# Pharmacy Benefit Dimensions Prescription Drug Plan PDP

# 3 Tier Formulary

**2023 Formulary**

**(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 23441, Version Number 22.

This formulary was updated on December 1, 2023. For more recent information or other questions, please contact Pharmacy Benefit Dimensions Medicare Member Services at (716) 504-4444 or 1-800-667-5936 or, for TTY users 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday 8 a.m. to 8 p.m., or visit www.pbdrx.com/Medicare.

- **Important Message About What You Pay for Vaccines –** Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

- **Important Message About What You Pay for Insulin –** You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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

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

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

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

This document includes the list of the drugs (formulary) for our plan which is current as of December 1, 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 the Pharmacy Benefit Dimensions Prescription Drug Plan PDP Part D Formulary?**

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

**Can the Formulary (drug list) change?**

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

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

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

    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan PDP's formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to 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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 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 December 1, 2023. To get updated information about the drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.pbdrx.com/MedicareFormularies and in printed form.

**How do I use the Formulary?**

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

**<u>Medical Condition</u>**

The formulary begins on page 12. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

**Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on Index Page 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

**What are generic drugs?**

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

**Are there any restrictions on my coverage?**

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

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

- **Quantity Limits:** For certain drugs, Pharmacy Benefit Dimensions Prescription Drug Plan PDP limits the amount of the drug that Pharmacy Benefit Dimensions Prescription Drug Plan PDP will cover. For example, Pharmacy Benefit Dimensions Prescription Drug Plan PDP provides 60 tablets per prescription for lacosamide oral tablets. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our 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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the

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

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

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

**What if my drug is not on the Formulary?**

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

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

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

- You can ask Pharmacy Benefit Dimensions Prescription Drug Plan PDP to make an exception and cover your drug. See below for information about how to request an exception.

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

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

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

- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

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

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

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

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

- At a retail pharmacy a one-time 30-day transition supply (unless the prescription is written for less than 30 days) will be authorized with refills to total 30 days of medication.

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

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

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

**For more information**

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

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

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

**Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary**

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

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

The information in the Requirements/Limits column tells you if Pharmacy Benefit Dimensions Prescription Drug Plan PDP has any special requirements for coverage of your drug.

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

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

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

Drugs listed with a **"LA"** in the Requirements/Limits column may be available only at certain pharmacies. For more information please contact our Member Services Department. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

