Pharmacy Benefit Dimensions Prescription Drug Plan PDP

5 Tier Formulary

2024 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 24476, Version Number 25.

This formulary was updated on December 13, 2024. For more recent information or other questions, please contact Pharmacy Benefit Dimensions Medicare Member Services at (716) 504-4444 or 1-800-667-5936 or, for TTY users 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday 8 a.m. to 8 p.m., or visit www.pbdrx.com/Medicare.

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

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

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

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

This document includes the list of the drugs (formulary) for our plan which is current as of December 13, 2024. 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, 2024, 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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 13, 2024. 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 them 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 120-12 mg/5ml	2	
acetaminophen-codeine oral tablet	2	
ASCOMP-CODEINE ORAL CAPSULE	4	PA; PA not required if under 65 years of age.
buprenorphine hcl sublingual tablet sublingual	2	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	2	QL (4 EA per 28 days)
buprenorphine transdermal patch weekly 20 mcg/hr	2	
butalbital-acetaminophen oral tablet 50-325 mg	4	PA; PA not required if under 65 years of age.
butalbital-apap-caff-cod oral capsule	4	PA; PA not required if under 65 years of age.
butalbital-apap-caffeine oral capsule	4	PA; PA not required if under 65 years of age.
butalbital-apap-caffeine oral tablet 50-325-40 mg	4	PA; PA not required if under 65 years of age.
butalbital-asa-caff-codeine oral capsule	4	PA; PA not required if under 65 years of age.
butalbital-aspirin-caffeine oral capsule	4	PA; PA not required if under 65 years of age.
butorphanol tartrate nasal solution	2	
celecoxib oral capsule	2	EDS
codeine sulfate oral tablet	2	
diclofenac epolamine external patch	4	PA
diclofenac potassium oral tablet 50 mg	2	EDS
diclofenac sodium er oral tablet extended release 24 hour	2	EDS
diclofenac sodium external gel 1 %	2	
diclofenac sodium external gel 3 %	2	PA
diclofenac sodium external solution 1.5 %	2	
diclofenac sodium oral tablet delayed release	2	EDS
diflunisal oral tablet	2	EDS
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	
etodolac oral capsule	2	EDS
etodolac oral tablet	2	EDS
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
fentanyl citrate buccal tablet	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	2	QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr	2	QL (15 EA per 30 days)
flurbiprofen oral tablet 100 mg	2	EDS
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	4	QL (30 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	
hydromorphone hcl oral liquid	2	
hydromorphone hcl oral tablet 2 mg, 4 mg	2	QL (360 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	2	QL (180 EA per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	2	
IBU ORAL TABLET 600 MG, 800 MG	2	EDS
ibuprofen oral suspension	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	EDS
indomethacin er oral capsule extended release	4	EDS
indomethacin oral capsule 25 mg, 50 mg	4	EDS
ketorolac tromethamine oral tablet	4	QL (20 EA per 30 days)
meloxicam oral tablet	1	EDS
methadone hcl oral solution	2	
methadone hcl oral tablet 10 mg	2	
methadone hcl oral tablet 5 mg	2	QL (240 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	
morphine sulfate er beads oral capsule extended release 24 hour	2	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	2	
morphine sulfate er oral tablet extended release	2	
morphine sulfate oral solution	2	
morphine sulfate oral tablet	2	
nabumetone oral tablet	2	EDS
naproxen oral tablet	2	EDS
naproxen sodium oral tablet 275 mg, 550 mg	2	EDS
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg	2	
oxycodone hcl oral capsule	2	
oxycodone hcl oral concentrate 100 mg/5ml	4	
oxycodone hcl oral solution	2	
oxycodone hcl oral tablet	2	

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

Drug Name	Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	
oxymorphone hcl er oral tablet extended release 12 hour	4	
oxymorphone hcl oral tablet 10 mg	2	
oxymorphone hcl oral tablet 5 mg	2	QL (240 EA per 30 days)
pentazocine-naloxone hcl oral tablet	2	
piroxicam oral capsule	2	EDS
sulindac oral tablet	2	EDS
TAVNEOS ORAL CAPSULE	5	PA; LA
TENCON ORAL TABLET 50-325 MG	4	PA; PA not required if under 65 years of age.
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg	2	ST; QL (30 EA per 30 days)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 300 mg	2	ST
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg	2	QL (30 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 300 mg	2	
tramadol hcl oral tablet 50 mg	2	
tramadol-acetaminophen oral tablet	2	
Anesthetics		
lidocaine external ointment 5 %	2	
lidocaine external patch 5 %	2	PA
lidocaine hcl external solution	2	
lidocaine viscous hcl mouth/throat solution	2	
lidocaine-prilocaine external cream	2	
LIDOCAN EXTERNAL PATCH	2	PA
TRIDACAINE II EXTERNAL PATCH	2	PA
Anti-Addiction/ Substance Abuse Treatment Agents		
acamprosate calcium oral tablet delayed release	2	EDS
buprenorphine hcl sublingual tablet sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	2	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1	
disulfiram oral tablet	2	EDS
KLOXXADO NASAL LIQUID	3	
lofexidine hcl oral tablet	5	
LUCEMYRA ORAL TABLET	5	
naloxone hcl injection solution 0.4 mg/ml	2	
naloxone hcl injection solution cartridge	2	

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

Drug Name	Tier	Requirements/Limits
naloxone hcl injection solution prefilled syringe 2 mg/2ml	2	
naloxone hcl nasal liquid	2	
naltrexone hcl oral tablet	2	
NICOTROL INHALATION INHALER	4	
NICOTROL NS NASAL SOLUTION	4	
OPVEE NASAL SOLUTION	3	
varenicline tartrate (starter) oral tablet therapy pack	2	
varenicline tartrate oral tablet 0.5 mg, 1 mg	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	3	
Antibacterials		
amikacin sulfate injection solution 500 mg/2ml	2	
amoxicillin oral capsule	2	
amoxicillin oral suspension reconstituted	2	
amoxicillin oral tablet	2	
amoxicillin oral tablet chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	2	
amoxicillin-pot clavulanate oral suspension reconstituted	2	
amoxicillin-pot clavulanate oral tablet	2	
amoxicillin-pot clavulanate oral tablet chewable	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	
ampicillin sodium intravenous solution reconstituted 10 gm	2	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	4	
ARIKAYCE INHALATION SUSPENSION	5	PA; LA
azithromycin intravenous solution reconstituted	2	
azithromycin oral packet	2	
azithromycin oral suspension reconstituted	2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	2	
aztreonam injection solution reconstituted 1 gm	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
cefaclor oral capsule	2	
cefaclor oral suspension reconstituted 250 mg/5ml	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	

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

Drug Name	Tier	Requirements/Limits
cefadroxil oral tablet	2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	2	
cefdinir oral capsule	2	
cefdinir oral suspension reconstituted	2	
cefepime hcl injection solution reconstituted 1 gm	4	
cefepime hcl intravenous solution reconstituted 2 gm	4	
cefixime oral capsule	3	
cefixime oral suspension reconstituted	2	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	4	
cefoxitin sodium intravenous solution reconstituted	2	
cefpodoxime proxetil oral suspension reconstituted	2	
cefpodoxime proxetil oral tablet	2	
cefprozil oral suspension reconstituted	2	
cefprozil oral tablet	2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	2	
ceftazidime intravenous solution reconstituted	2	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2	
ceftriaxone sodium intravenous solution reconstituted 10 gm	2	
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection solution reconstituted 750 mg	2	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	3	
ciprofloxacin hcl ophthalmic solution	2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	2	
clarithromycin er oral tablet extended release 24 hour	4	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	2	
CLEOCIN VAGINAL SUPPOSITORY	4	
clindamycin hcl oral capsule	2	
clindamycin palmitate hcl oral solution reconstituted	2	
clindamycin phosphate external swab	2	
clindamycin phosphate in d5w intravenous solution	2	
clindamycin phosphate injection solution 600 mg/4ml, 900 mg/6ml	2	

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

Drug Name	Tier	Requirements/Limits
clindamycin phosphate vaginal cream	2	
colistimethate sodium (cba) injection solution reconstituted	4	
daptomycin intravenous solution reconstituted 500 mg	5	
demeclocycline hcl oral tablet	4	
dicloxacillin sodium oral capsule	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	5	
DIFICID ORAL TABLET	5	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	4	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	2	EDS
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted	2	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	2	
E.E.S. 400 ORAL TABLET	4	
ertapenem sodium injection solution reconstituted	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
erythromycin base oral capsule delayed release particles	4	
erythromycin base oral tablet	4	
erythromycin ethylsuccinate oral suspension reconstituted	4	
erythromycin ethylsuccinate oral tablet	4	
erythromycin oral tablet delayed release	4	
fosfomycin tromethamine oral packet	4	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	2	
gentamicin sulfate external cream	2	
gentamicin sulfate external ointment	2	
gentamicin sulfate injection solution 40 mg/ml	2	
imipenem-cilastatin intravenous solution reconstituted	2	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	2	
levofloxacin intravenous solution	2	
levofloxacin oral solution	2	
levofloxacin oral tablet	2	
linezolid intravenous solution 600 mg/300ml	2	
linezolid oral suspension reconstituted	5	
linezolid oral tablet	2	
meropenem intravenous solution reconstituted 1 gm, 500 mg	2	
methenamine hippurate oral tablet	2	
metronidazole external cream	2	
metronidazole external gel	2	

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

Drug Name	Tier	Requirements/Limits
metronidazole external lotion	2	
metronidazole intravenous solution 500 mg/100ml	2	
metronidazole oral tablet	2	
metronidazole vaginal gel	2	
minocycline hcl oral capsule	2	
minocycline hcl oral tablet	2	
moxifloxacin hcl in nacl intravenous solution	2	
moxifloxacin hcl oral tablet	2	
nafcillin sodium injection solution reconstituted 1 gm	4	
neomycin sulfate oral tablet	2	
nitrofurantoin macrocrystal oral capsule	2	
nitrofurantoin monohyd macro oral capsule	2	
NUVESSA VAGINAL GEL	4	
oxacillin sodium in dextrose intravenous solution	4	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	4	
oxacillin sodium intravenous solution reconstituted	4	
paromomycin sulfate oral capsule	2	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	2	
penicillin g potassium injection solution reconstituted 20000000 unit	2	
penicillin g sodium injection solution reconstituted	2	
penicillin v potassium oral solution reconstituted	2	
penicillin v potassium oral tablet	2	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm	2	
polymyxin b sulfate injection solution reconstituted	2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
SIVEXTRO ORAL TABLET	5	PA
streptomycin sulfate intramuscular solution reconstituted	4	
sulfacetamide sodium (acne) external lotion	2	
sulfadiazine oral tablet	2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	5	
tetracycline hcl oral capsule	2	
tigecycline intravenous solution reconstituted	5	
tinidazole oral tablet	2	
tobramycin inhalation nebulization solution 300 mg/4ml	5	BD
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	2	
trimethoprim oral tablet	2	

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

Drug Name	Tier	Requirements/Limits
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; PA not required for nephrologists or infectious diseases specialists.
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg	2	
vancomycin hcl oral capsule	2	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml	4	
VANDAZOLE VAGINAL GEL	2	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION	5	
BRIVIACT ORAL TABLET 10 MG	5	QL (240 EA per 30 days)
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	5	QL (60 EA per 30 days)
carbamazepine er oral tablet extended release 12 hour	2	EDS
carbamazepine oral suspension 100 mg/5ml	2	EDS
carbamazepine oral tablet	2	EDS
carbamazepine oral tablet chewable 100 mg	2	EDS
clobazam oral suspension	2	EDS
clobazam oral tablet	2	EDS
clonazepam oral tablet	2	EDS
clonazepam oral tablet dispersible	2	EDS
clorazepate dipotassium oral tablet	3	
DIACOMIT ORAL CAPSULE	5	PA New Starts; LA
DIACOMIT ORAL PACKET	5	PA New Starts; LA
DIAZEPAM INTENSOL ORAL CONCENTRATE	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet	2	
diazepam rectal gel	2	
DILANTIN ORAL CAPSULE 30 MG	3	EDS
divalproex sodium er oral tablet extended release 24 hour	2	EDS
divalproex sodium oral capsule delayed release sprinkle	2	EDS
divalproex sodium oral tablet delayed release	2	EDS
EPIDIOLEX ORAL SOLUTION	5	PA New Starts; LA
EPITOL ORAL TABLET	2	EDS
EPRONTIA ORAL SOLUTION	4	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
ethosuximide oral capsule	2	EDS
ethosuximide oral solution	2	EDS

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

Drug Name	Tier	Requirements/Limits
felbamate oral suspension	2	EDS
felbamate oral tablet	2	EDS
FINTEPLA ORAL SOLUTION	5	PA New Starts; LA
FYCOMPA ORAL SUSPENSION	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 EA per 30 days); EDS
gabapentin oral capsule	2	EDS
gabapentin oral solution 250 mg/5ml	2	EDS
gabapentin oral tablet 600 mg, 800 mg	2	EDS
GRALISE ORAL TABLET 450 MG	4	QL (90 EA per 30 days); EDS
GRALISE ORAL TABLET 750 MG, 900 MG	4	EDS
lacosamide oral solution 10 mg/ml	3	EDS
lacosamide oral tablet	2	EDS
lamotrigine er oral tablet extended release 24 hour	2	EDS
lamotrigine oral kit 25 & 50 & 100 mg	2	
lamotrigine oral tablet	2	EDS
lamotrigine oral tablet chewable	2	EDS
lamotrigine oral tablet dispersible	4	EDS
lamotrigine starter kit-blue oral kit	2	
lamotrigine starter kit-green oral kit	2	
lamotrigine starter kit-orange oral kit	2	
levetiracetam er oral tablet extended release 24 hour	2	EDS
levetiracetam oral solution 100 mg/ml	2	EDS
levetiracetam oral tablet	2	EDS
LIBERVANT BUCCAL FILM	5	QL (10 EA per 30 days); AL (Min 2 Years and Max 5 Years)
LORAZEPAM INTENSOL ORAL CONCENTRATE	2	
lorazepam oral tablet	2	
methsuximide oral capsule	2	EDS
NAYZILAM NASAL SOLUTION	4	PA New Starts; Prior authorization not required for neurologists.
oxcarbazepine oral suspension	2	EDS
oxcarbazepine oral tablet	2	EDS
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS
phenobarbital oral elixir	2	EDS
phenobarbital oral tablet	2	EDS
phenytoin oral suspension 125 mg/5ml	2	EDS
phenytoin oral tablet chewable	2	EDS
phenytoin sodium extended oral capsule	2	EDS
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	4	ST; QL (30 EA per 30 days); EDS
pregabalin er oral tablet extended release 24 hour 330 mg	4	ST; QL (60 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
pregabalin oral capsule	2	EDS
pregabalin oral solution	2	EDS
primidone oral tablet 250 mg, 50 mg	2	EDS
ROWEEPRA ORAL TABLET 500 MG	2	EDS
rufinamide oral suspension	5	
rufinamide oral tablet 200 mg	4	EDS
rufinamide oral tablet 400 mg	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	EDS
SUBVENITE ORAL TABLET	2	EDS
SUBVENITE STARTER KIT-BLUE ORAL KIT	2	
SUBVENITE STARTER KIT-GREEN ORAL KIT	2	
SUBVENITE STARTER KIT-ORANGE ORAL KIT	2	
SYMPAZAN ORAL FILM	5	
tiagabine hcl oral tablet	2	EDS
topiramate er oral capsule er 24 hour sprinkle	4	EDS
topiramate oral capsule sprinkle	2	EDS
topiramate oral tablet	2	EDS
valproic acid oral capsule	2	EDS
valproic acid oral solution 250 mg/5ml	2	EDS
VALTOCO 10 MG DOSE NASAL LIQUID	4	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	4	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	4	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 5 MG DOSE NASAL LIQUID	4	PA New Starts; Prior authorization not required for neurologists.
vigabatrin oral packet	5	LA
vigabatrin oral tablet	5	LA
VIGADRONE ORAL PACKET	5	
VIGADRONE ORAL TABLET	5	
VIGPODER ORAL PACKET	5	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QL (28 EA per 28 days)
ZONISADE ORAL SUSPENSION	4	EDS
zonisamide oral capsule	2	EDS

