

Independent Health's Medicare Advantage

2025 C-SNP Part D Formulary



(List of Covered Drugs)

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

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

HPMS Approved Formulary File Submission ID 00025492

This formulary was updated on 10/1/2024. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m. or visit www.IndependentHealth.com/Medicare.

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

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

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

This document includes a Drug List (formulary) for our plan which is current as of 10/1/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2025, and from time to time during the year.

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

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but Independent Health may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.IndependentHealth.com/Medicare

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the the Independent Health Assure Advantage® (HMO C-SNP) Part D Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Independent Health Assure Advantage® (HMO C-SNP) Part D Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/1/2024. To get updated information about the drugs covered by Independent Health, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.IndependentHealth.com/Medicare and in printed form.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

Independent Health covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization, quantity limit, and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Independent Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to Independent Health’s Assure Advantage® (HMO C-SNP) Part D Formulary?” on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by Independent Health. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Independent Health.
- You can ask Independent Health to make an exception and cover your drug. See below for information about how to request an exception.

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

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

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

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

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

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

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

For more information

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

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

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

Independent Health's Formulary

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

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

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

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

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

Drugs listed with **“EDS”** in the Requirements/Limits column may be prescribed and dispensed at a participating network retail or mail order pharmacy for an extended day supply. EDS drugs on Tier 1 can be filled for a 100-day supply. EDS drugs on Tiers 2, 3 and 4 can be filled for a 90-day supply.

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

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

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

Drugs listed with a **“QL”** in the Requirements/Limits column have quantity limits (see “Are there any restrictions to my coverage” on page IV).

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 IV).

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Drug Name	Tier	Requirements/Limits
Analgesics		
Analgesics		
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	4	PA; PA not required if under 65 years of age.
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	4	PA; PA not required if under 65 years of age.
TENCON ORAL TABLET 50-325 MG	4	PA; PA not required if under 65 years of age.
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	EDS
<i>diclofenac epolamine external patch 1.3 %</i>	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	2	EDS
<i>diclofenac sodium external gel 1 %</i>	2	
<i>diclofenac sodium external solution 1.5 %</i>	2	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	EDS
<i>diflunisal oral tablet 500 mg</i>	2	EDS
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	EDS
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	EDS
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	EDS
<i>ibu oral tablet 600 mg, 800 mg</i>	2	EDS
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EDS
<i>indomethacin er oral capsule extended release 75 mg</i>	4	EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4	EDS

Drug Name	Tier	Requirements/Limits
<i>ketorolac tromethamine oral tablet 10 mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	2	EDS
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	EDS
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EDS
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	EDS
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	EDS
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	3	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	3	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	2	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	2	QL (15 EA per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	
<i>methadone hcl oral tablet 10 mg</i>	2	
<i>methadone hcl oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	4	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	3	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	3	QL (30 EA per 30 days)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 300 mg</i>	3	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	3	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	3	

Drug Name	Tier	Requirements/Limits
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	4	PA; PA not required if under 65 years of age.
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	2	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	
<i>hydromorphone hcl injection solution 2 mg/ml</i>	2	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	2	QL (180 EA per 30 days)

Drug Name	Tier	Requirements/Limits
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	2	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate intravenous solution 10 mg/ml</i>	2	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	2	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	
<i>oxycodone hcl oral capsule 5 mg</i>	2	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	2	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>oxymorphone hcl oral tablet 10 mg</i>	2	
<i>oxymorphone hcl oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	3	
<i>tramadol hcl oral tablet 50 mg</i>	2	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	2	
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl (pf) injection solution 1 %</i>	2	
<i>lidocaine hcl external solution 4 %</i>	2	
<i>lidocaine hcl injection solution 1 %</i>	2	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	2	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	2	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	
<i>lidocan external patch 5 %</i>	2	PA
<i>tridacaine external patch 5 %</i>	2	PA
<i>tridacaine ii external patch 5 %</i>	2	PA

Drug Name	Tier	Requirements/Limits
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	EDS
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	EDS
<i>naltrexone hcl oral tablet 50 mg</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	
LUCEMYRA ORAL TABLET 0.18 MG	5	
<i>naltrexone hcl oral tablet 50 mg</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	2	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	3	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	EDS
NICOTROL INHALATION INHALER 10 MG	4	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	2	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	2	

Drug Name	Tier	Requirements/Limits
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA; LA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate external cream 0.1 %</i>	2	
<i>gentamicin sulfate external ointment 0.1 %</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	4	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
Antibacterials, Other		
<i>acetic acid otic solution 2 %</i>	2	
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	
<i>clindamycin phosphate external swab 1 %</i>	2	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	2	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	
<i>fosfomycin tromethamine oral packet 3 gm</i>	4	QL (1 EA per 30 days)
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	
<i>linezolid oral tablet 600 mg</i>	4	

Drug Name	Tier	Requirements/Limits
<i>methenamine hippurate oral tablet 1 gm</i>	2	
<i>metronidazole external cream 0.75 %</i>	2	
<i>metronidazole external gel 0.75 %, 1 %</i>	2	
<i>metronidazole external lotion 0.75 %</i>	3	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	
NUVESSA VAGINAL GEL 1.3 %	4	
<i>physiosol irrigation irrigation solution</i>	2	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5	PA
SIVEXTRO ORAL TABLET 200 MG	5	PA
<i>sterile water for irrigation irrigation solution</i>	2	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 5 gm</i>	4	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	2	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	4	
<i>vandazole vaginal gel 0.75 %</i>	2	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	PA
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	

Drug Name	Tier	Requirements/Limits
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	3	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	4	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	4	
<i>cefixime oral capsule 400 mg</i>	3	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	2	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	

Drug Name	Tier	Requirements/Limits
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	4	
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	

Drug Name	Tier	Requirements/Limits
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	2	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 40.5 (36-4.5) gm</i>	3	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	2	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM	4	PA; Prior authorization not required for nephrologists or infectious diseases specialists.
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral packet 1 gm</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	
DIFICID ORAL TABLET 200 MG	5	
<i>e.e.s. 400 oral tablet 400 mg</i>	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	

Drug Name	Tier	Requirements/Limits
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	4	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
Quinolones		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 25 mg/ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	2	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	2	
<i>moxifloxacin hcl oral tablet 400 mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	2	
Tetracyclines		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	4	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	2	

Drug Name	Tier	Requirements/Limits
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	EDS
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	3	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	5	
BRIVIACT ORAL TABLET 10 MG	5	QL (240 EA per 30 days)
BRIVIACT ORAL TABLET 100 MG	5	
BRIVIACT ORAL TABLET 25 MG, 50 MG, 75 MG	5	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA New Starts; LA
DIACOMIT ORAL PACKET 250 MG, 500 MG	5	PA New Starts; LA
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	EDS
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	EDS
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA New Starts; LA
EPRONTIA ORAL SOLUTION 25 MG/ML	4	EDS
<i>felbamate oral suspension 600 mg/5ml</i>	2	EDS
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	EDS
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA New Starts; LA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 EA per 30 days); EDS
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	3	EDS

Drug Name	Tier	Requirements/Limits
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	EDS
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	EDS
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	4	EDS
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	2	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	2	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	EDS
<i>levetiracetam oral solution 100 mg/ml</i>	2	EDS
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	EDS
<i>roweepra oral tablet 500 mg</i>	2	EDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	EDS
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	EDS
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	2	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	2	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	2	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	EDS
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	EDS
<i>valproic acid oral capsule 250 mg</i>	2	EDS
<i>valproic acid oral solution 250 mg/5ml</i>	2	EDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)

Drug Name	Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA New Starts; LA
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	2	EDS
<i>ethosuximide oral solution 250 mg/5ml</i>	2	EDS
<i>methsuximide oral capsule 300 mg</i>	2	EDS
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	EDS
<i>pregabalin oral solution 20 mg/ml</i>	3	EDS
Gamma-Aminobutyric Acid (Gaba) Modulating Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	2	EDS
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	EDS
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	3	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	3	EDS
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	EDS
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	5	QL (10 EA per 30 days); AL (Min 2 Years and Max 5 Years)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	PA New Starts; Prior authorization not required for neurologists.
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	EDS
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	EDS
<i>pregabalin oral capsule 200 mg, 300 mg</i>	2	EDS
<i>pregabalin oral solution 20 mg/ml</i>	3	EDS
<i>primidone oral tablet 250 mg, 50 mg</i>	2	EDS
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	
<i>tiagabine hcl oral tablet 12 mg, 16 mg</i>	4	EDS
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	4	QL (120 EA per 30 days); EDS
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	PA New Starts; Prior authorization not required for neurologists.

