65 years of age.; EDS
<i>metolazone</i>	1	EDS
<i>metoprolol succinate er</i>	1	EDS
<i>metoprolol tartrate oral</i>	1	EDS
<i>metoprolol-hydrochlorothiazide</i>	2	EDS
<i>metyrosine</i>	5	
<i>mexiletine hcl oral</i>	2	EDS
<i>midodrine hcl</i>	2	
<i>minitran</i>	2	EDS
<i>minoxidil oral</i>	2	EDS
<i>moexipril hcl</i>	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
MULTAQ	3	QL (60 EA per 30 days); EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	EDS
<i>nebivolol hcl</i>	2	EDS
NEXLETOL	4	PA New Starts; EDS
NEXLIZET	4	PA New Starts; EDS
<i>niacin er (antihyperlipidemic)</i>	2	EDS
<i>nicardipine hcl oral</i>	2	EDS
<i>nifedipine er</i>	2	EDS
<i>nifedipine er osmotic release</i>	2	EDS
<i>nifedipine oral</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>nimodipine oral</i>	4	EDS
NITRO-BID	4	EDS
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	EDS
<i>nitroglycerin sublingual</i>	2	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	2	EDS
<i>nitroglycerin translingual solution</i>	2	EDS
NORPACE CR	4	PA; PA not required if under 65 years of age.; EDS
NYMALIZE ORAL SOLUTION 6 MG/ML	4	
<i>olmesartan medoxomil oral</i>	1	EDS
<i>olmesartan medoxomil-hctz</i>	1	EDS
<i>olmesartan-amlodipine-hctz</i>	2	EDS
<i>omega-3-acid ethyl esters</i>	4	EDS
ORLADEYO	5	PA New Starts; LA; QL (30 EA per 30 days)
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	EDS
<i>pentoxifylline er</i>	2	EDS
<i>perindopril erbumine</i>	2	EDS
<i>pindolol</i>	2	EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
<i>pravastatin sodium</i>	1	EDS
<i>prazosin hcl oral</i>	2	EDS
<i>prevalite oral packet</i>	2	EDS
<i>propafenone hcl</i>	2	EDS
<i>propafenone hcl er</i>	2	EDS
<i>propranolol hcl er</i>	2	EDS
<i>propranolol hcl oral solution</i>	2	EDS
<i>propranolol hcl oral tablet</i>	1	EDS
<i>propranolol-hctz</i>	2	EDS
<i>quinapril hcl</i>	1	EDS
<i>quinapril-hydrochlorothiazide</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>quinidine gluconate er</i>	2	EDS
<i>quinidine sulfate oral</i>	2	EDS
<i>ramipril</i>	1	EDS
<i>ranolazine er</i>	2	EDS
RECTIV	4	
REPATHA	4	PA; EDS
REPATHA PUSHTRONEX SYSTEM	4	PA; EDS
REPATHA SURECLICK	4	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>	2	PA New Starts; EDS
<i>sorine</i>	2	EDS
<i>sotalol hcl (af)</i>	2	EDS
<i>sotalol hcl oral</i>	2	EDS
SOTYLIZE	4	EDS
<i>spironolactone oral</i>	1	EDS
<i>spironolactone-hctz</i>	1	EDS
<i>taztia xt</i>	2	EDS
TEKTURNA HCT	4	ST; EDS
<i>telmisartan</i>	2	EDS
<i>telmisartan-hctz</i>	2	EDS
<i>terazosin hcl oral</i>	1	EDS
<i>tiadylt er</i>	2	EDS
<i>timolol maleate oral</i>	2	EDS
<i>toremide oral</i>	2	EDS
<i>trandolapril</i>	2	EDS
<i>trandolapril-verapamil hcl er</i>	2	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	3	EDS
VECAMYL	5	PA; LA
<i>verapamil hcl er</i>	2	EDS
<i>verapamil hcl oral</i>	2	EDS
VERQUVO ORAL TABLET 10 MG	4	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days); EDS
Central Nervous System Agents		
<i>amphetamine-dextroamphet er</i>	2	EDS
<i>amphetamine-dextroamphetamine</i>	2	EDS
<i>atomoxetine hcl</i>	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
AUBAGIO	5	
AUSTEDO ORAL TABLET 12 MG	5	PA; LA
AUSTEDO ORAL TABLET 6 MG, 9 MG	5	PA; LA; QL (60 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	
BAFIERTAM	5	PA
<i>clonidine hcl er</i>	4	AL (Min 6 Years and Max 17 Years); EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	
<i>dalfampridine er</i>	2	PA; EDS
DAYTRANA	4	EDS
<i>dexmethylphenidate hcl</i>	2	EDS
<i>dexmethylphenidate hcl er</i>	2	EDS
<i>dextroamphetamine sulfate er</i>	2	EDS
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	EDS
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	5	QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	5	
<i>dimethyl fumarate starter pack</i>	5	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	EDS
EVRYSDI	5	PA; LA
EXSERVAN	5	ST; QL (60 EA per 30 days)
FIRDAPSE	5	PA; LA
GILENYA ORAL CAPSULE 0.5 MG	5	
<i>glatiramer acetate</i>	5	
GLATOPA	5	
GRALISE ORAL TABLET	4	EDS
<i>guanfacine hcl er</i>	2	PA; PA not required if under 65 years of age.; EDS
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	4	EDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG	5	PA; LA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE 80 MG	5	PA; LA
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; LA
KESIMPTA	5	
MAVENCLAD (10 TABS)	5	PA
MAVENCLAD (4 TABS)	5	PA
MAVENCLAD (5 TABS)	5	PA
MAVENCLAD (6 TABS)	5	PA
MAVENCLAD (7 TABS)	5	PA
MAVENCLAD (8 TABS)	5	PA