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

Drug Name	Tier	Requirements/Limits
ZTALMY ORAL SUSPENSION	5	PA New Starts; LA
Antidementia Agents		
donepezil hcl oral tablet 10 mg, 5 mg	1	EDS
donepezil hcl oral tablet dispersible	2	EDS
ergoloid mesylates oral tablet	4	EDS
galantamine hydrobromide er oral capsule extended release 24 hour	2	EDS
galantamine hydrobromide oral solution	2	EDS
galantamine hydrobromide oral tablet	2	EDS
memantine hcl er oral capsule extended release 24 hour	2	EDS
memantine hcl oral solution 2 mg/ml	3	EDS
memantine hcl oral tablet 10 mg, 5 mg	1	EDS
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	PA New Starts
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA New Starts; EDS
rivastigmine tartrate oral capsule	2	EDS
rivastigmine transdermal patch 24 hour	2	EDS
Antidepressants		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	BD
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 15 MG, 20 MG, 30 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG	5	PA New Starts; QL (30 EA per 30 days)
amitriptyline hcl oral tablet	2	EDS
amoxapine oral tablet	2	EDS
aripiprazole oral solution	2	EDS
aripiprazole oral tablet	2	EDS
aripiprazole oral tablet dispersible	4	QL (60 EA per 30 days); EDS
AUVELITY ORAL TABLET EXTENDED RELEASE	5	PA New Starts
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	2	EDS
citalopram hydrobromide oral solution	2	EDS
citalopram hydrobromide oral tablet	1	EDS
clomipramine hcl oral capsule	2	EDS
desipramine hcl oral tablet	2	EDS

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

Drug Name	Tier	Requirements/Limits
desvenlafaxine er oral tablet extended release 24 hour 100 mg	2	EDS
desvenlafaxine er oral tablet extended release 24 hour 50 mg	2	QL (30 EA per 30 days); EDS
desvenlafaxine succinate er oral tablet extended release 24 hour	2	EDS
doxepin hcl oral capsule	2	EDS
doxepin hcl oral concentrate	2	EDS
doxepin hcl oral tablet 3 mg	4	QL (30 EA per 30 days)
doxepin hcl oral tablet 6 mg	4	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	4	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	EDS
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	EDS
duloxetine hcl oral capsule delayed release particles 40 mg	3	EDS
EMSAM TRANSDERMAL PATCH 24 HOUR	5	
escitalopram oxalate oral solution	2	EDS
escitalopram oxalate oral tablet	1	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
fluoxetine hcl oral capsule	2	EDS
fluoxetine hcl oral capsule delayed release	2	EDS
fluoxetine hcl oral solution	2	EDS
fluoxetine hcl oral tablet	2	EDS
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg	4	QL (60 EA per 30 days); EDS
fluvoxamine maleate er oral capsule extended release 24 hour 150 mg	4	EDS
fluvoxamine maleate oral tablet	2	EDS
imipramine hcl oral tablet	2	EDS
MARPLAN ORAL TABLET	3	EDS
mirtazapine oral tablet	1	EDS
mirtazapine oral tablet dispersible	2	EDS
nefazodone hcl oral tablet	2	EDS
nortriptyline hcl oral capsule	2	EDS
nortriptyline hcl oral solution	2	EDS
olanzapine-fluoxetine hcl oral capsule	4	EDS
paroxetine hcl er oral tablet extended release 24 hour	2	EDS
paroxetine hcl oral suspension	4	EDS
paroxetine hcl oral tablet	1	EDS
paroxetine mesylate oral capsule	2	EDS

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

Drug Name	Tier	Requirements/Limits
perphenazine-amitriptyline oral tablet	2	EDS
phenelzine sulfate oral tablet	2	EDS
protriptyline hcl oral tablet	2	EDS
quetiapine fumarate er oral tablet extended release 24 hour	2	EDS
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	EDS
sertraline hcl oral concentrate	2	EDS
sertraline hcl oral tablet	1	EDS
tranylcypromine sulfate oral tablet	2	EDS
trazodone hcl oral tablet	2	EDS
trimipramine maleate oral capsule	2	EDS
TRINTELLIX ORAL TABLET 10 MG, 5 MG	4	QL (30 EA per 30 days); EDS
TRINTELLIX ORAL TABLET 20 MG	4	EDS
venlafaxine hcl er oral capsule extended release 24 hour	2	EDS
venlafaxine hcl oral tablet	2	EDS
vilazodone hcl oral tablet	4	EDS
ZURZUVAE ORAL CAPSULE	5	PA New Starts; LA
Antiemetics		
aprepitant oral capsule	4	BD
chlorpromazine hcl oral concentrate	4	EDS
chlorpromazine hcl oral tablet	2	EDS
COMPRO RECTAL SUPPOSITORY	4	
dronabinol oral capsule	2	PA
granisetron hcl oral tablet	2	BD
meclizine hcl oral tablet 12.5 mg, 25 mg	2	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	2	
ondansetron hcl oral solution	2	BD
ondansetron hcl oral tablet 4 mg, 8 mg	2	BD
ondansetron oral tablet dispersible 4 mg, 8 mg	2	BD
perphenazine oral tablet	2	EDS
prochlorperazine maleate oral tablet	2	EDS
prochlorperazine rectal suppository	4	
promethazine hcl oral solution	4	PA; PA not required if under 65 years of age.
promethazine hcl oral tablet	4	PA; PA not required if under 65 years of age.
promethazine hcl rectal suppository 12.5 mg, 25 mg	4	PA; PA not required if under 65 years of age.
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	4	PA; PA not required if under 65 years of age.
SANCUSO TRANSDERMAL PATCH	5	

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

Drug Name	Tier	Requirements/Limits
scopolamine transdermal patch 72 hour	2	
SYNDROS ORAL SOLUTION	4	PA
trimethobenzamide hcl oral capsule	2	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	4	BD
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	4	BD
amphotericin b intravenous solution reconstituted	4	BD
amphotericin b liposome intravenous suspension reconstituted	4	BD
caspofungin acetate intravenous solution reconstituted	4	BD
ciclopirox olamine external cream	2	
ciclopirox olamine external suspension	2	
clotrimazole external cream	2	
clotrimazole external solution	2	
clotrimazole mouth/throat troche	2	
CRESEMBA ORAL CAPSULE 186 MG	5	PA
econazole nitrate external cream	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	4	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	
fluconazole oral suspension reconstituted	2	
fluconazole oral tablet	2	
flucytosine oral capsule	5	
griseofulvin microsize oral suspension	2	
griseofulvin microsize oral tablet	2	
griseofulvin ultramicrosize oral tablet	2	
GYNAZOLE-1 VAGINAL CREAM	4	
itraconazole oral capsule	2	
itraconazole oral solution	4	
ketoconazole external cream	2	
ketoconazole external shampoo 2 %	2	
ketoconazole oral tablet	2	PA
micafungin sodium intravenous solution reconstituted	2	
miconazole 3 vaginal suppository	2	
NYAMYC EXTERNAL POWDER	2	
nystatin external cream	2	
nystatin external ointment	2	
nystatin external powder	2	
nystatin mouth/throat suspension	2	
nystatin oral tablet	2	
NYSTOP EXTERNAL POWDER	2	
posaconazole oral suspension	5	

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

Drug Name	Tier	Requirements/Limits
posaconazole oral tablet delayed release	5	
tavaborole external solution	4	
terbinafine hcl oral tablet	2	
terconazole vaginal cream	2	
VIVJOA ORAL CAPSULE THERAPY PACK	4	PA; QL (18 EA per 84 days)
voriconazole intravenous solution reconstituted	5	BD
voriconazole oral suspension reconstituted	5	
voriconazole oral tablet	2	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	EDS
colchicine oral tablet	2	
colchicine-probenecid oral tablet	2	EDS
febuxostat oral tablet	2	ST; EDS
probenecid oral tablet	2	EDS
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days); EDS
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
almotriptan malate oral tablet	2	
dihydroergotamine mesylate nasal solution	5	QL (8 ML per 28 days)
divalproex sodium er oral tablet extended release 24 hour	2	EDS
divalproex sodium oral capsule delayed release sprinkle	2	EDS
divalproex sodium oral tablet delayed release	2	EDS
eletriptan hydrobromide oral tablet	2	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
EPRONTIA ORAL SOLUTION	4	EDS
ergotamine-caffeine oral tablet	2	
frovatriptan succinate oral tablet	2	
MIGERGOT RECTAL SUPPOSITORY	5	
naratriptan hcl oral tablet	1	
NURTEC ORAL TABLET DISPERSIBLE	3	PA
QULIPTA ORAL TABLET	3	PA; QL (30 EA per 30 days); EDS
rizatriptan benzoate oral tablet	1	
rizatriptan benzoate oral tablet dispersible	1	
sumatriptan nasal solution	3	
sumatriptan succinate 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
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	4	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	4	
sumatriptan succinate subcutaneous solution auto-injector	4	
sumatriptan-naproxen sodium oral tablet	4	
timolol maleate oral tablet	2	EDS
topiramate er oral capsule er 24 hour sprinkle	4	EDS
topiramate oral capsule sprinkle	2	EDS
topiramate oral tablet	2	EDS
UBRELVY ORAL TABLET	3	PA
valproic acid oral capsule	2	EDS
valproic acid oral solution 250 mg/5ml	2	EDS
zolmitriptan nasal solution 5 mg	3	
zolmitriptan oral tablet	2	
zolmitriptan oral tablet dispersible	2	
Antimyasthenic Agents		
pyridostigmine bromide er oral tablet extended release	2	
pyridostigmine bromide oral solution	2	
pyridostigmine bromide oral tablet 30 mg	4	
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
dapsone external gel 7.5 %	4	
dapsone oral tablet	2	EDS
ethambutol hcl oral tablet	2	
isoniazid oral syrup	2	EDS
isoniazid oral tablet	2	EDS
pretomanid oral tablet	4	PA
PRIFTIN ORAL TABLET	4	
pyrazinamide oral tablet	2	
rifabutin oral capsule	4	
rifampin intravenous solution reconstituted	2	
rifampin oral capsule	2	
SIRTURO ORAL TABLET	5	PA
TRECATOR ORAL TABLET	4	
Antineoplastics		
abiraterone acetate oral tablet 250 mg	2	PA New Starts
AKEEGA ORAL TABLET	5	PA New Starts; LA
ALECENSA ORAL CAPSULE	5	PA New Starts
ALUNBRIG ORAL TABLET	5	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA New Starts; LA
anastrozole oral tablet	2	EDS
AUGTYRO ORAL CAPSULE	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	5	PA New Starts; LA
BALVERSA ORAL TABLET	5	PA New Starts; LA
bexarotene external gel	5	PA New Starts
bexarotene oral capsule	5	
bicalutamide oral tablet	2	
BOSULIF ORAL CAPSULE 100 MG	5	PA New Starts; LA
BOSULIF ORAL CAPSULE 50 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
BOSULIF ORAL TABLET	5	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA New Starts; LA
BRUKINSA ORAL CAPSULE	5	PA New Starts
CABOMETYX ORAL TABLET	5	PA New Starts; LA
CALQUENCE ORAL CAPSULE	5	PA New Starts
CALQUENCE ORAL TABLET	5	PA New Starts; LA
CAPRELSA ORAL TABLET	5	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	5	PA New Starts; LA
COTELLIC ORAL TABLET	5	PA New Starts
cyclophosphamide oral capsule	2	BD
cyclophosphamide oral tablet	2	BD
dasatinib oral tablet 100 mg, 140 mg, 80 mg	5	PA New Starts; QL (30 EA per 30 days)
dasatinib oral tablet 20 mg, 50 mg, 70 mg	5	PA New Starts; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
DROXIA ORAL CAPSULE	2	EDS
EMCYT ORAL CAPSULE	3	
ERIVEDGE ORAL CAPSULE	5	PA New Starts
ERLEADA ORAL TABLET	5	PA New Starts
erlotinib hcl oral tablet	2	PA New Starts
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	5	BD
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA New Starts
everolimus oral tablet soluble	5	PA New Starts
exemestane oral tablet	2	EDS
FOTIVDA ORAL CAPSULE	5	PA New Starts; LA
FRUZAQLA ORAL CAPSULE 1 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
GAVRETO ORAL CAPSULE	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
gefitinib oral tablet	5	PA New Starts
GILOTRIF ORAL TABLET	5	PA New Starts; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	5	
hydroxyurea oral capsule	2	
IBRANCE ORAL CAPSULE	5	PA New Starts; LA
IBRANCE ORAL TABLET	5	PA New Starts; LA
ICLUSIG ORAL TABLET	5	PA New Starts
IDHIFA ORAL TABLET	5	PA New Starts; LA
imatinib mesylate oral tablet	2	
IMBRUVICA ORAL CAPSULE	5	PA New Starts; LA
IMBRUVICA ORAL SUSPENSION	5	PA New Starts; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA New Starts; LA
INLYTA ORAL TABLET	5	PA New Starts; LA
INQOVI ORAL TABLET	5	PA New Starts; LA
INREBIC ORAL CAPSULE	5	PA New Starts; LA
IWILFIN ORAL TABLET	5	PA New Starts; LA
JAKAFI ORAL TABLET	5	PA New Starts; LA
JAYPIRCA ORAL TABLET	5	PA New Starts; LA
JYLAMVO ORAL SOLUTION	4	BD
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KOSELUGO ORAL CAPSULE	5	PA New Starts; LA
KRAZATI ORAL TABLET	5	PA New Starts; LA
lapatinib ditosylate oral tablet	5	PA New Starts
LAZCLUZE ORAL TABLET 240 MG	5	PA New Starts
LAZCLUZE ORAL TABLET 80 MG	5	PA New Starts; QL (60 EA per 30 days)
lenalidomide oral capsule	5	PA New Starts
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
letrozole oral tablet	2	EDS
leucovorin calcium oral tablet	2	
LEUKERAN ORAL TABLET	3	
LONSURF ORAL TABLET	5	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET	5	PA New Starts
LYNPARZA ORAL TABLET	5	PA New Starts; LA
LYSODREN ORAL TABLET	3	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE	5	LA
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA New Starts
MEKINIST ORAL TABLET	5	PA New Starts
MEKTOVI ORAL TABLET	5	PA New Starts; LA
mercaptopurine oral tablet	2	
MESNEX ORAL TABLET	3	
methotrexate sodium (pf) injection solution 50 mg/2ml	2	
methotrexate sodium injection solution 50 mg/2ml	2	
methotrexate sodium oral tablet	1	EDS
NERLYNX ORAL TABLET	5	PA New Starts; LA
nilutamide oral tablet	5	
NINLARO ORAL CAPSULE	5	PA New Starts; QL (3 EA per 28 days)
NUBEQA ORAL TABLET	5	PA New Starts; LA
ODOMZO ORAL CAPSULE	5	PA New Starts
OGSIVEO ORAL TABLET	5	PA New Starts; LA
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG	5	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG (16 PACK)	5	PA New Starts; LA; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 100 MG (24 PACK)	5	PA New Starts; LA; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	5	PA New Starts; LA
ONUREG ORAL TABLET	5	PA New Starts; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
ORGOVYX ORAL TABLET	5	LA
ORSERDU ORAL TABLET	5	PA New Starts; LA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA; EDS
pazopanib hcl oral tablet	5	PA New Starts
PEMAZYRE ORAL TABLET 13.5 MG	5	PA New Starts; LA
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
POMALYST ORAL CAPSULE	5	PA New Starts; LA
PURIXAN ORAL SUSPENSION	5	LA
QINLOCK ORAL TABLET	5	PA New Starts; LA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA; EDS
RETEVMO ORAL CAPSULE 40 MG	5	PA New Starts; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA New Starts
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA New Starts; LA
RETEVMO ORAL TABLET 40 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
REVLIMID ORAL CAPSULE	5	PA New Starts; LA
REZLIDHIA ORAL CAPSULE	5	PA New Starts
ROZLYTREK ORAL CAPSULE	5	PA New Starts; LA
ROZLYTREK ORAL PACKET	5	PA New Starts; LA
RUBRACA ORAL TABLET	5	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	5	PA New Starts
SCEMBLIX ORAL TABLET 100 MG	5	PA New Starts
SCEMBLIX ORAL TABLET 20 MG	5	PA New Starts; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA New Starts; QL (300 EA per 30 days)
SOLTAMOX ORAL SOLUTION	3	EDS
sorafenib tosylate oral tablet	5	PA New Starts
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	5	PA New Starts; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	5	PA New Starts; QL (60 EA per 30 days)
STIVARGA ORAL TABLET	5	PA New Starts; LA
sunitinib malate oral capsule	5	PA New Starts
TABLOID ORAL TABLET	4	
TABRECTA ORAL TABLET	5	PA New Starts
TAFINLAR ORAL CAPSULE	5	PA New Starts
TAFINLAR ORAL TABLET SOLUBLE	5	PA New Starts
TAGRISSO ORAL TABLET	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA New Starts; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA New Starts; LA
tamoxifen citrate oral tablet	2	EDS
TASIGNA ORAL CAPSULE	5	PA New Starts
TAZVERIK ORAL TABLET	5	PA New Starts; LA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET	5	PA New Starts
THALOMID ORAL CAPSULE	5	LA
TIBSOVO ORAL TABLET	5	PA New Starts; LA
toremifene citrate oral tablet	4	EDS
tretinoin oral capsule	5	
TRUQAP ORAL TABLET	5	PA New Starts; LA
TUKYSA ORAL TABLET 150 MG	5	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA New Starts; LA
VALCHLOR EXTERNAL GEL	5	PA New Starts
VANFLYTA ORAL TABLET	5	PA New Starts; LA
VENCLEXTA ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (42 EA per 30 days)
VERZENIO ORAL TABLET	5	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	5	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	5	PA New Starts; LA
VONJO ORAL CAPSULE	5	PA New Starts; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA New Starts; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA New Starts
WELIREG ORAL TABLET	5	PA New Starts
XALKORI ORAL CAPSULE	5	PA New Starts; LA
XALKORI ORAL CAPSULE SPRINKLE	5	PA New Starts; LA
XATMEP ORAL SOLUTION	4	BD
XOSPATA ORAL TABLET	5	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)