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

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| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| **Analgesics** | | |
| *acetaminophen-codeine oral solution* | 1 | |
| *acetaminophen-codeine oral tablet* | 1 | |
| *ascomp-codeine oral capsule* | 3 | PA; PA does not apply to age less than 65. |
| BUPAP ORAL TABLET 50-300 MG | 3 | PA; PA does not apply to age less than 65. |
| *buprenorphine hcl sublingual tablet sublingual* | 1 | |
| *buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr* | 1 | QL (4 EA per 28 days) |
| *buprenorphine transdermal patch weekly 20 mcg/hr* | 1 | |
| BUTALBITAL-ACETAMINOPHEN ORAL TABLET 50-300 MG, 50-325 MG | 3 | PA; PA does not apply to age less than 65. |
| BUTALBITAL-APAP-CAFF-COD ORAL CAPSULE | 3 | PA; PA does not apply to age less than 65. |
| *butalbital-apap-caffeine oral capsule* | 3 | PA; PA does not apply to age less than 65. |
| *butalbital-apap-caffeine oral tablet 50-325-40 mg* | 3 | PA; PA does not apply to age less than 65. |
| *butalbital-asa-caff-codeine oral capsule* | 3 | PA; PA does not apply to age less than 65. |
| *butalbital-aspirin-caffeine oral capsule* | 3 | PA; PA does not apply to age less than 65. |
| *butorphanol tartrate nasal solution* | 1 | |
| *celecoxib oral capsule* | 1 | EDS |
| *codeine sulfate oral tablet* | 1 | |
| *diclofenac epolamine external patch* | 1 | PA; EDS |
| *diclofenac potassium oral tablet 50 mg* | 1 | EDS |
| *diclofenac sodium er oral tablet extended release 24 hour* | 1 | EDS |
| *diclofenac sodium external gel 1 %* | 1 | EDS |
| *diclofenac sodium external gel 3 %* | 1 | PA; EDS |
| *diclofenac sodium external solution 1.5 %* | 1 | |
| *diclofenac sodium oral tablet delayed release* | 1 | EDS |
| *diflunisal oral tablet* | 1 | EDS |
| *endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg* | 1 | |
| *etodolac oral capsule* | 1 | EDS |
| *etodolac oral tablet* | 1 | EDS |
| *fentanyl citrate buccal lozenge on a handle* | 1 | PA; PA not required for oncologists.; QL (120 EA per 30 days) |
| *fentanyl citrate buccal tablet* | 1 | PA; QL (120 EA per 30 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr* | 1 | QL (30 EA per 30 days) |
| *fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr* | 1 | QL (15 EA per 30 days) |
| *flurbiprofen oral tablet 100 mg* | 1 | EDS |
| *hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent* | 1 | QL (30 EA per 30 days) |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml* | 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 |
|---|---|---|
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg* | 1 | |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg* | 1 | |
| *hydromorphone hcl oral liquid* | 1 | |
| *hydromorphone hcl oral tablet* | 1 | QL (180 EA per 30 days) |
| *hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml* | 1 | |
| *ibu oral tablet 600 mg, 800 mg* | 1 | EDS |
| *ibuprofen oral suspension* | 1 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 1 | EDS |
| *indomethacin er oral capsule extended release* | 1 | EDS |
| *indomethacin oral capsule 25 mg, 50 mg* | 1 | EDS |
| KETOPROFEN ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | EDS |
| *ketoprofen oral capsule 50 mg* | 1 | EDS |
| *ketorolac tromethamine oral tablet* | 1 | QL (20 EA per 30 days) |
| *meloxicam oral tablet* | 1 | EDS |
| *methadone hcl oral solution* | 1 | |
| *methadone hcl oral tablet 10 mg* | 1 | |
| *methadone hcl oral tablet 5 mg* | 1 | QL (180 EA per 30 days) |
| *morphine sulfate (concentrate) oral solution 20 mg/ml* | 1 | |
| *morphine sulfate er beads oral capsule extended release 24 hour* | 1 | |
| *morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg* | 1 | |
| *morphine sulfate er oral tablet extended release* | 1 | |
| *morphine sulfate oral solution* | 1 | |
| *morphine sulfate oral tablet* | 1 | |
| *nabumetone oral tablet* | 1 | EDS |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG | 3 | EDS |
| *naproxen oral suspension* | 1 | EDS |
| *naproxen oral tablet* | 1 | EDS |
| *naproxen oral tablet delayed release* | 1 | EDS |
| *naproxen sodium er oral tablet extended release 24 hour* | 1 | EDS |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 1 | EDS |
| *oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg* | 1 | |
| *oxycodone hcl oral capsule* | 1 | |
| *oxycodone hcl oral concentrate 100 mg/5ml* | 1 | |
| *oxycodone hcl oral solution* | 1 | |
| *oxycodone hcl oral tablet* | 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 |
|---|---|---|
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 1 | |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | 2 | |
| *oxymorphone hcl er oral tablet extended release 12 hour* | 1 | |
| *oxymorphone hcl oral tablet 10 mg* | 1 | |
| *oxymorphone hcl oral tablet 5 mg* | 1 | QL (180 EA per 30 days) |
| PENTAZOCINE-NALOXONE HCL ORAL TABLET | 3 | |
| *piroxicam oral capsule* | 1 | EDS |
| *sulindac oral tablet* | 1 | EDS |
| TAVNEOS ORAL CAPSULE | 3 | PA; LA; EDS |
| TENCON ORAL TABLET 50-325 MG | 3 | PA; PA does not apply to age less than 65. |
| *tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg* | 1 | ST; QL (30 EA per 30 days) |
| *tramadol hcl (er biphasic) oral tablet extended release 24 hour 300 mg* | 1 | ST |
| *tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg* | 1 | ST; QL (30 EA per 30 days) |
| *tramadol hcl er oral tablet extended release 24 hour 300 mg* | 1 | ST |
| *tramadol hcl oral tablet 50 mg* | 1 | |
| *tramadol-acetaminophen oral tablet* | 1 | |
| VTOL LQ ORAL SOLUTION | 3 | PA; PA does not apply to age less than 65. |
| ZEBUTAL ORAL CAPSULE 50-325-40 MG | 3 | PA; PA does not apply to age less than 65. |
| **Anesthetics** | | |
| *lidocaine external ointment 5 %* | 1 | EDS |
| *lidocaine external patch 5 %* | 1 | PA; EDS |
| *lidocaine hcl external solution* | 1 | EDS |
| *lidocaine viscous hcl mouth/throat solution* | 1 | |
| *lidocaine-prilocaine external cream* | 1 | |
| **Anti-Addiction/ Substance Abuse Treatment Agents** | | |
| *acamprosate calcium oral tablet delayed release* | 1 | EDS |
| *buprenorphine hcl sublingual tablet sublingual* | 1 | |
| *buprenorphine hcl-naloxone hcl sublingual film* | 1 | |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual* | 1 | |
| *bupropion hcl er (smoking det) oral tablet extended release 12 hour* | 1 | |
| *disulfiram oral tablet* | 1 | EDS |
| KLOXXADO NASAL LIQUID | 2 | |
| LUCEMYRA ORAL TABLET | 3 | |
| *naloxone hcl injection solution 0.4 mg/ml* | 1 | |
| *naloxone hcl injection solution cartridge* | 1 | |
| *naloxone hcl injection solution prefilled syringe* | 1 | EDS |
| *naloxone hcl nasal liquid* | 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 |
|---|---|---|
| *naltrexone hcl oral tablet* | 1 | |
| NICOTROL INHALATION INHALER | 3 | |
| NICOTROL NS NASAL SOLUTION | 2 | |
| *varenicline tartrate (starter) oral tablet therapy pack* | 1 | |
| *varenicline tartrate oral tablet* | 1 | |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE | 2 | |
| **Antibacterials** | | |
| *amikacin sulfate injection solution 500 mg/2ml* | 1 | |
| *amoxicillin oral capsule* | 1 | |
| *amoxicillin oral suspension reconstituted* | 1 | |
| *amoxicillin oral tablet* | 1 | |
| *amoxicillin oral tablet chewable 125 mg, 250 mg* | 1 | |
| *amoxicillin-pot clavulanate er oral tablet extended release 12 hour* | 1 | |
| *amoxicillin-pot clavulanate oral suspension reconstituted* | 1 | |
| *amoxicillin-pot clavulanate oral tablet* | 1 | |
| *amoxicillin-pot clavulanate oral tablet chewable* | 1 | |
| *ampicillin oral capsule 500 mg* | 1 | |
| *ampicillin sodium injection solution reconstituted 1 gm, 125 mg* | 1 | |
| *ampicillin sodium intravenous solution reconstituted 10 gm* | 1 | |
| *ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm* | 1 | |
| *ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm* | 1 | |
| ARIKAYCE INHALATION SUSPENSION | 3 | PA; LA |
| *azithromycin intravenous solution reconstituted* | 1 | |
| *azithromycin oral packet* | 1 | |
| *azithromycin oral suspension reconstituted* | 1 | |
| *azithromycin oral tablet 250 mg, 500 mg, 600 mg* | 1 | |
| *aztreonam injection solution reconstituted 1 gm* | 1 | |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION | 3 | |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION | 3 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| *cefaclor oral capsule* | 1 | |
| *cefaclor oral suspension reconstituted* | 1 | |
| *cefadroxil oral capsule* | 1 | |
| *cefadroxil oral suspension reconstituted* | 1 | |
| *cefadroxil oral tablet* | 1 | |
| *cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg* | 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 |
|---|---|---|
| *cefdinir oral capsule* | 1 | |
| *cefdinir oral suspension reconstituted* | 1 | |
| *cefepime hcl injection solution reconstituted 1 gm* | 1 | |
| *cefepime hcl intravenous solution reconstituted 2 gm* | 1 | |
| *cefixime oral capsule* | 1 | |
| *cefixime oral suspension reconstituted* | 1 | |
| CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM | 3 | |
| *cefoxitin sodium intravenous solution reconstituted* | 1 | |
| *cefpodoxime proxetil oral suspension reconstituted* | 1 | |
| *cefpodoxime proxetil oral tablet* | 1 | |
| *cefprozil oral suspension reconstituted* | 1 | |
| *cefprozil oral tablet* | 1 | |
| *ceftazidime injection solution reconstituted 1 gm, 6 gm* | 1 | |
| *ceftazidime intravenous solution reconstituted* | 1 | |
| *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg* | 1 | |
| *ceftriaxone sodium intravenous solution reconstituted 10 gm* | 1 | |
| *cefuroxime axetil oral tablet* | 1 | |
| *cefuroxime sodium injection solution reconstituted 750 mg* | 1 | |
| *cefuroxime sodium intravenous solution reconstituted 1.5 gm* | 1 | |
| *cephalexin oral capsule 250 mg, 500 mg* | 1 | |
| *cephalexin oral suspension reconstituted* | 1 | |
| CILOXAN OPHTHALMIC OINTMENT | 3 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | 2 | |
| *ciprofloxacin hcl ophthalmic solution* | 1 | |
| *ciprofloxacin hcl oral tablet* | 1 | |
| *ciprofloxacin in d5w intravenous solution 200 mg/100ml* | 1 | |
| *clarithromycin er oral tablet extended release 24 hour* | 1 | |
| *clarithromycin oral suspension reconstituted* | 1 | |
| *clarithromycin oral tablet* | 1 | |
| CLEOCIN VAGINAL SUPPOSITORY | 3 | |
| *clindamycin hcl oral capsule* | 1 | |
| *clindamycin palmitate hcl oral solution reconstituted* | 1 | |
| *clindamycin phosphate external swab* | 1 | |
| *clindamycin phosphate in d5w intravenous solution* | 1 | |
| *clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml* | 1 | |
| *clindamycin phosphate vaginal cream* | 1 | EDS |
| *colistimethate sodium (cba) injection solution reconstituted* | 1 | |
| *daptomycin intravenous solution reconstituted 500 mg* | 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 |
|---|---|---|
| *demeclocycline hcl oral tablet* | 1 | |
| *dicloxacillin sodium oral capsule* | 1 | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | 3 | |
| DIFICID ORAL TABLET | 3 | |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *doxycycline hyclate oral capsule* | 1 | |
| *doxycycline hyclate oral tablet 100 mg* | 1 | |
| *doxycycline hyclate oral tablet 20 mg* | 1 | EDS |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 1 | |
| *doxycycline monohydrate oral suspension reconstituted* | 1 | |
| *doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg* | 1 | |
| *ertapenem sodium injection solution reconstituted* | 1 | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | 3 | |
| *erythromycin base oral capsule delayed release particles* | 3 | |
| *erythromycin base oral tablet* | 3 | |
| *erythromycin ethylsuccinate oral suspension reconstituted* | 1 | |
| *erythromycin ethylsuccinate oral tablet* | 3 | |
| *erythromycin oral tablet delayed release 250 mg* | 1 | |
| FIRVANQ ORAL SOLUTION RECONSTITUTED | 3 | |
| *fosfomycin tromethamine oral packet* | 1 | |
| *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-%* | 1 | |
| *gentamicin sulfate external cream* | 1 | |
| *gentamicin sulfate external ointment* | 1 | |
| *gentamicin sulfate injection solution 40 mg/ml* | 1 | |
| *imipenem-cilastatin intravenous solution reconstituted* | 1 | |
| *levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml* | 1 | |
| *levofloxacin intravenous solution* | 1 | |
| *levofloxacin oral solution* | 1 | |
| *levofloxacin oral tablet* | 1 | |
| *linezolid intravenous solution 600 mg/300ml* | 1 | |
| *linezolid oral suspension reconstituted* | 1 | |
| *linezolid oral tablet* | 1 | |
| *meropenem intravenous solution reconstituted* | 1 | |
| *methenamine hippurate oral tablet* | 1 | EDS |
| *metronidazole external cream* | 1 | |
| *metronidazole external gel* | 1 | |
| *metronidazole external lotion* | 1 | |
| *metronidazole intravenous solution 500 mg/100ml* | 1 | |
| *metronidazole oral tablet* | 1 | |
| *metronidazole vaginal gel* | 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 |
|---|---|---|
| *minocycline hcl oral capsule* | 1 | |
| *minocycline hcl oral tablet* | 1 | |
| *moxifloxacin hcl in nacl intravenous solution* | 1 | |
| *moxifloxacin hcl oral tablet* | 1 | |
| *nafcillin sodium injection solution reconstituted 1 gm* | 1 | |
| *nafcillin sodium intravenous solution reconstituted 10 gm* | 1 | |
| *neomycin sulfate oral tablet* | 1 | |
| *nitrofurantoin macrocrystal oral capsule* | 1 | |
| *nitrofurantoin monohyd macro oral capsule* | 1 | |
| *ofloxacin oral tablet 300 mg, 400 mg* | 1 | |
| *oxacillin sodium injection solution reconstituted 1 gm, 2 gm* | 1 | |
| *oxacillin sodium intravenous solution reconstituted* | 1 | |
| *paromomycin sulfate oral capsule* | 1 | |
| *penicillin g potassium injection solution reconstituted 20000000 unit* | 1 | |
| PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION | 3 | |
| *penicillin v potassium oral solution reconstituted* | 1 | |
| *penicillin v potassium oral tablet* | 1 | |
| *piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm* | 1 | |
| *polymyxin b sulfate injection solution reconstituted* | 1 | |
| SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| SIVEXTRO ORAL TABLET | 3 | PA |
| STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | |
| *sulfacetamide sodium (acne) external lotion* | 1 | |
| *sulfadiazine oral tablet* | 1 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim oral tablet* | 1 | |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML | 2 | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *tetracycline hcl oral capsule* | 1 | |
| *tigecycline intravenous solution reconstituted* | 1 | |
| *tinidazole oral tablet* | 1 | |
| *tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml* | 1 | |
| *trimethoprim oral tablet* | 1 | |
| VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; Prior Authorization Except Infectious Disease or Urology |
| *vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg* | 1 | |
| *vancomycin hcl oral capsule* | 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 |
|---|---|---|
| *vandazole vaginal gel* | 1 | |
| VIBRAMYCIN ORAL SYRUP | 3 | |
| XIFAXAN ORAL TABLET 200 MG | 3 | QL (9 EA per 3 days) |
| XIFAXAN ORAL TABLET 550 MG | 3 | EDS |
| ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| ZITHROMAX ORAL PACKET | 3 | |
| ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML | 2 | |
| **Anticonvulsants** | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | 3 | QL (30 EA per 30 days); EDS |
| APTIOM ORAL TABLET 600 MG, 800 MG | 3 | QL (60 EA per 30 days); EDS |
| BRIVIACT ORAL SOLUTION | 3 | PA New Starts; PA Except Neurology; EDS |
| BRIVIACT ORAL TABLET | 3 | PA New Starts; PA Except Neurology; EDS |
| *carbamazepine er oral tablet extended release 12 hour* | 1 | EDS |
| *carbamazepine oral suspension* | 1 | EDS |
| *carbamazepine oral tablet* | 1 | EDS |
| *carbamazepine oral tablet chewable* | 1 | EDS |
| *clobazam oral suspension* | 1 | EDS |
| *clobazam oral tablet* | 1 | EDS |
| *clonazepam oral tablet* | 1 | EDS |
| *clonazepam oral tablet dispersible* | 1 | EDS |
| *clorazepate dipotassium oral tablet* | 1 | |
| DIACOMIT ORAL CAPSULE | 3 | PA New Starts; LA; EDS |
| DIACOMIT ORAL PACKET | 3 | PA New Starts; LA; EDS |
| DIASTAT ACUDIAL RECTAL GEL | 3 | |
| DIASTAT PEDIATRIC RECTAL GEL | 3 | |
| *diazepam intensol oral concentrate* | 1 | |
| *diazepam oral solution 5 mg/5ml* | 1 | |
| *diazepam oral tablet* | 1 | |
| DIAZEPAM RECTAL GEL | 3 | |
| DILANTIN ORAL CAPSULE 30 MG | 2 | EDS |
| *divalproex sodium er oral tablet extended release 24 hour* | 1 | EDS |
| *divalproex sodium oral capsule delayed release sprinkle* | 1 | EDS |
| *divalproex sodium oral tablet delayed release* | 1 | EDS |
| EPIDIOLEX ORAL SOLUTION | 3 | PA New Starts; LA; EDS |
| *epitol oral tablet* | 1 | EDS |
| EPRONTIA ORAL SOLUTION | 3 | EDS |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 3 | EDS |
| *ethosuximide oral capsule* | 1 | EDS |
| *ethosuximide oral solution* | 1 | EDS |
| *felbamate oral suspension* | 1 | EDS |
| *felbamate oral tablet* | 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 |
|---|---|---|
| FINTEPLA ORAL SOLUTION | 3 | PA New Starts; LA; EDS |
| FYCOMPA ORAL SUSPENSION | 3 | EDS |
| FYCOMPA ORAL TABLET | 3 | QL (30 EA per 30 days); EDS |
| *gabapentin oral capsule* | 1 | EDS |
| *gabapentin oral solution 250 mg/5ml* | 1 | EDS |
| *gabapentin oral tablet 600 mg, 800 mg* | 1 | EDS |
| GRALISE ORAL TABLET 300 MG | 3 | QL (30 EA per 30 days); EDS |
| *gralise oral tablet 450 mg* | 3 | QL (90 EA per 30 days); EDS |
| GRALISE ORAL TABLET 600 MG | 3 | EDS |
| *gralise oral tablet 750 mg, 900 mg* | 3 | EDS |
| *lacosamide oral solution* | 1 | EDS |
| *lacosamide oral tablet* | 1 | QL (60 EA per 30 days); EDS |
| LAMICTAL XR ORAL KIT | 3 | |
| *lamotrigine er oral tablet extended release 24 hour* | 1 | EDS |
| *lamotrigine oral kit 25 & 50 & 100 mg* | 1 | |
| *lamotrigine oral tablet* | 1 | EDS |
| *lamotrigine oral tablet chewable* | 1 | EDS |
| *lamotrigine oral tablet dispersible* | 1 | EDS |
| *lamotrigine starter kit-blue oral kit* | 1 | |
| *lamotrigine starter kit-green oral kit* | 1 | |
| *lamotrigine starter kit-orange oral kit* | 1 | |
| *levetiracetam er oral tablet extended release 24 hour* | 1 | EDS |
| *levetiracetam oral solution* | 1 | EDS |
| *levetiracetam oral tablet* | 1 | EDS |
| *lorazepam intensol oral concentrate* | 1 | |
| *lorazepam oral tablet* | 1 | |
| *methsuximide oral capsule* | 1 | EDS |
| NAYZILAM NASAL SOLUTION | 3 | PA New Starts; Prior authorization not required for neurologists. |
| *oxcarbazepine oral suspension* | 1 | EDS |
| *oxcarbazepine oral tablet* | 1 | EDS |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | EDS |
| *phenobarbital oral elixir* | 1 | EDS |
| *phenobarbital oral tablet* | 1 | EDS |
| *phenytoin oral suspension 125 mg/5ml* | 1 | EDS |
| *phenytoin oral tablet chewable* | 1 | EDS |
| *phenytoin sodium extended oral capsule* | 1 | EDS |
| *pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg* | 1 | ST; QL (30 EA per 30 days); EDS |
| *pregabalin er oral tablet extended release 24 hour 330 mg* | 1 | ST; QL (60 EA per 30 days); EDS |
| *pregabalin oral capsule* | 1 | EDS |
| *pregabalin oral solution* | 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 |
|---|---|---|
| *primidone oral tablet 250 mg, 50 mg* | 1 | EDS |
| *roweepra oral tablet 500 mg* | 1 | EDS |
| *rufinamide oral suspension* | 1 | EDS |
| *rufinamide oral tablet* | 1 | EDS |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE | 3 | EDS |
| SYMPAZAN ORAL FILM | 3 | EDS |
| *tiagabine hcl oral tablet* | 1 | EDS |
| *topiramate er oral capsule er 24 hour sprinkle* | 1 | EDS |
| *topiramate oral capsule sprinkle* | 1 | EDS |
| *topiramate oral tablet* | 1 | EDS |
| *valproic acid oral capsule* | 1 | EDS |
| *valproic acid oral solution* | 1 | EDS |
| VALTOCO 10 MG DOSE NASAL LIQUID | 3 | PA New Starts; Prior authorization not required for neurologists. |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK | 3 | PA New Starts; Prior authorization not required for neurologists. |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK | 3 | PA New Starts; Prior authorization not required for neurologists. |
| VALTOCO 5 MG DOSE NASAL LIQUID | 3 | PA New Starts; Prior authorization not required for neurologists. |
| *vigabatrin oral packet* | 1 | LA; EDS |
| *vigabatrin oral tablet* | 1 | LA; EDS |
| *vigadrone oral packet* | 1 | EDS |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 3 | QL (56 EA per 28 days); EDS |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | QL (56 EA per 28 days); EDS |
| XCOPRI ORAL TABLET 100 MG, 50 MG | 3 | QL (30 EA per 30 days); EDS |
| XCOPRI ORAL TABLET 150 MG | 3 | QL (60 EA per 30 days); EDS |
| XCOPRI ORAL TABLET 200 MG | 3 | EDS |
| XCOPRI ORAL TABLET THERAPY PACK | 3 | QL (28 EA per 28 days) |
| *zonisade oral suspension* | 3 | EDS |
| *zonisamide oral capsule* | 1 | EDS |
| *ztalmy oral suspension* | 3 | PA New Starts; LA; EDS |
| **Antidementia Agents** | | |
| *donepezil hcl oral tablet 10 mg, 5 mg* | 1 | EDS |
| *donepezil hcl oral tablet dispersible* | 1 | EDS |
| *ergoloid mesylates oral tablet* | 1 | EDS |
| *galantamine hydrobromide er oral capsule extended release 24 hour* | 1 | EDS |
| *galantamine hydrobromide oral solution* | 1 | EDS |
| *galantamine hydrobromide oral tablet* | 1 | EDS |
| *memantine hcl er oral capsule extended release 24 hour* | 1 | EDS |
| *memantine hcl oral solution 2 mg/ml* | 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 |
|---|---|---|
| *memantine hcl oral tablet 10 mg, 5 mg* | 1 | EDS |
| *memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg* | 1 | |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK | 3 | PA New Starts |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA New Starts; EDS |
| *rivastigmine tartrate oral capsule* | 1 | EDS |
| *rivastigmine transdermal patch 24 hour* | 1 | EDS |
| **Antidepressants** | | |
| *abilify asimtufii intramuscular prefilled syringe* | 2 | BD |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE | 2 | BD; EDS |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 2 | BD; EDS |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 15 MG, 20 MG, 30 MG, 5 MG | 3 | PA New Starts; QL (30 EA per 30 days); EDS |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG | 3 | PA New Starts; QL (60 EA per 30 days); EDS |
| ABILIFY MYCITE ORAL TABLET 30 MG | 3 | PA New Starts; QL (30 EA per 30 days); EDS |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG | 3 | PA New Starts; QL (30 EA per 30 days) |
| *amitriptyline hcl oral tablet* | 1 | EDS |
| AMOXAPINE ORAL TABLET | 2 | EDS |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | EDS |
| *aripiprazole oral solution* | 1 | EDS |
| *aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg* | 1 | EDS |
| *aripiprazole oral tablet 2 mg* | 1 | QL (60 EA per 30 days); EDS |
| *aripiprazole oral tablet 5 mg* | 1 | QL (30 EA per 30 days); EDS |
| *aripiprazole oral tablet dispersible* | 1 | QL (60 EA per 30 days); EDS |
| *auvelity oral tablet extended release* | 3 | PA New Starts; EDS |
| *bupropion hcl er (sr) oral tablet extended release 12 hour* | 1 | EDS |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg* | 1 | EDS |
| *bupropion hcl oral tablet* | 1 | EDS |
| *chlordiazepoxide-amitriptyline oral tablet* | 1 | EDS |
| *citalopram hydrobromide oral solution* | 1 | EDS |
| *citalopram hydrobromide oral tablet* | 1 | EDS |
| *clomipramine hcl oral capsule* | 1 | EDS |
| *desipramine hcl oral tablet* | 1 | EDS |
| *desvenlafaxine er oral tablet extended release 24 hour 100 mg* | 1 | EDS |
| *desvenlafaxine er oral tablet extended release 24 hour 50 mg* | 1 | QL (30 EA per 30 days); EDS |
| *desvenlafaxine succinate er oral tablet extended release 24 hour* | 1 | EDS |
| *doxepin hcl oral capsule* | 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 |
|---|---|---|
| *doxepin hcl oral concentrate* | 1 | EDS |
| *doxepin hcl oral tablet 3 mg* | 1 | QL (30 EA per 30 days) |
| *doxepin hcl oral tablet 6 mg* | 1 | |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG | 3 | QL (60 EA per 30 days); EDS |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG | 3 | EDS |
| *duloxetine hcl oral capsule delayed release particles* | 1 | EDS |
| EMSAM TRANSDERMAL PATCH 24 HOUR | 2 | EDS |
| *escitalopram oxalate oral solution* | 1 | EDS |
| *escitalopram oxalate oral tablet* | 1 | EDS |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | EDS |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK | 3 | |
| *fluoxetine hcl oral capsule* | 1 | EDS |
| *fluoxetine hcl oral capsule delayed release* | 1 | EDS |
| *fluoxetine hcl oral solution* | 1 | EDS |
| *fluvoxamine maleate er oral capsule extended release 24 hour 100 mg* | 1 | QL (60 EA per 30 days); EDS |
| *fluvoxamine maleate er oral capsule extended release 24 hour 150 mg* | 1 | EDS |
| *fluvoxamine maleate oral tablet* | 1 | EDS |
| *imipramine hcl oral tablet* | 1 | EDS |
| MARPLAN ORAL TABLET | 2 | EDS |
| *mirtazapine oral tablet* | 1 | EDS |
| *mirtazapine oral tablet dispersible* | 1 | EDS |
| *nefazodone hcl oral tablet* | 1 | EDS |
| *nortriptyline hcl oral capsule* | 1 | EDS |
| *nortriptyline hcl oral solution* | 1 | EDS |
| *olanzapine-fluoxetine hcl oral capsule* | 1 | EDS |
| *paroxetine hcl er oral tablet extended release 24 hour* | 1 | EDS |
| *paroxetine hcl oral suspension* | 1 | EDS |
| *paroxetine hcl oral tablet* | 1 | EDS |
| *paroxetine mesylate oral capsule* | 1 | EDS |
| *perphenazine-amitriptyline oral tablet* | 1 | EDS |
| PEXEVA ORAL TABLET | 3 | EDS |
| *phenelzine sulfate oral tablet* | 1 | EDS |
| *protriptyline hcl oral tablet* | 1 | EDS |
| *quetiapine fumarate er oral tablet extended release 24 hour* | 1 | EDS |
