

# Pharmacy Benefit Dimensions Prescription Drug Plan PDP

## 5 Tier Formulary



2025 Formulary

(List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID 25496.

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

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

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

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

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

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

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

Most changes in drug coverage happen on January 1, but Pharmacy Benefit Dimensions Prescription Drug Plan PDP may add or remove drugs on the Drug List (formulary) during the year, move them to different cost-sharing tiers, or add new restrictions. Pharmacy Benefit Dimensions Prescription Drug Plan PDP must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <https://www.pbdrx.com/medicare/formularies-and-pharmacies>.

**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 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 that 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. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan PDP’s formulary?”
- 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 efficacy 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, 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 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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 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 Drug List (formulary) for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 1, 2024. To get updated information about the drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the

formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at [www.pbdrx.com/Medicare/Formularies-and-pharmacies](http://www.pbdrx.com/Medicare/Formularies-and-pharmacies) and in printed form.

## **How do I use the Formulary?**

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

### **Medical Condition**

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

### **Alphabetical Listing**

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

## **What are generic drugs?**

Pharmacy Benefit Dimensions Prescription Drug Plan PDP covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well 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 3, 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:** Pharmacy Benefit Dimensions Prescription Drug Plan PDP requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Pharmacy Benefit Dimensions Prescription Drug Plan PDP before you fill your prescriptions. If you don't get approval, Pharmacy Benefit Dimensions Prescription Drug Plan PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Pharmacy Benefit Dimensions Prescription Drug Plan PDP limits the amount of the drug that Pharmacy Benefit Dimensions Prescription Drug Plan PDP will cover. For example, Pharmacy Benefit Dimensions Prescription Drug Plan PDP provides 30 tablets per prescription for Nuplazid oral tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Pharmacy Benefit Dimensions Prescription Drug Plan PDP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Pharmacy Benefit Dimensions Prescription Drug Plan PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Pharmacy Benefit Dimensions Prescription Drug Plan PDP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization, quantity limit and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Pharmacy Benefit Dimensions Prescription Drug Plan PDP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary?" on page V for information about how to request an exception.

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

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

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

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

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

- You can ask Member Services for a list of similar drugs that are covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP. When you receive the list, show it to your prescriber and ask them to prescribe a similar drug that is covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP.
- You can ask Pharmacy Benefit Dimensions Prescription Drug Plan PDP to make an exception and cover your drug. See below for information about how to request an exception.

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

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

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

Generally, Pharmacy Benefit Dimensions Prescription Drug Plan PDP will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or 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 us 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 request 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 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 prescriber 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 month prescription claim.

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

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

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

### **For more information**

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

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

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



## Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary

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

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

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

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

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

Drugs listed with an **“EDS”** in the Requirements/Limits column may be prescribed and dispensed at a participating network retail or mail order pharmacy for an extended 90-day supply. 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 a **“LA”** in the Requirements/Limits column may be available only at certain pharmacies. For more information, please contact our Member Services Department. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Drugs listed with a **“QL”** in the Requirements/Limits column have limits on the quantity of the drug that will be covered by the plan (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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**CURRENT AS OF 1/1/2025**

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<b>Analgesics</b>		
<i>acetaminophen-codeine oral solution</i>	2	
<i>acetaminophen-codeine oral tablet</i>	2	
ASCOMP-CODEINE ORAL CAPSULE	4	PA; PA not required if under 65 years of age.
<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>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</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caffeine oral capsule</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</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-aspirin-caffeine oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>butorphanol tartrate nasal solution</i>	2	
<i>celecoxib oral capsule</i>	2	EDS
<i>codeine sulfate oral tablet</i>	2	
<i>diclofenac epolamine external patch</i>	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</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</i>	2	EDS
<i>diflunisal oral tablet</i>	2	EDS
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>etodolac oral capsule</i>	2	EDS
<i>etodolac oral tablet</i>	2	EDS
<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</i>	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
<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)

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>flurbiprofen oral tablet</i>	2	EDS
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	4	QL (30 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</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)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	2	EDS
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EDS
<i>indomethacin er oral capsule extended release</i>	4	EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4	EDS
<i>ketorolac tromethamine oral tablet</i>	4	QL (20 EA per 30 days)
<i>meloxicam oral tablet</i>	1	EDS
<i>methadone hcl oral solution</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 (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate er beads oral capsule extended release 24 hour</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</i>	2	
<i>morphine sulfate intravenous solution 10 mg/ml</i>	2	
<i>morphine sulfate oral solution</i>	2	
<i>morphine sulfate oral tablet</i>	2	
<i>nabumetone oral tablet</i>	2	EDS
<i>naproxen oral tablet</i>	2	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EDS
<i>oxycodone hcl oral capsule</i>	2	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	
<i>oxycodone hcl oral solution</i>	2	
<i>oxycodone hcl oral tablet</i>	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	

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

Drug Name	Tier	Requirements/Limits
<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</i>	3	
<i>piroxicam oral capsule</i>	2	EDS
<i>sulindac oral tablet</i>	2	EDS
TENCON ORAL TABLET 50-325 MG	4	PA; PA not required if under 65 years of age.
<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	
<i>tramadol hcl oral tablet 50 mg</i>	2	
<i>tramadol-acetaminophen oral tablet</i>	2	
<b>Anesthetics</b>		
<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</i>	2	
<i>lidocaine hcl injection solution 1 %</i>	2	
<i>lidocaine hcl urethral/mucosal external gel</i>	2	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	2	
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
<i>lidocan external patch</i>	2	PA
<i>tridacaine external patch</i>	2	PA
<i>tridacaine ii external patch</i>	2	PA
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium oral tablet delayed release</i>	2	FDA MDD=6; EDS
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	2	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1	EDS
<i>disulfiram oral tablet</i>	2	EDS
KLOXXADO NASAL LIQUID	3	
LUCEMYRA ORAL TABLET	5	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>naloxone hcl nasal liquid</i>	2	
<i>naltrexone hcl oral tablet</i>	2	
NICOTROL INHALATION INHALER	4	
NICOTROL NS NASAL SOLUTION	4	
OPVEE NASAL SOLUTION	3	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	2	
<i>varenicline tartrate oral tablet</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	3	
<b>Antibacterials</b>		
<i>acetic acid otic solution</i>	2	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable</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	
ARIKAYCE INHALATION SUSPENSION	5	PA; LA
<i>azithromycin intravenous solution reconstituted</i>	2	
<i>azithromycin oral packet</i>	2	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefadroxil oral tablet</i>	3	

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

Drug Name	Tier	Requirements/Limits
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</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</i>	3	
<i>cefixime oral suspension reconstituted</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</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>cefprozil oral suspension reconstituted</i>	2	
<i>cefprozil oral tablet</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
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>clarithromycin oral suspension reconstituted</i>	3	
<i>clarithromycin oral tablet</i>	2	
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	
<i>clindamycin phosphate external swab</i>	2	
<i>clindamycin phosphate in d5w intravenous solution</i>	2	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	2	
<i>clindamycin phosphate vaginal cream</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	4	

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



Drug Name	Tier	Requirements/Limits
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	
<i>demeclocycline hcl oral tablet</i>	4	
<i>dicloxacillin sodium oral capsule</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	5	
DIFICID ORAL TABLET	5	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>doxycycline hyclate intravenous solution reconstituted</i>	2	
<i>doxycycline hyclate oral capsule</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</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>e.e.s. 400 oral tablet</i>	4	
<i>ertapenem sodium injection solution reconstituted</i>	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles</i>	4	
<i>erythromycin base oral tablet</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin lactobionate intravenous solution reconstituted</i>	4	
<i>erythromycin oral tablet delayed release</i>	4	
<i>fosfomycin tromethamine oral packet</i>	4	QL (1 EA per 30 days)
<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</i>	2	
<i>gentamicin sulfate external ointment</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous solution</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	2	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted</i>	5	
<i>linezolid oral tablet</i>	4	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	3	
<i>methenamine hippurate oral tablet</i>	2	
<i>metronidazole external cream</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>metronidazole external gel</i>	2	
<i>metronidazole external lotion</i>	3	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral tablet</i>	2	
<i>metronidazole vaginal gel</i>	2	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	3	
<i>moxifloxacin hcl in nacl intravenous solution</i>	2	
<i>moxifloxacin hcl intravenous solution</i>	2	
<i>moxifloxacin hcl oral tablet</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	4	
<i>neomycin sulfate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	2	
<i>nitrofurantoin monohyd macro oral capsule</i>	2	
NUVESSA VAGINAL GEL	4	
<i>oxacillin sodium in dextrose intravenous solution</i>	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>oxacillin sodium intravenous solution reconstituted</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</i>	2	
<i>penicillin v potassium oral solution reconstituted</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<i>physiosol irrigation irrigation solution</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	
<i>polymyxin b sulfate injection solution reconstituted</i>	2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
SIVEXTRO ORAL TABLET	5	PA
<i>sterile water for irrigation irrigation solution</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	4	
<i>sulfacetamide sodium (acne) external lotion</i>	2	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>tetracycline hcl oral capsule</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>tigecycline intravenous solution reconstituted</i>	5	
<i>tinidazole oral tablet</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
<i>trimethoprim oral tablet</i>	2	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; Prior authorization not required for nephrologists or infectious diseases specialists.
<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</i>	2	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	4	
<i>vandazole vaginal gel</i>	2	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	PA
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	5	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION	5	
BRIVIACT ORAL TABLET 10 MG	5	QL (240 EA per 30 days)
BRIVIACT ORAL TABLET 100 MG	5	
BRIVIACT ORAL TABLET 25 MG, 50 MG, 75 MG	5	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	3	EDS
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	EDS
<i>carbamazepine oral suspension 100 mg/5ml</i>	3	EDS
<i>carbamazepine oral tablet</i>	2	EDS
<i>carbamazepine oral tablet chewable</i>	2	EDS
<i>clobazam oral suspension</i>	2	EDS
<i>clobazam oral tablet</i>	2	EDS
<i>clonazepam oral tablet</i>	2	EDS
<i>clonazepam oral tablet dispersible</i>	2	EDS
<i>clorazepate dipotassium oral tablet</i>	3	
DIACOMIT ORAL CAPSULE	5	PA New Starts; LA
DIACOMIT ORAL PACKET	5	PA New Starts; LA
<i>diazepam rectal gel</i>	2	
DILANTIN ORAL CAPSULE 30 MG	3	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
EPIDIOLEX ORAL SOLUTION	5	PA New Starts; LA
EPRONTIA ORAL SOLUTION	4	EDS

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

Drug Name	Tier	Requirements/Limits
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
<i>ethosuximide oral capsule</i>	2	EDS
<i>ethosuximide oral solution</i>	2	EDS
<i>felbamate oral suspension</i>	2	EDS
<i>felbamate oral tablet</i>	2	EDS
FINTEPLA ORAL SOLUTION	5	PA New Starts; LA
FYCOMPA ORAL SUSPENSION	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 EA per 30 days); EDS
<i>gabapentin oral capsule</i>	2	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	3	EDS
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	EDS
<i>lacosamide oral solution 10 mg/ml</i>	4	EDS
<i>lacosamide oral tablet</i>	2	EDS
<i>lamotrigine er oral tablet extended release 24 hour</i>	3	EDS
<i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	2	
<i>lamotrigine oral tablet</i>	2	EDS
<i>lamotrigine oral tablet chewable</i>	2	EDS
<i>lamotrigine oral tablet dispersible</i>	4	EDS
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	2	
<i>lamotrigine starter kit-orange oral kit</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour</i>	2	EDS
<i>levetiracetam oral solution 100 mg/ml</i>	2	EDS
<i>levetiracetam oral tablet</i>	2	EDS
LIBERVANT BUCCAL FILM	5	QL (10 EA per 30 days); AL (Min 2 Years and Max 5 Years)
<i>methsuximide oral capsule</i>	2	EDS
NAYZILAM NASAL SOLUTION	4	PA New Starts; Prior authorization not required for neurologists.
<i>oxcarbazepine oral suspension</i>	2	EDS
<i>oxcarbazepine oral tablet</i>	2	EDS
<i>phenobarbital oral elixir</i>	2	EDS
<i>phenobarbital oral tablet</i>	2	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	2	EDS
<i>phenytoin oral tablet chewable</i>	2	EDS
<i>phenytoin sodium extended oral capsule</i>	2	EDS
<i>pregabalin oral capsule</i>	2	EDS
<i>pregabalin oral solution</i>	3	EDS
<i>primidone oral tablet 250 mg, 50 mg</i>	2	EDS
<i>roweepra oral tablet 500 mg</i>	2	EDS
<i>rufinamide oral suspension</i>	5	