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

Drug Name	Tier	Requirements/Limits
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (32 EA per 28 days)
XTANDI ORAL CAPSULE	5	PA New Starts
XTANDI ORAL TABLET	5	PA New Starts
XURIDEN ORAL PACKET	5	PA
ZEJULA ORAL CAPSULE	5	PA New Starts; LA
ZEJULA ORAL TABLET	5	PA New Starts; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET	5	PA New Starts
ZOLINZA ORAL CAPSULE	5	
ZYDELIG ORAL TABLET	5	PA New Starts
ZYKADIA ORAL TABLET	5	PA New Starts
Antiparasitics		
albendazole oral tablet	4	
atovaquone oral suspension	5	
atovaquone-proguanil hcl oral tablet	2	
chloroquine phosphate oral tablet	2	EDS
COARTEM ORAL TABLET	3	QL (24 EA per 30 days)
EMVERM ORAL TABLET CHEWABLE	5	
hydroxychloroquine sulfate oral tablet 200 mg	2	EDS
ivermectin oral tablet	2	
mefloquine hcl oral tablet	2	EDS
nitazoxanide oral tablet	4	
pentamidine isethionate inhalation solution reconstituted	4	BD
pentamidine isethionate injection solution reconstituted	4	
praziquantel oral tablet	2	
primaquine phosphate oral tablet 26.3 (15 base) mg	2	
pyrimethamine oral tablet	5	
quinine sulfate oral capsule	2	
Antiparkinson Agents		
amantadine hcl oral capsule	2	EDS
amantadine hcl oral solution	2	EDS
amantadine hcl oral tablet	2	EDS
apomorphine hcl subcutaneous solution cartridge	5	PA
benztropine mesylate oral tablet	2	EDS
bromocriptine mesylate oral capsule	2	EDS
bromocriptine mesylate oral tablet	2	EDS

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

Drug Name	Tier	Requirements/Limits
carbidopa oral tablet	4	EDS
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	EDS
carbidopa-levodopa oral tablet	2	EDS
carbidopa-levodopa oral tablet dispersible	2	EDS
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	2	EDS
entacapone oral tablet	2	EDS
INBRIJA INHALATION CAPSULE	5	PA; LA
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	4	PA; EDS
pramipexole dihydrochloride er oral tablet extended release 24 hour	3	QL (30 EA per 30 days); EDS
pramipexole dihydrochloride oral tablet	2	EDS
rasagiline mesylate oral tablet	2	EDS
ropinirole hcl er oral tablet extended release 24 hour	2	EDS
ropinirole hcl oral tablet	2	EDS
selegiline hcl oral capsule	2	EDS
selegiline hcl oral tablet	2	EDS
trihexyphenidyl hcl oral solution	2	EDS
trihexyphenidyl hcl oral tablet	2	EDS
ZELAPAR ORAL TABLET DISPERSIBLE	5	
Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	BD
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 15 MG, 20 MG, 30 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG	5	PA New Starts; QL (30 EA per 30 days)
aripiprazole oral solution	2	EDS
aripiprazole oral tablet	2	EDS
aripiprazole oral tablet dispersible	4	QL (60 EA per 30 days); EDS
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
asenapine maleate sublingual tablet sublingual	4	EDS
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	5	PA New Starts; QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	PA New Starts
chlorpromazine hcl oral concentrate	4	EDS

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

Drug Name	Tier	Requirements/Limits
chlorpromazine hcl oral tablet	2	EDS
clozapine oral tablet	2	
clozapine oral tablet dispersible	4	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	QL (90 EA per 30 days); EDS
FANAPT ORAL TABLET 10 MG	5	QL (60 EA per 30 days)
FANAPT ORAL TABLET 12 MG, 8 MG	5	
FANAPT ORAL TABLET 6 MG	5	QL (90 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET	4	QL (56 EA per 28 days)
fluphenazine decanoate injection solution	2	BD
fluphenazine hcl injection solution	2	BD
fluphenazine hcl oral concentrate	2	EDS
fluphenazine hcl oral elixir	2	EDS
fluphenazine hcl oral tablet	2	EDS
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	2	BD
haloperidol lactate injection solution	2	
haloperidol lactate oral concentrate 2 mg/ml	2	EDS
haloperidol oral tablet	2	EDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	PA New Starts
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	BD
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	BD
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	PA New Starts
loxapine succinate oral capsule	2	EDS
lurasidone hcl oral tablet	2	EDS
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG	5	PA New Starts
molindone hcl oral tablet	4	EDS
NUPLAZID ORAL CAPSULE	5	PA New Starts; LA
NUPLAZID ORAL TABLET 10 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted	2	BD
olanzapine oral tablet	2	EDS
olanzapine oral tablet dispersible	2	EDS
paliperidone er oral tablet extended release 24 hour	2	EDS
perphenazine oral tablet	2	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	BD
pimozide oral tablet	2	EDS
prochlorperazine maleate oral tablet	2	EDS

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

Drug Name	Tier	Requirements/Limits
quetiapine fumarate er oral tablet extended release 24 hour	2	EDS
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	5	QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	5	
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg	2	BD
risperidone microspheres er intramuscular suspension reconstituted er 25 mg, 37.5 mg, 50 mg	5	BD
risperidone oral solution	2	EDS
risperidone oral tablet	2	EDS
risperidone oral tablet dispersible	2	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	5	QL (30 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	5	
thioridazine hcl oral tablet	2	EDS
thiothixene oral capsule	2	EDS
trifluoperazine hcl oral tablet	2	EDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	5	BD
VERSACLOZ ORAL SUSPENSION	4	
VRAYLAR ORAL CAPSULE	5	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	
ziprasidone hcl oral capsule	2	EDS
ziprasidone mesylate intramuscular solution reconstituted	4	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	EDS
dantrolene sodium oral capsule	2	
tizanidine hcl oral capsule	2	EDS
tizanidine hcl oral tablet	2	EDS
Antivirals		
abacavir sulfate oral solution	2	EDS
abacavir sulfate oral tablet	2	EDS
abacavir sulfate-lamivudine oral tablet	2	EDS
acyclovir oral capsule	2	
acyclovir oral suspension	2	
acyclovir oral tablet	2	
acyclovir sodium intravenous solution	2	BD
adefovir dipivoxil oral tablet	4	EDS
amantadine hcl oral capsule	2	EDS

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

Drug Name	Tier	Requirements/Limits
amantadine hcl oral solution	2	EDS
amantadine hcl oral tablet	2	EDS
APTIVUS ORAL CAPSULE	3	EDS
atazanavir sulfate oral capsule	2	EDS
BARACLUDE ORAL SOLUTION	5	
BIKTARVY ORAL TABLET	5	
CIMDUO ORAL TABLET	5	
COMPLERA ORAL TABLET	5	
darunavir oral tablet 600 mg	4	EDS
darunavir oral tablet 800 mg	5	
DELSTRIGO ORAL TABLET	5	
DESCOVY ORAL TABLET	5	
DOVATO ORAL TABLET	5	
EDURANT ORAL TABLET	5	
efavirenz oral capsule	2	EDS
efavirenz oral tablet	2	EDS
efavirenz-emtricitab-tenofo df oral tablet	2	EDS
efavirenz-lamivudine-tenofovir oral tablet	5	
emtricitabine oral capsule	2	EDS
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	EDS
emtricitabine-tenofovir df oral tablet 200-300 mg	1	EDS
EMTRIVA ORAL SOLUTION	3	EDS
entecavir oral tablet	2	EDS
EPCLUSA ORAL PACKET	5	PA
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (30 EA per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA
etravirine oral tablet	5	
EVOTAZ ORAL TABLET	5	
famciclovir oral tablet	2	
fosamprenavir calcium oral tablet	2	EDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
GENVOYA ORAL TABLET	5	
HARVONI ORAL PACKET 45-200 MG	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA
INTELENCE ORAL TABLET 25 MG	3	EDS
ISENTRESS HD ORAL TABLET	5	
ISENTRESS ORAL PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	EDS
JULUCA ORAL TABLET	5	

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

Drug Name	Tier	Requirements/Limits
LAGEVRIO ORAL CAPSULE	1	
lamivudine oral solution	2	EDS
lamivudine oral tablet	2	EDS
lamivudine-zidovudine oral tablet	2	EDS
ledipasvir-sofosbuvir oral tablet	5	PA
LEXIVA ORAL SUSPENSION	3	EDS
LIVTENCITY ORAL TABLET	5	PA; LA
lopinavir-ritonavir oral solution	4	EDS
lopinavir-ritonavir oral tablet	2	EDS
maraviroc oral tablet	5	
MAVYRET ORAL PACKET	5	PA
MAVYRET ORAL TABLET	5	PA
nevirapine er oral tablet extended release 24 hour 400 mg	2	EDS
nevirapine oral suspension	2	EDS
nevirapine oral tablet	2	EDS
NORVIR ORAL PACKET	3	EDS
ODEFSEY ORAL TABLET	5	
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	1	$0
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	1	$0
PIFELTRO ORAL TABLET	5	
PREVYMIS ORAL TABLET	5	PA
PREZCOBIX ORAL TABLET	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 75 MG	3	EDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	
REYATAZ ORAL PACKET	5	
ribavirin oral capsule	2	
ribavirin oral tablet 200 mg	2	
rimantadine hcl oral tablet	2	
ritonavir oral tablet	2	EDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 25 MG	3	EDS
SELZENTRY ORAL TABLET 75 MG	5	
sofosbuvir-velpatasvir oral tablet	5	PA
SOVALDI ORAL PACKET	5	PA
SOVALDI ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
SOVALDI ORAL TABLET 400 MG	5	PA

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

Drug Name	Tier	Requirements/Limits
STRIBILD ORAL TABLET	5	
SUNLENCA ORAL TABLET THERAPY PACK	5	
SYMTUZA ORAL TABLET	5	
tenofovir disoproxil fumarate oral tablet	2	EDS
TIVICAY ORAL TABLET 10 MG	3	EDS
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE	3	EDS
trifluridine ophthalmic solution	2	
TRIUMEQ ORAL TABLET	5	
triumeq pd oral tablet soluble	5	
TRIZIVIR ORAL TABLET	5	
TYBOST ORAL TABLET	3	EDS
valacyclovir hcl oral tablet	2	
valganciclovir hcl oral solution reconstituted	4	
valganciclovir hcl oral tablet	2	
VEMLIDY ORAL TABLET	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious disease specialists.
VIRACEPT ORAL TABLET	5	
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
VOSEVI ORAL TABLET	5	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
zidovudine oral capsule	2	EDS
zidovudine oral syrup	2	EDS
zidovudine oral tablet	2	EDS
Anxiolytics		
alprazolam er oral tablet extended release 24 hour	2	
alprazolam oral tablet	2	
alprazolam oral tablet dispersible	3	
buspirone hcl oral tablet	1	EDS
chlordiazepoxide hcl oral capsule	2	
clonazepam oral tablet	2	EDS
clonazepam oral tablet dispersible	2	EDS
clorazepate dipotassium oral tablet	3	
DIAZEPAM INTENSOL ORAL CONCENTRATE	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet	2	
diazepam rectal gel	2	

