

Independent Health's Medicare Advantage

2023 C-SNP Part D Formulary



(List of Covered Drugs)

This document includes:
Independent Health's Assure Advantage® (HMO C-SNP)

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

HPMS Approved Formulary File Submission ID 00023440, Version Number 20

This formulary was updated on 12/1/2023. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.IndependentHealth.com/Medicare.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$20 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 12/1/2023. 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, 2023, and from time to time during the year.

What is Independent Health’s Assure Advantage® (HMO C-SNP) Part D Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Independent Health may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We 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 find information in the section below titled “How do I request an exception to the Independent Health Assure Advantage® (HMO C-SNP) Part D Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the 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 Independent Health Assure Advantage® (HMO C-SNP) Part D Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 12/1/2023. To get updated information about the drugs covered by Independent Health, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.IndependentHealth.com/MedicareFormularies and in printed form.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 117. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Independent Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Independent Health before you fill your prescriptions. If you don't get approval, Independent Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Independent Health limits the amount of the drug that we will cover. For example, Independent Health provides 30 tablets per prescription for digoxin 125 mcg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Independent Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Independent Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Independent Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. 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 Independent Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to Independent Health's Medicare Assure Advantage® (HMO C-SNP) Part D Formulary?" on page IV for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

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

How do I request an exception to Independent Health's Assure Advantage® (HMO C-SNP) Part D Formulary?

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

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

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

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

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

For more information

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

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

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

Independent Health's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Independent Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 117.

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

The information in the Requirements/Limits column tells you if Independent Health has any special requirements for coverage of your drug.

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

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

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

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

Drugs listed with a **"LA"** in the Requirements/Limits column may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call our Member Services Department at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.IndependentHealth.com/Medicare.

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 have quantity limits (see "Are there any restrictions to my coverage" on page III).

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

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| Drug Name | Tier | Requirements/Limits |
|---|------|---|
| Analgesics | | |
| Analgesics | | |
| ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG | 4 | PA; PA not required if under 65 years of age. |
| <i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i> | 4 | PA; PA not required if under 65 years of age. |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</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 oral capsule 50-325-40-30 mg</i> | 4 | PA; PA not required if under 65 years of age. |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | 4 | PA; PA not required if under 65 years of age. |
| TENCON ORAL TABLET 50-325 MG | 4 | PA; PA not required if under 65 years of age. |
| VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML | 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. |
| Nonsteroidal Anti-Inflammatory Drugs | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | 2 | EDS |
| <i>diclofenac epolamine external patch 1.3 %</i> | 4 | PA |
| <i>diclofenac potassium oral tablet 50 mg</i> | 2 | EDS |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i> | 2 | EDS |
| <i>diclofenac sodium external gel 1 %</i> | 2 | |
| <i>diclofenac sodium external gel 3 %</i> | 2 | PA |
| <i>diclofenac sodium external solution 1.5 %</i> | 2 | |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i> | 2 | EDS |
| <i>diflunisal oral tablet 500 mg</i> | 2 | EDS |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | 2 | EDS |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | 2 | EDS |
| <i>flurbiprofen oral tablet 100 mg, 50 mg</i> | 2 | EDS |
| <i>ibu oral tablet 600 mg, 800 mg</i> | 2 | EDS |
| <i>ibuprofen oral suspension 100 mg/5ml</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>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | 2 | EDS |
| <i>indomethacin er oral capsule extended release 75 mg</i> | 4 | EDS |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | 4 | EDS |
| <i>ketorolac tromethamine oral tablet 10 mg</i> | 4 | QL (20 EA per 30 days) |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | 2 | EDS |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | 2 | EDS |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | 2 | EDS |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | 2 | EDS |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> | 2 | EDS |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | 2 | EDS |
| Opioid Analgesics, Long-Acting | | |
| <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>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>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | 3 | QL (30 EA per 30 days) |
| <i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</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) |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i> | 2 | |
| <i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | 2 | |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> | 2 | |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 50 MG | 3 | QL (60 EA per 30 days) |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 250 MG | 3 | |

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

| Drug Name | Tier | Requirements/Limits |
|--|-------------|--|
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i> | 2 | |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 3 | |
| <i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i> | 4 | |
| <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 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 | |
| Opioid Analgesics, Short-Acting | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i> | 2 | |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i> | 2 | |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | 4 | PA; PA not required if under 65 years of age. |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i> | 2 | |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> | 2 | |
| <i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | 2 | |
| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 5 | PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i> | 4 | PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days) |
| <i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 5 | PA; QL (120 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 | |

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>hydromorphone hcl injection solution 2 mg/ml</i> | 2 | |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i> | 2 | |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i> | 2 | QL (180 EA per 30 days) |
| <i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i> | 2 | |
| <i>morphine sulfate (concentrate) oral solution 20 mg/ml</i> | 2 | |
| <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 intravenous solution 10 mg/ml</i> | 2 | |
| <i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i> | 2 | |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i> | 2 | |
| <i>oxycodone hcl oral capsule 5 mg</i> | 2 | |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i> | 4 | |
| <i>oxycodone hcl oral solution 5 mg/5ml</i> | 2 | |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> | 2 | |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 2 | |
| <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 oral tablet 50-0.5 mg</i> | 2 | |
| <i>tramadol hcl oral tablet 50 mg</i> | 2 | |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | 2 | |
| Anesthetics | | |
| Local Anesthetics | | |
| <i>lidocaine external ointment 5 %</i> | 2 | |
| <i>lidocaine external patch 5 %</i> | 2 | PA |
| <i>lidocaine hcl (pf) injection solution 1 %</i> | 2 | |
| <i>lidocaine hcl external solution 4 %</i> | 2 | |
| <i>lidocaine hcl injection solution 1 %</i> | 2 | |
| <i>lidocaine hcl urethral/mucosal external gel 2 %</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 hcl urethral/mucosal external prefilled syringe 2 %</i> | 2 | |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i> | 2 | |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i> | 2 | |
| Anti-Addiction/ Substance Abuse Treatment Agents | | |
| Alcohol Deterrents/Anti-Craving | | |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i> | 2 | EDS |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | 2 | EDS |
| <i>naltrexone hcl oral tablet 50 mg</i> | 2 | |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG | 5 | |
| Opioid Dependence | | |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i> | 2 | |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> | 2 | |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i> | 2 | |
| LUCEMYRA ORAL TABLET 0.18 MG | 5 | |
| <i>naltrexone hcl oral tablet 50 mg</i> | 2 | |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG | 5 | |
| Opioid Reversal Agents | | |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML | 3 | |
| <i>naloxone hcl injection solution 0.4 mg/ml</i> | 2 | |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i> | 2 | |
| <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i> | 2 | |
| <i>naloxone hcl nasal liquid 4 mg/0.1ml</i> | 2 | |
| OPVEE NASAL SOLUTION 2.7 MG/0.1ML | 3 | |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML | 3 | |
| Smoking Cessation Agents | | |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i> | 1 | |

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

| Drug Name | Tier | Requirements/Limits |
|---|------|---------------------|
| NICOTROL INHALATION INHALER 10 MG | 4 | |
| NICOTROL NS NASAL SOLUTION 10 MG/ML | 4 | |
| <i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i> | 2 | |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> | 2 | |
| Antibacterials | | |
| Aminoglycosides | | |
| <i>amikacin sulfate injection solution 500 mg/2ml</i> | 2 | |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML | 5 | PA; LA |
| <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 cream 0.1 %</i> | 2 | |
| <i>gentamicin sulfate external ointment 0.1 %</i> | 2 | |
| <i>gentamicin sulfate injection solution 40 mg/ml</i> | 2 | |
| <i>neomycin sulfate oral tablet 500 mg</i> | 2 | |
| <i>paromomycin sulfate oral capsule 250 mg</i> | 2 | |
| <i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i> | 4 | |
| <i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i> | 2 | |
| Antibacterials, Other | | |
| <i>aztreonam injection solution reconstituted 1 gm</i> | 2 | |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG | 4 | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | 2 | |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i> | 2 | |
| <i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i> | 2 | |
| <i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i> | 2 | |
| <i>clindamycin phosphate vaginal cream 2 %</i> | 2 | |
| <i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i> | 4 | |
| <i>daptomycin intravenous solution reconstituted 500 mg</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 |
|--|------|---------------------|
| FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML | 4 | |
| <i>fosfomycin tromethamine oral packet 3 gm</i> | 4 | |
| <i>lactated ringers irrigation solution</i> | 2 | |
| <i>linezolid intravenous solution 600 mg/300ml</i> | 4 | |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i> | 5 | |
| <i>linezolid oral tablet 600 mg</i> | 2 | |
| <i>methenamine hippurate oral tablet 1 gm</i> | 2 | |
| <i>metronidazole external cream 0.75 %</i> | 2 | |
| <i>metronidazole external gel 0.75 %, 1 %</i> | 2 | |
| <i>metronidazole external lotion 0.75 %</i> | 2 | |
| <i>metronidazole intravenous solution 500 mg/100ml</i> | 2 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>metronidazole vaginal gel 0.75 %</i> | 2 | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i> | 2 | |
| NUVESSA VAGINAL GEL 1.3 % | 4 | |
| <i>physiolyte irrigation solution</i> | 2 | |
| <i>physiosol irrigation irrigation solution</i> | 2 | |
| <i>polymyxin b sulfate injection solution reconstituted 500000 unit</i> | 2 | |
| <i>ringers irrigation irrigation solution</i> | 2 | |
| SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG | 5 | PA |
| SIVEXTRO ORAL TABLET 200 MG | 5 | PA |
| <i>sterile water for irrigation irrigation solution</i> | 2 | |
| SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG | 4 | |
| <i>tigecycline intravenous solution reconstituted 50 mg</i> | 5 | |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>trimethoprim oral tablet 100 mg</i> | 2 | |
| <i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 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 intravenous solution reconstituted 5 gm</i> | 4 | |
| <i>vancomycin hcl oral capsule 125 mg, 250 mg</i> | 2 | |
| <i>vandazole vaginal gel 0.75 %</i> | 2 | |
| Beta-Lactam, Cephalosporins | | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i> | 2 | |
| <i>cefadroxil oral capsule 500 mg</i> | 2 | |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i> | 2 | |
| <i>cefadroxil oral tablet 1 gm</i> | 2 | |
| <i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i> | 2 | |
| <i>cefdinir oral capsule 300 mg</i> | 2 | |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>cefepime hcl injection solution reconstituted 1 gm</i> | 4 | |
| <i>cefepime hcl intravenous solution reconstituted 2 gm</i> | 4 | |
| <i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i> | 4 | |
| <i>cefixime oral capsule 400 mg</i> | 3 | |
| <i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i> | 2 | |
| <i>cefotaxime sodium injection solution reconstituted 1 gm</i> | 2 | |
| <i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i> | 4 | |
| <i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i> | 2 | |
| <i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i> | 4 | |
| <i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i> | 2 | |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i> | 2 | |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>cefprozil oral tablet 250 mg, 500 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>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i> | 4 | |
| <i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i> | 2 | |
| <i>ceftazidime intravenous solution reconstituted 2 gm</i> | 2 | |
| <i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> | 2 | |
| <i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i> | 2 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>cefuroxime sodium injection solution reconstituted 750 mg</i> | 2 | |
| <i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i> | 2 | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML | 3 | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG | 5 | |
| ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM | 5 | PA |
| Beta-Lactam, Penicillins | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | 2 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | 2 | |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | 2 | |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i> | 2 | |
| <i>ampicillin oral capsule 500 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>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> | 4 | |
| <i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm</i> | 4 | |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML | 4 | |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML | 4 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML | 4 | |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>nafcillin sodium injection solution reconstituted 1 gm</i> | 4 | |
| <i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i> | 4 | |
| <i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i> | 4 | |
| <i>oxacillin sodium intravenous solution reconstituted 10 gm</i> | 4 | |
| <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, 5000000 unit</i> | 2 | |
| <i>penicillin g procaine intramuscular suspension 600000 unit/ml</i> | 2 | |
| <i>penicillin g sodium injection solution reconstituted 5000000 unit</i> | 2 | |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</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 | |

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

| Drug Name | Tier | Requirements/Limits |
|---|------|---|
| Carbapenems | | |
| <i>ertapenem sodium injection solution reconstituted 1 gm</i> | 4 | |
| <i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i> | 2 | |
| <i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i> | 2 | |
| VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM | 4 | PA; Prior authorization not required for urologists or infectious diseases specialists. |
| Macrolides | | |
| <i>azithromycin intravenous solution reconstituted 500 mg</i> | 2 | |
| <i>azithromycin oral packet 1 gm</i> | 2 | |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i> | 2 | |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | 2 | |
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i> | 2 | |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | 2 | |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML | 5 | |
| DIFICID ORAL TABLET 200 MG | 5 | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | 4 | |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i> | 4 | |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i> | 4 | |
| <i>erythromycin base oral tablet delayed release 333 mg, 500 mg</i> | 4 | |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i> | 4 | |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> | 4 | |
| <i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i> | 4 | |
| <i>erythromycin oral tablet delayed release 250 mg</i> | 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 |
|--|------|---------------------|
| Quinolones | | |
| CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%) | 3 | |
| <i>ciprofloxacin hcl oral tablet 100 mg</i> | 4 | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | 2 | |
| <i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i> | 2 | |
| <i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i> | 2 | |
| <i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i> | 2 | |
| <i>levofloxacin intravenous solution 25 mg/ml</i> | 2 | |
| <i>levofloxacin oral solution 25 mg/ml</i> | 2 | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | 2 | |
| <i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i> | 2 | |
| <i>moxifloxacin hcl intravenous solution 400 mg/250ml</i> | 2 | |
| <i>moxifloxacin hcl oral tablet 400 mg</i> | 2 | |
| Sulfonamides | | |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i> | 2 | |
| <i>sulfadiazine oral tablet 500 mg</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | 2 | |
| Tetracyclines | | |
| <i>demeclocycline hcl oral tablet 150 mg, 300 mg</i> | 4 | |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 4 | |
| <i>doxycycline hyclate intravenous solution reconstituted 100 mg</i> | 2 | |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | 2 | |
| <i>doxycycline hyclate oral tablet 100 mg</i> | 2 | |
| <i>doxycycline hyclate oral tablet 20 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>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | 2 | |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i> | 2 | |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i> | 2 | |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i> | 2 | |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i> | 2 | |
| <i>mondoxyne nl oral capsule 100 mg</i> | 2 | |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i> | 2 | |
| VIBRAMYCIN ORAL SYRUP 50 MG/5ML | 4 | |
| Anticonvulsants | | |
| Anticonvulsants, Other | | |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 5 | PA New Starts; Prior authorization not required for neurologists. |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 5 | PA New Starts; Prior authorization not required for neurologists. |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | 5 | PA New Starts; LA |
| DIACOMIT ORAL PACKET 250 MG, 500 MG | 5 | PA New Starts; LA |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i> | 2 | EDS |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i> | 2 | EDS |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i> | 2 | EDS |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 5 | PA New Starts; LA |
| EPRONTIA ORAL SOLUTION 25 MG/ML | 4 | EDS |
| <i>felbamate oral suspension 600 mg/5ml</i> | 2 | EDS |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | 2 | EDS |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 5 | PA New Starts; LA |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 5 | |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG | 5 | QL (30 EA per 30 days) |
| FYCOMPA ORAL TABLET 2 MG | 4 | QL (30 EA per 30 days); EDS |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 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>lamotrigine oral kit 25 & 50 & 100 mg</i> | 2 | |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | 2 | EDS |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i> | 2 | EDS |
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i> | 4 | EDS |
| <i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i> | 2 | |
| <i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i> | 2 | |
| <i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i> | 2 | |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i> | 2 | EDS |
| <i>levetiracetam oral solution 100 mg/ml</i> | 2 | EDS |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i> | 2 | EDS |
| <i>roweepira oral tablet 500 mg</i> | 2 | EDS |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG | 4 | EDS |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> | 4 | EDS |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i> | 2 | EDS |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | 2 | EDS |
| <i>valproic acid oral capsule 250 mg</i> | 2 | EDS |
| <i>valproic acid oral solution 250 mg/5ml</i> | 2 | EDS |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 5 | QL (56 EA per 28 days) |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG | 5 | QL (56 EA per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 50 MG | 5 | QL (30 EA per 30 days) |
| XCOPRI ORAL TABLET 150 MG | 5 | QL (60 EA per 30 days) |
| XCOPRI ORAL TABLET 200 MG | 5 | |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG | 4 | QL (28 EA per 28 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | 5 | QL (28 EA per 28 days) |
| Calcium Channel Modifying Agents | | |
| <i>ethosuximide oral capsule 250 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>ethosuximide oral solution 250 mg/5ml</i> | 2 | EDS |
| <i>methsuximide oral capsule 300 mg</i> | 2 | EDS |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | 2 | EDS |
| <i>pregabalin oral solution 20 mg/ml</i> | 2 | EDS |
| ZONISADE ORAL SUSPENSION 100 MG/5ML | 4 | EDS |
| Gamma-Aminobutyric Acid (Gaba) Augmenting Agents | | |
| <i>clobazam oral suspension 2.5 mg/ml</i> | 2 | EDS |
| <i>clobazam oral tablet 10 mg, 20 mg</i> | 2 | EDS |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | EDS |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 2 | EDS |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | 3 | |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i> | 2 | |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> | 2 | EDS |
| <i>gabapentin oral solution 250 mg/5ml</i> | 2 | EDS |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | 2 | EDS |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | 4 | PA New Starts; Prior authorization not required for neurologists. |
| <i>phenobarbital oral elixir 20 mg/5ml</i> | 2 | EDS |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2 | EDS |
| <i>primidone oral tablet 250 mg, 50 mg</i> | 2 | EDS |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | 5 | |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | 2 | EDS |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML | 4 | PA New Starts; Prior authorization not required for neurologists. |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML | 4 | PA New Starts; Prior authorization not required for neurologists. |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML | 4 | PA New Starts; Prior authorization not required for neurologists. |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML | 4 | PA New Starts; Prior authorization not required for neurologists. |
| <i>vigabatrin oral packet 500 mg</i> | 5 | LA |
| <i>vigabatrin oral tablet 500 mg</i> | 5 | LA |