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

Drug Name	Tier	Requirements/Limits
MAVENCLAD (9 TABS)	5	PA
MAYZENT ORAL TABLET 0.25 MG	5	LA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	5	LA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	LA
<i>methamphetamine hcl</i>	2	PA; EDS
<i>methylphenidate hcl er (cd)</i>	2	EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	2	EDS
<i>methylphenidate hcl er (xr)</i>	4	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	4	EDS
<i>methylphenidate hcl oral</i>	2	EDS
NUDEXTA	5	PA
PLEGRIDY STARTER PACK	5	
PLEGRIDY SUBCUTANEOUS	5	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	2	ST; QL (30 EA per 30 days); EDS
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	2	ST; QL (60 EA per 30 days); EDS
<i>pregabalin oral</i>	2	EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	ST; QL (30 EA per 30 days); EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	ST; QL (60 EA per 30 days); EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	4	EDS
<i>riluzole</i>	2	EDS
SAVELLA	3	EDS
SAVELLA TITRATION PACK	3	
<i>tetrabenazine</i>	5	PA; LA
TIGLUTIK	5	
VUMERITY	5	PA
VYVANSE	4	EDS
WAKIX ORAL TABLET 17.8 MG	5	PA; LA
WAKIX ORAL TABLET 4.45 MG	5	PA; LA; QL (90 EA per 30 days)
ZEPOSIA	5	PA; LA
ZEPOSIA 7-DAY STARTER PACK	5	PA; LA
ZEPOSIA STARTER KIT	5	PA; LA
Dental And Oral Agents		
<i>cevimeline hcl</i>	2	EDS
<i>chlorhexidine gluconate mouth/throat</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>periogard</i>	2	
<i>pilocarpine hcl oral</i>	2	EDS
<i>triamcinolone acetonide mouth/throat</i>	2	
Dermatological Agents		
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	
<i>acitretin oral capsule 17.5 mg</i>	5	
<i>acyclovir external ointment</i>	2	
<i>adapalene external cream</i>	4	
<i>adapalene external gel 0.1 %</i>	2	
<i>adapalene external gel 0.3 %</i>	4	
<i>adapalene-benzoyl peroxide external gel</i>	2	
<i>ala-cort external cream</i>	2	
<i>alclometasone dipropionate</i>	2	
ALTABAX	4	
<i>amcinonide external cream</i>	2	
<i>ammonium lactate external</i>	2	
<i>amnestem</i>	2	
<i>avita</i>	2	
<i>azelaic acid external</i>	2	
AZELEX	3	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	
<i>betamethasone valerate external</i>	2	
BRYHALI	4	
<i>calcipotriene external cream</i>	2	
<i>calcipotriene external ointment</i>	2	
<i>calcipotriene external solution</i>	2	
<i>calcipotriene-betameth diprop external ointment</i>	4	
<i>calcipotriene-betameth diprop external suspension</i>	5	
<i>calcitriol external</i>	2	
CAPEX	3	
CARAC	5	
<i>ciclopirox external</i>	2	
<i>claravis</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	2	
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	
<i>clindamycin phosphate external solution</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate external cream</i>	2	
<i>clobetasol propionate external gel</i>	2	
<i>clobetasol propionate external liquid</i>	2	
<i>clobetasol propionate external lotion</i>	2	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
<i>clotrimazole-betamethasone</i>	2	
CONDYLOX EXTERNAL GEL	3	
CORTISPORIN EXTERNAL OINTMENT	4	
<i>dapsone external gel 5 %</i>	2	
<i>desonide external cream</i>	2	
<i>desonide external lotion</i>	2	
<i>desonide external ointment</i>	2	
<i>desoximetasone external cream 0.25 %</i>	2	
<i>desoximetasone external gel</i>	4	
<i>desoximetasone external liquid</i>	4	
<i>desoximetasone external ointment 0.25 %</i>	2	
<i>doxepin hcl external</i>	4	
DUOBRII	5	PA
DUPIXENT	5	PA
EUCRISA	3	ST
FABIOR	3	PA; Prior authorization not required for dermatologists.
FINACEA EXTERNAL FOAM	4	
<i>fluocinolone acetonide external</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluocinonide external</i>	2	
<i>fluorouracil external cream 0.5 %</i>	5	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	2	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>global alcohol prep ease</i>	2	
<i>halobetasol propionate external cream</i>	2	
<i>halobetasol propionate external ointment</i>	2	
<i>hydrocortisone butyrate external lotion</i>	4	
<i>hydrocortisone butyrate external ointment</i>	2	
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>imiquimod external cream 5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>ivermectin external</i>	4	
<i>lindane external shampoo</i>	2	
<i>mafenide acetate external</i>	4	
<i>malathion external</i>	2	
<i>methoxsalen rapid</i>	2	
MIRVASO	4	
<i>mometasone furoate external</i>	2	
<i>mupirocin calcium</i>	2	
<i>mupirocin external</i>	2	
<i>myorisan</i>	2	
NEO-SYNALAR EXTERNAL CREAM	4	
<i>nystatin-triamcinolone</i>	2	
OTEZLA ORAL TABLET	5	PA
PANRETIN	3	
<i>permethrin external cream</i>	2	
PICATO	5	
<i>pimecrolimus</i>	4	
<i>podofilox external</i>	2	
<i>prednicarbate</i>	2	
<i>procto-med hc external</i>	2	
<i>procto-pak external</i>	2	
<i>proctosol hc external</i>	2	
PROCTOZONE-HC EXTERNAL	2	
REGRANEX	5	
SANTYL	3	
<i>selenium sulfide external lotion</i>	2	
<i>silver sulfadiazine external</i>	2	
<i>ssd</i>	2	
SULFAMYLON EXTERNAL CREAM	4	
<i>tacrolimus external ointment</i>	2	
<i>tavaborole</i>	5	PA
<i>tazarotene external cream</i>	2	PA; Prior authorization not required for dermatologists.
<i>tazarotene external foam</i>	3	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL CREAM 0.05 %	3	PA; Prior authorization not required for dermatologists.

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

Drug Name	Tier	Requirements/Limits
TAZORAC EXTERNAL GEL	3	PA; Prior authorization not required for dermatologists.
<i>tretinoin external</i>	2	
<i>tretinoin microsphere</i>	2	
<i>triamcinolone acetonide external aerosol solution</i>	2	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>zenatane</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	3	BD
AMINOSYN-PF	3	BD
AURYXIA	4	PA; EDS
<i>calcium acetate (phos binder)</i>	2	EDS
CARBAGLU	5	PA; LA
CHEMET	3	
CLINIMIX E/DEXTROSE (2.75/5)	3	BD
CLINIMIX E/DEXTROSE (4.25/10)	3	BD
CLINIMIX E/DEXTROSE (4.25/5)	3	BD
CLINIMIX E/DEXTROSE (5/15)	3	BD
CLINIMIX E/DEXTROSE (5/20)	3	BD
CLINIMIX/DEXTROSE (4.25/10)	3	BD
CLINIMIX/DEXTROSE (4.25/5)	3	BD
CLINIMIX/DEXTROSE (5/15)	3	BD
CLINIMIX/DEXTROSE (5/20)	3	BD
CLINISOL SF	3	BD
<i>clovique</i>	5	PA
<i>deferasirox granules</i>	5	PA
<i>deferasirox oral tablet</i>	5	PA
<i>deferasirox oral tablet soluble</i>	5	PA
<i>deferiprone</i>	5	PA New Starts
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<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>	2	
FERRIPROX ORAL SOLUTION	5	PA New Starts; LA
FERRIPROX ORAL TABLET 1000 MG	5	PA New Starts; LA
FREAMINE HBC	3	BD
HEPATAMINE	3	BD
INTRALIPID INTRAVENOUS EMULSION 20 %	3	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	4	BD
ISOLYTE-P IN D5W	4	

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

Drug Name	Tier	Requirements/Limits
ISOLYTE-S	4	
JYNARQUE	5	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>	2	
<i>kcl-lactated ringers-d5w</i>	2	
<i>kionex oral suspension</i>	2	
<i>klor-con 10</i>	2	EDS
<i>klor-con m10</i>	2	EDS
<i>klor-con m15</i>	2	EDS
<i>klor-con m20</i>	2	EDS
<i>klor-con oral packet 20 meq</i>	2	EDS
<i>klor-con oral tablet extended release</i>	2	EDS
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	4	EDS
<i>lanthanum carbonate</i>	2	EDS
<i>levocarnitine oral solution</i>	2	EDS
<i>levocarnitine oral tablet</i>	2	EDS
LOKELMA	3	EDS
<i>magnesium sulfate injection solution 50 %</i>	2	
NEPHRAMINE	3	BD
<i>normosol-m in d5w</i>	2	
<i>normosol-r in d5w</i>	2	
NUTRILIPID	3	BD
OSMOPREP	4	
<i>penicillamine oral capsule</i>	5	PA
<i>penicillamine oral tablet</i>	5	
PHOSLYRA	4	EDS
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
<i>potassium chloride crys er</i>	2	EDS
<i>potassium chloride er</i>	2	EDS
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet</i>	2	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	EDS
<i>potassium citrate er</i>	2	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	BD