Drug Name	Tier	Requirements/Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	PA New Starts; Prior authorization not required for neurologists.
<i>vigabatrin oral packet 500 mg</i>	5	
<i>vigabatrin oral tablet 500 mg</i>	5	
<i>vigadrone oral packet 500 mg</i>	5	
<i>vigadrone oral tablet 500 mg</i>	5	
<i>vigpoder oral packet 500 mg</i>	5	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA New Starts; LA
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	5	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	3	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	EDS
<i>carbamazepine oral suspension 100 mg/5ml</i>	3	EDS
<i>carbamazepine oral tablet 200 mg</i>	2	EDS
<i>carbamazepine oral tablet chewable 100 mg</i>	2	EDS
DILANTIN ORAL CAPSULE 30 MG	3	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	EDS
<i>lacosamide oral solution 10 mg/ml</i>	4	EDS
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	EDS
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	EDS
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	2	EDS
<i>phenytoin oral tablet chewable 50 mg</i>	2	EDS
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	EDS
<i>rufinamide oral suspension 40 mg/ml</i>	5	
<i>rufinamide oral tablet 200 mg</i>	4	EDS
<i>rufinamide oral tablet 400 mg</i>	5	
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	EDS

Drug Name	Tier	Requirements/Limits
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	EDS
Antidementia Agents		
Antidementia Agents, Other		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	EDS
<i>ergoloid mesylates oral tablet 1 mg</i>	4	EDS
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	4	PA New Starts
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	PA New Starts; EDS
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 8 mg</i>	2	QL (30 EA per 30 days); EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour 24 mg</i>	2	EDS
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	EDS
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	EDS
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	EDS
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	3	EDS
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	2	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	3	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	
Antidepressants		
Antidepressants, Other		
<i>aripiprazole oral solution 1 mg/ml</i>	2	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	EDS
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	PA New Starts

Drug Name	Tier	Requirements/Limits
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	EDS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	EDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	EDS
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	2	EDS
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	EDS
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	EDS
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	4	EDS
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	5	PA New Starts; LA
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	
MARPLAN ORAL TABLET 10 MG	3	EDS
<i>phenelzine sulfate oral tablet 15 mg</i>	2	EDS
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	EDS
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	EDS
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	EDS
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i>	4	EDS
<i>desvenlafaxine er oral tablet extended release 24 hour 50 mg</i>	4	QL (30 EA per 30 days); EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>drizalma sprinkle oral capsule delayed release sprinkle 20 mg, 30 mg, 40 mg</i>	4	QL (60 EA per 30 days); EDS
<i>drizalma sprinkle oral capsule delayed release sprinkle 60 mg</i>	4	EDS
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	3	EDS
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	EDS
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	4	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 80 MG	4	QL (30 EA per 30 days); EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	2	EDS
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	2	EDS
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	EDS
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	2	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	4	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	4	EDS
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	EDS
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	EDS
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	EDS
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	EDS
<i>paroxetine mesylate oral capsule 7.5 mg</i>	2	EDS
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	EDS
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	2	EDS
TRINTELLIX ORAL TABLET 10 MG, 5 MG	4	QL (30 EA per 30 days); EDS

Drug Name	Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 20 MG	4	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	EDS
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	EDS
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	EDS
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	EDS
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	3	EDS
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	EDS
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	EDS
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	EDS
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	EDS
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	EDS
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	EDS
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	EDS
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	2	EDS
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	2	EDS
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	EDS
<i>compro rectal suppository 25 mg</i>	4	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	EDS
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	4	PA; PA not required if under 65 years of age.

Drug Name	Tier	Requirements/Limits
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	PA; PA not required if under 65 years of age.
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	4	PA; PA not required if under 65 years of age.
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	3	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	
Emetogenic Therapy Adjuncts		
AKYNZEO ORAL CAPSULE 300-0.5 MG	4	BD
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	4	BD
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA
<i>granisetron hcl oral tablet 1 mg</i>	2	BD
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BD
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	2	BD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	5	
SYNDROS ORAL SOLUTION 5 MG/ML	4	PA
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	4	BD
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BD
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	4	BD
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	4	BD
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	2	
<i>ciclopirox external solution 8 %</i>	2	
<i>ciclopirox olamine external cream 0.77 %</i>	2	
<i>ciclopirox olamine external suspension 0.77 %</i>	2	
<i>clotrimazole external cream 1 %</i>	2	
<i>clotrimazole external solution 1 %</i>	2	
<i>clotrimazole mouth/throat troche 10 mg</i>	2	
CRESEMBA ORAL CAPSULE 186 MG	5	PA

Drug Name	Tier	Requirements/Limits
<i>econazole nitrate external cream 1 %</i>	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	5	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
<i>itraconazole oral capsule 100 mg</i>	4	PA; Prior authorization not required for infectious diseases specialists.
<i>itraconazole oral solution 10 mg/ml</i>	4	PA; Prior authorization not required for infectious diseases specialists.
<i>ketoconazole external cream 2 %</i>	2	
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral tablet 200 mg</i>	2	PA
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	4	
<i>miconazole 3 vaginal suppository 200 mg</i>	2	
<i>nyamyc external powder 100000 unit/gm</i>	2	
<i>nystatin external cream 100000 unit/gm</i>	2	
<i>nystatin external ointment 100000 unit/gm</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	2	
<i>nystop external powder 100000 unit/gm</i>	2	
<i>posaconazole oral suspension 40 mg/ml</i>	5	
<i>posaconazole oral tablet delayed release 100 mg</i>	5	
<i>terbinafine hcl oral tablet 250 mg</i>	2	

Drug Name	Tier	Requirements/Limits
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	4	PA; QL (18 EA per 84 days)
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	BD
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	EDS
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	EDS
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST; EDS
<i>probenecid oral tablet 500 mg</i>	2	EDS
Antimigraine Agents		
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days); EDS
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	3	PA; EDS
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	3	PA; EDS
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	4	PA; EDS
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 EA per 30 days); EDS
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	QL (8 ML per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	

Drug Name	Tier	Requirements/Limits
Prophylactic		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	3	PA; EDS
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	3	PA; EDS
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	EDS
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	EDS
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	EDS
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	EDS
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	EDS
Serotonin (5-Ht) Receptor Agonist		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	2	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	2	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	3	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	4	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	4	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	4	
<i>zolmitriptan nasal solution 5 mg</i>	3	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	

Drug Name	Tier	Requirements/Limits
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	EDS
PRIFTIN ORAL TABLET 150 MG	4	
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral syrup 50 mg/5ml</i>	2	EDS
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	EDS
PRETOMANID ORAL TABLET 200 MG	4	PA
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifampin intravenous solution reconstituted 600 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA
TRECTOR ORAL TABLET 250 MG	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	BD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	BD
GLEOSTINE ORAL CAPSULE 10 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5	
LEUKERAN ORAL TABLET 2 MG	3	
MATULANE ORAL CAPSULE 50 MG	5	LA
VALCHLOR EXTERNAL GEL 0.016 %	5	PA New Starts
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	2	
<i>bicalutamide oral tablet 50 mg</i>	2	
ERLEADA ORAL TABLET 240 MG, 60 MG	5	PA New Starts

Drug Name	Tier	Requirements/Limits
<i>nilutamide oral tablet 150 mg</i>	5	
NUBEQA ORAL TABLET 300 MG	5	PA New Starts; LA
XTANDI ORAL CAPSULE 40 MG	5	PA New Starts
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA New Starts
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA New Starts
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA New Starts; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA New Starts; LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	LA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	3	
ORSERDU ORAL TABLET 345 MG, 86 MG	5	PA New Starts; LA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	3	EDS
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	EDS
<i>toremifene citrate oral tablet 60 mg</i>	4	EDS
Antimetabolites		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA New Starts; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	EDS
<i>hydroxyurea oral capsule 500 mg</i>	2	
<i>mercaptopurine oral tablet 50 mg</i>	2	
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA New Starts; QL (30 EA per 30 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	LA
Antineoplastics, Other		
<i>hydroxyurea oral capsule 500 mg</i>	2	
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
INQOVI ORAL TABLET 35-100 MG	5	PA New Starts; LA
IWILFIN ORAL TABLET 192 MG	5	PA New Starts; LA
JYLAMVO ORAL SOLUTION 2 MG/ML	4	BD
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA New Starts
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA New Starts

Drug Name	Tier	Requirements/Limits
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA New Starts
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA New Starts; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA New Starts; LA
LYSODREN ORAL TABLET 500 MG	3	
<i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	EDS
NINLARO ORAL CAPSULE 3 MG, 4 MG	5	PA New Starts; QL (3 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	5	LA
TABLOID ORAL TABLET 40 MG	4	
VORANIGO ORAL TABLET 10 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA New Starts; LA
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BD
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	2	EDS
<i>exemestane oral tablet 25 mg</i>	2	EDS
<i>letrozole oral tablet 2.5 mg</i>	2	EDS
Enzyme Inhibitors		
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA New Starts; LA; QL (60 EA per 30 days)

Drug Name	Tier	Requirements/Limits
OGSIVEO ORAL TABLET 50 MG	5	PA New Starts; LA
TIBSOVO ORAL TABLET 250 MG	5	PA New Starts; LA
Molecular Target Inhibitors		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA New Starts; LA
ALECENSA ORAL CAPSULE 150 MG	5	PA New Starts
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA New Starts; LA
AUGTYRO ORAL CAPSULE 40 MG	5	PA New Starts; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	5	PA New Starts; LA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA New Starts; LA
BOSULIF ORAL CAPSULE 100 MG	5	PA New Starts; LA
BOSULIF ORAL CAPSULE 50 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA New Starts; LA
BRUKINSA ORAL CAPSULE 80 MG	5	PA New Starts
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA New Starts; LA
CALQUENCE ORAL CAPSULE 100 MG	5	PA New Starts
CALQUENCE ORAL TABLET 100 MG	5	PA New Starts
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	5	PA New Starts; LA
COTELLIC ORAL TABLET 20 MG	5	PA New Starts
DAURISMO ORAL TABLET 100 MG	5	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	5	PA New Starts
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	3	

Drug Name	Tier	Requirements/Limits
<i>erlotinib hcl oral tablet 25 mg</i>	3	QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA New Starts
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA New Starts
EXKIVITY ORAL CAPSULE 40 MG	5	PA New Starts; LA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA New Starts; LA
FRUZAQLA ORAL CAPSULE 1 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA New Starts; LA
<i>gefitinib oral tablet 250 mg</i>	5	PA New Starts
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA New Starts; LA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA New Starts; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA New Starts; LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA New Starts
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	3	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA New Starts; LA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA New Starts; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA New Starts; LA
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA New Starts; LA
INREBIC ORAL CAPSULE 100 MG	5	PA New Starts; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA New Starts; LA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA New Starts
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA New Starts; LA
KRAZATI ORAL TABLET 200 MG	5	PA New Starts; LA
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA New Starts