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

| Drug Name | Tier | Requirements/Limits |
|---|------|-----------------------------|
| <i>vigadrone oral packet 500 mg</i> | 5 | |
| <i>vigadrone oral tablet 500 mg</i> | 5 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 5 | PA New Starts; LA |
| Sodium Channel Agents | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | 5 | QL (30 EA per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | 5 | QL (60 EA per 30 days) |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i> | 2 | EDS |
| <i>carbamazepine oral suspension 100 mg/5ml</i> | 2 | EDS |
| <i>carbamazepine oral tablet 200 mg</i> | 2 | EDS |
| <i>carbamazepine oral tablet chewable 100 mg</i> | 2 | EDS |
| DILANTIN ORAL CAPSULE 30 MG | 3 | EDS |
| <i>epitol oral tablet 200 mg</i> | 2 | EDS |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG | 4 | EDS |
| <i>lacosamide oral solution 10 mg/ml</i> | 3 | EDS |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | 3 | QL (60 EA per 30 days); EDS |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i> | 2 | EDS |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | 2 | EDS |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG | 4 | EDS |
| <i>phenytoin oral suspension 125 mg/5ml</i> | 2 | EDS |
| <i>phenytoin oral tablet chewable 50 mg</i> | 2 | EDS |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> | 2 | EDS |
| <i>rufinamide oral suspension 40 mg/ml</i> | 5 | |
| <i>rufinamide oral tablet 200 mg, 400 mg</i> | 4 | EDS |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | EDS |
| Antidementia Agents | | |
| Antidementia Agents, Other | | |
| <i>donepezil hcl oral tablet 10 mg, 5 mg</i> | 1 | EDS |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i> | 2 | EDS |
| <i>ergoloid mesylates oral tablet 1 mg</i> | 3 | EDS |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG | 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 |
|---|-------------|-----------------------------|
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | 4 | PA New Starts; EDS |
| Cholinesterase Inhibitors | | |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i> | 2 | EDS |
| <i>galantamine hydrobromide oral solution 4 mg/ml</i> | 2 | EDS |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i> | 2 | EDS |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | 2 | EDS |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i> | 2 | EDS |
| N-Methyl-D-Aspartate (Nmda) Receptor Antagonist | | |
| <i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i> | 2 | EDS |
| <i>memantine hcl oral solution 2 mg/ml</i> | 3 | 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 | |
| Antidepressants | | |
| Antidepressants, Other | | |
| <i>aripiprazole oral solution 1 mg/ml</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 |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG | 4 | PA New Starts; EDS |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i> | 1 | EDS |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i> | 1 | EDS |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | 1 | EDS |
| <i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i> | 2 | EDS |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 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>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i> | 2 | EDS |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> | 4 | EDS |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 2 | EDS |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | 2 | EDS |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | 2 | EDS |
| Monoamine Oxidase Inhibitors | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | 5 | |
| MARPLAN ORAL TABLET 10 MG | 3 | EDS |
| <i>phenelzine sulfate oral tablet 15 mg</i> | 2 | EDS |
| <i>tranylcypromine sulfate oral tablet 10 mg</i> | 2 | EDS |
| Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors) | | |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i> | 2 | EDS |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | EDS |
| <i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i> | 2 | EDS |
| <i>desvenlafaxine er oral tablet extended release 24 hour 50 mg</i> | 2 | QL (30 EA per 30 days); EDS |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> | 2 | EDS |
| 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> | 3 | EDS |
| <i>escitalopram oxalate oral solution 5 mg/5ml</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>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | EDS |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG | 4 | EDS |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG | 4 | |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i> | 2 | EDS |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i> | 2 | EDS |
| <i>fluoxetine hcl oral solution 20 mg/5ml</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 |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | EDS |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | 2 | EDS |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> | 2 | EDS |
| <i>paroxetine hcl oral suspension 10 mg/5ml</i> | 4 | EDS |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> | 1 | EDS |
| <i>paroxetine mesylate oral capsule 7.5 mg</i> | 2 | EDS |
| <i>sertraline hcl oral concentrate 20 mg/ml</i> | 2 | EDS |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | EDS |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | 2 | EDS |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 4 | QL (30 EA per 30 days); EDS |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i> | 2 | EDS |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 2 | EDS |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG | 4 | |
| <i>vilazodone hcl oral tablet 10 mg, 20 mg</i> | 4 | QL (30 EA per 30 days); EDS |
| <i>vilazodone hcl oral tablet 40 mg</i> | 4 | EDS |
| Tricyclics | | |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 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>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | 2 | EDS |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i> | 2 | EDS |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | EDS |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | EDS |
| <i>doxepin hcl oral concentrate 10 mg/ml</i> | 2 | EDS |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 2 | EDS |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | 2 | EDS |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i> | 2 | EDS |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i> | 2 | EDS |
| <i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | EDS |
| Antiemetics | | |
| Antiemetics, Other | | |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | 2 | EDS |
| <i>compro rectal suppository 25 mg</i> | 2 | |
| <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 10 mg, 5 mg</i> | 2 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | 2 | EDS |
| <i>prochlorperazine rectal suppository 25 mg</i> | 2 | |
| <i>promethazine hcl oral syrup 6.25 mg/5ml</i> | 4 | PA; PA not required if under 65 years of age. |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</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. |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i> | 2 | |
| <i>trimethobenzamide hcl oral capsule 300 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 |
|---|------|---------------------|
| Emetogenic Therapy Adjuncts | | |
| AKYNZEO ORAL CAPSULE 300-0.5 MG | 4 | PA |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i> | 4 | BD |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | 2 | PA |
| <i>granisetron hcl oral tablet 1 mg</i> | 2 | BD |
| <i>ondansetron hcl oral solution 4 mg/5ml</i> | 2 | BD |
| <i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i> | 2 | BD |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i> | 2 | BD |
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR | 5 | |
| SYNDROS ORAL SOLUTION 5 MG/ML | 4 | PA |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG | 4 | BD |
| Antifungals | | |
| Antifungals | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 4 | BD |
| <i>amphotericin b intravenous solution reconstituted 50 mg</i> | 4 | BD |
| <i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i> | 4 | BD |
| <i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i> | 4 | BD |
| <i>ciclopirox olamine external cream 0.77 %</i> | 2 | |
| <i>ciclopirox olamine external suspension 0.77 %</i> | 2 | |
| <i>clotrimazole external cream 1 %</i> | 2 | |
| <i>clotrimazole external solution 1 %</i> | 2 | |
| <i>clotrimazole mouth/throat troche 10 mg</i> | 2 | |
| CRESEMBA ORAL CAPSULE 186 MG | 5 | PA |
| <i>econazole nitrate external cream 1 %</i> | 2 | |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG | 4 | |
| <i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i> | 2 | |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i> | 2 | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 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>flucytosine oral capsule 250 mg, 500 mg</i> | 5 | |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i> | 2 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | 2 | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | 2 | |
| GYNAZOLE-1 VAGINAL CREAM 2 % | 4 | |
| <i>itraconazole oral capsule 100 mg</i> | 4 | PA; Prior authorization not required for infectious diseases specialists. |
| <i>itraconazole oral solution 10 mg/ml</i> | 4 | PA; Prior authorization not required for infectious diseases specialists. |
| <i>ketoconazole external cream 2 %</i> | 2 | |
| <i>ketoconazole external shampoo 2 %</i> | 2 | |
| <i>ketoconazole oral tablet 200 mg</i> | 2 | PA |
| <i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i> | 2 | |
| <i>miconazole 3 vaginal suppository 200 mg</i> | 4 | |
| <i>nyamyc external powder 100000 unit/gm</i> | 2 | |
| <i>nystatin external cream 100000 unit/gm</i> | 2 | |
| <i>nystatin external ointment 100000 unit/gm</i> | 2 | |
| <i>nystatin external powder 100000 unit/gm</i> | 2 | |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i> | 2 | |
| <i>nystatin oral tablet 500000 unit</i> | 2 | |
| <i>nystop external powder 100000 unit/gm</i> | 2 | |
| <i>posaconazole oral suspension 40 mg/ml</i> | 5 | |
| <i>posaconazole oral tablet delayed release 100 mg</i> | 5 | |
| <i>terbinafine hcl oral tablet 250 mg</i> | 2 | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | 2 | |
| VIVJOA ORAL CAPSULE THERAPY PACK 150 MG | 4 | PA; QL (18 EA per 84 days) |
| <i>voriconazole intravenous solution reconstituted 200 mg</i> | 5 | BD |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i> | 5 | |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | 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 |
|---|------|--------------------------------|
| Antigout Agents | | |
| Antigout Agents | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1 | EDS |
| <i>colchicine oral capsule 0.6 mg</i> | 4 | |
| <i>colchicine oral tablet 0.6 mg</i> | 2 | |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i> | 2 | EDS |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> | 2 | ST; EDS |
| <i>probenecid oral tablet 500 mg</i> | 2 | EDS |
| Antimigraine Agents | | |
| Antimigraine Agents | | |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG | 3 | PA |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 3 | PA |
| Ergot Alkaloids | | |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i> | 5 | QL (8 ML per 28 days) |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | 2 | |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG | 5 | |
| Prophylactic | | |
| 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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML | 3 | PA; EDS |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML | 3 | PA; EDS |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i> | 2 | EDS |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i> | 2 | EDS |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i> | 2 | EDS |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 4 | PA; EDS |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 4 | PA; EDS |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | 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 |
|--|-------------|---------------------------------|
| NURTEC ORAL TABLET DISPERSIBLE 75 MG | 3 | PA |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | PA; QL (30 EA per 30 days); EDS |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | 2 | EDS |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> | 4 | EDS |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i> | 2 | EDS |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | 2 | EDS |
| Serotonin (5-Ht) Receptor Agonist | | |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i> | 2 | |
| <i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i> | 2 | |
| <i>frovatriptan succinate oral tablet 2.5 mg</i> | 2 | |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i> | 2 | |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i> | 2 | |
| <i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i> | 4 | |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i> | 4 | |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i> | 4 | |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> | 4 | |
| <i>zolmitriptan nasal solution 2.5 mg, 5 mg</i> | 3 | |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> | 2 | |
| <i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i> | 2 | |
| Antimyasthenic Agents | | |
| Parasympathomimetics | | |
| <i>pyridostigmine bromide er oral tablet extended release 180 mg</i> | 2 | |
| <i>pyridostigmine bromide oral solution 60 mg/5ml</i> | 2 | |
| <i>pyridostigmine bromide oral tablet 30 mg</i> | 4 | |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | 2 | |
| Antimycobacterials | | |
| Antimycobacterials, Other | | |
| <i>dapsone oral tablet 100 mg, 25 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 |
|---|------|---------------------|
| PRIFTIN ORAL TABLET 150 MG | 4 | |
| <i>rifabutin oral capsule 150 mg</i> | 4 | |
| Antituberculars | | |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i> | 2 | |
| <i>isoniazid oral syrup 50 mg/5ml</i> | 2 | EDS |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | 2 | EDS |
| PASER ORAL PACKET 4 GM | 4 | |
| PRETOMANID ORAL TABLET 200 MG | 4 | PA |
| <i>pyrazinamide oral tablet 500 mg</i> | 2 | |
| <i>rifampin intravenous solution reconstituted 600 mg</i> | 2 | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | 2 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 5 | PA |
| TRECTOR ORAL TABLET 250 MG | 4 | |
| Antineoplastics | | |
| Alkylating Agents | | |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | 2 | BD |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i> | 2 | BD |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 5 | |
| LEUKERAN ORAL TABLET 2 MG | 3 | |
| MATULANE ORAL CAPSULE 50 MG | 5 | LA |
| VALCHLOR EXTERNAL GEL 0.016 % | 5 | PA New Starts |
| Antiandrogens | | |
| <i>abiraterone acetate oral tablet 250 mg</i> | 2 | PA New Starts |
| <i>bicalutamide oral tablet 50 mg</i> | 2 | |
| ERLEADA ORAL TABLET 240 MG, 60 MG | 5 | PA New Starts |
| <i>flutamide oral capsule 125 mg</i> | 2 | |
| <i>nilutamide oral tablet 150 mg</i> | 5 | |
| NUBEQA ORAL TABLET 300 MG | 5 | PA New Starts; LA |
| <i>toremifene citrate oral tablet 60 mg</i> | 5 | |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA New Starts |
| XTANDI ORAL TABLET 40 MG, 80 MG | 5 | PA New Starts |
| Antiangiogenic Agents | | |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</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 |
|---|------|---------------------------------------|
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA New Starts; LA |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | 5 | PA New Starts; LA |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 5 | LA |
| Antiestrogens/Modifiers | | |
| EMCYT ORAL CAPSULE 140 MG | 3 | |
| ORSERDU ORAL TABLET 345 MG, 86 MG | 5 | PA New Starts; LA |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML | 3 | EDS |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i> | 2 | EDS |
| Antimetabolites | | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 2 | EDS |
| <i>hydroxyurea oral capsule 500 mg</i> | 2 | |
| INQOVI ORAL TABLET 35-100 MG | 5 | PA New Starts; LA |
| <i>mercaptopurine oral tablet 50 mg</i> | 2 | |
| ONUREG ORAL TABLET 200 MG, 300 MG | 5 | PA New Starts; QL (30 EA per 30 days) |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML | 5 | LA |
| TABLOID ORAL TABLET 40 MG | 4 | |
| Antineoplastics, Other | | |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 5 | PA New Starts; LA |
| GAVRETO ORAL CAPSULE 100 MG | 5 | PA New Starts; LA |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 5 | PA New Starts; LA |
| KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA New Starts |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA New Starts |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA New Starts |
| KRAZATI ORAL TABLET 200 MG | 5 | PA New Starts; LA |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 5 | PA New Starts; LA |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG | 5 | PA New Starts |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA New Starts; LA |
| LYSODREN ORAL TABLET 500 MG | 3 | |
| <i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</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>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i> | 2 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | 1 | EDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA New Starts; QL (3 EA per 28 days) |
| OJJAARA ORAL TABLET 100 MG | 5 | PA New Starts; LA; QL (30 EA per 30 days) |
| OJJAARA ORAL TABLET 150 MG, 200 MG | 5 | PA New Starts; LA |
| ORGOVYX ORAL TABLET 120 MG | 5 | PA New Starts; LA |
| RETEVMO ORAL CAPSULE 40 MG | 5 | PA New Starts; QL (60 EA per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 5 | PA New Starts |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG | 5 | PA New Starts |
| 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) |
| WELIREG ORAL TABLET 40 MG | 5 | PA New Starts |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | BD |
| 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 40 MG | 5 | PA New Starts; LA; QL (4 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 60 MG | 5 | PA New Starts; LA; QL (4 EA per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 5 | PA New Starts; LA; QL (24 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) ORAL TABLET THERAPY PACK 20 MG | 5 | PA New Starts; LA; QL (32 EA per 28 days) |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | |
| Aromatase Inhibitors, 3Rd Generation | | |
| <i>anastrozole oral tablet 1 mg</i> | 2 | EDS |
| <i>exemestane oral tablet 25 mg</i> | 2 | EDS |
| <i>letrozole oral tablet 2.5 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 |
|---|------|---|
| Enzyme Inhibitors | | |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 5 | PA New Starts; LA |
| REZLIDHIA ORAL CAPSULE 150 MG | 5 | PA New Starts |
| TIBSOVO ORAL TABLET 250 MG | 5 | PA New Starts; LA |
| Molecular Target Inhibitors | | |
| ALECENSA ORAL CAPSULE 150 MG | 5 | PA New Starts |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG | 5 | PA New Starts; LA |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | 5 | PA New Starts; LA |
| 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 ORAL TABLET 3 MG, 4 MG, 5 MG | 5 | PA New Starts; LA |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG | 5 | PA New Starts; LA |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA New Starts; LA |
| BRUKINSA ORAL CAPSULE 80 MG | 5 | PA New Starts |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | 5 | PA New Starts; LA |
| CALQUENCE ORAL CAPSULE 100 MG | 5 | PA New Starts |
| CALQUENCE ORAL TABLET 100 MG | 5 | PA New Starts |
| CAPRELSA ORAL TABLET 100 MG, 300 MG | 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) ORAL KIT 20 MG | 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 ORAL TABLET 20 MG | 5 | PA New Starts |
| DAURISMO ORAL TABLET 100 MG | 5 | PA New Starts; LA |
| DAURISMO ORAL TABLET 25 MG | 5 | PA New Starts; LA; QL (60 EA per 30 days) |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA New Starts |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i> | 2 | PA New Starts |
| <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> | 5 | PA New Starts |
| <i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</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 |
|---|-------------|----------------------------|
| EXKIVITY ORAL CAPSULE 40 MG | 5 | PA New Starts; LA |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 5 | PA New Starts; LA |
| <i>gefitinib oral tablet 250 mg</i> | 5 | PA New Starts |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA New Starts; LA |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 5 | PA New Starts; LA |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 5 | PA New Starts |
| <i>imatinib mesylate oral tablet 100 mg, 400 mg</i> | 2 | |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | 5 | PA New Starts; LA |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 5 | PA New Starts; LA |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | 5 | PA New Starts; LA |
| INLYTA ORAL TABLET 1 MG, 5 MG | 5 | PA New Starts; LA |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA New Starts; LA |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA New Starts; LA |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG | 5 | PA New Starts; LA |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA New Starts |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA New Starts |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA New Starts |
| <i>lapatinib ditosylate oral tablet 250 mg</i> | 5 | PA New Starts |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG | 5 | PA New Starts; LA |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG | 5 | PA New Starts; LA |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | 5 | PA New Starts; LA |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | 5 | PA New Starts; LA |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG | 5 | PA New Starts; LA |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | 5 | PA New Starts; LA |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG | 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 |
|---|------|--|
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG | 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) |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA New Starts; QL (84 EA per 28 days) |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA New Starts; QL (112 EA per 28 days) |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA New Starts; QL (140 EA per 28 days) |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML | 5 | PA New Starts |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | 5 | PA New Starts |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA New Starts; LA |
| NERLYNX ORAL TABLET 40 MG | 5 | PA New Starts; LA |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA New Starts |
| <i>pazopanib hcl oral tablet 200 mg</i> | 5 | PA New Starts |
| PEMAZYRE ORAL TABLET 13.5 MG | 5 | PA New Starts; LA |
| PEMAZYRE ORAL TABLET 4.5 MG, 9 MG | 5 | PA New Starts; LA; QL (30 EA per 30 days) |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA New Starts; LA |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | 5 | PA New Starts; LA |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG | 5 | PA New Starts; LA |
| QINLOCK ORAL TABLET 50 MG | 5 | PA New Starts; LA |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG | 5 | PA New Starts; LA |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 5 | PA New Starts; LA; QL (120 EA per 30 days) |
| RYDAPT ORAL CAPSULE 25 MG | 5 | PA New Starts |
| SCEMBLIX ORAL TABLET 20 MG | 5 | PA New Starts; QL (60 EA per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 5 | PA New Starts; QL (300 EA per 30 days) |
| <i>sorafenib tosylate oral tablet 200 mg</i> | 5 | PA New Starts |
| 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 ORAL TABLET 40 MG | 5 | PA New Starts; LA |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | 5 | PA New Starts |
| 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 ORAL CAPSULE 50 MG, 75 MG | 5 | PA New Starts |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG | 5 | PA New Starts |
| TAGRISSE ORAL TABLET 40 MG, 80 MG | 5 | PA New Starts; LA |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG | 5 | PA New Starts; LA; QL (30 EA per 30 days) |
| TALZENNA ORAL CAPSULE 1 MG | 5 | PA New Starts; LA |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | 5 | PA New Starts |
| TAZVERIK ORAL TABLET 200 MG | 5 | PA New Starts; LA; QL (240 EA per 30 days) |
| TEPMETKO ORAL TABLET 225 MG | 5 | PA New Starts |
| TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG | 5 | PA New Starts; QL (21 EA per 28 days) |
| TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG | 5 | PA New Starts; QL (42 EA per 28 days) |
| TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG | 5 | PA New Starts; QL (42 EA per 28 days) |
| TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG | 5 | PA New Starts; QL (63 EA per 28 days) |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | 5 | PA New Starts; LA |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 5 | PA New Starts; LA |
| 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 ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | 5 | PA New Starts; LA; QL (42 EA per 30 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 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) |