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

Drug Name	Tier	Requirements/Limits
<i>rufinamide oral tablet 200 mg</i>	4	EDS
<i>rufinamide oral tablet 400 mg</i>	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	EDS
<i>subvenite oral tablet</i>	2	EDS
<i>subvenite starter kit-blue oral kit</i>	2	
<i>subvenite starter kit-green oral kit</i>	2	
<i>subvenite starter kit-orange oral kit</i>	2	
SYMPAZAN ORAL FILM	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
<i>topiramate oral capsule sprinkle</i>	2	EDS
<i>topiramate oral tablet</i>	2	EDS
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution 250 mg/5ml</i>	2	EDS
VALTOCO 10 MG DOSE NASAL LIQUID	4	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	4	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	4	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 5 MG DOSE NASAL LIQUID	4	PA New Starts; Prior authorization not required for neurologists.
<i>vigabatrin oral packet</i>	5	
<i>vigabatrin oral tablet</i>	5	
<i>vigadrone oral packet</i>	5	
<i>vigadrone oral tablet</i>	5	
<i>vigpoder oral packet</i>	5	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QL (28 EA per 28 days)
ZONISADE ORAL SUSPENSION	4	EDS
<i>zonisamide oral capsule</i>	2	EDS
ZTALMY ORAL SUSPENSION	5	PA New Starts; LA
<b>Antidementia Agents</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	2	EDS
<i>ergoloid mesylates oral tablet</i>	4	EDS

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

Drug Name	Tier	Requirements/Limits
<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</i>	2	EDS
<i>galantamine hydrobromide oral tablet</i>	2	EDS
<i>memantine hcl er oral capsule extended release 24 hour</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 &amp; 21 x 10 mg</i>	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	PA New Starts
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA New Starts; EDS
<i>rivastigmine tartrate oral capsule</i>	2	EDS
<i>rivastigmine transdermal patch 24 hour</i>	3	EDS
<b>Antidepressants</b>		
<i>amitriptyline hcl oral tablet</i>	2	EDS
<i>amoxapine oral tablet</i>	3	EDS
<i>aripiprazole oral solution</i>	2	EDS
<i>aripiprazole oral tablet</i>	2	EDS
AUVELITY ORAL TABLET EXTENDED RELEASE	5	PA New Starts
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</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</i>	1	EDS
<i>chlordiazepoxide-amitriptyline oral tablet</i>	2	EDS
<i>citalopram hydrobromide oral solution</i>	2	EDS
<i>citalopram hydrobromide oral tablet</i>	1	EDS
<i>clomipramine hcl oral capsule</i>	4	EDS
<i>desipramine hcl oral tablet</i>	2	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</i>	2	EDS
<i>doxepin hcl oral capsule</i>	2	EDS
<i>doxepin hcl oral concentrate</i>	2	EDS
<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

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

Drug Name	Tier	Requirements/Limits
EMSAM TRANSDERMAL PATCH 24 HOUR	5	
<i>escitalopram oxalate oral solution</i>	2	EDS
<i>escitalopram oxalate oral tablet</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	4	
<i>fluoxetine hcl oral capsule</i>	2	EDS
<i>fluoxetine hcl oral capsule delayed release</i>	2	EDS
<i>fluoxetine hcl oral solution</i>	2	EDS
<i>fluoxetine hcl oral tablet</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</i>	2	EDS
<i>imipramine hcl oral tablet</i>	2	EDS
MARPLAN ORAL TABLET	3	EDS
<i>mirtazapine oral tablet</i>	1	EDS
<i>mirtazapine oral tablet dispersible</i>	2	EDS
<i>nefazodone hcl oral tablet</i>	2	EDS
<i>nortriptyline hcl oral capsule</i>	2	EDS
<i>nortriptyline hcl oral solution</i>	2	EDS
<i>olanzapine-fluoxetine hcl oral capsule</i>	4	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>paroxetine hcl oral suspension</i>	4	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>paroxetine mesylate oral capsule</i>	2	EDS
<i>perphenazine-amitriptyline oral tablet</i>	2	EDS
<i>phenelzine sulfate oral tablet</i>	2	EDS
<i>protriptyline hcl oral tablet</i>	2	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
<i>sertraline hcl oral concentrate</i>	2	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>tranylcypromine sulfate oral tablet</i>	2	EDS
<i>trazodone hcl oral tablet</i>	2	EDS
<i>trimipramine maleate oral capsule</i>	2	EDS
TRINTELLIX ORAL TABLET 10 MG, 5 MG	4	QL (30 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 20 MG	4	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>venlafaxine hcl oral tablet</i>	2	EDS
<i>vilazodone hcl oral tablet</i>	2	EDS
ZURZUVAE ORAL CAPSULE	5	PA New Starts; LA
<b>Antiemetics</b>		
AKYNZEO ORAL CAPSULE	4	BD
<i>aprepitant oral capsule</i>	4	BD
<i>chlorpromazine hcl oral tablet</i>	4	EDS
<i>compro rectal suppository</i>	4	
<i>dronabinol oral capsule</i>	4	PA
<i>granisetron hcl oral tablet</i>	2	BD
<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</i>	2	
<i>ondansetron hcl oral solution</i>	2	BD
<i>ondansetron hcl oral tablet</i>	2	BD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD
<i>prochlorperazine maleate oral tablet</i>	2	EDS
<i>prochlorperazine rectal suppository</i>	4	
<i>promethazine hcl oral solution</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl oral tablet</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	PA; PA not required if under 65 years of age.
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	4	PA; PA not required if under 65 years of age.
SANCUSO TRANSDERMAL PATCH	5	
<i>scopolamine transdermal patch 72 hour</i>	3	
SYNDROS ORAL SOLUTION	4	PA
<i>trimethobenzamide hcl oral capsule</i>	2	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	4	BD
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION	4	BD
<i>amphotericin b intravenous solution reconstituted</i>	4	BD
<i>amphotericin b liposome intravenous suspension reconstituted</i>	4	BD
<i>casposfungin acetate intravenous solution reconstituted</i>	4	BD
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external cream</i>	2	

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



Drug Name	Tier	Requirements/Limits
<i>ciclopirox olamine external suspension</i>	2	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
CRESEMBA ORAL CAPSULE 186 MG	5	PA
<i>econazole nitrate external cream</i>	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	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</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	5	
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosize oral tablet</i>	2	
GYNAZOLE-1 VAGINAL CREAM	4	
<i>itraconazole oral capsule</i>	2	
<i>itraconazole oral solution</i>	4	
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral tablet</i>	2	PA
<i>micafungin sodium intravenous solution reconstituted</i>	4	
<i>miconazole 3 vaginal suppository</i>	2	
<i>nyamyc external powder</i>	2	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystop external powder</i>	2	
<i>posaconazole oral suspension</i>	5	
<i>posaconazole oral tablet delayed release</i>	5	
<i>terbinafine hcl oral tablet</i>	2	
<i>terconazole vaginal cream</i>	2	
VIVJOA ORAL CAPSULE THERAPY PACK	4	PA; QL (18 EA per 84 days)
<i>voriconazole intravenous solution reconstituted</i>	5	BD
<i>voriconazole oral suspension reconstituted</i>	5	
<i>voriconazole oral tablet</i>	2	
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	EDS
<i>colchicine oral tablet</i>	2	
<i>colchicine-probenecid oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>febuxostat oral tablet</i>	2	ST; EDS
<i>probenecid oral tablet</i>	2	EDS
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days); EDS
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
<i>almotriptan malate oral tablet</i>	2	
<i>dihydroergotamine mesylate nasal solution</i>	5	QL (8 ML per 28 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<i>eletriptan hydrobromide oral tablet</i>	2	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
<i>ergotamine-caffeine oral tablet</i>	2	
<i>frovatriptan succinate oral tablet</i>	2	
<i>naratriptan hcl oral tablet</i>	1	
NURTEC ORAL TABLET DISPERSIBLE	3	PA
QULIPTA ORAL TABLET	3	PA; QL (30 EA per 30 days); EDS
<i>rizatriptan benzoate oral tablet</i>	1	
<i>rizatriptan benzoate oral tablet dispersible</i>	1	
<i>sumatriptan nasal solution</i>	3	
<i>sumatriptan succinate oral tablet</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</i>	4	
<i>sumatriptan-naproxen sodium oral tablet</i>	4	
<i>timolol maleate oral tablet</i>	2	EDS
<i>topiramate oral capsule sprinkle</i>	2	EDS
<i>topiramate oral tablet</i>	2	EDS
UBRELVY ORAL TABLET	3	PA
<i>zolmitriptan nasal solution 5 mg</i>	3	
<i>zolmitriptan oral tablet</i>	2	
<i>zolmitriptan oral tablet dispersible</i>	2	
<b>Antimyasthenic Agents</b>		
<i>pyridostigmine bromide er oral tablet extended release</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>pyridostigmine bromide oral solution</i>	2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<b>Antimycobacterials</b>		
<i>dapsone oral tablet</i>	2	EDS
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid oral syrup</i>	2	EDS
<i>isoniazid oral tablet</i>	2	EDS
PRETOMANID ORAL TABLET	4	PA
PRIFTIN ORAL TABLET	4	
<i>pyrazinamide oral tablet</i>	2	
<i>rifabutin oral capsule</i>	4	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	5	PA
TRECTOR ORAL TABLET	4	
<b>Antineoplastics</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	2	FDA MDD=4
AKEEGA ORAL TABLET	5	PA New Starts; LA
ALECENSA ORAL CAPSULE	5	PA New Starts; FDA MDD=8
ALUNBRIG ORAL TABLET	5	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA New Starts; LA
<i>anastrozole oral tablet</i>	2	FDA MDD=1; EDS
AUGTYRO ORAL CAPSULE	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	5	PA New Starts; LA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts; LA
<i>bexarotene external gel</i>	5	PA New Starts
<i>bexarotene oral capsule</i>	5	
<i>bicalutamide oral tablet</i>	2	
BOSULIF ORAL CAPSULE 100 MG	5	PA New Starts; LA
BOSULIF ORAL CAPSULE 50 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
BOSULIF ORAL TABLET	5	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA New Starts; LA
BRUKINSA ORAL CAPSULE	5	PA New Starts
CABOMETYX ORAL TABLET	5	PA New Starts; LA
CALQUENCE ORAL CAPSULE	5	PA New Starts; FDA MDD=4
CALQUENCE ORAL TABLET	5	PA New Starts; FDA MDD=4
CAPRELSA ORAL TABLET	5	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	5	PA New Starts; LA
COTELLIC ORAL TABLET	5	PA New Starts
<i>cyclophosphamide oral capsule</i>	2	BD
<i>cyclophosphamide oral tablet</i>	2	BD
DAURISMO ORAL TABLET 100 MG	5	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
DROXIA ORAL CAPSULE	2	EDS
EMCYT ORAL CAPSULE	3	
ERIVEDGE ORAL CAPSULE	5	PA New Starts; FDA MDD=1
ERLEADA ORAL TABLET	5	PA New Starts
<i>erlotinib hcl oral tablet 100 mg</i>	3	FDA MDD=4.5
<i>erlotinib hcl oral tablet 150 mg</i>	3	FDA MDD=3
<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</i>	5	PA New Starts
<i>exemestane oral tablet</i>	2	EDS
EXKIVITY ORAL CAPSULE	5	PA New Starts; LA
FOTIVDA ORAL CAPSULE	5	PA New Starts; LA
FRUZAQLA ORAL CAPSULE 1 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
GAVRETO ORAL CAPSULE	5	PA New Starts; LA
<i>gefitinib oral tablet</i>	5	PA New Starts; FDA MDD=1
GILOTRIF ORAL TABLET	5	PA New Starts; LA
GLEOSTINE ORAL CAPSULE 10 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5	
<i>hydroxyurea oral capsule</i>	2	
IBRANCE ORAL CAPSULE	5	PA New Starts; LA
IBRANCE ORAL TABLET	5	PA New Starts; LA
ICLUSIG ORAL TABLET	5	PA New Starts
IDHIFA ORAL TABLET	5	PA New Starts; LA
<i>imatinib mesylate oral tablet 100 mg</i>	3	FDA MDD=8
<i>imatinib mesylate oral tablet 400 mg</i>	3	FDA MDD=2
IMBRUVICA ORAL CAPSULE	5	PA New Starts; LA
IMBRUVICA ORAL SUSPENSION	5	PA New Starts; LA
IMBRUVICA ORAL TABLET	5	PA New Starts; LA
INLYTA ORAL TABLET 1 MG	5	PA New Starts; LA; FDA MDD=20
INLYTA ORAL TABLET 5 MG	5	PA New Starts; LA; FDA MDD=4