Drug Name	Tier	Requirements/Limits
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 320 MG	5	PA New Starts
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA New Starts; LA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA New Starts; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA New Starts; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA New Starts; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA New Starts
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA New Starts
MEKTOVI ORAL TABLET 15 MG	5	PA New Starts; LA
NERLYNX ORAL TABLET 40 MG	5	PA New Starts; LA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA New Starts; QL (3 EA per 28 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA New Starts
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA New Starts; LA
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA New Starts; LA

Drug Name	Tier	Requirements/Limits
OJEMDA ORAL TABLET 100 MG	5	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG (16 PACK)	5	PA New Starts; LA; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 100 MG (24 PACK)	5	PA New Starts; LA; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	5	PA New Starts; LA
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA New Starts
PEMAZYRE ORAL TABLET 13.5 MG	5	PA New Starts; LA
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA New Starts; LA
QINLOCK ORAL TABLET 50 MG	5	PA New Starts; LA
RETEVMO ORAL CAPSULE 40 MG	5	PA New Starts; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA New Starts
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA New Starts; LA
RETEVMO ORAL TABLET 40 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA New Starts
REZUROCK ORAL TABLET 200 MG	5	PA New Starts; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA New Starts; LA
ROZLYTREK ORAL PACKET 50 MG	5	PA New Starts; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA New Starts
SCEMBLIX ORAL TABLET 100 MG	5	PA New Starts
SCEMBLIX ORAL TABLET 20 MG	5	PA New Starts; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA New Starts; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA New Starts
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	5	PA New Starts; QL (30 EA per 30 days)

Drug Name	Tier	Requirements/Limits
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	5	PA New Starts; QL (60 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA New Starts; LA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA New Starts
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA New Starts
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA New Starts
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA New Starts
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA New Starts; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA New Starts
TAZVERIK ORAL TABLET 200 MG	5	PA New Starts; LA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA New Starts
TIBSOVO ORAL TABLET 250 MG	5	PA New Starts; LA
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA New Starts
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA New Starts; LA
TUKYSA ORAL TABLET 150 MG	5	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA New Starts; LA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA New Starts; LA
VENCLEXTA ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA New Starts; LA; QL (42 EA per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA New Starts
VIJOICE ORAL PACKET 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA New Starts; LA

Drug Name	Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 25 MG	5	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	5	PA New Starts; LA
VONJO ORAL CAPSULE 100 MG	5	PA New Starts; QL (120 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA New Starts
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA New Starts; LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	5	PA New Starts; LA
XOSPATA ORAL TABLET 40 MG	5	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (32 EA per 28 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA New Starts; LA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA New Starts
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA New Starts
ZYKADIA ORAL TABLET 150 MG	5	PA New Starts
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA New Starts
<i>bexarotene oral capsule 75 mg</i>	5	
<i>tretinoin oral capsule 10 mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	

Drug Name	Tier	Requirements/Limits
MESNEX ORAL TABLET 400 MG	3	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	4	
EMVERM ORAL TABLET CHEWABLE 100 MG	5	
<i>ivermectin oral tablet 3 mg</i>	2	
<i>praziquantel oral tablet 600 mg</i>	2	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	EDS
COARTEM ORAL TABLET 20-120 MG	3	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	EDS
IMPAVIDO ORAL CAPSULE 50 MG	5	
<i>mefloquine hcl oral tablet 250 mg</i>	2	EDS
<i>nitazoxanide oral tablet 500 mg</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	BD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral tablet 25 mg</i>	5	
<i>quinine sulfate oral capsule 324 mg</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	EDS
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	2	EDS
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	2	EDS
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	EDS
<i>amantadine hcl oral tablet 100 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	EDS
<i>entacapone oral tablet 200 mg</i>	2	EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	4	PA; EDS
Dopamine Agonists		
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	5	PA
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	EDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	QL (30 EA per 30 days); EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	3	QL (30 EA per 30 days); EDS
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	3	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>	3	QL (60 EA per 30 days); EDS
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	EDS
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	4	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	EDS
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	EDS
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	EDS
INBRIJA INHALATION CAPSULE 42 MG	5	PA; LA
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	2	EDS
<i>selegiline hcl oral capsule 5 mg</i>	2	EDS
<i>selegiline hcl oral tablet 5 mg</i>	2	EDS
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	5	

Drug Name	Tier	Requirements/Limits
Antipsychotics		
1St Generation/Typical		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	EDS
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	EDS
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	BD
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	BD
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	EDS
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	EDS
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	EDS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	BD
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	EDS
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	EDS
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	EDS
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	EDS
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	EDS
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	EDS
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	EDS
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	EDS
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	EDS
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	5	BD
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	BD

Drug Name	Tier	Requirements/Limits
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 2 MG	5	PA New Starts; QL (60 EA per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	EDS
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	4	QL (60 EA per 30 days); EDS
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	BD
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	5	BD
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	EDS
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days); EDS
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	5	PA New Starts; QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	PA New Starts
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA New Starts; QL (90 EA per 30 days); EDS
FANAPT ORAL TABLET 10 MG	5	PA New Starts; QL (60 EA per 30 days)
FANAPT ORAL TABLET 12 MG, 8 MG	5	PA New Starts
FANAPT ORAL TABLET 6 MG	5	PA New Starts; QL (90 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA New Starts; QL (8 EA per 4 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	PA New Starts
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	BD

Drug Name	Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	BD
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	PA New Starts
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	EDS
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA New Starts
NUPLAZID ORAL CAPSULE 34 MG	5	PA New Starts; LA
NUPLAZID ORAL TABLET 10 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	2	BD
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	EDS
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	2	EDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>	3	QL (90 EA per 30 days); EDS
<i>paliperidone er oral tablet extended release 24 hour 3 mg</i>	3	QL (30 EA per 30 days); EDS
<i>paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg</i>	3	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	PA New Starts
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	5	QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	5	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	2	BD
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	5	BD
<i>risperidone oral solution 1 mg/ml</i>	2	EDS
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	3	QL (90 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 1 mg, 2 mg</i>	3	QL (30 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	3	EDS
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG	4	PA New Starts; EDS
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	PA New Starts
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	5	PA New Starts; QL (30 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	5	PA New Starts
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML	5	PA New Starts
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	EDS
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	EDS
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	2	EDS
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA; LA
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	
<i>valganciclovir hcl oral tablet 450 mg</i>	3	EDS
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	EDS
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	EDS
<i>lamivudine oral solution 10 mg/ml</i>	2	EDS
<i>lamivudine oral tablet 100 mg</i>	2	EDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	EDS
VEMLIDY ORAL TABLET 25 MG	5	
VIREAD ORAL POWDER 40 MG/GM	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
Anti-Hepatitis C (Hcv) Agents		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	5	PA
MAVYRET ORAL PACKET 50-20 MG	5	PA
MAVYRET ORAL TABLET 100-40 MG	5	PA
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA
VOSEVI ORAL TABLET 400-100-100 MG	5	PA
Antiherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	BD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	
DOVATO ORAL TABLET 50-300 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	

Drug Name	Tier	Requirements/Limits
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL PACKET 100 MG	5	
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	EDS
JULUCA ORAL TABLET 50-25 MG	5	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
TIVICAY ORAL TABLET 10 MG	3	EDS
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	3	EDS
VOCABRIA ORAL TABLET 30 MG	5	LA
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	5	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
EDURANT ORAL TABLET 25 MG	5	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	EDS
<i>efavirenz oral tablet 600 mg</i>	2	EDS
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	2	EDS
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	
INTELENCE ORAL TABLET 25 MG	4	EDS
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	EDS
<i>nevirapine oral suspension 50 mg/5ml</i>	2	EDS
<i>nevirapine oral tablet 200 mg</i>	2	EDS
PIFELTRO ORAL TABLET 100 MG	5	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	EDS
<i>abacavir sulfate oral tablet 300 mg</i>	2	EDS
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	EDS
CIMDUO ORAL TABLET 300-300 MG	5	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	

Drug Name	Tier	Requirements/Limits
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	2	EDS
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	
<i>emtricitabine oral capsule 200 mg</i>	2	EDS
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	2	EDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	EDS
EMTRIVA ORAL SOLUTION 10 MG/ML	3	EDS
JULUCA ORAL TABLET 50-25 MG	5	
<i>lamivudine oral solution 10 mg/ml</i>	2	EDS
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	EDS
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	EDS
ODEFSEY ORAL TABLET 200-25-25 MG	5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	EDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	EDS
TRIZIVIR ORAL TABLET 300-150-300 MG	5	
VIREAD ORAL POWDER 40 MG/GM	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
<i>zidovudine oral capsule 100 mg</i>	2	EDS
<i>zidovudine oral syrup 50 mg/5ml</i>	2	EDS
<i>zidovudine oral tablet 300 mg</i>	2	EDS
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SELZENTRY ORAL TABLET 25 MG	3	EDS
SELZENTRY ORAL TABLET 75 MG	5	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	5	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	EDS
TYBOST ORAL TABLET 150 MG	3	EDS

