Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary
Provided by Niagara County

2024 Formulary

(List of Covered Drugs)

This document includes:
D0465

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

HPMS Approved Formulary File Submission ID 24475, Version Number 23.

This formulary was updated on December 13, 2024. For more recent information or other questions, please contact Pharmacy Benefit Dimensions 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 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 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 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.

This document is a partial formulary and includes only some of the drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP. For a complete listing of all prescription drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 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:

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, Pharmacy Benefit Dimensions Prescription Drug Plan PDP limits the amount of the drug that Pharmacy Benefit Dimensions Prescription Drug Plan PDP will cover. For example, Pharmacy Benefit Dimensions Prescription Drug Plan PDP provides 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 offered by Niagara County pays for certain OTC drugs. These drugs include: ZADITOR OTC. The cost to Pharmacy Benefit Dimensions Prescription Drug Plan PDP offered by Niagara County of these OTC drugs will not count toward your total Part D drug costs (that is, the amount you pay 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 an **"EHS"** in the Requirements/Limits column are prescription drugs that are not normally covered under a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drugs listed with a **"LA"** in the Requirements/Limits column may be available only at certain pharmacies. For more information 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).

Information for members with Diabetes

OneTouch blood glucose meters, lancets, test strips, and supplies are our preferred diabetic supplies and do not require Prior Authorization. Test strips are limited to 100 strips per 30 days, for up to a 90-day supply.

Freestyle Libre reader device and sensors are our preferred continuous glucose monitoring system supplies and do not require Prior Authorization. Freestyle Libre products are available at retail pharmacies.

Information on Vaccines

Covered vaccinations will be available to you with a $0 co-payment. Please show your Nova medical card and your Pharmacy Benefit Dimensions Prescription Drug Plan PDP prescription card to your provider when you are receiving a vaccination.

Table of Contents

Drug Name	Tier	Requirements/Limits
Analgesics		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet	1	
ASCOMP-CODEINE ORAL CAPSULE	3	PA; PA does not apply to age less than 65.
BUPAP ORAL TABLET 50-300 MG	3	PA; PA does not apply to age less than 65.
buprenorphine hcl sublingual tablet sublingual	1	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	1	QL (4 EA per 28 days)
buprenorphine transdermal patch weekly 20 mcg/hr	1	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	3	PA; PA does not apply to age less than 65.
butalbital-apap-caff-cod oral capsule	3	PA; PA does not apply to age less than 65.
butalbital-apap-caffeine oral capsule	3	PA; PA does not apply to age less than 65.
butalbital-apap-caffeine oral tablet 50-325-40 mg	3	PA; PA does not apply to age less than 65.
butalbital-asa-caff-codeine oral capsule	3	PA; PA does not apply to age less than 65.
butalbital-aspirin-caffeine oral capsule	3	PA; PA does not apply to age less than 65.
butorphanol tartrate nasal solution	1	
celecoxib oral capsule	1	EDS
codeine sulfate oral tablet	1	
diclofenac epolamine external patch	1	PA; EDS
diclofenac potassium oral tablet 50 mg	1	EDS
diclofenac sodium er oral tablet extended release 24 hour	1	EDS
diclofenac sodium external gel 1 %	1	EDS
diclofenac sodium external gel 3 %	1	PA; EDS
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium oral tablet delayed release	1	EDS
diclofenac-misoprostol oral tablet delayed release	1	EDS
diflunisal oral tablet	1	EDS
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	
etodolac oral capsule	1	EDS
etodolac oral tablet	1	EDS
fentanyl citrate buccal lozenge on a handle	1	PA; PA not required for oncologists.; QL (120 EA per 30 days)
fentanyl citrate buccal tablet	1	PA; PA not required for oncologists.; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	1	QL (30 EA per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr	1	QL (15 EA per 30 days)
flurbiprofen oral tablet 100 mg	1	EDS

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

Drug Name	Tier	Requirements/Limits
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL (30 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
hydromorphone hcl oral liquid	1	
hydromorphone hcl oral tablet 2 mg, 4 mg	1	QL (360 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	1	QL (180 EA per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	1	
IBU ORAL TABLET 600 MG, 800 MG	1	EDS
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	EDS
indomethacin er oral capsule extended release	1	EDS
indomethacin oral capsule 25 mg, 50 mg	1	EDS
ketoprofen er oral capsule extended release 24 hour	2	EDS
ketoprofen oral capsule 50 mg	1	EDS
ketorolac tromethamine oral tablet	1	QL (20 EA per 30 days)
meloxicam oral tablet	1	EDS
methadone hcl oral solution	1	
methadone hcl oral tablet 10 mg	1	
methadone hcl oral tablet 5 mg	1	QL (240 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	
morphine sulfate er beads oral capsule extended release 24 hour	1	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	
morphine sulfate er oral tablet extended release	1	
morphine sulfate oral solution	1	
morphine sulfate oral tablet	1	
nabumetone oral tablet	1	EDS
naproxen dr oral tablet delayed release 500 mg	1	EDS
naproxen oral suspension	1	EDS
naproxen oral tablet	1	EDS
naproxen oral tablet delayed release 375 mg	1	EDS
naproxen sodium er oral tablet extended release 24 hour	1	EDS
naproxen sodium oral tablet 275 mg, 550 mg	1	EDS
oxaprozin oral tablet	1	EDS
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg	1	

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

Drug Name	Tier	Requirements/Limits
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	
oxymorphone hcl er oral tablet extended release 12 hour	1	
oxymorphone hcl oral tablet 10 mg	1	
oxymorphone hcl oral tablet 5 mg	1	QL (240 EA per 30 days)
pentazocine-naloxone hcl oral tablet	1	
PERCOCET ORAL TABLET 7.5-325 MG	3	
piroxicam oral capsule	1	EDS
sulindac oral tablet	1	EDS
TAVNEOS ORAL CAPSULE	3	PA; LA; EDS
TENCON ORAL TABLET 50-325 MG	3	PA; PA does not apply to age less than 65.
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg	1	ST; QL (30 EA per 30 days)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 300 mg	1	ST
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg	1	ST; QL (30 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 300 mg	1	ST
tramadol hcl oral tablet 50 mg	1	
tramadol-acetaminophen oral tablet	1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	PA; PA does not apply to age less than 65.
Anesthetics		
lidocaine external ointment 5 %	1	EDS
lidocaine external patch 5 %	1	PA; EDS
lidocaine hcl external solution	1	EDS
lidocaine viscous hcl mouth/throat solution	1	
lidocaine-prilocaine external cream	1	
LIDOCAN EXTERNAL PATCH	1	PA
TRIDACAINE II EXTERNAL PATCH	1	PA
Anti-Addiction/ Substance Abuse Treatment Agents		
acamprosate calcium oral tablet delayed release	1	EDS
buprenorphine hcl sublingual tablet sublingual	1	
buprenorphine hcl-naloxone hcl sublingual film	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1	
disulfiram oral tablet	1	EDS

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

Drug Name	Tier	Requirements/Limits
KLOXXADO NASAL LIQUID	2	
lofexidine hcl oral tablet	1	
LUCEMYRA ORAL TABLET	3	
naloxone hcl injection solution 0.4 mg/ml	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal liquid	1	
naltrexone hcl oral tablet	1	
NICOTROL INHALATION INHALER	3	
NICOTROL NS NASAL SOLUTION	2	
OPVEE NASAL SOLUTION	2	
varenicline tartrate (starter) oral tablet therapy pack	1	
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	2	
Antibacterials		
amikacin sulfate injection solution 500 mg/2ml	1	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1	
amoxicillin-pot clavulanate oral suspension reconstituted	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet chewable	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	1	
ampicillin sodium intravenous solution reconstituted 10 gm	1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	1	
ARIKAYCE INHALATION SUSPENSION	3	PA; LA
azithromycin intravenous solution reconstituted	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg	1	
aztreonam injection solution reconstituted 1 gm	1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	

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

Drug Name	Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefadroxil oral tablet	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	1	
cefdinir oral capsule	1	
cefdinir oral suspension reconstituted	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefixime oral capsule	1	
cefixime oral suspension reconstituted	1	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	3	
cefoxitin sodium intravenous solution reconstituted	1	
cefpodoxime proxetil oral suspension reconstituted	1	
cefpodoxime proxetil oral tablet	1	
cefprozil oral suspension reconstituted	1	
cefprozil oral tablet	1	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous solution reconstituted	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium intravenous solution reconstituted 10 gm	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	2	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl ophthalmic solution	1	
ciprofloxacin hcl oral tablet	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	1	
clarithromycin er oral tablet extended release 24 hour	1	
clarithromycin oral suspension reconstituted	1	
clarithromycin oral tablet	1	

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

Drug Name	Tier	Requirements/Limits
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral capsule	1	
clindamycin palmitate hcl oral solution reconstituted	1	
clindamycin phosphate external swab	1	
clindamycin phosphate in d5w intravenous solution	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	1	
clindamycin phosphate vaginal cream	1	EDS
colistimethate sodium (cba) injection solution reconstituted	1	
daptomycin intravenous solution reconstituted 500 mg	1	
demeclocycline hcl oral tablet	1	
dicloxacillin sodium oral capsule	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
DIFICID ORAL TABLET	3	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline hyclate oral tablet 20 mg	1	EDS
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
E.E.S. 400 ORAL TABLET	3	
ertapenem sodium injection solution reconstituted	1	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
erythromycin base oral capsule delayed release particles	3	
erythromycin base oral tablet	3	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin ethylsuccinate oral tablet	3	
erythromycin oral tablet delayed release	1	
fosfomycin tromethamine oral packet	1	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	1	
gentamicin sulfate external cream	1	
gentamicin sulfate external ointment	1	
gentamicin sulfate injection solution 40 mg/ml	1	
imipenem-cilastatin intravenous solution reconstituted	1	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	1	
levofloxacin intravenous solution	1	
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
linezolid intravenous solution 600 mg/300ml	1	

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

Drug Name	Tier	Requirements/Limits
linezolid oral suspension reconstituted	1	
linezolid oral tablet	1	
MACRODANTIN ORAL CAPSULE	3	
meropenem intravenous solution reconstituted 1 gm, 500 mg	1	
methenamine hippurate oral tablet	1	EDS
metronidazole external cream	1	
metronidazole external gel	1	
metronidazole external lotion	1	
metronidazole intravenous solution 500 mg/100ml	1	
metronidazole oral tablet	1	
metronidazole vaginal gel	1	
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	1	
moxifloxacin hcl in nacl intravenous solution	1	
moxifloxacin hcl oral tablet	1	
nafcillin sodium injection solution reconstituted 1 gm	1	
nafcillin sodium intravenous solution reconstituted 10 gm	1	
neomycin sulfate oral tablet	1	
nitrofurantoin macrocrystal oral capsule	1	
nitrofurantoin monohyd macro oral capsule	1	
NORITATE EXTERNAL CREAM	2	
NUVESSA VAGINAL GEL	3	
ofloxacin oral tablet 300 mg, 400 mg	1	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	
oxacillin sodium intravenous solution reconstituted	1	
paromomycin sulfate oral capsule	1	
penicillin g potassium injection solution reconstituted 20000000 unit	1	
penicillin g procaine intramuscular suspension	3	
penicillin v potassium oral solution reconstituted	1	
penicillin v potassium oral tablet	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
polymyxin b sulfate injection solution reconstituted	1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
SIVEXTRO ORAL TABLET	3	PA
streptomycin sulfate intramuscular solution reconstituted	3	
sulfacetamide sodium (acne) external lotion	1	
sulfadiazine oral tablet	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	

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

Drug Name	Tier	Requirements/Limits
sulfamethoxazole-trimethoprim oral tablet	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
tetracycline hcl oral capsule	1	
tigecycline intravenous solution reconstituted	1	
tinidazole oral tablet	1	
tobramycin inhalation nebulization solution 300 mg/4ml	1	BD; EDS
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	1	
trimethoprim oral tablet	1	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; PA not required for nephrologists or infectious diseases specialists.
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg	1	
vancomycin hcl oral capsule	1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml	1	
VANDAZOLE VAGINAL GEL	1	
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	EDS
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ZITHROMAX ORAL PACKET	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML	2	
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	3	QL (30 EA per 30 days); EDS
APTIOM ORAL TABLET 600 MG, 800 MG	3	QL (60 EA per 30 days); EDS
BRIVIACT ORAL SOLUTION	3	EDS
BRIVIACT ORAL TABLET 10 MG	3	QL (240 EA per 30 days); EDS
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 EA per 30 days); EDS
carbamazepine er oral tablet extended release 12 hour	1	EDS
carbamazepine oral suspension 100 mg/5ml	1	EDS
carbamazepine oral tablet	1	EDS
carbamazepine oral tablet chewable 100 mg	1	EDS
clobazam oral suspension	1	EDS
clobazam oral tablet	1	EDS
clonazepam oral tablet	1	EDS
clonazepam oral tablet dispersible	1	EDS
clorazepate dipotassium oral tablet	1	
DIACOMIT ORAL CAPSULE	3	PA New Starts; LA; EDS
DIACOMIT ORAL PACKET	3	PA New Starts; LA; EDS
DIASTAT ACUDIAL RECTAL GEL	3	
DIASTAT PEDIATRIC RECTAL GEL	3	
DIAZEPAM INTENSOL ORAL CONCENTRATE	1	
diazepam oral solution 5 mg/5ml	1	

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

Drug Name	Tier	Requirements/Limits
diazepam oral tablet	1	
diazepam rectal gel	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	EDS
DILANTIN ORAL CAPSULE 30 MG	2	EDS
DILANTIN ORAL SUSPENSION	3	EDS
divalproex sodium er oral tablet extended release 24 hour	1	EDS
divalproex sodium oral capsule delayed release sprinkle	1	EDS
divalproex sodium oral tablet delayed release	1	EDS
EPIDIOLEX ORAL SOLUTION	3	PA New Starts; LA; EDS
EPITOL ORAL TABLET	1	EDS
EPRONTIA ORAL SOLUTION	3	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	EDS
ethosuximide oral capsule	1	EDS
ethosuximide oral solution	1	EDS
felbamate oral suspension	1	EDS
felbamate oral tablet	1	EDS
FINTEPLA ORAL SOLUTION	3	PA New Starts; LA; EDS
flurazepam hcl oral capsule	1	
FYCOMPA ORAL SUSPENSION	3	EDS
FYCOMPA ORAL TABLET	3	QL (30 EA per 30 days); EDS
gabapentin oral capsule	1	EDS
gabapentin oral solution 250 mg/5ml	1	EDS
gabapentin oral tablet 600 mg, 800 mg	1	EDS
GRALISE ORAL TABLET 450 MG	3	QL (90 EA per 30 days); EDS
GRALISE ORAL TABLET 750 MG, 900 MG	3	EDS
lacosamide oral solution 10 mg/ml	1	EDS
lacosamide oral tablet	1	EDS
LAMICTAL XR ORAL KIT	3	
lamotrigine er oral tablet extended release 24 hour	1	EDS
lamotrigine oral kit 25 & 50 & 100 mg	1	
lamotrigine oral tablet	1	EDS
lamotrigine oral tablet chewable	1	EDS
lamotrigine oral tablet dispersible	1	EDS
lamotrigine starter kit-blue oral kit	1	
lamotrigine starter kit-green oral kit	1	
lamotrigine starter kit-orange oral kit	1	
levetiracetam er oral tablet extended release 24 hour	1	EDS
levetiracetam oral solution 100 mg/ml	1	EDS
levetiracetam oral tablet	1	EDS
LIBERVANT BUCCAL FILM	3	QL (10 EA per 30 days); AL (Min 2 Years and Max 5 Years)
LORAZEPAM INTENSOL ORAL CONCENTRATE	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
lorazepam oral tablet	1	
methsuximide oral capsule	1	EDS
NAYZILAM NASAL SOLUTION	3	PA New Starts; Prior authorization not required for neurologists.
oxcarbazepine oral suspension	1	EDS
oxcarbazepine oral tablet	1	EDS
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
phenobarbital oral elixir	1	EDS
phenobarbital oral tablet	1	EDS
phenytoin oral suspension 125 mg/5ml	1	EDS
phenytoin oral tablet chewable	1	EDS
phenytoin sodium extended oral capsule	1	EDS
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	1	ST; QL (30 EA per 30 days); EDS
pregabalin er oral tablet extended release 24 hour 330 mg	1	ST; QL (60 EA per 30 days); EDS
pregabalin oral capsule	1	EDS
pregabalin oral solution	1	EDS
primidone oral tablet 250 mg, 50 mg	1	EDS
ROWEEPRA ORAL TABLET 500 MG	1	EDS
rufinamide oral suspension	1	EDS
rufinamide oral tablet	1	EDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	EDS
SUBVENITE ORAL TABLET	1	EDS
SUBVENITE STARTER KIT-BLUE ORAL KIT	1	
SUBVENITE STARTER KIT-GREEN ORAL KIT	1	
SUBVENITE STARTER KIT-ORANGE ORAL KIT	1	
SYMPAZAN ORAL FILM	3	EDS
tiagabine hcl oral tablet	1	EDS
topiramate er oral capsule er 24 hour sprinkle	1	EDS
topiramate oral capsule sprinkle	1	EDS
topiramate oral tablet	1	EDS
valproic acid oral capsule	1	EDS
valproic acid oral solution 250 mg/5ml	1	EDS
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA New Starts; Prior authorization not required for neurologists.
vigabatrin oral packet	1	LA; EDS
vigabatrin oral tablet	1	LA; EDS