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

Drug Name	Tier	Requirements/Limits
INQOVI ORAL TABLET	5	PA New Starts; LA
INREBIC ORAL CAPSULE	5	PA New Starts; LA
IWILFIN ORAL TABLET	5	PA New Starts; LA
JAKAFI ORAL TABLET	5	PA New Starts; LA
JAYPIRCA ORAL TABLET	5	PA New Starts; LA
JYLAMVO ORAL SOLUTION	4	BD
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KOSELUGO ORAL CAPSULE	5	PA New Starts; LA
KRAZATI ORAL TABLET	5	PA New Starts; LA
<i>lapatinib ditosylate oral tablet</i>	5	PA New Starts
<i>lenalidomide oral capsule</i>	5	PA New Starts
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
<i>letrozole oral tablet</i>	2	FDA MDD=1; EDS
<i>leucovorin calcium oral tablet</i>	2	
LEUKERAN ORAL TABLET	3	
LONSURF ORAL TABLET	5	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET	5	PA New Starts
LYNPARZA ORAL TABLET	5	PA New Starts; LA
LYSODREN ORAL TABLET	3	

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

Drug Name	Tier	Requirements/Limits
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE	5	LA
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA New Starts
MEKINIST ORAL TABLET	5	PA New Starts
MEKTOVI ORAL TABLET	5	PA New Starts; LA
<i>mercaptopurine oral tablet</i>	2	
MESNEX ORAL TABLET	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</i>	1	EDS
NERLYNX ORAL TABLET	5	PA New Starts; LA
<i>nilutamide oral tablet</i>	5	
NINLARO ORAL CAPSULE	5	PA New Starts; QL (3 EA per 28 days)
NUBEQA ORAL TABLET	5	PA New Starts; LA
ODOMZO ORAL CAPSULE	5	PA New Starts; FDA MDD=1
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	5	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG	5	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG (16 PACK)	5	PA New Starts; LA; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 100 MG (24 PACK)	5	PA New Starts; LA; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	5	PA New Starts; LA
ONUREG ORAL TABLET	5	PA New Starts; QL (30 EA per 30 days)
ORGOVYX ORAL TABLET	5	LA
ORSERDU ORAL TABLET	5	PA New Starts; LA
<i>pazopanib hcl oral tablet</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	5	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
POMALYST ORAL CAPSULE	5	PA New Starts; LA
PURIXAN ORAL SUSPENSION	5	LA
QINLOCK ORAL TABLET	5	PA New Starts; LA
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

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

Drug Name	Tier	Requirements/Limits
RETEVMO ORAL TABLET 40 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
REVLIMID ORAL CAPSULE	5	PA New Starts; LA
REZLIDHIA ORAL CAPSULE	5	PA New Starts
REZUROCK ORAL TABLET	5	PA New Starts; LA
ROZLYTREK ORAL CAPSULE	5	PA New Starts; LA
ROZLYTREK ORAL PACKET	5	PA New Starts; LA
RUBRACA ORAL TABLET	5	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	5	PA New Starts
SCSEMBLIX ORAL TABLET 100 MG	5	PA New Starts
SCSEMBLIX ORAL TABLET 20 MG	5	PA New Starts; QL (60 EA per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PA New Starts; QL (300 EA per 30 days)
SOLTAMOX ORAL SOLUTION	3	EDS
<i>sorafenib tosylate oral tablet</i>	5	PA New Starts
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	5	PA New Starts; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	5	PA New Starts; QL (60 EA per 30 days)
STIVARGA ORAL TABLET	5	PA New Starts; LA
<i>sunitinib malate oral capsule</i>	5	PA New Starts
TABLOID ORAL TABLET	4	
TABRECTA ORAL TABLET	5	PA New Starts
TAFINLAR ORAL CAPSULE	5	PA New Starts
TAFINLAR ORAL TABLET SOLUBLE	5	PA New Starts
TAGRISSO ORAL TABLET	5	PA New Starts; LA
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
<i>tamoxifen citrate oral tablet</i>	2	EDS
TASIGNA ORAL CAPSULE	5	PA New Starts
TAZVERIK ORAL TABLET	5	PA New Starts; LA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET	5	PA New Starts
THALOMID ORAL CAPSULE	5	LA
TIBSOVO ORAL TABLET	5	PA New Starts; LA
<i>toremifene citrate oral tablet</i>	4	FDA MDD=1; EDS
<i>torpenz oral tablet</i>	5	PA New Starts
<i>tretinoin oral capsule</i>	5	
TRUQAP ORAL TABLET	5	PA New Starts; LA
TUKYSA ORAL TABLET 150 MG	5	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA New Starts; LA
VALCHLOR EXTERNAL GEL	5	PA New Starts

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

Drug Name	Tier	Requirements/Limits
VANFLYTA ORAL TABLET	5	PA New Starts; LA
VENCLEXTA ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA New Starts; LA; FDA MDD=6
VENCLEXTA ORAL TABLET 50 MG	5	PA New Starts; LA; FDA MDD=12
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (42 EA per 30 days)
VERZENIO ORAL TABLET	5	PA New Starts
VIJOICE ORAL PACKET	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	5	PA New Starts; LA
VONJO ORAL CAPSULE	5	PA New Starts; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA New Starts; LA
WELIREG ORAL TABLET	5	PA New Starts
XALKORI ORAL CAPSULE	5	PA New Starts; LA
XALKORI ORAL CAPSULE SPRINKLE	5	PA New Starts; LA
XATMEP ORAL SOLUTION	4	BD
XOSPATA ORAL TABLET	5	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (32 EA per 28 days)
XTANDI ORAL CAPSULE	5	PA New Starts
XTANDI ORAL TABLET	5	PA New Starts
ZEJULA ORAL CAPSULE	5	PA New Starts; LA
ZEJULA ORAL TABLET	5	PA New Starts; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET	5	PA New Starts
ZOLINZA ORAL CAPSULE	5	

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



Drug Name	Tier	Requirements/Limits
ZYDELIG ORAL TABLET	5	PA New Starts
ZYKADIA ORAL TABLET	5	PA New Starts
<b>Antiparasitics</b>		
<i>albendazole oral tablet</i>	4	
<i>atovaquone oral suspension</i>	4	
<i>atovaquone-proguanil hcl oral tablet</i>	2	
<i>chloroquine phosphate oral tablet</i>	2	EDS
COARTEM ORAL TABLET	3	QL (24 EA per 30 days)
EMVERM ORAL TABLET CHEWABLE	5	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	EDS
IMPAVIDO ORAL CAPSULE	5	
<i>ivermectin oral tablet</i>	2	
<i>mefloquine hcl oral tablet</i>	2	EDS
<i>nitazoxanide oral tablet</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	BD
<i>pentamidine isethionate injection solution reconstituted</i>	4	
<i>praziquantel oral tablet</i>	2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral tablet</i>	5	
<i>quinine sulfate oral capsule</i>	2	
<b>Antiparkinson Agents</b>		
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral solution</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
<i>apomorphine hcl subcutaneous solution cartridge</i>	5	PA
<i>benztropine mesylate oral tablet</i>	2	EDS
<i>bromocriptine mesylate oral tablet</i>	2	EDS
<i>carbidopa oral tablet</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</i>	2	EDS
<i>carbidopa-levodopa oral tablet dispersible</i>	2	EDS
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	EDS
<i>entacapone oral tablet</i>	2	EDS
INBRIJA INHALATION CAPSULE	5	PA; LA
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	4	PA; EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	3	QL (30 EA per 30 days); EDS
<i>pramipexole dihydrochloride oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>rasagiline mesylate oral tablet</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</i>	2	EDS
<i>selegiline hcl oral capsule</i>	2	EDS
<i>selegiline hcl oral tablet</i>	2	EDS
<i>trihexyphenidyl hcl oral solution</i>	2	EDS
<i>trihexyphenidyl hcl oral tablet</i>	2	EDS
ZELAPAR ORAL TABLET DISPERSIBLE	5	
<b>Antipsychotics</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	BD
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 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</i>	2	EDS
<i>aripiprazole oral tablet</i>	2	EDS
<i>aripiprazole oral tablet dispersible</i>	4	QL (60 EA per 30 days); EDS
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	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
<i>chlorpromazine hcl oral concentrate</i>	4	EDS
<i>chlorpromazine hcl oral tablet</i>	4	EDS
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible</i>	4	
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	4	PA New Starts; QL (8 EA per 4 days)

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

Drug Name	Tier	Requirements/Limits
<i>fluphenazine decanoate injection solution</i>	2	BD
<i>fluphenazine hcl injection solution</i>	2	BD
<i>fluphenazine hcl oral concentrate</i>	2	EDS
<i>fluphenazine hcl oral elixir</i>	2	EDS
<i>fluphenazine hcl oral tablet</i>	2	EDS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	BD
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	EDS
<i>haloperidol oral tablet</i>	2	EDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	PA New Starts
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	BD
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	BD
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	PA New Starts
<i>loxapine succinate oral capsule</i>	2	EDS
<i>lurasidone hcl oral tablet</i>	2	EDS
LYBALVI ORAL TABLET	5	PA New Starts
<i>molindone hcl oral tablet</i>	4	EDS
NUPLAZID ORAL CAPSULE	5	PA New Starts; LA
NUPLAZID ORAL TABLET 10 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	2	BD
<i>olanzapine oral tablet</i>	2	EDS
<i>olanzapine oral tablet dispersible</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
<i>perphenazine oral tablet</i>	2	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	PA New Starts
<i>pimozide oral tablet</i>	2	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</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	

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

Drug Name	Tier	Requirements/Limits
<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</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS
<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
<i>thioridazine hcl oral tablet</i>	2	EDS
<i>thiothixene oral capsule</i>	2	EDS
<i>trifluoperazine hcl oral tablet</i>	2	EDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	5	PA New Starts
VERSACLOZ ORAL SUSPENSION	4	
VRAYLAR ORAL CAPSULE	5	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	
<i>ziprasidone hcl oral capsule</i>	2	EDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	EDS
<i>dantrolene sodium oral capsule</i>	2	
<i>tizanidine hcl oral capsule</i>	2	EDS
<i>tizanidine hcl oral tablet</i>	2	EDS
<b>Antivirals</b>		
<i>abacavir sulfate oral solution</i>	2	EDS
<i>abacavir sulfate oral tablet</i>	2	EDS
<i>abacavir sulfate-lamivudine oral tablet</i>	2	FDA MDD=1; EDS
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	BD
<i>adefovir dipivoxil oral tablet</i>	4	EDS
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral solution</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>amantadine hcl oral tablet</i>	2	EDS
APTIVUS ORAL CAPSULE	3	EDS
<i>atazanavir sulfate oral capsule</i>	2	EDS
BARACLUDE ORAL SOLUTION	5	
BIKTARVY ORAL TABLET	5	
CIMDUO ORAL TABLET	5	
COMPLERA ORAL TABLET	5	
<i>darunavir oral tablet 600 mg</i>	4	EDS
<i>darunavir oral tablet 800 mg</i>	5	
DELSTRIGO ORAL TABLET	5	
DESCOVY ORAL TABLET	5	
DOVATO ORAL TABLET	5	
EDURANT ORAL TABLET	5	
<i>efavirenz oral capsule</i>	2	EDS
<i>efavirenz oral tablet</i>	2	EDS
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	2	EDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	5	
<i>emtricitabine oral capsule</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	3	EDS
<i>entecavir oral tablet</i>	2	EDS
<i>etravirine oral tablet</i>	5	
EVOTAZ ORAL TABLET	5	
<i>famciclovir oral tablet</i>	2	
<i>fosamprenavir calcium oral tablet</i>	2	EDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
GENVOYA ORAL TABLET	5	
INTELENCE ORAL TABLET 25 MG	4	EDS
ISENTRESS HD ORAL TABLET	5	
ISENTRESS ORAL PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	EDS
JULUCA ORAL TABLET	5	
LAGEVRIO ORAL CAPSULE	3	
<i>lamivudine oral solution</i>	2	EDS
<i>lamivudine oral tablet</i>	2	EDS
<i>lamivudine-zidovudine oral tablet</i>	2	EDS
<i>ledipasvir-sofosbuvir oral tablet</i>	5	PA
LEXIVA ORAL SUSPENSION	3	EDS

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

Drug Name	Tier	Requirements/Limits
LIVTENCITY ORAL TABLET	5	PA; LA
<i>lopinavir-ritonavir oral solution</i>	4	EDS
<i>lopinavir-ritonavir oral tablet</i>	2	EDS
<i>maraviroc oral tablet</i>	5	
MAVYRET ORAL PACKET	5	PA
MAVYRET ORAL TABLET	5	PA
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	EDS
<i>nevirapine oral suspension</i>	2	EDS
<i>nevirapine oral tablet</i>	2	EDS
NORVIR ORAL PACKET	3	EDS
ODEFSEY ORAL TABLET	5	
<i>oseltamivir phosphate oral capsule</i>	2	
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	
PIFELTRO ORAL TABLET	5	
PREVYMIS ORAL TABLET	5	PA
PREZCOBIX ORAL TABLET	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 75 MG	3	EDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	
REYATAZ ORAL PACKET	5	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine hcl oral tablet</i>	2	
<i>ritonavir oral tablet</i>	2	EDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 25 MG	3	EDS
SELZENTRY ORAL TABLET 75 MG	5	
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA
STRIBILD ORAL TABLET	5	
SUNLENCA ORAL TABLET THERAPY PACK	5	
SYM TUZA ORAL TABLET	5	
<i>tenofovir disoproxil fumarate oral tablet</i>	2	EDS
TIVICAY ORAL TABLET 10 MG	3	EDS
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE	3	EDS
TRIUMEQ ORAL TABLET	5	FDA MDD=1
TRIUMEQ PD ORAL TABLET SOLUBLE	4	EDS