Drug Name	Tier	Requirements/Limits
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	3	EDS
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	2	EDS
<i>darunavir oral tablet 600 mg</i>	4	EDS
<i>darunavir oral tablet 800 mg</i>	5	
EVOTAZ ORAL TABLET 300-150 MG	5	
<i>fosamprenavir calcium oral tablet 700 mg</i>	2	EDS
LEXIVA ORAL SUSPENSION 50 MG/ML	3	EDS
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	EDS
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	2	EDS
NORVIR ORAL PACKET 100 MG	3	EDS
PREZCOBIX ORAL TABLET 800-150 MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 75 MG	3	EDS
REYATAZ ORAL PACKET 50 MG	5	
<i>ritonavir oral tablet 100 mg</i>	2	EDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
Anti-Influenza Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	EDS
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	EDS
<i>amantadine hcl oral tablet 100 mg</i>	2	EDS
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	
<i>rimantadine hcl oral tablet 100 mg</i>	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
Antiviral, Coronavirus Agents		
LAGEVRIO ORAL CAPSULE 200 MG	3	

Drug Name	Tier	Requirements/Limits
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	EDS
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA; PA not required if under 65 years of age.
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	3	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	3	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	3	EDS

Drug Name	Tier	Requirements/Limits
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	EDS
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	EDS
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	EDS
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	EDS
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	EDS
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	EDS
Bipolar Agents		
Bipolar Agents, Other		
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	EDS
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days); EDS
<i>lamotrigine oral tablet 25 mg</i>	2	EDS
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	EDS
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA New Starts
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	2	BD
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	EDS
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	2	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	2	BD
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	5	BD
<i>risperidone oral solution 1 mg/ml</i>	2	EDS
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	3	QL (90 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 1 mg, 2 mg</i>	3	QL (30 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	3	EDS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	EDS
Mood Stabilizers		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	3	EDS
<i>carbamazepine oral suspension 100 mg/5ml</i>	3	EDS
<i>carbamazepine oral tablet 200 mg</i>	2	EDS
<i>carbamazepine oral tablet chewable 100 mg</i>	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	EDS
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	EDS
<i>epitol oral tablet 200 mg</i>	2	EDS
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	EDS
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	EDS
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	4	EDS
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	2	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	2	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	2	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	EDS
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	EDS
<i>lithium carbonate oral tablet 300 mg</i>	2	EDS
<i>lithium oral solution 8 meq/5ml</i>	2	EDS
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>colesevelam hcl oral packet 3.75 gm</i>	2	EDS
<i>colesevelam hcl oral tablet 625 mg</i>	2	EDS
FARXIGA ORAL TABLET 10 MG	3	EDS
FARXIGA ORAL TABLET 5 MG	3	QL (30 EA per 30 days); EDS
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	EDS
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	EDS
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	EDS
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	EDS
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	EDS
JARDIANCE ORAL TABLET 10 MG	3	QL (30 EA per 30 days); EDS
JARDIANCE ORAL TABLET 25 MG	3	EDS
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	EDS
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	EDS
<i>metformin hcl oral solution 500 mg/5ml</i>	4	EDS
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	EDS
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	EDS
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL (2 ML per 28 days); EDS
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML	3	PA; QL (2 ML per 365 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days); EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days); EDS
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 ML per 28 days); EDS
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	2	PA; EDS
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	2	EDS
RYBELSUS ORAL TABLET 14 MG	3	PA; EDS

Drug Name	Tier	Requirements/Limits
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 EA per 365 days)
RYBELSUS ORAL TABLET 7 MG	3	PA; QL (30 EA per 30 days); EDS
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (15 ML per 25 days); EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5	PA; Prior authorization not required for endocrinologists.
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5	PA; Prior authorization not required for endocrinologists.
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	EDS
TRADJENTA ORAL TABLET 5 MG	3	EDS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	3	EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 ML per 28 days); EDS
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	EDS
Blood Glucose Regulators		
<i>global alcohol prep ease pad 70 %</i>	2	
<i>mifepristone oral tablet 300 mg</i>	5	PA New Starts
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	2	
<i>diazoxide oral suspension 50 mg/ml</i>	5	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	
<i>glucagon emergency injection kit 1 mg</i>	2	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	2	

Drug Name	Tier	Requirements/Limits
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	
<i>mifepristone oral tablet 300 mg</i>	5	PA New Starts
Insulins		
<i>insulin syringe 28-gauge</i>	2	
<i>insulin syringe 29-gauge</i>	2	
<i>gauze pad (sterile) 2"x2"</i>	2	
<i>pen needle</i>	2	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	EDS
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	EDS
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	3	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	EDS
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	EDS
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	3	EDS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	EDS

Drug Name	Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	EDS
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	3	EDS
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	3	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	3	EDS
<i>insulin lispro injection solution 100 unit/ml</i>	3	EDS
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	3	EDS
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	3	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	EDS
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	3	EDS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	EDS
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
OMNIPOD 5 G6 INTRO (GEN 5) KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (15 EA per 30 days); EDS
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL (15 EA per 30 days); EDS
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (15 EA per 30 days); EDS
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (15 EA per 30 days); EDS
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	3	QL (15 EA per 30 days); EDS
<i>insulin syringe 30-gauge</i>	2	
<i>insulin syringe 31-gauge</i>	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (15 ML per 25 days); EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	EDS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	EDS

Drug Name	Tier	Requirements/Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	EDS
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	EDS
V-GO 20 KIT 20 UNIT/24HR	3	EDS
V-GO 30 KIT 30 UNIT/24HR	3	EDS
V-GO 40 KIT 40 UNIT/24HR	3	EDS
Blood Products And Modifiers		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	2	EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	EDS
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	EDS
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	2	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	3	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	EDS
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	EDS
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	EDS
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	EDS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	
Blood Products And Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	EDS
FABHALTA ORAL CAPSULE 200 MG	5	PA; LA

Drug Name	Tier	Requirements/Limits
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA
OXBRYTA ORAL TABLET 500 MG	5	PA; LA
PROMACTA ORAL PACKET 12.5 MG, 25 MG	5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; LA; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	5	PA; LA; QL (7 EA per 7 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; LA; QL (14 EA per 14 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
XOLREMDI ORAL CAPSULE 100 MG	5	PA; LA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	
Hemostasis Agents		
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	EDS
BRILINTA ORAL TABLET 60 MG, 90 MG	3	EDS
CABLIVI INJECTION KIT 11 MG	5	PA; LA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	4	PA; EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	EDS
DOPTELET ORAL TABLET 20 MG	5	PA; LA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
TAVALISSE ORAL TABLET 100 MG	5	PA; LA; QL (60 EA per 30 days)
TAVALISSE ORAL TABLET 150 MG	5	PA; LA
ZONTIVITY ORAL TABLET 2.08 MG	4	PA; EDS
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	2	EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	2	QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	2	EDS
<i>droxidopa oral capsule 100 mg</i>	4	QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	EDS
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	EDS
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	EDS
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	EDS
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	EDS
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; LA; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	EDS
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	EDS
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	4	EDS
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	EDS
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	EDS
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	EDS
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	EDS
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	EDS
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	EDS
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	EDS
<i>digoxin oral solution 0.05 mg/ml</i>	2	EDS
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	2	PA; PA not required if under 65 years of age. Prior authorization not required for cardiologists.; EDS
<i>digoxin oral tablet 62.5 mcg</i>	4	QL (30 EA per 30 days); EDS
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	EDS
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	EDS
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	EDS
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	EDS
MULTAQ ORAL TABLET 400 MG	4	PA; QL (60 EA per 30 days); EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	EDS
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	EDS
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	2	EDS
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	EDS
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg</i>	2	EDS
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	EDS
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	EDS
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	EDS
SOTYLIZE ORAL SOLUTION 5 MG/ML	4	EDS
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	EDS
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	EDS
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	EDS
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	EDS
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	3	QL (30 EA per 30 days); EDS
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	EDS
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	EDS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	EDS
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	EDS
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	EDS
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	EDS
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	EDS
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	EDS
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	EDS
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	EDS
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	EDS
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	4	EDS
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	2	EDS
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	EDS
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	EDS
<i>nimodipine oral capsule 30 mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 360 mg, 420 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	EDS
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	EDS
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	EDS
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	EDS
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	EDS
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	EDS
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	EDS
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	EDS
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	2	EDS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	EDS
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	2	EDS
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	EDS
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	4	ST; EDS
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	EDS
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	EDS
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	EDS
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	EDS
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	EDS
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	EDS
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	EDS
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	EDS
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; LA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	EDS
CORLANOR ORAL SOLUTION 5 MG/5ML	4	PA; Prior authorization not required for cardiologists.; EDS
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	EDS
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG	2	QL (60 EA per 30 days); EDS
ENTRESTO ORAL TABLET 97-103 MG	2	EDS
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; LA; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	EDS
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	EDS
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	4	EDS
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	4	PA; Prior authorization not required for cardiologists.; EDS
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	EDS

Drug Name	Tier	Requirements/Limits
LODOCO ORAL TABLET 0.5 MG	4	PA; QL (30 EA per 30 days); EDS
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	EDS
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	EDS
<i>metyrosine oral capsule 250 mg</i>	5	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	EDS
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	EDS
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	EDS
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	EDS
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	2	EDS
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	EDS
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	3	EDS
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	EDS
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	EDS
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	EDS
VERQUVO ORAL TABLET 10 MG	4	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days); EDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	5	PA; Not covered for weight management; QL (4 ML per 224 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	5	PA; Not covered for weight management; QL (3 ML per 28 days)
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>ethacrynic acid oral tablet 25 mg</i>	4	EDS
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	EDS
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	EDS
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	EDS
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	EDS
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days); EDS
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
DIURIL ORAL SUSPENSION 250 MG/5ML	3	EDS
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	EDS
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	EDS
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	EDS
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	EDS
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	EDS
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	EDS
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	EDS
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	2	EDS
<i>gemfibrozil oral tablet 600 mg</i>	2	EDS
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	3	EDS
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	3	EDS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	EDS
<i>pitavastatin calcium oral tablet 1 mg, 2 mg</i>	3	QL (45 EA per 30 days); EDS
<i>pitavastatin calcium oral tablet 4 mg</i>	3	EDS