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

Drug Name	Tier	Requirements/Limits
PRENATAL ORAL TABLET 27-1 MG	3	
PROCALAMINE	3	BD
PROSOL	3	BD
SAMSCA ORAL TABLET 15 MG	5	PA
<i>sevelamer carbonate oral packet</i>	5	
<i>sevelamer carbonate oral tablet</i>	2	EDS
<i>sevelamer hcl</i>	2	EDS
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	EDS
<i>sodium polystyrene sulfonate oral</i>	2	
<i>sps</i>	2	
SUPREP BOWEL PREP KIT	3	
<i>tolvaptan</i>	5	PA
<i>tpn electrolytes intravenous concentrate</i>	2	
TRAVASOL	3	BD
<i>trientine hcl</i>	5	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	BD
VELPHORO	5	
VELTASSA	3	EDS
Gastrointestinal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	QL (60 EA per 30 days); EDS
ALOSETRON HCL ORAL TABLET 1 MG	4	EDS
AMITIZA	4	EDS
<i>amoxicill-clarithro-lansopraz</i>	4	
CHENODAL	5	PA; LA
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	EDS
<i>cimetidine oral tablet 200 mg</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	EDS
CLENPIQ	4	
<i>constulose</i>	2	EDS
<i>dicyclomine hcl oral</i>	2	
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>enulose</i>	2	EDS
<i>esomeprazole magnesium oral capsule delayed release</i>	2	EDS
<i>famotidine oral suspension reconstituted</i>	2	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
GATTEX	5	PA; LA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>gavilyte-n with flavor pack</i>	2	
<i>generlac</i>	2	EDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
HELIDAC THERAPY	4	
KRISTALOSE ORAL PACKET 20 GM	4	EDS
<i>lactulose oral packet</i>	4	EDS
<i>lactulose oral solution 10 gm/15ml</i>	2	EDS
<i>lansoprazole oral capsule delayed release</i>	2	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	3	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	3	EDS
<i>loperamide hcl oral capsule</i>	2	
<i>lubiprostone</i>	4	EDS
<i>methscopolamine bromide oral</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
<i>misoprostol oral</i>	2	EDS
MOVANTIK	4	
MYALEPT	5	PA; LA
MYTESI	4	PA New Starts; EDS
<i>nizatidine</i>	2	EDS
OICALIVA ORAL TABLET 10 MG	5	PA; LA
OICALIVA ORAL TABLET 5 MG	5	PA; LA; QL (30 EA per 30 days)
OMECLAMOX-PAK	4	
<i>omeprazole oral capsule delayed release</i>	2	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	2	EDS
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	4	
<i>propantheline bromide oral</i>	2	
PYLERA	4	
<i>rabeprazole sodium oral tablet delayed release</i>	2	EDS
RELISTOR ORAL	5	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	
<i>scopolamine</i>	2	
<i>sucralfate oral</i>	2	EDS
SUTAB	3	
SYMPROIC	4	PA
TALICIA	4	ST
<i>trilyte</i>	2	
TRULANCE	4	EDS

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

Drug Name	Tier	Requirements/Limits
<i>ursodiol oral capsule 300 mg</i>	2	EDS
<i>ursodiol oral tablet</i>	2	EDS
VIBERZI	5	PA
XERMELO	5	PA; LA
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA New Starts; LA
CERDELGA	5	PA; LA
CHOLBAM	5	PA
CREON	3	EDS
<i>cromolyn sodium inhalation</i>	2	BD; EDS
<i>cromolyn sodium oral</i>	2	EDS
CYSTADANE	3	EDS
CYSTAGON	3	LA; EDS
FIRDAPSE	5	PA; LA
GALAFOLD	5	PA New Starts; LA
GLASSIA	5	PA New Starts; LA
KEVEYIS	5	PA; LA
<i>miglustat</i>	5	PA New Starts
<i>nitisinone</i>	5	PA
NITYR	5	PA
ORFADIN ORAL CAPSULE 20 MG	5	PA; LA
ORFADIN ORAL SUSPENSION	5	PA; LA
PALYNZIQ	5	PA; LA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	4	EDS
PERTZYE	4	EDS
PLENAMINE	3	BD
PROCYSBI ORAL PACKET	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
RAVICTI	5	PA; LA
RUZURGI	5	PA
<i>sapropterin dihydrochloride oral packet</i>	5	PA
<i>sapropterin dihydrochloride oral tablet</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	2	EDS
<i>sodium phenylbutyrate oral tablet</i>	5	
SUCRAID	5	PA; LA
TEGSEDI	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
VIOKACE	4	EDS
VYNDAQEL	5	PA; LA
XURIDEN	5	PA
ZEMAIRA	5	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	3	EDS
Genitourinary Agents		
<i>alfuzosin hcl er</i>	2	EDS
<i>bethanechol chloride oral</i>	2	
<i>darifenacin hydrobromide er</i>	2	EDS
<i>doxazosin mesylate oral</i>	2	EDS
<i>dutasteride oral</i>	2	EDS
<i>dutasteride-tamsulosin hcl</i>	2	EDS
ELMIRON	5	
<i>finasteride oral tablet 5 mg</i>	2	EDS
<i>flavoxate hcl</i>	2	EDS
GELNIQUE TRANSDERMAL GEL 10 %	4	EDS
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	QL (30 EA per 30 days); EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	EDS
<i>oxybutynin chloride er</i>	2	EDS
<i>oxybutynin chloride oral</i>	2	EDS
<i>penicillamine oral capsule</i>	5	PA
<i>penicillamine oral tablet</i>	5	
<i>prazosin hcl oral</i>	2	EDS
<i>silodosin</i>	2	EDS
<i>solifenacin succinate</i>	2	EDS
<i>tamsulosin hcl</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS
<i>tolterodine tartrate</i>	2	EDS
<i>tolterodine tartrate er</i>	2	EDS
<i>trospium chloride</i>	2	EDS
<i>trospium chloride er</i>	2	QL (30 EA per 30 days); EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR	5	PA
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
<i>budesonide er oral tablet extended release 24 hour</i>	5	