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

Drug Name	Tier	Requirements/Limits
TRIZIVIR ORAL TABLET	5	
TYBOST ORAL TABLET	3	EDS
<i>valacyclovir hcl oral tablet</i>	2	
<i>valganciclovir hcl oral solution reconstituted</i>	5	
<i>valganciclovir hcl oral tablet</i>	3	EDS
VEMLIDY ORAL TABLET	5	
VIRACEPT ORAL TABLET	5	
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
VOCABRIA ORAL TABLET	5	LA
VOSEVI ORAL TABLET	5	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
<i>zidovudine oral capsule</i>	2	EDS
<i>zidovudine oral syrup</i>	2	EDS
<i>zidovudine oral tablet</i>	2	EDS
<b>Anxiolytics</b>		
<i>alprazolam er oral tablet extended release 24 hour</i>	2	
<i>alprazolam oral tablet</i>	2	
<i>alprazolam oral tablet dispersible</i>	3	
<i>buspirone hcl oral tablet</i>	1	EDS
<i>chlordiazepoxide hcl oral capsule</i>	2	
<i>clonazepam oral tablet</i>	2	EDS
<i>clonazepam oral tablet dispersible</i>	2	EDS
<i>clorazepate dipotassium oral tablet</i>	3	
<i>diazepam intensol oral concentrate</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet</i>	2	
<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</i>	2	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral capsule</i>	2	PA; PA not required if under 65 years of age.
<i>lorazepam intensol oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	2	
<i>oxazepam oral capsule</i>	2	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>paroxetine hcl oral suspension</i>	4	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>sertraline hcl oral concentrate</i>	2	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS
<b>Bipolar Agents</b>		
<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>carbamazepine er oral capsule extended release 12 hour</i>	3	EDS
<i>carbamazepine oral suspension 100 mg/5ml</i>	3	EDS
<i>carbamazepine oral tablet</i>	2	EDS
<i>carbamazepine oral tablet chewable</i>	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<i>epitol oral tablet</i>	2	EDS
<i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	2	
<i>lamotrigine oral tablet</i>	2	EDS
<i>lamotrigine oral tablet chewable</i>	2	EDS
<i>lamotrigine oral tablet dispersible</i>	4	EDS
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	2	
<i>lamotrigine starter kit-orange oral kit</i>	2	
<i>lithium carbonate er oral tablet extended release</i>	2	EDS
<i>lithium carbonate oral capsule</i>	2	EDS
<i>lithium carbonate oral tablet</i>	2	EDS
<i>lithium oral solution</i>	2	EDS
<i>lurasidone hcl oral tablet</i>	2	EDS
LYBALVI ORAL TABLET	5	PA New Starts
<i>olanzapine intramuscular solution reconstituted</i>	2	BD
<i>olanzapine oral tablet</i>	2	EDS
<i>olanzapine oral tablet dispersible</i>	2	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</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</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS

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



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</i>	2	EDS
<b>Blood Glucose Regulators</b>		
<i>acarbose oral tablet 100 mg</i>	2	FDA MDD=3; EDS
<i>acarbose oral tablet 25 mg</i>	2	FDA MDD=12; EDS
<i>acarbose oral tablet 50 mg</i>	2	FDA MDD=6; EDS
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	2	
BAQSIMI ONE PACK NASAL POWDER	2	
BAQSIMI TWO PACK NASAL POWDER	2	
<i>colesevelam hcl oral packet</i>	2	EDS
<i>colesevelam hcl oral tablet</i>	2	EDS
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	2	
<i>cvs gauze sterile pad 2"x2"</i>	2	
<i>diazoxide oral suspension</i>	5	
<i>exel comfort point pen needle 29g x 12mm</i>	2	
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</i>	1	EDS
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	EDS
<i>glipizide-metformin hcl oral tablet</i>	1	EDS
<i>global alcohol prep ease pad</i>	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	
<i>glucagon emergency injection kit</i>	2	
<i>glucagon emergency injection solution reconstituted</i>	2	
GLYXAMBI ORAL TABLET	3	EDS
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE KIT SUBCUTANEOUS SOLUTION	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	
HUMALOG INJECTION SOLUTION	3	EDS
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS

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

Drug Name	Tier	Requirements/Limits
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	EDS
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION	3	EDS
HUMULIN R INJECTION SOLUTION	3	EDS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
<i>insulin glargine max solostar subcutaneous solution pen-injector</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</i>	3	EDS
<i>insulin lispro injection solution</i>	3	EDS
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	3	EDS
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector</i>	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	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LANTUS SUBCUTANEOUS SOLUTION	3	EDS
LYUMJEV INJECTION SOLUTION	3	EDS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>metformin hcl oral solution</i>	4	EDS
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>mifepristone oral tablet 300 mg</i>	5	PA New Starts
<i>miglitol oral tablet</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</i>	2	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	3	QL (15 EA per 30 days); 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	3	PA; QL (3 ML per 28 days); EDS
<i>pioglitazone hcl oral tablet</i>	1	EDS
<i>pioglitazone hcl-metformin hcl oral tablet</i>	2	EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	
<i>reli-on insulin syringe 29g 0.3 ml</i>	2	
<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
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	3	QL (15 ML per 25 days); EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; Prior authorization not required for endocrinologists.
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; Prior authorization not required for endocrinologists.
SYNJARDY ORAL TABLET	3	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TRADJENTA ORAL TABLET	3	EDS

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

Drug Name	Tier	Requirements/Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TRESIBA SUBCUTANEOUS SOLUTION	3	EDS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (2 ML per 28 days); 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
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<b>Blood Products And Modifiers</b>		
<i>anagrelide hcl oral capsule</i>	2	EDS
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	2	EDS
BRILINTA ORAL TABLET	3	EDS
CABLIVI INJECTION KIT	5	PA; LA
<i>cilostazol oral tablet</i>	2	EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
<i>dabigatran etexilate mesylate oral capsule</i>	2	EDS
<i>dipyridamole oral tablet</i>	2	EDS
DOPTELET ORAL TABLET 20 MG	5	PA; LA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	EDS
ELIQUIS ORAL TABLET	3	EDS
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	2	
<i>enoxaparin sodium injection solution prefilled syringe</i>	3	
FABHALTA ORAL CAPSULE	5	PA; LA
<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</i>	2	
<i>jantoven oral tablet</i>	1	EDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA
OXBRYTA ORAL TABLET 500 MG	5	PA; LA
<i>prasugrel hcl oral tablet</i>	2	EDS
PROMACTA ORAL PACKET	5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA
PYRUKYND ORAL TABLET	5	PA; LA; QL (56 EA per 28 days)

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

Drug Name	Tier	Requirements/Limits
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	5	PA; LA; QL (7 EA per 7 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; LA; QL (14 EA per 14 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA
TAVALISSE ORAL TABLET 100 MG	5	PA; LA; QL (60 EA per 30 days)
TAVALISSE ORAL TABLET 150 MG	5	PA; LA
<i>tranexamic acid oral tablet</i>	2	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>warfarin sodium oral tablet</i>	1	EDS
XARELTO ORAL SUSPENSION RECONSTITUTED	3	EDS
XARELTO ORAL TABLET	3	EDS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	
XOLREMDI ORAL CAPSULE	5	PA; LA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	
ZONTIVITY ORAL TABLET	4	PA; EDS
<b>Cardiovascular Agents</b>		
<i>acebutolol hcl oral capsule</i>	2	EDS
<i>acetazolamide oral tablet 125 mg</i>	2	FDA MDD=8; EDS
<i>acetazolamide oral tablet 250 mg</i>	2	FDA MDD=4; EDS
<i>aliskiren fumarate oral tablet</i>	4	ST; EDS
<i>amiloride hcl oral tablet</i>	1	EDS
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	EDS
<i>amiodarone hcl oral tablet</i>	2	EDS
<i>amlodipine besy-benazepril hcl oral capsule</i>	1	EDS
<i>amlodipine besylate oral tablet</i>	1	EDS
<i>amlodipine besylate-valsartan oral tablet</i>	1	EDS
<i>amlodipine-atorvastatin oral tablet</i>	2	EDS
<i>amlodipine-olmesartan oral tablet</i>	1	EDS
<i>amlodipine-valsartan-hctz oral tablet</i>	2	EDS
<i>atenolol oral tablet</i>	1	EDS
<i>atenolol-chlorthalidone oral tablet</i>	1	EDS
<i>atorvastatin calcium oral tablet</i>	1	EDS
<i>benazepril hcl oral tablet</i>	1	EDS
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>betaxolol hcl oral tablet</i>	2	EDS
<i>bisoprolol fumarate oral tablet 10 mg</i>	1	FDA MDD=2; EDS
<i>bisoprolol fumarate oral tablet 5 mg</i>	1	FDA MDD=4; EDS

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

Drug Name	Tier	Requirements/Limits
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	EDS
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	1	EDS
CAMZYOS ORAL CAPSULE	5	PA; LA; QL (30 EA per 30 days)
<i>candesartan cilexetil oral tablet</i>	1	EDS
<i>candesartan cilexetil-hctz oral tablet</i>	2	EDS
<i>captopril oral tablet</i>	4	EDS
<i>cartia xt oral capsule extended release 24 hour</i>	2	EDS
<i>carvedilol oral tablet</i>	1	EDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
<i>cholestyramine light oral packet</i>	2	EDS
<i>cholestyramine light oral powder</i>	2	EDS
<i>cholestyramine oral packet</i>	2	EDS
<i>cholestyramine oral powder</i>	2	EDS
<i>clonidine hcl oral tablet</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>colesevelam hcl oral packet</i>	2	EDS
<i>colesevelam hcl oral tablet</i>	2	EDS
<i>colestipol hcl oral packet</i>	3	EDS
<i>colestipol hcl oral tablet</i>	2	EDS
CORLANOR ORAL SOLUTION	4	PA; Prior authorization not required for cardiologists.; EDS
<i>digoxin oral solution</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>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</i>	2	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	EDS
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>diltiazem hcl oral tablet</i>	2	EDS
<i>dilt-xr oral capsule extended release 24 hour</i>	2	EDS
<i>disopyramide phosphate oral capsule</i>	2	EDS
DIURIL ORAL SUSPENSION	3	EDS
<i>dofetilide oral capsule</i>	2	EDS
<i>doxazosin mesylate oral tablet</i>	1	EDS
<i>droxidopa oral capsule 100 mg</i>	4	QL (90 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	QL (180 EA per 30 days)
<i>enalapril maleate oral tablet</i>	1	EDS
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	EDS
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG	3	QL (60 EA per 30 days); EDS
ENTRESTO ORAL TABLET 97-103 MG	3	EDS
<i>eplerenone oral tablet</i>	2	EDS
<i>ethacrynic acid oral tablet</i>	4	EDS
<i>ezetimibe oral tablet</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>felodipine er oral tablet extended release 24 hour</i>	2	EDS
<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</i>	2	EDS
<i>fenofibric acid oral tablet</i>	2	EDS
FILSPARI ORAL TABLET	5	PA; LA; QL (30 EA per 30 days)
<i>flecainide acetate oral tablet</i>	2	EDS
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	3	EDS
<i>fluvastatin sodium oral capsule</i>	3	EDS
<i>fosinopril sodium oral tablet</i>	1	EDS
<i>fosinopril sodium-hctz oral tablet</i>	1	EDS
<i>furosemide injection solution</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>gemfibrozil oral tablet</i>	2	EDS
<i>guanfacine hcl oral tablet</i>	2	EDS
<i>hydralazine hcl oral tablet</i>	2	EDS
<i>hydrochlorothiazide oral capsule</i>	1	EDS
<i>hydrochlorothiazide oral tablet</i>	1	EDS
<i>icosapent ethyl oral capsule</i>	3	EDS
<i>indapamide oral tablet</i>	1	EDS
<i>irbesartan oral tablet</i>	1	EDS
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	EDS
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	4	EDS
<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</i>	1	EDS
<i>isosorbide mononitrate oral tablet</i>	2	EDS
<i>isradipine oral capsule</i>	4	EDS