Drug Name	Tier	Requirements/Limits
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	2	PA New Starts; EDS
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	2	EDS
<i>cholestyramine light oral powder 4 gm/dose</i>	2	EDS
<i>cholestyramine oral packet 4 gm</i>	2	EDS
<i>cholestyramine oral powder 4 gm/dose</i>	2	EDS
<i>colesevelam hcl oral packet 3.75 gm</i>	2	EDS
<i>colesevelam hcl oral tablet 625 mg</i>	2	EDS
<i>colestipol hcl oral packet 5 gm</i>	3	EDS
<i>colestipol hcl oral tablet 1 gm</i>	2	EDS
<i>ezetimibe oral tablet 10 mg</i>	2	EDS
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	2	EDS
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	2	PA New Starts; EDS
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	3	EDS
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)
NEXLETOL ORAL TABLET 180 MG	3	PA New Starts; EDS
NEXLIZET ORAL TABLET 180-10 MG	3	PA New Starts; EDS
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	3	EDS
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	4	EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	4	PA New Starts; EDS
<i>prevalite oral packet 4 gm</i>	2	EDS
<i>prevalite oral powder 4 gm/dose</i>	2	EDS
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	4	PA New Starts; EDS
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA New Starts; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA New Starts; EDS
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	3	EDS

Drug Name	Tier	Requirements/Limits
Mineralocorticoid Receptor Antagonists		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	EDS
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days); EDS
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	EDS
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	4	PA; EDS
Vasodilators, Direct-Acting Arterial/ Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	EDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	EDS
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	EDS
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	EDS
<i>nitroglycerin rectal ointment 0.4 %</i>	4	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	EDS
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	EDS
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	3	EDS
VERQUVO ORAL TABLET 10 MG	4	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days); EDS
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	EDS
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	EDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	EDS
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	EDS
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	4	QL (30 EA per 30 days); EDS
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	4	QL (30 EA per 30 days); EDS

Drug Name	Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	EDS
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	4	EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	EDS
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	EDS
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	2	EDS
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	3	EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	3	EDS
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	2	EDS
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	4	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	2	EDS
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	EDS
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	EDS
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	4	EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	ST; QL (30 EA per 30 days); EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	ST; QL (60 EA per 30 days); EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	4	EDS
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG	5	PA; LA
AUSTEDO ORAL TABLET 6 MG	5	PA; LA; QL (60 EA per 30 days)

Drug Name	Tier	Requirements/Limits
AUSTEDO ORAL TABLET 9 MG	5	PA; LA; QL (120 EA per 30 days)
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG	5	PA; LA; QL (70 EA per 28 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (28 EA per 28 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	2	EDS
FIRDAPSE ORAL TABLET 10 MG	5	PA; LA
<i>gabapentin (once-daily) oral tablet 300 mg</i>	4	QL (30 EA per 30 days); EDS
<i>gabapentin (once-daily) oral tablet 600 mg</i>	4	EDS
<i>gabapentin oral capsule 300 mg, 400 mg</i>	2	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	3	EDS
<i>gabapentin oral tablet 800 mg</i>	2	EDS
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	5	PA New Starts; LA; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	5	PA New Starts; LA; QL (70 ML per 28 days)
<i>riluzole oral tablet 50 mg</i>	2	EDS
SKYCLARYS ORAL CAPSULE 50 MG	5	PA; LA
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	5	
<i>tetrabenazine oral tablet 12.5 mg</i>	2	QL (30 EA per 30 days); EDS
<i>tetrabenazine oral tablet 25 mg</i>	2	EDS
VEOZAH ORAL TABLET 45 MG	4	PA; EDS
WAKIX ORAL TABLET 17.8 MG	5	PA; LA
WAKIX ORAL TABLET 4.45 MG	5	PA; LA; QL (90 EA per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	5	PA; LA

Drug Name	Tier	Requirements/Limits
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	3	EDS
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	4	ST; QL (30 EA per 30 days); EDS
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	4	ST; QL (60 EA per 30 days); EDS
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	EDS
<i>pregabalin oral solution 20 mg/ml</i>	3	EDS
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days); EDS
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	3	PA; EDS
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	2	QL (60 EA per 30 days); EDS
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	2	EDS
<i>fingolimod hcl oral capsule 0.5 mg</i>	3	EDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	3	EDS
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	3	EDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	
MAYZENT ORAL TABLET 0.25 MG	5	QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG	5	QL (30 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	5	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	

Drug Name	Tier	Requirements/Limits
<i>teriflunomide oral tablet 14 mg</i>	3	EDS
<i>teriflunomide oral tablet 7 mg</i>	3	QL (30 EA per 30 days); EDS
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	2	EDS
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	EDS
<i>perio gard mouth/throat solution 0.12 %</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	EDS
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
Dermatological Agents		
Acne And Rosacea Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	
<i>adapalene external cream 0.1 %</i>	4	
<i>adapalene external gel 0.3 %</i>	4	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	2	
<i>azelaic acid external gel 15 %</i>	2	
<i>brimonidine tartrate external gel 0.33 %</i>	4	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	2	
DUOBRII EXTERNAL LOTION 0.01-0.045 %	5	PA
FINACEA EXTERNAL FOAM 15 %	4	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	Accutane generic covered, Absorica generic is non-formulary
<i>ivermectin external cream 1 %</i>	3	
<i>tazarotene external cream 0.1 %</i>	2	PA; Prior authorization not required for dermatologists.
<i>tazarotene external gel 0.05 %, 0.1 %</i>	4	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; Prior authorization not required for dermatologists.
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	3	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	3	

Drug Name	Tier	Requirements/Limits
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
Dermatitis And Pruritus Agents		
<i>ala-cort external cream 1 %</i>	2	
<i>alclometasone dipropionate external cream 0.05 %</i>	2	
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	
<i>betamethasone dipropionate external cream 0.05 %</i>	2	
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	
<i>betamethasone valerate external cream 0.1 %</i>	2	
<i>betamethasone valerate external foam 0.12 %</i>	2	
<i>betamethasone valerate external lotion 0.1 %</i>	2	
<i>betamethasone valerate external ointment 0.1 %</i>	2	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	4	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	4	
<i>clobetasol propionate e external cream 0.05 %</i>	2	
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external gel 0.05 %</i>	2	
<i>clobetasol propionate external liquid 0.05 %</i>	2	
<i>clobetasol propionate external lotion 0.05 %</i>	2	
<i>clobetasol propionate external ointment 0.05 %</i>	2	
<i>clobetasol propionate external shampoo 0.05 %</i>	2	

Drug Name	Tier	Requirements/Limits
<i>clobetasol propionate external solution 0.05 %</i>	2	
<i>clodan external shampoo 0.05 %</i>	2	
<i>desonide external cream 0.05 %</i>	2	
<i>desonide external lotion 0.05 %</i>	3	
<i>desonide external ointment 0.05 %</i>	2	
<i>desoximetasone external cream 0.25 %</i>	2	
<i>desoximetasone external gel 0.05 %</i>	4	
<i>desoximetasone external liquid 0.25 %</i>	4	
<i>desoximetasone external ointment 0.25 %</i>	2	
<i>doxepin hcl external cream 5 %</i>	4	
DUOBRII EXTERNAL LOTION 0.01-0.045 %	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	5	PA
EUCRISA EXTERNAL OINTMENT 2 %	3	ST
<i>fluocinolone acetonide body external oil 0.01 %</i>	2	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	
<i>fluocinolone acetonide external solution 0.01 %</i>	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	2	
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	2	
<i>fluocinonide external gel 0.05 %</i>	2	
<i>fluocinonide external ointment 0.05 %</i>	2	
<i>fluocinonide external solution 0.05 %</i>	2	
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>halobetasol propionate external cream 0.05 %</i>	2	
<i>halobetasol propionate external ointment 0.05 %</i>	2	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	

Drug Name	Tier	Requirements/Limits
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate external cream 0.2 %</i>	2	
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>pimecrolimus external cream 1 %</i>	4	
<i>proctosol hc external cream 2.5 %</i>	2	
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	3	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
Dermatological Agents, Other		
<i>betamethasone valerate external foam 0.12 %</i>	2	
<i>calcipotriene external cream 0.005 %</i>	2	
<i>calcipotriene external ointment 0.005 %</i>	3	
<i>calcipotriene external solution 0.005 %</i>	2	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	4	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	4	
<i>calcitriol external ointment 3 mcg/gm</i>	4	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	3	
<i>diclofenac sodium external gel 3 %</i>	2	PA; Prior authorization not required for dermatologists or oncologists.
<i>fluorouracil external cream 0.5 %</i>	5	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution 2 %, 5 %</i>	2	
<i>global alcohol prep ease pad 70 %</i>	2	

Drug Name	Tier	Requirements/Limits
<i>imiquimod external cream 5 %</i>	2	
<i>methoxsalen rapid oral capsule 10 mg</i>	2	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	
OTEZLA ORAL TABLET 30 MG	5	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA
PANRETIN EXTERNAL GEL 0.1 %	5	PA New Starts
<i>podofilox external gel 0.5 %</i>	3	
<i>podofilox external solution 0.5 %</i>	2	
REGRANEX EXTERNAL GEL 0.01 %	5	
<i>silver sulfadiazine external cream 1 %</i>	2	
<i>ssd external cream 1 %</i>	2	
VTAMA EXTERNAL CREAM 1 %	4	PA
ZORYVE EXTERNAL CREAM 0.3 %	4	PA; Prior authorization not required for dermatologists.
Pediculicides/Scabicides		
<i>malathion external lotion 0.5 %</i>	2	
<i>permethrin external cream 5 %</i>	2	
Topical Anti-Infectives		
<i>acyclovir external ointment 5 %</i>	2	
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	2	
<i>ciclopirox external solution 8 %</i>	2	
<i>ciclopirox olamine external cream 0.77 %</i>	2	
<i>ciclopirox olamine external suspension 0.77 %</i>	2	
<i>clindamycin phosphate external gel 1 %</i>	2	
<i>clindamycin phosphate external lotion 1 %</i>	2	
<i>clindamycin phosphate external solution 1 %</i>	2	
<i>clindamycin phosphate external swab 1 %</i>	2	
<i>dapsone external gel 5 %, 7.5 %</i>	4	
<i>mafenide acetate external packet 5 %</i>	4	
<i>mupirocin calcium external cream 2 %</i>	4	
<i>mupirocin external ointment 2 %</i>	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	