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

Drug Name	Tier	Requirements/Limits
<i>budesonide oral</i>	2	
<i>cortisone acetate oral</i>	2	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack 1.5 mg (51)</i>	4	
EMFLAZA	5	PA; LA
<i>fludrocortisone acetate oral</i>	2	EDS
<i>hydrocortisone oral</i>	2	
ISTURISA	5	PA
MEDROL ORAL TABLET 2 MG	4	BD
<i>methylprednisolone oral tablet</i>	2	BD
<i>methylprednisolone oral tablet therapy pack</i>	2	
MILLIPRED ORAL TABLET	4	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol</i>	2	BD
<i>prednisone oral solution</i>	2	BD
<i>prednisone oral tablet</i>	2	BD
<i>prednisone oral tablet therapy pack</i>	2	
UCERIS RECTAL	4	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin ace spray refrig</i>	2	EDS
<i>desmopressin acetate oral</i>	2	EDS
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	5	PA; LA
EGRIFTA SV	5	PA; LA
GENOTROPIN	3	PA; EDS
GENOTROPIN MINIQUICK	3	PA; EDS
HUMATROPE	3	PA; EDS
INCRELEX	5	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	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
ORILISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	5	PA
SAIZEN	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
STIMATE	3	EDS
VYNDAMAX	5	PA; LA
ZOMACTON	4	PA; EDS
ZORBTIVE	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>altavera</i>	2	EDS
<i>alyacen 1/35</i>	2	EDS
<i>amabelz</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>amethia</i>	2	EDS
ANADROL-50	5	PA New Starts
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; EDS
ANGELIQ	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
ANNOVERA	4	QL (1 EA per 365 days); EDS
<i>apri</i>	2	EDS
<i>aranelle</i>	2	EDS
<i>ashlyna</i>	2	EDS
<i>aviane</i>	2	EDS
BALCOLTRA	3	EDS
<i>balziva</i>	2	EDS
<i>blisovi 24 fe</i>	2	EDS
<i>blisovi fe 1.5/30</i>	2	EDS
<i>briellyn</i>	2	EDS
<i>camila</i>	2	EDS
<i>camrese lo</i>	2	EDS
<i>caziant</i>	2	EDS
CLIMARA PRO	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
COMBIPATCH	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
CRINONE	4	PA; Prior authorization not required for reproductive endocrinologists.
<i>cryselle-28</i>	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>cyclafem 1/35</i>	2	EDS
<i>cyclafem 7/7/7</i>	2	EDS
<i>cyred eq</i>	2	EDS
<i>danazol oral</i>	2	
<i>deblitane</i>	2	EDS
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DEPO-ESTRADIOL	4	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
<i>desogestrel-ethinyl estradiol</i>	2	EDS
DIVIGEL TRANSDERMAL GEL 1 MG/GM	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>dolishale</i>	2	EDS
<i>dotti</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	2	EDS
<i>drospirenone-ethinyl estradiol</i>	2	EDS
DUAVEE	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
ELESTRIN	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>eluryng</i>	2	EDS
<i>emoquette</i>	2	EDS
<i>enpresse-28</i>	2	EDS
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>errin</i>	2	EDS
<i>estarylla</i>	2	EDS
<i>estradiol oral</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>estradiol transdermal</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>estradiol vaginal</i>	2	EDS
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
ESTRING	4	EDS
<i>ethynodiol diac-eth estradiol</i>	2	EDS
<i>etonogestrel-ethinyl estradiol</i>	2	EDS
EVAMIST	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>falmina</i>	2	EDS
<i>fayosim</i>	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
FEMRING	4	EDS
<i>femynor</i>	2	EDS
<i>fyavolv</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>gianvi</i>	2	EDS
<i>hailey 24 fe</i>	2	EDS
<i>iclevia</i>	2	EDS
<i>incassia</i>	2	EDS
<i>introvale</i>	2	EDS
<i>isibloom</i>	2	EDS
<i>jasmiel</i>	2	EDS
<i>jinteli</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>juleber</i>	2	EDS
<i>junel 1.5/30</i>	2	EDS
<i>junel 1/20</i>	2	EDS
<i>junel fe 1.5/30</i>	2	EDS
<i>junel fe 1/20</i>	2	EDS
<i>junel fe 24</i>	2	EDS
<i>kaitlib fe</i>	2	EDS
<i>kariva</i>	2	EDS
<i>kelnor 1/35</i>	2	EDS
<i>kelnor 1/50</i>	2	EDS
<i>kurvelo</i>	2	EDS
<i>larin 1.5/30</i>	2	EDS
<i>larin 1/20</i>	2	EDS
<i>larin fe 1.5/30</i>	2	EDS
<i>larin fe 1/20</i>	2	EDS
<i>larissia</i>	2	EDS
<i>layolis fe</i>	2	EDS
<i>leena</i>	2	EDS
<i>lessina</i>	2	EDS
<i>levonest</i>	2	EDS
<i>levonorgest-eth est & eth est</i>	2	EDS
<i>levonorgest-eth estrad 91-day</i>	2	EDS
<i>levonorgestrel-ethinyl estrad</i>	2	EDS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>levora 0.15/30 (28)</i>	2	EDS
LO LOESTRIN FE	4	EDS
<i>lopreeza oral tablet 1-0.5 mg</i>	2	PA; PA not required if under 65 years of age or if prescribed by 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
<i>loryna</i>	2	EDS
<i>low-ogestrel</i>	2	EDS
<i>lutera</i>	2	EDS
<i>lyleq</i>	2	EDS
<i>lyllana</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>lyza</i>	2	EDS
<i>marlissa</i>	2	EDS
<i>medroxyprogesterone acetate intramuscular</i>	2	
<i>medroxyprogesterone acetate oral</i>	2	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	PA; PA not required if under 65 years of age.
<i>megestrol acetate oral suspension 625 mg/5ml</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>megestrol acetate oral tablet</i>	2	
<i>melodetta 24 fe</i>	2	EDS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
MENOSTAR	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
METHITEST	3	PA; EDS
<i>methyltestosterone oral</i>	2	PA; EDS
<i>mibelas 24 fe</i>	2	EDS
<i>microgestin 1.5/30</i>	2	EDS
<i>microgestin 1/20</i>	2	EDS
<i>microgestin fe 1.5/30</i>	2	EDS
<i>microgestin fe 1/20</i>	2	EDS
<i>mili</i>	2	EDS
<i>mimvey</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
MYFEMBREE	5	PA
NATAZIA	4	EDS
NATESTO	4	PA; EDS
<i>necon 0.5/35 (28)</i>	2	EDS
<i>nikki</i>	2	EDS
<i>nora-be</i>	2	EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	EDS
<i>norethindrone acetate oral</i>	2	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethindrone oral</i>	2	EDS
<i>norethindrone-eth estradiol</i>	2	PA; PA not required if under 65 years of age or if prescribed by 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
<i>norethin-eth estradiol-fe</i>	2	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>norgestim-eth estrad triphasic</i>	2	EDS
<i>nortrel 0.5/35 (28)</i>	2	EDS
<i>nortrel 1/35 (21)</i>	2	EDS
<i>nortrel 1/35 (28)</i>	2	EDS
<i>nortrel 7/7/7</i>	2	EDS
<i>nylia 7/7/7</i>	2	EDS
<i>nymyo</i>	2	EDS
<i>ocella</i>	2	EDS
ORIAHNN	5	PA
<i>orsythia</i>	2	EDS
<i>oxandrolone oral</i>	2	
<i>pimtreea</i>	2	EDS
<i>pirmella 1/35</i>	2	EDS
<i>portia-28</i>	2	EDS
PREFEST	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
PREMARIN ORAL	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
PREMARIN VAGINAL	3	EDS
PREMPHASE	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
PREMPRO	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>previfem</i>	2	EDS
<i>progesterone oral</i>	2	EDS
<i>raloxifene hcl</i>	2	EDS
<i>reclipsen</i>	2	EDS
<i>rivelsa</i>	2	EDS
<i>setlakin</i>	2	EDS
<i>sharobel</i>	2	EDS
SLYND	4	EDS
<i>sprintec 28</i>	2	EDS
<i>sronyx</i>	2	EDS
<i>syeda</i>	2	EDS
<i>tarina 24 fe</i>	2	EDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PA; Prior authorization not required for endocrinologists or urologists.; EDS
<i>testosterone enanthate intramuscular solution</i>	2	PA; Prior authorization not required for endocrinologists or urologists.; EDS
<i>testosterone transdermal gel 10 mg/act (2%)</i>	4	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>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>	2	PA; EDS
<i>testosterone transdermal solution</i>	2	PA; EDS
<i>tilia fe</i>	2	EDS
<i>tri-estarylla</i>	2	EDS
<i>tri-legest fe</i>	2	EDS
<i>tri-lo-estarylla</i>	2	EDS
<i>tri-lo-sprintec</i>	2	EDS
<i>tri-mili</i>	2	EDS
<i>tri-nymyo</i>	2	EDS
<i>tri-previfem</i>	2	EDS
<i>tri-sprintec</i>	2	EDS
<i>trivora (28)</i>	2	EDS
<i>tri-vylibra</i>	2	EDS
<i>tri-vylibra lo</i>	2	EDS
TYDEMY	4	EDS
<i>velivet</i>	2	EDS
<i>vestura</i>	2	EDS
<i>vienva</i>	2	EDS
<i>vyfemla</i>	2	EDS
<i>vylibra</i>	2	EDS
<i>wymzya fe</i>	2	EDS
<i>xulane</i>	2	EDS
<i>yuvafem</i>	2	EDS
<i>zafemy</i>	2	EDS
<i>zarah</i>	2	EDS
<i>zovia 1/35e (28)</i>	2	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>	2	EDS
SYNTHROID	4	EDS
<i>unithroid</i>	1	EDS
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral</i>	2	EDS
<i>cabergoline</i>	2	