| *quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | 1 | EDS |
| *sertraline hcl oral concentrate* | 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 |
|---|---|---|
| *sertraline hcl oral tablet* | 1 | EDS |
| *tranylcypromine sulfate oral tablet* | 1 | EDS |
| *trazodone hcl oral tablet* | 1 | EDS |
| *trimipramine maleate oral capsule* | 1 | EDS |
| TRINTELLIX ORAL TABLET | 3 | QL (30 EA per 30 days); EDS |
| *venlafaxine hcl er oral capsule extended release 24 hour* | 1 | EDS |
| *venlafaxine hcl er oral tablet extended release 24 hour* | 1 | EDS |
| *venlafaxine hcl oral tablet* | 1 | EDS |
| VIIBRYD STARTER PACK ORAL KIT | 3 | |
| *vilazodone hcl oral tablet 10 mg, 20 mg* | 1 | QL (30 EA per 30 days); EDS |
| *vilazodone hcl oral tablet 40 mg* | 1 | EDS |
| **Antiemetics** | | |
| *aprepitant oral capsule* | 1 | BD |
| *chlorpromazine hcl oral concentrate* | 1 | EDS |
| *chlorpromazine hcl oral tablet* | 1 | EDS |
| *compro rectal suppository* | 1 | |
| *dronabinol oral capsule* | 1 | PA |
| *granisetron hcl oral tablet* | 1 | BD |
| *meclizine hcl oral tablet 12.5 mg, 25 mg* | 1 | EDS |
| *metoclopramide hcl oral solution 5 mg/5ml* | 1 | |
| *metoclopramide hcl oral tablet* | 1 | |
| *ondansetron hcl oral solution* | 1 | BD |
| *ondansetron hcl oral tablet* | 1 | BD |
| *ondansetron oral tablet dispersible* | 1 | BD |
| *perphenazine oral tablet* | 1 | EDS |
| *prochlorperazine maleate oral tablet* | 1 | EDS |
| *prochlorperazine rectal suppository* | 1 | |
| *promethazine hcl oral syrup* | 3 | PA; PA does not apply to age less than 65. |
| *promethazine hcl oral tablet* | 3 | PA; PA does not apply to age less than 65. |
| PROMETHAZINE HCL RECTAL SUPPOSITORY 12.5 MG | 3 | PA; PA does not apply to age less than 65. |
| *promethazine hcl rectal suppository 25 mg* | 3 | PA; PA does not apply to age less than 65. |
| *promethegan rectal suppository 25 mg, 50 mg* | 3 | PA; PA does not apply to age less than 65. |
| SANCUSO TRANSDERMAL PATCH | 3 | |
| *scopolamine transdermal patch 72 hour* | 1 | |
| SYNDROS ORAL SOLUTION | 3 | PA |
| *trimethobenzamide hcl oral capsule* | 1 | |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK | 3 | BD |
| **Antifungals** | | |
| ABELCET INTRAVENOUS SUSPENSION | 3 | BD |
| AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED | 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 |
|---|---|---|
| *amphotericin b liposome intravenous suspension reconstituted* | 1 | BD |
| *caspofungin acetate intravenous solution reconstituted* | 1 | BD |
| *ciclopirox olamine external cream* | 1 | |
| *ciclopirox olamine external suspension* | 1 | |
| *clotrimazole external cream* | 1 | |
| *clotrimazole external solution* | 1 | |
| *clotrimazole mouth/throat troche* | 1 | |
| *econazole nitrate external cream* | 1 | |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ERTACZO EXTERNAL CREAM | 3 | |
| EXELDERM EXTERNAL CREAM | 3 | |
| EXELDERM EXTERNAL SOLUTION | 3 | |
| *fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%* | 1 | |
| *fluconazole oral suspension reconstituted* | 1 | |
| *fluconazole oral tablet* | 1 | |
| *flucytosine oral capsule* | 1 | |
| *griseofulvin microsize oral suspension* | 1 | |
| *griseofulvin microsize oral tablet* | 1 | |
| *griseofulvin ultramicrosize oral tablet* | 1 | |
| GYNAZOLE-1 VAGINAL CREAM | 3 | |
| *itraconazole oral capsule* | 1 | |
| *itraconazole oral solution* | 1 | |
| *ketoconazole external cream* | 1 | |
| *ketoconazole external foam* | 1 | |
| *ketoconazole external shampoo 2 %* | 1 | |
| *ketoconazole oral tablet* | 1 | PA |
| *ketodan external foam* | 1 | |
| *micafungin sodium intravenous solution reconstituted* | 1 | |
| MICONAZOLE 3 VAGINAL SUPPOSITORY | 3 | |
| *nyamyc external powder* | 1 | |
| *nystatin external cream* | 1 | |
| *nystatin external ointment* | 1 | |
| *nystatin external powder* | 1 | |
| *nystatin mouth/throat suspension* | 1 | |
| *nystatin oral tablet* | 1 | |
| *nystop external powder* | 1 | |
| *posaconazole oral suspension* | 1 | |
| *posaconazole oral tablet delayed release* | 1 | EDS |
| *tavaborole external solution* | 1 | PA |
| *terbinafine hcl oral tablet* | 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 |
|---|---|---|
| *terconazole vaginal cream* | 1 | |
| *vivjoa oral capsule therapy pack* | 3 | PA; QL (18 EA per 84 days) |
| *voriconazole intravenous solution reconstituted* | 1 | BD |
| *voriconazole oral suspension reconstituted* | 1 | |
| *voriconazole oral tablet* | 1 | |
| **Antigout Agents** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 1 | EDS |
| *colchicine oral capsule* | 1 | EDS |
| *colchicine oral tablet* | 1 | EDS |
| *colchicine-probenecid oral tablet* | 1 | EDS |
| *febuxostat oral tablet* | 1 | ST; EDS |
| *probenecid oral tablet* | 1 | EDS |
| **Antimigraine Agents** | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 2 | PA; EDS |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML | 2 | PA; QL (1 ML per 30 days); EDS |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; EDS |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; EDS |
| *almotriptan malate oral tablet* | 1 | |
| *dihydroergotamine mesylate nasal solution* | 1 | QL (8 ML per 28 days) |
| *divalproex sodium er oral tablet extended release 24 hour* | 1 | EDS |
| *divalproex sodium oral capsule delayed release sprinkle* | 1 | EDS |
| *divalproex sodium oral tablet delayed release* | 1 | EDS |
| *eletriptan hydrobromide oral tablet* | 1 | |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; EDS |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; EDS |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; EDS |
| *ergotamine-caffeine oral tablet* | 1 | |
| *frovatriptan succinate oral tablet* | 1 | |
| *migergot rectal suppository* | 1 | |
| *naratriptan hcl oral tablet* | 1 | |
| NURTEC ORAL TABLET DISPERSIBLE | 2 | PA |
| QULIPTA ORAL TABLET | 2 | PA; QL (30 EA per 30 days); EDS |
| *rizatriptan benzoate oral tablet* | 1 | |
| *rizatriptan benzoate oral tablet dispersible* | 1 | |
| *sumatriptan nasal solution* | 1 | |
| *sumatriptan succinate oral tablet* | 1 | |
| *sumatriptan succinate refill subcutaneous solution cartridge* | 1 | |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5ml* | 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 |
|---|---|---|
| *sumatriptan succinate subcutaneous solution auto-injector* | 1 | |
| *sumatriptan-naproxen sodium oral tablet* | 1 | |
| *timolol maleate oral tablet* | 1 | EDS |
| *topiramate er oral capsule er 24 hour sprinkle* | 1 | EDS |
| *topiramate oral capsule sprinkle* | 1 | EDS |
| *topiramate oral tablet* | 1 | EDS |
| UBRELVY ORAL TABLET | 2 | PA |
| *valproic acid oral capsule* | 1 | EDS |
| *valproic acid oral solution* | 1 | EDS |
| *zolmitriptan nasal solution 5 mg* | 1 | |
| *zolmitriptan oral tablet* | 1 | |
| *zolmitriptan oral tablet dispersible* | 1 | |
| **Antimyasthenic Agents** | | |
| *pyridostigmine bromide er oral tablet extended release* | 1 | |
| *pyridostigmine bromide oral solution* | 1 | |
| *pyridostigmine bromide oral tablet 30 mg* | 1 | |
| *pyridostigmine bromide oral tablet 60 mg* | 1 | EDS |
| **Antimycobacterials** | | |
| *dapsone external gel 7.5 %* | 1 | |
| *dapsone oral tablet* | 1 | EDS |
| *ethambutol hcl oral tablet* | 1 | |
| *isoniazid oral syrup* | 1 | EDS |
| *isoniazid oral tablet* | 1 | EDS |
| PASER ORAL PACKET | 3 | |
| PRETOMANID ORAL TABLET | 3 | PA |
| PRIFTIN ORAL TABLET | 3 | |
| *pyrazinamide oral tablet* | 1 | |
| *rifabutin oral capsule* | 1 | |
| *rifampin intravenous solution reconstituted* | 1 | |
| *rifampin oral capsule* | 1 | |
| SIRTURO ORAL TABLET | 3 | PA |
| TRECATOR ORAL TABLET | 3 | |
| **Antineoplastics** | | |
| *abiraterone acetate oral tablet 250 mg* | 1 | PA New Starts |
| ALECENSA ORAL CAPSULE | 3 | PA New Starts |
| ALUNBRIG ORAL TABLET | 3 | PA New Starts; LA |
| ALUNBRIG ORAL TABLET THERAPY PACK | 3 | PA New Starts; LA |
| *anastrozole oral tablet* | 1 | EDS |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | 3 | PA New Starts; LA; QL (30 EA per 30 days) |
| AYVAKIT ORAL TABLET 300 MG | 3 | PA New Starts; LA |
| BALVERSA ORAL TABLET | 3 | PA New Starts; LA |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| *bexarotene external gel* | 1 | PA New Starts |
| *bexarotene oral capsule* | 1 | |
| *bicalutamide oral tablet* | 1 | |
| BOSULIF ORAL TABLET | 3 | PA New Starts; LA |
| BRAFTOVI ORAL CAPSULE 75 MG | 3 | PA New Starts; LA |
| BRUKINSA ORAL CAPSULE | 3 | PA New Starts |
| CABOMETYX ORAL TABLET | 3 | PA New Starts; LA |
| CALQUENCE ORAL CAPSULE | 3 | PA New Starts |
| *calquence oral tablet* | 3 | PA New Starts; LA |
| CAPRELSA ORAL TABLET | 3 | PA New Starts; LA |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 3 | PA New Starts; LA |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 3 | PA New Starts; LA |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT | 3 | PA New Starts; LA |
| COPIKTRA ORAL CAPSULE 15 MG | 3 | PA New Starts; LA; QL (60 EA per 30 days) |
| COPIKTRA ORAL CAPSULE 25 MG | 3 | PA New Starts; LA |
| COTELLIC ORAL TABLET | 3 | PA New Starts |
| *cyclophosphamide oral capsule* | 1 | BD; EDS |
| *cyclophosphamide oral tablet* | 1 | BD |
| DAURISMO ORAL TABLET 100 MG | 3 | PA New Starts; LA |
| DAURISMO ORAL TABLET 25 MG | 3 | PA New Starts; LA; QL (60 EA per 30 days) |
| DROXIA ORAL CAPSULE | 2 | EDS |
| EMCYT ORAL CAPSULE | 2 | |
| ERIVEDGE ORAL CAPSULE | 3 | PA New Starts |
| *erleada oral tablet 240 mg* | 2 | PA New Starts |
| ERLEADA ORAL TABLET 60 MG | 2 | PA New Starts |
| *erlotinib hcl oral tablet* | 1 | PA New Starts |
| *everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg* | 1 | BD; EDS |
| *everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 1 | PA New Starts |
| *everolimus oral tablet soluble* | 1 | PA New Starts |
| *exemestane oral tablet* | 1 | EDS |
| EXKIVITY ORAL CAPSULE | 3 | PA New Starts; LA |
| *flutamide oral capsule* | 1 | EDS |
| FOTIVDA ORAL CAPSULE | 3 | PA New Starts; EDS |
| GAVRETO ORAL CAPSULE | 3 | PA New Starts; LA |
| *gefitinib oral tablet* | 1 | PA New Starts |
| GILOTRIF ORAL TABLET | 3 | PA New Starts; LA |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 3 | |
| *hydroxyurea oral capsule* | 1 | EDS |
| IBRANCE ORAL CAPSULE | 3 | PA New Starts; LA |
| IBRANCE ORAL TABLET | 3 | PA New Starts; LA |
| ICLUSIG ORAL TABLET | 3 | PA New Starts |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| IDHIFA ORAL TABLET | 3 | PA New Starts; LA |
| *imatinib mesylate oral tablet* | 1 | EDS |
| IMBRUVICA ORAL CAPSULE | 3 | PA New Starts; LA |
| *imbruvica oral suspension* | 3 | PA New Starts; LA |
| IMBRUVICA ORAL TABLET | 3 | PA New Starts; LA |
| INLYTA ORAL TABLET | 3 | PA New Starts; LA |
| INQOVI ORAL TABLET | 3 | PA New Starts; LA |
| INREBIC ORAL CAPSULE | 3 | PA New Starts; LA |
| JAKAFI ORAL TABLET | 3 | PA New Starts; LA |
| *jaypirca oral tablet* | 3 | PA New Starts; LA |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA New Starts |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA New Starts |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA New Starts |
| KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA New Starts |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA New Starts |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA New Starts |
| KRAZATI ORAL TABLET | 3 | PA New Starts; LA |
| *lapatinib ditosylate oral tablet* | 1 | PA New Starts |
| *lenalidomide oral capsule* | 1 | PA New Starts |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA New Starts; LA |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA New Starts; LA |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA New Starts; LA |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA New Starts; LA |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA New Starts; LA |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA New Starts; LA |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA New Starts; LA |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA New Starts; LA |
| *letrozole oral tablet* | 1 | EDS |
| *leucovorin calcium oral tablet* | 1 | |
| LEUKERAN ORAL TABLET | 2 | |
| LONSURF ORAL TABLET | 3 | PA New Starts; LA |
| LORBRENA ORAL TABLET 100 MG | 3 | PA New Starts; LA |
| LORBRENA ORAL TABLET 25 MG | 3 | PA New Starts; LA; QL (90 EA per 30 days) |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| LUMAKRAS ORAL TABLET 120 MG | 3 | PA New Starts |
| *lumakras oral tablet 320 mg* | 3 | PA New Starts |
| LYNPARZA ORAL TABLET | 3 | PA New Starts; LA |
| LYSODREN ORAL TABLET | 2 | |
| *lytgobi (12 mg daily dose) oral tablet therapy pack* | 3 | PA New Starts; QL (84 EA per 28 days) |
| *lytgobi (16 mg daily dose) oral tablet therapy pack* | 3 | PA New Starts; QL (112 EA per 28 days) |
| *lytgobi (20 mg daily dose) oral tablet therapy pack* | 3 | PA New Starts; QL (140 EA per 28 days) |
| MATULANE ORAL CAPSULE | 2 | LA |
| *mekinist oral solution reconstituted* | 3 | PA New Starts |
| MEKINIST ORAL TABLET | 3 | PA New Starts |
| MEKTOVI ORAL TABLET | 3 | PA New Starts; LA |
| *mercaptopurine oral tablet* | 1 | EDS |
| MESNEX ORAL TABLET | 2 | |
| *methotrexate sodium (pf) injection solution 50 mg/2ml* | 1 | |
| *methotrexate sodium injection solution 50 mg/2ml* | 1 | |
| *methotrexate sodium oral tablet* | 1 | EDS |
| NERLYNX ORAL TABLET | 3 | PA New Starts; LA |
| *nilutamide oral tablet* | 1 | |
| NINLARO ORAL CAPSULE | 3 | PA New Starts; QL (3 EA per 28 days) |
| NUBEQA ORAL TABLET | 3 | PA New Starts; LA |
| ODOMZO ORAL CAPSULE | 3 | PA New Starts |
| *ojjaara oral tablet 100 mg* | 3 | PA New Starts; LA; QL (30 EA per 30 days) |
| *ojjaara oral tablet 150 mg, 200 mg* | 3 | PA New Starts; LA |
| ONUREG ORAL TABLET | 3 | PA New Starts; QL (30 EA per 30 days) |
| ORGOVYX ORAL TABLET | 3 | PA New Starts; LA |
| *orserdu oral tablet* | 3 | PA New Starts; LA |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 3 | PA; EDS |
| PEMAZYRE ORAL TABLET 13.5 MG | 3 | PA New Starts; LA |
| PEMAZYRE ORAL TABLET 4.5 MG, 9 MG | 3 | PA New Starts; LA; QL (30 EA per 30 days) |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA New Starts; LA |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA New Starts; LA |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA New Starts; LA |
| POMALYST ORAL CAPSULE | 3 | PA New Starts; LA |
| PURIXAN ORAL SUSPENSION | 2 | LA |
| QINLOCK ORAL TABLET | 3 | PA New Starts; LA |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 3 | PA; EDS |
| RETEVMO ORAL CAPSULE 40 MG | 3 | PA New Starts; QL (60 EA per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 3 | PA New Starts |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| REVLIMID ORAL CAPSULE | 3 | PA New Starts; LA |
| *rezlidhia oral capsule* | 3 | PA New Starts |
| ROZLYTREK ORAL CAPSULE | 3 | PA New Starts; LA |
| RUBRACA ORAL TABLET | 3 | PA New Starts; LA; QL (120 EA per 30 days) |
| RYDAPT ORAL CAPSULE | 3 | PA New Starts |
| SCEMBLIX ORAL TABLET 20 MG | 3 | PA New Starts; QL (60 EA per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 3 | PA New Starts; QL (300 EA per 30 days) |
| SOLTAMOX ORAL SOLUTION | 2 | EDS |
| *sorafenib tosylate oral tablet* | 1 | PA New Starts |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG | 2 | PA New Starts; QL (30 EA per 30 days) |
| SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG | 2 | PA New Starts; QL (60 EA per 30 days) |
| STIVARGA ORAL TABLET | 3 | PA New Starts; LA |
| *sunitinib malate oral capsule* | 1 | PA New Starts |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA New Starts |
| TABLOID ORAL TABLET | 3 | |
| TABRECTA ORAL TABLET 150 MG | 3 | PA New Starts; QL (120 EA per 30 days) |
| TABRECTA ORAL TABLET 200 MG | 3 | PA New Starts |
| TAFINLAR ORAL CAPSULE | 3 | PA New Starts |
| *tafinlar oral tablet soluble* | 3 | PA New Starts |
| TAGRISSO ORAL TABLET | 3 | PA New Starts; LA |
| *talzenna oral capsule 0.1 mg, 0.35 mg* | 3 | PA New Starts; QL (30 EA per 30 days) |
| TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG | 3 | PA New Starts; LA; QL (30 EA per 30 days) |
| TALZENNA ORAL CAPSULE 1 MG | 3 | PA New Starts; LA |
| *tamoxifen citrate oral tablet* | 1 | EDS |
| TASIGNA ORAL CAPSULE | 3 | PA New Starts |
| TAZVERIK ORAL TABLET | 3 | PA New Starts; LA; QL (240 EA per 30 days) |
| TEPMETKO ORAL TABLET | 3 | PA New Starts |
| THALOMID ORAL CAPSULE | 2 | LA; EDS |
| TIBSOVO ORAL TABLET | 3 | PA New Starts; LA |
| *toremifene citrate oral tablet* | 1 | EDS |
| *tretinoin oral capsule* | 1 | |
| TUKYSA ORAL TABLET 150 MG | 3 | PA New Starts; LA |
| TUKYSA ORAL TABLET 50 MG | 3 | PA New Starts; LA; QL (120 EA per 30 days) |
| *turalio oral capsule 125 mg* | 3 | PA New Starts; LA |
| TURALIO ORAL CAPSULE 200 MG | 3 | PA New Starts; LA |
| VALCHLOR EXTERNAL GEL | 3 | PA New Starts |
| *vanflyta oral tablet* | 3 | 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 | 3 | PA New Starts; LA |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK | 3 | PA New Starts; LA; QL (42 EA per 30 days) |
| VERZENIO ORAL TABLET | 3 | PA New Starts |
| VITRAKVI ORAL CAPSULE 100 MG | 3 | PA New Starts; LA |
| VITRAKVI ORAL CAPSULE 25 MG | 3 | PA New Starts; LA; QL (180 EA per 30 days) |
| VITRAKVI ORAL SOLUTION | 3 | PA New Starts; LA |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG | 3 | PA New Starts; LA; QL (30 EA per 30 days) |
| VIZIMPRO ORAL TABLET 45 MG | 3 | PA New Starts; LA |
| *vonjo oral capsule* | 3 | PA New Starts; QL (120 EA per 30 days) |
| VOTRIENT ORAL TABLET | 3 | PA New Starts |
| WELIREG ORAL TABLET | 3 | PA New Starts |
| XALKORI ORAL CAPSULE | 3 | PA New Starts; LA |
| XATMEP ORAL SOLUTION | 3 | BD |
| XOSPATA ORAL TABLET | 3 | PA New Starts; LA |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 3 | PA New Starts; LA; QL (8 EA per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 3 | PA New Starts; LA; QL (4 EA per 28 days) |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 3 | PA New Starts; LA; QL (8 EA per 28 days) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 3 | PA New Starts; LA; QL (4 EA per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA New Starts; LA; QL (24 EA per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 3 | PA New Starts; LA; QL (8 EA per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA New Starts; LA; QL (32 EA per 28 days) |
| XTANDI ORAL CAPSULE | 2 | PA New Starts |
| XTANDI ORAL TABLET | 2 | PA New Starts |
| XURIDEN ORAL PACKET | 2 | PA; EDS |
| ZEJULA ORAL CAPSULE | 2 | PA New Starts; LA |
| *zejula oral tablet* | 2 | PA New Starts; LA; QL (30 EA per 30 days) |
| ZELBORAF ORAL TABLET | 3 | PA New Starts |
| ZOLINZA ORAL CAPSULE | 2 | |
| ZYDELIG ORAL TABLET | 3 | PA New Starts |
| ZYKADIA ORAL TABLET | 3 | PA New Starts |
| **Antiparasitics** | | |
| *albendazole oral tablet* | 1 | |
| *atovaquone oral suspension* | 1 | |
| *atovaquone-proguanil hcl oral tablet* | 1 | |
| *chloroquine phosphate oral tablet* | 1 | EDS |
| COARTEM ORAL TABLET | 2 | QL (24 EA per 30 days) |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| EMVERM ORAL TABLET CHEWABLE | 3 | |
| *hydroxychloroquine sulfate oral tablet 200 mg* | 1 | EDS |
| *ivermectin oral tablet* | 1 | |
| *mefloquine hcl oral tablet* | 1 | EDS |
| *nitazoxanide oral tablet* | 1 | |
| *pentamidine isethionate inhalation solution reconstituted* | 1 | BD |
| *pentamidine isethionate injection solution reconstituted* | 1 | |
| *praziquantel oral tablet* | 1 | |
| *primaquine phosphate oral tablet 26.3 (15 base) mg* | 1 | |
| *pyrimethamine oral tablet* | 1 | |
| *quinine sulfate oral capsule* | 1 | |
| **Antiparkinson Agents** | | |
| *amantadine hcl oral capsule* | 1 | EDS |
| *amantadine hcl oral solution* | 1 | EDS |
| *amantadine hcl oral tablet* | 1 | EDS |
| *apomorphine hcl subcutaneous solution cartridge* | 1 | PA |
| *benztropine mesylate oral tablet* | 1 | EDS |
| *bromocriptine mesylate oral capsule* | 1 | EDS |
| *bromocriptine mesylate oral tablet* | 1 | EDS |
| *carbidopa oral tablet* | 1 | EDS |
| *carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg* | 1 | EDS |
| *carbidopa-levodopa oral tablet* | 1 | EDS |
| *carbidopa-levodopa oral tablet dispersible* | 1 | EDS |
| *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* | 1 | EDS |
| *entacapone oral tablet* | 1 | EDS |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA; LA; EDS |
| INBRIJA INHALATION CAPSULE | 3 | PA; LA; EDS |
| NEUPRO TRANSDERMAL PATCH 24 HOUR | 3 | QL (30 EA per 30 days); EDS |
| OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK | 3 | PA; EDS |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG | 3 | PA; EDS |
| *pramipexole dihydrochloride er oral tablet extended release 24 hour* | 1 | QL (30 EA per 30 days); EDS |
| *pramipexole dihydrochloride oral tablet* | 1 | EDS |
| *rasagiline mesylate oral tablet* | 1 | EDS |
| *ropinirole hcl er oral tablet extended release 24 hour* | 1 | EDS |
| *ropinirole hcl oral tablet* | 1 | EDS |
| *selegiline hcl oral capsule* | 1 | EDS |
| *selegiline hcl oral tablet* | 1 | EDS |
| *tolcapone oral tablet* | 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 |
|---|---|---|
| *trihexyphenidyl hcl oral solution* | 1 | EDS |
| *trihexyphenidyl hcl oral tablet* | 1 | EDS |
| ZELAPAR ORAL TABLET DISPERSIBLE | 3 | EDS |
| **Antipsychotics** | | |
| *abilify asimtufii intramuscular prefilled syringe* | 2 | BD |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE | 2 | BD; EDS |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 2 | BD; EDS |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 15 MG, 20 MG, 30 MG, 5 MG | 3 | PA New Starts; QL (30 EA per 30 days); EDS |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG | 3 | PA New Starts; QL (60 EA per 30 days); EDS |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG | 3 | PA New Starts; QL (30 EA per 30 days) |
| *aripiprazole oral solution* | 1 | EDS |
| *aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg* | 1 | EDS |
| *aripiprazole oral tablet 2 mg* | 1 | QL (60 EA per 30 days); EDS |
| *aripiprazole oral tablet 5 mg* | 1 | QL (30 EA per 30 days); EDS |
| *aripiprazole oral tablet dispersible* | 1 | QL (60 EA per 30 days); EDS |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE | 2 | BD |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE | 2 | BD; EDS |
| *asenapine maleate sublingual tablet sublingual* | 1 | EDS |
| *caplyta oral capsule 10.5 mg, 21 mg* | 3 | PA New Starts; QL (30 EA per 30 days); EDS |
| CAPLYTA ORAL CAPSULE 42 MG | 3 | PA New Starts; EDS |
| *chlorpromazine hcl oral concentrate* | 1 | EDS |
| *chlorpromazine hcl oral tablet* | 1 | EDS |
| *clozapine oral tablet* | 1 | |
| *clozapine oral tablet dispersible* | 1 | |
| FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG | 3 | QL (90 EA per 30 days); EDS |
| FANAPT ORAL TABLET 10 MG | 3 | QL (60 EA per 30 days); EDS |
| FANAPT ORAL TABLET 12 MG, 8 MG | 3 | EDS |
| FANAPT TITRATION PACK ORAL TABLET | 3 | QL (8 EA per 28 days) |
| *fluphenazine decanoate injection solution* | 1 | BD |
| *fluphenazine hcl injection solution* | 1 | BD |
| *fluphenazine hcl oral concentrate* | 1 | EDS |
| *fluphenazine hcl oral elixir* | 1 | EDS |
| *fluphenazine hcl oral tablet* | 1 | EDS |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml* | 1 | BD |
| *haloperidol lactate injection solution* | 1 | BD |
| *haloperidol lactate oral concentrate* | 1 | EDS |
| *haloperidol oral tablet* | 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 |
|---|---|---|
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | PA New Starts |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | BD |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML | 3 | PA New Starts; EDS |
| *loxapine succinate oral capsule* | 1 | EDS |
| *lurasidone hcl oral tablet* | 1 | EDS |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG | 3 | PA New Starts; EDS |
| *molindone hcl oral tablet* | 1 | EDS |
| NUPLAZID ORAL CAPSULE | 3 | PA New Starts; LA; EDS |
| NUPLAZID ORAL TABLET 10 MG | 3 | PA New Starts; LA; QL (30 EA per 30 days); EDS |
| *olanzapine intramuscular solution reconstituted* | 1 | BD |
| *olanzapine oral tablet* | 1 | EDS |
| *olanzapine oral tablet dispersible* | 1 | EDS |
| *paliperidone er oral tablet extended release 24 hour* | 1 | EDS |
| *perphenazine oral tablet* | 1 | EDS |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE | 3 | BD; EDS |
| *pimozide oral tablet* | 1 | EDS |
| *prochlorperazine maleate oral tablet* | 1 | EDS |
| *quetiapine fumarate er oral tablet extended release 24 hour* | 1 | EDS |
| *quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | 1 | EDS |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG | 3 | QL (30 EA per 30 days); EDS |
| REXULTI ORAL TABLET 4 MG | 3 | EDS |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 2 | BD |
| *risperidone oral solution* | 1 | EDS |
| *risperidone oral tablet* | 1 | EDS |
| *risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg* | 1 | QL (120 EA per 30 days); EDS |
| *risperidone oral tablet dispersible 4 mg* | 1 | EDS |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR | 3 | QL (30 EA per 30 days); EDS |
| SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR | 3 | EDS |
| *thioridazine hcl oral tablet* | 1 | EDS |
| *thiothixene oral capsule* | 1 | EDS |
| *trifluoperazine hcl oral tablet* | 1 | EDS |
| *uzedy subcutaneous suspension prefilled syringe* | 2 | BD |
| VERSACLOZ ORAL SUSPENSION | 3 | |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| VRAYLAR ORAL CAPSULE | 3 | PA New Starts; QL (30 EA per 30 days); EDS |
| VRAYLAR ORAL CAPSULE THERAPY PACK | 3 | PA New Starts |
| *ziprasidone hcl oral capsule* | 1 | EDS |
| *ziprasidone mesylate intramuscular solution reconstituted* | 1 | BD |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | 3 | BD |