Drug Name	Tier	Requirements/Limits
<i>tavaborole external solution 5 %</i>	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA
CLINISOL SF INTRAVENOUS SOLUTION 15 %	3	BD
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
INTRALIPID INTRAVENOUS EMULSION 20 %	3	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	4	BD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	2	
<i>kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%</i>	2	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	2	
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	
<i>klor-con 10 oral tablet extended release 10 meq</i>	2	EDS
<i>klor-con m10 oral tablet extended release 10 meq</i>	2	EDS
<i>klor-con m15 oral tablet extended release 15 meq</i>	2	EDS
<i>klor-con m20 oral tablet extended release 20 meq</i>	2	EDS
<i>klor-con oral packet 20 meq</i>	2	EDS
<i>klor-con oral tablet extended release 8 meq</i>	2	EDS
<i>lactated ringers intravenous solution</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	EDS
<i>magnesium sulfite injection solution 50 %</i>	2	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	4	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	2	EDS
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	EDS
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	EDS
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	EDS
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	2	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	BD
PROSOL INTRAVENOUS SOLUTION 20 %	4	BD
<i>ringers intravenous solution</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	EDS
TRAVASOL INTRAVENOUS SOLUTION 10 %	3	BD
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	3	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	3	EDS
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA; EDS
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	5	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA New Starts; LA
<i>klor-con oral packet 20 meq</i>	2	EDS
<i>penicillamine oral capsule 250 mg</i>	5	
<i>penicillamine oral tablet 250 mg</i>	5	
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA
<i>trientine hcl oral capsule 250 mg</i>	5	
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BD

Drug Name	Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BD
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	3	BD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	3	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	3	BD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	3	BD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	3	BD
CLINISOL SF INTRAVENOUS SOLUTION 15 %	3	BD
<i>dextrose in lactated ringers intravenous solution 5 %</i>	2	
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
INTRALIPID INTRAVENOUS EMULSION 20 %	3	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	4	BD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
<i>levocarnitine oral solution 1 gm/10ml</i>	2	EDS
<i>levocarnitine oral tablet 330 mg</i>	2	EDS
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	BD
PREMASOL INTRAVENOUS SOLUTION 10 %	3	BD
PROSOL INTRAVENOUS SOLUTION 20 %	4	BD
<i>tpn electrolytes intravenous concentrate</i>	2	

Drug Name	Tier	Requirements/Limits
TRAVASOL INTRAVENOUS SOLUTION 10 %	3	BD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	BD
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	3	EDS
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps oral suspension 15 gm/60ml</i>	2	
Vitamins		
PRENATAL ORAL TABLET 27-1 MG	3	
Excluded Drug		
Excluded Drug		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	2	ENH; QL (30 EA per 10 days)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	2	ENH; QL (4 ML per 28 days)
<i>folic acid oral tablet 1 mg</i>	2	ENH; EDS
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	ENH; QL (10 EA per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg (ed)</i>	2	ENH; QL (6 EA per 30 days)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	2	ENH; EDS
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	2	EDS
<i>enulose oral solution 10 gm/15ml</i>	2	EDS
<i>gavilyte-c oral solution reconstituted 240 gm</i>	2	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	EDS
KRISTALOSE ORAL PACKET 20 GM	4	EDS
<i>lactulose oral packet 10 gm</i>	4	EDS
<i>lactulose oral solution 10 gm/15ml</i>	2	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	3	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	3	EDS
<i>lubiprostone oral capsule 24 mcg</i>	3	EDS
<i>lubiprostone oral capsule 8 mcg</i>	3	QL (60 EA per 30 days); EDS
MOVANTIK ORAL TABLET 12.5 MG	3	QL (30 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	3	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	3	

Drug Name	Tier	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	4	
RELISTOR ORAL TABLET 150 MG	5	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	PA
SUTAB ORAL TABLET 1479-225-188 MG	3	
TRULANCE ORAL TABLET 3 MG	4	EDS
Anti-Diarrheal Agents		
<i>alose tron hcl oral tablet 0.5 mg</i>	4	QL (60 EA per 30 days); EDS
<i>alose tron hcl oral tablet 1 mg</i>	4	EDS
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>loperamide hcl oral capsule 2 mg</i>	2	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	5	PA New Starts
VIBERZI ORAL TABLET 100 MG, 75 MG	5	PA
XERMELO ORAL TABLET 250 MG	5	PA; LA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	4	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	2	
Gastrointestinal Agents		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	4	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	4	
HELIDAC THERAPY ORAL	4	
OMECLAMOX-PAK ORAL 500-500-20 MG	4	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	4	ST
VELSIPITY ORAL TABLET 2 MG	5	PA

Drug Name	Tier	Requirements/Limits
Gastrointestinal Agents, Other		
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	4	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	5	PA; LA
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA; LA
CHENODAL ORAL TABLET 250 MG	5	PA; LA
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; LA
IQIRVO ORAL TABLET 80 MG	5	PA
<i>livmarli oral solution 19 mg/ml</i>	5	PA; LA
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; LA
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	5	PA; LA
SUTAB ORAL TABLET 1479-225-188 MG	3	
<i>ursodiol oral capsule 300 mg</i>	2	EDS
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	EDS
VOQUEZNA ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days); EDS
VOQUEZNA ORAL TABLET 20 MG	4	PA; EDS
VOWST ORAL CAPSULE	5	PA; LA; QL (12 EA per 3 days)
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	EDS
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	EDS
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	EDS
<i>sucralfate oral suspension 1 gm/10ml</i>	4	EDS
<i>sucralfate oral tablet 1 gm</i>	2	EDS
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	EDS
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	2	EDS
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2	EDS
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	EDS
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5	PA; LA
<i>betaine oral powder</i>	5	EDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	EDS
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	EDS
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	LA; EDS
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; LA
<i>dichlorphenamide oral tablet 50 mg</i>	5	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	EDS
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; LA
GALAFOLD ORAL CAPSULE 123 MG	5	PA New Starts; LA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	5	PA; LA
<i>javygtor oral packet 100 mg, 500 mg</i>	5	PA
<i>javygtor oral tablet 100 mg</i>	5	PA
JOENJA ORAL TABLET 70 MG	5	PA; LA
<i>l-glutamine oral packet 5 gm</i>	5	PA
<i>miglustat oral capsule 100 mg</i>	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA
OPFOLDA ORAL CAPSULE 65 MG	3	PA; LA

Drug Name	Tier	Requirements/Limits
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; LA
<i>ormalvi oral tablet 50 mg</i>	5	PA
OXBRYTA ORAL TABLET 300 MG, 500 MG	5	PA; LA
OXBRYTA ORAL TABLET SOLUBLE 300 MG	5	PA; LA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	5	PA; LA
PHEBURANE ORAL PELLETT 483 MG/GM	5	PA; LA
PLENAMINE INTRAVENOUS SOLUTION 15 %	3	BD
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; LA; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	5	PA; LA; QL (7 EA per 7 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; LA; QL (14 EA per 14 days)
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA
SKYCLARYS ORAL CAPSULE 50 MG	5	PA; LA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	5	PA; LA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	PA; LA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; LA
VIJOICE ORAL PACKET 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (56 EA per 28 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; LA
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; LA
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	5	PA; LA
WELIREG ORAL TABLET 40 MG	5	PA New Starts
XURIDEN ORAL PACKET 2 GM	5	PA

Drug Name	Tier	Requirements/Limits
<i>yargesa oral capsule 100 mg</i>	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	5	PA; LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	EDS
ZOKINVY ORAL CAPSULE 50 MG	5	PA; LA; QL (120 EA per 30 days)
ZOKINVY ORAL CAPSULE 75 MG	5	PA; LA
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	3	QL (30 EA per 30 days); EDS
<i>flavoxate hcl oral tablet 100 mg</i>	2	EDS
GELNIQUE TRANSDERMAL GEL 10 %	4	EDS
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	QL (30 EA per 30 days); EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	EDS
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	EDS
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	2	EDS
<i>oxybutynin chloride oral tablet 5 mg</i>	2	EDS
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	EDS
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	EDS
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	EDS
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	3	QL (30 EA per 30 days); EDS
<i>trospium chloride oral tablet 20 mg</i>	2	EDS
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	EDS
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	EDS
<i>dutasteride oral capsule 0.5 mg</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	4	EDS
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	EDS
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days); EDS
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	EDS
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	EDS
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	5	
RENACIDIN IRRIGATION SOLUTION	3	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	5	PA
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
CORTROPHIN INJECTION GEL 80 UNIT/ML	5	PA
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone oral tablet therapy pack 1.5 mg (51)</i>	4	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	EDS
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
MEDROL ORAL TABLET 2 MG	4	BD
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	BD
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	

Drug Name	Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	2	BD
<i>prednisone oral solution 5 mg/5ml</i>	2	BD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	BD
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	3	EDS
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	EDS
<i>desmopressin acetate spray nasal solution 0.01 %</i>	2	EDS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; LA
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	5	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	5	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
METHITEST ORAL TABLET 10 MG	5	

