

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

**Pharmacy
Benefit
Dimensions®**



2025 Formulary (List of Covered Drugs or “Drug List”)

This document includes:
D0122

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

HPMS Approved Formulary File Submission ID 25493.

This formulary was updated on July 1, 2025. For more recent information or other questions, please contact Pharmacy Benefit Dimensions Member Services at (716) 504-4444 or 1-800-667-5936 or, for TTY users 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday 8 a.m. to 8 p.m., or visit www.pbdrx.com/Medicare.

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

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

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

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

This document includes the Drug List (formulary) for our plan which is current as of July 1, 2025. 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 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 will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Pharmacy Benefit Dimensions Prescription Drug Plan PDP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Pharmacy Benefit Dimensions Prescription Drug Plan PDP may add or remove drugs on the Drug List (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 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 July 1, 2025. 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 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 Web site. 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 offered by Niagara County pays for certain OTC drugs. These drugs include: CLARITIN, ketotifen fumarate OTC, PEPCID AC, PRILOSEC OTC, and ZADITOR OTC. The cost to Pharmacy Benefit Dimensions Prescription Drug Plan PDP offered by Niagara County of these OTC drugs will not count toward your total Part D drug costs.

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. Some generic drugs for high blood pressure, high cholesterol and diabetes may be prescribed and dispensed for an extended 100-day supply. These drugs will also contain **“100DS”** in the Requirements/Limits column.

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

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

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

Drugs listed with a **“QL”** in the Requirements/Limits column 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 III).

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

Information for members with Diabetes

Diabetic testing supplies are covered for up to a 90-day supply and are limited to a quantity of 100 per 30 days. Blood glucose meters are covered through your medical carrier.

Supplies for Freestyle Libre and Dexcom continuous glucose monitoring (CGM) systems, such as sensors and transmitters, do not require Prior Authorization and are available at retail pharmacies. CGM reader/receiver devices are covered through your medical carrier.

Please show your Nova medical card and your Pharmacy Benefit Dimensions Prescription Drug Plan PDP prescription card at the pharmacy when obtaining diabetic supplies.

Information on Vaccines

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

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CURRENT AS OF 7/1/2025

Drug Name	Tier	Requirements/Limits
Analgesics		
<i>acetaminophen-codeine #3 oral tablet</i>	1	
<i>acetaminophen-codeine oral solution</i>	1	
<i>acetaminophen-codeine oral tablet</i>	1	
ASCOMP-CODEINE ORAL CAPSULE	3	PA; PA does not apply to age less than 65.
BELBUCA BUCCAL FILM	3	
BUPAP ORAL TABLET 50-300 MG	3	PA; PA does not apply to age less than 65.
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-apap-caff-cod oral capsule</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-apap-caffeine oral capsule</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-asa-caff-codeine oral capsule</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-aspirin-caffeine oral capsule</i>	3	PA; PA does not apply to age less than 65.
<i>butorphanol tartrate nasal solution</i>	1	
<i>celecoxib oral capsule</i>	1	EDS
<i>codeine sulfate oral tablet</i>	1	
<i>diclofenac epolamine external patch</i>	1	PA; EDS
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>diclofenac sodium external gel 1 %</i>	1	EDS
<i>diclofenac sodium external solution 1.5 %</i>	1	
<i>diclofenac sodium oral tablet delayed release</i>	1	EDS
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	EDS
<i>diflunisal oral tablet</i>	1	EDS
<i>ec-naproxen oral tablet delayed release 500 mg</i>	1	EDS
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	
<i>etodolac oral capsule</i>	1	EDS
<i>etodolac oral tablet</i>	1	EDS
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; PA not required for oncologists.; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	1	PA; PA not required for oncologists.; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	1	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	1	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.

Drug Name	Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	1	
<i>flurbiprofen oral tablet</i>	1	EDS
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	1	QL (30 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl oral liquid</i>	1	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	1	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	1	QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	
IBU ORAL TABLET 600 MG, 800 MG	1	EDS
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	EDS
<i>indomethacin er oral capsule extended release</i>	1	EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	EDS
<i>ketoprofen er oral capsule extended release 24 hour</i>	2	EDS
<i>ketoprofen oral capsule 50 mg</i>	1	EDS
<i>ketorolac tromethamine oral tablet</i>	1	QL (20 EA per 30 days)
LODOCO ORAL TABLET	3	PA; QL (30 EA per 30 days); EDS
<i>meloxicam oral tablet</i>	1	EDS
<i>methadone hcl oral solution</i>	1	
<i>methadone hcl oral tablet 10 mg</i>	1	
<i>methadone hcl oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	1	
<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>	1	
<i>morphine sulfate er oral tablet extended release</i>	1	
<i>morphine sulfate intravenous solution 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate oral solution</i>	1	
<i>morphine sulfate oral tablet</i>	1	
<i>nabumetone oral tablet</i>	1	EDS
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	EDS
<i>naproxen oral suspension</i>	1	EDS
<i>naproxen 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>naproxen oral tablet delayed release</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
<i>oxaprozin oral tablet</i>	1	EDS
<i>oxycodone hcl oral capsule</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution</i>	1	
<i>oxycodone hcl oral tablet</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxymorphone hcl oral tablet 10 mg</i>	1	
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet</i>	1	
PERCOCET ORAL TABLET 7.5-325 MG	3	
<i>piroxicam oral capsule</i>	1	EDS
<i>sulindac oral tablet</i>	1	EDS
TENCON ORAL TABLET 50-325 MG	3	PA; PA does not apply to age less than 65.
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 300 mg</i>	1	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	1	
<i>tramadol hcl oral tablet 50 mg</i>	1	
<i>tramadol-acetaminophen oral tablet</i>	1	
ZIPSOR ORAL CAPSULE	3	
Anesthetics		
<i>lidocaine external ointment 5 %</i>	1	EDS
<i>lidocaine external patch 5 %</i>	1	PA; EDS
<i>lidocaine hcl (pf) injection solution 1 %</i>	1	
<i>lidocaine hcl external solution</i>	1	EDS
<i>lidocaine hcl injection solution 1 %</i>	1	
<i>lidocaine hcl urethral/mucosal external gel</i>	1	EDS
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1	
<i>lidocaine viscous hcl mouth/throat solution</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
LIDOCAN EXTERNAL PATCH	1	PA
LIDOCAN III EXTERNAL PATCH	1	PA
TRIDACAINE EXTERNAL PATCH	1	PA
TRIDACAINE II EXTERNAL PATCH	1	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
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release</i>	1	EDS
<i>buprenorphine hcl sublingual tablet sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	1	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1	
<i>disulfiram oral tablet</i>	1	EDS
KLOXXADO NASAL LIQUID	2	
<i>lofexidine hcl oral tablet</i>	1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naloxone hcl nasal liquid</i>	1	
<i>naltrexone hcl oral tablet</i>	1	
NICOTROL INHALATION INHALER	3	
NICOTROL NS NASAL SOLUTION	2	
OPVEE NASAL SOLUTION	2	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	1	
<i>varenicline tartrate oral tablet</i>	1	
<i>varenicline tartrate oral tablet therapy pack</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	2	
Antibacterials		
<i>acetic acid otic solution</i>	1	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	1	
<i>ampicillin oral capsule</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	
ARIKAYCE INHALATION SUSPENSION	3	PA; 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
<i>azithromycin intravenous solution reconstituted</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION	3	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension reconstituted</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension reconstituted</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension reconstituted</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	1	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>cefoxitin sodium intravenous solution reconstituted</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	1	
<i>cefpodoxime proxetil oral tablet</i>	1	
<i>cefprozil oral suspension reconstituted</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	

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>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	2	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>ciprofloxacin oral suspension reconstituted</i>	1	
<i>clarithromycin oral suspension reconstituted</i>	1	
<i>clarithromycin oral tablet</i>	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate in d5w intravenous solution</i>	1	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal cream</i>	1	EDS
<i>colistimethate sodium (cba) injection solution reconstituted</i>	1	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	
<i>demeclocycline hcl oral tablet</i>	1	
<i>dicloxacillin sodium oral capsule</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
DIFICID ORAL TABLET	3	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>doxycycline hyclate intravenous solution reconstituted</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	EDS
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	
E.E.S. 400 ORAL TABLET	3	
<i>ertapenem sodium injection solution reconstituted</i>	1	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
<i>erythromycin base oral capsule delayed release particles</i>	3	
<i>erythromycin base oral tablet</i>	3	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin lactobionate intravenous solution reconstituted</i>	1	
<i>erythromycin oral tablet delayed release</i>	1	
<i>fosfomycin tromethamine oral packet</i>	1	QL (1 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>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate external cream</i>	1	
<i>gentamicin sulfate external ointment</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	1	
<i>levofloxacin in d5w intravenous solution</i>	1	
<i>levofloxacin intravenous solution</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted</i>	1	
<i>linezolid oral tablet</i>	1	
MACRODANTIN ORAL CAPSULE	3	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
<i>methenamine hippurate oral tablet</i>	1	EDS
METROGEL EXTERNAL GEL	3	
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole external lotion</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>minocycline hcl oral tablet</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution</i>	1	
<i>moxifloxacin hcl intravenous solution</i>	1	
<i>moxifloxacin hcl oral tablet</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>neomycin sulfate oral tablet</i>	1	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd macro oral capsule</i>	1	
NORITATE EXTERNAL CREAM	2	
NUVESSA VAGINAL GEL	3	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>oxacillin sodium intravenous solution reconstituted</i>	1	
<i>penicillin g potassium injection solution reconstituted 2000000 unit</i>	1	