| **Antispasticity Agents** | | |
| *baclofen oral tablet* | 1 | EDS |
| *dantrolene sodium oral capsule* | 1 | |
| *tizanidine hcl oral capsule* | 1 | EDS |
| *tizanidine hcl oral tablet* | 1 | EDS |
| **Antivirals** | | |
| *abacavir sulfate oral solution* | 1 | EDS |
| *abacavir sulfate oral tablet* | 1 | EDS |
| *abacavir sulfate-lamivudine oral tablet* | 1 | EDS |
| *abacavir-lamivudine-zidovudine oral tablet* | 1 | EDS |
| *acyclovir oral capsule* | 1 | EDS |
| *acyclovir oral suspension* | 1 | |
| *acyclovir oral tablet 400 mg* | 1 | EDS |
| *acyclovir oral tablet 800 mg* | 1 | |
| *acyclovir sodium intravenous solution* | 1 | BD |
| *adefovir dipivoxil oral tablet* | 1 | EDS |
| *amantadine hcl oral capsule* | 1 | EDS |
| *amantadine hcl oral solution* | 1 | EDS |
| *amantadine hcl oral tablet* | 1 | EDS |
| APTIVUS ORAL CAPSULE | 3 | EDS |
| *atazanavir sulfate oral capsule* | 1 | EDS |
| BARACLUDE ORAL SOLUTION | 2 | EDS |
| BIKTARVY ORAL TABLET | 2 | EDS |
| CIMDUO ORAL TABLET | 2 | EDS |
| COMPLERA ORAL TABLET | 3 | EDS |
| *darunavir oral tablet* | 1 | EDS |
| *delstrigo oral tablet* | 3 | EDS |
| *descovy oral tablet 120-15 mg* | 3 | EDS |
| DESCOVY ORAL TABLET 200-25 MG | 3 | EDS |
| DOVATO ORAL TABLET | 3 | EDS |
| EDURANT ORAL TABLET | 3 | EDS |
| *efavirenz oral capsule* | 1 | EDS |
| *efavirenz oral tablet* | 1 | EDS |
| *efavirenz-emtricitab-tenofo df oral tablet* | 1 | EDS |
| *efavirenz-lamivudine-tenofovir oral tablet* | 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 |
|---|---|---|
| *emtricitabine oral capsule* | 1 | EDS |
| *emtricitabine-tenofovir df oral tablet* | 1 | EDS |
| EMTRIVA ORAL SOLUTION | 2 | EDS |
| *entecavir oral tablet* | 1 | EDS |
| EPCLUSA ORAL PACKET | 2 | PA |
| EPCLUSA ORAL TABLET 200-50 MG | 2 | PA; QL (30 EA per 30 days) |
| EPCLUSA ORAL TABLET 400-100 MG | 2 | PA |
| EPIVIR HBV ORAL SOLUTION | 2 | EDS |
| *etravirine oral tablet* | 1 | EDS |
| EVOTAZ ORAL TABLET | 3 | EDS |
| *famciclovir oral tablet* | 1 | EDS |
| *fosamprenavir calcium oral tablet* | 1 | EDS |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | EDS |
| GENVOYA ORAL TABLET | 2 | EDS |
| HARVONI ORAL PACKET | 2 | PA |
| HARVONI ORAL TABLET 90-400 MG | 2 | PA |
| INTELENCE ORAL TABLET 25 MG | 2 | EDS |
| ISENTRESS HD ORAL TABLET | 3 | EDS |
| ISENTRESS ORAL PACKET | 3 | EDS |
| ISENTRESS ORAL TABLET | 3 | EDS |
| ISENTRESS ORAL TABLET CHEWABLE | 3 | EDS |
| JULUCA ORAL TABLET | 3 | EDS |
| *lamivudine oral solution* | 1 | EDS |
| *lamivudine oral tablet* | 1 | EDS |
| *lamivudine-zidovudine oral tablet* | 1 | EDS |
| *ledipasvir-sofosbuvir oral tablet* | 1 | PA |
| LEXIVA ORAL SUSPENSION | 2 | EDS |
| LIVTENCITY ORAL TABLET | 3 | PA; LA; EDS |
| *lopinavir-ritonavir oral solution* | 1 | EDS |
| *lopinavir-ritonavir oral tablet* | 1 | EDS |
| *maraviroc oral tablet* | 1 | EDS |
| MAVYRET ORAL PACKET | 2 | PA |
| MAVYRET ORAL TABLET | 2 | PA |
| *nevirapine er oral tablet extended release 24 hour* | 1 | EDS |
| *nevirapine oral suspension* | 1 | EDS |
| *nevirapine oral tablet* | 1 | EDS |
| NORVIR ORAL PACKET | 2 | EDS |
| NORVIR ORAL SOLUTION | 2 | EDS |
| ODEFSEY ORAL TABLET | 3 | EDS |
| *oseltamivir phosphate oral capsule* | 1 | |
| *oseltamivir phosphate oral suspension reconstituted* | 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 |
|---|---|---|
| PIFELTRO ORAL TABLET | 3 | EDS |
| PREVYMIS ORAL TABLET | 3 | PA; EDS |
| PREZCOBIX ORAL TABLET | 3 | EDS |
| PREZISTA ORAL SUSPENSION | 2 | EDS |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 2 | EDS |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 3 | |
| REYATAZ ORAL PACKET | 2 | EDS |
| *ribavirin oral capsule* | 1 | |
| *ribavirin oral tablet 200 mg* | 1 | |
| *rimantadine hcl oral tablet* | 1 | |
| *ritonavir oral tablet* | 1 | EDS |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | EDS |
| SELZENTRY ORAL SOLUTION | 2 | EDS |
| SELZENTRY ORAL TABLET 25 MG, 75 MG | 2 | EDS |
| *sofosbuvir-velpatasvir oral tablet* | 1 | PA |
| SOVALDI ORAL PACKET | 2 | PA |
| SOVALDI ORAL TABLET 200 MG | 2 | PA; QL (30 EA per 30 days) |
| SOVALDI ORAL TABLET 400 MG | 2 | PA |
| STRIBILD ORAL TABLET | 2 | EDS |
| SUNLENCA ORAL TABLET THERAPY PACK | 3 | |
| SYMTUZA ORAL TABLET | 3 | EDS |
| TEMIXYS ORAL TABLET | 2 | EDS |
| *tenofovir disoproxil fumarate oral tablet* | 1 | EDS |
| TIVICAY ORAL TABLET | 2 | EDS |
| TIVICAY PD ORAL TABLET SOLUBLE | 2 | EDS |
| *trifluridine ophthalmic solution* | 1 | |
| TRIUMEQ ORAL TABLET | 2 | EDS |
| TRIUMEQ PD ORAL TABLET SOLUBLE | 3 | EDS |
| TRIZIVIR ORAL TABLET | 3 | EDS |
| TYBOST ORAL TABLET | 2 | EDS |
| *valacyclovir hcl oral tablet* | 1 | EDS |
| *valganciclovir hcl oral solution reconstituted* | 1 | EDS |
| *valganciclovir hcl oral tablet* | 1 | EDS |
| VEMLIDY ORAL TABLET | 2 | PA; Prior authorization not required for gastroenterologists or infectious disease specialists.; EDS |
| VIRACEPT ORAL TABLET | 2 | EDS |
| VIREAD ORAL POWDER | 2 | EDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | EDS |
| VOSEVI ORAL TABLET | 2 | PA |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 2 | |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 2 | |
| *zidovudine oral capsule* | 1 | EDS |
| *zidovudine oral syrup* | 1 | EDS |
| *zidovudine oral tablet* | 1 | EDS |
| **Anxiolytics** | | |
| *alprazolam er oral tablet extended release 24 hour* | 1 | |
| *alprazolam oral tablet* | 1 | |
| *alprazolam oral tablet dispersible* | 1 | |
| *buspirone hcl oral tablet* | 1 | EDS |
| *chlordiazepoxide hcl oral capsule* | 1 | |
| *clonazepam oral tablet* | 1 | EDS |
| *clonazepam oral tablet dispersible* | 1 | EDS |
| *clorazepate dipotassium oral tablet* | 1 | |
| DIASTAT ACUDIAL RECTAL GEL | 3 | |
| DIASTAT PEDIATRIC RECTAL GEL | 3 | |
| *diazepam intensol oral concentrate* | 1 | |
| *diazepam oral solution 5 mg/5ml* | 1 | |
| *diazepam oral tablet* | 1 | |
| DIAZEPAM RECTAL GEL | 3 | |
| *doxepin hcl oral capsule* | 1 | EDS |
| *doxepin hcl oral concentrate* | 1 | EDS |
| *doxepin hcl oral tablet 3 mg* | 1 | QL (30 EA per 30 days) |
| *doxepin hcl oral tablet 6 mg* | 1 | |
| *duloxetine hcl oral capsule delayed release particles* | 1 | EDS |
| *escitalopram oxalate oral solution* | 1 | EDS |
| *escitalopram oxalate oral tablet* | 1 | EDS |
| *hydroxyzine hcl oral tablet* | 1 | PA; PA does not apply to age less than 65. |
| *hydroxyzine pamoate oral capsule* | 1 | PA; PA does not apply to age less than 65. |
| *lorazepam intensol oral concentrate* | 1 | |
| *lorazepam oral tablet* | 1 | |
| *meprobamate oral tablet* | 1 | PA does not apply to age less than 65.; EDS |
| NAYZILAM NASAL SOLUTION | 3 | PA New Starts; Prior authorization not required for neurologists. |
| *oxazepam oral capsule* | 1 | |
| *paroxetine hcl er oral tablet extended release 24 hour* | 1 | EDS |
| *paroxetine hcl oral suspension* | 1 | EDS |
| *paroxetine hcl oral tablet* | 1 | EDS |
| *sertraline hcl oral concentrate* | 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 |
|---|---|---|
| *sertraline hcl oral tablet* | 1 | EDS |
| VALTOCO 10 MG DOSE NASAL LIQUID | 3 | PA New Starts; Prior authorization not required for neurologists. |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK | 3 | PA New Starts; Prior authorization not required for neurologists. |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK | 3 | PA New Starts; Prior authorization not required for neurologists. |
| VALTOCO 5 MG DOSE NASAL LIQUID | 3 | PA New Starts; Prior authorization not required for neurologists. |
| *venlafaxine hcl er oral capsule extended release 24 hour* | 1 | EDS |
| *venlafaxine hcl er oral tablet extended release 24 hour* | 1 | EDS |
| *venlafaxine hcl oral tablet* | 1 | EDS |
| **Bipolar Agents** | | |
| *asenapine maleate sublingual tablet sublingual* | 1 | EDS |
| *carbamazepine er oral capsule extended release 12 hour* | 1 | EDS |
| *carbamazepine er oral tablet extended release 12 hour 100 mg* | 1 | EDS |
| *carbamazepine oral suspension* | 1 | EDS |
| *carbamazepine oral tablet* | 1 | EDS |
| *carbamazepine oral tablet chewable* | 1 | EDS |
| *divalproex sodium er oral tablet extended release 24 hour* | 1 | EDS |
| *divalproex sodium oral capsule delayed release sprinkle* | 1 | EDS |
| *divalproex sodium oral tablet delayed release* | 1 | EDS |
| *epitol oral tablet* | 1 | EDS |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 3 | EDS |
| LAMICTAL XR ORAL KIT | 3 | |
| *lamotrigine er oral tablet extended release 24 hour 50 mg* | 1 | EDS |
| *lamotrigine oral kit 25 & 50 & 100 mg* | 1 | |
| *lamotrigine oral tablet* | 1 | EDS |
| *lamotrigine oral tablet chewable* | 1 | EDS |
| *lamotrigine oral tablet dispersible* | 1 | EDS |
| *lamotrigine starter kit-blue oral kit* | 1 | |
| *lamotrigine starter kit-green oral kit* | 1 | |
| *lamotrigine starter kit-orange oral kit* | 1 | |
| *lithium carbonate er oral tablet extended release* | 1 | EDS |
| *lithium carbonate oral capsule* | 1 | EDS |
| *lithium carbonate oral tablet* | 1 | EDS |
| *lithium oral solution* | 1 | EDS |
| LYBALVI ORAL TABLET | 3 | PA New Starts; EDS |
| *olanzapine intramuscular solution reconstituted* | 1 | BD |
| *olanzapine oral tablet* | 1 | EDS |
| *olanzapine oral tablet dispersible* | 1 | EDS |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE | 3 | 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 |
|---|---|---|
| *quetiapine fumarate er oral tablet extended release 24 hour* | 1 | EDS |
| *quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | 1 | EDS |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 2 | BD |
| *risperidone oral solution* | 1 | EDS |
| *risperidone oral tablet* | 1 | EDS |
| *risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg* | 1 | QL (120 EA per 30 days); EDS |
| *risperidone oral tablet dispersible 4 mg* | 1 | EDS |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR | 3 | QL (30 EA per 30 days); EDS |
| SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR | 3 | EDS |
| *valproic acid oral capsule* | 1 | EDS |
| *valproic acid oral solution* | 1 | EDS |
| VRAYLAR ORAL CAPSULE THERAPY PACK | 3 | PA New Starts |
| *ziprasidone hcl oral capsule* | 1 | EDS |
| *ziprasidone mesylate intramuscular solution reconstituted* | 1 | BD |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | 3 | BD |
| **Blood Glucose Regulators** | | |
| *acarbose oral tablet* | 1 | EDS |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML | 1 | |
| *baqsimi one pack nasal powder* | 1 | |
| *colesevelam hcl oral packet* | 1 | EDS |
| *colesevelam hcl oral tablet* | 1 | EDS |
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML | 1 | |
| *cvs gauze sterile pad 2"x2"* | 1 | |
| CYCLOSET ORAL TABLET | 3 | EDS |
| *diazoxide oral suspension* | 1 | EDS |
| *exel comfort point pen needle 29g x 12mm* | 1 | EDS |
| FARXIGA ORAL TABLET | 2 | EDS |
| *glimepiride oral tablet* | 1 | EDS |
| *glipizide er oral tablet extended release 24 hour* | 1 | EDS |
| *glipizide oral tablet 10 mg, 5 mg* | 1 | EDS |
| *glipizide-metformin hcl oral tablet* | 1 | EDS |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED | 2 | |
| *glucagon emergency injection kit* | 1 | |
| GLYXAMBI ORAL TABLET | 2 | EDS |
| *gvoke hypopen 2-pack subcutaneous solution auto-injector* | 1 | |
| *gvoke kit subcutaneous solution* | 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 |
|---|---|---|
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 1 | |
| HUMALOG INJECTION SOLUTION | 2 | EDS |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | EDS |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION | 2 | EDS |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | EDS |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | 2 | EDS |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | EDS |
| *humalog tempo pen subcutaneous solution pen-injector* | 2 | EDS |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | EDS |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | 2 | EDS |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | EDS |
| HUMULIN N SUBCUTANEOUS SUSPENSION | 2 | EDS |
| HUMULIN R INJECTION SOLUTION | 2 | EDS |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | 2 | EDS |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| JARDIANCE ORAL TABLET | 2 | EDS |
| JENTADUETO ORAL TABLET | 2 | EDS |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | EDS |
| KORLYM ORAL TABLET | 3 | PA New Starts; LA; EDS |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| LANTUS SUBCUTANEOUS SOLUTION | 2 | EDS |
| LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| LEVEMIR SUBCUTANEOUS SOLUTION | 2 | EDS |
| LYUMJEV INJECTION SOLUTION | 2 | EDS |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| *lyumjev tempo pen subcutaneous solution pen-injector* | 2 | EDS |
| *metformin hcl er oral tablet extended release 24 hour* | 1 | EDS |
| *metformin hcl oral solution* | 1 | EDS |
| *metformin hcl oral tablet 1000 mg, 500 mg, 850 mg* | 1 | EDS |
| *miglitol oral tablet* | 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 |
|---|---|---|
| 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 | |
| *nateglinide oral tablet* | 1 | EDS |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 2 | EDS |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| *pioglitazone hcl oral tablet* | 1 | EDS |
| *pioglitazone hcl-metformin hcl oral tablet* | 1 | EDS |
| *preferred plus insulin syringe 28g x 1/2" 0.5 ml* | 1 | |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML | 1 | |
| *repaglinide oral tablet 0.5 mg, 1 mg* | 1 | QL (150 EA per 30 days); EDS |
| *repaglinide oral tablet 2 mg* | 1 | EDS |
| RYBELSUS ORAL TABLET 14 MG | 2 | EDS |
| RYBELSUS ORAL TABLET 3 MG, 7 MG | 2 | QL (30 EA per 30 days); EDS |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; Prior authorization not required for endocrinologist.; EDS |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; Prior authorization not required for endocrinologist.; EDS |
| SYNJARDY ORAL TABLET | 2 | EDS |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | EDS |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| TRADJENTA ORAL TABLET | 2 | EDS |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| TRESIBA SUBCUTANEOUS SOLUTION | 2 | EDS |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | EDS |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | EDS |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 1 | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 1 | |
| **Blood Products And Modifiers** | | |
| *anagrelide hcl oral capsule* | 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 |
|---|---|---|
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 2 | PA |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | 2 | PA |
| *aspirin-dipyridamole er oral capsule extended release 12 hour* | 1 | EDS |
| BRILINTA ORAL TABLET | 2 | EDS |
| CABLIVI INJECTION KIT | 3 | PA; LA |
| *cilostazol oral tablet* | 1 | EDS |
| *clopidogrel bisulfate oral tablet 75 mg* | 1 | EDS |
| *dabigatran etexilate mesylate oral capsule* | 1 | EDS |
| *dipyridamole oral tablet* | 1 | EDS |
| DOPTELET ORAL TABLET 20 MG | 3 | PA; LA |
| DROXIA ORAL CAPSULE | 2 | EDS |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 2 | EDS |
| ELIQUIS ORAL TABLET | 2 | EDS |
| *enoxaparin sodium injection solution prefilled syringe* | 1 | |
| *fondaparinux sodium subcutaneous solution* | 1 | |
| *heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml* | 1 | |
| *jantoven oral tablet* | 1 | EDS |
| LEUKINE INJECTION SOLUTION RECONSTITUTED | 2 | PA |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA |
| NIVESTYM INJECTION SOLUTION | 2 | PA |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | 2 | PA |
| OXBRYTA ORAL TABLET 300 MG | 3 | PA; EDS |
| OXBRYTA ORAL TABLET 500 MG | 3 | PA; LA; EDS |
| OXBRYTA ORAL TABLET SOLUBLE | 3 | PA; LA; EDS |
| PRADAXA ORAL CAPSULE 110 MG | 2 | EDS |
| *prasugrel hcl oral tablet* | 1 | EDS |
| PROMACTA ORAL PACKET | 2 | PA; EDS |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | 2 | PA; QL (30 EA per 30 days); EDS |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 2 | PA; QL (60 EA per 30 days); EDS |
| PYRUKYND ORAL TABLET | 3 | PA; LA; QL (56 EA per 28 days); EDS |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG | 3 | 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 | 3 | 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 | 2 | PA |
| TAVALISSE ORAL TABLET 100 MG | 3 | PA; LA; QL (60 EA per 30 days); EDS |
| TAVALISSE ORAL TABLET 150 MG | 3 | PA; LA; EDS |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| *tranexamic acid oral tablet* | 1 | |
| *udenyca subcutaneous solution auto-injector* | 2 | PA |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA |
| *warfarin sodium oral tablet* | 1 | EDS |
| XARELTO ORAL SUSPENSION RECONSTITUTED | 2 | EDS |
| XARELTO ORAL TABLET | 2 | EDS |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK | 2 | |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | 2 | PA |
| ZONTIVITY ORAL TABLET | 3 | PA New Starts; EDS |
| **Cardiovascular Agents** | | |
| *acebutolol hcl oral capsule* | 1 | EDS |
| *acetazolamide oral tablet* | 1 | EDS |
| *aliskiren fumarate oral tablet* | 1 | ST; EDS |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | EDS |
| *amiloride hcl oral tablet* | 1 | EDS |
| *amiloride-hydrochlorothiazide oral tablet* | 1 | EDS |
| *amiodarone hcl oral tablet* | 1 | EDS |
| *amlodipine besy-benazepril hcl oral capsule* | 1 | EDS |
| *amlodipine besylate oral tablet* | 1 | EDS |
| *amlodipine besylate-valsartan oral tablet* | 1 | EDS |
| *amlodipine-atorvastatin oral tablet* | 1 | EDS |
| *amlodipine-olmesartan oral tablet* | 1 | EDS |
| *amlodipine-valsartan-hctz oral tablet* | 1 | EDS |
| *atenolol oral tablet* | 1 | EDS |
| *atenolol-chlorthalidone oral tablet* | 1 | EDS |
| *atorvastatin calcium oral tablet* | 1 | EDS |
| *benazepril hcl oral tablet* | 1 | EDS |
| *benazepril-hydrochlorothiazide oral tablet* | 1 | EDS |
| *betaxolol hcl oral tablet* | 1 | EDS |
| *bisoprolol fumarate oral tablet* | 1 | EDS |
| *bisoprolol-hydrochlorothiazide oral tablet* | 1 | EDS |
| *bumetanide injection solution* | 1 | |
| *bumetanide oral tablet* | 1 | EDS |
| *camzyos oral capsule* | 3 | PA; LA; QL (30 EA per 30 days); EDS |
| *candesartan cilexetil oral tablet* | 1 | EDS |
| *candesartan cilexetil-hctz oral tablet* | 1 | EDS |
| *captopril oral tablet* | 1 | EDS |
| *cartia xt oral capsule extended release 24 hour* | 1 | EDS |
| *carvedilol oral tablet* | 1 | EDS |
| *carvedilol phosphate er oral capsule extended release 24 hour* | 1 | QL (30 EA per 30 days); EDS |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 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 |
|---|---|---|
| *cholestyramine light oral packet* | 1 | EDS |
| *cholestyramine oral packet* | 1 | EDS |
| *clonidine hcl oral tablet* | 1 | EDS |
| *clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr* | 1 | QL (4 EA per 28 days); EDS |
| *clonidine transdermal patch weekly 0.3 mg/24hr* | 1 | EDS |
| *colesevelam hcl oral packet* | 1 | EDS |
| *colesevelam hcl oral tablet* | 1 | EDS |
| *colestipol hcl oral packet* | 1 | EDS |
| *colestipol hcl oral tablet* | 1 | EDS |
| CORLANOR ORAL SOLUTION | 3 | PA; Prior authorization not required for cardiologists.; EDS |
| CORLANOR ORAL TABLET | 3 | PA; Prior authorization not required for cardiologists.; EDS |
| *digitek oral tablet 125 mcg* | 1 | QL (30 EA per 30 days); EDS |
| *digitek oral tablet 250 mcg* | 1 | PA; Prior authorization not required for cardiologists.; EDS |
| *digox oral tablet 125 mcg* | 1 | QL (30 EA per 30 days); EDS |
| *digox oral tablet 250 mcg* | 1 | PA; Prior authorization not required for cardiologists.; EDS |
| *digoxin oral solution* | 1 | EDS |
| *digoxin oral tablet 125 mcg, 62.5 mcg* | 1 | QL (30 EA per 30 days); EDS |
| *digoxin oral tablet 250 mcg* | 1 | PA; Prior authorization not required for cardiologists.; EDS |
| *diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg* | 1 | EDS |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg* | 1 | EDS |
| *diltiazem hcl er oral capsule extended release 12 hour* | 1 | EDS |
| *diltiazem hcl er oral tablet extended release 24 hour* | 1 | EDS |
| *diltiazem hcl oral tablet* | 1 | EDS |
| *dilt-xr oral capsule extended release 24 hour* | 1 | EDS |
| *disopyramide phosphate oral capsule* | 1 | EDS |
| DIURIL ORAL SUSPENSION | 2 | EDS |
| *dofetilide oral capsule* | 1 | EDS |
| *doxazosin mesylate oral tablet* | 1 | EDS |
| *droxidopa oral capsule* | 1 | PA |
| EDARBI ORAL TABLET | 3 | EDS |
| EDARBYCLOR ORAL TABLET | 3 | EDS |
| *enalapril maleate oral tablet* | 1 | EDS |
| *enalapril-hydrochlorothiazide oral tablet* | 1 | EDS |
| ENTRESTO ORAL TABLET | 2 | EDS |
| *eplerenone oral tablet* | 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 |
|---|---|---|
| *ethacrynic acid oral tablet* | 1 | EDS |
| *ezetimibe oral tablet* | 1 | EDS |
| *ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg* | 1 | EDS |
| *ezetimibe-simvastatin oral tablet 10-80 mg* | 1 | PA New Starts; EDS |
| *felodipine er oral tablet extended release 24 hour* | 1 | EDS |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg* | 1 | EDS |
| *fenofibrate oral tablet* | 1 | EDS |
| *fenofibric acid oral capsule delayed release* | 1 | EDS |
| *filspari oral tablet* | 3 | PA; LA; QL (30 EA per 30 days); EDS |
| *flecainide acetate oral tablet* | 1 | EDS |
| *fluvastatin sodium er oral tablet extended release 24 hour* | 1 | EDS |
| *fluvastatin sodium oral capsule* | 1 | EDS |
| *fosinopril sodium oral tablet* | 1 | EDS |
| *fosinopril sodium-hctz oral tablet* | 1 | EDS |
| *furosemide injection solution* | 1 | |
| *furosemide oral solution 10 mg/ml, 8 mg/ml* | 1 | EDS |
| *furosemide oral tablet* | 1 | EDS |
| *gemfibrozil oral tablet* | 1 | EDS |
| *guanfacine hcl oral tablet* | 1 | EDS |
| *hydralazine hcl oral tablet* | 1 | EDS |
| *hydrochlorothiazide oral capsule* | 1 | EDS |
| *hydrochlorothiazide oral tablet* | 1 | EDS |
| *icosapent ethyl oral capsule* | 1 | EDS |
| *indapamide oral tablet* | 1 | EDS |
| *irbesartan oral tablet* | 1 | EDS |
| *irbesartan-hydrochlorothiazide oral tablet* | 1 | EDS |
| *isosorb dinitrate-hydralazine oral tablet* | 1 | EDS |
| *isosorbide dinitrate oral tablet* | 1 | EDS |
| *isosorbide mononitrate er oral tablet extended release 24 hour* | 1 | EDS |
| *isosorbide mononitrate oral tablet* | 1 | EDS |
| *isradipine oral capsule* | 1 | EDS |
| JUXTAPID ORAL CAPSULE 10 MG, 5 MG | 3 | PA; QL (30 EA per 30 days); EDS |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | 3 | PA; QL (60 EA per 30 days); EDS |
| KERENDIA ORAL TABLET | 3 | PA; QL (30 EA per 30 days); EDS |
| *labetalol hcl oral tablet* | 1 | EDS |
| *lisinopril oral tablet* | 1 | EDS |
| *lisinopril-hydrochlorothiazide oral tablet* | 1 | EDS |
| LIVALO ORAL TABLET 1 MG, 2 MG | 3 | QL (45 EA per 30 days); EDS |
| LIVALO ORAL TABLET 4 MG | 3 | EDS |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| *lodoco oral tablet* | 3 | PA; QL (30 EA per 30 days); EDS |
| *losartan potassium oral tablet* | 1 | EDS |
| *losartan potassium-hctz oral tablet* | 1 | EDS |
| *lovastatin oral tablet* | 1 | EDS |
| *matzim la oral tablet extended release 24 hour* | 1 | EDS |
| *methyldopa oral tablet* | 1 | EDS |
| *metolazone oral tablet* | 1 | EDS |
| *metoprolol succinate er oral tablet extended release 24 hour* | 1 | EDS |
| *metoprolol tartrate oral tablet* | 1 | EDS |
| *metoprolol-hydrochlorothiazide oral tablet* | 1 | EDS |
| *metyrosine oral capsule* | 1 | |
| *mexiletine hcl oral capsule* | 1 | EDS |
| *midodrine hcl oral tablet* | 1 | EDS |
| *minoxidil oral tablet* | 1 | EDS |
| *moexipril hcl oral tablet* | 1 | EDS |
| MULTAQ ORAL TABLET | 2 | QL (60 EA per 30 days); EDS |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | 1 | EDS |
| *nebivolol hcl oral tablet* | 1 | EDS |
| NEXLETOL ORAL TABLET | 3 | PA New Starts; EDS |
| NEXLIZET ORAL TABLET | 3 | PA New Starts; EDS |
| *niacin (antihyperlipidemic) oral tablet* | 1 | |
| *niacin er (antihyperlipidemic) oral tablet extended release* | 1 | EDS |
| *nicardipine hcl oral capsule* | 1 | EDS |
| *nifedipine er oral tablet extended release 24 hour* | 1 | EDS |
| *nifedipine er osmotic release oral tablet extended release 24 hour* | 1 | EDS |
| *nifedipine oral capsule* | 1 | EDS |
| *nimodipine oral capsule* | 1 | EDS |
| NITRO-BID TRANSDERMAL OINTMENT | 3 | EDS |
| *nitroglycerin sublingual tablet sublingual* | 1 | EDS |
| *nitroglycerin transdermal patch 24 hour* | 1 | EDS |
| *nitroglycerin translingual solution* | 1 | EDS |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 3 | EDS |
| NYMALIZE ORAL SOLUTION 6 MG/ML | 3 | |
| *olmesartan medoxomil oral tablet* | 1 | EDS |
| *olmesartan medoxomil-hctz oral tablet* | 1 | EDS |
| *olmesartan-amlodipine-hctz oral tablet* | 1 | EDS |
| ORLADEYO ORAL CAPSULE | 3 | PA New Starts; LA; QL (30 EA per 30 days); EDS |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | 1 | EDS |
| *pentoxifylline er oral tablet extended release* | 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 |
|---|---|---|
| *perindopril erbumine oral tablet* | 1 | EDS |
| *pindolol oral tablet* | 1 | EDS |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA New Starts; EDS |
| *pravastatin sodium oral tablet* | 1 | EDS |
| *prazosin hcl oral capsule* | 1 | EDS |
| *prevalite oral packet* | 1 | EDS |
| *propafenone hcl er oral capsule extended release 12 hour* | 1 | EDS |
| *propafenone hcl oral tablet* | 1 | EDS |
| *propranolol hcl er oral capsule extended release 24 hour* | 1 | EDS |
| PROPRANOLOL HCL ORAL SOLUTION | 3 | EDS |
| *propranolol hcl oral tablet* | 1 | EDS |
| *quinapril hcl oral tablet* | 1 | EDS |
| *quinapril-hydrochlorothiazide oral tablet* | 1 | EDS |