Drug Name	Tier	Requirements/Limits
<i>methyltestosterone oral capsule 10 mg</i>	5	
<i>testosterone cypionate injection solution 200 mg/ml</i>	2	EDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	EDS
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	EDS
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	4	PA; EDS
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	2	PA; EDS
<i>testosterone transdermal solution 30 mg/act</i>	4	PA; EDS
Estrogens		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	4	QL (1 EA per 365 days); EDS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	4	QL (4 EA per 28 days); EDS
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 EA per 28 days); EDS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	EDS
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	4	EDS
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	2	EDS
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	2	EDS
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	4	EDS
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 EA per 28 days); EDS
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (4 EA per 28 days); EDS
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	EDS
<i>estradiol vaginal tablet 10 mcg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	
ESTRING VAGINAL RING 7.5 MCG/24HR	4	EDS
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	EDS
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	2	EDS
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	4	EDS
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	4	EDS
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	2	EDS
<i>jasmiel oral tablet 3-0.02 mg</i>	2	EDS
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	2	EDS
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	2	EDS
<i>loryna oral tablet 3-0.02 mg</i>	2	EDS
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 EA per 28 days); EDS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	EDS
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	3	QL (4 EA per 28 days); EDS
<i>nikki oral tablet 3-0.02 mg</i>	2	EDS
<i>ocella oral tablet 3-0.03 mg</i>	2	EDS
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	EDS
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	EDS
PREMPHASE ORAL TABLET 0.625-5 MG	3	EDS
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	EDS
<i>syeda oral tablet 3-0.03 mg</i>	2	EDS
<i>vestura oral tablet 3-0.02 mg</i>	2	EDS
<i>yuvaferm vaginal tablet 10 mcg</i>	2	EDS
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>altavera oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>amabelz oral tablet 0.5-0.1 mg</i>	2	EDS
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	2	EDS
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	EDS
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	4	QL (1 EA per 365 days); EDS
<i>apri oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	EDS
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	2	EDS
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	EDS
<i>balziva oral tablet 0.4-35 mg-mcg</i>	2	EDS
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	EDS
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	2	EDS
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	2	EDS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	4	QL (4 EA per 28 days); EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	3	QL (8 EA per 28 days); EDS
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	2	EDS
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	2	EDS
<i>delyla oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	2	EDS
<i>dolishale oral tablet 90-20 mcg</i>	2	EDS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	2	EDS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	EDS
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	2	EDS
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	2	EDS
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	EDS
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	2	EDS
<i>falmina oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	2	EDS
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	EDS
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	2	EDS
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	2	EDS
<i>iclevia oral tablet 0.15-0.03 mg</i>	2	EDS
<i>introvale oral tablet 0.15-0.03 mg</i>	2	EDS
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>jasmiel oral tablet 3-0.02 mg</i>	2	EDS
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	EDS
<i>jolessa oral tablet 0.15-0.03 mg</i>	2	EDS
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	2	EDS
<i>juleber oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	2	EDS
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	EDS
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	2	EDS
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	2	EDS
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	2	EDS
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	EDS
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	2	EDS
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	2	EDS
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	2	EDS
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	2	EDS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	2	EDS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	4	EDS
<i>loryna oral tablet 3-0.02 mg</i>	2	EDS
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	2	EDS
<i>lutera oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	2	EDS
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	2	EDS
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	2	EDS
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>mimvey oral tablet 1-0.5 mg</i>	2	EDS
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	3	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	EDS
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	4	EDS
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	EDS
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	EDS
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
<i>nikki oral tablet 3-0.02 mg</i>	2	EDS
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	2	EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	2	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	EDS
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	EDS
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	2	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	EDS
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	2	EDS
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	EDS
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	EDS
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	2	EDS
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	EDS
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>ocella oral tablet 3-0.03 mg</i>	2	EDS
<i>pimtreo oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	EDS
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	2	EDS
PREMPHASE ORAL TABLET 0.625-5 MG	3	EDS
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	EDS
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>rivelsa oral tablet 42-21-21-7 days</i>	2	EDS
<i>setlakin oral tablet 0.15-0.03 mg</i>	2	EDS
<i>solia oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>syeda oral tablet 3-0.03 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	2	EDS
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	2	EDS
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	EDS
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	EDS
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	EDS
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	EDS
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	EDS
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	2	EDS
<i>tyblume oral tablet chewable 0.1-20 mg-mcg</i>	2	EDS
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	2	EDS
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	2	EDS
<i>vestura oral tablet 3-0.02 mg</i>	2	EDS
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	EDS
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	2	EDS
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	2	EDS
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	2	EDS
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	2	EDS
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	EDS
Progestins		
<i>altavera oral tablet 0.15-30 mg-mcg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	EDS
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	2	EDS
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	EDS
<i>apri oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	EDS
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	2	EDS
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>balziva oral tablet 0.4-35 mg-mcg</i>	2	EDS
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	EDS
<i>camila oral tablet 0.35 mg</i>	2	EDS
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	2	EDS
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	2	EDS
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>deblitane oral tablet 0.35 mg</i>	2	EDS
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	2	EDS
<i>dolishale oral tablet 90-20 mcg</i>	2	EDS
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>errin oral tablet 0.35 mg</i>	2	EDS
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>falmina oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	EDS
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>heather oral tablet 0.35 mg</i>	2	EDS
<i>iclevia oral tablet 0.15-0.03 mg</i>	2	EDS
<i>incassia oral tablet 0.35 mg</i>	2	EDS
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	EDS
<i>juleber oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	EDS
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	EDS
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg</i>	2	EDS
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	2	EDS
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	2	EDS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	4	EDS
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	2	EDS
<i>lutera oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>lyleq oral tablet 0.35 mg</i>	2	EDS
<i>lyza oral tablet 0.35 mg</i>	2	EDS
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	

Drug Name	Tier	Requirements/Limits
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	2	EDS
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	EDS
<i>nora-be oral tablet 0.35 mg</i>	2	EDS
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	2	EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethindrone acetate oral tablet 5 mg</i>	2	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethindrone oral tablet 0.35 mg</i>	2	EDS
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	EDS
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	2	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>norlyroc oral tablet 0.35 mg</i>	2	EDS
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	EDS
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	2	EDS
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	EDS
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	EDS
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	2	EDS
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	EDS
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	EDS
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	EDS
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>setlakin oral tablet 0.15-0.03 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>sharobel oral tablet 0.35 mg</i>	2	EDS
SLYND ORAL TABLET 4 MG	4	EDS
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	2	EDS
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	EDS
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	EDS
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	EDS
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	2	EDS
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	2	EDS
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	2	EDS
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	2	EDS
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	2	EDS
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	2	EDS
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	4	EDS
<i>raloxifene hcl oral tablet 60 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	EDS
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	EDS
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	EDS
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	EDS
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	EDS
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	EDS
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	4	EDS
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	EDS
<i>cabergoline oral tablet 0.5 mg</i>	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	2	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	

Drug Name	Tier	Requirements/Limits
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	5	PA; LA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	EDS
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	5	PA
ORILISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	5	PA
RECORLEV ORAL TABLET 150 MG	5	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; LA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; LA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	EDS
<i>propylthiouracil oral tablet 50 mg</i>	2	EDS
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT	5	PA New Starts; LA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	5	PA New Starts; LA
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA New Starts
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	5	PA New Starts; LA
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA New Starts
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA New Starts; LA

Drug Name	Tier	Requirements/Limits
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA New Starts; LA
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	5	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML	2	BD
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	2	
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; LA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 200 MG/ML	5	PA New Starts
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA New Starts
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	

Drug Name	Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	5	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	EDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	
RIDAURA ORAL CAPSULE 3 MG	5	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	QL (450 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	
SOTYKTU ORAL TABLET 6 MG	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	
TAVNEOS ORAL CAPSULE 10 MG	5	PA; LA
XELJANZ ORAL SOLUTION 1 MG/ML	5	
XELJANZ ORAL TABLET 10 MG	5	
XELJANZ ORAL TABLET 5 MG	5	QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	QL (30 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	5	

Drug Name	Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA; LA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA New Starts; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious diseases specialists.
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious diseases specialists.
Immunosuppressants		
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	5	
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	5	
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	5	
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml</i>	5	
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	5	
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	5	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	4	BD; EDS
<i>azathioprine oral tablet 50 mg</i>	2	BD; EDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA New Starts
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA New Starts

Drug Name	Tier	Requirements/Limits
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BD; EDS
<i>cyclosporine modified oral solution 100 mg/ml</i>	3	BD; EDS
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	3	BD; EDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BD; EDS
EOHILIA ORAL SUSPENSION 2 MG/10ML	5	PA; QL (600 ML per 30 days)
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	BD
<i>engraf oral capsule 100 mg, 25 mg</i>	2	BD; EDS
<i>engraf oral solution 100 mg/ml</i>	3	BD; EDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	5	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	5	
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	

Drug Name	Tier	Requirements/Limits
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	EDS
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	BD; EDS
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	4	BD; EDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BD; EDS
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	BD; EDS
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA; EDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BD; EDS
REZUROCK ORAL TABLET 200 MG	5	PA New Starts; LA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	5	BD
<i>simlandi (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	5	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	5	
<i>sirolimus oral solution 1 mg/ml</i>	4	BD; EDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	BD; EDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	BD; EDS
TAVNEOS ORAL CAPSULE 10 MG	5	PA; LA
<i>tyenne subcutaneous solution auto-injector 162 mg/0.9ml</i>	5	PA
<i>tyenne subcutaneous solution prefilled syringe 162 mg/0.9ml</i>	5	PA
Vaccines		
ABRYSV0 INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	2	PA; PA not required if 60 years of age or older.
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	2	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	2	