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>penicillin v potassium oral solution reconstituted</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<i>polymyxin b sulfate injection solution reconstituted</i>	1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
SIVEXTRO ORAL TABLET	3	PA
<i>sterile water for irrigation irrigation solution</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	3	
<i>sulfacetamide sodium (acne) external lotion</i>	1	
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>tetracycline hcl oral capsule</i>	1	
<i>tigecycline intravenous solution reconstituted</i>	1	
<i>tinidazole oral tablet</i>	1	
<i>tobramycin sulfate injection solution</i>	1	
<i>trimethoprim oral tablet</i>	1	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; PA not required for nephrologists or infectious diseases specialists.
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule</i>	1	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	1	
VANDAZOLE VAGINAL GEL	1	
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; EDS
ZITHROMAX ORAL PACKET	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	2	
Anticonvulsants		
APTOM ORAL TABLET 200 MG, 400 MG	3	QL (30 EA per 30 days); EDS
APTOM ORAL TABLET 600 MG, 800 MG	3	QL (60 EA per 30 days); EDS
BRIVIACT ORAL SOLUTION	3	EDS
BRIVIACT ORAL TABLET 10 MG	3	QL (240 EA per 30 days); EDS
BRIVIACT ORAL TABLET 100 MG	3	EDS
BRIVIACT ORAL TABLET 25 MG, 50 MG, 75 MG	3	QL (60 EA per 30 days); EDS
<i>carbamazepine er oral capsule extended release 12 hour</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>carbamazepine er oral tablet extended release 12 hour</i>	1	EDS
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	EDS
<i>carbamazepine oral tablet</i>	1	EDS
<i>carbamazepine oral tablet chewable 100 mg</i>	1	EDS
<i>clobazam oral suspension 2.5 mg/ml</i>	1	EDS
<i>clobazam oral tablet</i>	1	EDS
<i>clonazepam oral tablet</i>	1	EDS
<i>clonazepam oral tablet dispersible</i>	1	EDS
<i>clorazepate dipotassium oral tablet</i>	1	
DIACOMIT ORAL CAPSULE	3	PA New Starts; LA; EDS
DIACOMIT ORAL PACKET	3	PA New Starts; LA; EDS
DIASTAT ACUDIAL RECTAL GEL	3	
DIASTAT PEDIATRIC RECTAL GEL	3	
<i>diazepam oral concentrate</i>	1	
<i>diazepam rectal gel</i>	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	EDS
DILANTIN ORAL CAPSULE 30 MG	2	EDS
DILANTIN-125 ORAL SUSPENSION	3	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
EPIDIOLEX ORAL SOLUTION	3	PA New Starts; LA; EDS
EPITOL ORAL TABLET	1	EDS
EPRONTIA ORAL SOLUTION	3	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	EDS
<i>ethosuximide oral capsule</i>	1	EDS
<i>ethosuximide oral solution</i>	1	EDS
<i>felbamate oral suspension</i>	1	EDS
<i>felbamate oral tablet</i>	1	EDS
FINTEPLA ORAL SOLUTION	3	PA New Starts; LA; EDS
<i>flurazepam hcl oral capsule</i>	1	
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	1	
FYCOMPA ORAL SUSPENSION	3	EDS
FYCOMPA ORAL TABLET	3	QL (30 EA per 30 days); EDS
<i>gabapentin (once-daily) oral tablet 300 mg</i>	1	QL (90 EA per 30 days); EDS
<i>gabapentin (once-daily) oral tablet 600 mg</i>	1	EDS
<i>gabapentin oral capsule</i>	1	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	1	EDS
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	EDS
<i>lacosamide oral solution 10 mg/ml</i>	1	EDS
<i>lacosamide 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
LAMICTAL ORAL TABLET	3	EDS
LAMICTAL XR ORAL KIT	3	
<i>lamotrigine er oral tablet extended release 24 hour</i>	1	\$0; EDS
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	1	
<i>lamotrigine oral tablet</i>	1	\$0; EDS
<i>lamotrigine oral tablet chewable</i>	1	\$0; EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue oral kit</i>	1	
<i>lamotrigine starter kit-green oral kit</i>	1	
<i>lamotrigine starter kit-orange oral kit</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour</i>	1	\$0; EDS
<i>levetiracetam oral solution</i>	1	EDS
<i>levetiracetam oral tablet</i>	1	\$0; EDS
LIBERVANT BUCCAL FILM	3	QL (10 EA per 30 days); AL (Min 2 Years and Max 5 Years)
<i>methsuximide oral capsule</i>	1	EDS
NAYZILAM NASAL SOLUTION	3	PA New Starts; Prior authorization not required for neurologists.
NEURONTIN ORAL CAPSULE	3	EDS
NEURONTIN ORAL SOLUTION	3	EDS
NEURONTIN ORAL TABLET	3	EDS
<i>oxcarbazepine oral suspension</i>	1	EDS
<i>oxcarbazepine oral tablet</i>	1	EDS
<i>phenobarbital oral elixir</i>	1	EDS
<i>phenobarbital oral tablet</i>	1	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	1	EDS
<i>phenytoin oral tablet chewable</i>	1	EDS
<i>phenytoin sodium extended oral capsule</i>	1	EDS
<i>pregabalin oral capsule</i>	1	EDS
<i>pregabalin oral solution</i>	1	EDS
<i>primidone oral tablet 250 mg, 50 mg</i>	1	EDS
ROWEEPRA ORAL TABLET 500 MG	1	EDS
<i>rufinamide oral suspension</i>	1	EDS
<i>rufinamide oral tablet</i>	1	EDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	EDS
SUBVENITE ORAL TABLET	1	EDS
SUBVENITE STARTER KIT-BLUE ORAL KIT	1	
SUBVENITE STARTER KIT-GREEN ORAL KIT	1	
SUBVENITE STARTER KIT-ORANGE ORAL KIT	1	
SYMPAZAN ORAL FILM	3	EDS
<i>tiagabine hcl oral tablet</i>	1	EDS
<i>topiramate oral capsule sprinkle 15 mg, 25 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>topiramate oral tablet</i>	1	\$0; EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution 250 mg/5ml</i>	1	EDS
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA New Starts; Prior authorization not required for neurologists.
<i>vigabatrin oral packet</i>	1	LA; EDS
<i>vigabatrin oral tablet</i>	1	LA; EDS
VIGADRONE ORAL PACKET	1	EDS
VIGADRONE ORAL TABLET	1	EDS
VIGPODER ORAL PACKET	1	EDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	QL (56 EA per 28 days); EDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	QL (56 EA per 28 days); EDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days); EDS
XCOPRI ORAL TABLET 150 MG, 200 MG	3	EDS
XCOPRI ORAL TABLET THERAPY PACK	3	QL (28 EA per 28 days)
ZONISADE ORAL SUSPENSION	3	EDS
<i>zonisamide oral capsule</i>	1	EDS
ZTALMY ORAL SUSPENSION	3	PA New Starts; LA; EDS
Antidementia Agents		
ARICEPT ORAL TABLET 23 MG	3	EDS
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet 23 mg</i>	1	\$0; EDS
<i>donepezil hcl oral tablet dispersible</i>	1	EDS
<i>ergoloid mesylates oral tablet</i>	1	\$0; EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 8 mg</i>	1	QL (30 EA per 30 days); EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour 24 mg</i>	1	EDS
<i>galantamine hydrobromide oral solution</i>	1	EDS
<i>galantamine hydrobromide oral tablet</i>	1	EDS
<i>memantine hcl er oral capsule extended release 24 hour</i>	1	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	1	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour</i>	1	PA New Starts; 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
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	PA New Starts
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	3	PA New Starts; EDS
<i>rivastigmine tartrate oral capsule</i>	1	EDS
<i>rivastigmine transdermal patch 24 hour</i>	1	EDS
Antidepressants		
ABILIFY ORAL TABLET	3	EDS
<i>amitriptyline hcl oral tablet</i>	1	EDS
<i>amoxapine oral tablet</i>	2	EDS
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet</i>	1	EDS
AUVELITY ORAL TABLET EXTENDED RELEASE	3	PA New Starts; EDS
<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>chlorthalidone-amitriptyline oral tablet</i>	1	EDS
<i>citalopram hydrobromide oral solution</i>	1	EDS
<i>citalopram hydrobromide oral tablet</i>	1	EDS
<i>clomipramine hcl oral capsule</i>	1	EDS
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
<i>desipramine hcl oral tablet</i>	1	EDS
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i>	1	EDS
<i>desvenlafaxine er oral tablet extended release 24 hour 50 mg</i>	1	QL (30 EA per 30 days); EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	1	EDS
<i>doxepin hcl oral capsule</i>	1	EDS
<i>doxepin hcl oral concentrate</i>	1	EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	3	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	EDS
<i>duloxetine hcl oral capsule delayed release particles</i>	1	EDS
EMSAM TRANSDERMAL PATCH 24 HOUR	2	EDS
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	\$0; EDS
<i>escitalopram oxalate oral tablet</i>	1	\$0; EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 80 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
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
<i>fluoxetine hcl oral capsule</i>	1	\$0; EDS
<i>fluoxetine hcl oral capsule delayed release</i>	1	\$0; EDS
<i>fluoxetine hcl oral solution</i>	1	\$0; EDS
<i>fluoxetine hcl oral tablet</i>	1	\$0; EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	EDS
<i>fluvoxamine maleate oral tablet</i>	1	EDS
<i>imipramine hcl oral tablet</i>	1	EDS
LEXAPRO ORAL TABLET	3	EDS
MARPLAN ORAL TABLET	2	EDS
<i>mirtazapine oral tablet</i>	1	EDS
<i>mirtazapine oral tablet dispersible</i>	1	EDS
<i>nefazodone hcl oral tablet</i>	1	EDS
<i>nortriptyline hcl oral capsule</i>	1	EDS
<i>nortriptyline hcl oral solution</i>	1	EDS
<i>olanzapine-fluoxetine hcl oral capsule</i>	1	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1	\$0; EDS
<i>paroxetine hcl oral suspension</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	\$0; EDS
<i>paroxetine mesylate oral capsule</i>	1	EDS
PAXIL ORAL TABLET	3	EDS
<i>perphenazine-amitriptyline oral tablet</i>	1	EDS
<i>phenelzine sulfate oral tablet</i>	1	EDS
<i>protriptyline hcl oral tablet</i>	1	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	1	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	\$0; EDS
RALDESY ORAL SOLUTION	3	EDS
<i>sertraline hcl oral concentrate</i>	1	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>tranylcypromine sulfate oral tablet</i>	1	EDS
<i>trazodone hcl oral tablet</i>	1	EDS
<i>trimipramine maleate oral capsule</i>	1	EDS
TRINTELLIX ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days); EDS
TRINTELLIX ORAL TABLET 20 MG	3	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	\$0; EDS
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	1	\$0; EDS
<i>venlafaxine hcl oral tablet</i>	1	\$0; 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>vilazodone hcl oral tablet</i>	1	EDS
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	EDS
ZOLOFT ORAL TABLET	3	EDS
ZURZUVAE ORAL CAPSULE	3	PA New Starts; LA
Antiemetics		
AKYNZEO ORAL CAPSULE	3	BD
<i>aprepitant oral capsule</i>	1	BD
<i>chlorpromazine hcl oral tablet</i>	1	EDS
COMPRO RECTAL SUPPOSITORY	1	
<i>dronabinol oral capsule</i>	1	PA
<i>granisetron hcl oral tablet</i>	1	BD
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	EDS
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>ondansetron hcl oral solution</i>	1	BD
<i>ondansetron hcl oral tablet</i>	1	BD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	BD
<i>prochlorperazine maleate oral tablet</i>	1	EDS
<i>prochlorperazine rectal suppository</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl oral tablet</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	3	PA; PA does not apply to age less than 65.
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	3	PA; PA does not apply to age less than 65.
SANCUSO TRANSDERMAL PATCH	3	
<i>scopolamine transdermal patch 72 hour</i>	1	
SYNDROS ORAL SOLUTION	3	PA
<i>trimethobenzamide hcl oral capsule</i>	1	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	BD
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	3	BD
<i>amphotericin b intravenous solution reconstituted</i>	2	BD
<i>amphotericin b liposome intravenous suspension reconstituted</i>	1	BD
<i>caspofungin acetate intravenous solution reconstituted</i>	1	BD
<i>ciclopirox external gel</i>	1	
<i>ciclopirox external shampoo</i>	1	
<i>ciclopirox external solution</i>	1	
<i>ciclopirox olamine external cream</i>	1	
<i>ciclopirox olamine external suspension</i>	1	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	

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>clotrimazole mouth/throat troche</i>	1	
<i>econazole nitrate external cream</i>	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
ERTACZO EXTERNAL CREAM	3	
EXELDERM EXTERNAL CREAM	3	
EXELDERM EXTERNAL SOLUTION	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted</i>	1	
<i>fluconazole oral tablet</i>	1	
<i>flucytosine oral capsule</i>	1	
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
GYNAZOLE-1 VAGINAL CREAM	3	
<i>itraconazole oral capsule</i>	1	
<i>itraconazole oral solution</i>	1	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external foam</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet</i>	1	PA
KETODAN EXTERNAL FOAM	1	
<i>micafungin sodium intravenous solution reconstituted</i>	1	
<i>miconazole 3 vaginal suppository</i>	3	
NYAMYC EXTERNAL POWDER	1	
<i>nystatin external cream</i>	1	
<i>nystatin external ointment</i>	1	
<i>nystatin external powder</i>	1	
<i>nystatin mouth/throat suspension</i>	1	
<i>nystatin oral tablet</i>	1	
NYSTOP EXTERNAL POWDER	1	
<i>posaconazole oral suspension</i>	1	EDS
<i>posaconazole oral tablet delayed release</i>	1	EDS
<i>sulconazole nitrate external cream</i>	1	
<i>sulconazole nitrate external solution</i>	1	
<i>terbinafine hcl oral tablet</i>	1	
<i>terconazole vaginal cream</i>	1	
VIVJOA ORAL CAPSULE THERAPY PACK	3	PA; QL (18 EA per 84 days)
<i>voriconazole intravenous solution reconstituted</i>	1	BD
<i>voriconazole oral suspension reconstituted</i>	1	
<i>voriconazole oral tablet</i>	1	