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

Drug Name	Tier	Requirements/Limits
VIGADRONE ORAL PACKET	1	EDS
VIGADRONE ORAL TABLET	1	EDS
VIGPODER ORAL PACKET	1	EDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	QL (56 EA per 28 days); EDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	QL (56 EA per 28 days); EDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days); EDS
XCOPRI ORAL TABLET 150 MG, 200 MG	3	EDS
XCOPRI ORAL TABLET THERAPY PACK	3	QL (28 EA per 28 days)
ZONISADE ORAL SUSPENSION	3	EDS
zonisamide oral capsule	1	EDS
ZTALMY ORAL SUSPENSION	3	PA New Starts; LA; EDS
Antidementia Agents		
donepezil hcl oral tablet 10 mg, 5 mg	1	EDS
donepezil hcl oral tablet dispersible	1	EDS
ergoloid mesylates oral tablet	1	EDS
galantamine hydrobromide er oral capsule extended release 24 hour	1	EDS
galantamine hydrobromide oral solution	1	EDS
galantamine hydrobromide oral tablet	1	EDS
memantine hcl er oral capsule extended release 24 hour	1	EDS
memantine hcl oral solution 2 mg/ml	1	EDS
memantine hcl oral tablet 10 mg, 5 mg	1	EDS
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	PA New Starts
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA New Starts; EDS
rivastigmine tartrate oral capsule	1	EDS
rivastigmine transdermal patch 24 hour	1	EDS
Antidepressants		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	2	BD
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG	3	PA New Starts; QL (30 EA per 30 days)
amitriptyline hcl oral tablet	1	EDS
amoxapine oral tablet	2	EDS
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
aripiprazole oral solution	1	EDS

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

Drug Name	Tier	Requirements/Limits
aripiprazole oral tablet	1	EDS
aripiprazole oral tablet dispersible	1	QL (60 EA per 30 days); EDS
AUVELITY ORAL TABLET EXTENDED RELEASE	3	PA New Starts; EDS
bupropion hcl er (sr) oral tablet extended release 12 hour	1	EDS
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	EDS
bupropion hcl oral tablet	1	EDS
chlordiazepoxide-amitriptyline oral tablet	1	EDS
citalopram hydrobromide oral solution	1	EDS
citalopram hydrobromide oral tablet	1	EDS
clomipramine hcl oral capsule	1	EDS
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
desipramine hcl oral tablet	1	EDS
desvenlafaxine er oral tablet extended release 24 hour 100 mg	1	EDS
desvenlafaxine er oral tablet extended release 24 hour 50 mg	1	QL (30 EA per 30 days); EDS
desvenlafaxine succinate er oral tablet extended release 24 hour	1	EDS
doxepin hcl oral capsule	1	EDS
doxepin hcl oral concentrate	1	EDS
doxepin hcl oral tablet 3 mg	1	QL (30 EA per 30 days)
doxepin hcl oral tablet 6 mg	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	3	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	EDS
duloxetine hcl oral capsule delayed release particles	1	EDS
EMSAM TRANSDERMAL PATCH 24 HOUR	2	EDS
escitalopram oxalate oral solution	1	EDS
escitalopram oxalate oral tablet	1	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
fluoxetine hcl oral capsule	1	EDS
fluoxetine hcl oral capsule delayed release	1	EDS
fluoxetine hcl oral solution	1	EDS
fluoxetine hcl oral tablet	1	EDS
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg	1	QL (60 EA per 30 days); EDS
fluvoxamine maleate er oral capsule extended release 24 hour 150 mg	1	EDS
fluvoxamine maleate oral tablet	1	EDS
imipramine hcl oral tablet	1	EDS

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

Drug Name	Tier	Requirements/Limits
LEXAPRO ORAL TABLET	3	EDS
MARPLAN ORAL TABLET	2	EDS
mirtazapine oral tablet	1	EDS
mirtazapine oral tablet dispersible	1	EDS
nefazodone hcl oral tablet	1	EDS
nortriptyline hcl oral capsule	1	EDS
nortriptyline hcl oral solution	1	EDS
olanzapine-fluoxetine hcl oral capsule	1	EDS
paroxetine hcl er oral tablet extended release 24 hour	1	EDS
paroxetine hcl oral suspension	1	EDS
paroxetine hcl oral tablet	1	EDS
paroxetine mesylate oral capsule	1	EDS
PAXIL ORAL TABLET	3	EDS
perphenazine-amitriptyline oral tablet	1	EDS
phenelzine sulfate oral tablet	1	EDS
protriptyline hcl oral tablet	1	EDS
quetiapine fumarate er oral tablet extended release 24 hour	1	EDS
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	EDS
sertraline hcl oral concentrate	1	EDS
sertraline hcl oral tablet	1	EDS
tranylcypromine sulfate oral tablet	1	EDS
trazodone hcl oral tablet	1	EDS
trimipramine maleate oral capsule	1	EDS
TRINTELLIX ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days); EDS
TRINTELLIX ORAL TABLET 20 MG	3	EDS
venlafaxine hcl er oral capsule extended release 24 hour	1	EDS
venlafaxine hcl er oral tablet extended release 24 hour	1	EDS
venlafaxine hcl oral tablet	1	EDS
vilazodone hcl oral tablet	1	EDS
ZURZUVAE ORAL CAPSULE	3	PA New Starts; LA
Antiemetics		
aprepitant oral capsule	1	BD
chlorpromazine hcl oral concentrate	1	EDS
chlorpromazine hcl oral tablet	1	EDS
COMPRO RECTAL SUPPOSITORY	1	
dronabinol oral capsule	1	PA
granisetron hcl oral tablet	1	BD
meclizine hcl oral tablet 12.5 mg, 25 mg	1	EDS
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	

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

Drug Name	Tier	Requirements/Limits
ondansetron hcl oral solution	1	BD
ondansetron hcl oral tablet 4 mg, 8 mg	1	BD
ondansetron oral tablet dispersible 4 mg, 8 mg	1	BD
perphenazine oral tablet	1	EDS
prochlorperazine maleate oral tablet	1	EDS
prochlorperazine rectal suppository	1	
promethazine hcl oral solution	3	PA; PA does not apply to age less than 65.
promethazine hcl oral tablet	3	PA; PA does not apply to age less than 65.
promethazine hcl rectal suppository 12.5 mg, 25 mg	3	PA; PA does not apply to age less than 65.
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	3	PA; PA does not apply to age less than 65.
SANCUSO TRANSDERMAL PATCH	3	
scopolamine transdermal patch 72 hour	1	
SYNDROS ORAL SOLUTION	3	PA
trimethobenzamide hcl oral capsule	1	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	BD
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	3	BD
amphotericin b intravenous solution reconstituted	2	BD
amphotericin b liposome intravenous suspension reconstituted	1	BD
caspofungin acetate intravenous solution reconstituted	1	BD
ciclopirox olamine external cream	1	
ciclopirox olamine external suspension	1	
clotrimazole external cream	1	
clotrimazole external solution	1	
clotrimazole mouth/throat troche	1	
econazole nitrate external cream	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
ERTACZO EXTERNAL CREAM	3	
EXELDERM EXTERNAL CREAM	3	
EXELDERM EXTERNAL SOLUTION	3	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral suspension reconstituted	1	
fluconazole oral tablet	1	
flucytosine oral capsule	1	
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet	1	
GYNAZOLE-1 VAGINAL CREAM	3	
itraconazole oral capsule	1	
itraconazole oral solution	1	

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

Drug Name	Tier	Requirements/Limits
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet	1	PA
KETODAN EXTERNAL FOAM	1	
micafungin sodium intravenous solution reconstituted	1	
miconazole 3 vaginal suppository	3	
NYAMYC EXTERNAL POWDER	1	
nystatin external cream	1	
nystatin external ointment	1	
nystatin external powder	1	
nystatin mouth/throat suspension	1	
nystatin oral tablet	1	
NYSTOP EXTERNAL POWDER	1	
posaconazole oral suspension	1	EDS
posaconazole oral tablet delayed release	1	EDS
tavaborole external solution	1	
terbinafine hcl oral tablet	1	
terconazole vaginal cream	1	
VIVJOA ORAL CAPSULE THERAPY PACK	3	PA; QL (18 EA per 84 days)
voriconazole intravenous solution reconstituted	1	BD
voriconazole oral suspension reconstituted	1	
voriconazole oral tablet	1	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	EDS
colchicine oral tablet	1	EDS
colchicine-probenecid oral tablet	1	EDS
febuxostat oral tablet	1	ST; EDS
probenecid oral tablet	1	EDS
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (1 ML per 30 days); EDS
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; EDS
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; EDS
almotriptan malate oral tablet	1	
dihydroergotamine mesylate nasal solution	1	QL (8 ML per 28 days)
divalproex sodium er oral tablet extended release 24 hour	1	EDS
divalproex sodium oral capsule delayed release sprinkle	1	EDS
divalproex sodium oral tablet delayed release	1	EDS
eletriptan hydrobromide oral tablet	1	

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

Drug Name	Tier	Requirements/Limits
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
EPRONTIA ORAL SOLUTION	3	EDS
ergotamine-caffeine oral tablet	1	
frovatriptan succinate oral tablet	1	
MIGERGOT RECTAL SUPPOSITORY	1	
naratriptan hcl oral tablet	1	
NURTEC ORAL TABLET DISPERSIBLE	2	PA
QULIPTA ORAL TABLET	2	PA; QL (30 EA per 30 days); EDS
rizatriptan benzoate oral tablet	1	
rizatriptan benzoate oral tablet dispersible	1	
sumatriptan nasal solution	1	
sumatriptan succinate oral tablet	1	
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	1	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	
sumatriptan succinate subcutaneous solution auto-injector	1	
sumatriptan-naproxen sodium oral tablet	1	
timolol maleate oral tablet	1	EDS
topiramate er oral capsule er 24 hour sprinkle	1	EDS
topiramate oral capsule sprinkle	1	EDS
topiramate oral tablet	1	EDS
UBRELVY ORAL TABLET	2	PA
valproic acid oral capsule	1	EDS
valproic acid oral solution 250 mg/5ml	1	EDS
zolmitriptan nasal solution 5 mg	1	
zolmitriptan oral tablet	1	
zolmitriptan oral tablet dispersible	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
Antimyasthenic Agents		
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 30 mg	1	
pyridostigmine bromide oral tablet 60 mg	1	EDS
Antimycobacterials		
dapsone external gel 7.5 %	1	
dapsone oral tablet	1	EDS
ethambutol hcl oral tablet	1	
isoniazid oral syrup	1	EDS
isoniazid oral tablet	1	EDS

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

Drug Name	Tier	Requirements/Limits
pretomanid oral tablet	3	PA
PRIFTIN ORAL TABLET	3	
pyrazinamide oral tablet	1	
rifabutin oral capsule	1	
rifampin intravenous solution reconstituted	1	
rifampin oral capsule	1	
SIRTURO ORAL TABLET	3	PA
TRECATOR ORAL TABLET	3	
Antineoplastics		
abiraterone acetate oral tablet 250 mg	1	PA New Starts
AKEEGA ORAL TABLET	3	PA New Starts; LA
ALECENSA ORAL CAPSULE	3	PA New Starts
ALUNBRIG ORAL TABLET	3	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA New Starts; LA
anastrozole oral tablet	1	EDS
AUGTYRO ORAL CAPSULE 40 MG	3	PA New Starts; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	3	PA New Starts; LA
BALVERSA ORAL TABLET	3	PA New Starts; LA
bexarotene external gel	1	PA New Starts
bexarotene oral capsule	1	
bicalutamide oral tablet	1	
BOSULIF ORAL CAPSULE 100 MG	3	PA New Starts; LA
BOSULIF ORAL CAPSULE 50 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
BOSULIF ORAL TABLET	3	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA New Starts; LA
BRUKINSA ORAL CAPSULE	3	PA New Starts
CABOMETYX ORAL TABLET	3	PA New Starts; LA
CALQUENCE ORAL CAPSULE	3	PA New Starts
CALQUENCE ORAL TABLET	3	PA New Starts; LA
CAPRELSA ORAL TABLET	2	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	3	PA New Starts; LA
COTELLIC ORAL TABLET	3	PA New Starts
cyclophosphamide oral capsule	1	BD; EDS
cyclophosphamide oral tablet	1	BD
dasatinib oral tablet 100 mg, 140 mg, 80 mg	1	PA New Starts; QL (30 EA per 30 days)
dasatinib oral tablet 20 mg, 50 mg, 70 mg	1	PA New Starts; QL (60 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
DAURISMO ORAL TABLET 100 MG	3	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
DROXIA ORAL CAPSULE	2	EDS
EMCYT ORAL CAPSULE	2	
ERIVEDGE ORAL CAPSULE	2	PA New Starts
ERLEADA ORAL TABLET	2	PA New Starts
erlotinib hcl oral tablet	1	PA New Starts
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	BD; EDS
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA New Starts
everolimus oral tablet soluble	1	PA New Starts
exemestane oral tablet	1	EDS
FOTIVDA ORAL CAPSULE	3	PA New Starts
FRUZAQLA ORAL CAPSULE 1 MG	3	PA New Starts; LA; QL (120 EA per 30 days)
FRUZAQLA ORAL CAPSULE 5 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
GAVRETO ORAL CAPSULE	3	PA New Starts; LA
gefitinib oral tablet	1	PA New Starts
GILOTRIF ORAL TABLET	3	PA New Starts; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
hydroxyurea oral capsule	1	EDS
IBRANCE ORAL CAPSULE	3	PA New Starts; LA
IBRANCE ORAL TABLET	3	PA New Starts; LA
ICLUSIG ORAL TABLET	3	PA New Starts
IDHIFA ORAL TABLET	3	PA New Starts; LA
imatinib mesylate oral tablet	1	EDS
IMBRUVICA ORAL CAPSULE	3	PA New Starts; LA
IMBRUVICA ORAL SUSPENSION	3	PA New Starts; LA
IMBRUVICA ORAL TABLET	3	PA New Starts; LA
INLYTA ORAL TABLET	3	PA New Starts; LA
INQOVI ORAL TABLET	3	PA New Starts; LA
INREBIC ORAL CAPSULE	3	PA New Starts; LA
IWILFIN ORAL TABLET	3	PA New Starts; LA; EDS
JAKAFI ORAL TABLET	2	PA New Starts; LA
JAYPIRCA ORAL TABLET	3	PA New Starts; LA
JYLAMVO ORAL SOLUTION	3	BD
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KOSELUGO ORAL CAPSULE	3	PA New Starts; LA
KRAZATI ORAL TABLET	3	PA New Starts; LA
lapatinib ditosylate oral tablet	1	PA New Starts
LAZCLUZE ORAL TABLET 240 MG	3	PA New Starts
LAZCLUZE ORAL TABLET 80 MG	3	PA New Starts; QL (60 EA per 30 days)
lenalidomide oral capsule	1	PA New Starts
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
letrozole oral tablet	1	EDS
leucovorin calcium oral tablet	1	
LEUKERAN ORAL TABLET	2	
LONSURF ORAL TABLET	3	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	3	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 320 MG	3	PA New Starts
LYNPARZA ORAL TABLET	3	PA New Starts; LA
LYSODREN ORAL TABLET	2	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE	2	LA
MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA New Starts
MEKINIST ORAL TABLET	3	PA New Starts
MEKTOVI ORAL TABLET	3	PA New Starts; LA
mercaptopurine oral tablet	1	EDS
MESNEX ORAL TABLET	2	
methotrexate sodium (pf) injection solution 50 mg/2ml	1	
methotrexate sodium injection solution 50 mg/2ml	1	