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

Drug Name	Tier	Requirements/Limits
<i>ivabradine hcl oral tablet</i>	4	PA; Prior authorization not required for cardiologists.; EDS
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)
KERENDIA ORAL TABLET	4	PA; QL (30 EA per 30 days); EDS
<i>labetalol hcl oral tablet</i>	1	EDS
<i>lisinopril oral tablet</i>	1	EDS
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	EDS
LODOCO ORAL TABLET	4	PA; QL (30 EA per 30 days); EDS
<i>losartan potassium oral tablet</i>	1	EDS
<i>losartan potassium-hctz oral tablet</i>	1	EDS
<i>lovastatin oral tablet</i>	1	EDS
<i>matzim la oral tablet extended release 24 hour</i>	2	EDS
<i>metolazone oral tablet</i>	1	EDS
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	EDS
<i>metoprolol tartrate oral tablet</i>	1	EDS
<i>metoprolol-hydrochlorothiazide oral tablet</i>	2	EDS
<i>metyrosine oral capsule</i>	5	
<i>mexiletine hcl oral capsule</i>	2	EDS
<i>midodrine hcl oral tablet</i>	2	
<i>minoxidil oral tablet</i>	2	EDS
<i>moexipril hcl oral tablet</i>	2	EDS
MULTAQ ORAL TABLET	3	QL (60 EA per 30 days); EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	EDS
<i>nebivolol hcl oral tablet</i>	2	EDS
NEXLETOL ORAL TABLET	3	PA New Starts; EDS
NEXLIZET ORAL TABLET	3	PA New Starts; EDS
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	3	EDS
<i>nicardipine hcl oral capsule</i>	2	EDS
<i>nifedipine er oral tablet extended release 24 hour</i>	2	EDS
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	EDS
<i>nifedipine oral capsule</i>	2	EDS
<i>nimodipine oral capsule</i>	4	
NITRO-BID TRANSDERMAL OINTMENT	3	EDS
<i>nitroglycerin rectal ointment</i>	4	
<i>nitroglycerin sublingual tablet sublingual</i>	2	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	2	EDS
<i>nitroglycerin translingual solution</i>	3	EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
<i>olmesartan medoxomil oral tablet</i>	1	EDS

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



Drug Name	Tier	Requirements/Limits
<i>olmesartan medoxomil-hctz oral tablet</i>	1	EDS
<i>olmesartan-amlodipine-hctz oral tablet</i>	2	EDS
<i>omega-3-acid ethyl esters oral capsule</i>	4	EDS
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	EDS
<i>pentoxifylline er oral tablet extended release</i>	2	EDS
<i>perindopril erbumine oral tablet</i>	2	EDS
<i>pindolol oral tablet</i>	2	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
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA New Starts; EDS
<i>pravastatin sodium oral tablet</i>	1	EDS
<i>prazosin hcl oral capsule</i>	2	EDS
<i>prevalite oral packet</i>	2	EDS
<i>prevalite oral powder</i>	2	EDS
<i>propafenone hcl er oral capsule extended release 12 hour</i>	2	EDS
<i>propafenone hcl oral tablet</i>	2	EDS
<i>propranolol hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>propranolol hcl oral solution</i>	2	EDS
<i>propranolol hcl oral tablet</i>	1	EDS
<i>quinapril hcl oral tablet</i>	1	EDS
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>quinidine gluconate er oral tablet extended release</i>	2	EDS
<i>quinidine sulfate oral tablet</i>	2	EDS
<i>ramipril oral capsule</i>	1	EDS
<i>ranolazine er oral tablet extended release 12 hour</i>	2	EDS
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA New Starts; EDS
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA New Starts; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA New Starts; EDS
<i>rosuvastatin calcium oral tablet</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
<i>sotalol hcl (af) oral tablet</i>	2	EDS
<i>sotalol hcl oral tablet</i>	2	EDS
SOTYLIZE ORAL SOLUTION	4	EDS
<i>spironolactone oral tablet</i>	1	EDS
<i>spironolactone-hctz oral tablet</i>	1	EDS
<i>taztia xt oral capsule extended release 24 hour</i>	2	EDS
<i>telmisartan oral tablet</i>	1	EDS
<i>telmisartan-amlodipine oral tablet</i>	3	EDS
<i>telmisartan-hctz oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>terazosin hcl oral capsule</i>	1	EDS
<i>tiadylt er oral capsule extended release 24 hour</i>	2	EDS
<i>timolol maleate oral tablet</i>	2	EDS
<i>torseamide oral tablet</i>	1	EDS
<i>trandolapril oral tablet</i>	1	EDS
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	2	EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet</i>	1	EDS
<i>valsartan oral tablet</i>	1	EDS
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	EDS
VASCEPA ORAL CAPSULE	3	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</i>	2	EDS
<i>verapamil hcl oral tablet</i>	2	EDS
VERQUVO ORAL TABLET 10 MG	4	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days); EDS
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)
<b>Central Nervous System Agents</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i>	2	EDS
<i>amphetamine-dextroamphetamine oral tablet</i>	2	EDS
<i>atomoxetine hcl oral capsule</i>	2	EDS
AUSTEDO ORAL TABLET 12 MG	5	PA; LA
AUSTEDO ORAL TABLET 6 MG	5	PA; LA; QL (60 EA per 30 days)
AUSTEDO ORAL TABLET 9 MG	5	PA; LA; QL (120 EA per 30 days)
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK	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
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	

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

Drug Name	Tier	Requirements/Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	2	EDS
<i>clonidine hcl er oral tablet extended release 12 hour</i>	4	EDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	3	PA; EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>dexmethylphenidate hcl oral tablet</i>	2	EDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	2	EDS
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	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>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>fingolimod hcl oral capsule</i>	3	EDS
FIRDAPSE ORAL TABLET	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
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	3	EDS
<i>glatopa subcutaneous solution prefilled syringe</i>	3	EDS
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	EDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
<i>lisdexamfetamine dimesylate oral capsule</i>	4	QL (30 EA per 30 days); EDS
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	4	QL (30 EA per 30 days); EDS
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	
<i>methylphenidate hcl er (cd) oral capsule extended release</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

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

Drug Name	Tier	Requirements/Limits
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	4	EDS
<i>methylphenidate hcl er oral tablet extended release</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>methylphenidate hcl oral solution</i>	2	EDS
<i>methylphenidate hcl oral tablet</i>	2	EDS
<i>methylphenidate hcl oral tablet chewable</i>	4	EDS
NUDEXTA ORAL CAPSULE	5	PA
NURTEC ORAL TABLET DISPERSIBLE	3	PA
<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</i>	2	EDS
<i>pregabalin oral solution</i>	3	EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	ST; QL (30 EA per 30 days); EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	ST; QL (60 EA per 30 days); EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	4	EDS
RADICAVA ORS ORAL SUSPENSION	5	PA New Starts; LA; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA New Starts; LA; QL (70 ML per 28 days)
<i>riluzole oral tablet</i>	2	EDS
SAVELLA ORAL TABLET	3	QL (60 EA per 30 days); EDS
SAVELLA TITRATION PACK ORAL	3	
SKYCLARYS ORAL CAPSULE	5	PA; LA
TEGLUTIK ORAL SUSPENSION	5	
<i>teriflunomide oral tablet 14 mg</i>	3	EDS
<i>teriflunomide oral tablet 7 mg</i>	3	QL (30 EA per 30 days); EDS
<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	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	5	PA; LA
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl oral capsule</i>	2	EDS
<i>chlorhexidine gluconate mouth/throat solution</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	EDS
<i>periogard mouth/throat solution</i>	2	
<i>pilocarpine hcl oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>triamcinolone acetonide mouth/throat paste</i>	2	
<b>Dermatological Agents</b>		
<i>acitretin oral capsule</i>	3	
<i>acyclovir external ointment</i>	2	
<i>adapalene external cream</i>	4	
<i>adapalene external gel 0.3 %</i>	4	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	
<i>ala-cort external cream 1 %</i>	2	
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>amnesteem oral capsule</i>	2	
<i>azelaic acid external gel</i>	2	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external foam</i>	2	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
<i>brimonidine tartrate external gel</i>	4	
<i>calcipotriene external cream</i>	2	
<i>calcipotriene external ointment</i>	3	
<i>calcipotriene external solution</i>	2	
<i>calcipotriene-betameth diprop external ointment</i>	4	
<i>calcipotriene-betameth diprop external suspension</i>	4	
<i>calcitriol external ointment</i>	4	
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external cream</i>	2	
<i>ciclopirox olamine external suspension</i>	2	
<i>claravis oral capsule</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	2	
<i>clindamycin phosphate external gel 1 %</i>	2	
<i>clindamycin phosphate external lotion</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>clindamycin phosphate external solution</i>	2	
<i>clindamycin phosphate external swab</i>	2	
<i>clobetasol propionate e external cream</i>	2	
<i>clobetasol propionate external cream</i>	2	
<i>clobetasol propionate external gel</i>	2	
<i>clobetasol propionate external liquid</i>	2	
<i>clobetasol propionate external lotion</i>	2	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
<i>clodan external shampoo</i>	2	
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	3	
<i>dapsone external gel</i>	4	
<i>desonide external cream</i>	2	
<i>desonide external lotion</i>	3	
<i>desonide external ointment</i>	2	
<i>desoximetasone external cream 0.25 %</i>	2	
<i>desoximetasone external gel</i>	4	
<i>desoximetasone external liquid</i>	4	
<i>desoximetasone external ointment 0.25 %</i>	2	
<i>diclofenac sodium external gel 3 %</i>	2	PA; Prior authorization not required for dermatologists or oncologists.
<i>doxepin hcl external cream</i>	4	
DUOBRII EXTERNAL LOTION	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
EUCRISA EXTERNAL OINTMENT	3	ST
FINACEA EXTERNAL FOAM	4	ST
<i>fluocinolone acetonide body external oil</i>	2	
<i>fluocinolone acetonide external cream</i>	2	
<i>fluocinolone acetonide external ointment</i>	2	
<i>fluocinolone acetonide external solution</i>	2	
<i>fluocinolone acetonide scalp external oil</i>	2	
<i>fluocinonide emulsified base external cream</i>	2	
<i>fluocinonide external cream</i>	2	
<i>fluocinonide external gel</i>	2	
<i>fluocinonide external ointment</i>	2	
<i>fluocinonide external solution</i>	2	
<i>fluorouracil external cream 0.5 %</i>	5	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>global alcohol prep ease pad</i>	2	
<i>halobetasol propionate external cream</i>	2	
<i>halobetasol propionate external ointment</i>	2	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone butyrate external ointment</i>	2	
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate external cream</i>	2	
<i>hydrocortisone valerate external ointment</i>	2	
<i>imiquimod external cream 5 %</i>	2	
<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</i>	3	
<i>mafenide acetate external packet</i>	4	
<i>malathion external lotion</i>	2	
<i>methoxsalen rapid oral capsule</i>	2	
<i>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
<i>mupirocin calcium external cream</i>	4	
<i>mupirocin external ointment</i>	2	
<i>nystatin-triamcinolone external cream</i>	2	
<i>nystatin-triamcinolone external ointment</i>	2	
OTEZLA ORAL TABLET 30 MG	5	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA
PANRETIN EXTERNAL GEL	5	PA New Starts
<i>permethrin external cream</i>	2	
<i>pimecrolimus external cream</i>	4	
<i>podofilox external gel</i>	3	
<i>podofilox external solution</i>	2	
<i>proctosol hc external cream</i>	2	
REGRANEX EXTERNAL GEL	5	
<i>selenium sulfide external lotion</i>	2	
<i>silver sulfadiazine external cream</i>	2	
<i>ssd external cream</i>	2	
SULFAMYLON EXTERNAL CREAM	4	
<i>tacrolimus external ointment</i>	2	
<i>tavaborole external solution</i>	4	

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

Drug Name	Tier	Requirements/Limits
<i>tazarotene external cream 0.1 %</i>	2	PA; Prior authorization not required for dermatologists.
<i>tazarotene external gel</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</i>	3	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	3	
<i>triamcinolone acetonide external aerosol solution</i>	3	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
VTAMA EXTERNAL CREAM	4	PA
<i>zenatane oral capsule</i>	2	
ZORYVE EXTERNAL CREAM 0.3 %	4	PA; Prior authorization not required for dermatologists.
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<i>carglumic acid oral tablet soluble</i>	5	PA
CHEMET ORAL CAPSULE	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	BD
CLINISOL SF INTRAVENOUS SOLUTION	3	BD
<i>deferasirox oral tablet</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</i>	5	PA
<i>dextrose in lactated ringers intravenous solution</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	