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

Drug Name	Tier	Requirements/Limits
ELIGARD	3	PA New Starts
FIRMAGON (240 MG DOSE)	3	PA New Starts
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA New Starts
<i>leuprolide acetate injection</i>	2	PA New Starts
LUPANETA PACK	5	PA New Starts
LUPRON DEPOT (1-MONTH)	5	PA New Starts
LUPRON DEPOT (3-MONTH)	5	PA New Starts
LUPRON DEPOT (4-MONTH)	5	PA New Starts
LUPRON DEPOT (6-MONTH)	5	PA New Starts
MYCAPSSA	5	PA; LA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	EDS
SIGNIFOR	5	PA; LA
SOMATULINE DEPOT	5	PA New Starts
SOMAVERT	5	PA; LA
SYNAREL	3	PA
TRELSTAR MIXJECT	5	PA New Starts
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral</i>	2	EDS
<i>propylthiouracil oral</i>	2	EDS
Immunological Agents		
ACTEMRA ACTPEN	5	PA
ACTEMRA SUBCUTANEOUS	5	PA
ACTHIB	2	
ACTIMMUNE	5	PA; LA
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	2	
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	5	PA New Starts
ARCALYST	3	PA; LA; EDS
ASTAGRAF XL	4	BD; EDS
AZASAN	3	BD; EDS
<i>azathioprine oral tablet 50 mg</i>	2	BD; EDS
BCG VACCINE	2	
BENLYSTA SUBCUTANEOUS	5	PA New Starts
BEXSERO	2	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
CIMZIA PREFILLED	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA

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

Drug Name	Tier	Requirements/Limits
COSENTYX (300 MG DOSE)	5	
COSENTYX SENSOREADY (300 MG)	5	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	
<i>cyclosporine modified</i>	2	BD; EDS
<i>cyclosporine oral capsule</i>	2	BD; EDS
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
DIPHThERIA-TETANUS TOXOIDS DT	2	
DUPIXENT	5	PA
ENBREL MINI	5	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	BD
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
ENGERIX-B INJECTION	2	BD
ENSPRYNG	5	PA
ENVARUSUS XR	4	BD; EDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	5	BD
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA New Starts
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
GARDASIL 9	2	
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	BD; EDS
<i>gengraf oral solution</i>	2	BD; EDS
HAEGARDA	5	PA New Starts; LA
HAVRIX	2	
HIBERIX INJECTION	2	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA PEN-CD/UC/HS STARTER	5	
HUMIRA PEN-PEDIATRIC UC START	5	
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	
HUMIRA PEN-PSOR/UEVIT STARTER	5	