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

Drug Name	Tier	Requirements/Limits
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	EDS
<i>colchicine oral tablet</i>	1	EDS
<i>colchicine-probenecid oral tablet</i>	1	EDS
<i>febuxostat oral tablet</i>	1	ST; EDS
<i>probenecid oral tablet</i>	1	EDS
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (1 ML per 30 days); EDS
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; EDS
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; EDS
<i>almotriptan malate oral tablet</i>	1	
<i>dihydroergotamine mesylate nasal solution</i>	1	QL (8 ML per 28 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>eletriptan hydrobromide oral tablet</i>	1	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
EPRONTIA ORAL SOLUTION	3	EDS
<i>ergotamine-caffeine oral tablet</i>	1	
<i>frovatriptan succinate oral tablet</i>	1	
<i>naratriptan hcl oral tablet</i>	1	
NURTEC ORAL TABLET DISPERSIBLE	2	PA
QULIPTA ORAL TABLET	2	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>	1	
<i>sumatriptan succinate oral tablet</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	
<i>sumatriptan-naproxen sodium oral tablet</i>	1	
<i>timolol maleate oral tablet</i>	1	100DS; EDS
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	EDS
<i>topiramate oral tablet</i>	1	\$0; EDS
UBRELVY ORAL TABLET	2	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
<i>zolmitriptan nasal solution</i>	1	
<i>zolmitriptan oral tablet</i>	1	
<i>zolmitriptan oral tablet dispersible</i>	1	
Antimyasthenic Agents		
<i>pyridostigmine bromide er oral tablet extended release</i>	1	
<i>pyridostigmine bromide oral solution</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	EDS
Antimycobacterials		
<i>dapsone oral tablet</i>	1	EDS
<i>ethambutol hcl oral tablet</i>	1	
<i>isoniazid oral syrup</i>	1	EDS
<i>isoniazid oral tablet</i>	1	EDS
<i>pretomanid oral tablet</i>	3	PA
PRIFTIN ORAL TABLET	3	
<i>pyrazinamide oral tablet</i>	1	
<i>rifabutin oral capsule</i>	1	
<i>rifampin intravenous solution reconstituted</i>	1	
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET	3	PA
TRECTOR ORAL TABLET	3	
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	1	
ABIRTEGA ORAL TABLET	1	
AKEEGA ORAL TABLET	3	PA New Starts; LA
ALECENSA ORAL CAPSULE	3	PA New Starts
ALUNBRIG ORAL TABLET	3	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA New Starts; LA
<i>anastrozole oral tablet</i>	1	EDS
AUGTYRO ORAL CAPSULE	3	PA New Starts; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	3	PA New Starts; LA
BALVERSA ORAL TABLET	3	PA New Starts; LA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA New Starts; LA; EDS
<i>bexarotene external gel</i>	1	PA New Starts
<i>bexarotene oral capsule</i>	1	
<i>bicalutamide oral tablet</i>	1	
BOSULIF ORAL CAPSULE 100 MG	3	PA New Starts; LA
BOSULIF ORAL CAPSULE 50 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
BOSULIF ORAL TABLET	3	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
BRUKINSA ORAL CAPSULE	3	PA New Starts
CABOMETYX ORAL TABLET	3	PA New Starts; LA
CALQUENCE ORAL CAPSULE	3	PA New Starts
CALQUENCE ORAL TABLET	3	PA New Starts; LA
CAPRELSA ORAL TABLET	2	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	3	PA New Starts; LA
COTELLIC ORAL TABLET	3	PA New Starts
<i>cyclophosphamide oral capsule</i>	1	BD; EDS
<i>cyclophosphamide oral tablet</i>	1	BD
DANZITEN ORAL TABLET	3	PA New Starts; LA
<i>dasatinib oral tablet 100 mg, 140 mg, 80 mg</i>	1	PA New Starts; QL (30 EA per 30 days)
<i>dasatinib oral tablet 20 mg, 50 mg, 70 mg</i>	1	PA New Starts; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	3	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
EMCYT ORAL CAPSULE	2	
ERIVEDGE ORAL CAPSULE	2	PA New Starts
ERLEADA ORAL TABLET	2	PA New Starts
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1	
<i>erlotinib hcl oral tablet 25 mg</i>	1	QL (90 EA per 30 days)
EULEXIN ORAL CAPSULE	3	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA New Starts
<i>everolimus oral tablet soluble</i>	1	PA New Starts
<i>exemestane oral tablet</i>	1	EDS
EXKIVITY ORAL CAPSULE	3	PA New Starts; LA
<i>fluorouracil external cream</i>	1	
<i>fluorouracil external solution</i>	1	
FOTIVDA ORAL CAPSULE	3	PA New Starts
FRUZAQLA ORAL CAPSULE 1 MG	3	PA New Starts; LA; QL (120 EA per 30 days)
FRUZAQLA ORAL CAPSULE 5 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
GAVRETO ORAL CAPSULE	3	PA New Starts; LA
<i>gefitinib oral tablet</i>	1	PA New Starts
GILOTRIF ORAL TABLET	3	PA New Starts; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
GOMEKLI ORAL CAPSULE	3	PA New Starts; LA
GOMEKLI ORAL TABLET SOLUBLE	3	PA New Starts; LA
<i>hydroxyurea oral capsule</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
IBRANCE ORAL CAPSULE	3	PA New Starts; LA
IBRANCE ORAL TABLET	3	PA New Starts; LA
ICLUSIG ORAL TABLET	3	PA New Starts
IDHIFA ORAL TABLET	3	PA New Starts; LA
<i>imatinib mesylate oral tablet</i>	1	EDS
IMBRUVICA ORAL CAPSULE	3	PA New Starts; LA
IMBRUVICA ORAL SUSPENSION	3	PA New Starts; LA
IMBRUVICA ORAL TABLET	3	PA New Starts; LA
<i>imkeldi oral solution</i>	3	PA New Starts
INLYTA ORAL TABLET	3	PA New Starts; LA
INQOVI ORAL TABLET	3	PA New Starts; LA
INREBIC ORAL CAPSULE	3	PA New Starts; LA
ITOVEBI ORAL TABLET 3 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	3	PA New Starts; LA
IWILFIN ORAL TABLET	3	PA New Starts; LA; EDS
JAKAFI ORAL TABLET	2	PA New Starts; LA
JAYPIRCA ORAL TABLET	3	PA New Starts; LA
JYLAMVO ORAL SOLUTION	3	BD
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KOSELUGO ORAL CAPSULE	3	PA New Starts; LA
KRAZATI ORAL TABLET	3	PA New Starts; LA
<i>lapatinib ditosylate oral tablet</i>	1	PA New Starts
LAZCLUZE ORAL TABLET 240 MG	3	PA New Starts
LAZCLUZE ORAL TABLET 80 MG	3	PA New Starts; QL (60 EA per 30 days)
<i>lenalidomide oral capsule</i>	1	PA New Starts
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
<i>letrozole oral tablet</i>	1	EDS
<i>leucovorin calcium oral tablet</i>	1	
LEUKERAN ORAL TABLET	2	
LONSURF ORAL TABLET	3	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	3	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 320 MG	3	PA New Starts
LUMAKRAS ORAL TABLET 240 MG	3	PA New Starts; LA
LYNPARZA ORAL TABLET	3	PA New Starts; LA
LYSODREN ORAL TABLET	2	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE	2	LA
MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA New Starts
MEKINIST ORAL TABLET	3	PA New Starts
MEKTOVI ORAL TABLET	3	PA New Starts; LA
<i>mercaptopurine oral suspension</i>	1	
<i>mercaptopurine oral tablet</i>	1	EDS
<i>mesna oral tablet</i>	1	
<i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium oral tablet</i>	1	EDS
NERLYNX ORAL TABLET	3	PA New Starts; LA
<i>nilutamide oral tablet</i>	1	
NINLARO ORAL CAPSULE	3	PA New Starts; QL (3 EA per 28 days)
NUBEQA ORAL TABLET	3	PA New Starts; LA
ODOMZO ORAL CAPSULE	3	PA New Starts
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
OGSIVEO ORAL TABLET 50 MG	3	PA New Starts; LA
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG	3	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG (16 PACK)	3	PA New Starts; LA; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 100 MG (24 PACK)	3	PA New Starts; LA; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG	3	PA New Starts; LA; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
OJJAARA ORAL TABLET 150 MG, 200 MG	3	PA New Starts; LA
ONUREG ORAL TABLET	3	PA New Starts; QL (30 EA per 30 days)
ORGOVYX ORAL TABLET	3	LA
ORSERDU ORAL TABLET	3	PA New Starts; LA
PANRETIN EXTERNAL GEL	2	PA New Starts
<i>pazopanib hcl oral tablet</i>	1	PA New Starts
PEMAZYRE ORAL TABLET 13.5 MG	3	PA New Starts; LA
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
POMALYST ORAL CAPSULE	3	PA New Starts; LA
QINLOCK ORAL TABLET	3	PA New Starts; LA
RETEVMO ORAL CAPSULE 40 MG	3	PA New Starts; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	3	PA New Starts
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	3	PA New Starts; LA
RETEVMO ORAL TABLET 40 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
REVLIMID ORAL CAPSULE	2	PA New Starts; LA
REVUFORJ ORAL TABLET 110 MG, 160 MG	3	PA New Starts; LA
REVUFORJ ORAL TABLET 25 MG	3	PA New Starts; LA; QL (240 EA per 30 days)
REZLIDHIA ORAL CAPSULE	3	PA New Starts
REZUROCK ORAL TABLET	3	PA New Starts; LA; EDS
ROMVIMZA ORAL CAPSULE	3	PA New Starts; LA
ROZLYTREK ORAL CAPSULE	3	PA New Starts; LA
ROZLYTREK ORAL PACKET	3	PA New Starts; LA
RUBRACA ORAL TABLET	3	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	3	PA New Starts
SCEMBLIX ORAL TABLET 100 MG	3	PA New Starts
SCEMBLIX ORAL TABLET 20 MG	3	PA New Starts; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	3	PA New Starts; QL (300 EA per 30 days)
SOLTAMOX ORAL SOLUTION	2	EDS
<i>sorafenib tosylate oral tablet</i>	1	PA New Starts
STIVARGA ORAL TABLET	3	PA New Starts; LA
<i>sunitinib malate oral capsule</i>	1	PA New Starts
TABLOID ORAL TABLET	2	
TABRECTA ORAL TABLET	3	PA New Starts
TAFINLAR ORAL CAPSULE	3	PA New Starts
TAFINLAR ORAL TABLET SOLUBLE	3	PA New Starts
TAGRISSO ORAL TABLET	3	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	3	PA New Starts; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	3	PA New Starts; LA
<i>tamoxifen citrate oral tablet</i>	1	EDS
TASIGNA ORAL CAPSULE	2	PA New Starts
TAZVERIK ORAL TABLET	3	PA New Starts; LA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET	3	PA New Starts
THALOMID ORAL CAPSULE	2	LA; EDS
TIBSOVO ORAL TABLET	3	PA New Starts; LA
<i>toremifene citrate oral tablet</i>	1	EDS
TORPENZ ORAL TABLET	1	PA New Starts
<i>tretinoin oral capsule</i>	1	
TRUQAP ORAL TABLET	3	PA New Starts; LA
TRUQAP ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	3	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	3	PA New Starts; LA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	3	PA New Starts; LA
VALCHLOR EXTERNAL GEL	3	PA New Starts
VANFLYTA ORAL TABLET	3	PA New Starts; LA
VENCLEXTA ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	3	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (42 EA per 30 days)
VERZENIO ORAL TABLET	3	PA New Starts
VIJOICE ORAL PACKET	3	PA; QL (28 EA per 28 days); EDS
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	3	PA; QL (28 EA per 28 days); EDS
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	3	PA; QL (56 EA per 28 days); EDS
VITRAKVI ORAL CAPSULE 100 MG	3	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	3	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	3	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	3	PA New Starts; LA
VONJO ORAL CAPSULE	3	PA New Starts; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	3	PA New Starts; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	3	PA New Starts
WELIREG ORAL TABLET	3	PA New Starts
XALKORI ORAL CAPSULE	3	PA New Starts; LA
XALKORI ORAL CAPSULE SPRINKLE	3	PA New Starts; LA
XATMEP ORAL SOLUTION	3	BD
XOSPATA ORAL TABLET	3	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	3	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (32 EA per 28 days)
XTANDI ORAL CAPSULE	2	PA New Starts
XTANDI ORAL TABLET	2	PA New Starts
ZEJULA ORAL CAPSULE	2	PA New Starts; LA
ZEJULA ORAL TABLET	2	PA New Starts; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET	3	PA New Starts
ZOLINZA ORAL CAPSULE	2	
ZYDELIG ORAL TABLET	3	PA New Starts
ZYKADIA ORAL TABLET	3	PA New Starts
Antiparasitics		
<i>albendazole oral tablet</i>	1	
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil hcl oral tablet</i>	1	
<i>chloroquine phosphate oral tablet</i>	1	EDS
COARTEM ORAL TABLET	2	QL (24 EA per 30 days)
EMVERM ORAL TABLET CHEWABLE	3	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	EDS
IMPAVIDO ORAL CAPSULE	3	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>mefloquine hcl oral tablet</i>	1	EDS
<i>nitazoxanide oral tablet</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	BD
<i>pentamidine isethionate injection solution reconstituted</i>	1	
<i>praziquantel oral tablet</i>	1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet</i>	1	
<i>quinine sulfate oral capsule</i>	1	

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

Drug Name	Tier	Requirements/Limits
Antiparkinson Agents		
<i>amantadine hcl oral capsule</i>	1	EDS
<i>amantadine hcl oral solution</i>	1	EDS
<i>amantadine hcl oral tablet</i>	1	EDS
<i>apomorphine hcl subcutaneous solution cartridge</i>	1	PA
<i>benztropine mesylate oral tablet</i>	1	EDS
<i>bromocriptine mesylate oral tablet</i>	1	EDS
<i>carbidopa oral tablet</i>	1	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	EDS
<i>carbidopa-levodopa oral tablet</i>	1	EDS
<i>carbidopa-levodopa oral tablet dispersible</i>	1	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>	1	EDS
<i>entacapone oral tablet</i>	1	EDS
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; LA; EDS
INBRIJA INHALATION CAPSULE	3	PA; LA; EDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	3	PA; EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1	\$0; QL (30 EA per 30 days); EDS
<i>pramipexole dihydrochloride oral tablet</i>	1	\$0; EDS
<i>rasagiline mesylate oral tablet</i>	1	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	1	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>	1	QL (60 EA per 30 days); EDS
<i>ropinirole hcl oral tablet</i>	1	EDS
<i>selegiline hcl oral capsule</i>	1	EDS
<i>selegiline hcl oral tablet</i>	1	EDS
<i>tolcapone oral tablet</i>	1	EDS
<i>trihexyphenidyl hcl oral solution</i>	1	EDS
<i>trihexyphenidyl hcl oral tablet</i>	1	EDS
ZELAPAR ORAL TABLET DISPERSIBLE	3	EDS
Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	2	BD
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 2 MG	3	PA New Starts; QL (60 EA per 30 days)
ABILIFY ORAL TABLET	3	EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet</i>	1	EDS
<i>aripiprazole oral tablet dispersible</i>	1	QL (60 EA per 30 days); EDS
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	2	BD
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
<i>asenapine maleate sublingual tablet sublingual</i>	1	EDS
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
CAPLYTA ORAL CAPSULE 42 MG	3	PA New Starts; EDS
<i>chlorpromazine hcl oral concentrate</i>	1	EDS
<i>chlorpromazine hcl oral tablet</i>	1	EDS
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet dispersible</i>	1	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	3	PA New Starts; EDS
COBENFY ORAL CAPSULE 50-20 MG	3	PA New Starts
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA New Starts; QL (56 EA per 28 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	PA New Starts; QL (90 EA per 30 days); EDS
FANAPT ORAL TABLET 10 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
FANAPT ORAL TABLET 12 MG, 8 MG	3	PA New Starts; EDS
FANAPT TITRATION PACK ORAL TABLET	3	PA New Starts; QL (56 EA per 28 days)
<i>fluphenazine decanoate injection solution</i>	1	BD
<i>fluphenazine hcl injection solution</i>	1	BD
<i>fluphenazine hcl oral concentrate</i>	1	EDS
<i>fluphenazine hcl oral elixir</i>	1	EDS
<i>fluphenazine hcl oral tablet</i>	1	EDS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	BD
<i>haloperidol lactate injection solution</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	EDS
<i>haloperidol oral tablet</i>	1	EDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PA New Starts
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	BD
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	3	PA New Starts; EDS

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>loxapine succinate oral capsule</i>	1	EDS
<i>lurasidone hcl oral tablet</i>	1	EDS
LYBALVI ORAL TABLET	3	PA New Starts; EDS
<i>molindone hcl oral tablet</i>	1	EDS
NUPLAZID ORAL CAPSULE	3	PA New Starts; LA; EDS
NUPLAZID ORAL TABLET 10 MG	3	PA New Starts; LA; QL (30 EA per 30 days); EDS
<i>olanzapine intramuscular solution reconstituted</i>	1	BD
<i>olanzapine oral tablet</i>	1	\$0; EDS
<i>olanzapine oral tablet dispersible</i>	1	EDS
OPIPZA ORAL FILM 10 MG	3	ST; EDS
OPIPZA ORAL FILM 2 MG	3	ST; QL (120 EA per 30 days); EDS
OPIPZA ORAL FILM 5 MG	3	ST; QL (30 EA per 30 days); EDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>	1	QL (90 EA per 30 days); EDS
<i>paliperidone er oral tablet extended release 24 hour 3 mg</i>	1	QL (30 EA per 30 days); EDS
<i>paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg</i>	1	EDS
<i>perphenazine oral tablet</i>	1	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	PA New Starts
<i>pimozide oral tablet</i>	1	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	1	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	\$0; EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	QL (30 EA per 30 days); EDS
REXULTI ORAL TABLET 4 MG	3	EDS
<i>risperidone microspheres er intramuscular suspension reconstituted er</i>	1	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	1	QL (90 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 1 mg, 2 mg</i>	1	QL (30 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	1	EDS
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA New Starts
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	3	PA New Starts; QL (30 EA per 30 days); EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	3	PA New Starts; EDS
<i>thioridazine hcl oral tablet</i>	1	EDS
<i>thiothixene oral capsule</i>	1	EDS
<i>trifluoperazine hcl oral tablet</i>	1	EDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	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
VERSACLOZ ORAL SUSPENSION	3	
VRAYLAR ORAL CAPSULE	3	QL (30 EA per 30 days); EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	
<i>ziprasidone hcl oral capsule</i>	1	EDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	1	BD
ZYPREXA ORAL TABLET	3	EDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	EDS
<i>dantrolene sodium oral capsule</i>	1	
<i>tizanidine hcl oral capsule</i>	1	EDS
<i>tizanidine hcl oral tablet</i>	1	EDS
Antivirals		
<i>abacavir sulfate oral solution</i>	1	EDS
<i>abacavir sulfate oral tablet</i>	1	EDS
<i>abacavir sulfate-lamivudine oral tablet</i>	1	EDS
<i>acyclovir oral capsule</i>	1	EDS
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg</i>	1	EDS
<i>acyclovir oral tablet 800 mg</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	BD
<i>adefovir dipivoxil oral tablet</i>	1	EDS
<i>amantadine hcl oral capsule</i>	1	EDS
<i>amantadine hcl oral solution</i>	1	EDS
<i>amantadine hcl oral tablet</i>	1	EDS
APTIVUS ORAL CAPSULE	3	EDS
<i>atazanavir sulfate oral capsule</i>	1	EDS
BARACLUDE ORAL SOLUTION	2	EDS
BIKTARVY ORAL TABLET	2	EDS
CIMDUO ORAL TABLET	2	EDS
COMPLERA ORAL TABLET	3	EDS
<i>darunavir oral tablet</i>	1	EDS
DELSTRIGO ORAL TABLET	3	EDS
DESCOVY ORAL TABLET	3	EDS
DOVATO ORAL TABLET	3	EDS
EDURANT ORAL TABLET	3	EDS
<i>efavirenz oral capsule</i>	1	EDS
<i>efavirenz oral tablet</i>	1	EDS
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	1	EDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	1	EDS
<i>emtricitabine oral capsule</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>emtricitabine-tenofovir df oral tablet</i>	1	EDS
EMTRIVA ORAL SOLUTION	2	EDS
<i>entecavir oral tablet</i>	1	EDS
<i>etravirine oral tablet</i>	1	EDS
EVOTAZ ORAL TABLET	3	EDS
<i>famciclovir oral tablet</i>	1	EDS
<i>fosamprenavir calcium oral tablet</i>	1	EDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
GENVOYA ORAL TABLET	2	EDS
INTELENCE ORAL TABLET 25 MG	2	EDS
ISENTRESS HD ORAL TABLET	3	EDS
ISENTRESS ORAL PACKET	3	EDS
ISENTRESS ORAL TABLET	3	EDS
ISENTRESS ORAL TABLET CHEWABLE	3	EDS
JULUCA ORAL TABLET	3	EDS
LAGEVRIO ORAL CAPSULE	2	
<i>lamivudine oral solution 10 mg/ml</i>	1	EDS
<i>lamivudine oral tablet</i>	1	EDS
<i>lamivudine-zidovudine oral tablet</i>	1	EDS
<i>ledipasvir-sofosbuvir oral tablet</i>	1	PA
LEXIVA ORAL SUSPENSION	2	EDS
LIVTENCITY ORAL TABLET	3	PA; LA; EDS
<i>lopinavir-ritonavir oral solution</i>	1	EDS
<i>lopinavir-ritonavir oral tablet</i>	1	EDS
<i>maraviroc oral tablet</i>	1	EDS
MAVYRET ORAL PACKET	2	PA
MAVYRET ORAL TABLET	2	PA
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	EDS
<i>nevirapine oral suspension</i>	1	EDS
<i>nevirapine oral tablet</i>	1	EDS
NORVIR ORAL PACKET	2	EDS
ODEFSEY ORAL TABLET	3	EDS
<i>oseltamivir phosphate oral capsule</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	2	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	2	
PAXLOVID ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	2	
PIFELTRO ORAL TABLET	3	EDS
PREVYMIS ORAL TABLET	3	PA; EDS
PREZCOBIX ORAL TABLET	3	EDS
PREZISTA ORAL SUSPENSION	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
PREZISTA ORAL TABLET 150 MG, 75 MG	2	EDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	
REYATAZ ORAL PACKET	2	EDS
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine hcl oral tablet</i>	1	
<i>ritonavir oral tablet</i>	1	EDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	EDS
SELZENTRY ORAL SOLUTION	2	EDS
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	EDS
<i>sofosbuvir-velpatasvir oral tablet</i>	1	PA
STRIBILD ORAL TABLET	2	EDS
SUNLENCA ORAL TABLET	3	LA
SUNLENCA ORAL TABLET THERAPY PACK	3	
SYMTUZA ORAL TABLET	3	EDS
<i>tenofovir disoproxil fumarate oral tablet</i>	1	EDS
TIVICAY ORAL TABLET	2	EDS
TIVICAY PD ORAL TABLET SOLUBLE	2	EDS
TRIUMEQ ORAL TABLET	2	EDS
<i>trumeq pd oral tablet soluble</i>	3	EDS
TRIZIVIR ORAL TABLET	3	EDS
TYBOST ORAL TABLET	2	EDS
<i>valacyclovir hcl oral tablet</i>	1	
<i>valganciclovir hcl oral solution reconstituted</i>	1	EDS
<i>valganciclovir hcl oral tablet</i>	1	EDS
VEMLIDY ORAL TABLET	2	EDS
VIRACEPT ORAL TABLET	2	EDS
VIREAD ORAL POWDER	2	EDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	EDS
VOCABRIA ORAL TABLET	3	LA; EDS
VOSEVI ORAL TABLET	2	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	2	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	2	
<i>zidovudine oral capsule</i>	1	EDS
<i>zidovudine oral syrup</i>	1	EDS
<i>zidovudine oral tablet</i>	1	EDS
Anxiolytics		
<i>alprazolam er oral tablet extended release 24 hour</i>	1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	1	