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



Drug Name	Tier	Requirements/Limits
FERRIPROX ORAL SOLUTION	5	PA New Starts; LA
INTRALIPID INTRAVENOUS EMULSION 20 %	3	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	4	BD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
<i>kcl (0.149%) in nacl intravenous solution</i>	2	
<i>kcl (0.298%) in nacl intravenous solution</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</i>	2	
<i>klor-con 10 oral tablet extended release</i>	2	EDS
<i>klor-con m10 oral tablet extended release</i>	2	EDS
<i>klor-con m15 oral tablet extended release</i>	2	EDS
<i>klor-con m20 oral tablet extended release</i>	2	EDS
<i>klor-con oral packet 20 meq</i>	2	EDS
<i>klor-con oral tablet extended release</i>	2	EDS
<i>lactated ringers intravenous solution</i>	2	
<i>levocarnitine oral solution</i>	2	EDS
<i>levocarnitine oral tablet</i>	2	EDS
LOKELMA ORAL PACKET	3	EDS
<i>magnesium sulfat injection solution 50 %</i>	2	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	4	
NUTRILIPID INTRAVENOUS EMULSION	3	BD
<i>penicillamine oral capsule</i>	5	
<i>penicillamine oral tablet</i>	5	
<i>potassium chloride crys er oral tablet extended release</i>	2	EDS
<i>potassium chloride er oral capsule extended release</i>	2	EDS
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	EDS
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet</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</i>	2	EDS
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	2	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	BD
PRENATAL ORAL TABLET 27-1 MG	3	FDA MDD=1
PROSOL INTRAVENOUS SOLUTION	4	BD
<i>ringers intravenous solution</i>	2	

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

Drug Name	Tier	Requirements/Limits
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	
sodium chloride irrigation solution 0.9 %	2	
sodium fluoride oral tablet 2.2 (1 f) mg	2	EDS
sodium polystyrene sulfonate oral powder	2	
sps oral suspension	2	
tolvaptan oral tablet 15 mg	5	PA; QL (30 EA per 30 days)
tolvaptan oral tablet 30 mg	5	PA
tpn electrolytes intravenous concentrate	2	
TRAVASOL INTRAVENOUS SOLUTION	3	BD
trientine hcl oral capsule 250 mg	5	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	BD
<b>Excluded Drug</b>		
benzonatate oral capsule 100 mg, 200 mg	2	EHS; ENH; QL (30 EA per 10 days)
cyanocobalamin injection solution 1000 mcg/ml	2	EHS; ENH; QL (4 ML per 28 days)
folic acid oral tablet 1 mg	2	EHS; ENH; EDS
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	EHS; ENH; QL (10 EA per 30 days)
tadalafil oral tablet 10 mg, 20 mg	2	EHS; ENH; QL (6 EA per 30 days)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	2	EHS; ENH; EDS
<b>Gastrointestinal Agents</b>		
alosetron hcl oral tablet 0.5 mg	4	QL (60 EA per 30 days); EDS
alosetron hcl oral tablet 1 mg	4	EDS
amoxicill-clarithro-lansopraz oral therapy pack	4	
bismuth/metronidaz/tetracyclin oral capsule	4	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	5	PA; LA
BYLVAY ORAL CAPSULE	5	PA; LA
CHENODAL ORAL TABLET	5	PA; LA
cimetidine oral tablet 200 mg	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	EDS
constulose oral solution	2	EDS
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution	4	
dicyclomine hcl oral tablet	2	
diphenoxylate-atropine oral liquid	2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2	
enulose oral solution	2	EDS
esomeprazole magnesium oral capsule delayed release	2	EDS
famotidine oral suspension reconstituted	2	EDS
famotidine oral tablet 20 mg, 40 mg	1	EDS
GATTEX SUBCUTANEOUS KIT	5	PA; LA
gavilyte-c oral solution reconstituted	2	
gavilyte-g oral solution reconstituted	2	

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

Drug Name	Tier	Requirements/Limits
<i>generlac oral solution</i>	2	EDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
HELIDAC THERAPY ORAL	4	
IQIRVO ORAL TABLET	5	PA
KRISTALOSE ORAL PACKET 20 GM	4	EDS
<i>lactulose oral packet</i>	4	EDS
<i>lactulose oral solution 10 gm/15ml</i>	2	EDS
<i>lansoprazole oral capsule delayed release</i>	2	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	3	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	3	FDA MDD=1; EDS
<i>livmarli oral solution 19 mg/ml</i>	5	PA; LA
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; LA
<i>loperamide hcl oral capsule</i>	2	
<i>lubiprostone oral capsule 24 mcg</i>	3	EDS
<i>lubiprostone oral capsule 8 mcg</i>	3	QL (60 EA per 30 days); EDS
<i>methscopolamine bromide oral tablet</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>misoprostol oral tablet</i>	2	EDS
MOVANTIK ORAL TABLET 12.5 MG	3	QL (30 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	3	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
MYTESI ORAL TABLET DELAYED RELEASE	5	PA New Starts
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	3	
<i>nizatidine oral capsule</i>	2	EDS
OMECLAMOX-PAK ORAL	4	
<i>omeprazole oral capsule delayed release</i>	2	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	2	EDS
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	4	
<i>rabeprazole sodium oral tablet delayed release</i>	2	EDS
RELISTOR ORAL TABLET	5	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	PA
<i>sucrafate oral suspension</i>	4	EDS
<i>sucrafate oral tablet</i>	2	EDS
SUTAB ORAL TABLET	3	
TALICIA ORAL CAPSULE DELAYED RELEASE	4	ST
TRULANCE ORAL TABLET	4	EDS
<i>ursodiol oral capsule 300 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>ursodiol oral tablet</i>	2	EDS
VELSIPITY ORAL TABLET	5	PA
VIBERZI ORAL TABLET	5	PA
VOQUEZNA ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days); EDS
VOQUEZNA ORAL TABLET 20 MG	4	PA; EDS
VOWST ORAL CAPSULE	5	PA; LA; QL (12 EA per 3 days)
XERMELO ORAL TABLET	5	PA; LA
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	PA
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5	PA; LA
<i>betaine oral powder</i>	5	EDS
CERDELGA ORAL CAPSULE	5	PA; LA
CHOLBAM ORAL CAPSULE	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
<i>cromolyn sodium oral concentrate</i>	2	EDS
CYSTADROPS OPHTHALMIC SOLUTION	5	PA
CYSTAGON ORAL CAPSULE	3	LA; EDS
CYSTARAN OPHTHALMIC SOLUTION	5	PA; LA
<i>dichlorphenamide oral tablet</i>	5	PA
DROXIA ORAL CAPSULE	2	EDS
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; LA
GALAFOLD ORAL CAPSULE	5	PA New Starts; LA
GLASSIA INTRAVENOUS SOLUTION	5	PA; LA
<i>javygtor oral packet</i>	5	PA
<i>javygtor oral tablet</i>	5	PA
JOENJA ORAL TABLET	5	PA; LA
<i>l-glutamine oral packet</i>	5	PA
<i>miglustat oral capsule</i>	5	PA
<i>nitisinone oral capsule</i>	5	PA
OPFOLDA ORAL CAPSULE	3	PA; LA
ORFADIN ORAL SUSPENSION	5	PA; LA
<i>ormalvi oral tablet</i>	5	PA
OXBRYTA ORAL TABLET	5	PA; LA
OXBRYTA ORAL TABLET SOLUBLE	5	PA; LA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
PHEBURANE ORAL PELLET	5	PA; LA
PLENAMINE INTRAVENOUS SOLUTION	3	BD
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA
PYRUKYND ORAL TABLET	5	PA; LA; QL (56 EA per 28 days)

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

Drug Name	Tier	Requirements/Limits
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</i>	5	PA
<i>sapropterin dihydrochloride oral tablet</i>	5	PA
SKYCLARYS ORAL CAPSULE	5	PA; LA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	
<i>sodium phenylbutyrate oral tablet</i>	5	
SOHONOS ORAL CAPSULE	5	PA; LA
SUCRAID ORAL SOLUTION	5	PA; LA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
VIJOICE ORAL PACKET	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (56 EA per 28 days)
VYNDAMAX ORAL CAPSULE	5	PA; LA
VYNDAQEL ORAL CAPSULE	5	PA; LA
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LA
WELIREG ORAL TABLET	5	PA New Starts
XURIDEN ORAL PACKET	5	PA
<i>yargesa oral capsule</i>	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	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
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1	FDA MDD=1; EDS
<i>bethanechol chloride oral tablet</i>	2	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	3	QL (30 EA per 30 days); EDS
<i>doxazosin mesylate oral tablet</i>	1	EDS
<i>dutasteride oral capsule</i>	1	EDS
<i>dutasteride-tamsulosin hcl oral capsule</i>	4	EDS
ELMIRON ORAL CAPSULE	5	
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>flavoxate hcl oral tablet</i>	2	EDS
GELNIQUE TRANSDERMAL GEL 10 %	4	EDS
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	QL (30 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	EDS
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	EDS
<i>oxybutynin chloride oral solution</i>	2	EDS
<i>oxybutynin chloride oral tablet 5 mg</i>	2	EDS
RENACIDIN IRRIGATION SOLUTION	3	
RIVFLOZA SUBCUTANEOUS SOLUTION	5	PA
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>silodosin oral capsule</i>	2	EDS
<i>solifenacin succinate oral tablet</i>	1	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</i>	1	EDS
<i>terazosin hcl oral capsule</i>	1	EDS
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	2	EDS
<i>tolterodine tartrate oral tablet</i>	2	EDS
<i>tropium chloride er oral capsule extended release 24 hour</i>	3	QL (30 EA per 30 days); EDS
<i>tropium chloride oral tablet</i>	2	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
CORTROPHIN INJECTION GEL	5	PA
<i>dexamethasone intensol oral concentrate</i>	3	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack 1.5 mg (51)</i>	4	
<i>fludrocortisone acetate oral tablet</i>	2	EDS
<i>hydrocortisone oral tablet</i>	2	
MEDROL ORAL TABLET 2 MG	4	BD
<i>methylprednisolone oral tablet</i>	2	BD
<i>methylprednisolone oral tablet therapy pack</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol oral concentrate</i>	2	BD
<i>prednisone oral solution</i>	2	BD
<i>prednisone oral tablet</i>	2	BD
<i>prednisone oral tablet therapy pack</i>	2	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>desmopressin ace spray refrig nasal solution</i>	3	EDS
<i>desmopressin acetate oral tablet</i>	2	EDS
<i>desmopressin acetate spray nasal solution</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; LA
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>		
<i>misoprostol oral tablet 200 mcg</i>	2	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<i>altavera oral tablet</i>	2	EDS
<i>alyacen 1/35 oral tablet</i>	2	EDS
<i>amabelz oral tablet 0.5-0.1 mg</i>	2	EDS
<i>amethia oral tablet</i>	2	EDS
ANGELIQ ORAL TABLET	4	EDS
ANNOVERA VAGINAL RING	4	QL (1 EA per 365 days); EDS
<i>apri oral tablet</i>	2	EDS
<i>aranelle oral tablet</i>	2	EDS
<i>ashlyna oral tablet</i>	2	EDS
<i>aviane oral tablet</i>	2	EDS
<i>azurette oral tablet</i>	2	EDS
<i>balziva oral tablet</i>	2	EDS
<i>blisovi 24 fe oral tablet</i>	2	EDS
<i>blisovi fe 1.5/30 oral tablet</i>	2	EDS
<i>blisovi fe 1/20 oral tablet</i>	2	EDS
<i>briellyn oral tablet</i>	2	EDS
<i>camila oral tablet</i>	2	EDS
<i>camrese lo oral tablet</i>	2	EDS
<i>camrese oral tablet</i>	2	EDS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	QL (4 EA per 28 days); EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	QL (8 EA per 28 days); EDS
<i>cryselle-28 oral tablet</i>	2	EDS
<i>cyred eq oral tablet</i>	2	EDS
<i>danazol oral capsule</i>	2	
<i>daysee oral tablet</i>	2	EDS
<i>deblitane oral tablet</i>	2	EDS
<i>delyla oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	EDS
<i>dolishale oral tablet</i>	2	EDS
<i>dotti transdermal patch twice weekly</i>	2	QL (8 EA per 28 days); EDS
<i>drospiren-eth estrad-levomefol oral tablet</i>	2	EDS
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	EDS
DUAVEE ORAL TABLET	4	EDS
ELESTRIN TRANSDERMAL GEL	4	EDS
<i>eluryng vaginal ring</i>	2	EDS
<i>enilloring vaginal ring</i>	2	EDS
<i>enpresse-28 oral tablet</i>	2	EDS
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>errin oral tablet</i>	2	EDS
<i>estarylla oral tablet</i>	2	EDS
<i>estradiol oral tablet</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</i>	2	QL (8 EA per 28 days); EDS
<i>estradiol transdermal patch weekly</i>	2	QL (4 EA per 28 days); EDS
<i>estradiol vaginal cream</i>	2	EDS
<i>estradiol vaginal tablet</i>	2	EDS
<i>estradiol valerate intramuscular oil</i>	2	
<i>estradiol-norethindrone acet oral tablet</i>	2	EDS
ESTRING VAGINAL RING 7.5 MCG/24HR	4	EDS
<i>ethynodiol diac-eth estradiol oral tablet</i>	2	EDS
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2	EDS
EVAMIST TRANSDERMAL SOLUTION	4	EDS
<i>falmina oral tablet</i>	2	EDS
FEMRING VAGINAL RING	4	EDS
<i>finzala oral tablet chewable</i>	2	EDS
<i>fyavolv oral tablet</i>	2	EDS
<i>gemmily oral capsule</i>	2	EDS
<i>hailey 24 fe oral tablet</i>	2	EDS
<i>haloette vaginal ring</i>	2	EDS
<i>heather oral tablet</i>	2	EDS
<i>iclevia oral tablet</i>	2	EDS
<i>incassia oral tablet</i>	2	EDS
<i>introvale oral tablet</i>	2	EDS
<i>isibloom oral tablet</i>	2	EDS
<i>jasmiel oral tablet</i>	2	EDS