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

Drug Name	Tier	Requirements/Limits
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	5	
<i>icatibant acetate</i>	5	PA New Starts
IMOVAX RABIES	2	BD
INFANRIX	2	
INTRON A INJECTION SOLUTION	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	3	PA New Starts; EDS
IPOL	2	
IXIARO	2	
KEVZARA	5	PA
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days); EDS
<i>leflunomide oral tablet 20 mg</i>	2	EDS
LUPKYNIS	5	PA; LA
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO	2	
<i>mercaptopurine oral</i>	2	
<i>methotrexate oral</i>	1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
M-M-R II INJECTION	2	
<i>mycophenolate mofetil oral</i>	2	BD; EDS
<i>mycophenolate sodium</i>	2	BD; EDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA
OTEZLA ORAL TABLET THERAPY PACK	5	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	4	PA; EDS
PEDIARIX	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	PA
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
PROGRAF ORAL PACKET 0.2 MG	4	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
PROGRAF ORAL PACKET 1 MG	5	BD
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL	2	
RABAVERT	2	BD
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA; EDS
RECOMBIVAX HB	2	BD
REDITREX	4	PA; EDS
RESTASIS	3	EDS
REZUROCK	5	PA New Starts; LA
RIDAURA	3	EDS
RINVOQ	5	
ROTARIX	2	
ROTATEQ ORAL SOLUTION	2	
RUCONEST	5	PA New Starts; LA
SANDIMMUNE ORAL SOLUTION	4	BD; EDS
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>sirolimus oral</i>	2	BD; EDS
SKYRIZI	5	
SKYRIZI (150 MG DOSE)	5	
SKYRIZI PEN	5	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>tacrolimus oral</i>	2	BD; EDS
TAKHZYRO	5	PA New Starts; LA
TALTZ	5	PA
TDVAX	2	
TENIVAC	2	
TREMFYA	5	PA
TREXALL	4	
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
XATMEP	4	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
XELJANZ	5	
XELJANZ XR	5	
XOLAIR	5	PA
YF-VAX	2	
ZORTRESS ORAL TABLET 1 MG	5	BD
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium</i>	2	
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide oral</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack 1.5 mg (51)</i>	4	
DIPENTUM	5	
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone rectal enema</i>	2	
MEDROL ORAL TABLET 2 MG	4	BD
<i>mesalamine er</i>	4	EDS
<i>mesalamine oral capsule delayed release</i>	4	EDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	EDS
<i>mesalamine oral tablet delayed release 800 mg</i>	2	
<i>mesalamine rectal</i>	2	
<i>methylprednisolone oral tablet</i>	2	BD
<i>methylprednisolone oral tablet therapy pack</i>	2	
MILLIPRED ORAL TABLET	4	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	EDS
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	5	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol</i>	2	BD
<i>prednisone oral solution</i>	2	BD
<i>prednisone oral tablet</i>	2	BD
<i>prednisone oral tablet therapy pack</i>	2	
<i>procto-med hc external</i>	2	
PROCTOZONE-HC EXTERNAL	2	
<i>sulfasalazine oral</i>	2	EDS
UCERIS RECTAL	4	
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	2	EDS
<i>alendronate sodium oral tablet 10 mg</i>	2	EDS
<i>alendronate sodium oral tablet 35 mg, 70 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
BINOSTO	4	EDS
<i>calcitonin (salmon) nasal</i>	2	EDS
<i>calcitriol oral</i>	2	EDS
<i>cinacalcet hcl oral tablet 30 mg</i>	4	EDS
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	5	
<i>doxercalciferol oral</i>	2	ST; EDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	5	PA
<i>ibandronate sodium oral</i>	1	EDS
NATPARA	5	PA; LA
<i>paricalcitol oral</i>	2	ST; EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
RAYALDEE	5	ST
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	2	EDS
<i>risedronate sodium oral tablet 30 mg</i>	2	
<i>risedronate sodium oral tablet delayed release</i>	2	EDS
TERIPARATIDE (RECOMBINANT)	5	PA
TYMLOS	5	PA
XGEVA	5	PA New Starts
Non-Frf		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ACCRUFER	4	QL (60 EA per 30 days)
<i>afeditab cr</i>	2	EDS
AKYNZEO ORAL	4	PA
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	2	BD; EDS
<i>alendronate sodium oral tablet 5 mg</i>	2	EDS
<i>amantadine hcl oral solution</i>	2	EDS
<i>amantadine hcl oral syrup</i>	2	EDS
<i>amethia lo</i>	2	EDS
AMINOSYN M	3	BD
AMINOSYN-HBC	3	BD
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm</i>	2	
ANZEMET ORAL	4	BD
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA New Starts; LA
<i>aubra</i>	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
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	BD; EDS
<i>azurette</i>	2	EDS
BACTROBAN NASAL	4	
BAQSIMI ONE PACK	2	
<i>bekyree</i>	2	EDS
<i>blisovi fe 1/20</i>	2	EDS
BOOSTRIX INTRAMUSCULAR SUSPENSION	2	
BYLVAY	5	PA; LA
BYLVAY (PELLETS)	5	PA; LA
<i>camrese</i>	2	EDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	5	PA
<i>cefditoren pivoxil</i>	2	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i>	2	
<i>cefoxitin sodium injection</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	4	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	4	
<i>ceftazidime injection solution reconstituted 2 gm</i>	2	
<i>ceftazidime intravenous</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	2	
<i>cholestyramine light oral packet</i>	2	EDS
<i>cholestyramine oral powder</i>	2	EDS
CIMZIA STARTER KIT	5	PA
CLINIMIX E/DEXTROSE (8/10)	3	BD
CLINIMIX E/DEXTROSE (8/14)	3	BD
CLINIMIX/DEXTROSE (2.75/5)	3	BD
CLINIMIX/DEXTROSE (4.25/20)	3	BD
CLINIMIX/DEXTROSE (6/5)	3	BD
CLINIMIX/DEXTROSE (8/10)	3	BD
CLINIMIX/DEXTROSE (8/14)	3	BD
<i>clobetasol prop emollient base</i>	2	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>colestipol hcl oral granules</i>	2	EDS
<i>colocort</i>	2	

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

Drug Name	Tier	Requirements/Limits
COLY-MYCIN S	4	
CORTISPORIN-TC	4	
COSENTYX SENSOREADY PEN	5	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	5	PA; LA
<i>cyred</i>	2	EDS
<i>daysee</i>	2	EDS
<i>delyla</i>	2	EDS
<i>desmopressin acetate spray</i>	2	EDS
<i>dexamethasone oral solution</i>	2	
<i>dextrose in lactated ringers</i>	2	
<i>dextrose-nacl intravenous solution 5-0.33 %</i>	2	
<i>diclofenac sodium transdermal gel 1 %</i>	2	PA
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	2	EDS
<i>diphenhydramine hcl oral elixir</i>	2	PA; PA not required if under 65 years of age.
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>doxycycline hyclate intravenous</i>	2	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	4	EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	3	EDS
EMPAVELI	5	PA; LA
<i>enoxaparin sodium injection</i>	2	
<i>eprosartan mesylate</i>	2	EDS
<i>etidronate disodium</i>	2	
EURAX EXTERNAL LOTION	3	
<i>everolimus oral tablet 10 mg</i>	5	PA New Starts
<i>everolimus oral tablet soluble</i>	5	PA New Starts
<i>fenofibric acid oral tablet</i>	2	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	5	PA
<i>fluocinolone acetonide body</i>	2	
<i>flurbiprofen oral tablet 50 mg</i>	2	EDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA
FREAMINE III INTRAVENOUS SOLUTION 10 %	3	BD
GAMASTAN S/D	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
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	5	PA
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
<i>gavilyte-h</i>	2	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	5	
<i>glucagon emergency injection solution reconstituted</i>	2	
GRALISE ORAL	4	
GVOKE HYOPEN 1-PACK	2	
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (30 EA per 30 days)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML 1 ML	2	
HEMANGEOL	4	PA; EDS
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	2	
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	
<i>hydromorphone hcl injection solution 2 mg/ml</i>	2	
HYPERRAB	2	BD
ILARIS SUBCUTANEOUS SOLUTION	5	PA
IMCIVREE	5	PA; LA
<i>insulin syringe 29g x 1" 0.3 ml</i>	2	
INVEGA HAFYERA	5	PA New Starts
IONOSOL-MB IN D5W	4	
<i>isosorbide dinitrate er</i>	2	EDS
<i>jolessa</i>	2	EDS
KINRIX	2	
<i>klor-con sprinkle</i>	2	EDS
KYNMOBI TITRATION KIT	5	PA; Prior authorization not required for neurologists.
<i>lactated ringers</i>	2	
<i>lidocaine hcl (pf) injection solution 1 %</i>	2	
<i>lidocaine hcl injection solution 1 %</i>	2	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	2	
LONHALA MAGNAIR STARTER KIT	3	ST; QL (60 ML per 365 days)
<i>lopreeza oral tablet 0.5-0.1 mg</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA New Starts
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	5	PA New Starts
LYBALVI	5	PA New Starts