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>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet dispersible</i>	1	
<i>buspirone hcl oral tablet</i>	1	EDS
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>clonazepam oral tablet</i>	1	EDS
<i>clonazepam oral tablet dispersible</i>	1	EDS
<i>clorazepate dipotassium oral tablet</i>	1	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
DIAZEPAM INTENSOL ORAL CONCENTRATE	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
<i>duloxetine hcl oral capsule delayed release particles</i>	1	EDS
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	\$0; EDS
<i>escitalopram oxalate oral tablet</i>	1	\$0; EDS
<i>flurazepam hcl oral capsule</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
LEXAPRO ORAL TABLET	3	EDS
LORAZEPAM INTENSOL ORAL CONCENTRATE	1	
<i>lorazepam oral tablet</i>	1	
<i>meprobamate oral tablet</i>	1	EDS
<i>oxazepam oral capsule</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1	\$0; EDS
<i>paroxetine hcl oral suspension</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	\$0; EDS
PAXIL ORAL TABLET	3	EDS
<i>sertraline hcl oral concentrate</i>	1	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	\$0; EDS
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	1	\$0; EDS
<i>venlafaxine hcl oral tablet</i>	1	\$0; EDS
ZOLOFT ORAL TABLET	3	EDS
Bipolar Agents		
<i>asenapine maleate sublingual tablet sublingual</i>	1	EDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	EDS
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	EDS
<i>carbamazepine oral tablet chewable 100 mg</i>	1	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
LAMICTAL ORAL TABLET 100 MG, 200 MG, 25 MG	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
LAMICTAL XR ORAL KIT	3	
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	1	\$0; EDS
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	1	
<i>lamotrigine oral tablet</i>	1	\$0; EDS
<i>lamotrigine oral tablet chewable</i>	1	\$0; EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue oral kit</i>	1	
<i>lamotrigine starter kit-green oral kit</i>	1	
<i>lamotrigine starter kit-orange oral kit</i>	1	
<i>lithium carbonate er oral tablet extended release</i>	1	EDS
<i>lithium carbonate oral capsule</i>	1	EDS
<i>lithium carbonate oral tablet</i>	1	EDS
<i>lithium oral solution</i>	1	EDS
<i>lurasidone hcl oral tablet</i>	1	EDS
LYBALVI ORAL TABLET	3	PA New Starts; EDS
<i>olanzapine intramuscular solution reconstituted</i>	1	BD
<i>olanzapine oral tablet</i>	1	\$0; EDS
<i>olanzapine oral tablet dispersible</i>	1	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	1	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	\$0; EDS
<i>risperidone microspheres er intramuscular suspension reconstituted er</i>	1	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	1	QL (90 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 1 mg, 2 mg</i>	1	QL (30 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	1	EDS
SUBVENITE ORAL TABLET	1	EDS
SUBVENITE STARTER KIT-BLUE ORAL KIT	1	
SUBVENITE STARTER KIT-GREEN ORAL KIT	1	
SUBVENITE STARTER KIT-ORANGE ORAL KIT	1	
<i>ziprasidone hcl oral capsule</i>	1	EDS
ZYPREXA ORAL TABLET 20 MG	3	EDS
Blood Glucose Regulators		
<i>acarbose oral tablet</i>	1	100DS; EDS
ACTOPLUS MET ORAL TABLET 15-850 MG	3	EDS
ACTOS ORAL TABLET	3	EDS
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
BAQSIMI ONE PACK NASAL POWDER	1	
BAQSIMI TWO PACK NASAL POWDER	1	

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>colesevelam hcl oral packet</i>	1	EDS
<i>colesevelam hcl oral tablet</i>	1	EDS
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
<i>diazoxide oral suspension</i>	1	EDS
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	EDS
FARXIGA ORAL TABLET 10 MG	2	EDS
FARXIGA ORAL TABLET 5 MG	2	QL (30 EA per 30 days); EDS
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	100DS; EDS
<i>glipizide er oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	100DS; EDS
<i>glipizide-metformin hcl oral tablet</i>	1	100DS; EDS
<i>global alcohol prep ease pad</i>	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	1	
<i>glucagon emergency injection kit</i>	1	
<i>glucagon emergency injection solution reconstituted</i>	1	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>glyburide oral tablet</i>	1	EDS
<i>glyburide-metformin oral tablet</i>	1	\$0; EDS
GLYXAMBI ORAL TABLET	2	EDS
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	
GVOKE KIT SUBCUTANEOUS SOLUTION	1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	1	
HUMALOG INJECTION SOLUTION	2	EDS
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	2	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	EDS
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS

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

Drug Name	Tier	Requirements/Limits
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION	2	EDS
HUMULIN R INJECTION SOLUTION	2	EDS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
<i>insulin glargine max solostar subcutaneous solution pen-injector</i>	2	EDS
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	2	EDS
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	2	EDS
<i>insulin lispro injection solution</i>	2	EDS
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	2	EDS
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	2	EDS
JARDIANCE ORAL TABLET 10 MG	2	QL (30 EA per 30 days); EDS
JARDIANCE ORAL TABLET 25 MG	2	EDS
JENTADUETO ORAL TABLET	2	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LANTUS SUBCUTANEOUS SOLUTION	2	EDS
LYUMJEV INJECTION SOLUTION	2	EDS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	1	EDS
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	1	\$0; EDS
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	1	EDS
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	1	\$0; EDS
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	\$0; EDS
<i>metformin hcl oral solution</i>	1	100DS; EDS
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	\$0; EDS
<i>mifepristone oral tablet 300 mg</i>	1	PA New Starts; EDS
<i>miglitol oral tablet</i>	1	100DS; 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
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	2	PA; QL (2 ML per 28 days); EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	2	PA; QL (2 ML per 365 days)
<i>nateglinide oral tablet</i>	1	\$0; EDS
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	QL (15 EA per 30 days); EDS
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	2	QL (15 EA per 30 days); EDS
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (15 EA per 30 days); EDS
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (15 EA per 30 days); EDS
OMNIPOD GO KIT	2	QL (15 EA per 30 days); EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 ML per 28 days); EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 ML per 28 days); EDS
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (3 ML per 28 days); EDS
<i>pioglitazone hcl oral tablet</i>	1	100DS; EDS
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1	100DS; EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	100DS; QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	1	100DS; EDS
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	2	PA; QL (60 EA per 365 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG	2	PA; QL (30 EA per 30 days); EDS
RYBELSUS (FORMULATION R2) ORAL TABLET 9 MG	2	PA; EDS
RYBELSUS ORAL TABLET 14 MG	2	PA; EDS
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 EA per 365 days)
RYBELSUS ORAL TABLET 7 MG	2	PA; QL (30 EA per 30 days); EDS
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (15 ML per 25 days); EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; Prior authorization not required for endocrinologist.; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; Prior authorization not required for endocrinologist.; EDS
SYNJARDY ORAL TABLET	2	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
TRADJENTA ORAL TABLET	2	EDS