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

Drug Name	Tier	Requirements/Limits
doxepin hcl oral capsule	2	EDS
doxepin hcl oral concentrate	2	EDS
doxepin hcl oral tablet 3 mg	4	QL (30 EA per 30 days)
doxepin hcl oral tablet 6 mg	4	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	4	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	EDS
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	EDS
duloxetine hcl oral capsule delayed release particles 40 mg	3	EDS
escitalopram oxalate oral solution	2	EDS
escitalopram oxalate oral tablet	1	EDS
hydroxyzine hcl oral tablet	2	PA; PA not required if under 65 years of age.
hydroxyzine pamoate oral capsule	2	PA; PA not required if under 65 years of age.
LORAZEPAM INTENSOL ORAL CONCENTRATE	2	
lorazepam oral tablet	2	
NAYZILAM NASAL SOLUTION	4	PA New Starts; Prior authorization not required for neurologists.
oxazepam oral capsule	2	
paroxetine hcl er oral tablet extended release 24 hour	2	EDS
paroxetine hcl oral suspension	4	EDS
paroxetine hcl oral tablet	1	EDS
sertraline hcl oral concentrate	2	EDS
sertraline hcl oral tablet	1	EDS
VALTOCO 10 MG DOSE NASAL LIQUID	4	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	4	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	4	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 5 MG DOSE NASAL LIQUID	4	PA New Starts; Prior authorization not required for neurologists.
venlafaxine hcl er oral capsule extended release 24 hour	2	EDS
venlafaxine hcl oral tablet	2	EDS
Bipolar Agents		
asenapine maleate sublingual tablet sublingual	4	EDS
carbamazepine er oral capsule extended release 12 hour	2	EDS
carbamazepine er oral tablet extended release 12 hour 100 mg	2	EDS
carbamazepine oral suspension 100 mg/5ml	2	EDS
carbamazepine oral tablet	2	EDS

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

Drug Name	Tier	Requirements/Limits
carbamazepine oral tablet chewable 100 mg	2	EDS
divalproex sodium er oral tablet extended release 24 hour	2	EDS
divalproex sodium oral capsule delayed release sprinkle	2	EDS
divalproex sodium oral tablet delayed release	2	EDS
EPITOL ORAL TABLET	2	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
lamotrigine er oral tablet extended release 24 hour 50 mg	2	EDS
lamotrigine oral kit 25 & 50 & 100 mg	2	
lamotrigine oral tablet	2	EDS
lamotrigine oral tablet chewable	2	EDS
lamotrigine oral tablet dispersible	4	EDS
lamotrigine starter kit-blue oral kit	2	
lamotrigine starter kit-green oral kit	2	
lamotrigine starter kit-orange oral kit	2	
lithium carbonate er oral tablet extended release	2	EDS
lithium carbonate oral capsule	2	EDS
lithium carbonate oral tablet	2	EDS
lithium oral solution	2	EDS
lurasidone hcl oral tablet	2	EDS
LYBALVI ORAL TABLET	5	PA New Starts
olanzapine intramuscular solution reconstituted	2	BD
olanzapine oral tablet	2	EDS
olanzapine oral tablet dispersible	2	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	BD
quetiapine fumarate er oral tablet extended release 24 hour	2	EDS
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	EDS
risperidone oral solution	2	EDS
risperidone oral tablet	2	EDS
risperidone oral tablet dispersible	2	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	5	QL (30 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	5	
SUBVENITE ORAL TABLET	2	EDS
SUBVENITE STARTER KIT-BLUE ORAL KIT	2	
SUBVENITE STARTER KIT-GREEN ORAL KIT	2	
SUBVENITE STARTER KIT-ORANGE ORAL KIT	2	
valproic acid oral capsule	2	EDS
valproic acid oral solution 250 mg/5ml	2	EDS
ziprasidone hcl oral capsule	2	EDS
ziprasidone mesylate intramuscular solution reconstituted	4	BD

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

Drug Name	Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD
Blood Glucose Regulators		
acarbose oral tablet	2	EDS
BAQSIMI ONE PACK NASAL POWDER	2	
BD INSULIN SYRINGE 29G X 1/2" 1 ML	2	
colesevelam hcl oral packet	2	EDS
colesevelam hcl oral tablet	2	EDS
CYCLOSET ORAL TABLET	4	EDS
diazoxide oral suspension	5	
FARXIGA ORAL TABLET	3	EDS
gauze pads pad 2"x2"	2	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	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	3	
glucagon emergency injection kit	2	
GLYXAMBI ORAL TABLET	3	EDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE KIT SUBCUTANEOUS SOLUTION	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
HUMALOG INJECTION SOLUTION	3	EDS
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	EDS
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION	3	EDS

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

Drug Name	Tier	Requirements/Limits
HUMULIN R INJECTION SOLUTION	3	EDS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
insulin glargine max solostar subcutaneous solution pen-injector	3	EDS
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	3	EDS
insulin lispro (1 unit dial) subcutaneous solution pen-injector	3	EDS
insulin lispro injection solution	3	EDS
insulin lispro junior kwikpen subcutaneous solution pen-injector	3	EDS
insulin lispro prot & lispro subcutaneous suspension pen-injector	3	EDS
insulin syringe-needle u-100 29g x 1/2" 1 ml	2	
JARDIANCE ORAL TABLET	3	EDS
JENTADUETO ORAL TABLET	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LANTUS SUBCUTANEOUS SOLUTION	3	EDS
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LEVEMIR SUBCUTANEOUS SOLUTION	3	EDS
liraglutide subcutaneous solution pen-injector	3	ST; EDS
LYUMJEV INJECTION SOLUTION	3	EDS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
metformin hcl er oral tablet extended release 24 hour	1	EDS
metformin hcl oral solution	4	EDS
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	EDS
mifepristone oral tablet 300 mg	5	PA New Starts
miglitol oral tablet	2	EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	ST; EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	3	ST
nateglinide oral tablet	2	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	ST; EDS

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

Drug Name	Tier	Requirements/Limits
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	ST; EDS
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
pioglitazone hcl oral tablet	1	EDS
pioglitazone hcl-metformin hcl oral tablet	2	EDS
preferred plus insulin syringe 28g x 1/2" 0.5 ml	2	
qc pen needles 29g x 12mm	2	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	
repaglinide oral tablet 0.5 mg, 1 mg	2	QL (150 EA per 30 days); EDS
repaglinide oral tablet 2 mg	2	EDS
RYBELSUS ORAL TABLET 14 MG	3	ST; EDS
RYBELSUS ORAL TABLET 3 MG	3	ST; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 7 MG	3	ST; QL (30 EA per 30 days); EDS
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; Prior authorization not required for endocrinologists.; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; Prior authorization not required for endocrinologists.; EDS
SYNJARDY ORAL TABLET	3	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TRADJENTA ORAL TABLET	3	EDS
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TRESIBA SUBCUTANEOUS SOLUTION	3	EDS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
Blood Products And Modifiers		
anagrelide hcl oral capsule	2	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	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
aspirin-dipyridamole er oral capsule extended release 12 hour	2	EDS
BRILINTA ORAL TABLET	3	EDS
CABLIVI INJECTION KIT	5	PA; LA
cilostazol oral tablet	2	EDS
clopidogrel bisulfate oral tablet 75 mg	1	EDS
dabigatran etexilate mesylate oral capsule	2	EDS
dipyridamole oral tablet	2	EDS
DOPTELET ORAL TABLET 20 MG	5	PA; LA
DROXIA ORAL CAPSULE	2	EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	
ELIQUIS ORAL TABLET	3	EDS
enoxaparin sodium injection solution prefilled syringe	2	
FABHALTA ORAL CAPSULE	5	PA; LA
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5	
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	2	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	
JANTOVEN ORAL TABLET	1	EDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NIVESTYM INJECTION SOLUTION	5	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	PA
OXBRYTA ORAL TABLET 300 MG	5	PA
OXBRYTA ORAL TABLET 500 MG	5	PA; LA
OXBRYTA ORAL TABLET SOLUBLE	5	PA; LA
prasugrel hcl oral tablet	2	EDS
PROMACTA ORAL PACKET	5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA
PYRUKYND ORAL TABLET	5	PA; LA; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	5	PA; LA; QL (7 EA per 7 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; LA; QL (14 EA per 14 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA
TAVALISSE ORAL TABLET 100 MG	5	PA; LA; QL (60 EA per 30 days)
TAVALISSE ORAL TABLET 150 MG	5	PA; LA
tranexamic acid oral tablet	2	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA

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

Drug Name	Tier	Requirements/Limits
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
VOYDEYA ORAL TABLET	5	PA; LA
VOYDEYA ORAL TABLET THERAPY PACK	5	PA; LA; QL (180 EA per 30 days)
warfarin sodium oral tablet	1	EDS
XARELTO ORAL SUSPENSION RECONSTITUTED	3	EDS
XARELTO ORAL TABLET	3	EDS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	
XOLREMDI ORAL CAPSULE	5	PA; LA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	
ZONTIVITY ORAL TABLET	4	PA New Starts; EDS
Cardiovascular Agents		
acebutolol hcl oral capsule	2	EDS
acetazolamide oral tablet	2	EDS
aliskiren fumarate oral tablet	4	ST; EDS
amiloride hcl oral tablet	1	EDS
amiloride-hydrochlorothiazide oral tablet	1	EDS
amiodarone hcl oral tablet	2	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	2	EDS
amlodipine-olmesartan oral tablet	1	EDS
amlodipine-valsartan-hctz oral tablet	2	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	2	EDS
bisoprolol fumarate oral tablet	1	EDS
bisoprolol-hydrochlorothiazide oral tablet	1	EDS
bumetanide injection solution	2	
bumetanide oral tablet	1	EDS
CAMZYOS ORAL CAPSULE	5	PA; LA; QL (30 EA per 30 days)
candesartan cilexetil oral tablet	1	EDS
candesartan cilexetil-hctz oral tablet	2	EDS
captopril oral tablet	4	EDS
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	EDS
carvedilol oral tablet	1	EDS
carvedilol phosphate er oral capsule extended release 24 hour	3	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	2	EDS
cholestyramine oral packet	2	EDS
clonidine hcl oral tablet	2	EDS
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	2	QL (4 EA per 28 days); EDS
clonidine transdermal patch weekly 0.3 mg/24hr	2	EDS
colesevelam hcl oral packet	2	EDS
colesevelam hcl oral tablet	2	EDS
colestipol hcl oral packet	2	EDS
colestipol hcl oral tablet	2	EDS
CORLANOR ORAL SOLUTION	4	PA; Prior authorization not required for cardiologists.; EDS
digoxin oral solution	2	EDS
digoxin oral tablet 125 mcg	2	QL (30 EA per 30 days); EDS
digoxin oral tablet 250 mcg	2	PA; PA not required if under 65 years of age. PA not required for cardiologists.; EDS
digoxin oral tablet 62.5 mcg	4	QL (30 EA per 30 days); EDS
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	EDS
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	EDS
diltiazem hcl er oral capsule extended release 12 hour	2	EDS
diltiazem hcl er oral tablet extended release 24 hour	2	EDS
diltiazem hcl oral tablet	2	EDS
dilt-xr oral capsule extended release 24 hour	2	EDS
disopyramide phosphate oral capsule	2	EDS
DIURIL ORAL SUSPENSION	3	EDS
dofetilide oral capsule	2	EDS
doxazosin mesylate oral tablet	1	EDS
droxidopa oral capsule 100 mg	4	QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	4	QL (180 EA per 30 days)
enalapril maleate oral tablet	1	EDS
enalapril-hydrochlorothiazide oral tablet	1	EDS
ENTRESTO ORAL TABLET	3	EDS
eplerenone oral tablet	2	EDS
ethacrynic acid oral tablet	4	EDS
ezetimibe oral tablet	2	EDS
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	2	EDS
ezetimibe-simvastatin oral tablet 10-80 mg	2	PA New Starts; EDS
felodipine er oral tablet extended release 24 hour	2	EDS

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

Drug Name	Tier	Requirements/Limits
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	EDS
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	EDS
fenofibric acid oral capsule delayed release	2	EDS
FILSPARI ORAL TABLET	5	PA; LA; QL (30 EA per 30 days)
flecainide acetate oral tablet	2	EDS
fluvastatin sodium er oral tablet extended release 24 hour	2	EDS
fluvastatin sodium oral capsule	2	EDS
fosinopril sodium oral tablet	1	EDS
fosinopril sodium-hctz oral tablet	1	EDS
furosemide injection solution	2	
furosemide oral solution 10 mg/ml, 8 mg/ml	2	EDS
furosemide oral tablet	1	EDS
gemfibrozil oral tablet	2	EDS
guanfacine hcl oral tablet	2	EDS
hydralazine hcl oral tablet	2	EDS
hydrochlorothiazide oral capsule	1	EDS
hydrochlorothiazide oral tablet	1	EDS
icosapent ethyl oral capsule	2	EDS
indapamide oral tablet	1	EDS
irbesartan oral tablet	1	EDS
irbesartan-hydrochlorothiazide oral tablet	1	EDS
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	4	EDS
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	EDS
isosorbide mononitrate er oral tablet extended release 24 hour	1	EDS
isosorbide mononitrate oral tablet	2	EDS
isradipine oral capsule	4	EDS
ivabradine hcl oral tablet	4	PA; Prior authorization not required for cardiologists.; EDS
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)
KERENDIA ORAL TABLET	4	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
LODOCO ORAL TABLET	4	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	2	EDS
metolazone 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
metoprolol succinate er oral tablet extended release 24 hour	1	EDS
metoprolol tartrate oral tablet	1	EDS
metoprolol-hydrochlorothiazide oral tablet	2	EDS
metyrosine oral capsule	5	
mexiletine hcl oral capsule	2	EDS
midodrine hcl oral tablet	2	
minoxidil oral tablet	2	EDS
moexipril hcl oral tablet	2	EDS
MULTAQ ORAL TABLET	3	QL (60 EA per 30 days); EDS
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	EDS
nebivolol hcl oral tablet	2	EDS
NEXLETOL ORAL TABLET	4	PA New Starts; EDS
NEXLIZET ORAL TABLET	4	PA New Starts; EDS
niacin er (antihyperlipidemic) oral tablet extended release	3	EDS
nicardipine hcl oral capsule	2	EDS
nifedipine er oral tablet extended release 24 hour	2	EDS
nifedipine er osmotic release oral tablet extended release 24 hour	2	EDS
nifedipine oral capsule	2	EDS
nimodipine oral capsule	4	EDS
NITRO-BID TRANSDERMAL OINTMENT	4	EDS
nitroglycerin rectal ointment	4	
nitroglycerin sublingual tablet sublingual	2	EDS
nitroglycerin transdermal patch 24 hour	2	EDS
nitroglycerin translingual solution	2	EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
NYMALIZE ORAL SOLUTION 6 MG/ML	4	
olmesartan medoxomil oral tablet	1	EDS
olmesartan medoxomil-hctz oral tablet	1	EDS
olmesartan-amlodipine-hctz oral tablet	2	EDS
omega-3-acid ethyl esters oral capsule	4	EDS
ORLADEYO ORAL CAPSULE	5	PA New Starts; LA
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	2	EDS
pentoxifylline er oral tablet extended release	2	EDS
perindopril erbumine oral tablet	2	EDS
pindolol oral tablet	2	EDS
pitavastatin calcium oral tablet 1 mg, 2 mg	4	QL (45 EA per 30 days); EDS
pitavastatin calcium oral tablet 4 mg	4	EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA New Starts; EDS
pravastatin sodium oral tablet	1	EDS
prazosin hcl oral capsule	2	EDS