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

Drug Name	Tier	Requirements/Limits
MENACTRA	2	
MENQUADFI	2	
<i>mesalamine-cleanser</i>	2	
<i>methotrexate sodium (pf) injection solution 250 mg/10ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	2	
<i>mimvey lo</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
M-M-R II SUBCUTANEOUS	2	
<i>mono-linyah</i>	2	EDS
<i>mononessa</i>	2	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>	2	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	
<i>morphine sulfate injection solution 5 mg/ml</i>	2	
<i>morphine sulfate intravenous solution 4 mg/ml, 8 mg/ml</i>	2	
<i>moxifloxacin hcl intravenous</i>	2	
<i>naftifine hcl external gel</i>	4	
<i>necon 1/35 (28)</i>	2	EDS
NEULASTA ONPRO	5	PA
<i>nifedical xl oral tablet extended release 24 hour 60 mg</i>	2	EDS
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION	3	PA; EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>norlyroc</i>	2	EDS
NORMOSOL-R PH 7.4	4	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUVESSA	4	
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	5	PA
<i>octreotide acetate subcutaneous</i>	2	EDS
OGESTREL	3	EDS
OMEGA VEN	3	BD
OMNIPOD DASH 5 PACK PODS	3	QL (15 EA per 30 days)
OMNITROPE SUBCUTANEOUS SOLUTION	4	PA; EDS
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600-6200 UNIT	4	EDS
<i>paroxetine hcl oral suspension</i>	4	EDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

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

Drug Name	Tier	Requirements/Limits
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	2	
PHRENILIN FORTE ORAL CAPSULE 50-300-40 MG	4	PA; PA not required if under 65 years of age.
<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
PLEGRIDY INTRAMUSCULAR	5	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
PREPOPIK	4	
<i>prevalite oral powder</i>	2	EDS
<i>primaquine phosphate oral tablet 26.3 mg</i>	2	
PRIMSOL	4	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	5	PA
PROCTOZONE-HC RECTAL	2	
PROCYSBI ORAL CAPSULE DELAYED RELEASE	5	PA; LA
<i>progesterone micronized oral</i>	2	EDS
<i>promethazine hcl oral solution</i>	4	PA; PA not required if under 65 years of age.
PULMOZYME	5	BD
RENACIDIN	3	
REVCOVI	5	PA; LA
<i>ribavirin inhalation</i>	5	BD
<i>ringers</i>	2	
<i>ringers irrigation</i>	2	
<i>sapropterin dihydrochloride oral tablet soluble</i>	5	PA
SFROWASA	4	
<i>sodium chloride injection solution 2.5 meq/ml</i>	2	
<i>sodium polystyrene sulfonate rectal</i>	2	
<i>solia</i>	2	EDS
SOVALDI ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
<i>ssd (silver sulfadiazine)</i>	2	
<i>sterile water for irrigation</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous</i>	2	
SYNERCID	4	
<i>tarina fe 1/20</i>	2	EDS
<i>testosterone cypionate injection solution 200 mg/ml</i>	2	PA; Prior authorization not required for endocrinologists or urologists.; EDS
TOLAK	4	
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	2	ST; QL (30 EA per 30 days)
<i>trinessa (28)</i>	2	EDS
UPNEEQ	4	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>vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 5 gm</i>	2	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
<i>viorele</i>	2	EDS
VISTOGARD	5	LA
VOCABRIA	5	LA
VUMERITY (STARTER)	5	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	5	PA New Starts; QL (56 EA per 28 days)
ZEGALOGUE	2	
ZOKINVY ORAL CAPSULE 50 MG	5	PA; LA; QL (120 EA per 30 days)
ZOKINVY ORAL CAPSULE 75 MG	5	PA; LA
<i>zolmitriptan nasal</i>	3	
ZYKADIA ORAL CAPSULE	5	PA New Starts
Ophthalmic Agents		
<i>acetazolamide er</i>	2	EDS
<i>acetazolamide oral</i>	2	EDS
ALOCRIAL	4	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	EDS
ALREX	4	
<i>apraclonidine hcl</i>	2	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	EDS
AZASITE	4	
<i>azelastine hcl ophthalmic</i>	2	
<i>bacitracin ophthalmic</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
<i>bepotastine besilate</i>	4	
<i>betaxolol hcl ophthalmic</i>	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S	4	EDS
<i>bimatoprost ophthalmic</i>	2	EDS
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>brimonidine tartrate ophthalmic</i>	2	EDS
<i>brinzolamide</i>	2	EDS
<i>bromfenac sodium (once-daily)</i>	2	
BROMSITE	4	

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

Drug Name	Tier	Requirements/Limits
<i>carteolol hcl</i>	2	EDS
<i>ciprofloxacin hcl ophthalmic</i>	2	
COMBIGAN	3	EDS
CORTISPORIN EXTERNAL CREAM	4	
<i>cromolyn sodium ophthalmic</i>	2	
CYSTADROPS	5	PA
CYSTARAN	5	PA; LA
<i>dexamethasone sodium phosphate ophthalmic</i>	2	
<i>diclofenac sodium ophthalmic</i>	2	
<i>difluprednate</i>	4	
<i>dorzolamide hcl ophthalmic</i>	2	EDS
<i>dorzolamide hcl-timolol mal</i>	1	EDS
<i>dorzolamide hcl-timolol mal pf</i>	4	EDS
DUREZOL	4	
<i>epinastine hcl</i>	2	
<i>erythromycin ophthalmic</i>	2	
FLAREX	4	
<i>fluorometholone ophthalmic</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
<i>gatifloxacin ophthalmic</i>	2	
<i>gentak ophthalmic ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	
ILEVRO	3	
INVELTYS	4	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>ketorolac tromethamine ophthalmic</i>	2	
LACRISERT	3	
LASTACAFT	4	
<i>latanoprost ophthalmic</i>	1	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>levofloxacin ophthalmic</i>	2	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
<i>loteprednol etabonate</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EDS
<i>methazolamide oral</i>	2	EDS
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	4	
NEVANAC	4	
<i>ofloxacin ophthalmic</i>	2	
<i>olopatadine hcl ophthalmic</i>	2	
OXERVATE	5	PA
PHOSPHOLINE IODIDE	3	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	EDS
<i>polymyxin b-trimethoprim</i>	2	
PRED MILD	4	
PRED-G	4	
PRED-G S.O.P.	4	
<i>prednisolone acetate ophthalmic</i>	2	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
PROLENSA	4	
<i>proparacaine hcl ophthalmic</i>	2	
RESTASIS	3	EDS
RHOPRESSA	3	EDS
ROCKLATAN	3	EDS
SIMBRINZA	3	EDS
<i>sulfacetamide sodium ophthalmic ointment</i>	4	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>timolol maleate ophthalmic gel forming solution</i>	2	EDS
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	EDS
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	2	EDS
<i>timolol maleate pf</i>	4	EDS
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	4	EDS
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	3	
<i>tobramycin ophthalmic</i>	2	
<i>tobramycin-dexamethasone</i>	2	
<i>travoprost (bak free)</i>	2	EDS
<i>trifluridine ophthalmic</i>	2	
VYZULTA	3	EDS
XIIDRA	3	EDS
ZIOPTAN	4	EDS
ZIRGAN	3	