Drug Name	Tier	Requirements/Limits
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	2	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	BD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	2	BD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	2	BD
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	2	BD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	2	
IPOL INJECTION INJECTABLE	2	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO INTRAMUSCULAR SOLUTION	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	

Drug Name	Tier	Requirements/Limits
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	2	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	2	BD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	2	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	2	BD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	2	BD
ROTARIX ORAL SUSPENSION	2	
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	2	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	2	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	

Drug Name	Tier	Requirements/Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	2	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	2	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	2	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule 750 mg</i>	2	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	3	EDS
<i>mesalamine er oral capsule extended release 500 mg</i>	4	EDS
<i>mesalamine oral capsule delayed release 400 mg</i>	3	EDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	3	EDS
<i>mesalamine oral tablet delayed release 800 mg</i>	3	
<i>mesalamine rectal enema 4 gm</i>	3	
<i>mesalamine rectal suppository 1000 mg</i>	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	EDS
SFROWASA RECTAL ENEMA 4 GM/60ML	4	
<i>sulfasalazine oral tablet 500 mg</i>	2	EDS
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	EDS
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	5	
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	
<i>budesonide rectal foam 2 mg</i>	4	
<i>hydrocortisone (perianal) external cream 1 %</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	2	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	

Drug Name	Tier	Requirements/Limits
<i>proctosol hc external cream 2.5 %</i>	2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution 70 mg/75ml</i>	2	EDS
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	2	EDS
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	EDS
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	EDS
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	EDS
<i>calcitriol oral solution 1 mcg/ml</i>	2	EDS
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	2	EDS
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	ST; EDS
<i>ibandronate sodium oral tablet 150 mg</i>	1	EDS
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	PA
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	2	EDS
<i>risedronate sodium oral tablet 30 mg</i>	2	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	2	EDS
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml, 620 mcg/2.48ml</i>	5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA New Starts
Non-Frf		
Non-Frf		
ERVEBO INTRAMUSCULAR SUSPENSION	2	
<i>lofexidine hcl oral tablet 0.18 mg</i>	5	
VOYDEYA ORAL TABLET 100 MG	5	PA; LA
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG	5	PA; LA; QL (180 EA per 30 days)
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	EDS
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	3	EDS
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; LA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	EDS
<i>dorzolamide-timolol ophthalmic solution (preservative-free) 2-0.5 %</i>	3	EDS
LACRISERT OPHTHALMIC INSERT 5 MG	3	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	3	QL (3 ML per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	4	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	5	PA
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	EDS
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	5	PA; QL (10 ML per 42 days)
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	2	

Drug Name	Tier	Requirements/Limits
Ophthalmic Anti-Infectives		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	4	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	2	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	5	PA; QL (10 ML per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	3	
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	2	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	3	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	

Drug Name	Tier	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	
XIIDRA OPHTHALMIC SOLUTION 5 %	3	EDS
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	4	EDS
<i>carteolol hcl ophthalmic solution 1 %</i>	1	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	3	EDS
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	EDS
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	EDS
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 % (preservative-free)</i>	4	EDS
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	EDS
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	EDS
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	2	EDS
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	EDS
<i>brinzolamide ophthalmic suspension 1 %</i>	4	EDS
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	EDS
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	EDS
<i>dorzolamide-timolol ophthalmic solution (preservative-free) 2-0.5 %</i>	3	EDS
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	3	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	EDS
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	EDS
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	EDS

Drug Name	Tier	Requirements/Limits
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	EDS
Ophthalmic Prostaglandin And Prostaglandin Analogs		
<i>bimatoprost ophthalmic solution 0.03% (glaucoma)</i>	2	EDS
<i>latanoprost ophthalmic solution 0.005 %</i>	1	EDS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EDS
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	EDS
VYZULTA OPHTHALMIC SOLUTION 0.024 %	3	EDS
Otic Agents		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	2	
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	3	
<i>flac otic oil 0.01 %</i>	2	
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
<i>ofloxacin otic solution 0.3 %</i>	2	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	4	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	2	PA; PA not required if under 65 years of age.
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	PA; PA not required if under 65 years of age.
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA; PA not required if under 65 years of age.
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	2	PA; PA not required if under 65 years of age.
<i>cyproheptadine hcl oral tablet 4 mg</i>	2	PA; PA not required if under 65 years of age.
<i>desloratadine oral tablet 5 mg</i>	2	
<i>desloratadine oral tablet dispersible 2.5 mg</i>	4	QL (30 EA per 30 days)

Drug Name	Tier	Requirements/Limits
<i>desloratadine oral tablet dispersible 5 mg</i>	4	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA; PA not required if under 65 years of age.
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
<i>olopatadine hcl nasal solution 0.6 %</i>	2	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	2	EDS
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	3	BD; QL (120 ML per 30 days); EDS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	2	QL (60 EA per 30 days); EDS
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	EDS
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 GM per 30 days); EDS
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	EDS
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (10.6 GM per 30 days); EDS
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	EDS
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	2	EDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	EDS

Drug Name	Tier	Requirements/Limits
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	2	EDS
<i>montelukast sodium oral tablet 10 mg</i>	2	EDS
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	EDS
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	EDS
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	EDS
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	EDS
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	EDS
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BD; EDS
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	EDS
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BD; EDS
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days); EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days); EDS
YUPELRI INHALATION SOLUTION 175 MCG/3ML	5	BD
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	EDS
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BD; EDS
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	EDS
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	4	EDS
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	4	BD; EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days); EDS
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QL (2 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	2	QL (1 EA per 30 days); EDS

Drug Name	Tier	Requirements/Limits
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	4	BD; EDS
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	3	BD; EDS
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	3	EDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	QL (4 GM per 30 days); EDS
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	EDS
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE 40 MG	5	PA New Starts
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	LA
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA New Starts; LA
KALYDECO ORAL TABLET 150 MG	5	PA New Starts; LA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA New Starts; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA New Starts; LA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA New Starts; LA
TOBI PODHALER INHALATION CAPSULE 28 MG	5	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	BD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA New Starts; LA
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA New Starts; LA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA New Starts; LA
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	BD; EDS

Drug Name	Tier	Requirements/Limits
Phosphodiesterase Inhibitors, Airways Disease		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	5	PA
<i>roflumilast oral tablet 250 mcg</i>	2	QL (28 EA per 365 days)
<i>roflumilast oral tablet 500 mcg</i>	2	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	4	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	EDS
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	EDS
<i>theophylline oral solution 80 mg/15ml</i>	2	EDS
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA New Starts; LA
<i>alyq oral tablet 20 mg</i>	2	PA New Starts; EDS
<i>ambrisentan oral tablet 10 mg</i>	5	PA New Starts
<i>ambrisentan oral tablet 5 mg</i>	5	PA New Starts; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg</i>	4	PA New Starts; EDS
<i>bosentan oral tablet 62.5 mg</i>	4	PA New Starts; QL (60 EA per 30 days); EDS
OPSUMIT ORAL TABLET 10 MG	5	PA New Starts; LA
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	5	PA New Starts; LA
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA New Starts; LA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA New Starts; LA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	5	PA New Starts; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA New Starts; LA
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	5	PA New Starts
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA New Starts; Covered for pulmonary arterial hypertension only.; EDS

Drug Name	Tier	Requirements/Limits
<i>tadalafil oral tablet 20 mg (pulmonary hypertension)</i>	2	PA New Starts; EDS
TRACLEER ORAL TABLET SOLUBLE 32 MG	5	PA New Starts; LA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA New Starts; LA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG	5	PA; QL (1 EA per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	5	PA; QL (2 EA per 21 days)
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; LA; QL (60 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (180 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BD
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days); EDS
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days); EDS
<i>breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	2	QL (10.3 GM per 30 days); EDS
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	EDS
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	2	QL (10.2 GM per 30 days); EDS
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	EDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	5	PA
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	EDS
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BD; EDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; LA

Drug Name	Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; LA
<i>ribavirin inhalation solution reconstituted 6 gm</i>	5	BD
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days); EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	EDS
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	EDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	3	
<i>metaxalone oral tablet 800 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	3	
DAYVIGO ORAL TABLET 10 MG	4	PA New Starts; PA not required if under 65 years of age.
DAYVIGO ORAL TABLET 5 MG	4	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg</i>	4	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	4	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	PA New Starts; PA not required if under 65 years of age.
QUVIVIQ ORAL TABLET 25 MG, 50 MG	4	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	2	
<i>tasimelteon oral capsule 20 mg</i>	5	PA

Drug Name	Tier	Requirements/Limits
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	2	
<i>temazepam oral capsule 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	PA New Starts; PA not required if under 65 years of age.
<i>zolpidem tartrate oral tablet 5 mg, 10 mg (immediate-release)</i>	2	PA New Starts; PA not required if under 65 years of age.
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	EDS
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	EDS
SUNOSI ORAL TABLET 150 MG	4	PA; EDS
SUNOSI ORAL TABLET 75 MG	4	PA; QL (45 EA per 30 days); EDS
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA
XYWAV ORAL SOLUTION 500 MG/ML	5	PA; LA

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Multi-Language Insert

Multi-language Interpreter 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 1-800-665-1502. Someone who speaks English 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 1-800-665-1502. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-665-1502。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-665-1502。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-665-1502. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-665-1502. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-665-1502 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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

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

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

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

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

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

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

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

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

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

Notice of Nondiscrimination

Discrimination is Against the Law

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

Independent Health:

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

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

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

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

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

This formulary was updated on 10/1/2024. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m. or visit www.IndependentHealth.com/Medicare.