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

Drug Name	Tier	Requirements/Limits
PREVALITE ORAL PACKET	2	EDS
propafenone hcl er oral capsule extended release 12 hour	2	EDS
propafenone hcl oral tablet	2	EDS
propranolol hcl er oral capsule extended release 24 hour	2	EDS
propranolol hcl oral solution	2	EDS
propranolol hcl oral tablet	1	EDS
quinapril hcl oral tablet	1	EDS
quinapril-hydrochlorothiazide oral tablet	1	EDS
quinidine gluconate er oral tablet extended release	2	EDS
quinidine sulfate oral tablet	2	EDS
ramipril oral capsule	1	EDS
ranolazine er oral tablet extended release 12 hour	2	EDS
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA New Starts; EDS
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA New Starts; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	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	2	PA New Starts; EDS
SORINE ORAL TABLET 120 MG, 160 MG, 80 MG	2	EDS
sotalol hcl (af) oral tablet	2	EDS
sotalol hcl oral tablet	2	EDS
SOTYLIZE ORAL SOLUTION	4	EDS
spironolactone oral tablet	1	EDS
spironolactone-hctz oral tablet	1	EDS
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	EDS
telmisartan oral tablet	1	EDS
telmisartan-amlodipine oral tablet	2	EDS
telmisartan-hctz oral tablet	2	EDS
terazosin hcl oral capsule	1	EDS
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	EDS
timolol maleate oral tablet	2	EDS
torsemide oral tablet	1	EDS
trandolapril oral tablet	1	EDS
trandolapril-verapamil hcl er oral tablet extended release	2	EDS
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	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
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	EDS
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	2	EDS
verapamil hcl er oral tablet extended release	2	EDS
verapamil hcl oral tablet	2	EDS
VERQUVO ORAL TABLET 10 MG	4	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days); EDS
Central Nervous System Agents		
amphetamine-dextroamphet er oral capsule extended release 24 hour	2	EDS
amphetamine-dextroamphetamine oral tablet	2	EDS
atomoxetine hcl oral capsule	2	EDS
AUSTEDO ORAL TABLET 12 MG	5	PA; LA
AUSTEDO ORAL TABLET 6 MG	5	PA; LA; QL (60 EA per 30 days)
AUSTEDO ORAL TABLET 9 MG	5	PA; LA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (28 EA per 28 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	5	PA
clonidine hcl er oral tablet extended release 12 hour	4	AL (Min 6 Years and Max 17 Years); EDS
dalfampridine er oral tablet extended release 12 hour	2	PA; EDS
dexmethylphenidate hcl er oral capsule extended release 24 hour	2	EDS
dexmethylphenidate hcl oral tablet	2	EDS
dextroamphetamine sulfate er oral capsule extended release 24 hour	2	EDS
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	EDS
dimethyl fumarate oral capsule delayed release 120 mg	2	QL (60 EA per 30 days); EDS
dimethyl fumarate oral capsule delayed release 240 mg	2	EDS
dimethyl fumarate starter pack oral capsule delayed release therapy pack	3	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	EDS
duloxetine hcl oral capsule delayed release particles 40 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
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; LA
fingolimod hcl oral capsule	2	EDS
FIRDAPSE ORAL TABLET	5	PA; LA
gabapentin (once-daily) oral tablet 300 mg	4	QL (30 EA per 30 days); EDS
gabapentin (once-daily) oral tablet 600 mg	4	EDS
glatiramer acetate subcutaneous solution prefilled syringe	3	EDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
GRALISE ORAL TABLET 450 MG	4	QL (90 EA per 30 days); EDS
GRALISE ORAL TABLET 750 MG, 900 MG	4	EDS
guanfacine hcl er oral tablet extended release 24 hour	2	EDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG	5	PA; LA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE 80 MG	5	PA; LA
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG	5	PA; LA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 80 MG	5	PA; LA
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; LA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
lisdexamfetamine dimesylate oral capsule	4	QL (30 EA per 30 days); EDS
lisdexamfetamine dimesylate oral tablet chewable	4	QL (30 EA per 30 days); EDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	5	PA
MAYZENT ORAL TABLET 0.25 MG	5	QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG	5	QL (30 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	5	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	
methylphenidate hcl er (cd) oral capsule extended release	3	EDS
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	3	EDS
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	EDS
methylphenidate hcl er (osm) oral tablet extended release 72 mg	4	EDS
methylphenidate hcl er (xr) oral capsule extended release 24 hour	4	EDS
methylphenidate hcl er oral tablet extended release	2	EDS

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

Drug Name	Tier	Requirements/Limits
methylphenidate hcl er oral tablet extended release 24 hour	2	EDS
methylphenidate hcl oral solution	2	EDS
methylphenidate hcl oral tablet	2	EDS
methylphenidate hcl oral tablet chewable	4	EDS
NUEDEXTA ORAL CAPSULE	5	PA
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	4	ST; QL (30 EA per 30 days); EDS
pregabalin er oral tablet extended release 24 hour 330 mg	4	ST; QL (60 EA per 30 days); EDS
pregabalin oral capsule	2	EDS
pregabalin oral solution	2	EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	ST; QL (30 EA per 30 days); EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	ST; QL (60 EA per 30 days); EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	4	EDS
RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA New Starts; LA; QL (70 ML per 28 days)
RELYVRIO ORAL PACKET	5	PA New Starts; LA
riluzole oral tablet	2	EDS
SAVELLA ORAL TABLET	3	EDS
SAVELLA TITRATION PACK ORAL	3	
SKYCLARYS ORAL CAPSULE	5	PA; LA
TEGLUTIK ORAL SUSPENSION	5	
teriflunomide oral tablet	2	EDS
tetrabenazine oral tablet 12.5 mg	2	PA; LA; QL (30 EA per 30 days); EDS
tetrabenazine oral tablet 25 mg	2	PA; LA; EDS
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	PA
WAKIX ORAL TABLET 17.8 MG	5	PA; LA
WAKIX ORAL TABLET 4.45 MG	5	PA; LA; QL (90 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA; LA
ZEPOSIA ORAL CAPSULE	5	PA; LA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	5	PA; LA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
Dental And Oral Agents		
cevimeline hcl oral capsule	2	EDS
chlorhexidine gluconate mouth/throat solution	2	
PERIOGARD MOUTH/THROAT SOLUTION	2	
pilocarpine hcl oral tablet	2	EDS

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

Drug Name	Tier	Requirements/Limits
triamcinolone acetonide mouth/throat paste	2	
Dermatological Agents		
acitretin oral capsule	4	
acyclovir external ointment	2	
adapalene external cream	4	
adapalene external gel 0.3 %	4	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	2	
ala-cort external cream 1 %	2	
alclometasone dipropionate external cream	2	
alclometasone dipropionate external ointment	2	
ALTABAX EXTERNAL OINTMENT	4	
ammonium lactate external cream	2	
ammonium lactate external lotion	2	
AMNESTEEM ORAL CAPSULE	2	
azelaic acid external gel	2	
AZELEX EXTERNAL CREAM	4	
betamethasone dipropionate aug external cream	2	
betamethasone dipropionate aug external gel	2	
betamethasone dipropionate aug external lotion	2	
betamethasone dipropionate aug external ointment	2	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	2	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	2	
betamethasone valerate external foam	2	
betamethasone valerate external lotion	2	
betamethasone valerate external ointment	2	
brimonidine tartrate external gel	4	
BRYHALI EXTERNAL LOTION	4	
calcipotriene external cream	2	
calcipotriene external ointment	2	
calcipotriene external solution	2	
calcipotriene-betameth diprop external ointment	4	
calcipotriene-betameth diprop external suspension	4	
calcitriol external ointment	4	
CAPEX EXTERNAL SHAMPOO	4	
ciclopirox external gel	2	
ciclopirox external shampoo	2	
ciclopirox external solution	2	
CLARAVIS ORAL CAPSULE	2	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	2	

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

Drug Name	Tier	Requirements/Limits
clindamycin phosphate external gel 1 %	2	
clindamycin phosphate external lotion	2	
clindamycin phosphate external solution	2	
clindamycin phosphate external swab	2	
clobetasol propionate e external cream	2	
clobetasol propionate external cream	2	
clobetasol propionate external gel	2	
clobetasol propionate external liquid	2	
clobetasol propionate external lotion	2	
clobetasol propionate external ointment	2	
clobetasol propionate external shampoo	2	
clobetasol propionate external solution	2	
CLODAN EXTERNAL SHAMPOO	2	
clotrimazole-betamethasone external cream	2	
clotrimazole-betamethasone external lotion	2	
dapsone external gel	4	
desonide external cream	2	
desonide external lotion	2	
desonide external ointment	2	
desoximetasone external cream 0.25 %	2	
desoximetasone external gel	4	
desoximetasone external liquid	4	
desoximetasone external ointment 0.25 %	2	
diclofenac sodium external gel 3 %	2	PA
doxepin hcl external cream	4	
DUOBRII EXTERNAL LOTION	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
EPSOLAY EXTERNAL CREAM	4	ST
EUCRISA EXTERNAL OINTMENT	3	ST
FILSUVEZ EXTERNAL GEL	5	PA; LA
FINACEA EXTERNAL FOAM	4	ST
fluocinolone acetonide external cream	2	
fluocinolone acetonide external ointment	2	
fluocinolone acetonide external solution	2	
fluocinolone acetonide scalp external oil	2	
fluocinonide emulsified base external cream	2	
fluocinonide external cream	2	
fluocinonide external gel	2	
fluocinonide external ointment	2	
fluocinonide external solution	2	

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

Drug Name	Tier	Requirements/Limits
fluorouracil external cream 0.5 %	5	
fluorouracil external cream 5 %	2	
fluorouracil external solution	2	
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
global alcohol prep ease pad	2	
halobetasol propionate external cream	2	
halobetasol propionate external ointment	2	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone butyrate external ointment	2	
hydrocortisone butyrate external solution	2	
hydrocortisone external cream 1 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone valerate external cream	2	
hydrocortisone valerate external ointment	2	
imiquimod external cream 5 %	2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
ivermectin external cream	3	
mafenide acetate external packet	4	
malathion external lotion	2	
methoxsalen rapid oral capsule	2	
mometasone furoate external cream	2	
mometasone furoate external ointment	2	
mometasone furoate external solution	2	
mupirocin calcium external cream	4	
mupirocin external ointment	2	
nystatin-triamcinolone external cream	2	
nystatin-triamcinolone external ointment	2	
OTEZLA ORAL TABLET 30 MG	5	PA
PANRETIN EXTERNAL GEL	5	PA New Starts
permethrin external cream	2	
pimecrolimus external cream	4	
podofilox external gel	3	
podofilox external solution	2	
PROCTO-MED HC EXTERNAL CREAM	2	
PROCTOSOL HC EXTERNAL CREAM	2	
REGRANEX EXTERNAL GEL	5	
SANTYL EXTERNAL OINTMENT	3	
selenium sulfide external lotion	2	
silver sulfadiazine external cream	2	

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

Drug Name	Tier	Requirements/Limits
SSD EXTERNAL CREAM	2	
SULFAMYLON EXTERNAL CREAM	4	
tacrolimus external ointment	2	
tavaborole external solution	4	
tazarotene external cream 0.05 %	4	PA; Prior authorization not required for dermatologists.
tazarotene external cream 0.1 %	2	PA; Prior authorization not required for dermatologists.
tazarotene external gel	4	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; Prior authorization not required for dermatologists.
tretinoin external cream	2	
tretinoin external gel	2	
tretinoin microsphere external gel 0.04 %, 0.1 %	4	
triamcinolone acetonide external aerosol solution	3	
triamcinolone acetonide external cream	2	
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
VTAMA EXTERNAL CREAM	4	PA
ZENATANE ORAL CAPSULE	2	
ZORYVE EXTERNAL CREAM 0.3 %	4	PA; Prior authorization not required for dermatologists.
Electrolytes/Minerals/Metals/Vitamins		
AURYXIA ORAL TABLET	5	PA
calcium acetate (phos binder) oral capsule	2	EDS
calcium acetate oral tablet 667 mg	2	EDS
carglumic acid oral tablet soluble	5	PA
CHEMET ORAL CAPSULE	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINISOL SF INTRAVENOUS SOLUTION	3	BD
deferasirox oral tablet	3	PA; EDS
deferasirox oral tablet soluble 125 mg	4	PA; EDS
deferasirox oral tablet soluble 250 mg, 500 mg	5	PA

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

Drug Name	Tier	Requirements/Limits
deferiprone oral tablet	5	PA
dextrose intravenous solution 10 %, 5 %	2	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	2	
FERRIPROX ORAL SOLUTION	5	PA New Starts; LA
INTRALIPID INTRAVENOUS EMULSION 20 %	3	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	4	BD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
JYNARQUE ORAL TABLET	5	PA; LA
JYNARQUE ORAL TABLET THERAPY PACK	5	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-%-%	2	
kcl-lactated ringers-d5w intravenous solution	2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	2	EDS
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	2	EDS
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	2	EDS
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	2	EDS
KLOR-CON ORAL PACKET 20 MEQ	2	EDS
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	EDS
lanthanum carbonate oral tablet chewable	4	EDS
levocarnitine oral solution	2	EDS
levocarnitine oral tablet	2	EDS
LOKELMA ORAL PACKET	3	EDS
magnesium sulfate injection solution 50 %	2	
multiple electro type 1 ph 5.5 intravenous solution	4	
na sulfate-k sulfate-mg sulf oral solution	3	
NUTRILIPID INTRAVENOUS EMULSION	3	BD
penicillamine oral capsule	5	
penicillamine oral tablet	5	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
potassium chloride crys er oral tablet extended release	2	EDS
potassium chloride er oral capsule extended release	2	EDS
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	2	EDS
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	2	
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml	2	
potassium chloride oral packet	2	EDS
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	2	EDS

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

Drug Name	Tier	Requirements/Limits
potassium citrate er oral tablet extended release	2	EDS
potassium cl in dextrose 5% intravenous solution 20 meq/l	2	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	BD
prenatal oral tablet 27-1 mg	3	
PROSOL INTRAVENOUS SOLUTION	3	BD
sevelamer carbonate oral packet	4	EDS
sevelamer carbonate oral tablet	2	EDS
sevelamer hcl oral tablet	4	EDS
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	
sodium chloride irrigation solution 0.9 %	2	
sodium fluoride oral tablet chewable 2.2 (1 f) mg	2	EDS
sodium polystyrene sulfonate oral powder	2	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	2	
tolvaptan oral tablet	5	PA
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	
TRAVASOL INTRAVENOUS SOLUTION	3	BD
trientine hcl oral capsule 250 mg	5	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	BD
VELPHORO ORAL TABLET CHEWABLE	5	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	EDS
VELTASSA ORAL PACKET 8.4 GM	3	QL (30 EA per 30 days); EDS
Gastrointestinal Agents		
alosetron hcl oral tablet 0.5 mg	4	QL (60 EA per 30 days); EDS
alosetron hcl oral tablet 1 mg	4	EDS
amoxicill-clarithro-lansopraz oral therapy pack	4	
bismuth/metronidaz/tetracyclin oral capsule	4	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	5	PA; LA
BYLVAY ORAL CAPSULE	5	PA; LA
CHENODAL ORAL TABLET	5	PA; LA
cimetidine oral tablet 200 mg	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	EDS
CLENPIQ ORAL SOLUTION	4	
constulose oral solution	2	EDS
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution	2	
dicyclomine hcl oral tablet	2	
diphenoxylate-atropine oral liquid	2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2	
enulose oral solution	2	EDS
esomeprazole magnesium oral capsule delayed release	2	EDS