| *quinidine gluconate er oral tablet extended release* | 1 | EDS |
| *quinidine sulfate oral tablet* | 1 | EDS |
| *ramipril oral capsule* | 1 | EDS |
| *ranolazine er oral tablet extended release 12 hour* | 1 | EDS |
| RECTIV RECTAL OINTMENT | 3 | |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA New Starts; EDS |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA New Starts; EDS |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA New Starts; EDS |
| *rosuvastatin calcium oral tablet* | 1 | EDS |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | EDS |
| *simvastatin oral tablet 80 mg* | 1 | PA New Starts; EDS |
| *sorine oral tablet* | 1 | EDS |
| *sotalol hcl (af) oral tablet* | 1 | EDS |
| *sotalol hcl oral tablet* | 1 | EDS |
| SOTYLIZE ORAL SOLUTION | 3 | EDS |
| *spironolactone oral tablet* | 1 | EDS |
| *spironolactone-hctz oral tablet* | 1 | EDS |
| *taztia xt oral capsule extended release 24 hour* | 1 | EDS |
| TEKTURNA HCT ORAL TABLET | 3 | ST; EDS |
| *telmisartan oral tablet* | 1 | EDS |
| *telmisartan-hctz oral tablet* | 1 | EDS |
| *terazosin hcl oral capsule* | 1 | EDS |
| *tiadylt er oral capsule extended release 24 hour* | 1 | EDS |
| *timolol maleate oral tablet* | 1 | EDS |
| *torsemide oral tablet* | 1 | EDS |
| *trandolapril oral tablet* | 1 | EDS |
| *trandolapril-verapamil hcl er oral tablet extended release* | 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 |
|---|---|---|
| *triamterene-hctz oral capsule 37.5-25 mg* | 1 | EDS |
| *triamterene-hctz oral tablet* | 1 | EDS |
| *valsartan oral tablet* | 1 | EDS |
| *valsartan-hydrochlorothiazide oral tablet* | 1 | EDS |
| VASCEPA ORAL CAPSULE | 2 | EDS |
| *verapamil hcl er oral capsule extended release 24 hour* | 1 | EDS |
| *verapamil hcl er oral tablet extended release* | 1 | EDS |
| *verapamil hcl oral tablet* | 1 | EDS |
| VERQUVO ORAL TABLET 10 MG | 3 | PA; EDS |
| VERQUVO ORAL TABLET 2.5 MG, 5 MG | 3 | PA; QL (30 EA per 30 days); EDS |
| **Central Nervous System Agents** | | |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour* | 1 | EDS |
| *amphetamine-dextroamphetamine oral tablet* | 1 | EDS |
| *atomoxetine hcl oral capsule* | 1 | EDS |
| AUSTEDO ORAL TABLET 12 MG | 3 | PA; LA; EDS |
| AUSTEDO ORAL TABLET 6 MG, 9 MG | 3 | PA; LA; QL (60 EA per 30 days); EDS |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG | 3 | PA; QL (30 EA per 30 days); EDS |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG | 3 | PA; EDS |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG | 3 | PA; QL (90 EA per 30 days); EDS |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK | 3 | PA |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 2 | EDS |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 2 | EDS |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE | 3 | PA; EDS |
| CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | AL (Min 6 Years and Max 17 Years); EDS |
| *dalfampridine er oral tablet extended release 12 hour* | 1 | PA; EDS |
| *dexmethylphenidate hcl er oral capsule extended release 24 hour* | 1 | EDS |
| *dexmethylphenidate hcl oral tablet* | 1 | EDS |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour* | 1 | EDS |
| *dextroamphetamine sulfate oral solution* | 1 | EDS |
| *dextroamphetamine sulfate oral tablet* | 1 | EDS |
| *dimethyl fumarate oral capsule delayed release 120 mg* | 1 | QL (60 EA per 30 days); EDS |
| *dimethyl fumarate oral capsule delayed release 240 mg* | 1 | EDS |
| *dimethyl fumarate starter pack oral capsule delayed release therapy pack* | 1 | |
| *duloxetine hcl oral capsule delayed release particles* | 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 |
|---|---|---|
| EVRYSDI ORAL SOLUTION RECONSTITUTED | 3 | PA; LA; EDS |
| EXSERVAN ORAL FILM | 3 | ST; QL (60 EA per 30 days); EDS |
| *fingolimod hcl oral capsule* | 1 | EDS |
| FIRDAPSE ORAL TABLET | 3 | PA; LA |
| *glatiramer acetate subcutaneous solution prefilled syringe* | 1 | EDS |
| *glatopa subcutaneous solution prefilled syringe* | 1 | EDS |
| GRALISE ORAL TABLET 300 MG | 3 | QL (30 EA per 30 days); EDS |
| *gralise oral tablet 450 mg* | 3 | QL (90 EA per 30 days); EDS |
| GRALISE ORAL TABLET 600 MG | 3 | EDS |
| *gralise oral tablet 750 mg, 900 mg* | 3 | EDS |
| *guanfacine hcl er oral tablet extended release 24 hour* | 1 | EDS |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG | 3 | PA; LA; QL (30 EA per 30 days); EDS |
| INGREZZA ORAL CAPSULE 80 MG | 3 | PA; LA; EDS |
| INGREZZA ORAL CAPSULE THERAPY PACK | 3 | PA; LA; EDS |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | EDS |
| *lisdexamfetamine dimesylate oral capsule* | 1 | QL (30 EA per 30 days); EDS |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| MAYZENT ORAL TABLET 0.25 MG | 2 | QL (120 EA per 30 days); EDS |
| *mayzent oral tablet 1 mg* | 2 | QL (30 EA per 30 days); EDS |
| MAYZENT ORAL TABLET 2 MG | 2 | EDS |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | 2 | |
| *mayzent starter pack oral tablet therapy pack 7 x 0.25 mg* | 2 | |
| *methamphetamine hcl oral tablet* | 1 | PA; QL (150 EA per 30 days); EDS |
| *methylphenidate hcl er (cd) oral capsule extended release* | 1 | EDS |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour* | 1 | EDS |
| *methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg* | 1 | EDS |
| *methylphenidate hcl er (osm) oral tablet extended release 72 mg* | 2 | EDS |
| *methylphenidate hcl er (xr) oral capsule extended release 24 hour* | 1 | EDS |
| *methylphenidate hcl er oral tablet extended release* | 1 | EDS |
| *methylphenidate hcl er oral tablet extended release 24 hour* | 1 | EDS |
| *methylphenidate hcl oral solution* | 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 |
|---|---|---|
| *methylphenidate hcl oral tablet* | 1 | EDS |
| *methylphenidate hcl oral tablet chewable* | 1 | EDS |
| NUEDEXTA ORAL CAPSULE | 2 | PA; QL (60 EA per 30 days); EDS |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | EDS |
| *pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg* | 1 | ST; QL (30 EA per 30 days); EDS |
| *pregabalin er oral tablet extended release 24 hour 330 mg* | 1 | ST; QL (60 EA per 30 days); EDS |
| *pregabalin oral capsule* | 1 | EDS |
| *pregabalin oral solution* | 1 | EDS |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG | 3 | ST; QL (30 EA per 30 days); EDS |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG | 3 | ST; QL (60 EA per 30 days); EDS |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER | 3 | EDS |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION | 3 | PA New Starts; LA; QL (70 ML per 28 days); EDS |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | EDS |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | EDS |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | EDS |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | EDS |
| RELYVRIO ORAL PACKET | 3 | PA New Starts; LA |
| *riluzole oral tablet* | 1 | EDS |
| SAVELLA ORAL TABLET | 2 | EDS |
| SAVELLA TITRATION PACK ORAL | 2 | |
| *skyclarys oral capsule* | 3 | PA; LA; EDS |
| *teriflunomide oral tablet* | 1 | EDS |
| *tetrabenazine oral tablet* | 1 | PA; LA; EDS |
| TIGLUTIK ORAL SUSPENSION | 3 | EDS |
| VUMERITY ORAL CAPSULE DELAYED RELEASE | 3 | PA; EDS |
| VYVANSE ORAL TABLET CHEWABLE | 3 | QL (30 EA per 30 days); EDS |
| WAKIX ORAL TABLET 17.8 MG | 3 | PA; LA; EDS |
| WAKIX ORAL TABLET 4.45 MG | 3 | PA; LA; QL (90 EA per 30 days); EDS |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | 3 | EDS |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK | 3 | PA; LA |
| ZEPOSIA ORAL CAPSULE | 3 | PA; LA; EDS |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG | 3 | PA; LA |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| *zeposia starter kit oral capsule therapy pack 0.23mg &0.46mg 0.92mg(21)* | 3 | PA; LA |
| **Dental And Oral Agents** | | |
| *cevimeline hcl oral capsule* | 1 | EDS |
| *chlorhexidine gluconate mouth/throat solution* | 1 | |
| *periogard mouth/throat solution* | 1 | |
| *pilocarpine hcl oral tablet* | 1 | EDS |
| *triamcinolone acetonide mouth/throat paste* | 1 | EDS |
| **Dermatological Agents** | | |
| *acitretin oral capsule* | 1 | |
| *acyclovir external cream* | 1 | |
| *acyclovir external ointment* | 1 | |
| *adapalene external gel 0.3 %* | 1 | |
| *adapalene-benzoyl peroxide external gel 0.1-2.5 %* | 1 | |
| ALA SCALP EXTERNAL LOTION | 3 | |
| *ala-cort external cream* | 1 | |
| *alclometasone dipropionate external cream* | 1 | |
| *alclometasone dipropionate external ointment* | 1 | |
| ALTABAX EXTERNAL OINTMENT | 3 | |
| *ammonium lactate external cream* | 1 | |
| *ammonium lactate external lotion* | 1 | |
| *amnesteem oral capsule* | 1 | |
| *azelaic acid external gel* | 1 | |
| AZELEX EXTERNAL CREAM | 2 | |
| *betamethasone dipropionate aug external gel* | 1 | |
| *betamethasone dipropionate aug external lotion* | 1 | |
| *betamethasone dipropionate aug external ointment* | 1 | |
| *betamethasone dipropionate external cream* | 1 | |
| *betamethasone dipropionate external lotion* | 1 | |
| *betamethasone dipropionate external ointment* | 1 | |
| *betamethasone valerate external cream* | 1 | |
| *betamethasone valerate external foam* | 1 | |
| *betamethasone valerate external lotion* | 1 | |
| *betamethasone valerate external ointment* | 1 | |
| *brimonidine tartrate external gel* | 1 | |
| BRYHALI EXTERNAL LOTION | 3 | |
| *calcipotriene external cream* | 1 | |
| *calcipotriene external ointment* | 1 | |
| *calcipotriene external solution* | 1 | |
| *calcipotriene-betameth diprop external ointment* | 1 | |
| *calcitriol external ointment* | 1 | |
| CAPEX EXTERNAL SHAMPOO | 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 |
|---|---|---|
| *ciclopirox external gel* | 1 | |
| *ciclopirox external shampoo* | 1 | |
| *ciclopirox external solution* | 1 | |
| *claravis oral capsule* | 1 | |
| *clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %* | 1 | |
| *clindamycin phosphate external gel* | 1 | |
| *clindamycin phosphate external lotion* | 1 | |
| *clindamycin phosphate external solution* | 1 | |
| *clindamycin phosphate external swab* | 1 | |
| *clobetasol propionate e external cream* | 1 | |
| *clobetasol propionate external cream* | 1 | |
| *clobetasol propionate external liquid* | 1 | |
| *clobetasol propionate external lotion* | 1 | |
| *clobetasol propionate external ointment* | 1 | |
| *clobetasol propionate external shampoo* | 1 | |
| *clobetasol propionate external solution* | 1 | |
| *clodan external shampoo* | 1 | |
| *clotrimazole-betamethasone external cream* | 1 | |
| *clotrimazole-betamethasone external lotion* | 1 | |
| CONDYLOX EXTERNAL GEL | 2 | |
| *crotan external lotion* | 1 | |
| *dapsone external gel* | 1 | |
| *desonide external cream* | 1 | |
| *desonide external lotion* | 1 | |
| *desonide external ointment* | 1 | |
| *desoximetasone external cream 0.25 %* | 1 | |
| *desoximetasone external gel* | 3 | |
| *desoximetasone external ointment 0.25 %* | 1 | |
| DUOBRII EXTERNAL LOTION | 3 | PA |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; EDS |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; EDS |
| *epsolay external cream* | 3 | ST |
| ERY EXTERNAL PAD | 3 | |
| *erythromycin external gel* | 1 | |
| *erythromycin external solution* | 1 | |
| EUCRISA EXTERNAL OINTMENT | 2 | ST |
| FINACEA EXTERNAL FOAM | 2 | ST |
| *fluocinolone acetonide external cream* | 1 | |
| *fluocinolone acetonide external ointment* | 1 | |
| *fluocinolone acetonide external solution* | 1 | |
| *fluocinolone acetonide scalp external oil* | 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 |
|---|---|---|
| *fluocinonide emulsified base external cream* | 1 | |
| *fluocinonide external cream 0.05 %* | 1 | |
| *fluocinonide external gel* | 1 | |
| *fluocinonide external ointment* | 1 | |
| *fluocinonide external solution* | 1 | |
| *fluorouracil external cream* | 1 | |
| *fluorouracil external solution* | 1 | |
| *flurandrenolide external lotion* | 1 | |
| *fluticasone propionate external cream* | 1 | |
| *fluticasone propionate external ointment* | 1 | |
| *global alcohol prep ease pad* | 1 | |
| *halobetasol propionate external cream* | 1 | |
| *halobetasol propionate external ointment* | 1 | |
| *hydrocortisone butyrate external lotion* | 1 | |
| *hydrocortisone butyrate external ointment* | 1 | |
| *hydrocortisone butyrate external solution* | 1 | |
| *hydrocortisone external cream 1 %* | 1 | |
| *hydrocortisone external lotion 2.5 %* | 1 | |
| *hydrocortisone external ointment 1 %, 2.5 %* | 1 | |
| *hydrocortisone valerate external cream* | 1 | |
| *hydrocortisone valerate external ointment* | 1 | |
| *imiquimod external cream 5 %* | 1 | |
| *isotretinoin oral capsule* | 1 | |
| *ivermectin external cream* | 1 | |
| *ivermectin external lotion* | 1 | |
| *lindane external shampoo* | 1 | |
| *mafenide acetate external packet* | 1 | |
| *malathion external lotion* | 1 | |
| *methoxsalen rapid oral capsule* | 1 | |
| *mometasone furoate external cream* | 1 | EDS |
| *mometasone furoate external ointment* | 1 | EDS |
| *mometasone furoate external solution* | 1 | EDS |
| *mupirocin calcium external cream* | 1 | |
| *mupirocin external ointment* | 1 | |
| *myorisan oral capsule* | 1 | |
| *nystatin-triamcinolone external cream* | 1 | |
| *nystatin-triamcinolone external ointment* | 1 | |
| OTEZLA ORAL TABLET | 3 | PA; EDS |
| PANDEL EXTERNAL CREAM | 3 | |
| PANRETIN EXTERNAL GEL | 2 | PA New Starts |
| *permethrin external cream* | 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 |
|---|---|---|
| *pimecrolimus external cream* | 1 | |
| *podofilox external solution* | 1 | |
| *prednicarbate external ointment* | 1 | |
| *procto-med hc external cream* | 1 | |
| *procto-pak external cream* | 1 | |
| *proctosol hc external cream* | 1 | |
| *proctozone-hc external cream* | 1 | |
| REGRANEX EXTERNAL GEL | 3 | |
| SANTYL EXTERNAL OINTMENT | 2 | |
| *selenium sulfide external lotion* | 1 | |
| *silver sulfadiazine external cream* | 1 | |
| *ssd external cream* | 1 | |
| SULFAMYLON EXTERNAL CREAM | 3 | |
| *tacrolimus external ointment* | 1 | EDS |
| *tavaborole external solution* | 1 | PA |
| *tazarotene external cream* | 1 | PA; Prior authorization not required for dermatologists. |
| *tazarotene external gel* | 1 | PA; Prior authorization not required for dermatologists. |
| TAZORAC EXTERNAL CREAM 0.05 % | 2 | PA; Prior authorization not required for dermatologists. |
| *tretinoin external cream* | 1 | |
| *tretinoin external gel* | 1 | |
| *tretinoin microsphere external gel* | 1 | |
| *triamcinolone acetonide external aerosol solution* | 1 | |
| *triamcinolone acetonide external cream* | 1 | |
| *triamcinolone acetonide external lotion* | 1 | |
| *triamcinolone acetonide external ointment* | 1 | |
| *triderm external cream 0.1 %* | 1 | |
| ULTRAVATE EXTERNAL LOTION | 3 | |
| *vtama external cream* | 3 | PA |
| *zenatane oral capsule* | 1 | |
| *zoryve external cream* | 3 | PA; Prior authorization not required for dermatologists. |
| **Electrolytes/Minerals/Metals/Vitamins** | | |
| AMINOSYN II INTRAVENOUS SOLUTION 15 % | 2 | BD |
| AURYXIA ORAL TABLET | 3 | PA; EDS |
| *calcium acetate (phos binder) oral capsule* | 1 | EDS |
| *carglumic acid oral tablet soluble* | 1 | PA; EDS |
| CHEMET ORAL CAPSULE | 2 | |
| CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION | 2 | BD |
| CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | 2 | BD |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | 2 | BD |
| CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION | 2 | BD |
| CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION | 2 | BD |
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | 2 | BD |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | 2 | BD |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION | 2 | BD |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION | 2 | BD |
| *clinisol sf intravenous solution* | 1 | BD |
| *deferasirox oral tablet* | 1 | PA; EDS |
| *deferasirox oral tablet soluble* | 1 | PA; EDS |
| *deferiprone oral tablet* | 1 | PA New Starts; EDS |
| *dextrose intravenous solution 10 %, 5 %* | 1 | |
| *dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %* | 1 | |
| FERRIPROX ORAL SOLUTION | 3 | PA New Starts; LA; EDS |
| INTRALIPID INTRAVENOUS EMULSION | 3 | BD |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION | 3 | |
| JYNARQUE ORAL TABLET | 3 | PA; LA |
| JYNARQUE ORAL TABLET THERAPY PACK | 3 | PA; LA |
| *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-%-%* | 1 | |
| *kcl-lactated ringers-d5w intravenous solution* | 1 | |
| *klor-con 10 oral tablet extended release* | 1 | EDS |
| *klor-con m10 oral tablet extended release* | 1 | EDS |
| *klor-con m15 oral tablet extended release* | 1 | EDS |
| *klor-con m20 oral tablet extended release* | 1 | EDS |
| *klor-con oral packet 20 meq* | 1 | EDS |
| *klor-con oral tablet extended release* | 1 | EDS |
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ | 3 | EDS |
| K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ | 2 | EDS |
| *lanthanum carbonate oral tablet chewable* | 1 | EDS |
| *levocarnitine oral solution* | 1 | EDS |
| *levocarnitine oral tablet* | 1 | EDS |
| LOKELMA ORAL PACKET | 2 | EDS |
| *magnesium sulfate injection solution 50 %* | 1 | |
| *multiple electro type 1 ph 5.5 intravenous solution* | 1 | |
| *na sulfate-k sulfate-mg sulf oral solution* | 1 | |
| *nutrilipid intravenous emulsion* | 1 | BD |
| *penicillamine oral capsule* | 1 | EDS |
| *penicillamine oral tablet* | 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 |
|---|---|---|
| PHOSLYRA ORAL SOLUTION | 3 | EDS |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | 3 | |
| *potassium chloride crys er oral tablet extended release* | 1 | EDS |
| *potassium chloride er oral capsule extended release* | 1 | EDS |
| *potassium chloride er oral tablet extended release* | 1 | EDS |
| *potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%* | 1 | |
| *potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml* | 1 | |
| *potassium chloride oral packet* | 1 | EDS |
| *potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)* | 1 | EDS |
| *potassium citrate er oral tablet extended release* | 1 | EDS |
| *potassium cl in dextrose 5% intravenous solution 20 meq/l* | 1 | |
| PREMASOL INTRAVENOUS SOLUTION 10 % | 2 | BD |
| *prenatal oral tablet 27-1 mg* | 1 | |
| PROCALAMINE INTRAVENOUS SOLUTION | 2 | BD |
| PROSOL INTRAVENOUS SOLUTION | 3 | BD |
| *sevelamer carbonate oral packet* | 1 | EDS |
| *sevelamer carbonate oral tablet* | 1 | EDS |
| *sevelamer hcl oral tablet* | 1 | EDS |
| *sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %* | 1 | |
| *sodium chloride irrigation solution 0.9 %* | 1 | |
| *sodium fluoride oral tablet 2.2 (1 f) mg* | 1 | EDS |
| *sodium polystyrene sulfonate oral powder* | 1 | |
| *sps oral suspension* | 1 | |
| SUPREP BOWEL PREP KIT ORAL SOLUTION | 2 | |
| *tolvaptan oral tablet* | 1 | PA |
| *tpn electrolytes intravenous concentrate* | 1 | |
| TRAVASOL INTRAVENOUS SOLUTION | 2 | BD |
| *trientine hcl oral capsule 250 mg* | 1 | EDS |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | 2 | BD |
| VELPHORO ORAL TABLET CHEWABLE | 3 | EDS |
| VELTASSA ORAL PACKET | 2 | QL (30 EA per 30 days); EDS |
| **Gastrointestinal Agents** | | |
| *alosetron hcl oral tablet 0.5 mg* | 1 | QL (60 EA per 30 days); EDS |
| *alosetron hcl oral tablet 1 mg* | 1 | EDS |
| *amoxicill-clarithro-lansopraz oral therapy pack* | 1 | |
| *bismuth/metronidaz/tetracyclin oral capsule* | 1 | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE | 3 | PA; LA; EDS |
| BYLVAY ORAL CAPSULE | 3 | PA; LA; 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 |
|---|---|---|
| CHENODAL ORAL TABLET | 3 | PA; LA |
| *cimetidine hcl oral solution 300 mg/5ml* | 1 | EDS |
| *cimetidine oral tablet* | 1 | EDS |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML | 3 | |
| *clenpiq oral solution 10-3.5-12 mg-gm -gm/175ml* | 3 | |
| *constulose oral solution* | 1 | EDS |
| *dicyclomine hcl oral capsule* | 1 | EDS |
| *dicyclomine hcl oral solution* | 1 | EDS |
| *dicyclomine hcl oral tablet* | 1 | EDS |
| *diphenoxylate-atropine oral liquid* | 1 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 1 | |
| *enulose oral solution* | 1 | EDS |
| *esomeprazole magnesium oral capsule delayed release* | 1 | EDS |
| *famotidine oral suspension reconstituted* | 1 | EDS |
| *famotidine oral tablet 20 mg, 40 mg* | 1 | EDS |
| GATTEX SUBCUTANEOUS KIT | 3 | PA; LA; EDS |
| *gavilyte-c oral solution reconstituted* | 1 | |
| *gavilyte-g oral solution reconstituted* | 1 | |
| *gavilyte-n with flavor pack oral solution reconstituted* | 1 | |
| *generlac oral solution* | 1 | EDS |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 1 | EDS |
| HELIDAC THERAPY ORAL | 3 | |
| KRISTALOSE ORAL PACKET 20 GM | 3 | EDS |
| *lactulose oral packet* | 1 | EDS |
| *lactulose oral solution 10 gm/15ml* | 1 | EDS |
| *lansoprazole oral capsule delayed release* | 1 | EDS |
| LINZESS ORAL CAPSULE 145 MCG, 72 MCG | 2 | QL (30 EA per 30 days); EDS |
| LINZESS ORAL CAPSULE 290 MCG | 2 | EDS |
| LIVMARLI ORAL SOLUTION | 3 | PA; LA; EDS |
| *loperamide hcl oral capsule* | 1 | |
| *lubiprostone oral capsule 24 mcg* | 1 | EDS |
| *lubiprostone oral capsule 8 mcg* | 1 | QL (60 EA per 30 days); EDS |
| *methscopolamine bromide oral tablet* | 1 | |
| *metoclopramide hcl oral solution 5 mg/5ml* | 1 | |
| *metoclopramide hcl oral tablet* | 1 | |
| *misoprostol oral tablet* | 1 | EDS |
| MOVANTIK ORAL TABLET | 3 | |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LA; EDS |
| MYTESI ORAL TABLET DELAYED RELEASE | 2 | PA New Starts; EDS |
| *na sulfate-k sulfate-mg sulf oral solution* | 1 | |
| *nizatidine oral capsule* | 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 |
|---|---|---|
| *nizatidine oral solution* | 1 | EDS |
| OCALIVA ORAL TABLET 10 MG | 3 | PA; LA; EDS |
| OCALIVA ORAL TABLET 5 MG | 3 | PA; LA; QL (30 EA per 30 days); EDS |
| OMECLAMOX-PAK ORAL | 3 | |
| *omeprazole oral capsule delayed release* | 1 | EDS |
| *pantoprazole sodium oral tablet delayed release* | 1 | EDS |
| *peg 3350-kcl-na bicarb-nacl oral solution reconstituted* | 1 | |
| *peg-3350/electrolytes oral solution reconstituted* | 1 | |
| *rabeprazole sodium oral tablet delayed release* | 1 | EDS |
| RELISTOR ORAL TABLET | 2 | |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | 2 | |
| *scopolamine transdermal patch 72 hour* | 1 | |
| *sucralfate oral suspension* | 1 | EDS |
| *sucralfate oral tablet* | 1 | EDS |
| SUPREP BOWEL PREP KIT ORAL SOLUTION | 2 | |
| SUTAB ORAL TABLET | 2 | |
| SYMPROIC ORAL TABLET | 3 | PA |
| TALICIA ORAL CAPSULE DELAYED RELEASE | 3 | ST |
| TRULANCE ORAL TABLET | 3 | EDS |
| *ursodiol oral capsule 300 mg* | 1 | EDS |
| *ursodiol oral tablet* | 1 | EDS |
| VIBERZI ORAL TABLET | 3 | PA; EDS |
| *vowst oral capsule* | 3 | PA; LA; QL (12 EA per 3 days) |
| XERMELO ORAL TABLET | 3 | PA; LA; EDS |
| XIFAXAN ORAL TABLET 200 MG | 3 | QL (9 EA per 3 days) |
| XIFAXAN ORAL TABLET 550 MG | 3 | EDS |
| **Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment** | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | 3 | PA; LA |
| *betaine oral powder* | 1 | EDS |
| CERDELGA ORAL CAPSULE | 3 | PA; LA; EDS |
| CHOLBAM ORAL CAPSULE | 3 | PA; EDS |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES | 2 | EDS |
| *cromolyn sodium inhalation nebulization solution* | 1 | BD; EDS |
| *cromolyn sodium oral concentrate* | 1 | EDS |
| CYSTAGON ORAL CAPSULE | 2 | LA; EDS |
| FIRDAPSE ORAL TABLET | 3 | PA; LA |
| GALAFOLD ORAL CAPSULE | 3 | PA New Starts; LA; EDS |
| GLASSIA INTRAVENOUS SOLUTION | 3 | PA; LA |
| KEVEYIS ORAL TABLET | 3 | PA; LA |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| *miglustat oral capsule* | 1 | PA New Starts; EDS |
| *nitisinone oral capsule* | 1 | PA; EDS |
| ORFADIN ORAL SUSPENSION | 3 | PA; LA; EDS |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LA; EDS |
| PLENAMINE INTRAVENOUS SOLUTION | 2 | BD |
| PROCYSBI ORAL PACKET | 3 | PA; LA; EDS |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LA |
| RAVICTI ORAL LIQUID | 3 | PA; LA; EDS |
| *sapropterin dihydrochloride oral packet* | 1 | PA; EDS |
| *sapropterin dihydrochloride oral tablet* | 1 | PA; EDS |
| SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TSP | 2 | EDS |
| SODIUM PHENYLBUTYRATE ORAL TABLET | 2 | EDS |
| SUCRAID ORAL SOLUTION | 3 | PA; LA; EDS |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LA; EDS |
| *vijoice oral tablet therapy pack 125 mg, 50 mg* | 3 | PA; QL (28 EA per 28 days); EDS |
| *vijoice oral tablet therapy pack 200 & 50 mg* | 3 | PA; QL (56 EA per 28 days); EDS |
| VYNDAQEL ORAL CAPSULE | 3 | PA; LA; EDS |
| XURIDEN ORAL PACKET | 2 | PA; EDS |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | 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 | 2 | EDS |
| ZOKINVY ORAL CAPSULE 50 MG | 3 | PA; LA; QL (120 EA per 30 days); EDS |
| ZOKINVY ORAL CAPSULE 75 MG | 3 | PA; LA; EDS |
| **Genitourinary Agents** | | |
| *alfuzosin hcl er oral tablet extended release 24 hour* | 1 | EDS |
| *bethanechol chloride oral tablet* | 1 | EDS |
| *darifenacin hydrobromide er oral tablet extended release 24 hour* | 1 | QL (30 EA per 30 days); EDS |
| *doxazosin mesylate oral tablet* | 1 | EDS |
| *dutasteride oral capsule* | 1 | EDS |
| *dutasteride-tamsulosin hcl oral capsule* | 1 | EDS |
| ELMIRON ORAL CAPSULE | 2 | |
| *finasteride oral tablet 5 mg* | 1 | EDS |
| *flavoxate hcl oral tablet* | 1 | EDS |
| GELNIQUE TRANSDERMAL GEL 10 % | 3 | EDS |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | 2 | EDS |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG | 2 | QL (30 EA per 30 days); EDS |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG | 2 | EDS |