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

Drug Name	Tier	Requirements/Limits
methotrexate sodium oral tablet	1	EDS
NERLYNX ORAL TABLET	3	PA New Starts; LA
nilutamide oral tablet	1	
NINLARO ORAL CAPSULE	3	PA New Starts; QL (3 EA per 28 days)
NUBEQA ORAL TABLET	3	PA New Starts; LA
ODOMZO ORAL CAPSULE	3	PA New Starts
OGSIVEO ORAL TABLET	3	PA New Starts; LA
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG	3	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG (16 PACK)	3	PA New Starts; LA; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 100 MG (24 PACK)	3	PA New Starts; LA; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	3	PA New Starts; LA
ONUREG ORAL TABLET	3	PA New Starts; QL (30 EA per 30 days)
ORGOVYX ORAL TABLET	3	LA
ORSERDU ORAL TABLET	3	PA New Starts; LA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA; EDS
pazopanib hcl oral tablet	1	PA New Starts
PEMAZYRE ORAL TABLET 13.5 MG	3	PA New Starts; LA
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
POMALYST ORAL CAPSULE	3	PA New Starts; LA
PURIXAN ORAL SUSPENSION	2	LA
QINLOCK ORAL TABLET	3	PA New Starts; LA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA; EDS
RETEVMO ORAL CAPSULE 40 MG	3	PA New Starts; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	3	PA New Starts
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	3	PA New Starts; LA
RETEVMO ORAL TABLET 40 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
REVLIMID ORAL CAPSULE	2	PA New Starts; LA
REZLIDHIA ORAL CAPSULE	3	PA New Starts
ROZLYTREK ORAL CAPSULE	3	PA New Starts; LA
ROZLYTREK ORAL PACKET	3	PA New Starts; LA
RUBRACA ORAL TABLET	3	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
SCEMBLIX ORAL TABLET 100 MG	3	PA New Starts
SCEMBLIX ORAL TABLET 20 MG	3	PA New Starts; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	3	PA New Starts; QL (300 EA per 30 days)
SOLTAMOX ORAL SOLUTION	2	EDS
sorafenib tosylate oral tablet	1	PA New Starts
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	2	PA New Starts; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	2	PA New Starts; QL (60 EA per 30 days)
STIVARGA ORAL TABLET	3	PA New Starts; LA
sunitinib malate oral capsule	1	PA New Starts
TABLOID ORAL TABLET	2	
TABRECTA ORAL TABLET	3	PA New Starts
TAFINLAR ORAL CAPSULE	3	PA New Starts
TAFINLAR ORAL TABLET SOLUBLE	3	PA New Starts
TAGRISSO ORAL TABLET	3	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	3	PA New Starts; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	3	PA New Starts; LA
tamoxifen citrate oral tablet	1	EDS
TASIGNA ORAL CAPSULE	2	PA New Starts
TAZVERIK ORAL TABLET	3	PA New Starts; LA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET	3	PA New Starts
THALOMID ORAL CAPSULE	2	LA; EDS
TIBSOVO ORAL TABLET	3	PA New Starts; LA
toremifene citrate oral tablet	1	EDS
tretinoin oral capsule	1	
TRUQAP ORAL TABLET	3	PA New Starts; LA
TUKYSA ORAL TABLET 150 MG	3	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	3	PA New Starts; LA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE	3	PA New Starts; LA
VALCHLOR EXTERNAL GEL	3	PA New Starts
VANFLYTA ORAL TABLET	3	PA New Starts; LA
VENCLEXTA ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	3	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (42 EA per 30 days)
VERZENIO ORAL TABLET	3	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	3	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	3	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	3	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	3	PA New Starts; LA; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
VIZIMPRO ORAL TABLET 45 MG	3	PA New Starts; LA
VONJO ORAL CAPSULE	3	PA New Starts; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	3	PA New Starts; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	3	PA New Starts
WELIREG ORAL TABLET	3	PA New Starts
XALKORI ORAL CAPSULE	3	PA New Starts; LA
XALKORI ORAL CAPSULE SPRINKLE	3	PA New Starts; LA
XATMEP ORAL SOLUTION	3	BD
XOSPATA ORAL TABLET	3	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (32 EA per 28 days)
XTANDI ORAL CAPSULE	2	PA New Starts
XTANDI ORAL TABLET	2	PA New Starts
XURIDEN ORAL PACKET	2	PA; EDS
ZEJULA ORAL CAPSULE	2	PA New Starts; LA
ZEJULA ORAL TABLET	2	PA New Starts; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET	3	PA New Starts
ZOLINZA ORAL CAPSULE	2	
ZYDELIG ORAL TABLET	3	PA New Starts
ZYKADIA ORAL TABLET	3	PA New Starts
Antiparasitics		
albendazole oral tablet	1	
atovaquone oral suspension	1	
atovaquone-proguanil hcl oral tablet	1	
chloroquine phosphate oral tablet	1	EDS
COARTEM ORAL TABLET	2	QL (24 EA per 30 days)
EMVERM ORAL TABLET CHEWABLE	3	
hydroxychloroquine sulfate oral tablet 200 mg	1	EDS
ivermectin oral tablet	1	
mefloquine hcl oral tablet	1	EDS
nitazoxanide oral tablet	1	

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

Drug Name	Tier	Requirements/Limits
pentamidine isethionate inhalation solution reconstituted	1	BD
pentamidine isethionate injection solution reconstituted	1	
praziquantel oral tablet	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral tablet	1	
quinine sulfate oral capsule	1	
Antiparkinson Agents		
amantadine hcl oral capsule	1	EDS
amantadine hcl oral solution	1	EDS
amantadine hcl oral tablet	1	EDS
apomorphine hcl subcutaneous solution cartridge	1	PA
benztropine mesylate oral tablet	1	EDS
bromocriptine mesylate oral capsule	1	EDS
bromocriptine mesylate oral tablet	1	EDS
carbidopa oral tablet	1	EDS
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	EDS
carbidopa-levodopa oral tablet	1	EDS
carbidopa-levodopa oral tablet dispersible	1	EDS
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	EDS
entacapone oral tablet	1	EDS
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; LA; EDS
INBRIJA INHALATION CAPSULE	3	PA; LA; EDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	3	PA; EDS
pramipexole dihydrochloride er oral tablet extended release 24 hour	1	QL (30 EA per 30 days); EDS
pramipexole dihydrochloride oral tablet	1	EDS
rasagiline mesylate oral tablet	1	EDS
ropinirole hcl er oral tablet extended release 24 hour	1	EDS
ropinirole hcl oral tablet	1	EDS
selegiline hcl oral capsule	1	EDS
selegiline hcl oral tablet	1	EDS
tolcapone oral tablet	1	EDS
trihexyphenidyl hcl oral solution	1	EDS
trihexyphenidyl hcl oral tablet	1	EDS
ZELAPAR ORAL TABLET DISPERSIBLE	3	EDS
Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	2	BD
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS

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

Drug Name	Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG	3	PA New Starts; QL (30 EA per 30 days)
aripiprazole oral solution	1	EDS
aripiprazole oral tablet	1	EDS
aripiprazole oral tablet dispersible	1	QL (60 EA per 30 days); EDS
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	2	BD
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
asenapine maleate sublingual tablet sublingual	1	EDS
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
CAPLYTA ORAL CAPSULE 42 MG	3	PA New Starts; EDS
chlorpromazine hcl oral concentrate	1	EDS
chlorpromazine hcl oral tablet	1	EDS
clozapine oral tablet	1	
clozapine oral tablet dispersible	1	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	QL (90 EA per 30 days); EDS
FANAPT ORAL TABLET 10 MG	3	QL (60 EA per 30 days); EDS
FANAPT ORAL TABLET 12 MG, 8 MG	3	EDS
FANAPT TITRATION PACK ORAL TABLET	3	QL (56 EA per 28 days)
fluphenazine decanoate injection solution	1	BD
fluphenazine hcl injection solution	1	BD
fluphenazine hcl oral concentrate	1	EDS
fluphenazine hcl oral elixir	1	EDS
fluphenazine hcl oral tablet	1	EDS
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	BD
haloperidol lactate injection solution	1	
haloperidol lactate oral concentrate 2 mg/ml	1	EDS
haloperidol oral tablet	1	EDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PA New Starts
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	BD
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	3	PA New Starts; EDS
loxapine succinate oral capsule	1	EDS
lurasidone hcl oral tablet	1	EDS

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

Drug Name	Tier	Requirements/Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG	3	PA New Starts; EDS
molindone hcl oral tablet	1	EDS
NUPLAZID ORAL CAPSULE	3	PA New Starts; LA; EDS
NUPLAZID ORAL TABLET 10 MG	3	PA New Starts; LA; QL (30 EA per 30 days); EDS
olanzapine intramuscular solution reconstituted	1	BD
olanzapine oral tablet	1	EDS
olanzapine oral tablet dispersible	1	EDS
paliperidone er oral tablet extended release 24 hour	1	EDS
perphenazine oral tablet	1	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	BD; EDS
pimozide oral tablet	1	EDS
prochlorperazine maleate oral tablet	1	EDS
quetiapine fumarate er oral tablet extended release 24 hour	1	EDS
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	QL (30 EA per 30 days); EDS
REXULTI ORAL TABLET 4 MG	3	EDS
risperidone microspheres er intramuscular suspension reconstituted er	1	BD
risperidone oral solution	1	EDS
risperidone oral tablet	1	EDS
risperidone oral tablet dispersible	1	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	3	QL (30 EA per 30 days); EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	3	EDS
thioridazine hcl oral tablet	1	EDS
thiothixene oral capsule	1	EDS
trifluoperazine hcl oral tablet	1	EDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	BD
VERSACLOZ ORAL SUSPENSION	3	
VRAYLAR ORAL CAPSULE	3	QL (30 EA per 30 days); EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	
ziprasidone hcl oral capsule	1	EDS
ziprasidone mesylate intramuscular solution reconstituted	1	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	EDS
dantrolene sodium oral capsule	1	
tizanidine hcl oral capsule	1	EDS

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

Drug Name	Tier	Requirements/Limits
tizanidine hcl oral tablet	1	EDS
Antivirals		
abacavir sulfate oral solution	1	EDS
abacavir sulfate oral tablet	1	EDS
abacavir sulfate-lamivudine oral tablet	1	EDS
acyclovir oral capsule	1	EDS
acyclovir oral suspension	1	
acyclovir oral tablet 400 mg	1	EDS
acyclovir oral tablet 800 mg	1	
acyclovir sodium intravenous solution	1	BD
adefovir dipivoxil oral tablet	1	EDS
amantadine hcl oral capsule	1	EDS
amantadine hcl oral solution	1	EDS
amantadine hcl oral tablet	1	EDS
APTIVUS ORAL CAPSULE	3	EDS
atazanavir sulfate oral capsule	1	EDS
BARACLUDE ORAL SOLUTION	2	EDS
BIKTARVY ORAL TABLET	2	EDS
CIMDUO ORAL TABLET	2	EDS
COMPLERA ORAL TABLET	3	EDS
darunavir oral tablet	1	EDS
DELSTRIGO ORAL TABLET	3	EDS
DESCOVY ORAL TABLET	3	EDS
DOVATO ORAL TABLET	3	EDS
EDURANT ORAL TABLET	3	EDS
efavirenz oral capsule	1	EDS
efavirenz oral tablet	1	EDS
efavirenz-emtricitab-tenofo df oral tablet	1	EDS
efavirenz-lamivudine-tenofovir oral tablet	1	EDS
emtricitabine oral capsule	1	EDS
emtricitabine-tenofovir df oral tablet	1	EDS
EMTRIVA ORAL SOLUTION	2	EDS
entecavir oral tablet	1	EDS
EPCLUSA ORAL PACKET	2	PA
EPCLUSA ORAL TABLET 200-50 MG	2	PA; QL (30 EA per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	2	PA
EPIVIR HBV ORAL SOLUTION	2	EDS
etravirine oral tablet	1	EDS
EVOTAZ ORAL TABLET	3	EDS
famciclovir oral tablet	1	EDS
fosamprenavir calcium oral tablet	1	EDS

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

Drug Name	Tier	Requirements/Limits
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
GENVOYA ORAL TABLET	2	EDS
HARVONI ORAL PACKET 45-200 MG	2	PA
HARVONI ORAL TABLET 90-400 MG	2	PA
INTELENCE ORAL TABLET 25 MG	2	EDS
ISENTRESS HD ORAL TABLET	3	EDS
ISENTRESS ORAL PACKET	3	EDS
ISENTRESS ORAL TABLET	3	EDS
ISENTRESS ORAL TABLET CHEWABLE	3	EDS
JULUCA ORAL TABLET	3	EDS
LAGEVRIO ORAL CAPSULE	1	
lamivudine oral solution	1	EDS
lamivudine oral tablet	1	EDS
lamivudine-zidovudine oral tablet	1	EDS
ledipasvir-sofosbuvir oral tablet	1	PA
LEXIVA ORAL SUSPENSION	2	EDS
LIVTENCITY ORAL TABLET	3	PA; LA; EDS
lopinavir-ritonavir oral solution	1	EDS
lopinavir-ritonavir oral tablet	1	EDS
maraviroc oral tablet	1	EDS
MAVYRET ORAL PACKET	2	PA
MAVYRET ORAL TABLET	2	PA
nevirapine er oral tablet extended release 24 hour	1	EDS
nevirapine oral suspension	1	EDS
nevirapine oral tablet	1	EDS
NORVIR ORAL PACKET	2	EDS
ODEFSEY ORAL TABLET	3	EDS
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	1	$0
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	1	$0
PIFELTRO ORAL TABLET	3	EDS
PREVYMIS ORAL TABLET	3	PA; EDS
PREZCOBIX ORAL TABLET	3	EDS
PREZISTA ORAL SUSPENSION	2	EDS
PREZISTA ORAL TABLET 150 MG, 75 MG	2	EDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	
REYATAZ ORAL PACKET	2	EDS
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rimantadine hcl oral tablet	1	

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

Drug Name	Tier	Requirements/Limits
ritonavir oral tablet	1	EDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	EDS
SELZENTRY ORAL SOLUTION	2	EDS
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	EDS
sofosbuvir-velpatasvir oral tablet	1	PA
SOVALDI ORAL PACKET	2	PA
SOVALDI ORAL TABLET 200 MG	2	PA; QL (30 EA per 30 days)
SOVALDI ORAL TABLET 400 MG	2	PA
STRIBILD ORAL TABLET	2	EDS
SUNLENCA ORAL TABLET THERAPY PACK	3	
SYMTUZA ORAL TABLET	3	EDS
tenofovir disoproxil fumarate oral tablet	1	EDS
TIVICAY ORAL TABLET	2	EDS
TIVICAY PD ORAL TABLET SOLUBLE	2	EDS
trifluridine ophthalmic solution	1	
TRIUMEQ ORAL TABLET	2	EDS
triumeq pd oral tablet soluble	3	EDS
TRIZIVIR ORAL TABLET	3	EDS
TYBOST ORAL TABLET	2	EDS
valacyclovir hcl oral tablet	1	EDS
valganciclovir hcl oral solution reconstituted	1	EDS
valganciclovir hcl oral tablet	1	EDS
VEMLIDY ORAL TABLET	2	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious disease specialists.; EDS
VIRACEPT ORAL TABLET	2	EDS
VIREAD ORAL POWDER	2	EDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	EDS
VOSEVI ORAL TABLET	2	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	2	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	2	
zidovudine oral capsule	1	EDS
zidovudine oral syrup	1	EDS
zidovudine oral tablet	1	EDS
Anxiolytics		
alprazolam er oral tablet extended release 24 hour	1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	1	
alprazolam oral tablet	1	
alprazolam oral tablet dispersible	1	
buspirone hcl 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
chlordiazepoxide hcl oral capsule	1	
clonazepam oral tablet	1	EDS
clonazepam oral tablet dispersible	1	EDS
clorazepate dipotassium oral tablet	1	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
DIAZEPAM INTENSOL ORAL CONCENTRATE	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet	1	
diazepam rectal gel	3	
doxepin hcl oral capsule	1	EDS
doxepin hcl oral concentrate	1	EDS
doxepin hcl oral tablet 3 mg	1	QL (30 EA per 30 days)
doxepin hcl oral tablet 6 mg	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	3	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	EDS
duloxetine hcl oral capsule delayed release particles	1	EDS
escitalopram oxalate oral solution	1	EDS
escitalopram oxalate oral tablet	1	EDS
flurazepam hcl oral capsule	1	
hydroxyzine hcl oral tablet	1	PA; PA does not apply to age less than 65.
hydroxyzine pamoate oral capsule	1	PA; PA does not apply to age less than 65.
LEXAPRO ORAL TABLET	3	EDS
LORAZEPAM INTENSOL ORAL CONCENTRATE	1	
lorazepam oral tablet	1	
meprobamate oral tablet	1	EDS
NAYZILAM NASAL SOLUTION	3	PA New Starts; Prior authorization not required for neurologists.
oxazepam oral capsule	1	
paroxetine hcl er oral tablet extended release 24 hour	1	EDS
paroxetine hcl oral suspension	1	EDS
paroxetine hcl oral tablet	1	EDS
PAXIL ORAL TABLET	3	EDS
sertraline hcl oral concentrate	1	EDS
sertraline hcl oral tablet	1	EDS
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	PA New Starts; Prior authorization not required for neurologists.