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	2	EDS
TRESIBA SUBCUTANEOUS SOLUTION	2	EDS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 ML per 28 days); EDS
V-GO 20 KIT 20 UNIT/24HR	2	EDS
V-GO 30 KIT 30 UNIT/24HR	2	EDS
V-GO 40 KIT 40 UNIT/24HR	2	EDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	3	PA; EHS; QL (4 ML per 224 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; EHS; QL (3 ML per 28 days); EDS
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
Blood Products And Modifiers		
<i>anagrelide hcl oral capsule</i>	1	EDS
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1	EDS
BRILINTA ORAL TABLET	2	EDS
CABLIVI INJECTION KIT	3	PA; LA
<i>cilostazol oral tablet</i>	1	EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
<i>dabigatran etexilate mesylate oral capsule</i>	1	EDS
<i>dipyridamole oral tablet</i>	1	EDS
DOPTelet ORAL TABLET 20 MG	3	PA; LA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	
ELIQUIS ORAL TABLET	2	EDS
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	
<i>enoxaparin sodium injection solution prefilled syringe</i>	1	
<i>enoxaparin sodium subcutaneous solution 80 mg/0.8ml</i>	1	
FABHALTA ORAL CAPSULE	3	PA; LA; EDS
<i>fondaparinux sodium subcutaneous solution</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	1	
JANTOVEN ORAL TABLET	1	\$0; EDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	2	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	PA
<i>prasugrel hcl oral tablet</i>	1	EDS
PROMACTA ORAL PACKET	2	PA; 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
PROMACTA ORAL TABLET 12.5 MG, 25 MG	2	PA; QL (30 EA per 30 days); EDS
PROMACTA ORAL TABLET 50 MG, 75 MG	2	PA; EDS
PYRUKYND ORAL TABLET	3	PA; LA; QL (56 EA per 28 days); EDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	3	PA; LA; QL (7 EA per 7 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	3	PA; LA; QL (14 EA per 14 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	PA
TAVALISSE ORAL TABLET 100 MG	3	PA; LA; QL (60 EA per 30 days); EDS
TAVALISSE ORAL TABLET 150 MG	3	PA; LA; EDS
<i>ticagrelor oral tablet 90 mg</i>	1	EDS
<i>tranexamic acid oral tablet</i>	1	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
VOYDEYA ORAL TABLET	3	PA; LA; EDS
VOYDEYA ORAL TABLET THERAPY PACK	3	PA; LA; QL (180 EA per 30 days); EDS
<i>warfarin sodium oral tablet</i>	1	\$0; EDS
XARELTO ORAL SUSPENSION RECONSTITUTED	2	EDS
XARELTO ORAL TABLET	2	EDS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	
XOLREMDI ORAL CAPSULE	3	PA; LA; EDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	2	
ZONTIVITY ORAL TABLET	3	PA; EDS
Cardiovascular Agents		
<i>acebutolol hcl oral capsule</i>	1	100DS; EDS
<i>acetazolamide oral tablet</i>	1	EDS
<i>aliskiren fumarate oral tablet</i>	1	ST; 100DS; EDS
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>amiloride hcl oral tablet</i>	1	100DS; EDS
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	EDS
<i>amiodarone hcl oral tablet</i>	1	EDS
<i>amlodipine besy-benazepril hcl oral capsule</i>	1	\$0; EDS
<i>amlodipine besylate oral tablet</i>	1	\$0; EDS
<i>amlodipine besylate-valsartan oral tablet</i>	1	100DS; EDS
<i>amlodipine-atorvastatin oral tablet</i>	1	\$0; EDS
<i>amlodipine-olmesartan oral tablet</i>	1	100DS; EDS
<i>amlodipine-valsartan-hctz oral tablet</i>	1	100DS; EDS
<i>atenolol oral tablet</i>	1	\$0; EDS
<i>atenolol-chlorthalidone oral tablet</i>	1	100DS; 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>atorvastatin calcium oral tablet</i>	1	\$0; EDS
<i>benazepril hcl oral tablet</i>	1	\$0; EDS
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
<i>betaxolol hcl oral tablet</i>	1	100DS; EDS
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	100DS; EDS
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	EDS
CAMZYOS ORAL CAPSULE	3	PA; LA; QL (30 EA per 30 days); EDS
<i>candesartan cilexetil oral tablet</i>	1	100DS; EDS
<i>candesartan cilexetil-hctz oral tablet</i>	1	100DS; EDS
<i>captopril oral tablet</i>	1	100DS; EDS
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	100DS; EDS
<i>carvedilol oral tablet</i>	1	\$0; EDS
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	1	100DS; QL (30 EA per 30 days); EDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	100DS; EDS
<i>cholestyramine light oral packet</i>	1	EDS
<i>cholestyramine light oral powder</i>	1	EDS
<i>cholestyramine oral packet</i>	1	EDS
<i>cholestyramine oral powder</i>	1	EDS
<i>clonidine hcl oral tablet</i>	1	\$0; EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1	\$0; QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	1	\$0; EDS
<i>colesevelam hcl oral packet</i>	1	EDS
<i>colesevelam hcl oral tablet</i>	1	EDS
<i>colestipol hcl oral packet</i>	1	EDS
<i>colestipol hcl oral tablet</i>	1	EDS
CORLANOR ORAL SOLUTION	3	PA; Prior authorization not required for cardiologists.; EDS
<i>digoxin oral solution</i>	1	EDS
<i>digoxin oral tablet 125 mcg, 62.5 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	1	PA; PA not required if under 65 years of age. PA not required for cardiologists.; EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 360 mg, 420 mg</i>	1	\$0; EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	1	\$0; EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	\$0; EDS
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>diltiazem hcl oral tablet</i>	1	100DS; 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>dilt-xr oral capsule extended release 24 hour</i>	1	100DS; EDS
<i>disopyramide phosphate oral capsule</i>	1	EDS
DIURIL ORAL SUSPENSION	2	EDS
<i>dofetilide oral capsule</i>	1	EDS
<i>doxazosin mesylate oral tablet</i>	1	\$0; EDS
<i>droxidopa oral capsule 100 mg</i>	1	QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	QL (180 EA per 30 days)
EDARBI ORAL TABLET	3	EDS
EDARBYCLOR ORAL TABLET	3	EDS
<i>enalapril maleate oral tablet</i>	1	100DS; EDS
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG	2	QL (60 EA per 30 days); EDS
ENTRESTO ORAL TABLET 97-103 MG	2	EDS
<i>eplerenone oral tablet</i>	1	100DS; EDS
<i>ethacrynic acid oral tablet</i>	1	EDS
<i>ezetimibe oral tablet</i>	1	EDS
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1	EDS
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1	PA New Starts; EDS
FARXIGA ORAL TABLET 10 MG	2	EDS
FARXIGA ORAL TABLET 5 MG	2	QL (30 EA per 30 days); EDS
<i>felodipine er oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	EDS
<i>fenofibrate oral tablet 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1	\$0; EDS
<i>fenofibric acid oral capsule delayed release</i>	1	EDS
<i>fenofibric acid oral tablet</i>	1	EDS
FILSPARI ORAL TABLET	3	PA; LA; QL (30 EA per 30 days); EDS
<i>flecainide acetate oral tablet</i>	1	EDS
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>fluvastatin sodium oral capsule</i>	1	100DS; EDS
<i>fosinopril sodium oral tablet</i>	1	100DS; EDS
<i>fosinopril sodium-hctz oral tablet</i>	1	100DS; EDS
<i>furosemide injection solution</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>gemfibrozil oral tablet</i>	1	EDS
<i>guanfacine hcl oral tablet</i>	1	100DS; EDS
<i>hydralazine hcl oral tablet</i>	1	100DS; EDS
<i>hydrochlorothiazide oral capsule</i>	1	100DS; EDS
<i>hydrochlorothiazide oral tablet</i>	1	100DS; 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>icosapent ethyl oral capsule</i>	1	EDS
<i>indapamide oral tablet</i>	1	100DS; EDS
<i>irbesartan oral tablet</i>	1	\$0; EDS
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	\$0; EDS
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	EDS
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	EDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	EDS
<i>isosorbide mononitrate oral tablet</i>	1	EDS
<i>isradipine oral capsule</i>	1	100DS; EDS
<i>ivabradine hcl oral tablet</i>	1	PA; Prior authorization not required for cardiologists.; EDS
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	3	PA; QL (30 EA per 30 days); EDS
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	3	PA; QL (60 EA per 30 days); EDS
KERENDIA ORAL TABLET	3	PA; QL (30 EA per 30 days); EDS
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	100DS; EDS
<i>lisinopril oral tablet</i>	1	\$0; EDS
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	\$0; EDS
LODOCO ORAL TABLET	3	PA; QL (30 EA per 30 days); EDS
<i>losartan potassium oral tablet</i>	1	\$0; EDS
<i>losartan potassium-hctz oral tablet</i>	1	\$0; EDS
LOTENSIN ORAL TABLET 10 MG	3	EDS
<i>lovastatin oral tablet</i>	1	100DS; EDS
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	1	100DS; EDS
<i>metolazone oral tablet</i>	1	100DS; EDS
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	\$0; EDS
<i>metoprolol tartrate oral tablet</i>	1	\$0; EDS
<i>metoprolol-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
<i>metyrosine oral capsule</i>	1	
<i>mexiletine hcl oral capsule</i>	1	EDS
<i>midodrine hcl oral tablet</i>	1	EDS
<i>minoxidil oral tablet</i>	1	100DS; EDS
<i>moexipril hcl oral tablet</i>	1	100DS; EDS
MULTAQ ORAL TABLET	2	QL (60 EA per 30 days); EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	100DS; EDS
<i>nebivolol hcl oral tablet</i>	1	100DS; EDS
NEXLETOL ORAL TABLET	3	PA New Starts; EDS
NEXLIZET ORAL TABLET	3	PA New Starts; EDS
<i>niacin (antihyperlipidemic) oral tablet</i>	1	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	1	EDS
<i>nicardipine hcl oral capsule</i>	1	100DS; 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>nifedipine er oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>nifedipine oral capsule</i>	1	100DS; EDS
<i>nimodipine oral capsule</i>	1	100DS; EDS
NITRO-BID TRANSDERMAL OINTMENT	3	EDS
<i>nitroglycerin rectal ointment</i>	1	
<i>nitroglycerin sublingual tablet sublingual</i>	1	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	1	\$0; EDS
<i>nitroglycerin translingual solution</i>	1	EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	EDS
<i>olmesartan medoxomil oral tablet</i>	1	100DS; EDS
<i>olmesartan medoxomil-hctz oral tablet</i>	1	100DS; EDS
<i>olmesartan-amlodipine-hctz oral tablet</i>	1	100DS; EDS
<i>omega-3-acid ethyl esters oral capsule</i>	1	EDS
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	EDS
<i>pentoxifylline er oral tablet extended release</i>	1	EDS
<i>perindopril erbumine oral tablet</i>	1	100DS; EDS
<i>pindolol oral tablet</i>	1	100DS; EDS
<i>pitavastatin calcium oral tablet 1 mg, 2 mg</i>	1	100DS; QL (45 EA per 30 days); EDS
<i>pitavastatin calcium oral tablet 4 mg</i>	1	100DS; EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA New Starts; EDS
<i>pravastatin sodium oral tablet</i>	1	\$0; EDS
<i>prazosin hcl oral capsule</i>	1	100DS; EDS
PREVALITE ORAL PACKET	1	EDS
PREVALITE ORAL POWDER	1	EDS
<i>propafenone hcl er oral capsule extended release 12 hour</i>	1	\$0; EDS
<i>propafenone hcl oral tablet</i>	1	\$0; EDS
<i>propranolol hcl er oral capsule extended release 24 hour</i>	1	100DS; EDS
<i>propranolol hcl oral solution</i>	1	EDS
<i>propranolol hcl oral tablet</i>	1	100DS; EDS
<i>quinapril hcl oral tablet</i>	1	\$0; EDS
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	\$0; EDS
<i>quinidine gluconate er oral tablet extended release</i>	1	EDS
<i>quinidine sulfate oral tablet</i>	1	EDS
<i>ramipril oral capsule</i>	1	\$0; EDS
<i>ranolazine er oral tablet extended release 12 hour</i>	1	EDS
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA New Starts; EDS
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA New Starts; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA New Starts; EDS

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>rosuvastatin calcium oral tablet</i>	1	100DS; EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	\$0; EDS
<i>simvastatin oral tablet 80 mg</i>	1	PA New Starts; \$0; EDS
<i>sotalol hcl (af) oral tablet</i>	1	100DS; EDS
<i>sotalol hcl oral tablet</i>	1	100DS; EDS
SOTYLIZE ORAL SOLUTION	3	EDS
<i>spironolactone oral tablet</i>	1	100DS; EDS
<i>spironolactone-hctz oral tablet</i>	1	EDS
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	100DS; EDS
<i>telmisartan oral tablet</i>	1	100DS; EDS
<i>telmisartan-amlodipine oral tablet</i>	1	100DS; EDS
<i>telmisartan-hctz oral tablet</i>	1	100DS; EDS
<i>terazosin hcl oral capsule</i>	1	100DS; EDS
TIADYL T ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	100DS; EDS
<i>toremide oral tablet</i>	1	EDS
<i>trandolapril oral tablet</i>	1	100DS; EDS
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1	100DS; 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	100DS; EDS
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
VANRAFIA ORAL TABLET	3	PA; LA; QL (30 EA per 30 days); EDS
VASCEPA ORAL CAPSULE	2	EDS
<i>verapamil hcl er oral capsule extended release 24 hour</i>	1	100DS; EDS
<i>verapamil hcl er oral tablet extended release</i>	1	100DS; EDS
<i>verapamil hcl oral tablet</i>	1	100DS; EDS
VERQUVO ORAL TABLET 10 MG	3	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days); EDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	3	PA; QL (4 ML per 224 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; QL (3 ML per 28 days); EDS
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML	3	PA; EHS
ZEPBOUND SUBCUTANEOUS SOLUTION 5 MG/0.5ML	3	PA; EHS; EDS
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; EHS; EDS
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	3	PA; EHS
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	1	EDS
<i>amphetamine-dextroamphetamine 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>atomoxetine hcl oral capsule</i>	1	EDS
AUSTEDO ORAL TABLET 12 MG	3	PA; LA; EDS
AUSTEDO ORAL TABLET 6 MG	3	PA; LA; QL (60 EA per 30 days); EDS
AUSTEDO ORAL TABLET 9 MG	3	PA; LA; QL (120 EA per 30 days); EDS
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK	3	PA; QL (70 EA per 28 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG	3	PA; QL (30 EA per 30 days); EDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG, 30 MG, 36 MG, 42 MG, 48 MG	3	PA; EDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	3	PA; QL (90 EA per 30 days); EDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	3	PA; QL (28 EA per 28 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	3	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	EDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	1	EDS
<i>clonidine hcl er oral tablet extended release 12 hour</i>	3	AL (Min 6 Years and Max 17 Years); EDS
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	1	PA; EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	1	EDS
<i>dexmethylphenidate hcl oral tablet</i>	1	EDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	1	EDS
<i>dextroamphetamine sulfate oral solution</i>	1	EDS
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	EDS
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	QL (60 EA per 30 days); EDS
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	EDS
<i>dimethyl fumarate starter pack oral</i>	1	
<i>duloxetine hcl oral capsule delayed release particles</i>	1	EDS
<i>fingolimod hcl oral capsule</i>	1	EDS
FIRDAPSE ORAL TABLET	3	PA; LA
<i>gabapentin (once-daily) oral tablet 300 mg</i>	1	QL (90 EA per 30 days); EDS
<i>gabapentin (once-daily) oral tablet 600 mg</i>	1	EDS
<i>gabapentin oral capsule 300 mg, 400 mg</i>	1	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	1	EDS
<i>gabapentin oral tablet 800 mg</i>	1	EDS
<i>glatiramer acetate subcutaneous solution prefilled syringe</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
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	EDS
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	1	EDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
<i>lisdexamfetamine dimesylate oral capsule</i>	1	QL (30 EA per 30 days); EDS
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	1	QL (30 EA per 30 days); EDS
MAYZENT ORAL TABLET 0.25 MG	2	QL (120 EA per 30 days); EDS
MAYZENT ORAL TABLET 1 MG	2	QL (30 EA per 30 days); EDS
MAYZENT ORAL TABLET 2 MG	2	EDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	2	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	1	EDS
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	1	EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	1	EDS
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	EDS
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	2	EDS
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>methylphenidate hcl oral solution</i>	1	EDS
<i>methylphenidate hcl oral tablet</i>	1	EDS
<i>methylphenidate hcl oral tablet chewable</i>	1	EDS
NUEDEXTA ORAL CAPSULE	2	PA; EDS
NURTEC ORAL TABLET DISPERSIBLE	2	PA
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	1	ST; QL (30 EA per 30 days); EDS
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	1	ST; QL (60 EA per 30 days); EDS
<i>pregabalin oral capsule</i>	1	EDS
<i>pregabalin oral solution</i>	1	EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (30 EA per 30 days); EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	3	ST; QL (60 EA per 30 days); EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	EDS
RADICAVA ORS ORAL SUSPENSION	2	PA New Starts; LA; QL (50 ML per 28 days); EDS
RADICAVA ORS STARTER KIT ORAL SUSPENSION	2	PA New Starts; LA; QL (70 ML per 28 days); EDS
<i>riluzole oral tablet</i>	1	EDS
SAVELLA ORAL TABLET	2	QL (60 EA per 30 days); EDS
SAVELLA TITRATION PACK ORAL	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
SKYCLARYS ORAL CAPSULE	3	PA; LA; EDS
TEGLUTIK ORAL SUSPENSION	3	EDS
<i>teriflunomide oral tablet 14 mg</i>	1	EDS
<i>teriflunomide oral tablet 7 mg</i>	1	QL (30 EA per 30 days); EDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	LA; QL (30 EA per 30 days); EDS
<i>tetrabenazine oral tablet 25 mg</i>	1	LA; EDS
TIGLUTIK ORAL SUSPENSION	3	EDS
VEOZAH ORAL TABLET	3	PA; EDS
WAKIX ORAL TABLET 17.8 MG	3	PA; LA; EDS
WAKIX ORAL TABLET 4.45 MG	3	PA; LA; QL (90 EA per 30 days); EDS
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	EDS
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
Dental And Oral Agents		
<i>cevimeline hcl oral capsule</i>	1	EDS
<i>chlorhexidine gluconate mouth/throat solution</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	EDS
PERIOGARD MOUTH/THROAT SOLUTION	1	
<i>pilocarpine hcl oral tablet</i>	1	EDS
<i>triamcinolone acetonide mouth/throat paste</i>	1	EDS
Dermatological Agents		
<i>acitretin oral capsule</i>	1	
<i>acyclovir external cream</i>	1	
<i>acyclovir external ointment</i>	1	
<i>adapalene external cream</i>	1	
<i>adapalene external gel 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	
ALA SCALP EXTERNAL LOTION	3	
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate external cream</i>	1	
<i>alclometasone dipropionate external ointment</i>	1	
<i>ammonium lactate external cream</i>	1	
<i>ammonium lactate external lotion</i>	1	
AMNESTEEM ORAL CAPSULE	1	
<i>azelaic acid external gel</i>	1	
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate aug external gel</i>	1	
<i>betamethasone dipropionate aug external lotion</i>	1	
<i>betamethasone dipropionate aug external ointment</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external lotion</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	

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>betamethasone valerate external cream</i>	1	
<i>betamethasone valerate external foam</i>	1	
<i>betamethasone valerate external lotion</i>	1	
<i>betamethasone valerate external ointment</i>	1	
<i>brimonidine tartrate external gel</i>	1	
<i>calcipotriene external cream</i>	1	
<i>calcipotriene external ointment</i>	1	
<i>calcipotriene external solution</i>	1	
<i>calcipotriene-betameth diprop external ointment</i>	1	
<i>calcitriol external ointment</i>	1	
CARAC EXTERNAL CREAM	3	
<i>ciclopirox external gel</i>	1	
<i>ciclopirox external shampoo</i>	1	
<i>ciclopirox external solution</i>	1	
<i>ciclopirox olamine external cream</i>	1	
<i>ciclopirox olamine external suspension</i>	1	
CLARAVIS ORAL CAPSULE	1	
<i>clindamycin phos (once-daily) external gel</i>	1	
<i>clindamycin phos (twice-daily) external gel</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clobetasol prop emollient base external cream</i>	1	
<i>clobetasol propionate e external cream</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
CLODAN EXTERNAL SHAMPOO	1	
<i>clotrimazole-betamethasone external cream</i>	1	
<i>clotrimazole-betamethasone external lotion</i>	1	
CROTAN EXTERNAL LOTION	1	
<i>dapsone external gel</i>	1	
<i>desonide external cream</i>	1	
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream 0.25 %</i>	1	