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

Drug Name	Tier	Requirements/Limits
famotidine oral suspension reconstituted	2	EDS
famotidine oral tablet 20 mg, 40 mg	1	EDS
GATTEX SUBCUTANEOUS KIT	5	PA; LA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	2	
generlac oral solution	2	EDS
glycopyrrolate oral tablet 1 mg, 2 mg	2	
HELIDAC THERAPY ORAL	4	
IQIRVO ORAL TABLET	5	PA; LA
KRISTALOSE ORAL PACKET 20 GM	4	EDS
lactulose oral packet	4	EDS
lactulose oral solution 10 gm/15ml	2	EDS
lansoprazole oral capsule delayed release	2	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	3	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	3	EDS
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; LA
loperamide hcl oral capsule	2	
lubiprostone oral capsule 24 mcg	4	EDS
lubiprostone oral capsule 8 mcg	4	QL (60 EA per 30 days); EDS
methscopolamine bromide oral tablet	2	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	2	
misoprostol oral tablet	2	EDS
MOVANTIK ORAL TABLET	4	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
MYTESI ORAL TABLET DELAYED RELEASE	5	PA New Starts
na sulfate-k sulfate-mg sulf oral solution	3	
nizatidine oral capsule	2	EDS
OCALIVA ORAL TABLET 10 MG	5	PA; LA
OCALIVA ORAL TABLET 5 MG	5	PA; LA; QL (30 EA per 30 days)
omeprazole oral capsule delayed release	2	EDS
pantoprazole sodium oral tablet delayed release	2	EDS
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	2	
peg-3350/electrolytes oral solution reconstituted	2	
rabeprazole sodium oral tablet delayed release	2	EDS
RELISTOR ORAL TABLET	5	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	
scopolamine transdermal patch 72 hour	2	
sucralfate oral suspension	4	EDS
sucralfate oral tablet	2	EDS
SUTAB ORAL TABLET	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
SYMPROIC ORAL TABLET	4	PA
TALICIA ORAL CAPSULE DELAYED RELEASE	4	ST
TRULANCE ORAL TABLET	4	EDS
ursodiol oral capsule 300 mg	2	EDS
ursodiol oral tablet	2	EDS
VELSIPITY ORAL TABLET	5	PA
VIBERZI ORAL TABLET	5	PA
VOQUEZNA ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days); EDS
VOQUEZNA ORAL TABLET 20 MG	4	PA; EDS
VOWST ORAL CAPSULE	5	PA; LA; QL (12 EA per 3 days)
XERMELO ORAL TABLET	5	PA; LA
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
betaine oral powder	3	EDS
CERDELGA ORAL CAPSULE	5	PA; LA
CHOLBAM ORAL CAPSULE	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
cromolyn sodium inhalation nebulization solution	2	BD; EDS
cromolyn sodium oral concentrate	2	EDS
CYSTAGON ORAL CAPSULE	3	LA; EDS
FIRDAPSE ORAL TABLET	5	PA; LA
GALAFOLD ORAL CAPSULE	5	PA New Starts; LA
GLASSIA INTRAVENOUS SOLUTION	5	PA; LA
JAVYGTOR ORAL PACKET	5	PA
JAVYGTOR ORAL TABLET	5	PA
JOENJA ORAL TABLET	5	PA; LA
l-glutamine oral packet	5	PA
miglustat oral capsule	5	PA
nitisinone oral capsule	5	PA
ORFADIN ORAL SUSPENSION	5	PA; LA
ORMALVI ORAL TABLET	5	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	4	EDS
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	EDS
PLENAMINE INTRAVENOUS SOLUTION	3	BD
PROCYSBI ORAL PACKET	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA
RAVICTI ORAL LIQUID	5	PA; LA
sapropterin dihydrochloride oral packet	5	PA
sapropterin dihydrochloride oral tablet	5	PA
sodium phenylbutyrate oral powder 3 gm/tsp	2	EDS
sodium phenylbutyrate oral tablet	5	
SOHONOS ORAL CAPSULE	5	PA; LA
SUCRAID ORAL SOLUTION	5	PA; LA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
VIJOICE ORAL PACKET	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (56 EA per 28 days)
VYNDAQEL ORAL CAPSULE	5	PA; LA
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LA
XURIDEN ORAL PACKET	5	PA
YARGESA ORAL CAPSULE	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	EDS
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	5	PA; LA
ZOKINVY ORAL CAPSULE 50 MG	5	PA; LA; QL (120 EA per 30 days)
ZOKINVY ORAL CAPSULE 75 MG	5	PA; LA
Genitourinary Agents		
alfuzosin hcl er oral tablet extended release 24 hour	1	EDS
bethanechol chloride oral tablet	2	
darifenacin hydrobromide er oral tablet extended release 24 hour	3	QL (30 EA per 30 days); EDS
doxazosin mesylate oral tablet	1	EDS
dutasteride oral capsule	1	EDS
dutasteride-tamsulosin hcl oral capsule	2	EDS
ELMIRON ORAL CAPSULE	5	
finasteride oral tablet 5 mg	1	EDS
flavoxate hcl oral tablet	2	EDS
GELNIQUE TRANSDERMAL GEL 10 %	4	EDS
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	QL (30 EA per 30 days); EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	EDS

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 er oral tablet extended release 24 hour	2	EDS
oxybutynin chloride oral solution	2	EDS
oxybutynin chloride oral tablet 5 mg	2	EDS
penicillamine oral capsule	5	
penicillamine oral tablet	5	
prazosin hcl oral capsule	2	EDS
RIVFLOZA SUBCUTANEOUS SOLUTION	5	PA
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
silodosin oral capsule	2	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	2	EDS
tolterodine tartrate oral tablet	2	EDS
trospium chloride er oral capsule extended release 24 hour	2	QL (30 EA per 30 days); EDS
trospium chloride oral tablet	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
betamethasone dipropionate aug external cream	2	
betamethasone dipropionate external ointment	2	
budesonide er oral tablet extended release 24 hour	4	
budesonide oral capsule delayed release particles	2	
budesonide rectal foam 2 mg	4	
CORTROPHIN INJECTION GEL	5	PA
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
dexamethasone oral tablet therapy pack 1.5 mg (51)	4	
fludrocortisone acetate oral tablet	2	EDS
hydrocortisone oral tablet	2	
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA
MEDROL ORAL TABLET 2 MG	4	BD
methylprednisolone oral tablet	2	BD
methylprednisolone oral tablet therapy pack	2	
prednisolone oral solution	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	2	
PREDNISONE INTENSOL ORAL CONCENTRATE	2	BD
prednisone oral solution	2	BD
prednisone oral tablet	2	BD
prednisone oral tablet therapy pack	2	
RECORLEV ORAL TABLET	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
TARPEYO ORAL CAPSULE DELAYED RELEASE	5	PA; LA; QL (120 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin ace spray refrig nasal solution	2	EDS
desmopressin acetate oral tablet	2	EDS
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
ORILISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
VYNDAMAX ORAL CAPSULE	5	PA; LA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
misoprostol oral tablet 200 mcg	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALTAVERA ORAL TABLET	2	EDS
alyacen 1/35 oral tablet	2	EDS
AMABELZ ORAL TABLET 0.5-0.1 MG	2	EDS
AMETHIA ORAL TABLET	2	EDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL (30 EA per 30 days); EDS
ANGELIQ ORAL TABLET	4	EDS
ANNOVERA VAGINAL RING	4	QL (1 EA per 365 days); EDS
APRI ORAL TABLET	2	EDS
ARANELLE ORAL TABLET	2	EDS
ASHLYNA ORAL TABLET	2	EDS
AVIANE ORAL TABLET	2	EDS
AZURETTE ORAL TABLET	2	EDS
BALZIVA ORAL TABLET	2	EDS
BLISOVI 24 FE ORAL TABLET	2	EDS
BLISOVI FE 1.5/30 ORAL TABLET	2	EDS
briellyn oral tablet	2	EDS
CAMILA ORAL TABLET	2	EDS

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

Drug Name	Tier	Requirements/Limits
CAMRESE LO ORAL TABLET	2	EDS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	EDS
CRYSELLE-28 ORAL TABLET	2	EDS
CYRED EQ ORAL TABLET	2	EDS
danazol oral capsule	2	
DEBLITANE ORAL TABLET	2	EDS
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
desogestrel-ethinyl estradiol oral tablet	2	EDS
DOLISHALE ORAL TABLET	2	EDS
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	2	EDS
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	2	EDS
drospirenone-ethinyl estradiol oral tablet	2	EDS
DUAVEE ORAL TABLET	4	EDS
ELESTRIN TRANSDERMAL GEL	4	EDS
ELURYNG VAGINAL RING	2	EDS
ENILLORING VAGINAL RING	2	EDS
ENPRESSE-28 ORAL TABLET	2	EDS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	EDS
ERRIN ORAL TABLET	2	EDS
ESTARYLLA ORAL TABLET	2	EDS
estradiol oral tablet	2	EDS
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	4	EDS
estradiol transdermal patch twice weekly	2	EDS
estradiol transdermal patch weekly	2	EDS
estradiol vaginal cream	2	EDS
estradiol vaginal tablet	2	EDS
estradiol valerate intramuscular oil	2	
estradiol-norethindrone acet oral tablet	2	EDS
ESTRING VAGINAL RING 7.5 MCG/24HR	4	EDS
ethynodiol diac-eth estradiol oral tablet	2	EDS
etonogestrel-ethinyl estradiol vaginal ring	2	EDS
EVAMIST TRANSDERMAL SOLUTION	4	EDS
FALMINA ORAL TABLET	2	EDS
FEMRING VAGINAL RING	4	EDS
FINZALA ORAL TABLET CHEWABLE	2	EDS
FYAVOLV ORAL TABLET	2	EDS
GEMMILY ORAL CAPSULE	2	EDS
HAILEY 24 FE ORAL TABLET	2	EDS

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

Drug Name	Tier	Requirements/Limits
HALOETTE VAGINAL RING	2	EDS
HEATHER ORAL TABLET	2	EDS
ICLEVIA ORAL TABLET	2	EDS
INCASSIA ORAL TABLET	2	EDS
INTROVALE ORAL TABLET	2	EDS
ISIBLOOM ORAL TABLET	2	EDS
JASMIEL ORAL TABLET	2	EDS
JINTELI ORAL TABLET	2	EDS
JOYEAUX ORAL TABLET	2	EDS
JULEBER ORAL TABLET	2	EDS
JUNEL 1.5/30 ORAL TABLET	2	EDS
JUNEL 1/20 ORAL TABLET	2	EDS
JUNEL FE 1.5/30 ORAL TABLET	2	EDS
JUNEL FE 1/20 ORAL TABLET	2	EDS
JUNEL FE 24 ORAL TABLET	2	EDS
KAITLIB FE ORAL TABLET CHEWABLE	2	EDS
KARIVA ORAL TABLET	2	EDS
KELNOR 1/35 ORAL TABLET	2	EDS
KELNOR 1/50 ORAL TABLET	2	EDS
KURVELO ORAL TABLET	2	EDS
LARIN 1.5/30 ORAL TABLET	2	EDS
LARIN 1/20 ORAL TABLET	2	EDS
LARIN FE 1.5/30 ORAL TABLET	2	EDS
LARIN FE 1/20 ORAL TABLET	2	EDS
LAYOLIS FE ORAL TABLET CHEWABLE	2	EDS
LEENA ORAL TABLET	2	EDS
LESSINA ORAL TABLET	2	EDS
LEVONEST ORAL TABLET	2	EDS
levonorgest-eth est & eth est oral tablet	2	EDS
levonorgest-eth estrad 91-day oral tablet	2	EDS
levonorgestrel-ethinyl estrad oral tablet	2	EDS
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	2	EDS
LEVORA 0.15/30 (28) ORAL TABLET	2	EDS
LO LOESTRIN FE ORAL TABLET	4	EDS
LORYNA ORAL TABLET	2	EDS
LOW-OGESTREL ORAL TABLET	2	EDS
LUTERA ORAL TABLET	2	EDS
LYLEQ ORAL TABLET	2	EDS
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	2	EDS
LYZA ORAL TABLET	2	EDS
marlissa oral tablet	2	EDS

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

Drug Name	Tier	Requirements/Limits
medroxyprogesterone acetate intramuscular suspension	2	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	2	
medroxyprogesterone acetate oral tablet	2	EDS
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	2	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
megestrol acetate oral tablet	2	
MENEST ORAL TABLET	4	EDS
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	EDS
MERZEE ORAL CAPSULE	2	EDS
methitest oral tablet	5	
methyltestosterone oral capsule	5	
MIBELAS 24 FE ORAL TABLET CHEWABLE	2	EDS
MICROGESTIN 1.5/30 ORAL TABLET	2	EDS
MICROGESTIN 1/20 ORAL TABLET	2	EDS
MICROGESTIN 24 FE ORAL TABLET	2	EDS
MICROGESTIN FE 1.5/30 ORAL TABLET	2	EDS
MICROGESTIN FE 1/20 ORAL TABLET	2	EDS
MILI ORAL TABLET	2	EDS
MIMVEY ORAL TABLET	2	EDS
MYFEMBREE ORAL TABLET	5	PA
NATAZIA ORAL TABLET	4	EDS
NECON 0.5/35 (28) ORAL TABLET	2	EDS
NIKKI ORAL TABLET	2	EDS
NORA-BE ORAL TABLET	2	EDS
norelgestromin-eth estradiol transdermal patch weekly	2	EDS
norethin ace-eth estrad-fe oral capsule	2	EDS
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	2	EDS
norethin ace-eth estrad-fe oral tablet chewable	2	EDS
norethindrone acetate oral tablet	2	EDS
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	2	EDS
norethindrone oral tablet	2	EDS
norethindrone-eth estradiol oral tablet	2	EDS
norethindron-ethinyl estrad-fe oral tablet	2	EDS
norethin-eth estradiol-fe oral tablet chewable	2	EDS
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	EDS
norgestim-eth estrad triphasic oral tablet	2	EDS
NORTREL 0.5/35 (28) ORAL TABLET	2	EDS
NORTREL 1/35 (21) ORAL TABLET	2	EDS
NORTREL 1/35 (28) ORAL TABLET	2	EDS
NORTREL 7/7/7 ORAL TABLET	2	EDS