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

| Drug Name | Tier | Requirements/Limits |
|--|------|---|
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA New Starts; LA |
| 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 |
| VONJO ORAL CAPSULE 100 MG | 5 | PA New Starts; QL (120 EA per 30 days) |
| VOTRIENT ORAL TABLET 200 MG | 5 | PA New Starts |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA New Starts; LA |
| XOSPATA ORAL TABLET 40 MG | 5 | PA New Starts; LA |
| ZEJULA ORAL CAPSULE 100 MG | 5 | PA New Starts; LA |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 5 | PA New Starts; LA; QL (30 EA per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA New Starts |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA New Starts |
| ZYKADIA ORAL TABLET 150 MG | 5 | PA New Starts |
| Retinoids | | |
| <i>bexarotene external gel 1 %</i> | 5 | PA New Starts |
| <i>bexarotene oral capsule 75 mg</i> | 5 | |
| <i>tretinoin oral capsule 10 mg</i> | 5 | |
| Treatment Adjuncts | | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | 2 | |
| MESNEX ORAL TABLET 400 MG | 3 | |
| VISTOGARD ORAL PACKET 10 GM | 5 | LA |
| Antiparasitics | | |
| Anthelmintics | | |
| <i>albendazole oral tablet 200 mg</i> | 4 | |
| EMVERM ORAL TABLET CHEWABLE 100 MG | 4 | |
| <i>ivermectin oral tablet 3 mg</i> | 2 | |
| <i>praziquantel oral tablet 600 mg</i> | 2 | |
| Antiprotozoals | | |
| <i>atovaquone oral suspension 750 mg/5ml</i> | 5 | |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i> | 2 | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | 2 | EDS |
| COARTEM ORAL TABLET 20-120 MG | 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 |
|---|-------------|----------------------------|
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i> | 2 | EDS |
| <i>mefloquine hcl oral tablet 250 mg</i> | 2 | EDS |
| <i>nitazoxanide oral tablet 500 mg</i> | 5 | |
| <i>pentamidine isethionate inhalation solution reconstituted 300 mg</i> | 4 | BD |
| <i>pentamidine isethionate injection solution reconstituted 300 mg</i> | 4 | |
| <i>primaquine phosphate oral tablet 26.3 (15 base) mg</i> | 2 | |
| <i>pyrimethamine oral tablet 25 mg</i> | 5 | |
| <i>quinine sulfate oral capsule 324 mg</i> | 2 | |
| Antiparkinson Agents | | |
| Anticholinergics | | |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | EDS |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i> | 2 | EDS |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i> | 2 | EDS |
| Antiparkinson Agents, Other | | |
| <i>amantadine hcl oral capsule 100 mg</i> | 2 | EDS |
| <i>amantadine hcl oral solution 50 mg/5ml</i> | 2 | EDS |
| <i>amantadine hcl oral tablet 100 mg</i> | 2 | EDS |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 2 | EDS |
| <i>entacapone oral tablet 200 mg</i> | 2 | EDS |
| OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG | 4 | PA; EDS |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG | 4 | PA; EDS |
| Dopamine Agonists | | |
| <i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i> | 5 | PA |
| <i>bromocriptine mesylate oral capsule 5 mg</i> | 2 | EDS |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i> | 2 | EDS |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 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 |
|--|-------------|-----------------------------|
| KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25 | 5 | PA |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR | 4 | QL (30 EA per 30 days); EDS |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> | 3 | QL (30 EA per 30 days); EDS |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | 2 | EDS |
| <i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> | 2 | EDS |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 2 | EDS |
| Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors | | |
| <i>carbidopa oral tablet 25 mg</i> | 4 | EDS |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | 2 | EDS |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | 2 | EDS |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i> | 2 | EDS |
| INBRIJA INHALATION CAPSULE 42 MG | 5 | PA; LA |
| Monoamine Oxidase B (Mao-B) Inhibitors | | |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i> | 2 | EDS |
| <i>selegiline hcl oral capsule 5 mg</i> | 2 | EDS |
| <i>selegiline hcl oral tablet 5 mg</i> | 2 | EDS |
| ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG | 5 | |
| Antipsychotics | | |
| 1St Generation/Typical | | |
| <i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i> | 4 | EDS |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | 2 | EDS |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | 2 | BD |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | 2 | BD |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</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>fluphenazine hcl oral elixir 2.5 mg/5ml</i> | 2 | EDS |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | 2 | EDS |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> | 2 | BD |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | 2 | BD |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | 2 | EDS |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | 2 | EDS |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | EDS |
| <i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i> | 4 | EDS |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | 2 | EDS |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | 2 | EDS |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | EDS |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | EDS |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | EDS |
| 2Nd Generation/Atypical | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML | 5 | BD |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG | 5 | BD |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | 5 | BD |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET 10 MG, 30 MG | 5 | PA New Starts; QL (30 EA per 30 days) |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 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 THERAPY PACK 2 MG | 5 | PA New Starts; QL (60 EA per 30 days) |
| ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 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) |

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

| Drug Name | Tier | Requirements/Limits |
|--|------|---------------------------------------|
| ABILIFY MYCITE STARTER KIT ORAL TABLET 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) |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 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 THERAPY PACK 2 MG | 5 | PA New Starts; QL (60 EA per 30 days) |
| <i>aripiprazole oral solution 1 mg/ml</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 10 mg, 15 mg</i> | 4 | QL (60 EA per 30 days); EDS |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML | 5 | BD |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML | 5 | BD |
| <i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i> | 4 | EDS |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG | 5 | PA New Starts; QL (30 EA per 30 days) |
| CAPLYTA ORAL CAPSULE 42 MG | 5 | PA New Starts |
| 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 ORAL TABLET 1 & 2 & 4 & 6 MG | 4 | QL (8 EA per 28 days) |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML | 5 | PA New Starts |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML | 5 | BD |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 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 |
|---|------|---|
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML | 5 | PA New Starts |
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 2 | EDS |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG | 5 | PA New Starts |
| NUPLAZID ORAL CAPSULE 34 MG | 5 | PA New Starts; LA |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA New Starts; LA; QL (30 EA per 30 days) |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i> | 2 | BD |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | 2 | EDS |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i> | 2 | EDS |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i> | 2 | EDS |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG | 5 | BD |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | 2 | EDS |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</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 1 mg/ml</i> | 2 | EDS |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</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 |

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

| Drug Name | Tier | Requirements/Limits |
|--|------|---------------------------------------|
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG | 4 | BD; EDS |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG | 5 | BD |
| 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 | |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML | 5 | BD |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 5 | PA New Starts; QL (30 EA per 30 days) |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG | 4 | PA New Starts |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> | 2 | EDS |
| <i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i> | 4 | BD |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | 4 | BD |
| Treatment-Resistant | | |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | 2 | |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | 4 | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 4 | |
| Antispasticity Agents | | |
| Antispasticity Agents | | |
| <i>baclofen oral tablet 10 mg, 20 mg</i> | 2 | EDS |
| <i>baclofen oral tablet 5 mg</i> | 4 | EDS |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i> | 2 | EDS |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i> | 2 | EDS |
| Antivirals | | |
| Anti-Cytomegalovirus (Cmv) Agents | | |
| LIVTENCITY ORAL TABLET 200 MG | 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 |
|--|------|--|
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 5 | PA |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i> | 5 | |
| <i>valganciclovir hcl oral tablet 450 mg</i> | 2 | |
| Anti-Hepatitis B (Hbv) Agents | | |
| <i>adefovir dipivoxil oral tablet 10 mg</i> | 5 | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 5 | |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | 2 | EDS |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML | 3 | EDS |
| <i>lamivudine oral solution 10 mg/ml</i> | 2 | EDS |
| <i>lamivudine oral tablet 100 mg</i> | 2 | EDS |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | 2 | EDS |
| VEMLIDY ORAL TABLET 25 MG | 5 | PA; Prior authorization not required for gastroenterologists or infectious diseases specialists. |
| VIREAD ORAL POWDER 40 MG/GM | 5 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | |
| Anti-Hepatitis C (Hcv) Agents | | |
| EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG | 5 | PA |
| EPCLUSA ORAL TABLET 200-50 MG | 5 | PA; QL (30 EA per 30 days) |
| EPCLUSA ORAL TABLET 400-100 MG | 5 | PA |
| HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG | 5 | PA |
| HARVONI ORAL TABLET 45-200 MG | 5 | PA; QL (30 EA per 30 days) |
| HARVONI ORAL TABLET 90-400 MG | 5 | PA |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> | 5 | PA |
| MAVYRET ORAL PACKET 50-20 MG | 5 | PA |
| MAVYRET ORAL TABLET 100-40 MG | 5 | PA |
| <i>ribavirin oral capsule 200 mg</i> | 2 | |
| <i>ribavirin oral tablet 200 mg</i> | 2 | |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> | 5 | PA |
| SOVALDI ORAL PACKET 150 MG, 200 MG | 5 | PA |
| SOVALDI ORAL TABLET 200 MG | 5 | PA; QL (30 EA per 30 days) |
| SOVALDI ORAL TABLET 400 MG | 5 | PA |
| VOSEVI ORAL TABLET 400-100-100 MG | 5 | PA |
| Antiherpetic Agents | | |
| <i>acyclovir oral capsule 200 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>acyclovir oral suspension 200 mg/5ml</i> | 2 | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | 2 | |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | 2 | BD |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | 2 | |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i> | 2 | |
| Anti-Hiv Agents, Integrase Inhibitors (Insti) | | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 5 | |
| DOVATO ORAL TABLET 50-300 MG | 5 | |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 5 | |
| ISENTRESS HD ORAL TABLET 600 MG | 5 | |
| ISENTRESS ORAL PACKET 100 MG | 5 | |
| ISENTRESS ORAL TABLET 400 MG | 5 | |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | 5 | |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | 3 | EDS |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 5 | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 5 | |
| TIVICAY ORAL TABLET 10 MG | 3 | EDS |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 5 | |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG | 3 | EDS |
| VOCABRIA ORAL TABLET 30 MG | 5 | LA |
| Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti) | | |
| COMPLERA ORAL TABLET 200-25-300 MG | 5 | |
| EDURANT ORAL TABLET 25 MG | 5 | |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | 2 | EDS |
| <i>efavirenz oral tablet 600 mg</i> | 2 | EDS |
| <i>etravirine oral tablet 100 mg, 200 mg</i> | 5 | |
| INTELENCE ORAL TABLET 25 MG | 3 | EDS |
| <i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i> | 2 | EDS |
| <i>nevirapine oral suspension 50 mg/5ml</i> | 2 | EDS |
| <i>nevirapine oral tablet 200 mg</i> | 2 | EDS |
| PIFELTRO ORAL TABLET 100 MG | 5 | |
| Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti) | | |
| <i>abacavir sulfate oral solution 20 mg/ml</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>abacavir sulfate oral tablet 300 mg</i> | 2 | EDS |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i> | 2 | EDS |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> | 5 | |
| CIMDUO ORAL TABLET 300-300 MG | 5 | |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 5 | |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | 5 | |
| <i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i> | 2 | EDS |
| <i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i> | 5 | |
| <i>emtricitabine oral capsule 200 mg</i> | 2 | EDS |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> | 2 | EDS |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 3 | EDS |
| JULUCA ORAL TABLET 50-25 MG | 5 | |
| <i>lamivudine oral solution 10 mg/ml</i> | 2 | EDS |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> | 2 | EDS |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | 2 | EDS |
| ODEFSEY ORAL TABLET 200-25-25 MG | 5 | |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | 2 | EDS |
| TEMIXYS ORAL TABLET 300-300 MG | 5 | |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | 2 | EDS |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 5 | |
| VIREAD ORAL POWDER 40 MG/GM | 5 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | |
| <i>zidovudine oral capsule 100 mg</i> | 2 | EDS |
| <i>zidovudine oral syrup 50 mg/5ml</i> | 2 | EDS |
| <i>zidovudine oral tablet 300 mg</i> | 2 | EDS |
| Anti-Hiv Agents, Other | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG | 5 | |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> | 5 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | 5 | |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 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 |
|--|------|---------------------|
| SELZENTRY ORAL TABLET 25 MG | 3 | EDS |
| SELZENTRY ORAL TABLET 75 MG | 5 | |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG | 5 | |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG | 5 | |
| TYBOST ORAL TABLET 150 MG | 3 | EDS |
| Anti-Hiv Agents, Protease Inhibitors (Pi) | | |
| APTIVUS ORAL CAPSULE 250 MG | 3 | EDS |
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i> | 2 | EDS |
| <i>darunavir oral tablet 600 mg</i> | 4 | EDS |
| <i>darunavir oral tablet 800 mg</i> | 5 | |
| EVOTAZ ORAL TABLET 300-150 MG | 5 | |
| <i>fosamprenavir calcium oral tablet 700 mg</i> | 2 | EDS |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 3 | EDS |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i> | 4 | EDS |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i> | 2 | EDS |
| NORVIR ORAL PACKET 100 MG | 3 | EDS |
| NORVIR ORAL SOLUTION 80 MG/ML | 3 | EDS |
| PREZCOBIX ORAL TABLET 800-150 MG | 5 | |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 5 | |
| PREZISTA ORAL TABLET 150 MG | 5 | |
| PREZISTA ORAL TABLET 75 MG | 3 | EDS |
| REYATAZ ORAL PACKET 50 MG | 5 | |
| <i>ritonavir oral tablet 100 mg</i> | 2 | EDS |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 5 | |
| Anti-Influenza Agents | | |
| <i>amantadine hcl oral capsule 100 mg</i> | 2 | EDS |
| <i>amantadine hcl oral solution 50 mg/5ml</i> | 2 | EDS |
| <i>amantadine hcl oral tablet 100 mg</i> | 2 | EDS |
| <i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i> | 2 | |
| <i>oseltamivir phosphate oral suspension reconstituted 6 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 |
|--|-------------|---|
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 4 | |
| <i>rimantadine hcl oral tablet 100 mg</i> | 2 | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 3 | |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 3 | |
| Anxiolytics | | |
| Anxiolytics, Other | | |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | 2 | EDS |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 2 | PA; PA not required if under 65 years of age. |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | PA; PA not required if under 65 years of age. |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | 2 | |
| Benzodiazepines | | |
| <i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i> | 2 | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 2 | |
| <i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 3 | |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | 2 | |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | EDS |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 2 | EDS |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | 3 | |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> | 2 | |
| <i>diazepam oral solution 5 mg/5ml</i> | 2 | |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | 2 | |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> | 2 | |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 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 |
|---|------|---------------------|
| Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors) | | |
| <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> | 3 | EDS |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i> | 2 | EDS |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | EDS |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> | 2 | EDS |
| <i>paroxetine hcl oral suspension 10 mg/5ml</i> | 4 | EDS |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> | 1 | EDS |
| <i>sertraline hcl oral concentrate 20 mg/ml</i> | 2 | EDS |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | EDS |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i> | 2 | EDS |
| Bipolar Agents | | |
| Bipolar Agents, Other | | |
| <i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i> | 4 | EDS |
| <i>lamotrigine oral tablet 25 mg</i> | 2 | EDS |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 5 | PA New Starts |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i> | 2 | BD |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | 2 | EDS |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i> | 2 | EDS |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | 2 | EDS |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | 2 | EDS |
| <i>risperidone oral solution 1 mg/ml</i> | 2 | EDS |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 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>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 |
| Mood Stabilizers | | |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> | 2 | EDS |
| <i>carbamazepine oral suspension 100 mg/5ml</i> | 2 | EDS |
| <i>carbamazepine oral tablet 200 mg</i> | 2 | EDS |
| <i>carbamazepine oral tablet chewable 100 mg</i> | 2 | EDS |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i> | 2 | EDS |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i> | 2 | EDS |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i> | 2 | EDS |
| <i>lamotrigine oral kit 25 & 50 & 100 mg</i> | 2 | |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i> | 2 | EDS |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i> | 2 | EDS |
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i> | 4 | EDS |
| <i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i> | 2 | |
| <i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i> | 2 | |
| <i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i> | 2 | |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i> | 2 | EDS |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | 2 | EDS |
| <i>lithium carbonate oral tablet 300 mg</i> | 2 | EDS |
| <i>lithium oral solution 8 meq/5ml</i> | 2 | EDS |
| Blood Glucose Regulators | | |
| Antidiabetic Agents | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | EDS |
| <i>colesevelam hcl oral packet 3.75 gm</i> | 4 | EDS |
| <i>colesevelam hcl oral tablet 625 mg</i> | 4 | EDS |
| CYCLOSET ORAL TABLET 0.8 MG | 4 | EDS |
| FARXIGA ORAL TABLET 10 MG, 5 MG | 2 | EDS |