| *oxybutynin chloride er oral tablet extended release 24 hour* | 1 | EDS |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| *oxybutynin chloride oral solution* | 1 | EDS |
| *oxybutynin chloride oral tablet 5 mg* | 1 | EDS |
| *penicillamine oral capsule* | 1 | EDS |
| *penicillamine oral tablet* | 1 | |
| *prazosin hcl oral capsule* | 1 | EDS |
| *silodosin oral capsule* | 1 | EDS |
| *solifenacin succinate oral tablet* | 1 | EDS |
| *tamsulosin hcl oral capsule* | 1 | EDS |
| *terazosin hcl oral capsule* | 1 | EDS |
| *tolterodine tartrate er oral capsule extended release 24 hour* | 1 | EDS |
| *tolterodine tartrate oral tablet* | 1 | EDS |
| *trospium chloride er oral capsule extended release 24 hour* | 1 | QL (30 EA per 30 days); EDS |
| *trospium chloride oral tablet* | 1 | EDS |
| **Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)** | | |
| *betamethasone dipropionate aug external cream* | 1 | |
| *betamethasone dipropionate external ointment* | 1 | |
| *budesonide er oral tablet extended release 24 hour* | 1 | |
| *budesonide oral capsule delayed release particles* | 1 | |
| CORTROPHIN INJECTION GEL | 3 | PA |
| *dexamethasone oral solution* | 1 | |
| *dexamethasone oral tablet* | 1 | |
| *fludrocortisone acetate oral tablet* | 1 | EDS |
| *hydrocortisone oral tablet* | 1 | |
| ISTURISA ORAL TABLET | 3 | PA; EDS |
| MEDROL ORAL TABLET 2 MG | 3 | BD |
| *methylprednisolone oral tablet* | 1 | BD; EDS |
| *methylprednisolone oral tablet therapy pack* | 1 | |
| *prednisolone oral solution* | 1 | |
| *prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml* | 1 | |
| *prednisone intensol oral concentrate* | 1 | BD |
| *prednisone oral solution* | 1 | BD |
| *prednisone oral tablet* | 1 | BD; EDS |
| PREDNISONE ORAL TABLET THERAPY PACK | 2 | |
| RECORLEV ORAL TABLET | 3 | PA; LA; EDS |
| TARPEYO ORAL CAPSULE DELAYED RELEASE | 3 | PA; LA; QL (120 EA per 30 days) |
| **Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)** | | |
| *desmopressin ace spray refrig nasal solution* | 1 | EDS |
| *desmopressin acetate oral tablet* | 1 | EDS |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LA; EDS |
| INCRELEX SUBCUTANEOUS SOLUTION | 3 | PA; LA; EDS |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; EDS |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; EDS |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; EDS |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; EDS |
| ORILISSA ORAL TABLET 150 MG | 3 | PA; QL (30 EA per 30 days) |
| ORILISSA ORAL TABLET 200 MG | 3 | PA |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | 3 | PA; EDS |
| *sogroya subcutaneous solution pen-injector* | 3 | PA; EDS |
| VYNDAMAX ORAL CAPSULE | 3 | PA; LA; EDS |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; EDS |
| **Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)** | | |
| *misoprostol oral tablet 200 mcg* | 1 | EDS |
| **Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)** | | |
| *altavera oral tablet* | 1 | EDS |
| *alyacen 1/35 oral tablet* | 1 | EDS |
| *amabelz oral tablet* | 1 | EDS |
| *amethia oral tablet* | 1 | EDS |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | 2 | PA; QL (30 EA per 30 days); EDS |
| ANGELIQ ORAL TABLET | 3 | EDS |
| ANNOVERA VAGINAL RING | 3 | QL (1 EA per 365 days); EDS |
| *apri oral tablet* | 1 | EDS |
| *aranelle oral tablet* | 1 | EDS |
| *ashlyna oral tablet* | 1 | EDS |
| *aviane oral tablet* | 1 | EDS |
| BALCOLTRA ORAL TABLET | 2 | EDS |
| *balziva oral tablet* | 1 | EDS |
| *blisovi 24 fe oral tablet* | 1 | EDS |
| *blisovi fe 1.5/30 oral tablet* | 1 | EDS |
| *briellyn oral tablet* | 1 | EDS |
| *camila oral tablet* | 1 | EDS |
| *camrese lo oral tablet* | 1 | EDS |
| *caziant oral tablet* | 1 | EDS |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY | 3 | EDS |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY | 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 |
|---|---|---|
| *cryselle-28 oral tablet* | 1 | EDS |
| *danazol oral capsule* | 1 | |
| *deblitane oral tablet* | 1 | EDS |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL | 3 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 3 | |
| *desogestrel-ethinyl estradiol oral tablet* | 1 | EDS |
| *dolishale oral tablet* | 1 | EDS |
| *dotti transdermal patch twice weekly* | 1 | EDS |
| *drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg* | 1 | EDS |
| *drospirenone-ethinyl estradiol oral tablet* | 1 | EDS |
| DUAVEE ORAL TABLET | 3 | EDS |
| ELESTRIN TRANSDERMAL GEL | 3 | EDS |
| *eluryng vaginal ring* | 1 | EDS |
| *emoquette oral tablet* | 1 | EDS |
| *enpresse-28 oral tablet* | 1 | EDS |
| *enskyce oral tablet 0.15-30 mg-mcg* | 1 | EDS |
| *errin oral tablet* | 1 | EDS |
| *estarylla oral tablet* | 1 | EDS |
| *estradiol oral tablet* | 1 | EDS |
| *estradiol transdermal gel* | 1 | EDS |
| *estradiol transdermal patch twice weekly* | 1 | EDS |
| *estradiol transdermal patch weekly* | 1 | EDS |
| *estradiol vaginal cream* | 1 | EDS |
| *estradiol vaginal tablet* | 1 | EDS |
| *estradiol valerate intramuscular oil* | 1 | |
| *estradiol-norethindrone acet oral tablet* | 1 | EDS |
| ESTRING VAGINAL RING 7.5 MCG/24HR | 2 | EDS |
| *ethynodiol diac-eth estradiol oral tablet* | 1 | EDS |
| *etonogestrel-ethinyl estradiol vaginal ring* | 1 | EDS |
| EVAMIST TRANSDERMAL SOLUTION | 3 | EDS |
| *falmina oral tablet* | 1 | EDS |
| FEMRING VAGINAL RING | 3 | EDS |
| *femynor oral tablet* | 1 | EDS |
| *fyavolv oral tablet* | 1 | EDS |
| *hailey 24 fe oral tablet* | 1 | EDS |
| *iclevia oral tablet* | 1 | EDS |
| *incassia oral tablet* | 1 | EDS |
| *introvale oral tablet* | 1 | EDS |
| *isibloom oral tablet* | 1 | EDS |
| *jasmiel oral tablet* | 1 | EDS |
| JINTELI ORAL TABLET | 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 |
|---|---|---|
| *juleber oral tablet* | 1 | EDS |
| *junel 1.5/30 oral tablet* | 1 | EDS |
| *junel 1/20 oral tablet* | 1 | EDS |
| *junel fe 1.5/30 oral tablet* | 1 | EDS |
| *junel fe 1/20 oral tablet* | 1 | EDS |
| *junel fe 24 oral tablet* | 1 | EDS |
| *kaitlib fe oral tablet chewable* | 1 | EDS |
| *kariva oral tablet* | 1 | EDS |
| *kelnor 1/35 oral tablet* | 1 | EDS |
| *kelnor 1/50 oral tablet* | 1 | EDS |
| *kurvelo oral tablet* | 1 | EDS |
| *larin 1.5/30 oral tablet* | 1 | EDS |
| *larin 1/20 oral tablet* | 1 | EDS |
| *larin fe 1.5/30 oral tablet* | 1 | EDS |
| *larin fe 1/20 oral tablet* | 1 | EDS |
| *larissia oral tablet* | 1 | EDS |
| *layolis fe oral tablet chewable* | 1 | EDS |
| *lessina oral tablet* | 1 | EDS |
| *levonest oral tablet* | 1 | EDS |
| *levonorgest-eth est & eth est oral tablet* | 1 | EDS |
| *levonorgest-eth estrad 91-day oral tablet* | 1 | EDS |
| *levonorgestrel-ethinyl estrad oral tablet* | 1 | EDS |
| *levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg* | 1 | EDS |
| *levora 0.15/30 (28) oral tablet* | 1 | EDS |
| LO LOESTRIN FE ORAL TABLET | 3 | EDS |
| *loryna oral tablet* | 1 | EDS |
| *low-ogestrel oral tablet* | 1 | EDS |
| *lutera oral tablet* | 1 | EDS |
| *lyleq oral tablet* | 1 | EDS |
| *lyllana transdermal patch twice weekly* | 1 | EDS |
| *lyza oral tablet* | 1 | EDS |
| *marlissa oral tablet* | 1 | EDS |
| *medroxyprogesterone acetate intramuscular suspension* | 1 | |
| *medroxyprogesterone acetate intramuscular suspension prefilled syringe* | 1 | |
| *medroxyprogesterone acetate oral tablet* | 1 | EDS |
| *megestrol acetate oral suspension 40 mg/ml* | 1 | PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS |
| *megestrol acetate oral suspension 625 mg/5ml* | 1 | PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists. |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| *megestrol acetate oral tablet* | 1 | EDS |
| MENEST ORAL TABLET | 3 | EDS |
| MENOSTAR TRANSDERMAL PATCH WEEKLY | 2 | EDS |
| METHITEST ORAL TABLET | 2 | EDS |
| *methyltestosterone oral capsule* | 1 | EDS |
| *microgestin 1.5/30 oral tablet* | 1 | EDS |
| *microgestin 1/20 oral tablet* | 1 | EDS |
| *microgestin 24 fe oral tablet* | 1 | EDS |
| *microgestin fe 1.5/30 oral tablet* | 1 | EDS |
| *microgestin fe 1/20 oral tablet* | 1 | EDS |
| *mili oral tablet* | 1 | EDS |
| *mimvey oral tablet* | 1 | EDS |
| MYFEMBREE ORAL TABLET | 2 | PA |
| NATAZIA ORAL TABLET | 3 | EDS |
| *necon 0.5/35 (28) oral tablet* | 1 | EDS |
| *nikki oral tablet* | 1 | EDS |
| *nora-be oral tablet* | 1 | EDS |
| *norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg* | 1 | EDS |
| *norethin ace-eth estrad-fe oral tablet chewable* | 1 | EDS |
| *norethindrone acetate oral tablet* | 1 | EDS |
| *norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg* | 1 | EDS |
| *norethindrone oral tablet* | 1 | EDS |
| *norethindrone-eth estradiol oral tablet* | 1 | EDS |
| *norethindron-ethinyl estrad-fe oral tablet* | 1 | EDS |
| *norethin-eth estradiol-fe oral tablet chewable* | 1 | EDS |
| *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg* | 1 | EDS |
| *norgestim-eth estrad triphasic oral tablet* | 1 | EDS |
| *nortrel 0.5/35 (28) oral tablet* | 1 | EDS |
| *nortrel 1/35 (21) oral tablet* | 1 | EDS |
| *nortrel 1/35 (28) oral tablet* | 1 | EDS |
| *nortrel 7/7/7 oral tablet* | 1 | EDS |
| *nylia 1/35 oral tablet* | 1 | EDS |
| *nylia 7/7/7 oral tablet* | 1 | EDS |
| *nymyo oral tablet* | 1 | EDS |
| *ocella oral tablet* | 1 | EDS |
| ORIAHNN ORAL CAPSULE THERAPY PACK | 3 | PA |
| *orsythia oral tablet* | 1 | EDS |
| *oxandrolone oral tablet* | 1 | |
| *pimtrea oral tablet* | 1 | EDS |
| *pirmella 1/35 oral tablet* | 1 | EDS |
| *portia-28 oral tablet* | 1 | EDS |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| PREFEST ORAL TABLET | 3 | EDS |
| PREMARIN ORAL TABLET | 2 | EDS |
| PREMARIN VAGINAL CREAM | 2 | EDS |
| PREMPHASE ORAL TABLET | 2 | EDS |
| PREMPRO ORAL TABLET | 2 | EDS |
| *previfem oral tablet* | 1 | EDS |
| *progesterone oral capsule* | 1 | EDS |
| *raloxifene hcl oral tablet* | 1 | EDS |
| *reclipsen oral tablet* | 1 | EDS |
| *rivelsa oral tablet* | 1 | EDS |
| *setlakin oral tablet* | 1 | EDS |
| *sharobel oral tablet* | 1 | EDS |
| SLYND ORAL TABLET | 3 | EDS |
| *sprintec 28 oral tablet* | 1 | EDS |
| *sronyx oral tablet* | 1 | EDS |
| *tarina 24 fe oral tablet* | 1 | EDS |
| *testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml* | 1 | |
| *testosterone enanthate intramuscular solution* | 1 | |
| TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%) | 3 | PA; EDS |
| *testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)* | 1 | PA; EDS |
| *testosterone transdermal solution* | 3 | PA; EDS |
| *tilia fe oral tablet* | 1 | EDS |
| *tri-estarylla oral tablet* | 1 | EDS |
| *tri-legest fe oral tablet* | 1 | EDS |
| *tri-lo-estarylla oral tablet* | 1 | EDS |
| *tri-lo-sprintec oral tablet* | 1 | EDS |
| *tri-mili oral tablet* | 1 | EDS |
| *tri-nymyo oral tablet* | 1 | EDS |
| *tri-sprintec oral tablet* | 1 | EDS |
| *trivora (28) oral tablet* | 1 | EDS |
| *tri-vylibra lo oral tablet* | 1 | EDS |
| TYBLUME ORAL TABLET CHEWABLE | 1 | EDS |
| *tydemy oral tablet* | 1 | EDS |
| *velivet oral tablet* | 1 | EDS |
| VEOZAH ORAL TABLET | 3 | PA; EDS |
| *vestura oral tablet* | 1 | EDS |
| *vienva oral tablet* | 1 | EDS |
| *vyfemla oral tablet* | 1 | EDS |
| *wymzya fe oral tablet chewable* | 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 |
|---|---|---|
| *xulane transdermal patch weekly* | 1 | EDS |
| *yuvafem vaginal tablet* | 1 | EDS |
| *zafemy transdermal patch weekly* | 1 | EDS |
| *zovia 1/35 (28) oral tablet* | 1 | EDS |
| **Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)** | | |
| *euthyrox oral tablet* | 1 | EDS |
| *levo-t oral tablet* | 1 | EDS |
| *levothyroxine sodium oral tablet* | 1 | EDS |
| *levoxyl oral tablet* | 1 | EDS |
| *liothyronine sodium oral tablet* | 1 | EDS |
| SYNTHROID ORAL TABLET | 2 | EDS |
| *unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | 1 | EDS |
| **Hormonal Agents, Suppressant (Adrenal)** | | |
| LYSODREN ORAL TABLET | 2 | |
| **Hormonal Agents, Suppressant (Pituitary)** | | |
| *bromocriptine mesylate oral capsule* | 1 | EDS |
| *bromocriptine mesylate oral tablet* | 1 | EDS |
| *cabergoline oral tablet* | 1 | |
| ELIGARD SUBCUTANEOUS KIT | 2 | PA New Starts |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA New Starts |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 2 | PA New Starts |
| *leuprolide acetate injection kit* | 1 | PA New Starts |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT | 2 | PA New Starts |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT | 2 | PA New Starts |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT | 2 | PA New Starts |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT | 2 | PA New Starts |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE | 3 | PA; LA; EDS |
| *octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml* | 1 | EDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION | 3 | PA; LA; EDS |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LA; EDS |
| SYNAREL NASAL SOLUTION | 2 | PA |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | PA New Starts |
| **Hormonal Agents, Suppressant (Thyroid)** | | |
| *methimazole oral tablet* | 1 | EDS |
| *propylthiouracil oral tablet* | 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 |
|---|---|---|
| **Immunological Agents** | | |
| *abrysvo intramuscular solution reconstituted* | 1 | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; EDS |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; EDS |
| *acthib intramuscular solution reconstituted* | 1 | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | 3 | PA; LA; EDS |
| *adacel intramuscular suspension* | 1 | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA; LA; EDS |
| *arexvy intramuscular suspension reconstituted* | 1 | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | BD; EDS |
| *azathioprine oral tablet* | 1 | BD; EDS |
| BCG VACCINE INJECTION SOLUTION RECONSTITUTED | 2 | |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA New Starts; EDS |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA New Starts; EDS |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA New Starts; LA; EDS |
| *bexsero intramuscular suspension prefilled syringe* | 1 | |
| BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML | 2 | PA |
| *boostrix intramuscular suspension 5-2.5-18.5 lf-mcg/0.5* | 1 | |
| *boostrix intramuscular suspension prefilled syringe* | 1 | |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | 3 | PA |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; EDS |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | EDS |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | EDS |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 2 | EDS |
| *cosentyx unoready subcutaneous solution auto-injector* | 2 | EDS |
| *cyclosporine modified oral capsule* | 1 | BD; EDS |
| *cyclosporine modified oral solution* | 1 | BD; EDS |
| *cyclosporine ophthalmic emulsion* | 1 | EDS |
| *cyclosporine oral capsule* | 1 | BD; EDS |
| *daptacel intramuscular suspension 23-15-5* | 1 | |
| *diphtheria-tetanus toxoids dt intramuscular suspension* | 1 | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; EDS |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; EDS |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | EDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 2 | EDS |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | EDS |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | BD; EDS |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | EDS |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| *engerix-b injection suspension 20 mcg/ml* | 1 | BD |
| *engerix-b injection suspension prefilled syringe* | 1 | BD |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; EDS |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | BD; EDS |
| *everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg* | 1 | BD; EDS |
| *everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 1 | PA New Starts |
| *everolimus oral tablet soluble* | 1 | PA New Starts |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML | 2 | PA |
| GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML | 2 | PA |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED | 2 | PA |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML | 2 | PA |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML | 2 | PA |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML | 2 | PA |
| *gardasil 9 intramuscular suspension* | 1 | |
| *gardasil 9 intramuscular suspension prefilled syringe* | 1 | |
| *gengraf oral capsule 100 mg, 25 mg* | 1 | BD; EDS |
| *gengraf oral solution* | 1 | BD; EDS |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA New Starts; LA |
| *havrix intramuscular suspension* | 1 | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 1 | BD |
| *hiberix injection solution reconstituted* | 1 | |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | 2 | EDS |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | 2 | EDS |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT | 2 | EDS |
| HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT | 2 | EDS |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 2 | EDS |
| HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT | 2 | EDS |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 2 | EDS |
| *icatibant acetate subcutaneous solution prefilled syringe* | 1 | PA New Starts |
| *imovax rabies intramuscular suspension reconstituted* | 1 | BD |
| *infanrix intramuscular suspension* | 1 | |
| INTRON A INJECTION SOLUTION RECONSTITUTED | 2 | BD; EDS |
| *ipol injection injectable* | 1 | |
| *ixiaro intramuscular suspension* | 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 |
|---|---|---|
| *jynneos subcutaneous suspension* | 1 | |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; EDS |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; EDS |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | EDS |
| *kinrix intramuscular suspension prefilled syringe* | 1 | |
| *leflunomide oral tablet 10 mg* | 1 | QL (30 EA per 30 days); EDS |
| *leflunomide oral tablet 20 mg* | 1 | EDS |
| LUPKYNIS ORAL CAPSULE | 3 | PA; LA; EDS |
| *menactra intramuscular solution* | 1 | |
| *menquadfi intramuscular solution* | 1 | |
| *menveo intramuscular solution reconstituted* | 1 | |
| *mercaptopurine oral tablet* | 1 | EDS |
| *methotrexate sodium (pf) injection solution 50 mg/2ml* | 1 | |
| *methotrexate sodium injection solution 50 mg/2ml* | 1 | |
| *methotrexate sodium oral tablet* | 1 | EDS |
| *m-m-r ii injection solution reconstituted* | 1 | |
| *mycophenolate mofetil oral capsule* | 1 | BD; EDS |
| *mycophenolate mofetil oral suspension reconstituted* | 1 | BD; EDS |
| *mycophenolate mofetil oral tablet* | 1 | BD; EDS |
| *mycophenolate sodium oral tablet delayed release* | 1 | BD; EDS |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML | 2 | PA |
| OTEZLA ORAL TABLET THERAPY PACK | 3 | PA |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 3 | PA; EDS |
| *pediarix intramuscular suspension prefilled syringe* | 1 | |
| *pedvax hib intramuscular suspension* | 1 | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 2 | PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious disease specialists. |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious disease specialists. |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 1 | |
| *prehevbrio intramuscular suspension* | 1 | BD |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 1 | |
| PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML | 2 | PA |
| PROGRAF ORAL PACKET | 3 | BD; EDS |
| *proquad subcutaneous suspension reconstituted* | 1 | |
| *quadracel intramuscular suspension* | 1 | |
| QUADRACEL INTRAMUSCULAR SUSPENSION (58 UNT/ML) | 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 |
|---|---|---|
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| *rabavert intramuscular suspension reconstituted* | 1 | BD |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 3 | PA; EDS |
| *recombivax hb injection suspension* | 1 | BD |
| *recombivax hb injection suspension prefilled syringe* | 1 | BD |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | 2 | EDS |
| RESTASIS OPHTHALMIC EMULSION | 2 | EDS |
| REZUROCK ORAL TABLET | 3 | PA New Starts; LA; EDS |
| RIDAURA ORAL CAPSULE | 2 | EDS |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG | 2 | QL (30 EA per 30 days); EDS |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG | 2 | EDS |
| *rotarix oral suspension* | 1 | |
| *rotarix oral suspension reconstituted* | 1 | |
| *rotateq oral solution* | 1 | |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA New Starts; LA |
| *sajazir subcutaneous solution prefilled syringe* | 1 | PA New Starts |
| SANDIMMUNE ORAL SOLUTION | 3 | BD; EDS |
| *shingrix intramuscular suspension reconstituted 50 mcg/0.5ml* | 1 | |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; EDS |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; EDS |
| *sirolimus oral solution* | 1 | BD; EDS |
| *sirolimus oral tablet* | 1 | BD; EDS |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 2 | EDS |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | EDS |
| *skyrizi subcutaneous solution cartridge 180 mg/1.2ml* | 2 | EDS |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | 2 | EDS |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | EDS |
| SOTYKTU ORAL TABLET | 3 | PA |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 2 | EDS |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | EDS |
| *tacrolimus oral capsule* | 1 | BD; EDS |
| *takhzyro subcutaneous solution* | 3 | PA New Starts; LA; EDS |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 3 | PA New Starts; LA; EDS |
| TAVNEOS ORAL CAPSULE | 3 | PA; LA; EDS |
| *tdvax intramuscular suspension* | 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 |
|---|---|---|
| *tenivac intramuscular injectable 5-2 lfu* | 1 | |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (INJECTION) | 1 | |
| *ticovac intramuscular suspension prefilled syringe 1.2 mcg/0.25ml* | 1 | |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML | 1 | |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; EDS |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; EDS |
| *trumenba intramuscular suspension prefilled syringe* | 1 | |
| *twinrix intramuscular suspension prefilled syringe* | 1 | |
| *typhim vi intramuscular solution* | 1 | |
| *typhim vi intramuscular solution prefilled syringe* | 1 | |
| *vaqta intramuscular suspension* | 1 | |
| *varivax subcutaneous injectable* | 1 | |
| XATMEP ORAL SOLUTION | 3 | BD |
| XELJANZ ORAL SOLUTION | 2 | EDS |
| XELJANZ ORAL TABLET 10 MG | 2 | EDS |
| XELJANZ ORAL TABLET 5 MG | 2 | QL (60 EA per 30 days); EDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG | 2 | QL (30 EA per 30 days); EDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG | 2 | EDS |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA |
| *yf-vax subcutaneous injectable* | 1 | |
| YF-VAX SUBCUTANEOUS INJECTABLE (2.5 ML IN 1 VIAL, MULTI-DOSE) | 1 | |
| **Inflammatory Bowel Disease Agents** | | |
| *balsalazide disodium oral capsule* | 1 | |
| *budesonide er oral tablet extended release 24 hour* | 1 | |
| *budesonide oral capsule delayed release particles* | 1 | |
| *budesonide rectal foam* | 1 | |
| *dexamethasone oral solution* | 1 | |
| *dexamethasone oral tablet* | 1 | |
| *hydrocortisone oral tablet* | 1 | |
| *hydrocortisone rectal enema* | 1 | |
| MEDROL ORAL TABLET 2 MG | 3 | BD |
| *mesalamine er oral capsule extended release* | 1 | EDS |
| *mesalamine er oral capsule extended release 24 hour* | 1 | EDS |
| *mesalamine oral capsule delayed release* | 1 | EDS |
| *mesalamine oral tablet delayed release 1.2 gm* | 1 | EDS |
| *mesalamine oral tablet delayed release 800 mg* | 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 |
|---|---|---|
| *mesalamine rectal enema* | 1 | |
| *mesalamine rectal suppository* | 1 | |
| *methylprednisolone oral tablet* | 1 | BD; EDS |
| *methylprednisolone oral tablet therapy pack* | 1 | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG | 2 | EDS |
| *prednisolone oral solution* | 1 | |
| *prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml* | 1 | |
| *prednisone intensol oral concentrate* | 1 | BD |
| *prednisone oral solution* | 1 | BD |
| *prednisone oral tablet* | 1 | BD; EDS |
| PREDNISONE ORAL TABLET THERAPY PACK | 2 | |
| *procto-med hc external cream* | 1 | |
| *proctozone-hc external cream* | 1 | |
| *sulfasalazine oral tablet* | 1 | EDS |
| *sulfasalazine oral tablet delayed release* | 1 | EDS |
| **Metabolic Bone Disease Agents** | | |
| *alendronate sodium oral solution* | 1 | EDS |
| *alendronate sodium oral tablet 10 mg, 35 mg, 70 mg* | 1 | EDS |
| BINOSTO ORAL TABLET EFFERVESCENT | 3 | EDS |
| *calcitonin (salmon) nasal solution* | 1 | EDS |
| *calcitriol oral capsule* | 1 | EDS |
| *calcitriol oral solution* | 1 | EDS |
| *cinacalcet hcl oral tablet* | 1 | EDS |
| *doxercalciferol oral capsule* | 1 | ST; EDS |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML | 2 | PA; EDS |
| *ibandronate sodium oral tablet* | 1 | EDS |
| NATPARA SUBCUTANEOUS CARTRIDGE | 3 | PA; LA; EDS |
| *paricalcitol oral capsule* | 1 | ST; EDS |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE | 3 | ST; EDS |
| *risedronate sodium oral tablet 150 mg, 35 mg, 5 mg* | 1 | EDS |
| *risedronate sodium oral tablet 30 mg* | 1 | |
| *risedronate sodium oral tablet delayed release* | 1 | EDS |
| TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; EDS |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; EDS |
| XGEVA SUBCUTANEOUS SOLUTION | 3 | PA New Starts |
| **Non-Frf** | | |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG | 3 | PA New Starts; QL (30 EA per 30 days); EDS |