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>desoximetasone external gel</i>	3	
<i>desoximetasone external ointment 0.25 %</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	PA; EDS
<i>diflorasone diacetate external cream</i>	3	
DUOBRII EXTERNAL LOTION	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; EDS
<i>econazole nitrate external cream</i>	1	
ELIMITE EXTERNAL CREAM	3	
<i>ery external pad</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external pad</i>	1	
<i>erythromycin external solution</i>	1	
EUCRISA EXTERNAL OINTMENT	2	ST
FINACEA EXTERNAL FOAM	2	ST
<i>fluocinolone acetonide body external oil</i>	1	
<i>fluocinolone acetonide external cream</i>	1	
<i>fluocinolone acetonide external ointment</i>	1	
<i>fluocinolone acetonide external solution</i>	1	
<i>fluocinolone acetonide scalp external oil</i>	1	
<i>fluocinonide emulsified base external cream</i>	1	
<i>fluocinonide external cream</i>	1	
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution</i>	1	
<i>flurandrenolide external lotion</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>global alcohol prep ease pad</i>	1	
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone max st external cream</i>	1	
<i>hydrocortisone valerate external cream</i>	1	

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>hydrocortisone valerate external ointment</i>	1	
<i>imiquimod external cream 5 %</i>	1	
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin external cream</i>	1	
<i>mafenide acetate external packet</i>	1	
<i>malathion external lotion</i>	1	
<i>methoxsalen rapid oral capsule</i>	1	
<i>mometasone furoate external cream</i>	1	EDS
<i>mometasone furoate external ointment</i>	1	EDS
<i>mometasone furoate external solution</i>	1	EDS
<i>mupirocin calcium external cream</i>	1	
<i>mupirocin external ointment</i>	1	
<i>nystatin-triamcinolone external cream</i>	1	
<i>nystatin-triamcinolone external ointment</i>	1	
OTEZLA ORAL TABLET 30 MG	3	PA; EDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	3	PA
PANDEL EXTERNAL CREAM	3	
PANRETIN EXTERNAL GEL	2	PA New Starts
<i>permethrin external cream</i>	1	
<i>pimecrolimus external cream</i>	1	
<i>podofilox external gel</i>	1	
<i>podofilox external solution</i>	1	
PROCTO-MED HC EXTERNAL CREAM	1	
PROCTOSOL HC EXTERNAL CREAM	1	
PROCTOZONE-HC EXTERNAL CREAM	1	
REGRANEX EXTERNAL GEL	3	
<i>selenium sulfide external lotion</i>	1	
<i>silver sulfadiazine external cream</i>	1	
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM	1	
SSD EXTERNAL CREAM	1	
SULFAMYLON EXTERNAL CREAM	3	
<i>tacrolimus external ointment</i>	1	EDS
<i>tavaborole external solution</i>	1	
<i>tazarotene external cream</i>	1	PA; Prior authorization not required for dermatologists.
<i>tazarotene external gel</i>	1	PA; Prior authorization not required for dermatologists.
<i>tretinoin external cream</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	
<i>triamcinolone acetonide external aerosol solution</i>	1	
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	

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 external ointment</i>	1	
TRIDERM EXTERNAL CREAM 0.1 %	1	
ULTRAVATE EXTERNAL LOTION	3	
VTAMA EXTERNAL CREAM	3	PA
ZENATANE ORAL CAPSULE	1	
ZORYVE EXTERNAL CREAM 0.3 %	3	PA; Prior authorization not required for dermatologists.
Electrolytes/Minerals/Metals/Vitamins		
<i>carglumic acid oral tablet soluble</i>	1	PA; EDS
CHEMET ORAL CAPSULE	2	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	2	BD
<i>clinimix e/dextrose (8/10) intravenous solution</i>	2	BD
<i>clinimix e/dextrose (8/14) intravenous solution</i>	2	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	2	BD
<i>clinimix/dextrose (6/5) intravenous solution</i>	2	BD
<i>clinimix/dextrose (8/10) intravenous solution</i>	2	BD
<i>clinimix/dextrose (8/14) intravenous solution</i>	2	BD
CLINISOL SF INTRAVENOUS SOLUTION	1	BD
<i>deferasirox oral tablet</i>	1	EDS
<i>deferasirox oral tablet soluble</i>	1	PA; EDS
<i>deferiprone oral tablet</i>	1	PA; EDS
<i>dextrose in lactated ringers intravenous solution</i>	1	
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	1	
<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>	1	
FERRIPROX ORAL SOLUTION	3	PA New Starts; LA; EDS
INTRALIPID INTRAVENOUS EMULSION	3	BD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	
<i>kcl (0.149%) in nacl intravenous solution</i>	1	
<i>kcl (0.298%) in nacl intravenous solution</i>	1	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.225 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>	1	

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>kcl-lactated ringers-d5w intravenous solution</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1	EDS
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	1	EDS
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	1	EDS
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	1	EDS
KLOR-CON ORAL PACKET 20 MEQ	1	EDS
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	EDS
<i>lactated ringers intravenous solution</i>	1	
<i>levocarnitine oral solution</i>	1	EDS
<i>levocarnitine oral tablet</i>	1	EDS
LOKELMA ORAL PACKET	2	EDS
<i>magnesium sulfate injection solution 50 %</i>	1	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	1	
NUTRILIPID INTRAVENOUS EMULSION	1	BD
<i>penicillamine oral capsule</i>	1	EDS
<i>penicillamine oral tablet</i>	1	
<i>potassium chloride crys er oral tablet extended release</i>	1	EDS
<i>potassium chloride er oral capsule extended release</i>	1	EDS
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	EDS
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	1	
<i>potassium chloride oral packet</i>	1	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	EDS
<i>potassium citrate er oral tablet extended release</i>	1	EDS
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	2	BD
<i>prenatal oral tablet 27-1 mg</i>	1	
PROSOL INTRAVENOUS SOLUTION	3	BD
<i>ringers intravenous solution</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	EDS
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	1	
SPS ORAL SUSPENSION	1	
<i>tolvaptan oral tablet 15 mg</i>	1	PA; QL (30 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>tolvaptan oral tablet 30 mg</i>	1	PA
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	
TRAVASOL INTRAVENOUS SOLUTION	2	BD
<i>trientine hcl oral capsule 250 mg</i>	1	EDS
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	BD
Gastrointestinal Agents		
ACIPHEX ORAL TABLET DELAYED RELEASE	3	EDS
<i>alosetron hcl oral tablet 0.5 mg</i>	1	QL (60 EA per 30 days); EDS
<i>alosetron hcl oral tablet 1 mg</i>	1	EDS
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	1	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	3	PA; LA; EDS
BYLVAY ORAL CAPSULE	3	PA; LA; EDS
CHENODAL ORAL TABLET	3	PA; LA
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
<i>cimetidine oral tablet</i>	1	EDS
<i>constulose oral solution</i>	1	EDS
<i>dexlansoprazole oral capsule delayed release</i>	1	EDS
<i>dicyclomine hcl oral capsule</i>	1	EDS
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	EDS
<i>dicyclomine hcl oral tablet</i>	1	EDS
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>enulose oral solution</i>	1	EDS
<i>esomeprazole magnesium oral capsule delayed release</i>	1	EDS
<i>famotidine oral suspension reconstituted</i>	1	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
GATTEX SUBCUTANEOUS KIT	3	PA; LA; EDS
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	1	
<i>generlac oral solution</i>	1	EDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	EDS
HELIDAC THERAPY ORAL	3	
IQIRVO ORAL TABLET	3	PA; EDS
KRISTALOSE ORAL PACKET 20 GM	2	EDS
<i>lactulose oral packet 10 gm</i>	1	EDS
<i>lactulose oral packet 20 gm</i>	2	EDS
<i>lactulose oral solution 10 gm/15ml</i>	1	EDS
<i>lansoprazole oral capsule delayed release</i>	1	\$0; EDS
<i>lansoprazole oral tablet delayed release dispersible</i>	1	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	2	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
LINZESS ORAL CAPSULE 290 MCG	2	EDS
LIVMARLI ORAL SOLUTION	3	PA; LA; EDS
<i>loperamide hcl oral capsule</i>	1	
<i>lubiprostone oral capsule 24 mcg</i>	1	EDS
<i>lubiprostone oral capsule 8 mcg</i>	1	QL (60 EA per 30 days); EDS
<i>methscopolamine bromide oral tablet</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>misoprostol oral tablet</i>	1	EDS
MOVANTIK ORAL TABLET 12.5 MG	2	QL (30 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	2	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA; EDS
MYTESI ORAL TABLET DELAYED RELEASE	2	PA New Starts; EDS
<i>na sulfate-k sulfate-mg sulf oral solution</i>	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	EDS
<i>nizatidine oral capsule</i>	1	EDS
OMECLAMOX-PAK ORAL	3	
<i>omeprazole oral capsule delayed release</i>	1	\$0; EDS
<i>omeprazole-sodium bicarbonate oral capsule</i>	1	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	1	\$0; EDS
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	1	
PEPCID ORAL TABLET 20 MG	3	EDS
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	EDS
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	EDS
PROTONIX ORAL TABLET DELAYED RELEASE	3	EDS
<i>rabeprazole sodium oral tablet delayed release</i>	1	EDS
RELISTOR ORAL TABLET	2	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	2	PA
<i>sucralfate oral suspension</i>	1	EDS
<i>sucralfate oral tablet</i>	1	EDS
SUTAB ORAL TABLET	2	
TALICIA ORAL CAPSULE DELAYED RELEASE	3	ST
TRULANCE ORAL TABLET	3	EDS
<i>ursodiol oral capsule 300 mg</i>	1	EDS
<i>ursodiol oral tablet</i>	1	EDS
VELSIPITY ORAL TABLET	3	PA; EDS
VIBERZI ORAL TABLET	3	PA; EDS
VOQUEZNA ORAL TABLET 10 MG	3	PA; QL (30 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
VOQUEZNA ORAL TABLET 20 MG	3	PA; EDS
VOWST ORAL CAPSULE	3	PA; LA; QL (12 EA per 3 days)
XERMELO ORAL TABLET	3	PA; LA; EDS
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
ZEGERID ORAL CAPSULE	3	EDS
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
AQNEURSA ORAL PACKET	3	PA New Starts; LA; EDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	3	PA; LA
<i>betaine oral powder</i>	1	EDS
CERDELGA ORAL CAPSULE	3	PA; LA; EDS
CHOLBAM ORAL CAPSULE	3	PA; EDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	EDS
<i>cromolyn sodium oral concentrate</i>	1	EDS
CYSTADROPS OPHTHALMIC SOLUTION	3	PA; EDS
CYSTAGON ORAL CAPSULE	2	LA; EDS
CYSTARAN OPHTHALMIC SOLUTION	2	PA; LA; EDS
<i>dichlorphenamide oral tablet</i>	1	PA
DROXIA ORAL CAPSULE	2	EDS
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA; LA; EDS
EVRYSDI ORAL TABLET	3	PA; LA; EDS
GALAFOLD ORAL CAPSULE	3	PA New Starts; LA; EDS
GLASSIA INTRAVENOUS SOLUTION	3	PA; LA
JAVYGTOR ORAL PACKET	1	PA; EDS
JAVYGTOR ORAL TABLET	1	PA; EDS
JOENJA ORAL TABLET	3	PA; LA; EDS
<i>L-glutamine oral packet</i>	1	PA
<i>miglustat oral capsule</i>	1	PA; EDS
<i>nitisinone oral capsule</i>	1	PA; EDS
OPFOLDA ORAL CAPSULE	3	PA; LA
ORFADIN ORAL SUSPENSION	3	PA; LA; EDS
ORMALVI ORAL TABLET	1	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
PHEBURANE ORAL PELLET	3	PA; LA; EDS
PLENAMINE INTRAVENOUS SOLUTION	2	BD
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LA
PYRUKYND ORAL TABLET	3	PA; LA; QL (56 EA per 28 days); EDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	3	PA; LA; QL (7 EA per 7 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	3	PA; LA; QL (14 EA per 14 days)