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

| Drug Name | Tier | Requirements/Limits |
|---|-------------|---|
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | 1 | EDS |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | 1 | EDS |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | 1 | EDS |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | 1 | EDS |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 2 | EDS |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 2 | EDS |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG | 2 | EDS |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG | 2 | EDS |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i> | 1 | EDS |
| <i>metformin hcl oral solution 500 mg/5ml</i> | 4 | EDS |
| <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i> | 1 | EDS |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | EDS |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 2 | EDS |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML | 2 | |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | 2 | EDS |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML | 2 | EDS |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 2 | EDS |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML | 2 | EDS |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i> | 2 | PA; EDS |
| <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 | 2 | EDS |
| RYBELSUS ORAL TABLET 3 MG, 7 MG | 2 | QL (30 EA per 30 days); EDS |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML | 4 | PA; Prior authorization not required for endocrinologists.; 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 |
|--|-------------|---|
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML | 4 | PA; Prior authorization not required for endocrinologists.; EDS |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG | 2 | EDS |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG | 2 | EDS |
| TRADJENTA ORAL TABLET 5 MG | 2 | EDS |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG | 3 | EDS |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | 2 | EDS |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML | 2 | EDS |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG | 2 | EDS |
| Blood Glucose Regulators | | |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML | 2 | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML | 2 | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML | 2 | |
| Glycemic Agents | | |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE | 2 | |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE | 2 | |
| <i>diazoxide oral suspension 50 mg/ml</i> | 5 | |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG | 3 | |
| <i>glucagon emergency injection kit 1 mg</i> | 2 | |
| <i>glucagon emergency injection solution reconstituted 1 mg/ml</i> | 2 | |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML | 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 |
|--|------|-----------------------------------|
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML | 2 | |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML | 2 | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML | 2 | |
| KORLYM ORAL TABLET 300 MG | 5 | PA New Starts; LA |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML | 2 | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML | 2 | |
| Insulins | | |
| <i>insulin syringe 28-gauge</i> | 2 | |
| <i>insulin syringe 29-gauge</i> | 2 | |
| <i>gauze pad (sterile) 2"x2"</i> | 2 | |
| <i>pen needle</i> | 2 | |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |

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

| Drug Name | Tier | Requirements/Limits |
|--|-------------|-----------------------------------|
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| <i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i> | 3 | Senior Savings Model insulin; EDS |
| <i>insulin lispro injection solution 100 unit/ml</i> | 3 | Senior Savings Model insulin; EDS |
| <i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i> | 3 | Senior Savings Model insulin; EDS |
| <i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i> | 3 | Senior Savings Model insulin; EDS |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| LYUMJEV INJECTION SOLUTION 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT | 3 | QL (1 EA per 730 days) |
| OMNIPOD 5 G6 POD (GEN 5) | 3 | QL (15 EA per 30 days); EDS |
| OMNIPOD CLASSIC PDM (GEN 3) KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) | 3 | QL (15 EA per 30 days); EDS |
| OMNIPOD DASH INTRO (GEN 4) KIT | 3 | QL (1 EA per 730 days) |
| OMNIPOD DASH PODS (GEN 4) | 3 | QL (15 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 |
|--|------|-----------------------------------|
| OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR | 3 | QL (15 EA per 30 days); EDS |
| <i>insulin syringe 30-gauge</i> | 2 | |
| <i>insulin syringe 31-gauge</i> | 2 | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | 3 | Senior Savings Model insulin; EDS |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | Senior Savings Model insulin; EDS |
| V-GO 20 KIT 20 UNIT/24HR | 3 | EDS |
| V-GO 30 KIT 30 UNIT/24HR | 3 | EDS |
| V-GO 40 KIT 40 UNIT/24HR | 3 | EDS |
| Blood Products And Modifiers | | |
| Anticoagulants | | |
| <i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i> | 2 | EDS |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | 3 | EDS |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 3 | EDS |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i> | 2 | |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</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 | |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> | 2 | |
| <i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</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>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1 | EDS |
| PRADAXA ORAL CAPSULE 110 MG | 3 | EDS |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1 | EDS |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML | 3 | EDS |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG | 3 | EDS |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | 3 | |
| Blood Products And Modifiers, Other | | |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i> | 2 | EDS |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 3 | PA |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML | 3 | PA |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 4 | PA |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG | 5 | PA |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML | 5 | PA |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | 5 | PA |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 5 | PA |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | 5 | PA |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 5 | PA |
| OXBRYTA ORAL TABLET 300 MG, 500 MG | 5 | PA; LA |
| OXBRYTA ORAL TABLET SOLUBLE 300 MG | 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 |
|---|------|--------------------------------|
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 4 | PA |
| PROMACTA ORAL PACKET 12.5 MG, 25 MG | 5 | PA |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | 5 | PA; QL (30 EA per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 5 | PA; QL (60 EA per 30 days) |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG | 5 | PA; LA; QL (56 EA per 28 days) |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG | 5 | PA; LA; QL (7 EA per 7 days) |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG | 5 | PA; LA; QL (14 EA per 14 days) |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 3 | PA |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML | 5 | PA |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 5 | |
| Hemostasis Agents | | |
| <i>tranexamic acid oral tablet 650 mg</i> | 2 | |
| Platelet Modifying Agents | | |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i> | 4 | EDS |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 3 | EDS |
| CABLIVI INJECTION KIT 11 MG | 5 | PA; LA |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 4 | PA; EDS |
| <i>clopidogrel bisulfate oral tablet 300 mg</i> | 2 | |
| <i>clopidogrel bisulfate oral tablet 75 mg</i> | 1 | EDS |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | 2 | EDS |
| DOPTELET ORAL TABLET 20 MG | 5 | PA; LA |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> | 2 | EDS |
| TAVALISSE ORAL TABLET 100 MG | 5 | PA; LA; QL (60 EA per 30 days) |
| TAVALISSE ORAL TABLET 150 MG | 5 | PA; LA |
| ZONTIVITY ORAL TABLET 2.08 MG | 4 | PA New Starts; EDS |

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

| Drug Name | Tier | Requirements/Limits |
|--|------|----------------------------|
| Cardiovascular Agents | | |
| Alpha-Adrenergic Agonists | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</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>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> | 5 | PA |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i> | 2 | EDS |
| <i>methyl dopa oral tablet 250 mg, 500 mg</i> | 2 | EDS |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| Alpha-Adrenergic Blocking Agents | | |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | 2 | EDS |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i> | 2 | EDS |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | EDS |
| Angiotensin II Receptor Antagonists | | |
| <i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | 2 | EDS |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | 1 | EDS |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | EDS |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i> | 1 | EDS |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> | 1 | EDS |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> | 1 | EDS |
| Angiotensin-Converting Enzyme (Ace) Inhibitors | | |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 1 | EDS |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | 4 | EDS |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | 1 | EDS |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | EDS |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | 1 | EDS |

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

| Drug Name | Tier | Requirements/Limits |
|--|-------------|--|
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i> | 2 | EDS |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | 2 | EDS |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 1 | EDS |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | 1 | EDS |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | 1 | EDS |
| Antiarrhythmics | | |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i> | 2 | EDS |
| <i>digitek oral tablet 125 mcg</i> | 2 | QL (30 EA per 30 days); EDS |
| <i>digitek oral tablet 250 mcg</i> | 2 | PA; Prior authorization not required for cardiologists.; 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; Prior authorization not required for cardiologists.; EDS |
| <i>digoxin oral solution 0.05 mg/ml</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; Prior authorization not required for cardiologists.; EDS |
| <i>digoxin oral tablet 62.5 mcg</i> | 4 | QL (30 EA per 30 days); EDS |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> | 2 | EDS |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> | 2 | EDS |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i> | 2 | EDS |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i> | 2 | EDS |
| MULTAQ ORAL TABLET 400 MG | 4 | PA; QL (60 EA per 30 days); EDS |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG | 4 | EDS |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> | 2 | EDS |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i> | 2 | EDS |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 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>quinidine gluconate er oral tablet extended release 324 mg</i> | 2 | EDS |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | 2 | EDS |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | 2 | EDS |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i> | 2 | EDS |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | 2 | EDS |
| SOTYLIZE ORAL SOLUTION 5 MG/ML | 4 | EDS |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i> | 2 | EDS |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | EDS |
| <i>betaxolol hcl oral tablet 10 mg, 20 mg</i> | 2 | EDS |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 1 | EDS |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | 1 | EDS |
| <i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i> | 2 | QL (30 EA per 30 days); EDS |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i> | 2 | EDS |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | EDS |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 2 | EDS |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | 2 | EDS |
| <i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | 2 | EDS |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | 2 | EDS |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i> | 2 | EDS |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i> | 2 | EDS |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 1 | EDS |
| Calcium Channel Blocking Agents, Dihydropyridines | | |
| <i>afeditab cr oral tablet extended release 24 hour 30 mg, 60 mg</i> | 2 | EDS |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | EDS |

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

| Drug Name | Tier | Requirements/Limits |
|--|-------------|----------------------------|
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | 2 | EDS |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | 4 | EDS |
| <i>nicardipine hcl oral capsule 20 mg, 30 mg</i> | 2 | EDS |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | 2 | EDS |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | 2 | EDS |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | 2 | EDS |
| <i>nimodipine oral capsule 30 mg</i> | 4 | EDS |
| NYMALIZE ORAL SOLUTION 6 MG/ML | 4 | |
| Calcium Channel Blocking Agents, Nondihydropyridines | | |
| <i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | 2 | EDS |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 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, 360 mg</i> | 2 | EDS |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i> | 2 | EDS |
| <i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2 | EDS |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | 2 | EDS |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | 2 | EDS |
| <i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2 | EDS |
| <i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | 2 | EDS |
| <i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2 | EDS |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 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>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i> | 2 | EDS |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i> | 2 | EDS |
| Cardiovascular Agents, Other | | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 2 | EDS |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i> | 4 | ST; EDS |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | 1 | EDS |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | 1 | EDS |
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | 2 | EDS |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | 2 | EDS |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> | 2 | EDS |
| <i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | 2 | EDS |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | 1 | EDS |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | 1 | EDS |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | 1 | EDS |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | 2 | EDS |
| CORLANOR ORAL SOLUTION 5 MG/5ML | 4 | PA; Prior authorization not required for cardiologists.; EDS |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | 4 | PA; Prior authorization not required for cardiologists.; EDS |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | 1 | EDS |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | 2 | EDS |

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

| Drug Name | Tier | Requirements/Limits |
|--|-------------|---|
| FILSPARI ORAL TABLET 200 MG, 400 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i> | 1 | EDS |
| <i>hydrochlorothiazide oral tablet 25 mg</i> | 1 | EDS |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | 1 | EDS |
| <i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i> | 4 | EDS |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 1 | EDS |
| LODOCO ORAL TABLET 0.5 MG | 4 | PA; QL (30 EA per 30 days); EDS |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | 1 | EDS |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | 2 | EDS |
| <i>metyrosine oral capsule 250 mg</i> | 5 | |
| NEXLETOL ORAL TABLET 180 MG | 4 | PA New Starts; EDS |
| NEXLIZET ORAL TABLET 180-10 MG | 4 | PA New Starts; EDS |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> | 1 | EDS |
| <i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | 2 | EDS |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | 5 | PA New Starts; LA; QL (30 EA per 30 days) |
| <i>pentoxifylline er oral tablet extended release 400 mg</i> | 2 | EDS |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 1 | EDS |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i> | 2 | EDS |
| <i>spironolactone-hctz oral tablet 25-25 mg</i> | 1 | EDS |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | 4 | ST; EDS |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> | 2 | EDS |
| <i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 2 | EDS |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | 1 | EDS |