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 MAINTENANCE KIT ORAL TABLET 2 MG | 3 | PA New Starts; QL (60 EA per 30 days); EDS |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 20 MG, 5 MG | 3 | PA New Starts; QL (30 EA per 30 days); EDS |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG | 3 | PA New Starts; QL (60 EA per 30 days); EDS |
| ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | PA New Starts; QL (30 EA per 30 days); EDS |
| ABILIFY MYCITE ORAL TABLET 2 MG | 3 | PA New Starts; QL (60 EA per 30 days); EDS |
| ABILIFY MYCITE STARTER KIT ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG | 3 | PA New Starts; QL (30 EA per 30 days) |
| ABILIFY MYCITE STARTER KIT ORAL TABLET 2 MG | 3 | PA New Starts; QL (60 EA per 30 days) |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 20 MG, 30 MG, 5 MG | 3 | PA New Starts; QL (30 EA per 30 days) |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 2 MG | 3 | PA New Starts; QL (60 EA per 30 days) |
| *acetaminophen-codeine #2 oral tablet* | 1 | |
| *acetaminophen-codeine #3 oral tablet* | 1 | |
| *acetaminophen-codeine #4 oral tablet* | 1 | |
| *acetaminophen-codeine oral tablet 300-30 mg* | 1 | |
| *afeditab cr oral tablet extended release 24 hour* | 1 | EDS |
| AIRSUPRA INHALATION AEROSOL | 3 | ST; EDS |
| AKEEGA ORAL TABLET | 3 | PA New Starts; LA |
| AKYNZEO ORAL CAPSULE | 3 | PA |
| *alendronate sodium oral tablet 5 mg* | 1 | EDS |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY | 2 | EDS |
| *alprazolam xr oral tablet extended release 24 hour 0.5 mg* | 1 | |
| *amantadine hcl oral syrup* | 1 | EDS |
| AMETHYST ORAL TABLET | 2 | EDS |
| AMINOSYN II INTRAVENOUS SOLUTION 10 % | 2 | BD |
| AMINOSYN INTRAVENOUS SOLUTION 10 % | 2 | BD |
| AMINOSYN-PF INTRAVENOUS SOLUTION 10 % | 2 | BD |
| *amoxicill-clarithro-lansopraz oral* | 1 | |
| *amoxicill-clarithro-lansopraz oral therapy pack* | 1 | |
| *ampicillin oral capsule 250 mg* | 1 | |
| *ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm* | 1 | |
| AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LA; EDS |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | EDS |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 3 | PA; LA |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | EDS |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | EDS |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | EDS |
| *aubra oral tablet* | 1 | EDS |
| AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK | 3 | PA; QL (70 EA per 28 days) |
| *azurette oral tablet* | 1 | EDS |
| *baqsimi two pack nasal powder* | 1 | |
| BCG VACCINE INJECTION INJECTABLE | 2 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION | 3 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML | 3 | |
| BLEPHAMIDE OPHTHALMIC SUSPENSION | 2 | |
| *blisovi fe 1/20 oral tablet* | 1 | EDS |
| *boostrix intramuscular suspension* | 1 | |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH | 2 | EDS |
| BREYNA INHALATION AEROSOL | 1 | EDS |
| *brimonidine tartrate ophthalmic solution 0.1 %* | 1 | EDS |
| BUTISOL SODIUM ORAL TABLET 30 MG | 3 | PA does not apply to age less than 65. |
| CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE | 3 | PA New Starts |
| *carglumic acid oral tablet* | 1 | PA; EDS |
| *cefepime hcl injection solution reconstituted 2 gm* | 1 | |
| *cefepime hcl intravenous solution reconstituted 2 gm* | 1 | |
| *cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)* | 1 | |
| *cefotaxime sodium injection solution reconstituted 1 gm, 10 gm* | 1 | |
| *cefoxitin sodium injection solution reconstituted* | 1 | |
| *ceftazidime injection solution reconstituted 2 gm* | 1 | |
| *ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm* | 1 | |
| *ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%* | 1 | |
| CHLORPROPAMIDE ORAL TABLET 100 MG | 3 | PA does not apply to age less than 65.; EDS |
| *cholestyramine light oral powder* | 1 | EDS |
| *cholestyramine oral powder* | 1 | EDS |
| CIMZIA PREFILLED SUBCUTANEOUS KIT | 3 | PA; EDS |
| CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; EDS |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; EDS |
| *ciprofloxacin oral suspension reconstituted* | 1 | |
| *clindamax external gel* | 1 | |
| CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION | 2 | BD |
| CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION | 2 | BD |
| CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION | 2 | BD |
| CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION | 2 | BD |
| CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION | 2 | BD |
| *clobetasol prop emollient base external cream* | 1 | |
| *clopidogrel bisulfate oral tablet 300 mg* | 1 | |
| CLORPRES ORAL TABLET | 3 | EDS |
| *colestipol hcl oral granules* | 1 | EDS |
| *colocort rectal enema* | 1 | |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | EDS |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 2 | EDS |
| *cyred oral tablet* | 1 | EDS |
| DDAVP RHINAL TUBE NASAL SOLUTION | 3 | EDS |
| *delyla oral tablet* | 1 | EDS |
| *desmopressin acetate spray nasal solution* | 1 | EDS |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE | 2 | |
| *dexamethasone oral elixir* | 1 | |
| *dextrose in lactated ringers intravenous solution* | 1 | |
| *dextrose-nacl intravenous solution 5-0.33 %* | 1 | |
| *dextrose-sodium chloride intravenous solution 5-0.225 %* | 1 | |
| *diazepam oral concentrate* | 1 | |
| *diazepam oral solution 1 mg/ml* | 1 | |
| *dichlorphenamide oral tablet* | 1 | PA |
| *diltiazem hcl er beads oral capsule extended release 24 hour 180 mg* | 1 | EDS |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg* | 1 | EDS |
| *diltiazem hcl er coated beads oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | 1 | EDS |
| *diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | 1 | EDS |
| *dimethyl fumarate starter pack oral* | 1 | |
| *dimethyl fumarate starter pack oral capsule delayed release therapy pack* | 1 | |
| *diphenhydramine hcl oral elixir* | 1 | PA; PA does not apply to age less than 65. |
| *doxycycline hyclate intravenous solution reconstituted* | 1 | |
| *drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg* | 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 |
|---|---|---|
| *efavirenz-emtricitab-tenofo df oral tablet* | 1 | EDS |
| *efavirenz-emtricitab-tenofovir oral tablet* | 1 | EDS |
| EMPAVELI SUBCUTANEOUS SOLUTION | 3 | PA; LA |
| *engerix-b injection suspension 10 mcg/0.5ml* | 1 | BD |
| *engerix-b injection suspension prefilled syringe 10 mcg/0.5ml* | 1 | BD |
| *enoxaparin sodium injection solution 300 mg/3ml* | 1 | |
| *enoxaparin sodium subcutaneous solution* | 1 | |
| *erythromycin base oral tablet delayed release* | 1 | |
| *erythromycin external pad* | 1 | |
| *erythromycin lactobionate intravenous solution reconstituted* | 1 | |
| ESTRING VAGINAL RING 2 MG | 2 | EDS |
| *fayosim oral tablet* | 1 | EDS |
| *fenofibric acid oral tablet* | 1 | EDS |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML | 2 | PA |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 100 MCG/BLIST, 50 MCG/ACT, 50 MCG/BLIST | 2 | QL (60 EA per 30 days); EDS |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT, 250 MCG/BLIST | 2 | EDS |
| *fluocinolone acetonide body external oil* | 1 | |
| *fluocinonide-e external cream* | 1 | |
| *flurbiprofen oral tablet 50 mg* | 1 | EDS |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | 1 | EDS |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML | 2 | PA; EDS |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML | 2 | PA; EDS |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | 2 | PA |
| GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML | 2 | PA |
| GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML | 2 | PA |
| GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | 2 | PA |
| *gardasil intramuscular suspension* | 1 | |
| *gentamicin in saline intravenous solution 1.4-0.9 mg/ml-%, 2-0.9 mg/ml-%* | 1 | |
| *gentamicin sulfate ophthalmic ointment* | 1 | |
| *gildess 1.5/30 oral tablet* | 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 |
|---|---|---|
| *glucagon emergency injection solution reconstituted* | 1 | |
| GRALISE ORAL | 3 | |
| *gvoke hypopen 1-pack subcutaneous solution auto-injector* | 1 | |
| HARVONI ORAL TABLET 45-200 MG | 2 | PA; QL (30 EA per 30 days) |
| *havrix intramuscular suspension 1440 el u/ml 1 ml* | 1 | |
| *heparin sodium (porcine) injection solution prefilled syringe* | 1 | |
| *heparin sodium (porcine) pf injection solution 5000 unit/ml* | 1 | |
| HUMALOG SUBCUTANEOUS SOLUTION | 2 | EDS |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK) | 2 | EDS |
| *hydrocortisone external cream 2.5 %* | 1 | |
| *hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml* | 1 | |
| *hydromorphone hcl pf injection solution 500 mg/50ml* | 1 | |
| *hyperrab injection solution* | 1 | BD |
| *icatibant acetate subcutaneous solution* | 1 | PA New Starts |
| *icatibant acetate subcutaneous solution prefilled syringe* | 1 | PA New Starts |
| IMCIVREE SUBCUTANEOUS SOLUTION | 3 | PA; LA; EDS |
| *imovax rabies intramuscular injectable* | 1 | BD |
| *imovax rabies intramuscular suspension reconstituted* | 1 | BD |
| IONOSOL-MB IN D5W INTRAVENOUS SOLUTION | 3 | |
| ISOLYTE-S INTRAVENOUS SOLUTION | 3 | |
| JOENJA ORAL TABLET | 3 | PA; LA; EDS |
| JOYEAUX ORAL TABLET | 1 | EDS |
| KALYDECO ORAL PACKET 5.8 MG | 2 | PA New Starts; LA; EDS |
| *kcl (0.149%) in nacl intravenous solution* | 1 | |
| *kcl (0.298%) in nacl intravenous solution* | 1 | |
| *kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%* | 1 | |
| K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ | 2 | EDS |
| *lactated ringers intravenous solution* | 1 | |
| *lactated ringers irrigation solution* | 1 | |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | EDS |
| *levofloxacin in d5w intravenous solution 250 mg/50ml* | 1 | |
| *lidocaine hcl (pf) injection solution 1 %* | 1 | |
| *lidocaine hcl injection solution 1 %* | 1 | |
| *lidocaine hcl urethral/mucosal external gel* | 1 | EDS |
| *lidocaine hcl urethral/mucosal external prefilled syringe* | 1 | |
| *lisdexamfetamine dimesylate oral tablet chewable* | 1 | QL (30 EA per 30 days); EDS |
| *megestrol acetate oral suspension 400 mg/10ml* | 1 | PA; PA does not apply to age less than 65.; 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 |
|---|---|---|
| *menactra intramuscular injectable* | 1 | |
| *menquadfi intramuscular injectable* | 1 | |
| MENVEO INTRAMUSCULAR SOLUTION | 1 | |
| *metadate er oral tablet extended release 20 mg* | 1 | EDS |
| *methotrexate oral tablet* | 1 | EDS |
| *methotrexate sodium (pf) injection solution 250 mg/10ml* | 1 | |
| *methotrexate sodium injection solution 250 mg/10ml* | 1 | |
| *methylergonovine maleate oral tablet* | 1 | |
| *metronidazole in nacl intravenous solution 5-0.79 mg/ml-%* | 1 | |
| MONDOXYNE NL ORAL CAPSULE 100 MG | 1 | |
| *morphine sulfate (concentrate) oral solution 100 mg/5ml* | 1 | |
| *morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml* | 1 | |
| *morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml* | 1 | |
| *morphine sulfate intravenous solution 4 mg/ml, 8 mg/ml* | 1 | |
| *moxifloxacin hcl intraocular solution 5 mg/ml* | 1 | |
| *moxifloxacin hcl intravenous solution* | 1 | |
| *multiple electro type 1 ph 7.4 intravenous solution* | 1 | |
| *nafcillin sodium injection solution reconstituted 10 gm* | 1 | |
| *naloxone hcl injection solution 4 mg/10ml* | 1 | |
| NAPHAZOLINE HCL OPHTHALMIC SOLUTION | 2 | |
| *naproxen dr oral tablet delayed release* | 1 | EDS |
| *necon 1/35 (28) oral tablet* | 1 | EDS |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT | 2 | PA |
| *nifediac cc oral tablet extended release 24 hour 60 mg* | 1 | EDS |
| *nifedical xl oral tablet extended release 24 hour 30 mg* | 1 | EDS |
| NITROMIST TRANSLINGUAL AEROSOL SOLUTION | 3 | EDS |
| *norlyroc oral tablet* | 1 | EDS |
| *normosol-m in d5w intravenous solution* | 1 | |
| NORMOSOL-R IN D5W INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION | 3 | |
| NUVESSA VAGINAL GEL | 3 | |
| OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML | 2 | PA |
| *octreotide acetate subcutaneous solution prefilled syringe* | 1 | EDS |
| *omeprazole magnesium oral capsule delayed release* | 1 | EDS |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT | 2 | QL (1 EA per 730 days) |
| OMNIPOD 5 G6 POD (GEN 5) | 2 | QL (15 EA per 30 days); EDS |
| OMNIPOD CLASSIC PDM (GEN 3) KIT | 2 | QL (1 EA per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) | 2 | 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 DASH INTRO (GEN 4) KIT | 2 | QL (1 EA per 730 days) |
| OMNIPOD DASH PODS (GEN 4) | 2 | QL (15 EA per 30 days); EDS |
| OMNIPOD GO KIT | 2 | QL (15 EA per 30 days); EDS |
| OPVEE NASAL SOLUTION | 2 | |
| *oxybutynin chloride oral solution* | 1 | EDS |
| *oxybutynin chloride oral syrup* | 1 | EDS |
| *pazopanib hcl oral tablet* | 1 | PA New Starts |
| *pediarix intramuscular suspension* | 1 | |
| PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML | 2 | PA |
| PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 135 MCG/0.5ML | 2 | PA |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML | 2 | PA |
| PEG-INTRON REDIPEN SUBCUTANEOUS KIT 50 MCG/0.5ML | 2 | PA; PA Except Infectious Disease, Gastroenterology, Hepatology |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML | 2 | PA; PA Except Infectious Disease, Gastroenterology, Hepatology |
| PEG-INTRON SUBCUTANEOUS KIT 50 MCG/0.5ML | 2 | PA; PA Except Infectious Disease, Gastroenterology, Hepatology |
| *peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted* | 1 | |
| *penicillin g potassium injection solution reconstituted 5000000 unit* | 1 | |
| *piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm* | 1 | |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 2 | EDS |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | |
| *prednisolone oral syrup 15 mg/5ml* | 1 | |
| *prednisolone sodium phosphate oral solution 15 mg/5ml* | 1 | |
| *prevalite oral powder* | 1 | EDS |
| *primaquine phosphate oral tablet 26.3 mg* | 1 | |
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML | 2 | PA |
| *proctozone-hc rectal cream* | 1 | |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE | 3 | PA; LA; EDS |
| *promethazine hcl oral solution* | 3 | PA; PA does not apply to age less than 65. |
| *promethazine vc plain oral solution* | 1 | PA; PA does not apply to age less than 65. |
| *promethazine vc plain oral syrup* | 1 | PA; PA does not apply to age less than 65. |
| *promethazine-phenylephrine oral syrup* | 1 | PA; PA does not apply to age less than 65. |
| *proparacaine hcl ophthalmic solution* | 1 | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 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 |
|---|---|---|
| RADICAVA ORS ORAL SUSPENSION | 3 | PA New Starts; LA; QL (50 ML per 28 days); EDS |
| *recombivax hb injection suspension 10 mcg/ml (1ml syringe)* | 1 | BD |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | |
| RENACIDIN IRRIGATION SOLUTION | 2 | |
| *ringers intravenous solution* | 1 | |
| *ringers irrigation irrigation solution* | 1 | |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | BD |
| *sajazir subcutaneous solution* | 1 | PA New Starts |
| *sajazir subcutaneous solution prefilled syringe* | 1 | PA New Starts |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | EDS |
| SFROWASA RECTAL ENEMA | 3 | |
| *sodium chloride injection solution 2.5 meq/ml* | 1 | |
| *ssd (silver sulfadiazine) external cream* | 1 | |
| *stavudine oral capsule* | 1 | EDS |
| *sterile water for irrigation irrigation solution* | 1 | |
| *sulconazole nitrate external cream* | 1 | |
| *sulconazole nitrate external solution* | 1 | |
| *sulfacetamide sodium-sulfur external emulsion* | 1 | |
| *sulfacetamide sodium-sulfur external liquid 10-5 %* | 1 | |
| *sulfamethoxazole-trimethoprim intravenous solution* | 1 | |
| *tarina fe 1/20 oral tablet* | 1 | EDS |
| *testosterone cypionate injection solution 200 mg/ml* | 1 | |
| *testosterone transdermal gel 1.62 %* | 1 | PA; EDS |
| *theophylline oral elixir* | 1 | EDS |
| *tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml* | 1 | |
| *tramadol hcl er (biphasic) oral tablet extended release 24 hour* | 1 | ST |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | EDS |
| TREXIMET ORAL TABLET 10-60 MG | 3 | |
| *triamcinolone acetonide nasal aerosol* | 1 | |
| *trinessa (28) oral tablet* | 1 | EDS |
| *typhim vi intramuscular solution* | 1 | |
| *vancomycin hcl intravenous solution reconstituted 5 gm* | 1 | |
| *varenicline tartrate (starter) oral tablet therapy pack* | 1 | |
| *varenicline tartrate oral* | 1 | |
| *varenicline tartrate oral tablet therapy pack* | 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 |
|---|---|---|
| *varizig intramuscular solution* | 1 | |
| VERAMYST NASAL SUSPENSION | 3 | EDS |
| V-GO 20 KIT | 2 | |
| V-GO 20 KIT 20 UNIT/24HR | 2 | EDS |
| V-GO 30 KIT | 2 | |
| V-GO 30 KIT 30 UNIT/24HR | 2 | EDS |
| V-GO 40 KIT | 2 | |
| V-GO 40 KIT 40 UNIT/24HR | 2 | EDS |
| *viorele oral tablet* | 1 | EDS |
| VOCABRIA ORAL TABLET | 3 | LA; EDS |
| *wixela inhub inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | 1 | EDS |
| *zazole vaginal cream 0.8 %* | 1 | |
| *zolmitriptan nasal solution 2.5 mg* | 1 | |
| **Ophthalmic Agents** | | |
| *acetazolamide er oral capsule extended release 12 hour* | 1 | EDS |
| *acetazolamide oral tablet* | 1 | EDS |
| ALOMIDE OPHTHALMIC SOLUTION | 2 | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 2 | EDS |
| *apraclonidine hcl ophthalmic solution* | 1 | EDS |
| *atropine sulfate ophthalmic solution 1 %* | 1 | |
| *azelastine hcl ophthalmic solution* | 1 | |
| *bacitracin ophthalmic ointment* | 1 | |
| *bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm* | 1 | |
| *bacitra-neomycin-polymyxin-hc ophthalmic ointment* | 1 | |
| *betaxolol hcl ophthalmic solution* | 1 | EDS |
| BETIMOL OPHTHALMIC SOLUTION 0.25 % | 2 | EDS |
| BETIMOL OPHTHALMIC SOLUTION 0.5 % | 3 | EDS |
| BETOPTIC-S OPHTHALMIC SUSPENSION | 2 | EDS |
| *bimatoprost ophthalmic solution* | 1 | EDS |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT | 2 | |
| *brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %* | 1 | EDS |
| *brimonidine tartrate-timolol ophthalmic solution* | 1 | EDS |
| *brinzolamide ophthalmic suspension* | 1 | EDS |
| *bromfenac sodium (once-daily) ophthalmic solution* | 1 | |
| *carteolol hcl ophthalmic solution* | 1 | EDS |
| CILOXAN OPHTHALMIC OINTMENT | 3 | |
| *ciprofloxacin hcl ophthalmic solution* | 1 | |
| COMBIGAN OPHTHALMIC SOLUTION | 2 | EDS |
| *cromolyn sodium ophthalmic solution* | 1 | EDS |
| *cyclosporine ophthalmic emulsion* | 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 |
|---|---|---|
| CYSTADROPS OPHTHALMIC SOLUTION | 3 | PA; EDS |
| CYSTARAN OPHTHALMIC SOLUTION | 2 | PA; LA; EDS |
| *dexamethasone sodium phosphate ophthalmic solution* | 1 | |
| *diclofenac sodium ophthalmic solution* | 1 | EDS |
| *difluprednate ophthalmic emulsion* | 1 | |
| *dorzolamide hcl ophthalmic solution* | 1 | EDS |
| *dorzolamide hcl-timolol mal ophthalmic solution* | 1 | EDS |
| *dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %* | 1 | EDS |
| *epinastine hcl ophthalmic solution* | 1 | |
| *erythromycin ophthalmic ointment* | 1 | |
| *fluorometholone ophthalmic suspension* | 1 | |
| *flurbiprofen sodium ophthalmic solution* | 1 | |
| *gatifloxacin ophthalmic solution* | 1 | |
| *gentak ophthalmic ointment* | 1 | |
| *gentamicin sulfate ophthalmic solution* | 1 | |
| ILEVRO OPHTHALMIC SUSPENSION | 2 | |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | 2 | EDS |
| *ketorolac tromethamine ophthalmic solution* | 1 | |
| LACRISERT OPHTHALMIC INSERT | 2 | |
| *latanoprost ophthalmic solution* | 1 | EDS |
| *levobunolol hcl ophthalmic solution 0.5 %* | 1 | EDS |
| *levofloxacin ophthalmic solution 0.5 %* | 1 | |
| LOTEMAX OPHTHALMIC OINTMENT | 2 | |
| LOTEMAX SM OPHTHALMIC GEL | 2 | |
| *loteprednol etabonate ophthalmic gel* | 1 | |
| *loteprednol etabonate ophthalmic suspension* | 1 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 2 | EDS |
| *methazolamide oral tablet* | 1 | EDS |
| *moxifloxacin hcl ophthalmic solution* | 1 | |
| NATACYN OPHTHALMIC SUSPENSION | 2 | |
| *neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000* | 1 | |
| *neomycin-polymyxin-dexameth ophthalmic ointment* | 1 | |
| *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1* | 1 | |
| *neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025* | 1 | |
| NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1 | 3 | |
| *ofloxacin ophthalmic solution* | 1 | |
| *olopatadine hcl ophthalmic solution* | 1 | |
| OXERVATE OPHTHALMIC SOLUTION | 3 | PA |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %* | 1 | EDS |
| *polymyxin b-trimethoprim ophthalmic solution* | 1 | |
| *prednisolone acetate ophthalmic suspension* | 1 | |
| *prednisolone sodium phosphate ophthalmic solution* | 1 | |
| PROLENSA OPHTHALMIC SOLUTION | 3 | |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | 2 | EDS |
| RESTASIS OPHTHALMIC EMULSION | 2 | EDS |
| RHOPRESSA OPHTHALMIC SOLUTION | 2 | EDS |
| ROCKLATAN OPHTHALMIC SOLUTION | 2 | EDS |
| SIMBRINZA OPHTHALMIC SUSPENSION | 2 | EDS |
| SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT | 3 | |
| *sulfacetamide sodium ophthalmic solution* | 1 | |
| *sulfacetamide-prednisolone ophthalmic solution* | 1 | |
| *timolol maleate (once-daily) ophthalmic solution* | 1 | EDS |
| *timolol maleate ophthalmic gel forming solution* | 1 | EDS |
| *timolol maleate ophthalmic solution* | 1 | EDS |
| *timolol maleate pf ophthalmic solution* | 1 | EDS |
| TOBRADEX OPHTHALMIC OINTMENT | 3 | |
| *tobramycin ophthalmic solution* | 1 | |
| *tobramycin-dexamethasone ophthalmic suspension* | 1 | |
| TOBREX OPHTHALMIC OINTMENT | 3 | |
| *travoprost (bak free) ophthalmic solution* | 1 | EDS |
| *trifluridine ophthalmic solution* | 1 | |
| VYZULTA OPHTHALMIC SOLUTION | 2 | EDS |
| XIIDRA OPHTHALMIC SOLUTION | 2 | EDS |
| ZIRGAN OPHTHALMIC GEL | 2 | |
| ZYLET OPHTHALMIC SUSPENSION | 3 | |
| **Otic Agents** | | |
| *acetic acid otic solution* | 1 | |
| CIPRO HC OTIC SUSPENSION | 3 | |
| *ciprofloxacin-dexamethasone otic suspension* | 1 | |
| *flac otic oil* | 1 | |
| *fluocinolone acetonide otic oil* | 1 | |
| *hydrocortisone-acetic acid otic solution* | 1 | |
| *neomycin-polymyxin-hc otic solution 1 %* | 1 | |
| *neomycin-polymyxin-hc otic suspension* | 1 | |
| *ofloxacin otic solution* | 1 | |
| **Respiratory Tract/ Pulmonary Agents** | | |
| *acetylcysteine inhalation solution* | 1 | BD |
| ADEMPAS ORAL TABLET | 3 | PA New Starts; LA; EDS |
| ADVAIR HFA INHALATION AEROSOL | 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 |
|---|---|---|
| *albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act* | 1 | EDS |
| *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml* | 1 | BD; EDS |
| *albuterol sulfate oral syrup* | 1 | EDS |
| *albuterol sulfate oral tablet* | 1 | EDS |
| *alyq oral tablet* | 1 | PA New Starts; EDS |
| *ambrisentan oral tablet 10 mg* | 1 | PA New Starts; EDS |
| *ambrisentan oral tablet 5 mg* | 1 | PA New Starts; QL (30 EA per 30 days); EDS |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 2 | EDS |
| *arformoterol tartrate inhalation nebulization solution* | 1 | BD; EDS |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT | 2 | AL (Min 12 Years); EDS |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 2 | EDS |
| ASMANEX (120 METERED DOSES) 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 | 2 | EDS |
| ATROVENT HFA INHALATION AEROSOL SOLUTION | 2 | QL (25.8 GM per 30 days); EDS |
| *azelastine hcl nasal solution 0.1 %, 0.15 %* | 1 | |
| *azelastine-fluticasone nasal suspension* | 1 | |
| *bosentan oral tablet 125 mg* | 1 | PA New Starts; EDS |
| *bosentan oral tablet 62.5 mg* | 1 | PA New Starts; QL (60 EA per 30 days); EDS |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT | 2 | EDS |
| *breo ellipta inhalation aerosol powder breath activated 50-25 mcg/inh* | 2 | EDS |
| BREZTRI AEROSPHERE INHALATION AEROSOL | 2 | EDS |
| BRONCHITOL INHALATION CAPSULE | 3 | PA New Starts; EDS |
| *budesonide inhalation suspension* | 1 | BD; QL (120 ML per 30 days); EDS |
| *carbinoxamine maleate oral solution* | 1 | PA; PA does not apply to age less than 65. |
| *carbinoxamine maleate oral tablet 4 mg* | 1 | PA; PA does not apply to age less than 65. |
| CAYSTON INHALATION SOLUTION RECONSTITUTED | 3 | LA |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | EDS |
| *clemastine fumarate oral tablet 2.68 mg* | 1 | PA; PA does not apply to age less than 65. |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | 2 | QL (8 GM per 30 days); EDS |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| *cromolyn sodium inhalation nebulization solution* | 1 | BD; EDS |
| *cromolyn sodium oral concentrate* | 1 | EDS |
| *cyproheptadine hcl oral syrup* | 1 | PA; PA does not apply to age less than 65. |
| *cyproheptadine hcl oral tablet* | 1 | PA; PA does not apply to age less than 65.; EDS |
| *desloratadine oral tablet* | 1 | EDS |
| *desloratadine oral tablet dispersible 2.5 mg* | 1 | QL (30 EA per 30 days); EDS |
| *desloratadine oral tablet dispersible 5 mg* | 1 | EDS |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML | 2 | PA; EDS |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; EDS |
| *epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml* | 1 | |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; EDS |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; EDS |
| 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 |
| *flunisolide nasal solution 25 mcg/act (0.025%)* | 1 | EDS |
| *fluticasone propionate nasal suspension* | 1 | EDS |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act* | 1 | EDS |
| *formoterol fumarate inhalation nebulization solution* | 1 | BD; EDS |
| *hydroxyzine hcl oral tablet* | 1 | PA; PA does not apply to age less than 65. |
| *hydroxyzine pamoate oral capsule* | 1 | PA; PA does not apply to age less than 65. |
| *ipratropium bromide inhalation solution* | 1 | BD; EDS |
| *ipratropium bromide nasal solution* | 1 | EDS |
| *ipratropium-albuterol inhalation solution* | 1 | BD; EDS |
| *kalydeco oral packet 13.4 mg* | 2 | PA New Starts; LA; EDS |
| KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG | 2 | PA New Starts; LA; EDS |
| KALYDECO ORAL TABLET | 2 | PA New Starts; LA; EDS |
| *levalbuterol hcl inhalation nebulization solution* | 1 | BD; EDS |
| *levalbuterol tartrate inhalation aerosol* | 1 | EDS |
| *levocetirizine dihydrochloride oral solution* | 1 | |
| *levocetirizine dihydrochloride oral tablet* | 1 | EDS |
| *mometasone furoate nasal suspension* | 1 | |
| *montelukast sodium oral packet* | 1 | EDS |
| *montelukast sodium oral tablet* | 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 |
|---|---|---|
| *montelukast sodium oral tablet chewable* | 1 | EDS |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; LA; EDS |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 2 | PA; LA; EDS |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA; LA; EDS |
| OFEV ORAL CAPSULE | 2 | PA; LA; QL (60 EA per 30 days); EDS |
| *olopatadine hcl nasal solution* | 1 | |
| OPSUMIT ORAL TABLET | 3 | PA New Starts; LA; EDS |
| *orenitram month 1 oral tablet extended release therapy pack* | 3 | PA New Starts; LA; EDS |
| *orenitram month 2 oral tablet extended release therapy pack* | 3 | PA New Starts; LA; EDS |
| *orenitram month 3 oral tablet extended release therapy pack* | 3 | PA New Starts; LA; EDS |
| ORENITRAM ORAL TABLET EXTENDED RELEASE | 3 | PA New Starts; LA; EDS |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG | 3 | PA New Starts; LA; EDS |
| *orkambi oral packet 75-94 mg* | 3 | PA New Starts; LA; EDS |
| ORKAMBI ORAL TABLET | 3 | PA New Starts; LA; EDS |
| *pirfenidone oral tablet 267 mg, 801 mg* | 1 | PA; EDS |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | EDS |
| *promethazine hcl oral syrup* | 3 | PA; PA does not apply to age less than 65. |
| *promethazine hcl oral tablet* | 3 | PA; PA does not apply to age less than 65. |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | EDS |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 2 | BD; EDS |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT | 2 | QL (10.6 GM per 30 days); EDS |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT | 2 | EDS |
| *roflumilast oral tablet 250 mcg* | 1 | QL (28 EA per 365 days) |
| *roflumilast oral tablet 500 mcg* | 1 | EDS |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 2 | EDS |
| *sildenafil citrate oral suspension reconstituted* | 1 | PA New Starts; EDS |
| *sildenafil citrate oral tablet 20 mg* | 1 | PA New Starts; EDS |
| SPIRIVA HANDIHALER INHALATION CAPSULE | 2 | EDS |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION | 2 | EDS |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION | 2 | EDS |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION | 2 | EDS |
| SYMBICORT INHALATION AEROSOL | 2 | EDS |
| SYMDEKO ORAL TABLET THERAPY PACK | 2 | PA New Starts; LA; EDS |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE | 2 | |
| *tadalafil (pah) oral tablet* | 1 | PA New Starts; EDS |