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>sapropterin dihydrochloride oral packet</i>	1	PA; EDS
<i>sapropterin dihydrochloride oral tablet</i>	1	PA; EDS
SKYCLARYS ORAL CAPSULE	3	PA; LA; EDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	EDS
<i>sodium phenylbutyrate oral tablet</i>	1	EDS
SOHONOS ORAL CAPSULE	3	PA; LA; EDS
SUCRAID ORAL SOLUTION	2	PA; LA; EDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
VIJOICE ORAL PACKET	3	PA; QL (28 EA per 28 days); EDS
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	3	PA; QL (28 EA per 28 days); EDS
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	3	PA; QL (56 EA per 28 days); EDS
VYNDAMAX ORAL CAPSULE	3	PA; LA; EDS
VYNDAQEL ORAL CAPSULE	3	PA; LA; EDS
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; LA; EDS
WELIREG ORAL TABLET	3	PA New Starts
XURIDEN ORAL PACKET	2	PA; EDS
YARGESA ORAL CAPSULE	1	PA; EDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	2	EDS
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
ZOKINVY ORAL CAPSULE 50 MG	3	PA; LA; QL (120 EA per 30 days); EDS
ZOKINVY ORAL CAPSULE 75 MG	3	PA; LA; EDS
Genitourinary Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>bethanechol chloride oral tablet</i>	1	EDS
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1	QL (30 EA per 30 days); EDS
<i>doxazosin mesylate oral tablet</i>	1	\$0; EDS
<i>dutasteride oral capsule</i>	1	EDS
<i>dutasteride-tamsulosin hcl oral capsule</i>	1	EDS
ELMIRON ORAL CAPSULE	2	
<i>finasteride oral tablet 5 mg</i>	1	\$0; EDS
<i>flavoxate hcl oral tablet</i>	1	EDS
GELNIQUE TRANSDERMAL GEL 10 %	3	EDS
METHERGINE ORAL TABLET	1	
<i>methylergonovine maleate oral tablet</i>	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	2	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	2	EDS
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	1	\$0; EDS
<i>oxybutynin chloride oral solution</i>	1	\$0; EDS
<i>oxybutynin chloride oral syrup</i>	1	\$0; EDS
<i>oxybutynin chloride oral tablet 5 mg</i>	1	\$0; EDS
PROSCAR ORAL TABLET	3	EDS
RENACIDIN IRRIGATION SOLUTION	2	
RIVFLOZA SUBCUTANEOUS SOLUTION	3	PA; EDS
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
<i>silodosin oral capsule</i>	1	EDS
<i>solifenacin succinate oral tablet</i>	1	EDS
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	EHS; QL (30 EA per 30 days); EDS
<i>tamsulosin hcl oral capsule</i>	1	\$0; EDS
<i>terazosin hcl oral capsule</i>	1	100DS; EDS
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1	EDS
<i>tolterodine tartrate oral tablet</i>	1	EDS
<i>trospium chloride er oral capsule extended release 24 hour</i>	1	\$0; QL (30 EA per 30 days); EDS
<i>trospium chloride oral tablet</i>	1	\$0; EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE	3	PA
CORTROPHIN INJECTION GEL	3	PA
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>fludrocortisone acetate oral tablet</i>	1	EDS
<i>hydrocortisone oral tablet</i>	1	
MEDROL ORAL TABLET 2 MG	3	BD
<i>methylprednisolone oral tablet</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1	
PREDNISONE INTENSOL ORAL CONCENTRATE	1	BD
<i>prednisone oral solution</i>	1	BD
<i>prednisone oral tablet</i>	1	BD; EDS
<i>prednisone oral tablet therapy pack</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</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>desmopressin acetate oral tablet</i>	1	EDS
<i>desmopressin acetate spray nasal solution</i>	1	EDS
INCRELEX SUBCUTANEOUS SOLUTION	2	PA; LA; EDS
ISTURISA ORAL TABLET 1 MG	3	PA; QL (240 EA per 30 days); EDS
ISTURISA ORAL TABLET 5 MG	3	PA; EDS
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	2	QL (8 EA per 28 days); EDS
ALTAVERA ORAL TABLET	1	EDS
<i>alyacen 1/35 oral tablet</i>	1	EDS
AMABELZ ORAL TABLET 0.5-0.1 MG	1	EDS
AMETHIA ORAL TABLET	1	EDS
AMETHYST ORAL TABLET	1	EDS
ANGELIQ ORAL TABLET	3	EDS
ANNOVERA VAGINAL RING	3	QL (1 EA per 365 days); EDS
APRI ORAL TABLET	1	EDS
ARANELLE ORAL TABLET	1	EDS
ASHLYNA ORAL TABLET	1	EDS
AVIANE ORAL TABLET	1	EDS
AZURETTE ORAL TABLET	1	EDS
BALZIVA ORAL TABLET	1	EDS
BLISOVI 24 FE ORAL TABLET	1	EDS
BLISOVI FE 1.5/30 ORAL TABLET	1	EDS
BLISOVI FE 1/20 ORAL TABLET	1	EDS
<i>briellyn oral tablet</i>	1	EDS
CAMILA ORAL TABLET	1	EDS
CAMRESE LO ORAL TABLET	1	EDS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	QL (4 EA per 28 days); EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	QL (8 EA per 28 days); EDS
CRYSSELLE-28 ORAL TABLET	1	EDS
CYRED EQ ORAL TABLET	1	EDS
CYRED ORAL TABLET	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>danazol oral capsule</i>	1	
DEBLITANE ORAL TABLET	1	EDS
DELYLA ORAL TABLET	1	EDS
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	EDS
DOLISHALE ORAL TABLET	1	EDS
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	1	QL (8 EA per 28 days); EDS
<i>drospiren-eth estrad-levomefol oral tablet</i>	1	EDS
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	EDS
DUAVEE ORAL TABLET	3	EDS
ELESTRIN TRANSDERMAL GEL	3	EDS
ELURYNG VAGINAL RING	1	EDS
ENILLORING VAGINAL RING	1	EDS
ENPRESSE-28 ORAL TABLET	1	EDS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	EDS
ERRIN ORAL TABLET	1	EDS
ESTARYLLA ORAL TABLET	1	EDS
<i>estradiol oral tablet</i>	1	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>	1	EDS
<i>estradiol transdermal patch twice weekly</i>	1	QL (8 EA per 28 days); EDS
<i>estradiol transdermal patch weekly</i>	1	QL (4 EA per 28 days); EDS
<i>estradiol vaginal cream</i>	1	EDS
<i>estradiol vaginal tablet</i>	1	EDS
<i>estradiol valerate intramuscular oil</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	EDS
ESTRING VAGINAL RING	2	EDS
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	EDS
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1	EDS
EVAMIST TRANSDERMAL SOLUTION	3	EDS
EVISTA ORAL TABLET	3	EDS
FALMINA ORAL TABLET	1	EDS
FEIRZA 1.5/30 ORAL TABLET	1	EDS
FEIRZA 1/20 ORAL TABLET	1	EDS
FEMRING VAGINAL RING	3	EDS
FINZALA ORAL TABLET CHEWABLE	1	EDS
FYAVOLV ORAL TABLET	1	EDS
GALLIFREY ORAL TABLET	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
GEMMILY ORAL CAPSULE	1	EDS
GILDESS 1.5/30 ORAL TABLET	1	EDS
HAILEY 24 FE ORAL TABLET	1	EDS
HALOETTE VAGINAL RING	1	EDS
HEATHER ORAL TABLET	1	EDS
ICLEVIA ORAL TABLET	1	EDS
INCASSIA ORAL TABLET	1	EDS
INTROVALE ORAL TABLET	1	EDS
ISIBLOOM ORAL TABLET	1	EDS
JASMIEL ORAL TABLET	1	EDS
JINTELI ORAL TABLET	1	EDS
JOYEAUX ORAL TABLET	1	EDS
JULEBER ORAL TABLET	1	EDS
JUNEL 1.5/30 ORAL TABLET	1	EDS
JUNEL 1/20 ORAL TABLET	1	EDS
JUNEL FE 1.5/30 ORAL TABLET	1	EDS
JUNEL FE 1/20 ORAL TABLET	1	EDS
JUNEL FE 24 ORAL TABLET	1	EDS
KAITLIB FE ORAL TABLET CHEWABLE	1	EDS
KARIVA ORAL TABLET	1	EDS
KELNOR 1/35 ORAL TABLET	1	EDS
KELNOR 1/50 ORAL TABLET	1	EDS
KURVELO ORAL TABLET	1	EDS
LARIN 1.5/30 ORAL TABLET	1	EDS
LARIN 1/20 ORAL TABLET	1	EDS
LARIN FE 1.5/30 ORAL TABLET	1	EDS
LARIN FE 1/20 ORAL TABLET	1	EDS
LAYOLIS FE ORAL TABLET CHEWABLE	1	EDS
LESSINA ORAL TABLET	1	EDS
LEVONEST ORAL TABLET	1	EDS
<i>levonorgest-eth est & eth est oral tablet</i>	1	EDS
<i>levonorgest-eth estrad 91-day oral tablet</i>	1	EDS
<i>levonorgest-eth estradiol-iron oral tablet</i>	1	EDS
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1	EDS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	EDS
LEVORA 0.15/30 (28) ORAL TABLET	1	EDS
LO LOESTRIN FE ORAL TABLET	2	EDS
LORYNA ORAL TABLET	1	EDS
LOW-OGESTREL ORAL TABLET	1	EDS
LUTERA ORAL TABLET	1	EDS
LYLEQ ORAL TABLET	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
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	1	QL (8 EA per 28 days); EDS
LYZA ORAL TABLET	1	EDS
<i>marlissa oral tablet</i>	1	EDS
<i>medroxyprogesterone acetate intramuscular suspension</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1	
<i>medroxyprogesterone acetate oral tablet</i>	1	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
<i>megestrol acetate oral suspension 400 mg/10ml</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.
<i>megestrol acetate oral tablet</i>	1	EDS
MENEST ORAL TABLET	3	EDS
MENOSTAR TRANSDERMAL PATCH WEEKLY	2	QL (4 EA per 28 days); EDS
MERZEE ORAL CAPSULE	1	EDS
<i>methitest oral tablet</i>	2	EDS
<i>methylestosterone oral capsule</i>	1	EDS
MIBELAS 24 FE ORAL TABLET CHEWABLE	1	EDS
MICROGESTIN 1.5/30 ORAL TABLET	1	EDS
MICROGESTIN 1/20 ORAL TABLET	1	EDS
MICROGESTIN 24 FE ORAL TABLET	1	EDS
MICROGESTIN FE 1.5/30 ORAL TABLET	1	EDS
MICROGESTIN FE 1/20 ORAL TABLET	1	EDS
MILI ORAL TABLET	1	EDS
MIMVEY ORAL TABLET	1	EDS
MINZOYA ORAL TABLET	1	EDS
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	2	
NATAZIA ORAL TABLET	3	EDS
NECON 0.5/35 (28) ORAL TABLET	1	EDS
NECON 1/35 (28) ORAL TABLET	1	EDS
NEXPLANON SUBCUTANEOUS IMPLANT	2	
NIKKI ORAL TABLET	1	EDS
NORA-BE ORAL TABLET	1	EDS
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	1	EDS
<i>norethin ace-eth estrad-fe oral capsule</i>	1	EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	EDS
<i>norethindrone acetate 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>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	EDS
<i>norethindrone oral tablet</i>	1	EDS
<i>norethindrone-eth estradiol oral tablet</i>	1	EDS
<i>norethindron-ethinyl estrad-fe oral tablet</i>	1	EDS
<i>norethin-eth estradiol-fe oral tablet chewable</i>	1	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	EDS
<i>norgestim-eth estrad triphasic oral tablet</i>	1	EDS
NORLYROC ORAL TABLET	1	EDS
NORTREL 0.5/35 (28) ORAL TABLET	1	EDS
NORTREL 1/35 (21) ORAL TABLET	1	EDS
NORTREL 1/35 (28) ORAL TABLET	1	EDS
NORTREL 7/7/7 ORAL TABLET	1	EDS
NYLIA 1/35 ORAL TABLET	1	EDS
NYLIA 7/7/7 ORAL TABLET	1	EDS
NYMYO ORAL TABLET	1	EDS
OCELLA ORAL TABLET	1	EDS
PIMTREA ORAL TABLET	1	EDS
PORTIA-28 ORAL TABLET	1	EDS
PREMARIN ORAL TABLET	2	EDS
PREMARIN VAGINAL CREAM	2	EDS
PREMPHASE ORAL TABLET	2	EDS
PREMPRO ORAL TABLET	2	EDS
<i>progesterone oral capsule</i>	1	EDS
PROMETRIUM ORAL CAPSULE	3	EDS
<i>raloxifene hcl oral tablet</i>	1	EDS
RECLIPSEN ORAL TABLET	1	EDS
RIVELSA ORAL TABLET	1	EDS
SETLAKIN ORAL TABLET	1	EDS
SHAROBEL ORAL TABLET	1	EDS
SLYND ORAL TABLET	3	EDS
SPRINTEC 28 ORAL TABLET	1	EDS
SRONYX ORAL TABLET	1	EDS
SYEDA ORAL TABLET	1	EDS
TARINA 24 FE ORAL TABLET	1	EDS
TARINA FE 1/20 EQ ORAL TABLET	1	EDS
TAYSOFY ORAL CAPSULE	1	EDS
<i>testosterone cypionate injection solution 200 mg/ml</i>	1	EDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	EDS
<i>testosterone enanthate intramuscular solution</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>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA; EDS
<i>testosterone transdermal gel 10 mg/act (2%)</i>	3	PA; EDS
<i>testosterone transdermal solution</i>	3	PA; EDS
TILIA FE ORAL TABLET	1	EDS
TRI-ESTARYLLA ORAL TABLET	1	EDS
TRI-LEGEST FE ORAL TABLET	1	EDS
TRI-LO-ESTARYLLA ORAL TABLET	1	EDS
TRI-LO-SPRINTEC ORAL TABLET	1	EDS
TRI-MILI ORAL TABLET	1	EDS
TRINESSA (28) ORAL TABLET	1	EDS
TRI-NYMYO ORAL TABLET	1	EDS
TRI-SPRINTEC ORAL TABLET	1	EDS
TRIVORA (28) ORAL TABLET	1	EDS
TRI-VYLIBRA LO ORAL TABLET	1	EDS
TRI-VYLIBRA ORAL TABLET	1	EDS
TURQOZ ORAL TABLET	1	EDS
TYBLUME ORAL TABLET CHEWABLE	1	EDS
TYDEMY ORAL TABLET	1	EDS
VELIVET ORAL TABLET	1	EDS
VESTURA ORAL TABLET	1	EDS
VIENVA ORAL TABLET	1	EDS
<i>viorele oral tablet</i>	1	EDS
VYFEMLA ORAL TABLET	1	EDS
VYLIBRA ORAL TABLET	1	EDS
WYMZYA FE ORAL TABLET CHEWABLE	1	EDS
XARAH FE ORAL TABLET	1	EDS
XULANE TRANSDERMAL PATCH WEEKLY	1	EDS
YUVAFEM VAGINAL TABLET	1	EDS
ZAFEMY TRANSDERMAL PATCH WEEKLY	1	EDS
ZOVIA 1/35 (28) ORAL TABLET	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
EUTHYROX ORAL TABLET	1	EDS
LEVO-T ORAL TABLET	1	EDS
<i>levothyroxine sodium oral tablet</i>	1	EDS
LEVOXYL ORAL TABLET	1	EDS
<i>liothyronine sodium oral tablet</i>	1	EDS
SYNTHROID ORAL TABLET	2	EDS
UNITHROID ORAL TABLET	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
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
<i>bromocriptine mesylate oral tablet</i>	1	EDS
<i>cabergoline oral tablet</i>	1	
ELIGARD SUBCUTANEOUS KIT	2	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	2	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	
<i>leuprolide acetate injection kit</i>	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	2	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	2	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	2	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	2	
<i>mifepristone oral tablet 300 mg</i>	1	PA New Starts; EDS
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	3	PA; LA; EDS
MYFEMBREE ORAL TABLET	2	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	EDS
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	1	EDS
ORIAHNN ORAL CAPSULE THERAPY PACK	3	PA
ORILISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA
RECORLEV ORAL TABLET	3	PA; LA; EDS
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; LA; EDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LA; EDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral tablet</i>	1	EDS
<i>propylthiouracil oral tablet</i>	1	EDS
Immunological Agents		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	PA; PA not required if 60 years of age or older.
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA; LA; EDS
ADACEL INTRAMUSCULAR SUSPENSION	1	
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	2	EDS
<i>adalimumab-adaz subcutaneous solution prefilled syringe</i>	2	EDS
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	2	EDS
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	2	EDS
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit</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>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit</i>	2	EDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LA; EDS
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	BD; EDS
<i>auranofin oral capsule</i>	1	EDS
<i>azathioprine oral tablet 50 mg</i>	1	BD; \$0; EDS
<i>bcg vaccine injection solution reconstituted</i>	2	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA New Starts; EDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA New Starts; EDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA New Starts; LA; EDS
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
<i>cyclosporine modified oral capsule</i>	1	BD; \$0; EDS
<i>cyclosporine modified oral solution</i>	1	BD; \$0; EDS
<i>cyclosporine oral capsule</i>	1	BD; \$0; EDS
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	2	EDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	2	EDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	BD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	BD
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BD; EDS
EOHILIA ORAL SUSPENSION	3	PA; QL (600 ML per 30 days)
ERVEBO INTRAMUSCULAR SUSPENSION	1	

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>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	BD; EDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	2	PA
GAMMAGARD INJECTION SOLUTION	2	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	2	PA
GAMUNEX-C INJECTION SOLUTION	2	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BD; \$0; EDS
GENGRAF ORAL SOLUTION	1	BD; \$0; EDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
HAVRIX INTRAMUSCULAR SUSPENSION	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	BD
HIBERIX INJECTION SOLUTION RECONSTITUTED	1	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	2	EDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	EDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS

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

Drug Name	Tier	Requirements/Limits
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HYPERRAB INJECTION SOLUTION	1	BD
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	1	PA New Starts
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BD
INFANRIX INTRAMUSCULAR SUSPENSION	1	
IPOL INJECTION INJECTABLE	1	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION	1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
<i>leflunomide oral tablet</i>	1	EDS
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
<i>mycophenolate mofetil oral capsule</i>	1	BD; \$0; EDS
<i>mycophenolate mofetil oral suspension reconstituted</i>	1	BD; \$0; EDS
<i>mycophenolate mofetil oral tablet</i>	1	BD; \$0; EDS
<i>mycophenolate sodium oral tablet delayed release</i>	1	BD; \$0; 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	2	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	3	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA; EDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	2	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	1	