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

| Drug Name | Tier | Requirements/Limits |
|---|------|---------------------------------|
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i> | 1 | EDS |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | 1 | 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 |
| Diuretics, Loop | | |
| <i>bumetanide injection solution 0.25 mg/ml</i> | 2 | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | EDS |
| <i>ethacrynic acid oral tablet 25 mg</i> | 4 | EDS |
| <i>furosemide injection solution 10 mg/ml</i> | 2 | |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i> | 2 | EDS |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | 1 | EDS |
| <i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | 1 | EDS |
| Diuretics, Potassium-Sparing | | |
| <i>amiloride hcl oral tablet 5 mg</i> | 1 | EDS |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> | 1 | EDS |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 4 | PA; QL (30 EA per 30 days); EDS |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | EDS |
| Diuretics, Thiazide | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 1 | EDS |
| DIURIL ORAL SUSPENSION 250 MG/5ML | 3 | EDS |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | 1 | EDS |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | EDS |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | 1 | EDS |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | EDS |
| Dyslipidemics, Fibric Acid Derivatives | | |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</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 135 mg, 45 mg</i> | 2 | EDS |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> | 2 | EDS |
| <i>gemfibrozil oral tablet 600 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 |
|--|------|-----------------------------|
| Dyslipidemics, Hmg Coa Reductase Inhibitors | | |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | 1 | EDS |
| <i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i> | 2 | EDS |
| <i>fluvastatin sodium oral capsule 20 mg, 40 mg</i> | 2 | EDS |
| LIVALO ORAL TABLET 1 MG, 2 MG | 4 | QL (45 EA per 30 days); EDS |
| LIVALO ORAL TABLET 4 MG | 4 | EDS |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | EDS |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | 1 | EDS |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</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 |
| Dyslipidemics, Other | | |
| <i>cholestyramine light oral packet 4 gm</i> | 2 | EDS |
| <i>cholestyramine light oral powder 4 gm/dose</i> | 2 | EDS |
| <i>cholestyramine oral packet 4 gm</i> | 2 | EDS |
| <i>cholestyramine oral powder 4 gm/dose</i> | 2 | EDS |
| <i>colesevelam hcl oral packet 3.75 gm</i> | 4 | EDS |
| <i>colesevelam hcl oral tablet 625 mg</i> | 4 | EDS |
| <i>colestipol hcl oral granules 5 gm</i> | 2 | EDS |
| <i>colestipol hcl oral packet 5 gm</i> | 2 | EDS |
| <i>colestipol hcl oral tablet 1 gm</i> | 2 | EDS |
| <i>ezetimibe oral tablet 10 mg</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>icosapent ethyl oral capsule 0.5 gm, 1 gm</i> | 2 | EDS |
| JUXTAPID ORAL CAPSULE 10 MG, 5 MG | 5 | PA; QL (30 EA per 30 days) |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | 5 | PA; QL (60 EA per 30 days) |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i> | 3 | EDS |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i> | 4 | EDS |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML | 4 | PA New Starts; EDS |

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

| Drug Name | Tier | Requirements/Limits |
|--|------|---------------------|
| <i>prevalite oral packet 4 gm</i> | 2 | EDS |
| <i>prevalite oral powder 4 gm/dose</i> | 2 | EDS |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML | 4 | PA New Starts; EDS |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | 4 | PA New Starts; EDS |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 4 | PA New Starts; EDS |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM | 3 | EDS |
| Vasodilators, Direct-Acting Arterial | | |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | EDS |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | 4 | PA; EDS |
| Vasodilators, Direct-Acting Arterial/ Venous | | |
| <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 er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | 2 | EDS |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | 2 | EDS |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | 4 | EDS |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i> | 2 | EDS |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | 2 | EDS |
| <i>nitroglycerin translingual solution 0.4 mg/spray</i> | 2 | EDS |
| RECTIV RECTAL OINTMENT 0.4 % | 4 | |
| Central Nervous System Agents | | |
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines | | |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | 2 | EDS |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | 2 | EDS |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i> | 2 | EDS |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 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>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> | 4 | QL (30 EA per 30 days); EDS |
| <i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 4 | QL (30 EA per 30 days); EDS |
| <i>methamphetamine hcl oral tablet 5 mg</i> | 4 | PA; QL (150 EA per 30 days); EDS |
| VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | 4 | QL (30 EA per 30 days); EDS |
| Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines | | |
| <i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> | 2 | EDS |
| <i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i> | 4 | EDS |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | 2 | EDS |
| <i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | EDS |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i> | 2 | EDS |
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 3 | EDS |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i> | 3 | EDS |
| <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i> | 2 | EDS |
| <i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i> | 4 | EDS |
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i> | 2 | EDS |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i> | 2 | EDS |
| <i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i> | 2 | EDS |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | 2 | EDS |
| <i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 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 |
|---|------|---|
| 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 25 MG/5ML | 4 | EDS |
| Central Nervous System, Other | | |
| AUSTEDO ORAL TABLET 12 MG | 5 | PA; LA |
| AUSTEDO ORAL TABLET 6 MG, 9 MG | 5 | PA; LA; QL (60 EA per 30 days) |
| AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG | 5 | PA; LA; QL (70 EA per 28 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG | 5 | PA; QL (30 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG | 5 | PA |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG | 5 | PA; QL (90 EA per 30 days) |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG | 5 | PA |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML | 5 | PA; LA |
| EXSERVAN ORAL FILM 50 MG | 5 | ST; QL (60 EA per 30 days) |
| FIRDAPSE ORAL TABLET 10 MG | 5 | PA; LA |
| GRALISE ORAL 300 (9) & 600(24) MG | 4 | |
| GRALISE ORAL TABLET 300 MG | 4 | QL (30 EA per 30 days); EDS |
| GRALISE ORAL TABLET 450 MG | 4 | QL (90 EA per 30 days); EDS |
| GRALISE ORAL TABLET 600 MG, 750 MG, 900 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 40 & 80 MG | 5 | PA; LA |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 5 | PA; QL (60 EA per 30 days) |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML | 5 | PA New Starts; LA; QL (50 ML per 28 days) |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML | 5 | PA New Starts; LA; QL (70 ML per 28 days) |
| RELYVRIO ORAL PACKET 3-1 GM | 5 | PA New Starts; LA |
| <i>riluzole oral tablet 50 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 |
|--|-------------|---------------------------------|
| SKYCLARYS ORAL CAPSULE 50 MG | 5 | PA; LA |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> | 5 | PA; LA |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML | 5 | |
| WAKIX ORAL TABLET 17.8 MG | 5 | PA; LA |
| WAKIX ORAL TABLET 4.45 MG | 5 | PA; LA; QL (90 EA per 30 days) |
| Fibromyalgia Agents | | |
| <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> | 3 | EDS |
| <i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i> | 4 | ST; QL (30 EA per 30 days); EDS |
| <i>pregabalin er oral tablet extended release 24 hour 330 mg</i> | 4 | ST; QL (60 EA per 30 days); EDS |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | 2 | EDS |
| <i>pregabalin oral solution 20 mg/ml</i> | 2 | EDS |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 3 | EDS |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG | 3 | |
| Multiple Sclerosis Agents | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML | 5 | |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | 5 | |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG | 5 | PA |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i> | 2 | PA; 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 oral capsule delayed release therapy pack 120 & 240 mg</i> | 5 | |
| <i>fingolimod hcl oral capsule 0.5 mg</i> | 5 | |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i> | 3 | EDS |

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

| Drug Name | Tier | Requirements/Limits |
|---|-------------|----------------------------|
| <i>glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i> | 3 | EDS |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML | 5 | |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA |
| MAYZENT ORAL TABLET 0.25 MG | 5 | QL (120 EA per 30 days) |
| MAYZENT ORAL TABLET 1 MG | 5 | QL (30 EA per 30 days) |
| MAYZENT ORAL TABLET 2 MG | 5 | |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | 5 | |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG | 4 | |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | 5 | |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML | 5 | |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML | 5 | |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML | 5 | |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | 5 | |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML | 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 |
|---|------|---------------------|
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG | 5 | |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML | 5 | |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG | 5 | |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> | 2 | EDS |
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG | 5 | PA |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG | 5 | PA; LA |
| ZEPOSIA ORAL CAPSULE 0.92 MG | 5 | PA; LA |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG, 0.23MG &0.46MG 0.92MG(21) | 5 | PA; LA |
| Dental And Oral Agents | | |
| Dental And Oral Agents | | |
| <i>cevimeline hcl oral capsule 30 mg</i> | 2 | EDS |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i> | 2 | |
| <i>periogard mouth/throat solution 0.12 %</i> | 2 | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> | 2 | EDS |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i> | 2 | |
| Dermatological Agents | | |
| Acne And Rosacea Agents | | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | 4 | |
| <i>adapalene external cream 0.1 %</i> | 4 | |
| <i>adapalene external gel 0.3 %</i> | 4 | |
| <i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i> | 2 | |
| <i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i> | 2 | |
| <i>azelaic acid external gel 15 %</i> | 2 | |
| AZELEX EXTERNAL CREAM 20 % | 4 | |
| <i>brimonidine tartrate external gel 0.33 %</i> | 4 | |
| <i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 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>clindamycin phos-benzoyl perox external gel 1-5 %</i> , 1.2-5 % | 2 | |
| DUOBRII EXTERNAL LOTION 0.01-0.045 % | 5 | PA |
| EPSOLAY EXTERNAL CREAM 5 % | 4 | ST |
| FINACEA EXTERNAL FOAM 15 % | 4 | ST |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| <i>ivermectin external cream 1 %</i> | 3 | |
| <i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| <i>tazarotene external cream 0.1 %</i> | 2 | PA; Prior authorization not required for dermatologists. |
| <i>tazarotene external gel 0.05 %</i> , 0.1 % | 4 | PA; Prior authorization not required for dermatologists. |
| TAZORAC EXTERNAL CREAM 0.05 % | 4 | PA; Prior authorization not required for dermatologists. |
| <i>tretinoin external cream 0.025 %</i> , 0.05 %, 0.1 % | 2 | |
| <i>tretinoin external gel 0.01 %</i> , 0.025 %, 0.05 % | 2 | |
| <i>tretinoin microsphere external gel 0.04 %</i> , 0.1 % | 4 | |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| Dermatitis And Pruitus Agents | | |
| <i>ala-cort external cream 1 %</i> , 2.5 % | 2 | |
| <i>alclometasone dipropionate external cream 0.05 %</i> | 2 | |
| <i>alclometasone dipropionate external ointment 0.05 %</i> | 2 | |
| <i>amcinonide external cream 0.1 %</i> | 2 | |
| <i>ammonium lactate external cream 12 %</i> | 2 | |
| <i>ammonium lactate external lotion 12 %</i> | 2 | |
| <i>betamethasone dipropionate aug external gel 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate external cream 0.05 %</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>betamethasone dipropionate external lotion 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate external ointment 0.05 %</i> | 2 | |
| <i>betamethasone valerate external cream 0.1 %</i> | 2 | |
| <i>betamethasone valerate external lotion 0.1 %</i> | 2 | |
| <i>betamethasone valerate external ointment 0.1 %</i> | 2 | |
| BRYHALI EXTERNAL LOTION 0.01 % | 4 | |
| <i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i> | 4 | |
| <i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i> | 5 | |
| CAPEX EXTERNAL SHAMPOO 0.01 % | 4 | |
| <i>clobetasol propionate e external cream 0.05 %</i> | 2 | |
| <i>clobetasol propionate external cream 0.05 %</i> | 2 | |
| <i>clobetasol propionate external gel 0.05 %</i> | 2 | |
| <i>clobetasol propionate external liquid 0.05 %</i> | 2 | |
| <i>clobetasol propionate external lotion 0.05 %</i> | 2 | |
| <i>clobetasol propionate external ointment 0.05 %</i> | 2 | |
| <i>clobetasol propionate external shampoo 0.05 %</i> | 2 | |
| <i>clobetasol propionate external solution 0.05 %</i> | 2 | |
| <i>desonide external cream 0.05 %</i> | 2 | |
| <i>desonide external lotion 0.05 %</i> | 2 | |
| <i>desonide external ointment 0.05 %</i> | 2 | |
| <i>desoximetasone external cream 0.25 %</i> | 2 | |
| <i>desoximetasone external gel 0.05 %</i> | 4 | |
| <i>desoximetasone external liquid 0.25 %</i> | 4 | |
| <i>desoximetasone external ointment 0.25 %</i> | 2 | |
| <i>doxepin hcl external cream 5 %</i> | 4 | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML | 5 | PA |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML | 5 | PA |
| EUCRISA EXTERNAL OINTMENT 2 % | 3 | ST |
| <i>fluocinolone acetonide body external oil 0.01 %</i> | 2 | |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</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>fluocinolone acetonide external ointment 0.025 %</i> | 2 | |
| <i>fluocinolone acetonide external solution 0.01 %</i> | 2 | |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i> | 2 | |
| <i>fluocinonide emulsified base external cream 0.05 %</i> | 2 | |
| <i>fluocinonide external cream 0.05 %, 0.1 %</i> | 2 | |
| <i>fluocinonide external gel 0.05 %</i> | 2 | |
| <i>fluocinonide external ointment 0.05 %</i> | 2 | |
| <i>fluocinonide external solution 0.05 %</i> | 2 | |
| <i>fluticasone propionate external cream 0.05 %</i> | 2 | |
| <i>fluticasone propionate external ointment 0.005 %</i> | 2 | |
| <i>halobetasol propionate external cream 0.05 %</i> | 2 | |
| <i>halobetasol propionate external ointment 0.05 %</i> | 2 | |
| <i>hydrocortisone butyrate external lotion 0.1 %</i> | 2 | |
| <i>hydrocortisone butyrate external ointment 0.1 %</i> | 2 | |
| <i>hydrocortisone butyrate external solution 0.1 %</i> | 2 | |
| <i>hydrocortisone external cream 1 %, 2.5 %</i> | 2 | |
| <i>hydrocortisone external lotion 2.5 %</i> | 2 | |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i> | 2 | |
| <i>hydrocortisone valerate external cream 0.2 %</i> | 2 | |
| <i>hydrocortisone valerate external ointment 0.2 %</i> | 2 | |
| <i>mometasone furoate external cream 0.1 %</i> | 2 | |
| <i>mometasone furoate external ointment 0.1 %</i> | 2 | |
| <i>mometasone furoate external solution 0.1 %</i> | 2 | |
| <i>pimecrolimus external cream 1 %</i> | 4 | |
| <i>prednicarbate external ointment 0.1 %</i> | 2 | |
| <i>selenium sulfide external lotion 2.5 %</i> | 2 | |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i> | 2 | |
| <i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i> | 2 | |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i> | 2 | |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i> | 2 | |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> | 2 | |
| VTAMA EXTERNAL CREAM 1 % | 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 |
|--|------|--|
| ZORYVE EXTERNAL CREAM 0.3 % | 4 | PA; Prior authorization not required for dermatologists. |
| Dermatological Agents, Other | | |
| <i>betamethasone valerate external foam 0.12 %</i> | 2 | |
| <i>calcipotriene external cream 0.005 %</i> | 2 | |
| <i>calcipotriene external ointment 0.005 %</i> | 2 | |
| <i>calcipotriene external solution 0.005 %</i> | 2 | |
| <i>calcitriol external ointment 3 mcg/gm</i> | 4 | |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i> | 2 | |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i> | 2 | |
| CONDYLOX EXTERNAL GEL 0.5 % | 3 | |
| <i>fluorouracil external cream 0.5 %</i> | 5 | |
| <i>fluorouracil external cream 5 %</i> | 2 | |
| <i>fluorouracil external solution 2 %, 5 %</i> | 2 | |
| <i>global alcohol prep ease pad 70 %</i> | 2 | |
| <i>imiquimod external cream 5 %</i> | 2 | |
| <i>methoxsalen rapid oral capsule 10 mg</i> | 2 | |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i> | 2 | |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i> | 2 | |
| OTEZLA ORAL TABLET 30 MG | 5 | PA |
| PANRETIN EXTERNAL GEL 0.1 % | 5 | PA New Starts |
| <i>podofilox external solution 0.5 %</i> | 2 | |
| REGRANEX EXTERNAL GEL 0.01 % | 5 | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | 3 | |
| <i>silver sulfadiazine external cream 1 %</i> | 2 | |
| <i>ssd external cream 1 %</i> | 2 | |
| ZORYVE EXTERNAL CREAM 0.3 % | 4 | PA; Prior authorization not required for dermatologists. |
| Pediculicides/Scabicides | | |
| <i>ivermectin external lotion 0.5 %</i> | 4 | |
| <i>lindane external shampoo 1 %</i> | 2 | |
| <i>malathion external lotion 0.5 %</i> | 2 | |
| <i>permethrin external cream 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 |
|---|------|---------------------|
| Topical Anti-Infectives | | |
| <i>acyclovir external ointment 5 %</i> | 2 | |
| ALTABAX EXTERNAL OINTMENT 1 % | 4 | |
| <i>ciclopirox external gel 0.77 %</i> | 2 | |
| <i>ciclopirox external shampoo 1 %</i> | 2 | |
| <i>ciclopirox external solution 8 %</i> | 2 | |
| <i>clindamycin phosphate external gel 1 %</i> | 2 | |
| <i>clindamycin phosphate external lotion 1 %</i> | 2 | |
| <i>clindamycin phosphate external solution 1 %</i> | 2 | |
| <i>clindamycin phosphate external swab 1 %</i> | 2 | |
| <i>dapsone external gel 5 %, 7.5 %</i> | 4 | |
| <i>mafenide acetate external packet 5 %</i> | 4 | |
| <i>mupirocin calcium external cream 2 %</i> | 4 | |
| <i>mupirocin external ointment 2 %</i> | 2 | |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM | 4 | |
| <i>tavaborole external solution 5 %</i> | 4 | PA |
| Electrolytes/Minerals/Metals/Vitamins | | |
| Electrolyte/ Mineral Replacement | | |
| <i>carglumic acid oral tablet soluble 200 mg</i> | 5 | PA |
| <i>dextrose in lactated ringers intravenous solution 5 %</i> | 2 | |
| <i>dextrose-nacl intravenous solution 5-0.33 %</i> | 2 | |
| <i>dextrose-sodium chloride intravenous solution 5-0.225 %</i> | 2 | |
| IONOSOL-MB IN D5W INTRAVENOUS SOLUTION | 4 | |
| ISOLYTE-S INTRAVENOUS SOLUTION | 4 | |
| <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 intravenous solution 20 meq/l</i> | 2 | |
| <i>klor-con 10 oral tablet extended release 10 meq</i> | 2 | EDS |
| <i>klor-con m10 oral tablet extended release 10 meq</i> | 2 | EDS |
| <i>klor-con m15 oral tablet extended release 15 meq</i> | 2 | EDS |
| <i>klor-con m20 oral tablet extended release 20 meq</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>klor-con oral tablet extended release 8 meq</i> | 2 | EDS |
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ | 4 | EDS |
| K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ | 2 | EDS |
| <i>lactated ringers intravenous solution</i> | 2 | |
| <i>magnesium sulfate injection solution 50 %</i> | 2 | |
| <i>multiple electro type 1 ph 5.5 intravenous solution</i> | 4 | |
| <i>multiple electro type 1 ph 7.4 intravenous solution</i> | 4 | |
| <i>normosol-m in d5w intravenous solution</i> | 2 | |
| <i>normosol-r in d5w intravenous solution</i> | 2 | |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION | 4 | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | 4 | |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i> | 2 | EDS |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i> | 2 | EDS |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i> | 2 | EDS |
| <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 20 meq</i> | 2 | EDS |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i> | 2 | EDS |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i> | 2 | |
| <i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i> | 2 | |
| <i>ringers intravenous solution</i> | 2 | |
| <i>sodium chloride injection solution 2.5 meq/ml</i> | 2 | |
| <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 |