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Drug Name	Tier	Requirements/Limits
Otic Agents		
<i>acetic acid otic</i>	2	
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>ciprofloxacin-fluocinolone pf</i>	4	
<i>fluocinolone acetonide otic</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
<i>ofloxacin otic</i>	2	
Respiratory Tract/ Pulmonary Agents		
<i>acetylcysteine inhalation</i>	2	BD
ADEMPAS	5	PA New Starts; LA
ADVAIR HFA	3	EDS
<i>albuterol sulfate er</i>	2	EDS
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	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>	2	BD; EDS
<i>albuterol sulfate oral</i>	2	EDS
<i>alyq</i>	2	PA New Starts; EDS
<i>ambrisentan</i>	5	PA New Starts
ANORO ELLIPTA	3	EDS
ARCAPTA NEOHALER	3	EDS
<i>arformoterol tartrate</i>	3	BD; EDS
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	2	AL (Min 12 Years); EDS
ARNUIITY 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	3	EDS
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>azelastine-fluticasone</i>	4	
<i>bosentan</i>	5	PA New Starts
BREO ELLIPTA	3	EDS
BREZTRI AEROSPHERE	3	EDS
BRONCHITOL	5	PA New Starts
<i>budesonide inhalation</i>	2	BD; EDS
<i>carbinoxamine maleate oral solution</i>	2	PA; PA not required if under 65 years of age.

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

Drug Name	Tier	Requirements/Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	PA; PA not required if under 65 years of age.
CAYSTON	5	LA
CLARINEX-D 12 HOUR	4	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA; PA not required if under 65 years of age.
COMBIVENT RESPIMAT	3	EDS
<i>cromolyn sodium inhalation</i>	2	BD; EDS
<i>cromolyn sodium oral</i>	2	EDS
<i>cyproheptadine hcl oral</i>	2	PA; PA not required if under 65 years of age.
DALIRESP ORAL TABLET 250 MCG	4	QL (28 EA per 365 days)
DALIRESP ORAL TABLET 500 MCG	4	EDS
<i>desloratadine oral tablet</i>	2	
<i>desloratadine oral tablet dispersible 2.5 mg</i>	2	QL (30 EA per 30 days)
<i>desloratadine oral tablet dispersible 5 mg</i>	2	
DUPIXENT	5	PA
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	
ESBRIET	5	PA
FASENRA	5	PA
FASENRA PEN	5	PA
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	QL (60 EA per 30 days); EDS
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	EDS
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 GM per 30 days); EDS
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	EDS
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	
<i>fluticasone propionate nasal</i>	2	
<i>fluticasone-salmeterol</i>	2	EDS
<i>formoterol fumarate inhalation</i>	4	BD; ST; EDS
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral</i>	2	PA; PA not required if under 65 years of age.
<i>ipratropium bromide inhalation</i>	2	BD; EDS
<i>ipratropium bromide nasal</i>	2	EDS
<i>ipratropium-albuterol</i>	2	BD; EDS
KALYDECO	5	PA New Starts; LA
<i>levalbuterol hcl inhalation</i>	3	BD; EDS
<i>levalbuterol tartrate</i>	2	EDS

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Drug Name	Tier	Requirements/Limits
<i>levocetirizine dihydrochloride oral</i>	2	
LONHALA MAGNAIR REFILL KIT	3	ST; EDS
<i>metaproterenol sulfate oral syrup</i>	2	EDS
<i>mometasone furoate nasal</i>	2	
<i>montelukast sodium oral</i>	2	EDS
NUCALA	5	PA; LA
OFEV	5	PA; LA
<i>olopatadine hcl nasal</i>	2	
OPSUMIT	5	PA New Starts; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG	4	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG, 2.5 MG, 5 MG	5	PA New Starts; LA
ORKAMBI	5	PA New Starts; LA
PROAIR HFA	3	EDS
PROAIR RESPICLICK	3	EDS
<i>promethazine hcl oral syrup</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl oral tablet</i>	4	PA; PA not required if under 65 years of age.
PULMICORT FLEXHALER	2	EDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD
QNASL	4	
QNASL CHILDRENS	4	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	3	EDS
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA New Starts
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA New Starts; Covered for pulmonary arterial hypertension only.; EDS
SPIRIVA HANDIHALER	3	EDS
SPIRIVA RESPIMAT	3	EDS
STIOLTO RESPIMAT	3	EDS
STRIVERDI RESPIMAT	3	EDS
SYMBICORT	3	EDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	5	PA New Starts
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	5	PA New Starts; LA
SYMJEPI	3	
<i>tadalafil (pah)</i>	2	PA New Starts; EDS
<i>terbutaline sulfate oral</i>	2	EDS
THEO-24	4	EDS

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Drug Name	Tier	Requirements/Limits
<i>theophylline</i>	2	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	2	EDS
TOBI PODHALER	5	PA New Starts
<i>tobramycin inhalation</i>	5	BD
TRACLEER ORAL TABLET SOLUBLE	5	PA New Starts; LA
TRELEGY ELLIPTA	3	EDS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA New Starts
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA New Starts; QL (84 EA per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	4	EDS
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA New Starts; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 1600 MCG	5	PA New Starts; LA
UPTRAVI ORAL TABLET THERAPY PACK	5	PA New Starts; LA
VENTAVIS	5	PA New Starts; LA
VENTOLIN HFA	3	EDS
<i>wixela inhub</i>	2	EDS
YUPELRI	5	BD
<i>zafirlukast</i>	2	EDS
<i>zileuton er</i>	5	PA
Skeletal Muscle Relaxants		
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA; PA not required if under 65 years of age.
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	PA; PA not required if under 65 years of age.
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	PA; PA not required if under 65 years of age.
<i>metaxalone</i>	2	PA; PA not required if under 65 years of age.
<i>methocarbamol oral</i>	2	PA; PA not required if under 65 years of age.
<i>orphenadrine citrate er</i>	2	PA; PA not required if under 65 years of age.
Sleep Disorder Agents		
<i>armodafinil</i>	2	PA; EDS
BELSOMRA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	3	
DAYVIGO ORAL TABLET 10 MG	4	PA New Starts; PA not required if under 65 years of age.
DAYVIGO ORAL TABLET 5 MG	4	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>doxepin hcl oral tablet 3 mg</i>	2	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	2	
<i>estazolam</i>	2	
HETLIOZ	5	PA; LA
<i>modafinil</i>	2	PA; EDS
<i>ramelteon</i>	2	
SUNOSI ORAL TABLET 150 MG	4	PA; EDS
SUNOSI ORAL TABLET 75 MG	4	PA; QL (45 EA per 30 days); EDS
<i>temazepam</i>	2	QL (7 EA per 30 days)
XYREM	5	PA; LA; Prior authorization not required for neurologists or pulmonologists.
XYWAV	5	PA; LA
<i>zolpidem tartrate oral</i>	2	PA New Starts; PA not required if under 65 years of age.

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<i>acetazolamide er</i>	77	<i>amiloride hcl</i>	43	ASMANEX (30 METERED DOSES)	80
<i>acetic acid</i>	80	<i>amiloride-hydrochlorothiazide</i>	43	ASMANEX (60 METERED DOSES)	80
<i>acetylcysteine</i>	80	AMINOSYN II	53	ASMANEX HFA	80
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