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

Drug Name	Tier	Requirements/Limits
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA New Starts; Prior authorization not required for neurologists.
venlafaxine hcl er oral capsule extended release 24 hour	1	EDS
venlafaxine hcl er oral tablet extended release 24 hour	1	EDS
venlafaxine hcl oral tablet	1	EDS
Bipolar Agents		
asenapine maleate sublingual tablet sublingual	1	EDS
carbamazepine er oral capsule extended release 12 hour	1	EDS
carbamazepine er oral tablet extended release 12 hour 100 mg	1	EDS
carbamazepine oral suspension 100 mg/5ml	1	EDS
carbamazepine oral tablet	1	EDS
carbamazepine oral tablet chewable 100 mg	1	EDS
divalproex sodium er oral tablet extended release 24 hour	1	EDS
divalproex sodium oral capsule delayed release sprinkle	1	EDS
divalproex sodium oral tablet delayed release	1	EDS
EPITOL ORAL TABLET	1	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	EDS
LAMICTAL XR ORAL KIT	3	
lamotrigine er oral tablet extended release 24 hour 50 mg	1	EDS
lamotrigine oral kit 25 & 50 & 100 mg	1	
lamotrigine oral tablet	1	EDS
lamotrigine oral tablet chewable	1	EDS
lamotrigine oral tablet dispersible	1	EDS
lamotrigine starter kit-blue oral kit	1	
lamotrigine starter kit-green oral kit	1	
lamotrigine starter kit-orange oral kit	1	
lithium carbonate er oral tablet extended release	1	EDS
lithium carbonate oral capsule	1	EDS
lithium carbonate oral tablet	1	EDS
lithium oral solution	1	EDS
lurasidone hcl oral tablet	1	EDS
LYBALVI ORAL TABLET	3	PA New Starts; EDS
olanzapine intramuscular solution reconstituted	1	BD
olanzapine oral tablet	1	EDS
olanzapine oral tablet dispersible	1	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	BD; EDS
quetiapine fumarate er oral tablet extended release 24 hour	1	EDS
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	EDS
risperidone oral solution	1	EDS

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

Drug Name	Tier	Requirements/Limits
risperidone oral tablet	1	EDS
risperidone oral tablet dispersible	1	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	3	QL (30 EA per 30 days); EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	3	EDS
SUBVENITE ORAL TABLET	1	EDS
SUBVENITE STARTER KIT-BLUE ORAL KIT	1	
SUBVENITE STARTER KIT-GREEN ORAL KIT	1	
SUBVENITE STARTER KIT-ORANGE ORAL KIT	1	
valproic acid oral capsule	1	EDS
valproic acid oral solution 250 mg/5ml	1	EDS
ziprasidone hcl oral capsule	1	EDS
ziprasidone mesylate intramuscular solution reconstituted	1	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Blood Glucose Regulators		
acarbose oral tablet	1	EDS
ACTOPLUS MET ORAL TABLET 15-850 MG	3	EDS
ACTOS ORAL TABLET	3	EDS
BAQSIMI ONE PACK NASAL POWDER	1	
BD INSULIN SYRINGE 29G X 1/2" 1 ML	1	
colesevelam hcl oral packet	1	EDS
colesevelam hcl oral tablet	1	EDS
CYCLOSET ORAL TABLET	3	EDS
diazoxide oral suspension	1	EDS
FARXIGA ORAL TABLET	2	EDS
gauze pads pad 2"x2"	1	
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	1	
glucagon emergency injection kit	1	
glyburide oral tablet	1	EDS
glyburide-metformin oral tablet	1	EDS
GLYXAMBI ORAL TABLET	2	EDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	
GVOKE KIT SUBCUTANEOUS SOLUTION	1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	
HUMALOG INJECTION 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
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	2	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	EDS
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION	2	EDS
HUMULIN R INJECTION SOLUTION	2	EDS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
insulin glargine max solostar subcutaneous solution pen-injector	2	EDS
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	2	EDS
insulin lispro (1 unit dial) subcutaneous solution pen-injector	2	EDS
insulin lispro injection solution	2	EDS
insulin lispro junior kwikpen subcutaneous solution pen-injector	2	EDS
insulin lispro prot & lispro subcutaneous suspension pen-injector	2	EDS
insulin syringe-needle u-100 29g x 1/2" 1 ml	1	
JARDIANCE ORAL TABLET	2	EDS
JENTADUETO ORAL TABLET	2	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LANTUS SUBCUTANEOUS SOLUTION	2	EDS
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LEVEMIR SUBCUTANEOUS SOLUTION	2	EDS

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

Drug Name	Tier	Requirements/Limits
liraglutide subcutaneous solution pen-injector	2	ST; EDS
LYUMJEV INJECTION SOLUTION	2	EDS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
metformin hcl er oral tablet extended release 24 hour	1	EDS
metformin hcl oral solution	1	EDS
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	EDS
mifepristone oral tablet 300 mg	1	PA New Starts; EDS
miglitol oral tablet	1	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	2	ST; EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	2	ST
nateglinide oral tablet	1	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	ST; EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	ST; EDS
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
pioglitazone hcl oral tablet	1	EDS
pioglitazone hcl-metformin hcl oral tablet	1	EDS
preferred plus insulin syringe 28g x 1/2" 0.5 ml	1	
qc pen needles 29g x 12mm	1	EDS
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
repaglinide oral tablet 0.5 mg, 1 mg	1	QL (150 EA per 30 days); EDS
repaglinide oral tablet 2 mg	1	EDS
RYBELSUS ORAL TABLET 14 MG	2	ST; EDS
RYBELSUS ORAL TABLET 3 MG	2	ST; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 7 MG	2	ST; QL (30 EA per 30 days); EDS
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; Prior authorization not required for endocrinologist.; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; Prior authorization not required for endocrinologist.; EDS
SYNJARDY ORAL TABLET	2	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS

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

Drug Name	Tier	Requirements/Limits
TRADJENTA ORAL TABLET	2	EDS
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
TRESIBA SUBCUTANEOUS SOLUTION	2	EDS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	3	PA; EHS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; EHS; EDS
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	
Blood Products And Modifiers		
anagrelide hcl oral capsule	1	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA
aspirin-dipyridamole er oral capsule extended release 12 hour	1	EDS
BRILINTA ORAL TABLET	2	EDS
CABLIVI INJECTION KIT	3	PA; LA
cilostazol oral tablet	1	EDS
clopidogrel bisulfate oral tablet 75 mg	1	EDS
dabigatran etexilate mesylate oral capsule	1	EDS
dipyridamole oral tablet	1	EDS
DOPTELET ORAL TABLET 20 MG	3	PA; LA
DROXIA ORAL CAPSULE	2	EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	
ELIQUIS ORAL TABLET	2	EDS
enoxaparin sodium injection solution prefilled syringe	1	
FABHALTA ORAL CAPSULE	3	PA; LA; EDS
fondaparinux sodium subcutaneous solution	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	
JANTOVEN ORAL TABLET	1	EDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	2	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
NIVESTYM INJECTION SOLUTION	2	PA

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

Drug Name	Tier	Requirements/Limits
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	2	PA
OXBRYTA ORAL TABLET 300 MG	3	PA; EDS
OXBRYTA ORAL TABLET 500 MG	3	PA; LA; EDS
OXBRYTA ORAL TABLET SOLUBLE	3	PA; LA; EDS
prasugrel hcl oral tablet	1	EDS
PROMACTA ORAL PACKET	2	PA; EDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG	2	PA; QL (30 EA per 30 days); EDS
PROMACTA ORAL TABLET 50 MG, 75 MG	2	PA; EDS
PYRUKYND ORAL TABLET	3	PA; LA; QL (56 EA per 28 days); EDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	3	PA; LA; QL (7 EA per 7 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	3	PA; LA; QL (14 EA per 14 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	PA
TAVALISSE ORAL TABLET 100 MG	3	PA; LA; QL (60 EA per 30 days); EDS
TAVALISSE ORAL TABLET 150 MG	3	PA; LA; EDS
tranexamic acid oral tablet	1	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
VOYDEYA ORAL TABLET	3	PA; LA; EDS
VOYDEYA ORAL TABLET THERAPY PACK	3	PA; LA; QL (180 EA per 30 days); EDS
warfarin sodium oral tablet	1	EDS
XARELTO ORAL SUSPENSION RECONSTITUTED	2	EDS
XARELTO ORAL TABLET	2	EDS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	
XOLREMDI ORAL CAPSULE	3	PA; LA; EDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	2	
ZONTIVITY ORAL TABLET	3	PA New Starts; EDS
Cardiovascular Agents		
acebutolol hcl oral capsule	1	EDS
acetazolamide oral tablet	1	EDS
aliskiren fumarate oral tablet	1	ST; EDS
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
amiloride hcl oral tablet	1	EDS
amiloride-hydrochlorothiazide oral tablet	1	EDS
amiodarone hcl oral tablet	1	EDS
amlodipine besy-benazepril hcl oral capsule	1	EDS
amlodipine besylate oral tablet	1	EDS
amlodipine besylate-valsartan oral tablet	1	EDS
amlodipine-atorvastatin oral tablet	1	EDS
amlodipine-olmesartan oral tablet	1	EDS

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

Drug Name	Tier	Requirements/Limits
amlodipine-valsartan-hctz oral tablet	1	EDS
atenolol oral tablet	1	EDS
atenolol-chlorthalidone oral tablet	1	EDS
atorvastatin calcium oral tablet	1	EDS
benazepril hcl oral tablet	1	EDS
benazepril-hydrochlorothiazide oral tablet	1	EDS
betaxolol hcl oral tablet	1	EDS
bisoprolol fumarate oral tablet	1	EDS
bisoprolol-hydrochlorothiazide oral tablet	1	EDS
bumetanide injection solution	1	
bumetanide oral tablet	1	EDS
CAMZYOS ORAL CAPSULE	3	PA; LA; QL (30 EA per 30 days); EDS
candesartan cilexetil oral tablet	1	EDS
candesartan cilexetil-hctz oral tablet	1	EDS
captopril oral tablet	1	EDS
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	EDS
carvedilol oral tablet	1	EDS
carvedilol phosphate er oral capsule extended release 24 hour	1	QL (30 EA per 30 days); EDS
chlorthalidone oral tablet 25 mg, 50 mg	1	EDS
cholestyramine light oral packet	1	EDS
cholestyramine oral packet	1	EDS
clonidine hcl oral tablet	1	EDS
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	1	QL (4 EA per 28 days); EDS
clonidine transdermal patch weekly 0.3 mg/24hr	1	EDS
colesevelam hcl oral packet	1	EDS
colesevelam hcl oral tablet	1	EDS
colestipol hcl oral packet	1	EDS
colestipol hcl oral tablet	1	EDS
CORLANOR ORAL SOLUTION	3	PA; Prior authorization not required for cardiologists.; EDS
digoxin oral solution	1	EDS
digoxin oral tablet 125 mcg, 62.5 mcg	1	QL (30 EA per 30 days); EDS
digoxin oral tablet 250 mcg	1	PA; PA not required if under 65 years of age. PA not required for cardiologists.; EDS
digoxin oral tablet 250 mcg	1	PA; Prior authorization not required for cardiologists.; EDS
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	1	EDS
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	EDS

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

Drug Name	Tier	Requirements/Limits
diltiazem hcl er oral capsule extended release 12 hour	1	EDS
diltiazem hcl er oral tablet extended release 24 hour	1	EDS
diltiazem hcl oral tablet	1	EDS
dilt-xr oral capsule extended release 24 hour	1	EDS
disopyramide phosphate oral capsule	1	EDS
DIURIL ORAL SUSPENSION	2	EDS
dofetilide oral capsule	1	EDS
doxazosin mesylate oral tablet	1	EDS
droxidopa oral capsule 100 mg	1	QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	1	QL (180 EA per 30 days)
EDARBI ORAL TABLET	3	EDS
EDARBYCLOR ORAL TABLET	3	EDS
enalapril maleate oral tablet	1	EDS
enalapril-hydrochlorothiazide oral tablet	1	EDS
ENTRESTO ORAL TABLET	2	EDS
eplerenone oral tablet	1	EDS
ethacrynic acid oral tablet	1	EDS
ezetimibe oral tablet	1	EDS
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	EDS
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA New Starts; EDS
felodipine er oral tablet extended release 24 hour	1	EDS
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	EDS
fenofibrate oral tablet 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	1	EDS
fenofibric acid oral capsule delayed release	1	EDS
FILSPARI ORAL TABLET	3	PA; LA; QL (30 EA per 30 days); EDS
flecainide acetate oral tablet	1	EDS
fluvastatin sodium er oral tablet extended release 24 hour	1	EDS
fluvastatin sodium oral capsule	1	EDS
fosinopril sodium oral tablet	1	EDS
fosinopril sodium-hctz oral tablet	1	EDS
furosemide injection solution	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	EDS
furosemide oral tablet	1	EDS
gemfibrozil oral tablet	1	EDS
guanfacine hcl oral tablet	1	EDS
hydralazine hcl oral tablet	1	EDS
hydrochlorothiazide oral capsule	1	EDS
hydrochlorothiazide oral tablet	1	EDS
icosapent ethyl oral capsule	1	EDS

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

Drug Name	Tier	Requirements/Limits
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	1	EDS
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	EDS
isosorbide mononitrate er oral tablet extended release 24 hour	1	EDS
isosorbide mononitrate oral tablet	1	EDS
isradipine oral capsule	1	EDS
ivabradine hcl oral tablet	1	PA; Prior authorization not required for cardiologists.; EDS
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	3	PA; QL (30 EA per 30 days); EDS
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	3	PA; QL (60 EA per 30 days); EDS
KERENDIA ORAL TABLET	3	PA; QL (30 EA per 30 days); EDS
labetalol hcl oral tablet	1	EDS
lisinopril oral tablet	1	EDS
lisinopril-hydrochlorothiazide oral tablet	1	EDS
LODOCO ORAL TABLET	3	PA; QL (30 EA per 30 days); EDS
losartan potassium oral tablet	1	EDS
losartan potassium-hctz oral tablet	1	EDS
LOTENSIN ORAL TABLET 10 MG	3	EDS
lovastatin oral tablet	1	EDS
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	1	EDS
metolazone oral tablet	1	EDS
metoprolol succinate er oral tablet extended release 24 hour	1	EDS
metoprolol tartrate oral tablet	1	EDS
metoprolol-hydrochlorothiazide oral tablet	1	EDS
metyrosine oral capsule	1	
mexiletine hcl oral capsule	1	EDS
midodrine hcl oral tablet	1	EDS
minoxidil oral tablet	1	EDS
moexipril hcl oral tablet	1	EDS
MULTAQ ORAL TABLET	2	QL (60 EA per 30 days); EDS
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	EDS
nebivolol hcl oral tablet	1	EDS
NEXLETOL ORAL TABLET	3	PA New Starts; EDS
NEXLIZET ORAL TABLET	3	PA New Starts; EDS
niacin (antihyperlipidemic) oral tablet	1	
niacin er (antihyperlipidemic) oral tablet extended release	1	EDS
nicardipine hcl oral capsule	1	EDS
nifedipine er oral tablet extended release 24 hour	1	EDS

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

Drug Name	Tier	Requirements/Limits
nifedipine er osmotic release oral tablet extended release 24 hour	1	EDS
nifedipine oral capsule	1	EDS
nimodipine oral capsule	1	EDS
NITRO-BID TRANSDERMAL OINTMENT	3	EDS
nitroglycerin rectal ointment	1	
nitroglycerin sublingual tablet sublingual	1	EDS
nitroglycerin transdermal patch 24 hour	1	EDS
nitroglycerin translingual solution	1	EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	EDS
NYMALIZE ORAL SOLUTION 6 MG/ML	3	
olmesartan medoxomil oral tablet	1	EDS
olmesartan medoxomil-hctz oral tablet	1	EDS
olmesartan-amlodipine-hctz oral tablet	1	EDS
ORLADEYO ORAL CAPSULE	3	PA New Starts; LA; EDS
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	EDS
pentoxifylline er oral tablet extended release	1	EDS
perindopril erbumine oral tablet	1	EDS
pindolol oral tablet	1	EDS
pitavastatin calcium oral tablet 1 mg, 2 mg	1	QL (45 EA per 30 days); EDS
pitavastatin calcium oral tablet 4 mg	1	EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA New Starts; EDS
pravastatin sodium oral tablet	1	EDS
prazosin hcl oral capsule	1	EDS
PREVALITE ORAL PACKET	1	EDS
propafenone hcl er oral capsule extended release 12 hour	1	EDS
propafenone hcl oral tablet	1	EDS
propranolol hcl er oral capsule extended release 24 hour	1	EDS
propranolol hcl oral solution	1	EDS
propranolol hcl oral tablet	1	EDS
quinapril hcl oral tablet	1	EDS
quinapril-hydrochlorothiazide oral tablet	1	EDS
quinidine gluconate er oral tablet extended release	1	EDS
quinidine sulfate oral tablet	1	EDS
ramipril oral capsule	1	EDS
ranolazine er oral tablet extended release 12 hour	1	EDS
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA New Starts; EDS
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA New Starts; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA New Starts; EDS
rosuvastatin calcium oral tablet	1	EDS