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

| Drug Name | Tier | Requirements/Limits |
|---|------|---------------------|
| Electrolyte/Mineral/Metal Modifiers | | |
| CHEMET ORAL CAPSULE 100 MG | 3 | |
| <i>deferasirox oral tablet 180 mg, 360 mg</i> | 5 | PA |
| <i>deferasirox oral tablet 90 mg</i> | 2 | PA; EDS |
| <i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i> | 5 | PA |
| <i>deferiprone oral tablet 1000 mg, 500 mg</i> | 5 | PA New Starts |
| FERRIPROX ORAL SOLUTION 100 MG/ML | 5 | PA New Starts; LA |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | 5 | PA; LA |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG | 5 | PA; LA |
| <i>klor-con oral packet 20 meq</i> | 2 | EDS |
| <i>penicillamine oral capsule 250 mg</i> | 5 | |
| <i>penicillamine oral tablet 250 mg</i> | 5 | |
| <i>tolvaptan oral tablet 15 mg, 30 mg</i> | 5 | PA |
| <i>trientine hcl oral capsule 250 mg</i> | 5 | |
| Electrolytes/Minerals/Metals/Vitamins | | |
| AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 % | 3 | BD |
| AMINOSYN-PF INTRAVENOUS SOLUTION 10 % | 3 | BD |
| CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 % | 3 | BD |
| CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % | 3 | BD |
| CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % | 3 | BD |
| CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % | 3 | BD |
| CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % | 3 | BD |
| CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 % | 3 | BD |
| CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 % | 3 | BD |
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % | 3 | BD |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % | 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 |
|---|------|---------------------|
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % | 3 | BD |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % | 3 | BD |
| CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 % | 3 | BD |
| CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 % | 3 | BD |
| CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 % | 3 | BD |
| CLINISOL SF INTRAVENOUS SOLUTION 15 % | 3 | BD |
| <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 %, 5-0.45 %, 5-0.9 %</i> | 2 | |
| FREAMINE III INTRAVENOUS SOLUTION 10 % | 3 | BD |
| INTRALIPID INTRAVENOUS EMULSION 20 % | 3 | BD |
| INTRALIPID INTRAVENOUS EMULSION 30 % | 4 | BD |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION | 4 | |
| <i>levocarnitine oral solution 1 gm/10ml</i> | 2 | EDS |
| <i>levocarnitine oral tablet 330 mg</i> | 2 | EDS |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 3 | BD |
| PREMASOL INTRAVENOUS SOLUTION 10 % | 3 | BD |
| PROCALAMINE INTRAVENOUS SOLUTION 3 % | 3 | BD |
| PROSOL INTRAVENOUS SOLUTION 20 % | 3 | BD |
| <i>tpn electrolytes intravenous concentrate</i> | 2 | |
| TRAVASOL INTRAVENOUS SOLUTION 10 % | 3 | BD |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | 3 | BD |
| Phosphate Binders | | |
| AURYXIA ORAL TABLET 1 GM 210 MG(Fe) | 5 | PA |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i> | 2 | EDS |
| <i>calcium acetate oral tablet 667 mg</i> | 2 | EDS |
| <i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i> | 4 | EDS |
| PHOSLYRA ORAL SOLUTION 667 MG/5ML | 4 | EDS |
| <i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i> | 5 | |
| <i>sevelamer carbonate oral tablet 800 mg</i> | 2 | EDS |
| <i>sevelamer hcl oral tablet 400 mg, 800 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 |
|---|------|---------------------------------|
| VELPHORO ORAL TABLET CHEWABLE 500 MG | 5 | |
| Potassium Binders | | |
| LOKELMA ORAL PACKET 10 GM, 5 GM | 3 | EDS |
| <i>sodium polystyrene sulfonate oral powder</i> | 2 | |
| <i>sps oral suspension 15 gm/60ml</i> | 2 | |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM | 3 | QL (30 EA per 30 days); EDS |
| Vitamins | | |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i> | 2 | ENH; QL (4 ML per 28 days) |
| <i>folic acid oral tablet 1 mg</i> | 2 | ENH; EDS |
| PRENATAL ORAL TABLET 27-1 MG | 3 | |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i> | 2 | ENH; QL (4 EA per 28 days); EDS |
| Gastrointestinal Agents | | |
| Anti-Constipation Agents | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML, 10-3.5-12 MG-GM -GM/175ML | 4 | |
| <i>constulose oral solution 10 gm/15ml</i> | 2 | EDS |
| <i>enulose oral solution 10 gm/15ml</i> | 2 | EDS |
| <i>gavilyte-c oral solution reconstituted 240 gm</i> | 2 | |
| <i>gavilyte-g oral solution reconstituted 236 gm</i> | 2 | |
| <i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i> | 2 | |
| <i>generlac oral solution 10 gm/15ml</i> | 2 | EDS |
| KRISTALOSE ORAL PACKET 20 GM | 4 | EDS |
| <i>lactulose oral packet 10 gm</i> | 4 | EDS |
| <i>lactulose oral solution 10 gm/15ml</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>lubiprostone oral capsule 24 mcg</i> | 4 | EDS |
| <i>lubiprostone oral capsule 8 mcg</i> | 4 | QL (60 EA per 30 days); EDS |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 4 | |
| <i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i> | 3 | |
| OSMOPREP ORAL TABLET 1.102-0.398 GM | 4 | |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</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>peg-3350/electrolytes oral solution reconstituted 236 gm</i> | 2 | |
| <i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i> | 4 | |
| RELISTOR ORAL TABLET 150 MG | 5 | |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | 5 | |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML | 3 | |
| SUTAB ORAL TABLET 1479-225-188 MG | 3 | |
| SYMPROIC ORAL TABLET 0.2 MG | 4 | PA |
| TRULANCE ORAL TABLET 3 MG | 4 | EDS |
| Anti-Diarrheal Agents | | |
| <i>alosetron hcl oral tablet 0.5 mg</i> | 4 | QL (60 EA per 30 days); EDS |
| <i>alosetron hcl oral tablet 1 mg</i> | 4 | EDS |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i> | 2 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | 2 | |
| <i>loperamide hcl oral capsule 2 mg</i> | 2 | |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG | 4 | PA New Starts; EDS |
| VIBERZI ORAL TABLET 100 MG, 75 MG | 5 | PA |
| XERMELO ORAL TABLET 250 MG | 5 | PA; LA |
| XIFAXAN ORAL TABLET 200 MG | 4 | QL (9 EA per 3 days) |
| XIFAXAN ORAL TABLET 550 MG | 5 | |
| Antispasmodics, Gastrointestinal | | |
| <i>dicyclomine hcl oral capsule 10 mg</i> | 2 | |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i> | 2 | |
| <i>dicyclomine hcl oral tablet 20 mg</i> | 2 | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | 2 | |
| <i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i> | 2 | |
| Gastrointestinal Agents | | |
| <i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i> | 4 | |
| <i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i> | 4 | |
| HELIDAC THERAPY ORAL | 4 | |
| OMECLAMOX-PAK ORAL 500-500-20 MG | 4 | |

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

| Drug Name | Tier | Requirements/Limits |
|---|------|--------------------------------|
| TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG | 4 | ST |
| Gastrointestinal Agents, Other | | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG | 5 | PA; LA |
| BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG | 5 | PA; LA |
| CHENODAL ORAL TABLET 250 MG | 5 | PA; LA |
| GATTEX SUBCUTANEOUS KIT 5 MG | 5 | PA; LA |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML | 5 | PA; LA |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i> | 2 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | 2 | |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG | 5 | PA; LA |
| OCALIVA ORAL TABLET 10 MG | 5 | PA; LA |
| OCALIVA ORAL TABLET 5 MG | 5 | PA; LA; QL (30 EA per 30 days) |
| <i>ursodiol oral capsule 300 mg</i> | 2 | EDS |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | 2 | EDS |
| VOWST ORAL CAPSULE | 5 | PA; LA; QL (12 EA per 3 days) |
| XIFAXAN ORAL TABLET 550 MG | 5 | |
| Histamine2 (H2) Receptor Antagonists | | |
| <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 |
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i> | 2 | EDS |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | 1 | EDS |
| <i>nizatidine oral capsule 150 mg, 300 mg</i> | 2 | EDS |
| <i>nizatidine oral solution 15 mg/ml</i> | 2 | EDS |
| Protectants | | |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | 2 | EDS |
| <i>sucralfate oral suspension 1 gm/10ml</i> | 4 | EDS |
| <i>sucralfate oral tablet 1 gm</i> | 2 | EDS |
| Proton Pump Inhibitors | | |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i> | 2 | EDS |
| <i>lansoprazole oral capsule delayed release 15 mg, 30 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>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i> | 2 | EDS |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i> | 2 | EDS |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i> | 2 | EDS |
| Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment | | |
| Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment | | |
| AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML | 5 | PA; LA |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG | 5 | PA; LA |
| <i>betaine oral powder</i> | 3 | EDS |
| CERDELGA ORAL CAPSULE 84 MG | 5 | PA; LA |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | 5 | PA |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | 3 | EDS |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i> | 2 | EDS |
| CYTAGON ORAL CAPSULE 150 MG, 50 MG | 3 | LA; EDS |
| <i>dichlorphenamide oral tablet 50 mg</i> | 5 | PA |
| GALAFOLD ORAL CAPSULE 123 MG | 5 | PA New Starts; LA |
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML | 5 | PA; LA |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML | 5 | PA; LA |
| JOENJA ORAL TABLET 70 MG | 5 | PA; LA |
| KEVEYIS ORAL TABLET 50 MG | 5 | PA; LA |
| <i>miglustat oral capsule 100 mg</i> | 5 | PA New Starts |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> | 5 | PA |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 5 | PA; LA |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML | 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 |
|---|------|---------------------------------|
| 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 ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT | 4 | EDS |
| PLENAMINE INTRAVENOUS SOLUTION 15 % | 3 | BD |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG | 5 | PA; LA |
| PROCYSBI ORAL PACKET 300 MG, 75 MG | 5 | PA; LA |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | 5 | PA; LA |
| RAVICTI ORAL LIQUID 1.1 GM/ML | 5 | PA; LA |
| <i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i> | 5 | PA |
| <i>sapropterin dihydrochloride oral tablet 100 mg</i> | 5 | PA |
| <i>sodium phenylbutyrate oral powder 3 gm/tsp</i> | 2 | EDS |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> | 5 | |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML | 5 | PA; LA |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML | 5 | PA; LA |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG | 5 | PA; QL (28 EA per 28 days) |
| VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG | 5 | PA; QL (56 EA per 28 days) |
| VYNDAQEL ORAL CAPSULE 20 MG | 5 | PA; LA |
| XURIDEN ORAL PACKET 2 GM | 5 | PA |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | 5 | PA; 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 |
| ZOKINVY ORAL CAPSULE 50 MG | 5 | PA; LA; QL (120 EA per 30 days) |
| ZOKINVY ORAL CAPSULE 75 MG | 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 |
|---|------|-----------------------------|
| Genitourinary Agents | | |
| Antispasmodics, Urinary | | |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i> | 2 | QL (30 EA per 30 days); EDS |
| <i>flavoxate hcl oral tablet 100 mg</i> | 2 | EDS |
| GELNIQUE TRANSDERMAL GEL 10 % | 4 | EDS |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML | 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 oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i> | 2 | EDS |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i> | 2 | EDS |
| <i>oxybutynin chloride oral tablet 5 mg</i> | 2 | EDS |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i> | 2 | EDS |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i> | 2 | EDS |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i> | 2 | EDS |
| <i>tropium chloride er oral capsule extended release 24 hour 60 mg</i> | 2 | QL (30 EA per 30 days); EDS |
| <i>tropium chloride oral tablet 20 mg</i> | 2 | EDS |
| Benign Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i> | 1 | EDS |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | 2 | EDS |
| <i>dutasteride oral capsule 0.5 mg</i> | 1 | EDS |
| <i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i> | 2 | EDS |
| <i>finasteride oral tablet 5 mg</i> | 1 | EDS |
| <i>silodosin oral capsule 4 mg, 8 mg</i> | 2 | EDS |
| <i>tamsulosin hcl oral capsule 0.4 mg</i> | 1 | EDS |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | EDS |