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

Drug Name	Tier	Requirements/Limits
NYLIA 1/35 ORAL TABLET	2	EDS
NYLIA 7/7/7 ORAL TABLET	2	EDS
NYMYO ORAL TABLET	2	EDS
OCELLA ORAL TABLET	2	EDS
ORIAHNN ORAL CAPSULE THERAPY PACK	5	PA
PIMTREA ORAL TABLET	2	EDS
PORTIA-28 ORAL TABLET	2	EDS
PREFEST ORAL TABLET	4	EDS
PREMARIN ORAL TABLET	3	EDS
PREMARIN VAGINAL CREAM	3	EDS
PREMPHASE ORAL TABLET	3	EDS
PREMPRO ORAL TABLET	3	EDS
progesterone oral capsule	2	EDS
raloxifene hcl oral tablet	2	EDS
RECLIPSEN ORAL TABLET	2	EDS
RIVELSA ORAL TABLET	2	EDS
SETLAKIN ORAL TABLET	2	EDS
SHAROBEL ORAL TABLET	2	EDS
SLYND ORAL TABLET	4	EDS
SPRINTEC 28 ORAL TABLET	2	EDS
SRONYX ORAL TABLET	2	EDS
SYEDA ORAL TABLET	2	EDS
TARINA 24 FE ORAL TABLET	2	EDS
TARINA FE 1/20 EQ ORAL TABLET	2	EDS
TAYSOFY ORAL CAPSULE	2	EDS
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	2	EDS
testosterone enanthate intramuscular solution	2	EDS
testosterone transdermal gel 10 mg/act (2%)	4	PA; EDS
testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	2	PA; EDS
testosterone transdermal solution	4	PA; EDS
TILIA FE ORAL TABLET	2	EDS
TRI-ESTARYLLA ORAL TABLET	2	EDS
TRI-LEGEST FE ORAL TABLET	2	EDS
TRI-LO-ESTARYLLA ORAL TABLET	2	EDS
TRI-LO-SPRINTEC ORAL TABLET	2	EDS
TRI-MILI ORAL TABLET	2	EDS
TRI-NYMYO ORAL TABLET	2	EDS
TRI-SPRINTEC ORAL TABLET	2	EDS
TRIVORA (28) ORAL TABLET	2	EDS

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

Drug Name	Tier	Requirements/Limits
TRI-VYLIBRA LO ORAL TABLET	2	EDS
TRI-VYLIBRA ORAL TABLET	2	EDS
TURQOZ ORAL TABLET	2	EDS
TYBLUME ORAL TABLET CHEWABLE	2	EDS
TYDEMY ORAL TABLET	2	EDS
VELIVET ORAL TABLET	2	EDS
VEOZAH ORAL TABLET	4	PA; EDS
VESTURA ORAL TABLET	2	EDS
VIENVA ORAL TABLET	2	EDS
VYFEMLA ORAL TABLET	2	EDS
VYLIBRA ORAL TABLET	2	EDS
WYMZYA FE ORAL TABLET CHEWABLE	2	EDS
XULANE TRANSDERMAL PATCH WEEKLY	2	EDS
YUVAFEM VAGINAL TABLET	2	EDS
ZAFEMY TRANSDERMAL PATCH WEEKLY	2	EDS
ZOVIA 1/35 (28) ORAL TABLET	2	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	2	EDS
SYNTHROID ORAL TABLET	4	EDS
UNITHROID ORAL TABLET	1	EDS
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	3	
Hormonal Agents, Suppressant (Pituitary)		
bromocriptine mesylate oral capsule	2	EDS
bromocriptine mesylate oral tablet	2	EDS
cabergoline oral tablet	2	
ELIGARD SUBCUTANEOUS KIT	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	
leuprolide acetate injection kit	2	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	5	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	2	EDS
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; LA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
SYNAREL NASAL SOLUTION	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
Hormonal Agents, Suppressant (Thyroid)		
methimazole oral tablet	2	EDS
propylthiouracil oral tablet	2	EDS
Immunological Agents		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PA; PA not required if 60 years of age or older.
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; LA
ADACEL INTRAMUSCULAR SUSPENSION	2	
adalimumab-adaz subcutaneous solution auto-injector	5	
adalimumab-adaz subcutaneous solution prefilled syringe	5	
adalimumab-adbm (2 pen) subcutaneous auto-injector kit	5	
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit	5	
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit	5	
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit	5	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA; EDS
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	BD; EDS
azathioprine oral tablet 100 mg, 75 mg	3	BD; EDS
azathioprine oral tablet 50 mg	2	BD; EDS
bcg vaccine injection solution reconstituted	2	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA New Starts
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts; LA
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	

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 (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
cyclosporine modified oral capsule	2	BD; EDS
cyclosporine modified oral solution	2	BD; EDS
cyclosporine ophthalmic emulsion	3	EDS
cyclosporine oral capsule	3	BD; EDS
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
diphtheria-tetanus toxoids dt intramuscular suspension	2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	BD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	BD
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	BD; EDS
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	5	BD
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA New Starts
everolimus oral tablet soluble	5	PA New Starts
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	BD; EDS
GENGRAF ORAL SOLUTION	2	BD; EDS

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

Drug Name	Tier	Requirements/Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
HAVRIX INTRAMUSCULAR SUSPENSION	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	BD
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	5	
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	5	
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	
icatibant acetate subcutaneous solution prefilled syringe	5	PA New Starts
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
INFANRIX INTRAMUSCULAR SUSPENSION	2	
IPOL INJECTION INJECTABLE	2	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
JYNNEOS SUBCUTANEOUS SUSPENSION	2	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
leflunomide oral tablet	2	EDS
LUPKYNIS ORAL CAPSULE	5	PA; LA
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	

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

Drug Name	Tier	Requirements/Limits
mercaptopurine oral tablet	2	
methotrexate sodium (pf) injection solution 50 mg/2ml	2	
methotrexate sodium injection solution 50 mg/2ml	2	
methotrexate sodium oral tablet	1	EDS
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
mycophenolate mofetil oral capsule	2	BD; EDS
mycophenolate mofetil oral suspension reconstituted	4	BD; EDS
mycophenolate mofetil oral tablet	2	BD; EDS
mycophenolate sodium oral tablet delayed release	2	BD; EDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA; EDS
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious disease specialists.
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious disease specialists.
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PREHEVBRIO INTRAMUSCULAR SUSPENSION	2	BD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
PROGRAF ORAL PACKET	4	BD; EDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA; EDS
RECOMBIVAX HB INJECTION SUSPENSION	2	BD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	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
REZUROCK ORAL TABLET	5	PA New Starts; LA
RIDAURA ORAL CAPSULE	3	EDS
RINVOQ LQ ORAL SOLUTION	5	QL (450 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	
ROTARIX ORAL SUSPENSION	2	
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts
SANDIMMUNE ORAL SOLUTION	5	BD
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
sirolimus oral solution	4	BD; EDS
sirolimus oral tablet	2	BD; EDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
SOTYKTU ORAL TABLET	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
tacrolimus oral capsule	2	BD; EDS
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA New Starts; LA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA New Starts; LA
TAVNEOS ORAL CAPSULE	5	PA; LA
TDVAX INTRAMUSCULAR SUSPENSION	2	
TENIVAC INTRAMUSCULAR INJECTABLE	2	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TORPENZ ORAL TABLET	5	PA New Starts
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	

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

Drug Name	Tier	Requirements/Limits
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	
VAQTA INTRAMUSCULAR SUSPENSION	2	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	2	
XATMEP ORAL SOLUTION	4	BD
XELJANZ ORAL SOLUTION	5	
XELJANZ ORAL TABLET 10 MG	5	
XELJANZ ORAL TABLET 5 MG	5	QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	QL (30 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	5	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
YF-VAX SUBCUTANEOUS INJECTABLE	2	
Inflammatory Bowel Disease Agents		
balsalazide disodium oral capsule	2	
budesonide er oral tablet extended release 24 hour	4	
budesonide oral capsule delayed release particles	2	
budesonide rectal foam 2 mg	4	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
dexamethasone oral tablet therapy pack 1.5 mg (51)	4	
hydrocortisone oral tablet	2	
hydrocortisone rectal enema	2	
MEDROL ORAL TABLET 2 MG	4	BD
mesalamine er oral capsule extended release	5	
mesalamine er oral capsule extended release 24 hour	3	EDS
mesalamine oral capsule delayed release	3	EDS
mesalamine oral tablet delayed release 1.2 gm	3	EDS
mesalamine oral tablet delayed release 800 mg	3	
mesalamine rectal enema	3	
mesalamine rectal suppository	2	
methylprednisolone oral tablet	2	BD
methylprednisolone oral tablet therapy pack	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	EDS
prednisolone oral solution	2	

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

Drug Name	Tier	Requirements/Limits
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	2	
PREDNISONE INTENSOL ORAL CONCENTRATE	2	BD
prednisone oral solution	2	BD
prednisone oral tablet	2	BD
prednisone oral tablet therapy pack	2	
PROCTO-MED HC EXTERNAL CREAM	2	
sulfasalazine oral tablet	2	EDS
sulfasalazine oral tablet delayed release	2	EDS
Metabolic Bone Disease Agents		
alendronate sodium oral solution	2	EDS
alendronate sodium oral tablet 10 mg	2	EDS
alendronate sodium oral tablet 35 mg, 70 mg	1	EDS
BINOSTO ORAL TABLET EFFERVESCENT	4	EDS
calcitonin (salmon) nasal solution	2	EDS
calcitriol oral capsule	2	EDS
calcitriol oral solution	2	EDS
cinacalcet hcl oral tablet	2	EDS
doxercalciferol oral capsule	2	ST; EDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA
ibandronate sodium oral tablet	1	EDS
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; LA
paricalcitol oral capsule	2	EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5	ST
risedronate sodium oral tablet 150 mg, 35 mg, 5 mg	2	EDS
risedronate sodium oral tablet 30 mg	2	
risedronate sodium oral tablet delayed release	2	EDS
teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml	5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
XGEVA SUBCUTANEOUS SOLUTION	5	PA New Starts
Non-Frf		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 15 MG, 20 MG, 30 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 2 MG	5	PA New Starts; QL (60 EA per 30 days)
acetaminophen-codeine #3 oral tablet	2	
acetaminophen-codeine oral solution 300-30 mg/12.5ml	2	
AKYNZEO ORAL CAPSULE	4	BD

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

Drug Name	Tier	Requirements/Limits
alendronate sodium oral tablet 5 mg	2	EDS
AMABELZ ORAL TABLET 1-0.5 MG	2	EDS
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA; LA
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK	5	PA; QL (70 EA per 28 days)
BAQSIMI TWO PACK NASAL POWDER	2	
BLISOVI FE 1/20 ORAL TABLET	2	EDS
CAMRESE ORAL TABLET	2	EDS
cefaclor oral suspension reconstituted 125 mg/5ml, 375 mg/5ml	2	
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	4	
cefotaxime sodium injection solution reconstituted 1 gm	2	
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)	4	
ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	4	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm	2	
cholestyramine light oral powder	2	EDS
cholestyramine oral powder	2	EDS
cimetidine hcl oral solution 300 mg/5ml	2	EDS
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
ciprofloxacin hcl oral tablet 100 mg	4	
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	2	
clindamycin phosphate injection solution 300 mg/2ml	2	
clinimix e/dextrose (8/10) intravenous solution	3	BD
clinimix e/dextrose (8/14) intravenous solution	3	BD
clinimix/dextrose (6/5) intravenous solution	3	BD
clinimix/dextrose (8/10) intravenous solution	3	BD
clinimix/dextrose (8/14) intravenous solution	3	BD
clobetasol prop emollient base external cream	2	
COBENFY ORAL CAPSULE	5	PA New Starts
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA New Starts; QL (56 EA per 28 days)
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	2	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	

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

Drug Name	Tier	Requirements/Limits
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	
cvs gauze sterile pad 2"x2"	2	
DAYSEE ORAL TABLET	2	EDS
DELYLA ORAL TABLET	2	EDS
desmopressin acetate spray nasal solution	2	EDS
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	3	
dexamethasone oral elixir	2	
dextrose in lactated ringers intravenous solution	2	
dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	2	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	2	
diazepam oral concentrate	2	
dichlorphenamide oral tablet	5	PA
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	2	EDS
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	2	EDS
dimethyl fumarate starter pack oral	3	
dimethyl fumarate starter pack oral capsule delayed release therapy pack	3	
diphenhydramine hcl oral elixir	2	PA; PA not required if under 65 years of age.
doxycycline hyclate intravenous solution reconstituted	2	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	2	EDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
enoxaparin sodium injection solution 300 mg/3ml	2	
EOHILIA ORAL SUSPENSION	5	PA; QL (600 ML per 30 days)
EPIVIR HBV ORAL SOLUTION	3	EDS
ERVEBO INTRAMUSCULAR SUSPENSION	2	
erythromycin lactobionate intravenous solution reconstituted	4	
ESTRING VAGINAL RING 2 MG	4	EDS
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	
FAYOSIM ORAL TABLET	2	EDS
fenofibric acid oral tablet	2	EDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	5	PA
fluocinolone acetonide body external oil	2	
flurbiprofen oral tablet 50 mg	2	EDS

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

Drug Name	Tier	Requirements/Limits
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	5	PA
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
GENTAK OPHTHALMIC OINTMENT	2	
glucagon emergency injection solution reconstituted	2	
GRALISE ORAL	4	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
heparin sodium (porcine) injection solution prefilled syringe	2	
heparin sodium (porcine) pf injection solution 1000 unit/ml	2	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	
hydrocortisone external cream 2.5 %	2	
hydrocortisone max st external cream	2	
hydromorphone hcl injection solution 2 mg/ml	2	
HYPERRAB INJECTION SOLUTION	2	BD
IMBRUVICA ORAL TABLET 560 MG	5	PA New Starts
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S INTRAVENOUS SOLUTION	4	
ISTURISA ORAL TABLET 10 MG	5	PA
ivermectin external lotion	4	
JOLESSA ORAL TABLET	2	EDS
kcl (0.149%) in nacl intravenous solution	2	
kcl (0.298%) in nacl intravenous solution	2	

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

Drug Name	Tier	Requirements/Limits
lactated ringers intravenous solution	2	
lactated ringers irrigation solution	2	
levetiracetam oral solution 500 mg/5ml	2	EDS
levonorgest-eth estradiol-iron oral tablet	2	EDS
lidocaine hcl (pf) injection solution 1 %	2	
lidocaine hcl injection solution 1 %	2	
lidocaine hcl urethral/mucosal external gel	2	
lidocaine hcl urethral/mucosal external prefilled syringe	2	
LIDOCAN EXTERNAL PATCH	2	PA
LIDOCAN III EXTERNAL PATCH	2	PA
LIVMARLI ORAL SOLUTION 19 MG/ML	5	PA; LA
MENVEO INTRAMUSCULAR SOLUTION	2	
methotrexate sodium (pf) injection solution 250 mg/10ml	2	
methotrexate sodium injection solution 250 mg/10ml	2	
MONO-LINYAH ORAL TABLET	2	EDS
morphine sulfate (concentrate) oral solution 20 mg/ml	2	
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	2	
morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	2	
morphine sulfate intravenous solution 4 mg/ml, 8 mg/ml	2	
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	ST; EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	3	ST
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	3	ST; EDS
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML	3	ST
moxifloxacin hcl intravenous solution	2	
multiple electro type 1 ph 7.4 intravenous solution	4	
NECON 1/35 (28) ORAL TABLET	2	EDS
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
nevirapine er oral tablet extended release 24 hour 100 mg	2	EDS
NORLYROC ORAL TABLET	2	EDS
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	2	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	
NORVIR ORAL SOLUTION	3	EDS