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

Drug Name	Tier	Requirements/Limits
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	EDS
simvastatin oral tablet 80 mg	1	PA New Starts; EDS
SORINE ORAL TABLET	1	EDS
sotalol hcl (af) oral tablet	1	EDS
sotalol hcl oral tablet	1	EDS
SOTYLIZE ORAL SOLUTION	3	EDS
spironolactone oral tablet	1	EDS
spironolactone-hctz oral tablet	1	EDS
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	EDS
telmisartan oral tablet	1	EDS
telmisartan-amlodipine oral tablet	1	EDS
telmisartan-hctz oral tablet	1	EDS
terazosin hcl oral capsule	1	EDS
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	EDS
timolol maleate oral tablet	1	EDS
torsemide oral tablet	1	EDS
trandolapril oral tablet	1	EDS
trandolapril-verapamil hcl er oral tablet extended release	1	EDS
triamterene-hctz oral capsule 37.5-25 mg	1	EDS
triamterene-hctz oral tablet	1	EDS
valsartan oral tablet	1	EDS
valsartan-hydrochlorothiazide oral tablet	1	EDS
VASCEPA ORAL CAPSULE	2	EDS
verapamil hcl er oral capsule extended release 24 hour	1	EDS
verapamil hcl er oral tablet extended release	1	EDS
verapamil hcl oral tablet	1	EDS
VERQUVO ORAL TABLET 10 MG	3	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days); EDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	3	PA; EHS; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; EHS; QL (3 ML per 28 days); EDS
Central Nervous System Agents		
amphetamine-dextroamphet er oral capsule extended release 24 hour	1	EDS
amphetamine-dextroamphetamine oral tablet	1	EDS
atomoxetine hcl oral capsule	1	EDS
AUSTEDO ORAL TABLET 12 MG	3	PA; LA; EDS
AUSTEDO ORAL TABLET 6 MG	3	PA; LA; QL (60 EA per 30 days); EDS
AUSTEDO ORAL TABLET 9 MG	3	PA; LA; QL (120 EA per 30 days); EDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG	3	PA; QL (30 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG, 30 MG, 36 MG, 42 MG, 48 MG	3	PA; EDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	3	PA; QL (90 EA per 30 days); EDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	3	PA; QL (28 EA per 28 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	3	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	EDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	EDS
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	3	PA; EDS
clonidine hcl er oral tablet extended release 12 hour	3	AL (Min 6 Years and Max 17 Years); EDS
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
dalfampridine er oral tablet extended release 12 hour	1	PA; EDS
dexmethylphenidate hcl er oral capsule extended release 24 hour	1	EDS
dexmethylphenidate hcl oral tablet	1	EDS
dextroamphetamine sulfate er oral capsule extended release 24 hour	1	EDS
dextroamphetamine sulfate oral solution	1	EDS
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	EDS
dimethyl fumarate oral capsule delayed release 120 mg	1	QL (60 EA per 30 days); EDS
dimethyl fumarate oral capsule delayed release 240 mg	1	EDS
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1	
duloxetine hcl oral capsule delayed release particles	1	EDS
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA; LA; EDS
fingolimod hcl oral capsule	1	EDS
FIRDAPSE ORAL TABLET	3	PA; LA
gabapentin (once-daily) oral tablet 300 mg	1	QL (30 EA per 30 days); EDS
gabapentin (once-daily) oral tablet 600 mg	1	EDS
glatiramer acetate subcutaneous solution prefilled syringe	1	EDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	EDS
GRALISE ORAL TABLET 450 MG	3	QL (90 EA per 30 days); EDS
GRALISE ORAL TABLET 750 MG, 900 MG	3	EDS
guanfacine hcl er oral tablet extended release 24 hour	1	EDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG	3	PA; LA; QL (30 EA per 30 days); EDS
INGREZZA ORAL CAPSULE 80 MG	3	PA; LA; EDS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG	3	PA; LA; QL (30 EA per 30 days); EDS
INGREZZA ORAL CAPSULE SPRINKLE 80 MG	3	PA; LA; EDS
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; LA; EDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS

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

Drug Name	Tier	Requirements/Limits
lisdexamfetamine dimesylate oral capsule	1	QL (30 EA per 30 days); EDS
lisdexamfetamine dimesylate oral tablet chewable	1	QL (30 EA per 30 days); EDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	3	PA
MAYZENT ORAL TABLET 0.25 MG	2	QL (120 EA per 30 days); EDS
MAYZENT ORAL TABLET 1 MG	2	QL (30 EA per 30 days); EDS
MAYZENT ORAL TABLET 2 MG	2	EDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	2	
methylphenidate hcl er (cd) oral capsule extended release	1	EDS
methylphenidate hcl er (la) oral capsule extended release 24 hour	1	EDS
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	EDS
methylphenidate hcl er (osm) oral tablet extended release 72 mg	2	EDS
methylphenidate hcl er (xr) oral capsule extended release 24 hour	1	EDS
methylphenidate hcl er oral tablet extended release	1	EDS
methylphenidate hcl er oral tablet extended release 24 hour	1	EDS
methylphenidate hcl oral solution	1	EDS
methylphenidate hcl oral tablet	1	EDS
methylphenidate hcl oral tablet chewable	1	EDS
NUEDEXTA ORAL CAPSULE	2	PA; EDS
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	1	ST; QL (30 EA per 30 days); EDS
pregabalin er oral tablet extended release 24 hour 330 mg	1	ST; QL (60 EA per 30 days); EDS
pregabalin oral capsule	1	EDS
pregabalin oral solution	1	EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (30 EA per 30 days); EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	3	ST; QL (60 EA per 30 days); EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	EDS
RADICAVA ORS STARTER KIT ORAL SUSPENSION	3	PA New Starts; LA; QL (70 ML per 28 days); EDS

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

Drug Name	Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
RELYVRIO ORAL PACKET	3	PA New Starts; LA
riluzole oral tablet	1	EDS
SAVELLA ORAL TABLET	2	EDS
SAVELLA TITRATION PACK ORAL	2	
SKYCLARYS ORAL CAPSULE	3	PA; LA; EDS
TEGLUTIK ORAL SUSPENSION	3	EDS
teriflunomide oral tablet	1	EDS
tetrabenazine oral tablet 12.5 mg	1	PA; LA; QL (30 EA per 30 days); EDS
tetrabenazine oral tablet 25 mg	1	PA; LA; EDS
VUMERITY ORAL CAPSULE DELAYED RELEASE	3	PA; EDS
WAKIX ORAL TABLET 17.8 MG	3	PA; LA; EDS
WAKIX ORAL TABLET 4.45 MG	3	PA; LA; QL (90 EA per 30 days); EDS
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	EDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA; LA
ZEPOSIA ORAL CAPSULE	3	PA; LA; EDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	3	PA; LA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
Dental And Oral Agents		
cevimeline hcl oral capsule	1	EDS
chlorhexidine gluconate mouth/throat solution	1	
PERIOGARD MOUTH/THROAT SOLUTION	1	
pilocarpine hcl oral tablet	1	EDS
triamcinolone acetonide mouth/throat paste	1	EDS
Dermatological Agents		
acitretin oral capsule	1	
acyclovir external cream	1	
acyclovir external ointment	1	
adapalene external cream	1	
adapalene external gel 0.3 %	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
ALA SCALP EXTERNAL LOTION	3	
ala-cort external cream 1 %	1	
alclometasone dipropionate external cream	1	
alclometasone dipropionate external ointment	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
ALTABAX EXTERNAL OINTMENT	3	
ammonium lactate external cream	1	
ammonium lactate external lotion	1	
AMNESTEEM ORAL CAPSULE	1	
azelaic acid external gel	1	
AZELEX EXTERNAL CREAM	2	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	1	
betamethasone valerate external cream	1	
betamethasone valerate external foam	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
brimonidine tartrate external gel	1	
BRYHALI EXTERNAL LOTION	3	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop external ointment	1	
calcitriol external ointment	1	
CAPEX EXTERNAL SHAMPOO	3	
ciclopirox external gel	1	
ciclopirox external shampoo	1	
ciclopirox external solution	1	
CLARAVIS ORAL CAPSULE	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external gel 1 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol propionate e external cream	1	
clobetasol propionate external cream	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	

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

Drug Name	Tier	Requirements/Limits
CLODAN EXTERNAL SHAMPOO	1	
clotrimazole-betamethasone external cream	1	
clotrimazole-betamethasone external lotion	1	
CROTAN EXTERNAL LOTION	1	
dapsone external gel	1	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	3	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium external gel 3 %	1	PA; EDS
diflorasone diacetate external cream	3	
DUOBRII EXTERNAL LOTION	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; EDS
EPSOLAY EXTERNAL CREAM	3	ST
ery external pad	1	
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA EXTERNAL OINTMENT	2	ST
FILSUVEZ EXTERNAL GEL	3	PA; LA
FINACEA EXTERNAL FOAM	2	ST
fluocinolone acetonide external cream	1	
fluocinolone acetonide external ointment	1	
fluocinolone acetonide external solution	1	
fluocinolone acetonide scalp external oil	1	
fluocinonide emulsified base external cream	1	
fluocinonide external cream	1	
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
fluorouracil external cream	1	
fluorouracil external solution	1	
flurandrenolide external lotion	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
global alcohol prep ease pad	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone (perianal) external cream 2.5 %	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
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	1	
hydrocortisone valerate external ointment	1	
imiquimod external cream 5 %	1	
isotretinoin oral capsule	1	
ivermectin external cream	1	
mafenide acetate external packet	1	
malathion external lotion	1	
methoxsalen rapid oral capsule	1	
mometasone furoate external cream	1	EDS
mometasone furoate external ointment	1	EDS
mometasone furoate external solution	1	EDS
mupirocin calcium external cream	1	
mupirocin external ointment	1	
nystatin-triamcinolone external cream	1	
nystatin-triamcinolone external ointment	1	
OTEZLA ORAL TABLET 30 MG	3	PA; EDS
PANDEL EXTERNAL CREAM	3	
PANRETIN EXTERNAL GEL	2	PA New Starts
permethrin external cream	1	
pimecrolimus external cream	1	
podofilox external gel	1	
podofilox external solution	1	
PROCTO-MED HC EXTERNAL CREAM	1	
PROCTO-PAK EXTERNAL CREAM	1	
PROCTOSOL HC EXTERNAL CREAM	1	
PROCTOZONE-HC EXTERNAL CREAM	1	
REGRANEX EXTERNAL GEL	3	
SANTYL EXTERNAL OINTMENT	2	
selenium sulfide external lotion	1	
silver sulfadiazine external cream	1	
SSD EXTERNAL CREAM	1	
SULFAMYLON EXTERNAL CREAM	3	
SYNALAR EXTERNAL OINTMENT	3	
SYNALAR EXTERNAL SOLUTION	3	
tacrolimus external ointment	1	EDS
tavaborole external solution	1	

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

Drug Name	Tier	Requirements/Limits
tazarotene external cream	1	PA; Prior authorization not required for dermatologists.
tazarotene external gel	1	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL CREAM 0.05 %	2	PA; Prior authorization not required for dermatologists.
tretinoin external cream	1	
tretinoin external gel	1	
tretinoin microsphere external gel 0.04 %, 0.1 %	1	
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
TRIDERM EXTERNAL CREAM 0.1 %	1	
ULTRAVATE EXTERNAL LOTION	3	
VTAMA EXTERNAL CREAM	3	PA
ZENATANE ORAL CAPSULE	1	
ZORYVE EXTERNAL CREAM 0.3 %	3	PA; Prior authorization not required for dermatologists.
Electrolytes/Minerals/Metals/Vitamins		
AURYXIA ORAL TABLET	3	PA; EDS
calcium acetate (phos binder) oral capsule	1	EDS
carglumic acid oral tablet soluble	1	PA; EDS
CHEMET ORAL CAPSULE	2	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	2	BD
CLINISOL SF INTRAVENOUS SOLUTION	1	BD
deferasirox oral tablet	1	PA; EDS
deferasirox oral tablet soluble	1	PA; EDS
deferiprone oral tablet	1	PA; EDS
dextrose intravenous solution 10 %, 5 %	1	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	1	
FERRIPROX ORAL SOLUTION	3	PA New Starts; LA; EDS
INTRALIPID INTRAVENOUS EMULSION	3	BD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Requirements/Limits
JYNARQUE ORAL TABLET	3	PA; LA
JYNARQUE ORAL TABLET THERAPY PACK	3	PA; LA
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	1	
kcl-lactated ringers-d5w intravenous solution	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1	EDS
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	1	EDS
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	1	EDS
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	1	EDS
KLOR-CON ORAL PACKET 20 MEQ	1	EDS
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	EDS
lanthanum carbonate oral tablet chewable	1	EDS
levocarnitine oral solution	1	EDS
levocarnitine oral tablet	1	EDS
LOKELMA ORAL PACKET	2	EDS
magnesium sulfate injection solution 50 %	1	
multiple electro type 1 ph 5.5 intravenous solution	1	
na sulfate-k sulfate-mg sulf oral solution	1	
NUTRILIPID INTRAVENOUS EMULSION	1	BD
OSMOPREP ORAL TABLET	3	
penicillamine oral capsule	1	EDS
penicillamine oral tablet	1	
PHOSLYRA ORAL SOLUTION	2	EDS
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
potassium chloride crys er oral tablet extended release	1	EDS
potassium chloride er oral capsule extended release	1	EDS
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	EDS
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1	
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml	1	
potassium chloride oral packet	1	EDS
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	EDS
potassium citrate er oral tablet extended release	1	EDS
potassium cl in dextrose 5% intravenous solution 20 meq/l	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	2	BD
prenatal oral tablet 27-1 mg	1	
PROSOL INTRAVENOUS SOLUTION	3	BD
sevelamer carbonate oral packet	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
sevelamer carbonate oral tablet	1	EDS
sevelamer hcl oral tablet	1	EDS
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1	
sodium chloride irrigation solution 0.9 %	1	
sodium fluoride oral tablet chewable 2.2 (1 f) mg	1	EDS
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	1	
tolvaptan oral tablet	1	PA
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	
TRAVASOL INTRAVENOUS SOLUTION	2	BD
trientine hcl oral capsule 250 mg	1	EDS
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	BD
VELPHORO ORAL TABLET CHEWABLE	3	EDS
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	2	EDS
VELTASSA ORAL PACKET 8.4 GM	2	QL (30 EA per 30 days); EDS
Gastrointestinal Agents		
ACIPHEX ORAL TABLET DELAYED RELEASE	3	EDS
alosetron hcl oral tablet 0.5 mg	1	QL (60 EA per 30 days); EDS
alosetron hcl oral tablet 1 mg	1	EDS
amoxicill-clarithro-lansopraz oral therapy pack	1	
bismuth/metronidaz/tetracyclin oral capsule	1	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	3	PA; LA; EDS
BYLVAY ORAL CAPSULE	3	PA; LA; EDS
CHENODAL ORAL TABLET	3	PA; LA
chlordiazepoxide-clidinium oral capsule	1	
cimetidine hcl oral solution 300 mg/5ml	1	EDS
cimetidine oral tablet	1	EDS
CLENPIQ ORAL SOLUTION	3	
constulose oral solution	1	EDS
DEXILANT ORAL CAPSULE DELAYED RELEASE	3	EDS
dexlansoprazole oral capsule delayed release	1	EDS
dicyclomine hcl oral capsule	1	EDS
dicyclomine hcl oral solution	1	EDS
dicyclomine hcl oral tablet	1	EDS
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
enulose oral solution	1	EDS
esomeprazole magnesium oral capsule delayed release	1	EDS
famotidine oral suspension reconstituted	1	EDS
famotidine oral tablet 20 mg, 40 mg	1	EDS

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

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

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

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

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

Drug Name	Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	2	QL (30 EA per 30 days); EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	2	EDS
oxybutynin chloride er oral tablet extended release 24 hour	1	EDS
oxybutynin chloride oral solution	1	EDS
oxybutynin chloride oral tablet 5 mg	1	EDS
penicillamine oral capsule	1	EDS
penicillamine oral tablet	1	
prazosin hcl oral capsule	1	EDS
PROSCAR ORAL TABLET	3	EDS
RIVFLOZA SUBCUTANEOUS SOLUTION	3	PA; EDS
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
silodosin oral capsule	1	EDS
solifenacin succinate oral tablet	1	EDS
tadalafil oral tablet 2.5 mg, 5 mg	1	EHS; EDS
tamsulosin hcl oral capsule	1	EDS
terazosin hcl oral capsule	1	EDS
tolterodine tartrate er oral capsule extended release 24 hour	1	EDS
tolterodine tartrate oral tablet	1	EDS
trospium chloride er oral capsule extended release 24 hour	1	QL (30 EA per 30 days); EDS
trospium chloride oral tablet	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate external ointment	1	
budesonide er oral tablet extended release 24 hour	1	
budesonide oral capsule delayed release particles	1	
budesonide rectal foam 2 mg	1	
CORTROPHIN INJECTION GEL	3	PA
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral tablet	1	EDS
hydrocortisone oral tablet	1	
ISTURISA ORAL TABLET	3	PA; EDS
MEDROL ORAL TABLET 2 MG	3	BD
methylprednisolone oral tablet	1	BD; EDS
methylprednisolone oral tablet therapy pack	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
PREDNISONE INTENSOL ORAL CONCENTRATE	1	BD