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

| Drug Name | Tier | Requirements/Limits |
|--|------|-----------------------------|
| Genitourinary Agents, Other | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | |
| ELMIRON ORAL CAPSULE 100 MG | 5 | |
| RENACIDIN IRRIGATION SOLUTION | 3 | |
| <i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | ENH; QL (10 EA per 30 days) |
| <i>tadalafil oral tablet 10 mg, 20 mg</i> | 2 | ENH; QL (6 EA per 30 days) |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) | | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) | | |
| <i>betamethasone dipropionate aug external cream 0.05 %</i> | 2 | |
| CORTROPHIN INJECTION GEL 80 UNIT/ML | 5 | PA |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML | 3 | |
| <i>dexamethasone oral elixir 0.5 mg/5ml</i> | 2 | |
| <i>dexamethasone oral solution 0.5 mg/5ml</i> | 2 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | 2 | |
| <i>dexamethasone oral tablet therapy pack 1.5 mg (51)</i> | 4 | |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i> | 2 | EDS |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | 2 | |
| ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG | 5 | PA |
| MEDROL ORAL TABLET 2 MG | 4 | BD |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | 2 | BD |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i> | 2 | |
| <i>prednisolone oral solution 15 mg/5ml</i> | 2 | |
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i> | 2 | |
| <i>prednisone intensol oral concentrate 5 mg/ml</i> | 2 | BD |
| <i>prednisone oral solution 5 mg/5ml</i> | 2 | BD |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</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>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i> | 2 | |
| RECORLEV ORAL TABLET 150 MG | 5 | PA; LA |
| TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG | 5 | PA; LA; QL (120 EA per 30 days) |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) | | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) | | |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i> | 2 | EDS |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i> | 2 | EDS |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG | 5 | PA; LA |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | 5 | PA; LA |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML | 5 | PA |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML | 5 | PA |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML | 5 | PA |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML | 5 | PA |
| ORLISSA ORAL TABLET 150 MG | 5 | PA; QL (30 EA per 30 days) |
| ORLISSA ORAL TABLET 200 MG | 5 | PA |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | 5 | PA |
| SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML | 5 | PA |
| VYNDAMAX ORAL CAPSULE 61 MG | 5 | PA; LA |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG | 5 | PA |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins) | | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins) | | |
| <i>misoprostol oral tablet 200 mcg</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 |
|--|------|---------------------------------|
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | | |
| Anabolic Steroids | | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> | 2 | |
| Androgens | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR | 3 | PA; QL (30 EA per 30 days); EDS |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | 2 | |
| METHITEST ORAL TABLET 10 MG | 5 | |
| <i>methyltestosterone oral capsule 10 mg</i> | 5 | |
| <i>testosterone cypionate injection solution 200 mg/ml</i> | 2 | EDS |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i> | 2 | EDS |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i> | 2 | EDS |
| <i>testosterone transdermal gel 10 mg/act (2%)</i> | 4 | PA; EDS |
| <i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i> | 2 | PA; EDS |
| <i>testosterone transdermal solution 30 mg/act</i> | 4 | PA; EDS |
| Estrogens | | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | 4 | |
| <i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | 2 | EDS |
| ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) | 4 | EDS |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | EDS |
| <i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i> | 4 | EDS |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | 2 | EDS |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | 2 | EDS |
| <i>estradiol vaginal cream 0.1 mg/gm</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>estradiol vaginal tablet 10 mcg</i> | 2 | EDS |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> | 2 | |
| ESTRING VAGINAL RING 7.5 MCG/24HR | 4 | EDS |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY | 4 | EDS |
| FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR | 4 | EDS |
| <i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | 2 | EDS |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG | 4 | EDS |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR | 3 | EDS |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG | 5 | PA |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG | 5 | PA |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 3 | EDS |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | 3 | EDS |
| <i>yuvafem vaginal tablet 10 mcg</i> | 2 | EDS |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | | |
| <i>altavera oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i> | 2 | EDS |
| <i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | 2 | EDS |
| <i>amethia oral tablet 0.15-0.03 & 0.01 mg</i> | 2 | EDS |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | 4 | EDS |
| ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR | 4 | QL (1 EA per 365 days); EDS |
| <i>apri oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| <i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i> | 2 | EDS |
| <i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i> | 2 | EDS |
| <i>aubra oral tablet 0.1-20 mg-mcg</i> | 2 | EDS |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> | 2 | EDS |
| <i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i> | 2 | EDS |
| BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) | 3 | EDS |
| <i>balziva oral tablet 0.4-35 mg-mcg</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>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i> | 2 | EDS |
| <i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | EDS |
| <i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i> | 2 | EDS |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | 2 | EDS |
| <i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i> | 2 | EDS |
| <i>camrese oral tablet 0.15-0.03 & 0.01 mg</i> | 2 | EDS |
| <i>caziant oral tablet 0.1/0.125/0.15 -0.025 mg</i> | 2 | EDS |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY | 4 | EDS |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY | 3 | EDS |
| <i>cryselle-28 oral tablet 0.3-30 mg-mcg</i> | 2 | EDS |
| <i>cyred eq oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| <i>daysee oral tablet 0.15-0.03 & 0.01 mg</i> | 2 | EDS |
| <i>delyla oral tablet 0.1-20 mg-mcg</i> | 2 | EDS |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15- 0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i> | 2 | EDS |
| <i>dolishale oral tablet 90-20 mcg</i> | 2 | EDS |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02- 0.451 mg</i> | 2 | EDS |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.03- 0.451 mg</i> | 4 | EDS |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | 2 | EDS |
| <i>eluryng vaginal ring 0.12-0.015 mg/24hr</i> | 2 | EDS |
| <i>emoquette oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| <i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i> | 2 | EDS |
| <i>enskyce oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> | 2 | EDS |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | 2 | EDS |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg- mcg, 1-50 mg-mcg</i> | 2 | EDS |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12- 0.015 mg/24hr</i> | 2 | EDS |
| <i>falmina oral tablet 0.1-20 mg-mcg</i> | 2 | EDS |
| <i>fayosim oral tablet 42-21-21-7 days</i> | 2 | EDS |
| <i>femynor oral tablet 0.25-35 mg-mcg</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>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2 | EDS |
| <i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i> | 2 | EDS |
| <i>iclevia oral tablet 0.15-0.03 mg</i> | 2 | EDS |
| <i>introvale oral tablet 0.15-0.03 mg</i> | 2 | EDS |
| <i>isibloom oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| <i>jasmiel oral tablet 3-0.02 mg</i> | 2 | EDS |
| <i>jinteli oral tablet 1-5 mg-mcg</i> | 2 | EDS |
| <i>jolessa oral tablet 0.15-0.03 mg</i> | 2 | EDS |
| <i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i> | 2 | EDS |
| <i>juleber oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| <i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | EDS |
| <i>junel 1/20 oral tablet 1-20 mg-mcg</i> | 2 | EDS |
| <i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | EDS |
| <i>junel fe 1/20 oral tablet 1-20 mg-mcg</i> | 2 | EDS |
| <i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i> | 2 | EDS |
| <i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i> | 2 | EDS |
| <i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i> | 2 | EDS |
| <i>kelnor 1/35 oral tablet 1-35 mg-mcg</i> | 2 | EDS |
| <i>kelnor 1/50 oral tablet 1-50 mg-mcg</i> | 2 | EDS |
| <i>kurvelo oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| <i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | EDS |
| <i>larin 1/20 oral tablet 1-20 mg-mcg</i> | 2 | EDS |
| <i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | EDS |
| <i>larin fe 1/20 oral tablet 1-20 mg-mcg</i> | 2 | EDS |
| <i>larissia oral tablet 0.1-20 mg-mcg</i> | 2 | EDS |
| <i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i> | 2 | EDS |
| <i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i> | 2 | EDS |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> | 2 | EDS |
| <i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i> | 2 | EDS |
| <i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i> | 2 | EDS |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i> | 2 | EDS |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</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>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i> | 2 | EDS |
| <i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG | 4 | EDS |
| <i>loryna oral tablet 3-0.02 mg</i> | 2 | EDS |
| <i>low-ogestrel oral tablet 0.3-30 mg-mcg</i> | 2 | EDS |
| <i>lutera oral tablet 0.1-20 mg-mcg</i> | 2 | EDS |
| <i>marlissa oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| <i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | EDS |
| <i>microgestin 1/20 oral tablet 1-20 mg-mcg</i> | 2 | EDS |
| <i>microgestin 24 fe oral tablet 1-20 mg-mcg</i> | 2 | EDS |
| <i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | EDS |
| <i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i> | 2 | EDS |
| <i>mili oral tablet 0.25-35 mg-mcg</i> | 2 | EDS |
| <i>mimvey oral tablet 1-0.5 mg</i> | 2 | EDS |
| <i>mono-lynyah oral tablet 0.25-35 mg-mcg</i> | 2 | EDS |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG | 4 | EDS |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 2 | EDS |
| <i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | EDS |
| <i>nikki oral tablet 3-0.02 mg</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 1-20 mg-mcg(24)</i> | 2 | EDS |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i> | 2 | EDS |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2 | EDS |
| <i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i> | 2 | EDS |
| <i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i> | 2 | EDS |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> | 2 | EDS |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</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>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 2 | EDS |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i> | 2 | EDS |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | EDS |
| <i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> | 2 | EDS |
| <i>nylia 1/35 oral tablet 1-35 mg-mcg</i> | 2 | EDS |
| <i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> | 2 | EDS |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> | 2 | EDS |
| <i>ocella oral tablet 3-0.03 mg</i> | 2 | EDS |
| <i>orsythia oral tablet 0.1-20 mg-mcg</i> | 2 | EDS |
| <i>pimtree oral tablet 0.15-0.02/0.01 mg (21/5)</i> | 2 | EDS |
| <i>pirmella 1/35 oral tablet 1-35 mg-mcg</i> | 2 | EDS |
| <i>portia-28 oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| PREFEST ORAL TABLET 1/1-0.09 MG (15/15) | 4 | EDS |
| PREMPHASE ORAL TABLET 0.625-5 MG | 3 | EDS |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 3 | EDS |
| <i>previfem oral tablet 0.25-35 mg-mcg</i> | 2 | EDS |
| <i>reclipsen oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| <i>rivelsa oral tablet 42-21-21-7 days</i> | 2 | EDS |
| <i>setlakin oral tablet 0.15-0.03 mg</i> | 2 | EDS |
| <i>solia oral tablet 0.15-30 mg-mcg</i> | 2 | EDS |
| <i>sprintec 28 oral tablet 0.25-35 mg-mcg</i> | 2 | EDS |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> | 2 | EDS |
| <i>syeda oral tablet 3-0.03 mg</i> | 2 | EDS |
| <i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i> | 2 | EDS |
| <i>tarina fe 1/20 oral tablet 1-20 mg-mcg</i> | 2 | EDS |
| <i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i> | 2 | EDS |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i> | 2 | EDS |
| <i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i> | 2 | EDS |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 2 | EDS |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 2 | EDS |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i> | 2 | EDS |
| <i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg</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>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i> | 2 | EDS |
| <i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i> | 2 | EDS |
| <i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i> | 2 | EDS |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 2 | EDS |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i> | 2 | EDS |
| <i>tyblume oral tablet chewable 0.1-20 mg-mcg</i> | 2 | EDS |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG | 4 | EDS |
| <i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i> | 2 | EDS |
| VEOZAH ORAL TABLET 45 MG | 4 | PA; EDS |
| <i>vestura oral tablet 3-0.02 mg</i> | 2 | EDS |
| <i>vienva oral tablet 0.1-20 mg-mcg</i> | 2 | EDS |
| <i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i> | 2 | EDS |
| <i>vyfemla oral tablet 0.4-35 mg-mcg</i> | 2 | EDS |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i> | 2 | EDS |
| <i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i> | 2 | EDS |
| <i>xulane transdermal patch weekly 150-35 mcg/24hr</i> | 2 | EDS |
| <i>zafemy transdermal patch weekly 150-35 mcg/24hr</i> | 2 | EDS |
| <i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | EDS |
| Progestins | | |
| <i>camila oral tablet 0.35 mg</i> | 2 | EDS |
| <i>deblitane oral tablet 0.35 mg</i> | 2 | EDS |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML | 4 | |
| <i>errin oral tablet 0.35 mg</i> | 2 | EDS |
| <i>incassia oral tablet 0.35 mg</i> | 2 | EDS |
| <i>lyleq oral tablet 0.35 mg</i> | 2 | EDS |
| <i>lyza oral tablet 0.35 mg</i> | 2 | EDS |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i> | 2 | |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i> | 2 | |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 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>megestrol acetate oral suspension 40 mg/ml</i> | 2 | PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists. |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | 2 | PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i> | 2 | |
| <i>nora-be oral tablet 0.35 mg</i> | 2 | EDS |
| <i>norethindrone acetate oral tablet 5 mg</i> | 2 | EDS |
| <i>norethindrone oral tablet 0.35 mg</i> | 2 | EDS |
| <i>norlyroc oral tablet 0.35 mg</i> | 2 | EDS |
| <i>progesterone oral capsule 100 mg, 200 mg</i> | 2 | EDS |
| <i>sharobel oral tablet 0.35 mg</i> | 2 | EDS |
| SLYND ORAL TABLET 4 MG | 4 | EDS |
| Selective Estrogen Receptor Modifying Agents | | |
| DUAVEE ORAL TABLET 0.45-20 MG | 4 | EDS |
| <i>raloxifene hcl oral tablet 60 mg</i> | 2 | EDS |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) | | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) | | |
| <i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | EDS |
| <i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | EDS |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | EDS |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | EDS |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</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 |
|---|------|---------------------|
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 4 | EDS |
| <i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | EDS |
| Hormonal Agents, Suppressant (Pituitary) | | |
| Hormonal Agents, Suppressant (Pituitary) | | |
| <i>bromocriptine mesylate oral capsule 5 mg</i> | 2 | EDS |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i> | 2 | EDS |
| <i>cabergoline oral tablet 0.5 mg</i> | 2 | |
| CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG | 4 | PA New Starts |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG | 3 | PA New Starts |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL | 3 | PA New Starts |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 3 | PA New Starts |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i> | 2 | PA New Starts |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG | 5 | PA New Starts |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG | 5 | PA New Starts |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG | 5 | PA New Starts |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG | 5 | PA New Starts |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG | 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 SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | 5 | PA; LA |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; LA |
| SYNAREL NASAL SOLUTION 2 MG/ML | 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 |
|---|------|---------------------|
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG | 5 | PA New Starts |
| Hormonal Agents, Suppressant (Thyroid) | | |
| Antithyroid Agents | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 2 | EDS |
| <i>propylthiouracil oral tablet 50 mg</i> | 2 | EDS |
| Immunological Agents | | |
| Angioedema Agents | | |
| BERINERT INTRAVENOUS KIT 500 UNIT | 5 | PA New Starts; LA |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT | 5 | PA New Starts; LA |
| <i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i> | 5 | PA New Starts |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT | 5 | PA New Starts; LA |
| <i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i> | 5 | PA New Starts |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML | 5 | PA New Starts; LA |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 5 | PA New Starts; LA |
| Immunoglobulins | | |
| BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML | 5 | PA |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML | 5 | PA; LA |
| 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 GM/50ML | 5 | PA |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | 5 | PA |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM | 5 | PA |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML | 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 |
|--|------|-----------------------------|
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | 5 | PA |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | 5 | PA |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | 5 | PA |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML | 5 | PA |
| HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML | 2 | BD |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML | 5 | PA |
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | 5 | PA |
| VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML | 2 | |
| Immunological Agents, Other | | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG | 3 | PA; LA; EDS |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | 5 | |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 5 | |
| <i>leflunomide oral tablet 10 mg</i> | 2 | QL (30 EA per 30 days); EDS |
| <i>leflunomide oral tablet 20 mg</i> | 2 | EDS |
| RIDAURA ORAL CAPSULE 3 MG | 3 | EDS |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG | 5 | 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 |
|---|-------------|----------------------------|
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG | 5 | |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML | 5 | |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML | 5 | |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | |
| SOTYKTU ORAL TABLET 6 MG | 5 | PA |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 5 | |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | 5 | |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML | 5 | PA |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA |
| XELJANZ ORAL SOLUTION 1 MG/ML | 5 | |
| XELJANZ ORAL TABLET 10 MG | 5 | |
| XELJANZ ORAL TABLET 5 MG | 5 | QL (60 EA per 30 days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG | 5 | QL (30 EA per 30 days) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | 5 | PA |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | 5 | PA |
| Immunostimulants | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML | 5 | PA; LA |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML | 5 | PA New Starts; LA |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT | 5 | 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 |
|--|------|--|
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious diseases specialists. |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | 5 | PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious diseases specialists. |
| Immunosuppressants | | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML | 5 | PA |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | 5 | PA |
| <i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i> | 5 | |
| <i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i> | 5 | |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML | 5 | |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML | 5 | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG | 4 | BD; EDS |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> | 3 | BD; EDS |
| <i>azathioprine oral tablet 50 mg</i> | 2 | BD; EDS |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | 5 | PA New Starts |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | 5 | PA New Starts |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML | 5 | PA |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | 5 | PA |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML | 5 | PA |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | BD; EDS |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | 2 | BD; EDS |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | 3 | BD; EDS |
| EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML | 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 |
|--|-------------|----------------------------|
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML | 5 | |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 5 | |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML | 5 | |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG | 5 | BD |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | 5 | |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | 5 | PA |
| ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG | 4 | BD; EDS |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> | 5 | BD |
| <i>gengraf oral capsule 100 mg, 25 mg</i> | 2 | BD; EDS |
| <i>gengraf oral solution 100 mg/ml</i> | 2 | BD; EDS |
| HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML | 5 | |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML | 5 | |
| 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 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML | 5 | |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML | 5 | |
| HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | 5 | |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 5 | |
| HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | 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, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 5 | |
| LUPKYNIS ORAL CAPSULE 7.9 MG | 5 | PA; LA |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | 2 | BD; EDS |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i> | 4 | BD; EDS |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | 2 | BD; EDS |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i> | 2 | BD; EDS |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG | 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 |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG | 4 | BD; EDS |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 4 | PA; EDS |
| REZUROCK ORAL TABLET 200 MG | 5 | PA New Starts; LA |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML | 4 | BD; EDS |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML | 5 | PA |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | 5 | PA |
| <i>sirolimus oral solution 1 mg/ml</i> | 4 | BD; EDS |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | BD; EDS |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | 2 | BD; EDS |
| TAVNEOS ORAL CAPSULE 10 MG | 5 | PA; LA |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG | 5 | |
| Vaccines | | |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML | 2 | AL (Min 60 Years) |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | 2 | |