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



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>jinteli oral tablet</i>	2	EDS
<i>jolessa oral tablet</i>	2	EDS
<i>joyeaux oral tablet</i>	2	EDS
<i>juleber oral tablet</i>	2	EDS
<i>junel 1.5/30 oral tablet</i>	2	EDS
<i>junel 1/20 oral tablet</i>	2	EDS
<i>junel fe 1.5/30 oral tablet</i>	2	EDS
<i>junel fe 1/20 oral tablet</i>	2	EDS
<i>junel fe 24 oral tablet</i>	2	EDS
<i>kaitlib fe oral tablet chewable</i>	2	EDS
<i>kariva oral tablet</i>	2	EDS
<i>kelnor 1/35 oral tablet</i>	2	EDS
<i>kelnor 1/50 oral tablet</i>	2	EDS
<i>kurvelo oral tablet</i>	2	EDS
<i>larin 1.5/30 oral tablet</i>	2	EDS
<i>larin 1/20 oral tablet</i>	2	EDS
<i>larin fe 1.5/30 oral tablet</i>	2	EDS
<i>larin fe 1/20 oral tablet</i>	2	EDS
<i>layolis fe oral tablet chewable</i>	2	EDS
<i>leena oral tablet</i>	2	EDS
<i>lessina oral tablet</i>	2	EDS
<i>levonest oral tablet</i>	2	EDS
<i>levonorgest-eth est &amp; eth est oral tablet</i>	2	EDS
<i>levonorgest-eth estrad 91-day oral tablet</i>	2	EDS
<i>levonorgest-eth estradiol-iron oral tablet</i>	2	EDS
<i>levonorgestrel-ethinyl estrad oral tablet</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</i>	2	EDS
LO LOESTRIN FE ORAL TABLET	4	EDS
<i>loryna oral tablet</i>	2	EDS
<i>low-ogestrel oral tablet</i>	2	EDS
<i>lutera oral tablet</i>	2	EDS
<i>lyleq oral tablet</i>	2	EDS
<i>lyllana transdermal patch twice weekly</i>	2	QL (8 EA per 28 days); EDS
<i>lyza oral tablet</i>	2	EDS
<i>marlissa oral tablet</i>	2	EDS
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	
<i>medroxyprogesterone acetate oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; 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</i>	2	
MENEST ORAL TABLET	4	EDS
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL (4 EA per 28 days); EDS
<i>merzee oral capsule</i>	2	EDS
METHITEST ORAL TABLET	5	
<i>methyltestosterone oral capsule</i>	5	
<i>mibelas 24 fe oral tablet chewable</i>	2	EDS
<i>microgestin 1.5/30 oral tablet</i>	2	EDS
<i>microgestin 1/20 oral tablet</i>	2	EDS
<i>microgestin 24 fe oral tablet</i>	2	EDS
<i>microgestin fe 1.5/30 oral tablet</i>	2	EDS
<i>microgestin fe 1/20 oral tablet</i>	2	EDS
<i>mili oral tablet</i>	2	EDS
<i>mimvey oral tablet</i>	2	EDS
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	3	
<i>mono-linyah oral tablet</i>	2	EDS
NATAZIA ORAL TABLET	4	EDS
<i>necon 0.5/35 (28) oral tablet</i>	2	EDS
<i>necon 1/35 (28) oral tablet</i>	2	EDS
NEXPLANON SUBCUTANEOUS IMPLANT	3	
<i>nikki oral tablet</i>	2	EDS
<i>nora-be oral tablet</i>	2	EDS
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	2	EDS
<i>norethin ace-eth estrad-fe oral capsule</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</i>	2	EDS
<i>norethindrone acetate oral tablet</i>	2	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethindrone oral tablet</i>	2	EDS
<i>norethindrone-eth estradiol oral tablet</i>	2	EDS
<i>norethindron-ethinyl estrad-fe oral tablet</i>	2	EDS
<i>norethin-eth estradiol-fe oral tablet chewable</i>	2	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>norgestim-eth estrad triphasic oral tablet</i>	2	EDS
<i>norlyroc oral tablet</i>	2	EDS
<i>nortrel 0.5/35 (28) oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>nortrel 1/35 (21) oral tablet</i>	2	EDS
<i>nortrel 1/35 (28) oral tablet</i>	2	EDS
<i>nortrel 7/7/7 oral tablet</i>	2	EDS
<i>nylia 1/35 oral tablet</i>	2	EDS
<i>nylia 7/7/7 oral tablet</i>	2	EDS
<i>nymyo oral tablet</i>	2	EDS
<i>ocella oral tablet</i>	2	EDS
<i>pimtrex oral tablet</i>	2	EDS
<i>portia-28 oral tablet</i>	2	EDS
PREMARIN ORAL TABLET	3	EDS
PREMARIN VAGINAL CREAM	3	EDS
PREMPHASE ORAL TABLET	3	EDS
PREMPRO ORAL TABLET	3	EDS
<i>progesterone oral capsule</i>	2	EDS
<i>raloxifene hcl oral tablet</i>	2	EDS
<i>reclipsen oral tablet</i>	2	EDS
<i>rivelsa oral tablet</i>	2	EDS
<i>setlakin oral tablet</i>	2	EDS
<i>sharobel oral tablet</i>	2	EDS
SLYND ORAL TABLET	4	EDS
<i>solia oral tablet</i>	2	EDS
<i>sprintec 28 oral tablet</i>	2	EDS
<i>sronyx oral tablet</i>	2	EDS
<i>syeda oral tablet</i>	2	EDS
<i>tarina 24 fe oral tablet</i>	2	EDS
<i>tarina fe 1/20 eq oral tablet</i>	2	EDS
<i>taysofy oral capsule</i>	2	EDS
<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</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</i>	4	PA; EDS
<i>tilia fe oral tablet</i>	2	EDS
<i>tri-estarylla oral tablet</i>	2	EDS
<i>tri-legest fe oral tablet</i>	2	EDS
<i>tri-lo-estarylla oral tablet</i>	2	EDS
<i>tri-lo-sprintec oral tablet</i>	2	EDS
<i>tri-mili oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>trinessa (28) oral tablet</i>	2	EDS
<i>tri-nymyo oral tablet</i>	2	EDS
<i>tri-sprintec oral tablet</i>	2	EDS
<i>trivora (28) oral tablet</i>	2	EDS
<i>tri-vylibra lo oral tablet</i>	2	EDS
<i>tri-vylibra oral tablet</i>	2	EDS
<i>turqoz oral tablet</i>	2	EDS
<i>tyblume oral tablet chewable</i>	2	EDS
<i>tydemy oral tablet</i>	2	EDS
<i>velivet oral tablet</i>	2	EDS
<i>vestura oral tablet</i>	2	EDS
<i>vienva oral tablet</i>	2	EDS
<i>viorele oral tablet</i>	2	EDS
<i>vyfemla oral tablet</i>	2	EDS
<i>vylibra oral tablet</i>	2	EDS
<i>wymzya fe oral tablet chewable</i>	2	EDS
<i>xulane transdermal patch weekly</i>	2	EDS
<i>yuvafem vaginal tablet</i>	2	EDS
<i>zafemy transdermal patch weekly</i>	2	EDS
<i>zovia 1/35 (28) oral tablet</i>	2	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<i>euthyrox oral tablet</i>	1	EDS
<i>levo-t oral tablet</i>	1	EDS
<i>levothyroxine sodium oral tablet</i>	1	EDS
<i>levoxyl oral tablet</i>	1	EDS
<i>liothyronine sodium oral tablet</i>	2	EDS
SYNTHROID ORAL TABLET	4	EDS
<i>unithroid oral tablet</i>	4	EDS
<b>Hormonal Agents, Suppressant (Adrenal Or Pituitary)</b>		
<i>bromocriptine mesylate oral tablet</i>	2	EDS
<i>cabergoline oral tablet</i>	2	
ELIGARD SUBCUTANEOUS KIT	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	
<i>leuprolide acetate injection kit</i>	2	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	5	

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

Drug Name	Tier	Requirements/Limits
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	5	PA; LA
MYFEMBREE ORAL TABLET	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	5	PA
ORLISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORLISSA ORAL TABLET 200 MG	5	PA
RECORLEV ORAL TABLET	5	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; LA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole oral tablet</i>	2	EDS
<i>propylthiouracil oral tablet</i>	2	EDS
<b>Immunological Agents</b>		
ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PA; PA not required if 60 years of age or older.
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; LA
ADACEL INTRAMUSCULAR SUSPENSION	2	
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	5	
<i>adalimumab-adaz subcutaneous solution prefilled syringe</i>	5	
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	5	
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	5	
<i>adalimumab-adbm(cd/uc/hs str) subcutaneous auto-injector kit</i>	5	
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit</i>	5	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	BD; EDS
<i>azathioprine oral tablet 50 mg</i>	2	BD; EDS
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	2	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA New Starts
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts
BERINERT INTRAVENOUS KIT	5	PA New Starts; LA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts; LA
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA

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

Drug Name	Tier	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
<i>cyclosporine modified oral capsule</i>	2	BD; EDS
<i>cyclosporine modified oral solution</i>	3	BD; EDS
<i>cyclosporine oral capsule</i>	3	BD; EDS
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	2	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	BD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	BD
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	BD; EDS
EOHILIA ORAL SUSPENSION	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
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	5	PA
GAMMAGARD INJECTION SOLUTION	5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	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	5	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	BD; EDS

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

Drug Name	Tier	Requirements/Limits
<i>gengraf oral solution</i>	3	BD; EDS
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
HAVRIX INTRAMUSCULAR SUSPENSION	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	BD
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	5	
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	5	
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	
HYPERRAB INJECTION SOLUTION	2	BD
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	5	PA New Starts
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
INFANRIX INTRAMUSCULAR SUSPENSION	2	
IPOL INJECTION INJECTABLE	2	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
JYNNEOS SUBCUTANEOUS SUSPENSION	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>leflunomide oral tablet</i>	2	EDS
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO INTRAMUSCULAR SOLUTION	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>mycophenolate mofetil oral capsule</i>	2	BD; EDS

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

Drug Name	Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension reconstituted</i>	4	BD; EDS
<i>mycophenolate mofetil oral tablet</i>	2	BD; EDS
<i>mycophenolate sodium oral tablet delayed release</i>	2	BD; EDS
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
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
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious diseases specialists.
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious diseases specialists.
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PREHEVBRIO INTRAMUSCULAR SUSPENSION	2	BD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
PRIVIGEN INTRAVENOUS SOLUTION	5	PA
PROGRAF ORAL PACKET	4	BD; EDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
RECOMBIVAX HB INJECTION SUSPENSION	2	BD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	2	BD
REZUROCK ORAL TABLET	5	PA New Starts; LA
RIDAURA ORAL CAPSULE	5	
RINVOQ LQ ORAL SOLUTION	5	QL (450 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	
ROTARIX ORAL SUSPENSION	2	
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	

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



Drug Name	Tier	Requirements/Limits
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
<i>sajazir subcutaneous solution prefilled syringe</i>	5	PA New Starts
SANDIMMUNE ORAL SOLUTION	5	BD
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
<i>simlandi (1 pen) subcutaneous auto-injector kit</i>	5	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	
<i>sirolimus oral solution</i>	4	BD; EDS
<i>sirolimus oral tablet</i>	4	BD; EDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
SOTYKTU ORAL TABLET	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>tacrolimus oral capsule</i>	2	BD; EDS
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA New Starts; LA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA New Starts; LA
TAVNEOS ORAL CAPSULE	5	PA; LA
TDVAX INTRAMUSCULAR SUSPENSION	2	
TENIVAC INTRAMUSCULAR INJECTABLE	2	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>tyenne subcutaneous solution auto-injector</i>	5	PA
<i>tyenne subcutaneous solution prefilled syringe</i>	5	PA
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	
VAQTA INTRAMUSCULAR SUSPENSION	2	
VARIVAX SUBCUTANEOUS INJECTABLE	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
XELJANZ ORAL SOLUTION	5	
XELJANZ ORAL TABLET 10 MG	5	
XELJANZ ORAL TABLET 5 MG	5	QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	QL (30 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	5	