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

Drug Name	Tier	Requirements/Limits
prednisone oral solution	1	BD
prednisone oral tablet	1	BD; EDS
prednisone oral tablet therapy pack	1	
RECORLEV ORAL TABLET	3	PA; LA; EDS
TARPEYO ORAL CAPSULE DELAYED RELEASE	3	PA; LA; QL (120 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin ace spray refrig nasal solution	1	EDS
desmopressin acetate oral tablet	1	EDS
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA; EDS
INCRELEX SUBCUTANEOUS SOLUTION	2	PA; LA; EDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
ORILISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA; EDS
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
VYNDAMAX ORAL CAPSULE	3	PA; LA; EDS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
misoprostol oral tablet 200 mcg	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALTAVERA ORAL TABLET	1	EDS
alyacen 1/35 oral tablet	1	EDS
AMABELZ ORAL TABLET	1	EDS
AMETHIA ORAL TABLET	1	EDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; QL (30 EA per 30 days); EDS
ANGELIQ ORAL TABLET	3	EDS
ANNOVERA VAGINAL RING	3	QL (1 EA per 365 days); EDS
APRI ORAL TABLET	1	EDS
ARANELLE ORAL TABLET	1	EDS
ASHLYNA ORAL TABLET	1	EDS
AVIANE ORAL TABLET	1	EDS
AZURETTE 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
BALZIVA ORAL TABLET	1	EDS
BLISOVI 24 FE ORAL TABLET	1	EDS
BLISOVI FE 1.5/30 ORAL TABLET	1	EDS
briellyn oral tablet	1	EDS
CAMILA ORAL TABLET	1	EDS
CAMRESE LO ORAL TABLET	1	EDS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	EDS
CRYSELLE-28 ORAL TABLET	1	EDS
CYRED EQ ORAL TABLET	1	EDS
danazol oral capsule	1	
DEBLITANE ORAL TABLET	1	EDS
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
desogestrel-ethinyl estradiol oral tablet	1	EDS
DOLISHALE ORAL TABLET	1	EDS
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	1	EDS
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	EDS
drospirenone-ethinyl estradiol oral tablet	1	EDS
DUAVEE ORAL TABLET	3	EDS
ELESTRIN TRANSDERMAL GEL	3	EDS
ELURYNG VAGINAL RING	1	EDS
ENILLORING VAGINAL RING	1	EDS
ENPRESSE-28 ORAL TABLET	1	EDS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	EDS
ERRIN ORAL TABLET	1	EDS
ESTARYLLA ORAL TABLET	1	EDS
estradiol oral tablet	1	EDS
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	EDS
estradiol transdermal patch twice weekly	1	EDS
estradiol transdermal patch weekly	1	EDS
estradiol vaginal cream	1	EDS
estradiol vaginal tablet	1	EDS
estradiol valerate intramuscular oil	1	
estradiol-norethindrone acet oral tablet	1	EDS
ESTRING VAGINAL RING 7.5 MCG/24HR	2	EDS
ethynodiol diac-eth estradiol oral tablet	1	EDS
etonogestrel-ethinyl estradiol vaginal ring	1	EDS

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

Drug Name	Tier	Requirements/Limits
EVAMIST TRANSDERMAL SOLUTION	3	EDS
EVISTA ORAL TABLET	3	EDS
FALMINA ORAL TABLET	1	EDS
FEMRING VAGINAL RING	3	EDS
FINZALA ORAL TABLET CHEWABLE	1	EDS
FYAVOLV ORAL TABLET	1	EDS
GEMMILY ORAL CAPSULE	1	EDS
HAILEY 24 FE ORAL TABLET	1	EDS
HALOETTE VAGINAL RING	1	EDS
HEATHER ORAL TABLET	1	EDS
ICLEVIA ORAL TABLET	1	EDS
INCASSIA ORAL TABLET	1	EDS
INTROVALE ORAL TABLET	1	EDS
ISIBLOOM ORAL TABLET	1	EDS
JASMIEL ORAL TABLET	1	EDS
JINTELI ORAL TABLET	3	EDS
JOYEAUX ORAL TABLET	1	EDS
JULEBER ORAL TABLET	1	EDS
JUNEL 1.5/30 ORAL TABLET	1	EDS
JUNEL 1/20 ORAL TABLET	1	EDS
JUNEL FE 1.5/30 ORAL TABLET	1	EDS
JUNEL FE 1/20 ORAL TABLET	1	EDS
JUNEL FE 24 ORAL TABLET	1	EDS
KAITLIB FE ORAL TABLET CHEWABLE	1	EDS
KARIVA ORAL TABLET	1	EDS
KELNOR 1/35 ORAL TABLET	1	EDS
KELNOR 1/50 ORAL TABLET	1	EDS
KURVELO ORAL TABLET	1	EDS
LARIN 1.5/30 ORAL TABLET	1	EDS
LARIN 1/20 ORAL TABLET	1	EDS
LARIN FE 1.5/30 ORAL TABLET	1	EDS
LARIN FE 1/20 ORAL TABLET	1	EDS
LAYOLIS FE ORAL TABLET CHEWABLE	1	EDS
LESSINA ORAL TABLET	1	EDS
LEVONEST ORAL TABLET	1	EDS
levonorgest-eth est & eth est oral tablet	1	EDS
levonorgest-eth estrad 91-day oral tablet	1	EDS
levonorgestrel-ethinyl estrad oral tablet	1	EDS
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	EDS
LEVORA 0.15/30 (28) ORAL TABLET	1	EDS
LO LOESTRIN FE ORAL TABLET	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
LORYNA ORAL TABLET	1	EDS
LOW-OGESTREL ORAL TABLET	1	EDS
LUTERA ORAL TABLET	1	EDS
LYLEQ ORAL TABLET	1	EDS
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	1	EDS
LYZA ORAL TABLET	1	EDS
marlissa oral tablet	1	EDS
medroxyprogesterone acetate intramuscular suspension	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	
medroxyprogesterone acetate oral tablet	1	EDS
megestrol acetate oral suspension 40 mg/ml	1	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
megestrol acetate oral suspension 625 mg/5ml	1	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.
megestrol acetate oral tablet	1	EDS
MENEST ORAL TABLET	3	EDS
MENOSTAR TRANSDERMAL PATCH WEEKLY	2	EDS
MERZEE ORAL CAPSULE	1	EDS
methitest oral tablet	2	EDS
methyltestosterone oral capsule	1	EDS
MIBELAS 24 FE ORAL TABLET CHEWABLE	1	EDS
MICROGESTIN 1.5/30 ORAL TABLET	1	EDS
MICROGESTIN 1/20 ORAL TABLET	1	EDS
MICROGESTIN 24 FE ORAL TABLET	1	EDS
MICROGESTIN FE 1.5/30 ORAL TABLET	1	EDS
MICROGESTIN FE 1/20 ORAL TABLET	1	EDS
MILI ORAL TABLET	1	EDS
MIMVEY ORAL TABLET	1	EDS
MYFEMBREE ORAL TABLET	2	PA
NATAZIA ORAL TABLET	3	EDS
NECON 0.5/35 (28) ORAL TABLET	1	EDS
NIKKI ORAL TABLET	1	EDS
NORA-BE ORAL TABLET	1	EDS
norelgestromin-eth estradiol transdermal patch weekly	1	EDS
norethin ace-eth estrad-fe oral capsule	1	EDS
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	1	EDS
norethin ace-eth estrad-fe oral tablet chewable	1	EDS
norethindrone acetate oral tablet	1	EDS
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	EDS
norethindrone oral tablet	1	EDS

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

Drug Name	Tier	Requirements/Limits
norethindrone-eth estradiol oral tablet	1	EDS
norethindron-ethinyl estrad-fe oral tablet	1	EDS
norethin-eth estradiol-fe oral tablet chewable	1	EDS
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	EDS
norgestim-eth estrad triphasic oral tablet	1	EDS
NORTREL 0.5/35 (28) ORAL TABLET	1	EDS
NORTREL 1/35 (21) ORAL TABLET	1	EDS
NORTREL 1/35 (28) ORAL TABLET	1	EDS
NORTREL 7/7/7 ORAL TABLET	1	EDS
NYLIA 1/35 ORAL TABLET	1	EDS
NYLIA 7/7/7 ORAL TABLET	1	EDS
NYMYO ORAL TABLET	1	EDS
OCELLA ORAL TABLET	1	EDS
ORIAHNN ORAL CAPSULE THERAPY PACK	3	PA
oxandrolone oral tablet	1	
PIMTREA ORAL TABLET	1	EDS
PORTIA-28 ORAL TABLET	1	EDS
PREFEST ORAL TABLET	3	EDS
PREMARIN ORAL TABLET	2	EDS
PREMARIN VAGINAL CREAM	2	EDS
PREMPHASE ORAL TABLET	2	EDS
PREMPRO ORAL TABLET	2	EDS
progesterone oral capsule	1	EDS
PROMETRIUM ORAL CAPSULE	3	EDS
raloxifene hcl oral tablet	1	EDS
RECLIPSEN ORAL TABLET	1	EDS
RIVELSA ORAL TABLET	1	EDS
SETLAKIN ORAL TABLET	1	EDS
SHAROBEL ORAL TABLET	1	EDS
SLYND ORAL TABLET	3	EDS
SPRINTEC 28 ORAL TABLET	1	EDS
SRONYX ORAL TABLET	1	EDS
SYEDA ORAL TABLET	1	EDS
TARINA 24 FE ORAL TABLET	1	EDS
TARINA FE 1/20 EQ ORAL TABLET	1	EDS
TAYSOFY ORAL CAPSULE	1	EDS
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	EDS
testosterone enanthate intramuscular solution	1	EDS
testosterone transdermal gel 10 mg/act (2%)	3	PA; EDS

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

Drug Name	Tier	Requirements/Limits
testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA; EDS
testosterone transdermal solution	3	PA; EDS
TILIA FE ORAL TABLET	1	EDS
TRI-ESTARYLLA ORAL TABLET	1	EDS
TRI-LEGEST FE ORAL TABLET	1	EDS
TRI-LO-ESTARYLLA ORAL TABLET	1	EDS
TRI-LO-SPRINTEC ORAL TABLET	1	EDS
TRI-MILI ORAL TABLET	1	EDS
TRI-NYMYO ORAL TABLET	1	EDS
TRI-SPRINTEC ORAL TABLET	1	EDS
TRIVORA (28) ORAL TABLET	1	EDS
TRI-VYLIBRA LO ORAL TABLET	1	EDS
TRI-VYLIBRA ORAL TABLET	1	EDS
TURQOZ ORAL TABLET	1	EDS
TYBLUME ORAL TABLET CHEWABLE	1	EDS
TYDEMY ORAL TABLET	1	EDS
VELIVET ORAL TABLET	1	EDS
VEOZAH ORAL TABLET	3	PA; EDS
VESTURA ORAL TABLET	1	EDS
VIENVA ORAL TABLET	1	EDS
VYFEMLA ORAL TABLET	1	EDS
VYLIBRA ORAL TABLET	1	EDS
WYMZYA FE ORAL TABLET CHEWABLE	1	EDS
XULANE TRANSDERMAL PATCH WEEKLY	1	EDS
YUVAFEM VAGINAL TABLET	1	EDS
ZAFEMY TRANSDERMAL PATCH WEEKLY	1	EDS
ZOVIA 1/35 (28) ORAL TABLET	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
EUTHYROX ORAL TABLET	1	EDS
LEVO-T ORAL TABLET	1	EDS
levothyroxine sodium oral tablet	1	EDS
LEVOXYL ORAL TABLET	1	EDS
liothyronine sodium oral tablet	1	EDS
SYNTHROID ORAL TABLET	2	EDS
UNITHROID ORAL TABLET	1	EDS
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	2	
Hormonal Agents, Suppressant (Pituitary)		
bromocriptine mesylate oral capsule	1	EDS

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

Drug Name	Tier	Requirements/Limits
bromocriptine mesylate oral tablet	1	EDS
cabergoline oral tablet	1	
ELIGARD SUBCUTANEOUS KIT	2	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	2	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	
leuprolide acetate injection kit	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	2	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	2	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	2	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	2	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	3	PA; LA; EDS
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	EDS
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; LA; EDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LA; EDS
SYNAREL NASAL SOLUTION	2	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
Hormonal Agents, Suppressant (Thyroid)		
methimazole oral tablet	1	EDS
propylthiouracil oral tablet	1	EDS
Immunological Agents		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	PA; PA not required if 60 years of age or older.
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA; LA; EDS
ADACEL INTRAMUSCULAR SUSPENSION	1	
adalimumab-adaz subcutaneous solution auto-injector	2	EDS
adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml	2	EDS
adalimumab-adbm (2 pen) subcutaneous auto-injector kit	2	EDS
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit	2	EDS
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit	2	EDS
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit	2	EDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LA; EDS
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	

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

Drug Name	Tier	Requirements/Limits
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	BD; EDS
azathioprine oral tablet	1	BD; EDS
bcg vaccine injection solution reconstituted	2	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA New Starts; EDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA New Starts; EDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA New Starts; LA; EDS
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; EDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	2	EDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
cyclosporine modified oral capsule	1	BD; EDS
cyclosporine modified oral solution	1	BD; EDS
cyclosporine ophthalmic emulsion	1	EDS
cyclosporine oral capsule	1	BD; EDS
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
diphtheria-tetanus toxoids dt intramuscular suspension	1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; EDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	2	EDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	2	EDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	BD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	BD
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BD; EDS
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	BD; EDS
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA New Starts
everolimus oral tablet soluble	1	PA New Starts

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

Drug Name	Tier	Requirements/Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	2	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	2	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BD; EDS
GENGRAF ORAL SOLUTION	1	BD; EDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
HAVRIX INTRAMUSCULAR SUSPENSION	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	BD
HIBERIX INJECTION SOLUTION RECONSTITUTED	1	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	2	EDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	EDS
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
icatibant acetate subcutaneous solution prefilled syringe	1	PA New Starts
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BD
INFANRIX INTRAMUSCULAR SUSPENSION	1	
IPOL INJECTION INJECTABLE	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
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION	1	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
leflunomide oral tablet	1	EDS
LUPKYNIS ORAL CAPSULE	3	PA; LA; EDS
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
mercaptopurine oral tablet	1	EDS
methotrexate sodium (pf) injection solution 50 mg/2ml	1	
methotrexate sodium injection solution 50 mg/2ml	1	
methotrexate sodium oral tablet	1	EDS
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
mycophenolate mofetil oral capsule	1	BD; EDS
mycophenolate mofetil oral suspension reconstituted	1	BD; EDS
mycophenolate mofetil oral tablet	1	BD; EDS
mycophenolate sodium oral tablet delayed release	1	BD; EDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	2	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	3	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA; EDS
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious disease specialists.
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious disease specialists.
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PREHEVBRIO INTRAMUSCULAR SUSPENSION	1	BD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	2	PA

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

Drug Name	Tier	Requirements/Limits
PROGRAF ORAL PACKET	3	BD; EDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BD
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA; EDS
RECOMBIVAX HB INJECTION SUSPENSION	1	BD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	1	BD
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	EDS
RESTASIS OPHTHALMIC EMULSION	2	EDS
REZUROCK ORAL TABLET	3	PA New Starts; LA; EDS
RIDAURA ORAL CAPSULE	2	EDS
RINVOQ LQ ORAL SOLUTION	2	QL (450 ML per 30 days); EDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	2	QL (30 EA per 30 days); EDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	2	EDS
ROTARIX ORAL SUSPENSION	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	2	PA New Starts; LA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA New Starts
SANDIMMUNE ORAL SOLUTION	3	BD; EDS
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
sirolimus oral solution	1	BD; EDS
sirolimus oral tablet	1	BD; EDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	2	EDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
SOTYKTU ORAL TABLET	3	PA; EDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	EDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
tacrolimus oral capsule	1	BD; EDS
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA New Starts; LA; EDS