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

| Drug Name | Tier | Requirements/Limits |
|---|-------------|----------------------------|
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5 | 2 | |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML | 2 | |
| BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG | 2 | |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | 2 | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 | 2 | |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 2 | |
| DIPHtheria-TETANUS TOXoids DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML | 2 | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 2 | BD |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML | 2 | BD |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | 2 | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML | 2 | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML | 2 | BD |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG | 2 | |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML | 2 | BD |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 | 2 | |
| IPOl INJECTION INJECTABLE | 2 | |
| IXIARo INTRAMUSCULAR SUSPENSION | 2 | |
| JYNNEoS SUBCUTANEOUS SUSPENSION 0.5 ML | 2 | |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 2 | |
| MENACTRA INTRAMUSCULAR SOLUTION | 2 | |
| MENQUADFI INTRAMUSCULAR SOLUTION | 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 |
|--|------|---------------------|
| MENVEO INTRAMUSCULAR SOLUTION | 2 | |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 2 | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | 2 | |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | 2 | |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 2 | |
| PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML | 2 | BD |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 2 | |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 2 | |
| QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML) | 2 | |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 2 | |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 2 | BD |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | 2 | BD |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML | 2 | BD |
| ROTARIX ORAL SUSPENSION | 2 | |
| ROTARIX ORAL SUSPENSION RECONSTITUTED | 2 | |
| ROTATEQ ORAL SOLUTION | 2 | |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 1 | |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML | 2 | |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION) | 2 | |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML | 2 | |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 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 |
|---|------|---------------------|
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML | 2 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 2 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | 2 | |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML | 2 | |
| VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML | 2 | |
| YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE) | 2 | |
| Inflammatory Bowel Disease Agents | | |
| Aminosalicylates | | |
| <i>balsalazide disodium oral capsule 750 mg</i> | 2 | |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i> | 3 | EDS |
| <i>mesalamine er oral capsule extended release 500 mg</i> | 5 | |
| <i>mesalamine oral capsule delayed release 400 mg</i> | 3 | EDS |
| <i>mesalamine oral tablet delayed release 1.2 gm</i> | 3 | EDS |
| <i>mesalamine oral tablet delayed release 800 mg</i> | 3 | |
| <i>mesalamine rectal enema 4 gm</i> | 3 | |
| <i>mesalamine rectal suppository 1000 mg</i> | 2 | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG | 4 | EDS |
| SFROWASA RECTAL ENEMA 4 GM/60ML | 4 | |
| <i>sulfasalazine oral tablet 500 mg</i> | 2 | EDS |
| <i>sulfasalazine oral tablet delayed release 500 mg</i> | 2 | EDS |
| Glucocorticoids | | |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i> | 5 | |
| <i>budesonide oral capsule delayed release particles 3 mg</i> | 2 | |
| <i>budesonide rectal foam 2 mg</i> | 4 | |
| <i>hydrocortisone rectal enema 100 mg/60ml</i> | 2 | |
| PROCTO-MED HC EXTERNAL CREAM 2.5 % | 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 |
|---|------|---------------------|
| PROCTO-PAK EXTERNAL CREAM 1 % | 2 | |
| PROCTOZONE-HC EXTERNAL CREAM 2.5 % | 2 | |
| Metabolic Bone Disease Agents | | |
| Metabolic Bone Disease Agents | | |
| <i>alendronate sodium oral solution 70 mg/75ml</i> | 2 | EDS |
| <i>alendronate sodium oral tablet 10 mg, 5 mg</i> | 2 | EDS |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i> | 1 | EDS |
| BINOSTO ORAL TABLET EFFERVESCENT 70 MG | 4 | EDS |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i> | 2 | EDS |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | 2 | EDS |
| <i>calcitriol oral solution 1 mcg/ml</i> | 2 | EDS |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i> | 2 | EDS |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> | 2 | ST; EDS |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML | 5 | PA |
| <i>ibandronate sodium oral tablet 150 mg</i> | 1 | EDS |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG | 5 | PA; LA |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i> | 2 | ST; EDS |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | 4 | PA |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG | 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 35 mg</i> | 2 | EDS |
| <i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i> | 5 | PA |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | 5 | PA |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML | 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 |
|--|------|---------------------------|
| Non-Frf | | |
| Non-Frf | | |
| <i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i> | 2 | |
| <i>kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%</i> | 2 | |
| Ophthalmic Agents | | |
| Ophthalmic Agents, Other | | |
| <i>atropine sulfate ophthalmic solution 1 %</i> | 2 | EDS |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i> | 2 | |
| BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % | 3 | |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % | 3 | |
| <i>cyclosporine ophthalmic emulsion 0.05 %</i> | 3 | EDS |
| CYSTADROPS OPHTHALMIC SOLUTION 0.37 % | 5 | PA |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % | 5 | PA; LA |
| LACRISERT OPHTHALMIC INSERT 5 MG | 3 | |
| MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML | 4 | PA; QL (3 ML per 30 days) |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i> | 2 | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> | 2 | |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i> | 4 | |
| OXERVATE OPHTHALMIC SOLUTION 0.002 % | 5 | PA |
| <i>proparacaine hcl ophthalmic solution 0.5 %</i> | 2 | |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i> | 2 | |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % | 3 | |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i> | 2 | |
| Ophthalmic Anti-Allergy Agents | | |
| <i>azelastine hcl ophthalmic solution 0.05 %</i> | 2 | |
| <i>cromolyn sodium ophthalmic solution 4 %</i> | 2 | |
| <i>epinastine hcl ophthalmic solution 0.05 %</i> | 2 | |
| <i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</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 |
|--|------|---------------------|
| Ophthalmic Anti-Infectives | | |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i> | 2 | |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | 2 | |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i> | 2 | |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i> | 2 | |
| <i>gatifloxacin ophthalmic solution 0.5 %</i> | 2 | |
| <i>gentak ophthalmic ointment 0.3 %</i> | 2 | |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i> | 2 | |
| <i>levofloxacin ophthalmic solution 0.5 %</i> | 2 | |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i> | 2 | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | 3 | |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i> | 2 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | 2 | |
| <i>ofloxacin ophthalmic solution 0.3 %</i> | 2 | |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i> | 2 | |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i> | 4 | |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i> | 2 | |
| <i>tobramycin ophthalmic solution 0.3 %</i> | 2 | |
| <i>trifluridine ophthalmic solution 1 %</i> | 2 | |
| ZIRGAN OPHTHALMIC GEL 0.15 % | 3 | |
| Ophthalmic Anti-Inflammatories | | |
| <i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i> | 2 | |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i> | 2 | |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i> | 2 | |
| <i>difluprednate ophthalmic emulsion 0.05 %</i> | 4 | |
| <i>fluorometholone ophthalmic suspension 0.1 %</i> | 2 | |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i> | 2 | |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | 3 | |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i> | 2 | |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % | 3 | |

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

| Drug Name | Tier | Requirements/Limits |
|--|------|---------------------|
| LOTEMAX SM OPHTHALMIC GEL 0.38 % | 3 | |
| <i>loteprednol etabonate ophthalmic gel 0.5 %</i> | 3 | |
| <i>loteprednol etabonate ophthalmic suspension 0.5 %</i> | 3 | |
| <i>prednisolone acetate ophthalmic suspension 1 %</i> | 2 | |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i> | 2 | |
| PROLENSA OPHTHALMIC SOLUTION 0.07 % | 4 | |
| XIIDRA OPHTHALMIC SOLUTION 5 % | 3 | EDS |
| Ophthalmic Beta-Adrenergic Blocking Agents | | |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i> | 2 | EDS |
| BETIMOL OPHTHALMIC SOLUTION 0.5 % | 3 | EDS |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % | 4 | EDS |
| <i>carteolol hcl ophthalmic solution 1 %</i> | 2 | EDS |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i> | 1 | EDS |
| <i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i> | 3 | EDS |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> | 2 | EDS |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i> | 1 | EDS |
| <i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i> | 4 | EDS |
| Ophthalmic Intraocular Pressure Lowering Agents, Other | | |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | 2 | EDS |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 2 | EDS |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 3 | EDS |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i> | 2 | |
| <i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i> | 2 | EDS |
| <i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i> | 3 | EDS |
| <i>brinzolamide ophthalmic suspension 1 %</i> | 4 | EDS |
| <i>dorzolamide hcl ophthalmic solution 2 %</i> | 2 | EDS |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</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>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i> | 4 | EDS |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | 3 | |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | 2 | EDS |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | 2 | EDS |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % | 3 | EDS |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % | 3 | EDS |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | 3 | EDS |
| Ophthalmic Prostaglandin And Prostamide Analogs | | |
| <i>bimatoprost ophthalmic solution 0.03 %</i> | 2 | EDS |
| <i>latanoprost ophthalmic solution 0.005 %</i> | 1 | EDS |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 3 | EDS |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i> | 2 | EDS |
| VYZULTA OPHTHALMIC SOLUTION 0.024 % | 3 | EDS |
| Otic Agents | | |
| Otic Agents | | |
| <i>acetic acid otic solution 2 %</i> | 2 | |
| CIPRO HC OTIC SUSPENSION 0.2-1 % | 4 | |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i> | 2 | |
| <i>fluocinolone acetonide otic oil 0.01 %</i> | 2 | |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i> | 2 | |
| <i>neomycin-polymyxin-hc otic solution 1 %</i> | 2 | |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i> | 2 | |
| <i>ofloxacin otic solution 0.3 %</i> | 2 | |
| Respiratory Tract/ Pulmonary Agents | | |
| Antihistamines | | |
| <i>azelastine hcl nasal solution 0.1 %, 0.15 %</i> | 2 | |
| <i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i> | 4 | |
| <i>carbinoxamine maleate oral solution 4 mg/5ml</i> | 2 | PA; PA not required if under 65 years of age. |
| <i>carbinoxamine maleate oral tablet 4 mg</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 |
|---|-------------|---|
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG | 4 | |
| <i>clemastine fumarate oral tablet 2.68 mg</i> | 2 | PA; PA not required if under 65 years of age. |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i> | 2 | PA; PA not required if under 65 years of age. |
| <i>cyproheptadine hcl oral tablet 4 mg</i> | 2 | PA; PA not required if under 65 years of age. |
| <i>desloratadine oral tablet 5 mg</i> | 2 | |
| <i>desloratadine oral tablet dispersible 2.5 mg</i> | 4 | QL (30 EA per 30 days) |
| <i>desloratadine oral tablet dispersible 5 mg</i> | 4 | |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i> | 2 | PA; PA not required if under 65 years of age. |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 2 | PA; PA not required if under 65 years of age. |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | PA; PA not required if under 65 years of age. |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i> | 2 | |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i> | 2 | |
| <i>olopatadine hcl nasal solution 0.6 %</i> | 2 | |
| Anti-Inflammatories, Inhaled Corticosteroids | | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 2 | EDS |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 2 | EDS |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | 2 | EDS |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 2 | EDS |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 2 | EDS |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i> | 3 | BD; QL (120 ML per 30 days); EDS |

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

| Drug Name | Tier | Requirements/Limits |
|--|-------------|-------------------------------|
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT | 2 | QL (60 EA per 30 days); EDS |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT | 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 suspension 50 mcg/act</i> | 1 | |
| <i>mometasone furoate nasal suspension 50 mcg/act</i> | 2 | |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT | 2 | EDS |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT | 2 | QL (10.6 GM per 30 days); EDS |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT | 2 | EDS |
| Antileukotrienes | | |
| <i>montelukast sodium oral packet 4 mg</i> | 2 | EDS |
| <i>montelukast sodium oral tablet 10 mg</i> | 2 | EDS |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i> | 2 | EDS |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> | 2 | EDS |
| Bronchodilators, Anticholinergic | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | 3 | QL (25.8 GM per 30 days); EDS |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | 2 | BD; EDS |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i> | 2 | EDS |
| LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML | 3 | EDS |
| LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML | 3 | QL (60 ML per 365 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 |
|--|------|---------------------|
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG | 3 | EDS |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 3 | EDS |
| YUPELRI INHALATION SOLUTION 175 MCG/3ML | 5 | BD |
| Bronchodilators, Sympathomimetic | | |
| <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 syrup 2 mg/5ml</i> | 2 | EDS |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | 4 | EDS |
| <i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i> | 4 | BD; EDS |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | 3 | EDS |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | 2 | |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i> | 2 | EDS |
| <i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i> | 4 | BD; EDS |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i> | 3 | BD; EDS |
| <i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i> | 2 | EDS |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 3 | EDS |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT | 3 | EDS |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML | 3 | |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i> | 4 | EDS |
| Cystic Fibrosis Agents | | |
| BRONCHITOL INHALATION CAPSULE 40 MG | 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 |
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| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | 5 | LA |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 5 | PA New Starts; LA |
| KALYDECO ORAL TABLET 150 MG | 5 | PA New Starts; LA |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG | 5 | PA New Starts; LA |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA New Starts; LA |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 5 | BD |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG | 5 | PA New Starts; LA |
| TOBI PODHALER INHALATION CAPSULE 28 MG | 5 | |
| <i>tobramycin inhalation nebulization solution 300 mg/4ml, 300 mg/5ml</i> | 5 | BD |
| 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) |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG | 5 | PA New Starts |
| Mast Cell Stabilizers | | |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i> | 2 | BD; EDS |
| Phosphodiesterase Inhibitors, Airways Disease | | |
| <i>roflumilast oral tablet 250 mcg</i> | 4 | QL (28 EA per 365 days) |
| <i>roflumilast oral tablet 500 mcg</i> | 4 | EDS |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG | 4 | 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 400 mg, 600 mg</i> | 2 | EDS |
| <i>theophylline oral elixir 80 mg/15ml</i> | 2 | EDS |
| <i>theophylline oral solution 80 mg/15ml</i> | 2 | EDS |
| Pulmonary Antihypertensives | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 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 |
|--|-------------|---|
| <i>alyq oral tablet 20 mg</i> | 2 | PA New Starts; EDS |
| <i>ambrisentan oral tablet 10 mg</i> | 5 | PA New Starts |
| <i>ambrisentan oral tablet 5 mg</i> | 5 | PA New Starts; QL (30 EA per 30 days) |
| <i>bosentan oral tablet 125 mg</i> | 5 | PA New Starts |
| <i>bosentan oral tablet 62.5 mg</i> | 5 | PA New Starts; QL (60 EA per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | 5 | PA New Starts; LA |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG | 5 | PA New Starts; LA |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG | 5 | PA New Starts; LA |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 | 5 | PA New Starts; LA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG | 4 | PA New Starts; LA; EDS |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG | 5 | PA New Starts; LA |
| <i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i> | 5 | PA New Starts |
| <i>sildenafil citrate oral tablet 20 mg</i> | 2 | PA New Starts; Covered for pulmonary arterial hypertension only.; EDS |
| <i>tadalafil (pah) oral tablet 20 mg</i> | 2 | PA New Starts; EDS |
| TRACLEER ORAL TABLET SOLUBLE 32 MG | 5 | PA New Starts; LA |
| 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 200 & 800 MCG | 5 | PA New Starts; LA |
| VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML | 5 | PA New Starts; LA |
| Pulmonary Fibrosis Agents | | |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 5 | PA; LA; QL (60 EA per 30 days) |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> | 5 | PA |
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine inhalation solution 10 %, 20 %</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 |
|---|------|--|
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | 3 | EDS |
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT | 4 | ST; Patient must also be using maintenance inhaled corticosteroid; EDS |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 3 | EDS |
| <i>benzonatate oral capsule 100 mg, 200 mg</i> | 2 | ENH; QL (30 EA per 10 days) |
| <i>breyndra inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i> | 2 | EDS |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT | 3 | EDS |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML | 5 | PA |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML | 5 | PA |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> | 2 | EDS |
| <i>ribavirin inhalation solution reconstituted 6 gm</i> | 5 | BD |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 3 | EDS |
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT | 3 | EDS |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 3 | EDS |
| <i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> | 2 | EDS |
| Respiratory Tract/ Pulmonary Agents | | |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | 3 | QL (8 GM per 30 days); EDS |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML | 5 | PA |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML | 5 | PA |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i> | 2 | BD; EDS |

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

| Drug Name | Tier | Requirements/Limits |
|--|-------------|--|
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 5 | PA; LA |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; LA |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA; LA |
| Skeletal Muscle Relaxants | | |
| Skeletal Muscle Relaxants | | |
| <i>chlorzoxazone oral tablet 500 mg</i> | 2 | |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i> | 2 | |
| <i>metaxalone oral tablet 800 mg</i> | 2 | |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 2 | |
| <i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i> | 2 | |
| Sleep Disorder Agents | | |
| Sleep Promoting Agents | | |
| 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) |
| <i>doxepin hcl oral tablet 3 mg</i> | 4 | QL (30 EA per 30 days) |
| <i>doxepin hcl oral tablet 6 mg</i> | 4 | |
| <i>estazolam oral tablet 1 mg, 2 mg</i> | 2 | |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> | 2 | PA New Starts; PA not required if under 65 years of age. |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG | 4 | PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days) |
| <i>ramelteon oral tablet 8 mg</i> | 2 | |
| <i>tasimelteon oral capsule 20 mg</i> | 5 | PA |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> | 2 | QL (7 EA per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | 2 | PA New Starts; 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>zolpidem tartrate oral tablet 10 mg, 5 mg</i> | 2 | PA New Starts; PA not required if under 65 years of age. |
| Wakefulness Promoting Agents | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> | 2 | EDS |
| <i>modafinil oral tablet 100 mg, 200 mg</i> | 2 | EDS |
| SUNOSI ORAL TABLET 150 MG | 4 | PA; EDS |
| SUNOSI ORAL TABLET 75 MG | 4 | PA; QL (45 EA per 30 days); EDS |
| XYREM ORAL SOLUTION 500 MG/ML | 5 | PA; LA |
| XYWAV ORAL SOLUTION 500 MG/ML | 5 | PA; LA |

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Multi-Language Insert

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German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-665-1502. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-665-1502번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-665-1502. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-665-1502. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-665-1502 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-665-1502. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-665-1502. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-665-1502. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-665-1502. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-665-1502にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Notice of Nondiscrimination

Discrimination is Against the Law

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

Independent Health:

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

If you need these services, contact Independent Health's Member Services Department. If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health's Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439, TTY users call 711, fax (716) 635-3504, memberservice@servicing.independenthealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Independent Health's Member Services Department is available to help you.

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

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

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

This formulary was updated on 12/1/2023. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.IndependentHealth.com/Medicare.