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

Drug Name	Tier	Requirements/Limits
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML	5	PA
octreotide acetate subcutaneous solution prefilled syringe	2	EDS
OMECLAMOX-PAK ORAL	4	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	QL (15 EA per 30 days); EDS
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL (15 EA per 30 days); EDS
OMNIPOD 5 LIBRE2 PLUS G6 KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL (15 EA per 30 days); EDS
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (15 EA per 30 days); EDS
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (15 EA per 30 days); EDS
OMNIPOD GO KIT	3	QL (15 EA per 30 days); EDS
ondansetron hcl oral tablet 24 mg	2	BD
OPFOLDA ORAL CAPSULE	3	PA; LA
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	4	PA; EDS
OSMOPREP ORAL TABLET	4	
oxandrolone oral tablet	2	
oxybutynin chloride oral solution	2	EDS
oxybutynin chloride oral syrup	2	EDS
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 80 mg	2	
oxycodone hcl oral tablet abuse-deterrent 15 mg	2	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	4	
penicillin g potassium injection solution reconstituted 5000000 unit	2	
penicillin g procaine intramuscular suspension	2	
PHOSLYRA ORAL SOLUTION	4	EDS
PHYSIOLYTE IRRIGATION SOLUTION	2	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	2	
PIRMELLA 1/35 ORAL TABLET	2	EDS
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
prednisolone sodium phosphate oral solution 15 mg/5ml	2	

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

Drug Name	Tier	Requirements/Limits
PREVALITE ORAL POWDER	2	EDS
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	5	PA
PROCTO-PAK EXTERNAL CREAM	2	
PROCYSBI ORAL CAPSULE DELAYED RELEASE	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LA
promethazine hcl oral syrup	4	PA; PA not required if under 65 years of age.
proparacaine hcl ophthalmic solution	2	
RADICAVA ORS ORAL SUSPENSION	5	PA New Starts; LA; QL (50 ML per 28 days)
RENACIDIN IRRIGATION SOLUTION	3	
ribavirin inhalation solution reconstituted	5	BD
ringers intravenous solution	2	
ringers irrigation irrigation solution	2	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG	4	BD
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	BD
SFROWASA RECTAL ENEMA	4	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	
sodium chloride injection solution 2.5 meq/ml	2	
sodium fluoride oral tablet 2.2 (1 f) mg	2	EDS
SOLIA ORAL TABLET	2	EDS
SORINE ORAL TABLET 240 MG	2	EDS
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	2	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	2	
SPS ORAL SUSPENSION	2	
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM	2	
stavudine oral capsule	2	EDS
sterile water for irrigation irrigation solution	2	
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	4	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	3	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	5	PA
testosterone cypionate injection solution 200 mg/ml	2	EDS
testosterone transdermal gel 1.62 %	2	PA; EDS
TIGLUTIK ORAL SUSPENSION	5	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
TRINESSA (28) ORAL TABLET	2	EDS

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

Drug Name	Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
TRUQAP ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (64 EA per 28 days)
TURALIO ORAL CAPSULE 200 MG	5	PA New Starts; LA
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
vancomycin hcl intravenous solution reconstituted 5 gm	4	
varenicline tartrate (starter) oral tablet therapy pack	2	
varenicline tartrate oral tablet therapy pack	2	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	2	
VARIVAX SUBCUTANEOUS INJECTABLE	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
V-GO 20 KIT 20 UNIT/24HR	3	EDS
V-GO 30 KIT 30 UNIT/24HR	3	EDS
V-GO 40 KIT 40 UNIT/24HR	3	EDS
viorele oral tablet	2	EDS
VISTOGARD ORAL PACKET	5	LA
VOCABRIA ORAL TABLET	5	LA
XPHOZAH ORAL TABLET 20 MG	5	ST; QL (60 EA per 30 days)
XPHOZAH ORAL TABLET 30 MG	5	ST
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG	5	PA; LA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	5	PA; LA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Ophthalmic Agents		
acetazolamide er oral capsule extended release 12 hour	2	EDS
acetazolamide oral tablet	2	EDS
apraclonidine hcl ophthalmic solution	2	
atropine sulfate ophthalmic solution 1 %	2	EDS
azelastine hcl ophthalmic solution	2	
bacitracin ophthalmic ointment	2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	2	
betaxolol hcl ophthalmic solution	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S OPHTHALMIC SUSPENSION	4	EDS
bimatoprost ophthalmic solution	2	EDS
brimonidine tartrate ophthalmic solution	2	EDS
brimonidine tartrate-timolol ophthalmic solution	3	EDS

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

Drug Name	Tier	Requirements/Limits
brinzolamide ophthalmic suspension	4	EDS
bromfenac sodium (once-daily) ophthalmic solution	2	
bromfenac sodium ophthalmic solution 0.07 %	4	
carteolol hcl ophthalmic solution	1	EDS
ciprofloxacin hcl ophthalmic solution	2	
cromolyn sodium ophthalmic solution	2	
cyclosporine ophthalmic emulsion	3	EDS
CYSTADROPS OPHTHALMIC SOLUTION	5	PA
CYSTARAN OPHTHALMIC SOLUTION	5	PA; LA
dexamethasone sodium phosphate ophthalmic solution	2	
diclofenac sodium ophthalmic solution	2	
difluprednate ophthalmic emulsion	4	
dorzolamide hcl ophthalmic solution	2	EDS
dorzolamide hcl-timolol mal ophthalmic solution	1	EDS
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	4	EDS
epinastine hcl ophthalmic solution	2	
erythromycin ophthalmic ointment	2	
fluorometholone ophthalmic suspension	2	
flurbiprofen sodium ophthalmic solution	2	
gatifloxacin ophthalmic solution	2	
gentamicin sulfate ophthalmic solution	2	
ILEVRO OPHTHALMIC SUSPENSION	3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ketorolac tromethamine ophthalmic solution	2	
LACRISERT OPHTHALMIC INSERT	3	
latanoprost ophthalmic solution	1	EDS
levobunolol hcl ophthalmic solution 0.5 %	1	EDS
levofloxacin ophthalmic solution 0.5 %	2	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM OPHTHALMIC GEL	3	
loteprednol etabonate ophthalmic gel	3	
loteprednol etabonate ophthalmic suspension 0.5 %	3	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EDS
methazolamide oral tablet	2	EDS
moxifloxacin hcl ophthalmic solution	2	
NATACYN OPHTHALMIC SUSPENSION	3	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	
neomycin-polymyxin-dexameth ophthalmic ointment	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	

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

Drug Name	Tier	Requirements/Limits
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	4	
ofloxacin ophthalmic solution	2	
olopatadine hcl ophthalmic solution	2	
OXERVATE OPHTHALMIC SOLUTION	5	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	EDS
polymyxin b-trimethoprim ophthalmic solution	2	
prednisolone acetate ophthalmic suspension	2	
prednisolone sodium phosphate ophthalmic solution	2	
RHOPRESSA OPHTHALMIC SOLUTION	3	EDS
ROCKLATAN OPHTHALMIC SOLUTION	3	EDS
SIMBRINZA OPHTHALMIC SUSPENSION	3	EDS
sulfacetamide sodium ophthalmic ointment	4	
sulfacetamide sodium ophthalmic solution	2	
sulfacetamide-prednisolone ophthalmic solution	2	
timolol maleate (once-daily) ophthalmic solution	3	EDS
timolol maleate ophthalmic gel forming solution	2	EDS
timolol maleate ophthalmic solution	1	EDS
timolol maleate pf ophthalmic solution	4	EDS
TOBRADEX OPHTHALMIC OINTMENT	3	
tobramycin ophthalmic solution	2	
tobramycin-dexamethasone ophthalmic suspension	2	
travoprost (bak free) ophthalmic solution	2	EDS
trifluridine ophthalmic solution	2	
VYZULTA OPHTHALMIC SOLUTION	3	EDS
XIIDRA OPHTHALMIC SOLUTION	3	EDS
ZIRGAN OPHTHALMIC GEL	3	
Otic Agents		
acetic acid otic solution	2	
CIPRO HC OTIC SUSPENSION	4	
ciprofloxacin-dexamethasone otic suspension	2	
FLAC OTIC OIL	2	
fluocinolone acetonide otic oil	2	
hydrocortisone-acetic acid otic solution	2	
neomycin-polymyxin-hc otic solution 1 %	2	
neomycin-polymyxin-hc otic suspension	2	
ofloxacin otic solution	2	
Respiratory Tract/ Pulmonary Agents		
acetylcysteine inhalation solution	2	BD
ADEMPAS ORAL TABLET	5	PA New Starts; LA
ADVAIR HFA INHALATION AEROSOL	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
AIRSUPRA INHALATION AEROSOL	4	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	2	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	2	BD; EDS
albuterol sulfate oral syrup	2	EDS
albuterol sulfate oral tablet	4	EDS
ALYQ ORAL TABLET	2	PA New Starts; EDS
ambrisentan oral tablet 10 mg	5	PA New Starts
ambrisentan oral tablet 5 mg	5	PA New Starts; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	EDS
arformoterol tartrate inhalation nebulization solution	4	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	3	EDS
azelastine hcl nasal solution 0.1 %, 0.15 %	2	
azelastine-fluticasone nasal suspension	4	
bosentan oral tablet 125 mg	4	PA New Starts; EDS
bosentan oral tablet 62.5 mg	4	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, 50-25 MCG/INH	3	EDS
BREYNA INHALATION AEROSOL	2	EDS
BREZTRI AEROSPHERE INHALATION AEROSOL	3	EDS
BRONCHITOL INHALATION CAPSULE	5	PA New Starts
budesonide inhalation suspension	3	BD; QL (120 ML per 30 days); EDS
budesonide-formoterol fumarate inhalation aerosol	2	EDS
carbinoxamine maleate oral solution	2	PA; PA not required if under 65 years of age.
carbinoxamine maleate oral tablet 4 mg	2	PA; PA not required if under 65 years of age.
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	LA

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

Drug Name	Tier	Requirements/Limits
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
clemastine fumarate oral tablet 2.68 mg	2	PA; PA not required if under 65 years of age.
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
cromolyn sodium inhalation nebulization solution	2	BD; EDS
cromolyn sodium oral concentrate	2	EDS
cyproheptadine hcl oral syrup	2	PA; PA not required if under 65 years of age.
cyproheptadine hcl oral tablet	2	PA; PA not required if under 65 years of age.
desloratadine oral tablet	2	
desloratadine oral tablet dispersible 2.5 mg	4	QL (30 EA per 30 days)
desloratadine oral tablet dispersible 5 mg	4	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	
flunisolide nasal solution 25 mcg/act (0.025%)	2	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	2	QL (60 EA per 30 days); EDS
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	2	EDS
fluticasone propionate hfa inhalation aerosol	2	EDS
fluticasone propionate nasal suspension	1	
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	2	EDS
formoterol fumarate inhalation nebulization solution	4	BD; EDS
hydroxyzine hcl oral tablet	2	PA; PA not required if under 65 years of age.
hydroxyzine pamoate oral capsule	2	PA; PA not required if under 65 years of age.
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	EDS
ipratropium bromide inhalation solution	2	BD; EDS
ipratropium bromide nasal solution	2	EDS
ipratropium-albuterol inhalation solution	2	BD; EDS
KALYDECO ORAL PACKET 13.4 MG	5	PA New Starts; LA; EDS
KALYDECO ORAL PACKET 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA New Starts; LA
KALYDECO ORAL TABLET	5	PA New Starts; LA
levalbuterol hcl inhalation nebulization solution	3	BD; EDS
levalbuterol tartrate inhalation aerosol	2	EDS
levocetirizine dihydrochloride oral solution	2	

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

Drug Name	Tier	Requirements/Limits
levocetirizine dihydrochloride oral tablet	2	
mometasone furoate nasal suspension	2	
montelukast sodium oral packet	2	EDS
montelukast sodium oral tablet	2	EDS
montelukast sodium oral tablet chewable	2	EDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
OFEV ORAL CAPSULE	5	PA; LA; QL (60 EA per 30 days)
OHTUVAYRE INHALATION SUSPENSION	5	PA; LA
olopatadine hcl nasal solution	2	
OPSUMIT ORAL TABLET	5	PA New Starts; LA
OPSYNVI ORAL TABLET	5	PA New Starts; LA
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA New Starts; LA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA New Starts; LA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA New Starts; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA New Starts; LA
ORKAMBI ORAL PACKET	5	PA New Starts; LA
ORKAMBI ORAL TABLET	5	PA New Starts; LA
pirfenidone oral tablet 267 mg	2	PA; QL (180 EA per 30 days); EDS
pirfenidone oral tablet 801 mg	2	PA; QL (90 EA per 30 days); EDS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
promethazine hcl oral solution	4	PA; PA not required if under 65 years of age.
promethazine hcl oral tablet	4	PA; PA not required if under 65 years of age.
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD
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	2	QL (28 EA per 365 days)
roflumilast oral tablet 500 mcg	2	EDS
ROZLYTREK ORAL PACKET	5	PA New Starts; LA

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Drug Name	Tier	Requirements/Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	EDS
sildenafil citrate oral suspension reconstituted	3	PA New Starts; EDS
sildenafil citrate oral tablet 20 mg	2	PA New Starts; Covered for pulmonary arterial hypertension only.; EDS
SPIRIVA HANDIHALER INHALATION CAPSULE	3	EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
SYMDEKO ORAL TABLET THERAPY PACK	5	PA New Starts; LA
tadalafil (pah) oral tablet	2	PA New Starts; EDS
terbutaline sulfate oral tablet	4	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	2	EDS
theophylline er oral tablet extended release 24 hour	2	EDS
theophylline oral solution	2	EDS
TOBI PODHALER INHALATION CAPSULE	5	
tobramycin inhalation nebulization solution	5	BD
TRACLEER ORAL TABLET SOLUBLE	5	PA New Starts; LA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	EDS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA New Starts
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA New Starts; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK	5	PA New Starts; LA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA New Starts; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 1600 MCG	5	PA New Starts; LA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	5	PA New Starts; LA
VENTAVIS INHALATION SOLUTION	5	PA New Starts; LA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG	5	PA; QL (1 EA per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	5	PA; QL (2 EA per 21 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	EDS
YUPELRI INHALATION SOLUTION	5	BD
zafirlukast oral tablet	2	EDS
Skeletal Muscle Relaxants		
chlorzoxazone oral tablet 500 mg	2	
cyclobenzaprine hcl oral tablet	2	
metaxalone oral tablet 800 mg	2	
methocarbamol oral tablet 500 mg, 750 mg	2	

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Drug Name	Tier	Requirements/Limits
orphenadrine citrate er oral tablet extended release 12 hour	2	
Sleep Disorder Agents		
armodafinil oral tablet	2	EDS
BELSOMRA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	3	
DAYVIGO ORAL TABLET 10 MG	4	PA New Starts; PA not required if under 65 years of age.
DAYVIGO ORAL TABLET 5 MG	4	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)
doxepin hcl oral tablet 3 mg	4	QL (30 EA per 30 days)
doxepin hcl oral tablet 6 mg	4	
estazolam oral tablet	2	
eszopiclone oral tablet	2	PA New Starts; PA not required if under 65 years of age.
modafinil oral tablet	2	EDS
QUVIVIQ ORAL TABLET	4	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)
ramelteon oral tablet	2	
SUNOSI ORAL TABLET 150 MG	4	PA; EDS
SUNOSI ORAL TABLET 75 MG	4	PA; QL (45 EA per 30 days); EDS
tasimelteon oral capsule	5	PA
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	2	
temazepam oral capsule 7.5 mg	2	QL (30 EA per 30 days)
XYREM ORAL SOLUTION	5	PA; LA
XYWAV ORAL SOLUTION	5	PA; LA
zaleplon oral capsule	2	PA New Starts; PA not required if under 65 years of age.
zolpidem tartrate oral tablet	2	PA New Starts; PA not required if under 65 years of age.

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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.
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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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Discrimination is Against the Law

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

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 13, 2024. 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