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

Drug Name	Tier	Requirements/Limits
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA New Starts; LA; EDS
TAVNEOS ORAL CAPSULE	3	PA; LA; EDS
TDVAX INTRAMUSCULAR SUSPENSION	1	
TENIVAC INTRAMUSCULAR INJECTABLE	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TORPENZ ORAL TABLET	1	PA New Starts
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3	PA; EDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; EDS
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
VAQTA INTRAMUSCULAR SUSPENSION	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	1	
XATMEP ORAL SOLUTION	3	BD
XELJANZ ORAL SOLUTION	2	EDS
XELJANZ ORAL TABLET 10 MG	2	EDS
XELJANZ ORAL TABLET 5 MG	2	QL (60 EA per 30 days); EDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	QL (30 EA per 30 days); EDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	EDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
YF-VAX SUBCUTANEOUS INJECTABLE	1	
Inflammatory Bowel Disease Agents		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	EDS
balsalazide disodium oral capsule	1	
budesonide er oral tablet extended release 24 hour	1	
budesonide oral capsule delayed release particles	1	
budesonide rectal foam 2 mg	1	
COLAZAL ORAL CAPSULE	3	
dexamethasone oral solution	1	
dexamethasone 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
hydrocortisone oral tablet	1	
hydrocortisone rectal enema	1	
MEDROL ORAL TABLET 2 MG	3	BD
mesalamine er oral capsule extended release	1	EDS
mesalamine er oral capsule extended release 24 hour	1	EDS
mesalamine oral capsule delayed release	1	EDS
mesalamine oral tablet delayed release 1.2 gm	1	EDS
mesalamine oral tablet delayed release 800 mg	1	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	
methylprednisolone oral tablet	1	BD; EDS
methylprednisolone oral tablet therapy pack	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	EDS
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
PREDNISONE INTENSOL ORAL CONCENTRATE	1	BD
prednisone oral solution	1	BD
prednisone oral tablet	1	BD; EDS
prednisone oral tablet therapy pack	1	
PROCTO-MED HC EXTERNAL CREAM	1	
PROCTOZONE-HC EXTERNAL CREAM	1	
sulfasalazine oral tablet	1	EDS
sulfasalazine oral tablet delayed release	1	EDS
Metabolic Bone Disease Agents		
alendronate sodium oral solution	1	EDS
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	EDS
BINOSTO ORAL TABLET EFFERVESCENT	3	EDS
calcitonin (salmon) nasal solution	1	EDS
calcitriol oral capsule	1	EDS
calcitriol oral solution	1	EDS
cinacalcet hcl oral tablet	1	EDS
doxercalciferol oral capsule	1	ST; EDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	2	PA; EDS
ibandronate sodium oral tablet	1	EDS
NATPARA SUBCUTANEOUS CARTRIDGE	3	PA; LA; EDS
paricalcitol oral capsule	1	EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	3	ST; EDS
risedronate sodium oral tablet 150 mg, 35 mg, 5 mg	1	EDS
risedronate sodium oral tablet 30 mg	1	

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

Drug Name	Tier	Requirements/Limits
risedronate sodium oral tablet delayed release	1	EDS
teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml	1	PA; EDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
XGEVA SUBCUTANEOUS SOLUTION	3	PA New Starts
Non-Frf		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 2 MG	3	PA New Starts; QL (60 EA per 30 days)
acetaminophen-codeine #3 oral tablet	1	
acetaminophen-codeine oral solution 300-30 mg/12.5ml	1	
ACTOPLUS MET ORAL TABLET 15-500 MG	3	EDS
ADIPEX-P ORAL CAPSULE	3	PA; EHS
ADIPEX-P ORAL TABLET	3	PA; EHS
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	2	EHS; EDS
AFLURIA INTRAMUSCULAR SUSPENSION	1	EHS
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	1	EHS
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	EHS
AKYNZEO ORAL CAPSULE	3	BD
alendronate sodium oral tablet 5 mg	1	EDS
ALORA TRANSDERMAL PATCH TWICE WEEKLY	2	EDS
alprazolam xr oral tablet extended release 24 hour	1	
AMETHYST ORAL TABLET	2	EDS
ampicillin oral capsule 250 mg	1	
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
anucort-hc rectal suppository	1	EHS
ANUSOL-HC RECTAL SUPPOSITORY	1	EHS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA; LA
ARMOUR THYROID ORAL TABLET	2	EHS; EDS
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
AUDENZ INTRAMUSCULAR EMULSION	1	EHS
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE	1	EHS
AUGMENTIN ORAL TABLET 500-125 MG	3	
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK	3	PA; QL (70 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
BAQSIMI TWO PACK NASAL POWDER	1	
belladonna-opium rectal suppository	1	
BENZACLIN WITH PUMP EXTERNAL GEL	3	
benzonatate oral capsule	1	EHS
BLISOVI FE 1/20 ORAL TABLET	1	EDS
BONIVA ORAL TABLET 150 MG	3	EDS
capecitabine oral tablet	1	EHS
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	EHS
CARNITOR INTRAVENOUS SOLUTION	3	BD
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	1	
cefotaxime sodium injection solution reconstituted 1 gm	1	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm	1	
CENTANY EXTERNAL OINTMENT	3	
chlorpromazine hcl injection solution 25 mg/ml	3	
chlorpropamide oral tablet 100 mg	1	EDS
cholestyramine light oral powder	1	EDS
cholestyramine oral powder	1	EDS
CICLODAN EXTERNAL SOLUTION	1	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; EDS
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; EDS
ciprofloxacin oral suspension reconstituted	1	
clinimix e/dextrose (8/10) intravenous solution	2	BD
clinimix e/dextrose (8/14) intravenous solution	2	BD
clinimix/dextrose (6/5) intravenous solution	2	BD
clinimix/dextrose (8/10) intravenous solution	2	BD
clinimix/dextrose (8/14) intravenous solution	2	BD
CLINPRO 5000 DENTAL PASTE	1	EHS; EDS
clobetasol prop emollient base external cream	1	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	3	PA New Starts; EDS
COBENFY ORAL CAPSULE 50-20 MG	3	PA New Starts
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA New Starts; QL (56 EA per 28 days)
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; EHS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	2	EDS
COVARYX HS ORAL TABLET	1	EDS
cvs gauze sterile pad 2"x2"	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
cyanocobalamin injection solution 1000 mcg/ml	1	
CYRED ORAL TABLET	1	EDS
DELYLA ORAL TABLET	1	EDS
DENTA 5000 PLUS DENTAL CREAM	1	EHS; EDS
desmopressin acetate spray nasal solution	1	EDS
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	1	
dexamethasone oral elixir	1	
dextrose in lactated ringers intravenous solution	1	
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 %	1	
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 %	1	
DIALYVITE ORAL TABLET	1	EHS
diazepam oral concentrate	1	
dichlorphenamide oral tablet	1	PA
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	EDS
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	1	EDS
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	EDS
diltiazem hcl intravenous solution 50 mg/10ml	1	
diltiazem hcl intravenous solution reconstituted	1	
dimethyl fumarate starter pack oral	1	
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1	
diphenhydramine hcl oral elixir	1	PA; PA does not apply to age less than 65.
DONNATAL ORAL TABLET	3	
doxycycline hyclate intravenous solution reconstituted	1	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	EDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
ec-naproxen oral tablet delayed release 500 mg	1	EDS
EEMT HS ORAL TABLET	1	EDS
ELIMITE EXTERNAL CREAM	3	
enoxaparin sodium injection solution 300 mg/3ml	1	
enoxaparin sodium subcutaneous solution 80 mg/0.8ml	1	
EOHILIA ORAL SUSPENSION	3	PA; QL (600 ML per 30 days)
ergocalciferol oral capsule	1	EHS; EDS
ERVEBO INTRAMUSCULAR SUSPENSION	1	
erythromycin external pad	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
erythromycin lactobionate intravenous solution reconstituted	1	
est estrogens-methyltest hs oral tablet	1	EDS
ESTRING VAGINAL RING 2 MG	2	EDS
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	EDS
FAYOSIM ORAL TABLET	1	EDS
fenofibric acid oral tablet	1	EDS
FERREX 150 FORTE PLUS ORAL CAPSULE	3	EHS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	2	PA
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	EHS
FLUCELVAX INTRAMUSCULAR SUSPENSION	1	EHS
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
FLUMIST QUADRIVALENT NASAL SUSPENSION	1	EHS
fluocinolone acetonide body external oil	1	
FLUORIDEX DENTAL PASTE	1	EHS; EDS
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	1	EHS; EDS
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL	1	EHS; EDS
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	1	EHS; EDS
flurbiprofen oral tablet 50 mg	1	EDS
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
FLUZONE INTRAMUSCULAR SUSPENSION	1	EHS
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
folic acid oral tablet 1 mg	1	EDS
fosphenytoin sodium injection solution 100 mg pe/2ml	1	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	2	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	2	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	2	PA

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

Drug Name	Tier	Requirements/Limits
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	2	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	2	PA; EHS
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
gentamicin in saline intravenous solution 2-0.9 mg/ml-%	1	
gentamicin sulfate ophthalmic ointment	1	
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
GILDESS 1.5/30 ORAL TABLET	1	EDS
glipizide xl oral tablet extended release 24 hour	1	EDS
glucagon emergency injection solution reconstituted	1	
GRALISE ORAL	3	
guaiatussin ac oral syrup	1	
guaifenesin ac oral syrup	1	
guaifenesin-codeine oral solution	1	
guaifenesin-codeine oral syrup	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	1	EHS
hemorrhoidal-hc rectal suppository	1	EHS
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/ml	1	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	EDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	EDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	2	EDS
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HYALGAN INTRA-ARTICULAR SOLUTION	2	PA; EHS
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
HYCAMTIN ORAL CAPSULE	3	
hydralazine hcl injection solution	1	

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

Drug Name	Tier	Requirements/Limits
hydrocodone bit-homatrop mbr oral solution	1	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml	1	
hydrocodone-homatropine oral syrup	1	
hydrocortisone ace-pramoxine rectal cream 2.5-1 %	1	EHS
hydrocortisone acetate rectal suppository 25 mg	1	EHS
hydrocortisone external cream 2.5 %	1	
hydrocortisone max st external cream	1	
hydrocort-pramoxine (perianal) external cream	1	EHS
hydromet oral solution	1	
hydromet oral syrup	1	
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	1	
hydromorphone hcl pf injection solution 500 mg/50ml	1	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
HYPERRAB INJECTION SOLUTION	1	BD
HYPERRAB S/D INJECTION SOLUTION 300 UNIT/2ML	1	BD
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	1	BD
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-S INTRAVENOUS SOLUTION	3	
ivermectin external lotion	1	
k 100 oral tablet	1	EHS
kcl (0.149%) in nacl intravenous solution	1	
kcl (0.298%) in nacl intravenous solution	1	
kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%	1	
KEFLEX ORAL CAPSULE 250 MG, 500 MG	3	
KINRIX INTRAMUSCULAR SUSPENSION	1	
labetalol hcl intravenous solution	1	
lactated ringers intravenous solution	1	
lactated ringers irrigation solution	1	
lactulose encephalopathy oral solution	1	EDS
lactulose oral solution 20 gm/30ml	1	EDS
LARIN 24 FE ORAL TABLET	1	EDS
LEVAQUIN ORAL TABLET	3	
levetiracetam oral solution 500 mg/5ml	1	EDS
LEVITRA ORAL TABLET 10 MG, 20 MG	3	EHS; QL (6 EA per 30 days)
levofloxacin in d5w intravenous solution 250 mg/50ml	1	
levonorgest-eth estradiol-iron oral tablet	1	EDS
levothyroxine-liothyronine oral tablet	1	EHS; EDS
lidocaine hcl (pf) injection solution 1 %	1	
lidocaine hcl injection solution 1 %	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
lidocaine hcl urethral/mucosal external gel	1	EDS
lidocaine hcl urethral/mucosal external prefilled syringe	1	
LIDOCAN EXTERNAL PATCH	1	PA
LIDOCAN III EXTERNAL PATCH	1	PA
LIVMARLI ORAL SOLUTION 19 MG/ML	3	PA; LA; EDS
megestrol acetate oral suspension 400 mg/10ml	1	PA; PA does not apply to age less than 65.; EDS
melphalan oral tablet	1	EHS
MENVEO INTRAMUSCULAR SOLUTION	1	
MEPHYTON ORAL TABLET	2	EHS
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	1	EDS
methotrexate oral tablet	1	EDS
methotrexate sodium (pf) injection solution 250 mg/10ml	1	
methotrexate sodium injection solution 250 mg/10ml	1	
methylergonovine maleate oral tablet	1	
metoprolol tartrate intravenous solution 5 mg/5ml	1	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 20 mg/ml	1	
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1	
morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	1	
morphine sulfate intravenous solution 4 mg/ml, 8 mg/ml	1	
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	2	ST; EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	2	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	2	ST; EDS
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML	2	ST
moxifloxacin hcl intraocular solution 5 mg/ml	1	
moxifloxacin hcl intravenous solution	1	
multiple electro type 1 ph 7.4 intravenous solution	1	
MYLERAN ORAL TABLET	3	EHS
naloxone hcl injection solution 4 mg/10ml	1	
naproxen oral tablet delayed release 500 mg	1	EDS
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	2	EHS; EDS
NECON 1/35 (28) ORAL TABLET	1	EDS

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

Drug Name	Tier	Requirements/Limits
neomycin-polymyxin-hc otic solution 3.5-10000-1	1	
NEPHRONEX ORAL TABLET	1	EHS
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
NIASPAN ORAL TABLET EXTENDED RELEASE	3	EDS
niva thyroid oral tablet	2	EHS; EDS
NORLYROC ORAL TABLET	1	EDS
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	1	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	
NORVIR ORAL SOLUTION	2	EDS
NP THYROID ORAL TABLET	1	EHS; EDS
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML	2	PA
octreotide acetate subcutaneous solution prefilled syringe	1	EDS
OMECLAMOX-PAK ORAL	3	
omeprazole magnesium oral capsule delayed release	1	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	QL (15 EA per 30 days); EDS
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	2	QL (15 EA per 30 days); EDS
OMNIPOD 5 LIBRE2 PLUS G6 KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	QL (15 EA per 30 days); EDS
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (15 EA per 30 days); EDS
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (15 EA per 30 days); EDS
OMNIPOD GO KIT	2	QL (15 EA per 30 days); EDS
ondansetron hcl oral tablet 24 mg	1	BD
OPFOLDA ORAL CAPSULE	3	PA; LA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	PA; EDS
oxybutynin chloride oral solution	1	EDS
oxybutynin chloride oral syrup	1	EDS
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 80 mg	1	
oxycodone hcl oral tablet abuse-deterrent 15 mg	1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1	
penicillin g potassium injection solution reconstituted 5000000 unit	1	
PENLAC EXTERNAL SOLUTION	3	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	

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

Drug Name	Tier	Requirements/Limits
PHENOHYTRO ORAL TABLET	1	
phentermine hcl oral capsule	1	PA; EHS
phentermine hcl oral tablet	1	PA; EHS
PHYSIOLYTE IRRIGATION SOLUTION	1	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	1	
phytonadione oral tablet	1	EHS
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm	1	
PIRMELLA 1/35 ORAL TABLET	1	EDS
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	EDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	1	EHS
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	3	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
PREVACID ORAL CAPSULE DELAYED RELEASE 15 MG	3	EDS
PREVALITE ORAL POWDER	1	EDS
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	EHS; EDS
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	EHS; EDS
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	EHS; EDS
PREVIDENT 5000 PLUS DENTAL CREAM	3	EHS; EDS
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	EHS; EDS
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	EHS; EDS
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	2	PA
PROCTOZONE-HC RECTAL CREAM	1	
PROCYSBI ORAL CAPSULE DELAYED RELEASE	3	PA; LA; EDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LA
promethazine hcl oral syrup	3	PA; PA does not apply to age less than 65.
promethazine vc plain oral solution	1	PA; PA does not apply to age less than 65.
promethazine vc plain oral syrup	1	PA; PA does not apply to age less than 65.
promethazine-codeine oral syrup	1	
promethazine-dm oral syrup	1	
promethazine-phenylephrine oral syrup	1	PA; PA does not apply to age less than 65.
proparacaine hcl ophthalmic solution	1	

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

Drug Name	Tier	Requirements/Limits
propranolol hcl intravenous solution	1	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; EHS
RADICAVA ORS ORAL SUSPENSION	3	PA New Starts; LA; QL (50 ML per 28 days); EDS
RENACIDIN IRRIGATION SOLUTION	2	
ringers intravenous solution	1	
ringers irrigation irrigation solution	1	
ROSADAN EXTERNAL CREAM	1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	BD
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EHS; EDS
sf 5000 plus dental cream	1	EHS; EDS
SFROWASA RECTAL ENEMA	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	EHS; QL (6 EA per 30 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
sodium chloride injection solution 2.5 meq/ml	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	EHS; EDS
sodium fluoride oral tablet 2.2 (1 f) mg	1	EDS
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	1	
SPS ORAL SUSPENSION	1	
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM	1	
stavudine oral capsule	1	EDS
sterile water for irrigation irrigation solution	1	
sulconazole nitrate external cream	1	
sulconazole nitrate external solution	1	
sulfacetamide sodium-sulfur external liquid 10-5 %	1	EHS
sulfacetamide sodium-sulfur external lotion 10-5 %	1	EHS
sulfacetamide sodium-sulfur external suspension 10-5 %	1	EHS
sulfamethoxazole-trimethoprim intravenous solution	1	
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	1	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
tadalafil oral tablet 10 mg, 20 mg	1	EHS; QL (6 EA per 30 days)
TEMODAR ORAL CAPSULE	3	EHS
temozolomide oral capsule	1	EHS
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	1	PA; EDS