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

| Drug Name | Tier | Requirements/Limits |
|---|---|---|
| *terbutaline sulfate oral tablet* | 1 | EDS |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | EDS |
| *theophylline er oral tablet extended release 12 hour 300 mg, 450 mg* | 1 | EDS |
| *theophylline er oral tablet extended release 24 hour* | 1 | EDS |
| *theophylline oral solution* | 1 | EDS |
| TOBI PODHALER INHALATION CAPSULE | 3 | EDS |
| *tobramycin inhalation nebulization solution* | 1 | BD; EDS |
| TRACLEER ORAL TABLET SOLUBLE | 2 | PA New Starts; LA; EDS |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 2 | EDS |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG | 2 | PA New Starts; EDS |
| TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG | 2 | PA New Starts; QL (84 EA per 28 days); EDS |
| *trikafta oral therapy pack* | 2 | PA New Starts; EDS |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 3 | PA New Starts; LA; QL (60 EA per 30 days); EDS |
| UPTRAVI ORAL TABLET 1600 MCG | 3 | PA New Starts; LA; EDS |
| UPTRAVI ORAL TABLET THERAPY PACK | 3 | PA New Starts; LA |
| VENTAVIS INHALATION SOLUTION | 3 | PA New Starts; LA; EDS |
| *wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act* | 1 | EDS |
| YUPELRI INHALATION SOLUTION | 3 | BD; EDS |
| *zafirlukast oral tablet* | 1 | EDS |
| ZETONNA NASAL AEROSOL SOLUTION | 3 | |
| ZYFLO ORAL TABLET | 2 | EDS |
| **Skeletal Muscle Relaxants** | | |
| *chlorzoxazone oral tablet 500 mg* | 1 | EDS |
| *cyclobenzaprine hcl oral tablet* | 1 | |
| *metaxalone oral tablet 800 mg* | 1 | |
| *methocarbamol oral tablet 500 mg, 750 mg* | 1 | |
| *orphenadrine citrate er oral tablet extended release 12 hour* | 1 | |
| **Sleep Disorder Agents** | | |
| *armodafinil oral tablet* | 1 | EDS |
| BELSOMRA ORAL TABLET 10 MG, 5 MG | 2 | QL (30 EA per 30 days) |
| BELSOMRA ORAL TABLET 15 MG, 20 MG | 2 | |
| DAYVIGO ORAL TABLET 10 MG | 3 | PA New Starts; PA does not apply to age less than 65. |
| DAYVIGO ORAL TABLET 5 MG | 3 | PA New Starts; PA does not apply to age less than 65.; QL (30 EA per 30 days) |
| *doxepin hcl oral tablet 3 mg* | 1 | QL (30 EA per 30 days) |
| *doxepin hcl oral tablet 6 mg* | 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 |
|---|---|---|
| *estazolam oral tablet* | 1 | |
| *eszopiclone oral tablet* | 1 | PA New Starts; PA does not apply to age less than 65. |
| *modafinil oral tablet* | 1 | EDS |
| *quviviq oral tablet* | 3 | PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days) |
| *ramelteon oral tablet* | 1 | |
| SUNOSI ORAL TABLET 150 MG | 3 | PA; EDS |
| SUNOSI ORAL TABLET 75 MG | 3 | PA; QL (45 EA per 30 days); EDS |
| *tasimelteon oral capsule* | 1 | PA; EDS |
| *temazepam oral capsule* | 1 | QL (7 EA per 30 days) |
| XYREM ORAL SOLUTION | 3 | PA; LA |
| XYWAV ORAL SOLUTION | 3 | PA; LA |
| *zaleplon oral capsule* | 1 | PA New Starts |
| *zolpidem tartrate oral tablet* | 1 | PA New Starts; PA does not apply to age less than 65. |

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

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

**Index**

**Language Assistance Services**

| | |
|---|---|
| **English** | We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-667-5936. Someone who speaks English/Language can help you. This is a free service. |
| **Spanish** | Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-667-5936. Alguien que hable español le podrá ayudar. Este es un servicio gratuito. |
| **Chinese Mandarin** | 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-667-5936。我们的中文工作人员很乐意帮助您。 这是一项免费服务。 |
| **Chinese Cantonese** | **您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-667-5936。我們講中文的人員將樂意為您提供幫助 。這 是一項免費服務。** |
| **Tagalog** | Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-667-5936. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo. |
| **French** | Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-667-5936. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit. |
| **Vietnamese** | Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-667-5936 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí . |
| **German** | Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-667-5936. 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 1-800-667-5936번으로 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 1-800-667-5936. 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 1-800-667-5936. 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 1-800-667-5936 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 1-800-667-5936. 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 1-800-667-5936. 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 1-800-667-5936. 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 1-800-667-5936. 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ございます。通訳をご用命になるには、1-800-667-5936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。 |

Pharmacy Benefit Dimensions®

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Pharmacy Benefit Dimensions:

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

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

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

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

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

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

This formulary was updated on December 1, 2023. For more recent information or other questions, please contact our Medicare Member Services Department at 1-800-667-5936, or for TTY users, 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m. ET April 1st – September 30th: Monday through Friday 8 a.m. to 8 p.m. ET or visit www.pbdrx.com/medicare