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

Drug Name	Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
YF-VAX SUBCUTANEOUS INJECTABLE	2	
<b>Inflammatory Bowel Disease Agents</b>		
<i>balsalazide disodium oral capsule</i>	2	
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide oral capsule delayed release particles</i>	2	
<i>budesonide rectal foam 2 mg</i>	4	
<i>hydrocortisone (perianal) external cream 1 %</i>	2	
<i>hydrocortisone rectal enema</i>	2	
<i>mesalamine er oral capsule extended release</i>	4	EDS
<i>mesalamine er oral capsule extended release 24 hour</i>	3	EDS
<i>mesalamine oral capsule delayed release</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</i>	3	
<i>mesalamine rectal suppository</i>	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	EDS
PROCTO-MED HC EXTERNAL CREAM	2	
<i>proctosol hc external cream</i>	2	
PROCTOZONE-HC EXTERNAL CREAM	2	
SFROWASA RECTAL ENEMA	4	
<i>sulfasalazine oral tablet</i>	2	EDS
<i>sulfasalazine oral tablet delayed release</i>	2	EDS
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral solution</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</i>	2	EDS
<i>calcitriol oral capsule</i>	2	EDS
<i>calcitriol oral solution</i>	2	EDS
<i>cinacalcet hcl oral tablet</i>	2	EDS
<i>doxercalciferol oral capsule</i>	4	ST; EDS
<i>ibandronate sodium oral tablet</i>	1	EDS
<i>paricalcitol oral capsule</i>	2	EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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</i>	2	EDS
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	5	PA

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

Drug Name	Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
XGEVA SUBCUTANEOUS SOLUTION	5	PA New Starts
<b>Non-Frf</b>		
ERVEBO INTRAMUSCULAR SUSPENSION	2	
<i>lofexidine hcl oral tablet</i>	5	
VOYDEYA ORAL TABLET	5	PA; LA
VOYDEYA ORAL TABLET THERAPY PACK	5	PA; LA; QL (180 EA per 30 days)
<b>Ophthalmic Agents</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	FDA MDD=2; EDS
<i>acetazolamide oral tablet 125 mg</i>	2	FDA MDD=8; EDS
<i>acetazolamide oral tablet 250 mg</i>	2	FDA MDD=4; EDS
<i>apraclonidine hcl ophthalmic solution</i>	2	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	EDS
<i>azelastine hcl ophthalmic solution</i>	2	
<i>bacitracin ophthalmic ointment</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
<i>betaxolol hcl ophthalmic solution</i>	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S OPHTHALMIC SUSPENSION	4	EDS
<i>bimatoprost ophthalmic solution</i>	2	EDS
<i>brimonidine tartrate ophthalmic solution</i>	2	EDS
<i>brimonidine tartrate-timolol ophthalmic solution</i>	3	EDS
<i>brinzolamide ophthalmic suspension</i>	4	EDS
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	2	
<i>carteolol hcl ophthalmic solution</i>	1	EDS
<i>ciprofloxacin hcl ophthalmic solution</i>	2	
<i>cromolyn sodium ophthalmic solution</i>	2	
<i>cyclosporine ophthalmic emulsion</i>	3	EDS
CYSTADROPS OPHTHALMIC SOLUTION	5	PA
CYSTARAN OPHTHALMIC SOLUTION	5	PA; LA
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	
<i>diclofenac sodium ophthalmic solution</i>	2	
<i>difluprednate ophthalmic emulsion</i>	2	
<i>dorzolamide hcl ophthalmic solution</i>	2	EDS
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1	EDS
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	3	EDS
<i>epinastine hcl ophthalmic solution</i>	2	
<i>erythromycin ophthalmic ointment</i>	2	
<i>fluorometholone ophthalmic suspension</i>	2	
<i>flurbiprofen sodium ophthalmic solution</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>gatifloxacin ophthalmic solution</i>	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>ketorolac tromethamine ophthalmic solution</i>	2	
LACRISERT OPHTHALMIC INSERT	3	
<i>latanoprost ophthalmic solution</i>	1	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>loteprednol etabonate ophthalmic gel</i>	3	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	3	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EDS
<i>methazolamide oral tablet</i>	3	EDS
MIEBO OPHTHALMIC SOLUTION	3	QL (3 ML per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN OPHTHALMIC SUSPENSION	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</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	
<i>ofloxacin ophthalmic solution</i>	2	
<i>olopatadine hcl ophthalmic solution</i>	2	
OXERVATE OPHTHALMIC SOLUTION	5	PA
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	EDS
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
<i>proparacaine hcl ophthalmic solution</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION	3	EDS
ROCKLATAN OPHTHALMIC SOLUTION	3	EDS
SIMBRINZA OPHTHALMIC SUSPENSION	3	EDS
<i>sulfacetamide sodium ophthalmic ointment</i>	4	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>timolol maleate (once-daily) ophthalmic solution</i>	3	EDS
<i>timolol maleate ophthalmic gel forming solution</i>	2	EDS
<i>timolol maleate ophthalmic solution</i>	1	EDS
<i>timolol maleate pf ophthalmic solution</i>	4	EDS
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin ophthalmic solution</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic suspension</i>	2	
<i>travoprost (bak free) ophthalmic solution</i>	3	EDS
<i>trifluridine ophthalmic solution</i>	2	
VYZULTA OPHTHALMIC SOLUTION	3	EDS
XDEMVI OPHTHALMIC SOLUTION	5	PA; QL (10 ML per 42 days)
XIIDRA OPHTHALMIC SOLUTION	3	EDS
ZIRGAN OPHTHALMIC GEL	3	
<b>Otic Agents</b>		
<i>acetic acid otic solution</i>	2	
CIPRO HC OTIC SUSPENSION	4	
<i>ciprofloxacin-dexamethasone otic suspension</i>	3	
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide otic oil</i>	2	
<i>hydrocortisone-acetic acid otic solution</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
<i>ofloxacin otic solution</i>	2	
<b>Respiratory Tract/ Pulmonary Agents</b>		
<i>acetylcysteine inhalation solution</i>	2	BD
ADEMPAS ORAL TABLET	5	PA New Starts; LA
ADVAIR HFA INHALATION AEROSOL	3	QL (12 GM per 30 days); EDS
<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</i>	2	FDA MDD=80; EDS
<i>albuterol sulfate oral tablet 2 mg</i>	4	FDA MDD=16; EDS
<i>albuterol sulfate oral tablet 4 mg</i>	4	FDA MDD=8; EDS
<i>alyq oral tablet</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)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	EDS
<i>arformoterol tartrate inhalation nebulization solution</i>	4	BD; EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ATROVENT HFA INHALATION AEROSOL SOLUTION	4	EDS
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>azelastine-fluticasone nasal suspension</i>	4	
<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

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

Drug Name	Tier	Requirements/Limits
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</i>	2	QL (10.3 GM per 30 days); EDS
BREZTRI AEROSPHERE INHALATION AEROSOL	3	EDS
BRONCHITOL INHALATION CAPSULE	5	PA New Starts
<i>budesonide inhalation suspension</i>	3	BD; QL (120 ML per 30 days); EDS
<i>budesonide-formoterol fumarate inhalation aerosol</i>	2	QL (10.2 GM per 30 days); EDS
<i>carbinoxamine maleate oral solution</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.
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	LA
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA; PA not required if under 65 years of age.
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
<i>cromolyn sodium inhalation nebulization solution</i>	2	BD; EDS
<i>cyproheptadine hcl oral syrup</i>	2	PA; PA not required if under 65 years of age.
<i>cyproheptadine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>desloratadine oral tablet</i>	2	
<i>desloratadine oral tablet dispersible 2.5 mg</i>	4	QL (30 EA per 30 days)
<i>desloratadine oral tablet dispersible 5 mg</i>	4	
<i>diphenhydramine hcl oral elixir</i>	2	PA; PA not required if under 65 years of age.
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<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>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</i>	1	EDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	EDS
<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

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

Drug Name	Tier	Requirements/Limits
<i>formoterol fumarate inhalation nebulization solution</i>	4	BD; EDS
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral capsule</i>	2	PA; PA not required if under 65 years of age.
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	EDS
<i>ipratropium bromide inhalation solution</i>	2	BD; EDS
<i>ipratropium bromide nasal solution</i>	2	EDS
<i>ipratropium-albuterol inhalation solution</i>	2	BD; EDS
KALYDECO ORAL PACKET	5	PA New Starts; LA
KALYDECO ORAL TABLET	5	PA New Starts; LA
<i>levalbuterol hcl inhalation nebulization solution</i>	3	BD; EDS
<i>levalbuterol tartrate inhalation aerosol</i>	3	EDS
<i>levocetirizine dihydrochloride oral solution</i>	2	
<i>levocetirizine dihydrochloride oral tablet</i>	2	
<i>mometasone furoate nasal suspension</i>	2	
<i>montelukast sodium oral packet</i>	2	EDS
<i>montelukast sodium oral tablet</i>	2	EDS
<i>montelukast sodium oral tablet chewable</i>	2	EDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
OFEV ORAL CAPSULE	5	PA; LA; QL (60 EA per 30 days)
OHTUVAYRE INHALATION SUSPENSION	5	PA
<i>olopatadine hcl nasal solution</i>	2	
OPSUMIT ORAL TABLET	5	PA New Starts; LA
OPSYNVI ORAL TABLET	5	PA New Starts; LA
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA New Starts; LA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA New Starts; LA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA New Starts; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA New Starts; LA
ORKAMBI ORAL PACKET	5	PA New Starts; LA
ORKAMBI ORAL TABLET	5	PA New Starts; LA
<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)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS

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

Drug Name	Tier	Requirements/Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD
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
<i>ribavirin inhalation solution reconstituted</i>	5	BD
<i>roflumilast oral tablet 250 mcg</i>	2	QL (28 EA per 365 days)
<i>roflumilast oral tablet 500 mcg</i>	2	EDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	EDS
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA New Starts
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA New Starts; Covered for pulmonary arterial hypertension only.; EDS
SPIRIVA HANDHALER INHALATION CAPSULE	3	QL (30 EA per 30 days); EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days); EDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days); EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days); EDS
SYMDEKO ORAL TABLET THERAPY PACK	5	PA New Starts; LA
<i>tadalafil (pah) oral tablet</i>	2	PA New Starts; EDS
<i>terbutaline sulfate oral tablet</i>	4	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	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</i>	2	EDS
<i>theophylline oral solution</i>	2	EDS
TOBI PODHALER INHALATION CAPSULE	5	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	BD
TRACLEER ORAL TABLET SOLUBLE	5	PA New Starts; LA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	EDS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA New Starts; 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	5	PA New Starts; LA
VENTAVIS INHALATION SOLUTION	5	PA New Starts; LA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG	5	PA; QL (1 EA per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	5	PA; QL (2 EA per 21 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	EDS
YUPELRI INHALATION SOLUTION	5	BD
<i>zafirlukast oral tablet</i>	2	EDS

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



Drug Name	Tier	Requirements/Limits
<b>Skeletal Muscle Relaxants</b>		
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	2	FDA MDD=3
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	2	FDA MDD=6
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	3	FDA MDD=4
<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</i>	2	
<b>Sleep Disorder Agents</b>		
<i>armodafinil oral tablet</i>	2	EDS
BELSOMRA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	3	
DAYVIGO ORAL TABLET 10 MG	4	PA New Starts; PA not required if under 65 years of age.
DAYVIGO ORAL TABLET 5 MG	4	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)
<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</i>	2	PA New Starts; PA not required if under 65 years of age.
<i>modafinil oral tablet</i>	2	EDS
QUVIVIQ ORAL TABLET	4	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)
<i>ramelteon oral tablet</i>	2	
SUNOSI ORAL TABLET 150 MG	4	PA; EDS
SUNOSI ORAL TABLET 75 MG	4	PA; QL (45 EA per 30 days); EDS
<i>tasimelteon oral capsule</i>	5	PA
<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)
XYREM ORAL SOLUTION	5	PA; LA
XYWAV ORAL SOLUTION	5	PA; LA
<i>zaleplon oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.
<i>zolpidem tartrate oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.

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

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## Language Assistance Services

<b>English</b>	We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-667-5936. Someone who speaks English/Language can help you. This is a free service.
<b>Spanish</b>	Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-667-5936. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.
<b>Chinese Mandarin</b>	我們提供免費的翻譯服務，幫助您解答關於健康或藥物保險的任何疑問。如果您需要此翻譯服務，請致電 1-800-667-5936。我們的中文工作人員很樂意幫助您。這是一項免費服務。
<b>Chinese Cantonese</b>	您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-667-5936。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。
<b>Tagalog</b>	Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-667-5936. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.
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<b>Vietnamese</b>	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 1-800-667-5936 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.
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  - Information written in other languages

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

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

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

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

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

This formulary was updated on October 1, 2024. For more recent information or other questions, please contact our Medicare Member Services Department at 1-800-667-5936, or for TTY users, 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m. ET April 1st – September 30th: Monday through Friday 8 a.m. to 8 p.m. ET or visit [www.pbdrx.com/medicare](http://www.pbdrx.com/medicare)