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

Drug Name	Tier	Requirements/Limits
testosterone cypionate injection solution 200 mg/ml	1	EDS
testosterone transdermal gel 1.62 %	1	PA; EDS
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 65 mg, 90 mg	2	EHS; EDS
TIGLUTIK ORAL SUSPENSION	3	EDS
tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml	1	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3	PA; EDS
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
tretinoin microsphere pump external gel 0.1 %	1	
triamcinolone acetonide nasal aerosol	1	
TRINESSA (28) ORAL TABLET	1	EDS
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	ST; EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
TRUQAP ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (64 EA per 28 days)
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
urea external cream 40 %	1	
URIBEL ORAL CAPSULE	1	
uroav-b oral capsule	1	
uro-mp oral capsule	1	
vancomycin hcl intravenous solution reconstituted 5 gm	1	
vardenafil hcl oral tablet	1	EHS; QL (6 EA per 30 days)
varenicline tartrate (starter) oral tablet therapy pack	1	
varenicline tartrate oral tablet therapy pack	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	1	
VARIVAX SUBCUTANEOUS INJECTABLE	1	
VARIZIG INTRAMUSCULAR SOLUTION	1	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
verapamil hcl intravenous solution	1	
V-GO 20 KIT 20 UNIT/24HR	2	EDS
V-GO 30 KIT 30 UNIT/24HR	2	EDS
V-GO 40 KIT 40 UNIT/24HR	2	EDS
VIAGRA ORAL TABLET	2	EHS; QL (72 EA per 365 days)
viorele oral tablet	1	EDS
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	EHS; EDS
vitamin k (phytonadione) oral tablet	1	EHS
VOCABRIA ORAL TABLET	3	LA; EDS
vol-care rx oral tablet	1	EHS
vp-vite rx oral tablet	1	EHS

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

Drug Name	Tier	Requirements/Limits
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	2	EHS; EDS
WP THYROID ORAL TABLET	2	EHS; EDS
XELODA ORAL TABLET	3	EHS
XPHOZAH ORAL TABLET 20 MG	3	ST; QL (60 EA per 30 days); EDS
XPHOZAH ORAL TABLET 30 MG	3	ST; EDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG	3	PA; LA
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML	3	PA; EHS
ZEPBOUND SUBCUTANEOUS SOLUTION 5 MG/0.5ML	3	PA; EHS; EDS
ZEPBOUND 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	PA; EHS; EDS
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	3	PA; EHS
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	3	PA; EHS
ZOSYN INTRAVENOUS SOLUTION 3-0.375 GM/50ML	2	
ZOVIRAX ORAL TABLET 800 MG	3	
Ophthalmic Agents		
acetazolamide er oral capsule extended release 12 hour	1	EDS
acetazolamide oral tablet	1	EDS
ALOMIDE OPHTHALMIC SOLUTION	2	
apraclonidine hcl ophthalmic solution	1	EDS
atropine sulfate ophthalmic solution 1 %	1	
azelastine hcl ophthalmic solution	1	
bacitracin ophthalmic ointment	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1	
betaxolol hcl ophthalmic solution	1	EDS
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S OPHTHALMIC SUSPENSION	2	EDS
bimatoprost ophthalmic solution	1	EDS
brimonidine tartrate ophthalmic solution	1	EDS
brimonidine tartrate-timolol ophthalmic solution	1	EDS
brinzolamide ophthalmic suspension	1	EDS
bromfenac sodium (once-daily) ophthalmic solution	1	
bromfenac sodium ophthalmic solution 0.07 %	1	
carteolol hcl ophthalmic solution	1	EDS
CILOXAN OPHTHALMIC OINTMENT	3	
ciprofloxacin hcl ophthalmic solution	1	

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

Drug Name	Tier	Requirements/Limits
COMBIGAN OPHTHALMIC SOLUTION	2	EDS
cromolyn sodium ophthalmic solution	1	EDS
cyclosporine ophthalmic emulsion	1	EDS
CYSTADROPS OPHTHALMIC SOLUTION	3	PA; EDS
CYSTARAN OPHTHALMIC SOLUTION	2	PA; LA; EDS
dexamethasone sodium phosphate ophthalmic solution	1	
diclofenac sodium ophthalmic solution	1	EDS
difluprednate ophthalmic emulsion	1	
dorzolamide hcl ophthalmic solution	1	EDS
dorzolamide hcl-timolol mal ophthalmic solution	1	EDS
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	EDS
epinastine hcl ophthalmic solution	1	
erythromycin ophthalmic ointment	1	
fluorometholone ophthalmic suspension	1	
flurbiprofen sodium ophthalmic solution	1	
gatifloxacin ophthalmic solution	1	
GENTAK OPHTHALMIC OINTMENT	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO OPHTHALMIC SUSPENSION	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	EDS
ketorolac tromethamine ophthalmic solution	1	
LACRISERT OPHTHALMIC INSERT	2	
latanoprost ophthalmic solution	1	EDS
levobunolol hcl ophthalmic solution 0.5 %	1	EDS
levofloxacin ophthalmic solution 0.5 %	1	
LOTEMAX OPHTHALMIC OINTMENT	2	
LOTEMAX SM OPHTHALMIC GEL	2	
loteprednol etabonate ophthalmic gel	1	
loteprednol etabonate ophthalmic suspension 0.5 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	EDS
methazolamide oral tablet	1	EDS
moxifloxacin hcl ophthalmic solution	1	
NATACYN OPHTHALMIC SUSPENSION	2	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	3	
ofloxacin ophthalmic solution	1	

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

Drug Name	Tier	Requirements/Limits
olopatadine hcl ophthalmic solution	1	
OXERVATE OPHTHALMIC SOLUTION	3	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	EDS
polymyxin b-trimethoprim ophthalmic solution	1	
prednisolone acetate ophthalmic suspension	1	
prednisolone sodium phosphate ophthalmic solution	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	EDS
RESTASIS OPHTHALMIC EMULSION	2	EDS
RHOPRESSA OPHTHALMIC SOLUTION	2	EDS
ROCKLATAN OPHTHALMIC SOLUTION	2	EDS
SIMBRINZA OPHTHALMIC SUSPENSION	2	EDS
sulfacetamide sodium ophthalmic ointment	3	
sulfacetamide sodium ophthalmic solution	1	
sulfacetamide-prednisolone ophthalmic solution	1	
timolol maleate (once-daily) ophthalmic solution	1	EDS
timolol maleate ophthalmic gel forming solution	1	EDS
timolol maleate ophthalmic solution	1	EDS
timolol maleate pf ophthalmic solution	1	EDS
TOBRADEX OPHTHALMIC OINTMENT	3	
tobramycin ophthalmic solution	1	
tobramycin-dexamethasone ophthalmic suspension	1	
TOBREX OPHTHALMIC OINTMENT	3	
travoprost (bak free) ophthalmic solution	1	EDS
trifluridine ophthalmic solution	1	
VYZULTA OPHTHALMIC SOLUTION	2	EDS
XIIDRA OPHTHALMIC SOLUTION	2	EDS
ZIRGAN OPHTHALMIC GEL	2	
ZYLET OPHTHALMIC SUSPENSION	3	
Otic Agents		
acetic acid otic solution	1	
CIPRO HC OTIC SUSPENSION	3	
ciprofloxacin-dexamethasone otic suspension	1	
FLAC OTIC OIL	1	
fluocinolone acetonide otic oil	1	
hydrocortisone-acetic acid otic solution	1	
neomycin-polymyxin-hc otic solution 1 %	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic solution	1	
Respiratory Tract/ Pulmonary Agents		
acetylcysteine inhalation solution	1	BD
ADEMPAS ORAL TABLET	3	PA New Starts; LA; EDS

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

Drug Name	Tier	Requirements/Limits
ADVAIR HFA INHALATION AEROSOL	2	EDS
AIRSUPRA INHALATION AEROSOL	3	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	EDS
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	BD; EDS
albuterol sulfate oral syrup	1	EDS
albuterol sulfate oral tablet	1	EDS
ALYQ ORAL TABLET	1	PA New Starts; EDS
ambrisentan oral tablet 10 mg	1	PA New Starts; EDS
ambrisentan oral tablet 5 mg	1	PA New Starts; QL (30 EA per 30 days); EDS
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	EDS
arformoterol tartrate inhalation nebulization solution	1	BD; EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	1	AL (Min 12 Years); EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	EDS
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	1	EDS
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	1	EDS
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	1	EDS
ASMANEX HFA INHALATION AEROSOL	1	EDS
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	EDS
azelastine hcl nasal solution 0.1 %, 0.15 %	1	
azelastine-fluticasone nasal suspension	1	
bosentan oral tablet 125 mg	1	PA New Starts; EDS
bosentan oral tablet 62.5 mg	1	PA New Starts; QL (60 EA per 30 days); EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	EDS
BREYNA INHALATION AEROSOL	1	EDS
BREZTRI AEROSPHERE INHALATION AEROSOL	2	EDS
BRONCHITOL INHALATION CAPSULE	3	PA New Starts; EDS
budesonide inhalation suspension	1	BD; QL (120 ML per 30 days); EDS
budesonide-formoterol fumarate inhalation aerosol	1	EDS
carbinoxamine maleate oral solution	1	PA; PA does not apply to age less than 65.
carbinoxamine maleate oral tablet 4 mg	1	PA; PA does not apply to age less than 65.
CAYSTON INHALATION SOLUTION RECONSTITUTED	2	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	3	EDS
clemastine fumarate oral tablet 2.68 mg	1	PA; PA does not apply to age less than 65.
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	EDS
cromolyn sodium inhalation nebulization solution	1	BD; EDS
cromolyn sodium oral concentrate	1	EDS
cyproheptadine hcl oral syrup	1	PA; PA does not apply to age less than 65.
cyproheptadine hcl oral tablet	1	PA; PA does not apply to age less than 65.; EDS
desloratadine oral tablet	1	EDS
desloratadine oral tablet dispersible 2.5 mg	1	QL (30 EA per 30 days); EDS
desloratadine oral tablet dispersible 5 mg	1	EDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	2	PA; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; EDS
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	EDS
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	1	QL (60 EA per 30 days); EDS
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	1	EDS
fluticasone propionate hfa inhalation aerosol	1	EDS
fluticasone propionate nasal suspension	1	EDS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	1	EDS
formoterol fumarate inhalation nebulization solution	1	BD; EDS
hydroxyzine hcl oral tablet	1	PA; PA does not apply to age less than 65.
hydroxyzine pamoate oral capsule	1	PA; PA does not apply to age less than 65.
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	2	EDS
ipratropium bromide inhalation solution	1	BD; EDS
ipratropium bromide nasal solution	1	EDS
ipratropium-albuterol inhalation solution	1	BD; EDS
KALYDECO ORAL PACKET	2	PA New Starts; LA; EDS
KALYDECO ORAL TABLET	2	PA New Starts; LA; EDS
levalbuterol hcl inhalation nebulization solution	1	BD; EDS
levalbuterol tartrate inhalation aerosol	1	EDS
levocetirizine dihydrochloride oral solution	1	
levocetirizine dihydrochloride oral tablet	1	EDS
mometasone furoate nasal suspension	1	
montelukast sodium oral packet	1	EDS
montelukast sodium oral tablet	1	EDS

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

Drug Name	Tier	Requirements/Limits
montelukast sodium oral tablet chewable	1	EDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; LA; EDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; LA; EDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LA; EDS
OFEV ORAL CAPSULE	2	PA; LA; QL (60 EA per 30 days); EDS
OHTUVAYRE INHALATION SUSPENSION	3	PA; LA; EDS
olopatadine hcl nasal solution	1	
OPSUMIT ORAL TABLET	3	PA New Starts; LA; EDS
OPSYNVI ORAL TABLET	3	PA New Starts; LA; EDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA New Starts; LA; EDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA New Starts; LA; EDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA New Starts; LA; EDS
ORKAMBI ORAL PACKET	2	PA New Starts; LA; EDS
ORKAMBI ORAL TABLET	2	PA New Starts; LA; EDS
pirfenidone oral tablet 267 mg	1	PA; QL (180 EA per 30 days); EDS
pirfenidone oral tablet 801 mg	1	PA; QL (90 EA per 30 days); EDS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
promethazine hcl oral solution	3	PA; PA does not apply to age less than 65.
promethazine hcl oral tablet	3	PA; PA does not apply to age less than 65.
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	1	EDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	2	BD; EDS
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	1	QL (10.6 GM per 30 days); EDS
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	1	EDS
roflumilast oral tablet 250 mcg	1	QL (28 EA per 365 days)
roflumilast oral tablet 500 mcg	1	EDS
ROZLYTREK ORAL PACKET	3	PA New Starts; LA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	EDS
sildenafil citrate oral suspension reconstituted	1	PA New Starts; EDS
sildenafil citrate oral tablet 20 mg	1	PA New Starts; EDS
SPIRIVA HANDIHALER INHALATION CAPSULE	2	EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	2	EDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	2	EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	2	EDS
SYMDEKO ORAL TABLET THERAPY PACK	2	PA New Starts; LA; EDS

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

Drug Name	Tier	Requirements/Limits
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	2	
tadalafil (pah) oral tablet	1	PA New Starts; EDS
terbutaline sulfate oral tablet	1	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	EDS
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	EDS
theophylline er oral tablet extended release 24 hour	1	EDS
theophylline oral solution	1	EDS
TOBI PODHALER INHALATION CAPSULE	2	EDS
tobramycin inhalation nebulization solution	1	BD; EDS
TRACLEER ORAL TABLET SOLUBLE	2	PA New Starts; LA; EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	EDS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	2	PA New Starts; EDS
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	2	PA New Starts; QL (84 EA per 28 days); EDS
TRIKAFTA ORAL THERAPY PACK	2	PA New Starts; LA; EDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	EDS
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA New Starts; LA; QL (60 EA per 30 days); EDS
UPTRAVI ORAL TABLET 1600 MCG	3	PA New Starts; LA; EDS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	3	PA New Starts; LA
VENTAVIS INHALATION SOLUTION	3	PA New Starts; LA; EDS
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG	3	PA; QL (1 EA per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	3	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	1	EDS
YUPELRI INHALATION SOLUTION	3	BD; EDS
zafirlukast oral tablet	1	EDS
ZETONNA NASAL AEROSOL SOLUTION	3	
ZYFLO ORAL TABLET	2	EDS
Skeletal Muscle Relaxants		
chlorzoxazone oral tablet 500 mg	1	EDS
cyclobenzaprine hcl oral tablet	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er oral tablet extended release 12 hour	1	
Sleep Disorder Agents		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	3	PA New Starts; PA does not apply to age less than 65.

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

Drug Name	Tier	Requirements/Limits
AMBIEN ORAL TABLET	3	PA New Starts; PA does not apply to age less than 65.
armodafinil oral tablet	1	EDS
BELSOMRA ORAL TABLET 10 MG, 5 MG	2	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	2	
DAYVIGO ORAL TABLET 10 MG	3	PA New Starts; PA does not apply to age less than 65.
DAYVIGO ORAL TABLET 5 MG	3	PA New Starts; PA does not apply to age less than 65.; QL (30 EA per 30 days)
doxepin hcl oral tablet 3 mg	1	QL (30 EA per 30 days)
doxepin hcl oral tablet 6 mg	1	
estazolam oral tablet	1	
eszopiclone oral tablet	1	PA New Starts; PA does not apply to age less than 65.
flurazepam hcl oral capsule	1	
LUNESTA ORAL TABLET	3	
modafinil oral tablet	1	EDS
QUVIVIQ ORAL TABLET	3	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)
ramelteon oral tablet	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG	3	
RESTORIL ORAL CAPSULE 7.5 MG	3	QL (30 EA per 30 days)
SUNOSI ORAL TABLET 150 MG	3	PA; EDS
SUNOSI ORAL TABLET 75 MG	3	PA; QL (45 EA per 30 days); EDS
tasimelteon oral capsule	1	PA; EDS
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	1	
temazepam oral capsule 7.5 mg	1	QL (30 EA per 30 days)
XYREM ORAL SOLUTION	2	PA; LA
XYWAV ORAL SOLUTION	3	PA; LA
zaleplon oral capsule	1	PA New Starts
zolpidem tartrate er oral tablet extended release	1	PA New Starts; PA does not apply to age less than 65.
zolpidem tartrate oral tablet	1	PA New Starts; PA does not apply to age less than 65.

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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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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.
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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