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

Drug Name	Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious disease specialists.
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious disease specialists.
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PRIVIGEN INTRAVENOUS SOLUTION	2	PA
PROGRAF ORAL PACKET	3	BD; EDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BD
RECOMBIVAX HB INJECTION SUSPENSION	1	BD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	1	BD
REZUROCK ORAL TABLET	3	PA New Starts; LA; EDS
RINVOQ LQ ORAL SOLUTION	2	QL (450 ML per 30 days); EDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	2	QL (30 EA per 30 days); EDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	2	EDS
ROTARIX ORAL SUSPENSION	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	2	PA New Starts; LA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA New Starts
SANDIMMUNE ORAL SOLUTION	2	BD; EDS
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
<i>sirolimus oral solution</i>	1	BD; EDS
<i>sirolimus oral tablet</i>	1	BD; EDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	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
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	2	EDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
SOTYKTU ORAL TABLET	3	PA; EDS
<i>tacrolimus oral capsule</i>	1	BD; EDS
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA New Starts; LA; EDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA New Starts; LA; EDS
TAVNEOS ORAL CAPSULE	3	PA; LA; EDS
TDVAX INTRAMUSCULAR SUSPENSION	1	
TENIVAC INTRAMUSCULAR INJECTABLE	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
VAQTA INTRAMUSCULAR SUSPENSION	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	1	
VARIVAX SUBCUTANEOUS INJECTABLE	1	
VARIZIG INTRAMUSCULAR SOLUTION	1	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	1	
WEZLANA SUBCUTANEOUS SOLUTION	2	EDS
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
XELJANZ ORAL SOLUTION	2	EDS
XELJANZ ORAL TABLET 10 MG	2	EDS
XELJANZ ORAL TABLET 5 MG	2	QL (60 EA per 30 days); EDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	QL (30 EA per 30 days); EDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	EDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
YF-VAX SUBCUTANEOUS INJECTABLE	1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	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
Inflammatory Bowel Disease Agents		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	EDS
<i>balsalazide disodium oral capsule</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral capsule delayed release particles</i>	1	
<i>budesonide rectal foam 2 mg</i>	1	
COLAZAL ORAL CAPSULE	3	
<i>hydrocortisone (perianal) external cream 1 %</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>mesalamine er oral capsule extended release</i>	1	EDS
<i>mesalamine er oral capsule extended release 24 hour</i>	1	EDS
<i>mesalamine oral capsule delayed release</i>	1	EDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	EDS
<i>mesalamine oral tablet delayed release 800 mg</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	EDS
<i>prednisone oral tablet therapy pack</i>	1	
PROCTO-MED HC EXTERNAL CREAM	1	
PROCTOSOL HC EXTERNAL CREAM	1	
PROCTOZONE-HC EXTERNAL CREAM	1	
SFROWASA RECTAL ENEMA	3	
<i>sulfasalazine oral tablet</i>	1	\$0; EDS
<i>sulfasalazine oral tablet delayed release</i>	1	\$0; EDS
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	1	\$0; EDS
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	\$0; EDS
<i>calcitonin (salmon) nasal solution</i>	1	\$0; EDS
<i>calcitriol oral capsule</i>	1	EDS
<i>calcitriol oral solution</i>	1	EDS
<i>cinacalcet hcl oral tablet</i>	1	EDS
<i>doxercalciferol oral capsule</i>	1	ST; EDS
<i>ibandronate sodium oral tablet</i>	1	\$0; EDS
<i>paricalcitol oral capsule</i>	1	EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	1	EDS
<i>risedronate sodium oral tablet 30 mg</i>	1	
<i>risedronate sodium oral tablet delayed release</i>	1	EDS
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 600 mcg/2.4ml, 620 mcg/2.48ml</i>	1	PA; EDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
XGEVA SUBCUTANEOUS SOLUTION	3	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
Non-Frf		
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE	3	EDS
ACTOPLUS MET ORAL TABLET 15-500 MG	3	EDS
ADIPEX-P ORAL CAPSULE	3	PA; EHS
ADIPEX-P ORAL TABLET	3	PA; EHS
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	2	EHS; EDS
<i>alendronate sodium oral tablet 5 mg</i>	1	\$0; EDS
<i>alprazolam xr oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>	1	
<i>anucort-hc rectal suppository</i>	1	EHS
ANUSOL-HC RECTAL SUPPOSITORY	1	EHS
ARMOUR THYROID ORAL TABLET	2	EHS; EDS
AUGMENTIN ORAL TABLET 500-125 MG	3	
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	3	PA New Starts; LA
<i>belladonna-opium rectal suppository</i>	1	
BENZACLIN WITH PUMP EXTERNAL GEL	3	
<i>benzonatate oral capsule</i>	1	EHS; QL (30 EA per 10 days)
BONIVA ORAL TABLET 150 MG	3	EDS
<i>capecitabine oral tablet</i>	1	EHS
CARNITOR INTRAVENOUS SOLUTION	3	BD
CENTANY EXTERNAL OINTMENT	3	
<i>chlorpromazine hcl injection solution 25 mg/ml</i>	3	
<i>chlorpropamide oral tablet 100 mg</i>	1	EDS
CICLODAN EXTERNAL SOLUTION	1	
CLINPRO 5000 DENTAL PASTE	1	EHS; EDS
CONTRACE ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; EHS
COVARYX HS ORAL TABLET	1	EDS
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>cyanocobalamin nasal solution</i>	1	EHS; EDS
DENTA 5000 PLUS DENTAL CREAM	1	EHS; EDS
DIALYVITE ORAL TABLET	1	EHS
DILANTIN ORAL SUSPENSION	3	EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	1	\$0; EDS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	\$0; EDS
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	1	
<i>diltiazem hcl intravenous solution reconstituted</i>	1	
DONNATAL ORAL TABLET	3	
EDURANT PED ORAL TABLET SOLUBLE	3	EDS
EEMT HS ORAL TABLET	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>eltrombopag olamine oral packet</i>	1	PA; EDS
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	1	PA; QL (30 EA per 30 days); EDS
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	1	PA; EDS
<i>ergocalciferol oral capsule</i>	1	EHS; EDS
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	1	QL (30 EA per 30 days); EDS
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	1	QL (60 EA per 30 days); EDS
<i>est estrogens-methyltest hs oral tablet</i>	1	EDS
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
FERREX 150 FORTE PLUS ORAL CAPSULE	3	EHS
FLUORIDEX DENTAL PASTE	1	EHS; EDS
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	1	EHS; EDS
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL	1	EHS; EDS
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	1	EHS; EDS
<i>folic acid oral tablet 1 mg</i>	1	EDS
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	2	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	2	PA; EHS
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
<i>guaiaatussin ac oral syrup</i>	1	
<i>guaifenesin ac oral syrup</i>	1	
<i>guaifenesin-codeine oral solution</i>	1	
<i>guaifenesin-codeine oral syrup</i>	1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	1	EHS
<i>hemorrhoidal-hc rectal suppository</i>	1	EHS
HYALGAN INTRA-ARTICULAR SOLUTION	2	PA; EHS
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
HYCANTIN ORAL CAPSULE	3	
<i>hydralazine hcl injection solution</i>	1	
<i>hydrocodone bit-homatrop mbr oral solution</i>	1	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>	1	
<i>hydrocodone-homatropine oral syrup</i>	1	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	1	EHS
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	EHS
<i>hydrocort-pramoxine (perianal) external cream</i>	1	EHS
<i>hydromet oral solution</i>	1	
<i>hydromet oral syrup</i>	1	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
HYPERRAB S/D INJECTION SOLUTION 300 UNIT/2ML	1	BD

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

Drug Name	Tier	Requirements/Limits
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	1	BD
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
<i>k 100 oral tablet</i>	1	EHS
KEFLEX ORAL CAPSULE 250 MG, 500 MG	3	
KINRIX INTRAMUSCULAR SUSPENSION	1	
<i>labetalol hcl intravenous solution</i>	1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	EDS
<i>lactulose oral solution 20 gm/30ml</i>	1	EDS
LARIN 24 FE ORAL TABLET	1	EDS
LEVAQUIN ORAL TABLET	3	
LEVITRA ORAL TABLET 10 MG, 20 MG	3	EHS; QL (10 EA per 30 days)
<i>levothyroxine-liothyronine oral tablet</i>	1	EHS; EDS
LIVMARLI ORAL TABLET	3	PA; LA; EDS
<i>melphalan oral tablet</i>	1	EHS
MEPHYTON ORAL TABLET	2	EHS
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>	1	
MYLERAN ORAL TABLET	3	EHS
NASCOBAL NASAL SOLUTION	2	EDS
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	2	EHS; EDS
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	1	
NEPHRONEX ORAL TABLET	1	EHS
NIASPAN ORAL TABLET EXTENDED RELEASE	3	EDS
<i>niva thyroid oral tablet</i>	2	EHS; EDS
NP THYROID ORAL TABLET	1	EHS; EDS
<i>omeprazole magnesium oral capsule delayed release</i>	1	
OMNIPRED OPHTHALMIC SUSPENSION	3	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
PAZEO OPHTHALMIC SOLUTION	3	
PENLAC EXTERNAL SOLUTION	3	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PHENOHYTRO ORAL TABLET	1	
<i>phentermine hcl oral capsule</i>	1	PA; EHS
<i>phentermine hcl oral tablet</i>	1	PA; EHS
<i>phentermine-topiramate er oral capsule extended release 24 hour</i>	1	PA
<i>phytonadione oral tablet</i>	1	EHS
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	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
PREVACID ORAL CAPSULE DELAYED RELEASE 15 MG	3	EDS
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	EHS; EDS
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	EHS; EDS
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	EHS; EDS
PREVIDENT 5000 PLUS DENTAL CREAM	3	EHS; EDS
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	EHS; EDS
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	EHS; EDS
PROCTOFOAM HC RECTAL FOAM	2	
PROCTOZONE-HC RECTAL CREAM	1	
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
<i>propranolol hcl intravenous solution</i>	1	
<i>rabeprazole sodium oral capsule sprinkle</i>	1	EDS
ROSADAN EXTERNAL CREAM	1	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EHS; EDS
<i>sf 5000 plus dental cream</i>	1	EHS; EDS
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EHS; Max QTY 120 per 365 days; QL (10 EA per 30 days)
STAXYN ORAL TABLET DISPERSIBLE	2	EHS; QL (10 EA per 30 days)
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	1	EHS
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	1	EHS
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	EHS; Max QTY 120 per 365 days; QL (10 EA per 30 days)
TEMODAR ORAL CAPSULE	3	EHS
<i>temozolomide oral capsule</i>	1	EHS
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 65 mg, 90 mg</i>	2	EHS; EDS
<i>ticagrelor oral tablet 60 mg</i>	1	EDS
<i>urea external cream 40 %, 45 %</i>	1	
URIBEL ORAL CAPSULE	1	
<i>uroav-b oral capsule</i>	1	
<i>uro-mp oral capsule</i>	1	
<i>vardenafil hcl oral tablet</i>	1	EHS; QL (10 EA per 30 days)
<i>vardenafil hcl oral tablet dispersible</i>	1	EHS; QL (10 EA per 30 days)
<i>verapamil hcl intravenous solution</i>	1	
VIAGRA ORAL TABLET	2	EHS; Max QTY 120 per 365 days; QL (10 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>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	1	EHS; EDS
<i>vitamin k (phytonadione) oral tablet</i>	1	EHS
<i>vol-care rx oral tablet</i>	1	EHS
<i>vp-vite rx oral tablet</i>	1	EHS
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	2	EHS; EDS
WP THYROID ORAL TABLET	2	EHS; EDS
WYOST SUBCUTANEOUS SOLUTION	2	PA New Starts
XELODA ORAL TABLET	3	EHS
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 7.5 MG/0.5ML	3	PA; EHS; EDS
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	3	PA; EHS
ZOVIRAX ORAL TABLET 800 MG	3	
Ophthalmic Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	1	EDS
<i>acetazolamide oral tablet</i>	1	EDS
ALOMIDE OPHTHALMIC SOLUTION	2	
<i>apraclonidine hcl ophthalmic solution</i>	1	EDS
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>azelastine hcl ophthalmic solution</i>	1	\$0
<i>bacitracin ophthalmic ointment</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION	3	
<i>betaxolol hcl ophthalmic solution</i>	1	\$0; EDS
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	EDS
BETOPTIC-S OPHTHALMIC SUSPENSION	2	EDS
<i>bimatoprost ophthalmic solution</i>	1	EDS
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %</i>	1	EDS
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	1	\$0; EDS
<i>brimonidine tartrate-timolol ophthalmic solution</i>	1	EDS
<i>brinzolamide ophthalmic suspension</i>	1	EDS
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	1	
<i>carteolol hcl ophthalmic solution</i>	1	EDS
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic solution</i>	1	
COMBIGAN OPHTHALMIC SOLUTION	2	EDS
<i>cromolyn sodium ophthalmic solution</i>	1	EDS
<i>cyclosporine ophthalmic emulsion</i>	1	EDS
CYSTADROPS OPHTHALMIC SOLUTION	3	PA; 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
CYSTARAN OPHTHALMIC SOLUTION	2	PA; LA; EDS
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	
<i>diclofenac sodium ophthalmic solution</i>	1	EDS
<i>difluprednate ophthalmic emulsion</i>	1	
<i>dorzolamide hcl ophthalmic solution</i>	1	EDS
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1	\$0; EDS
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	EDS
<i>epinastine hcl ophthalmic solution</i>	1	
<i>erythromycin ophthalmic ointment</i>	1	
<i>fluorometholone ophthalmic suspension</i>	1	
<i>flurbiprofen sodium ophthalmic solution</i>	1	
<i>gatifloxacin ophthalmic solution</i>	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	EDS
<i>ketorolac tromethamine ophthalmic solution</i>	1	
LACRISERT OPHTHALMIC INSERT	2	
<i>latanoprost ophthalmic solution</i>	1	\$0; EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>loteprednol etabonate ophthalmic gel</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	EDS
<i>methazolamide oral tablet</i>	1	EDS
MIEBO OPHTHALMIC SOLUTION	2	QL (3 ML per 30 days); EDS
<i>moxifloxacin hcl ophthalmic solution</i>	1	
NATACYN OPHTHALMIC SUSPENSION	2	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	3	
<i>ofloxacin ophthalmic solution</i>	1	
<i>olopatadine hcl ophthalmic solution</i>	1	
OXERVATE OPHTHALMIC SOLUTION	3	PA
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	EDS
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
PRED FORTE OPHTHALMIC SUSPENSION	3	
<i>prednisolone acetate ophthalmic suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution</i>	1	
<i>proparacaine hcl ophthalmic solution</i>	1	

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

Drug Name	Tier	Requirements/Limits
RHOPRESSA OPHTHALMIC SOLUTION	2	EDS
ROCKLATAN OPHTHALMIC SOLUTION	2	EDS
SIMBRINZA OPHTHALMIC SUSPENSION	2	EDS
<i>sulfacetamide sodium ophthalmic ointment</i>	3	
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>timolol hemihydrate ophthalmic solution</i>	1	EDS
<i>timolol maleate (once-daily) ophthalmic solution</i>	1	EDS
<i>timolol maleate ophthalmic gel forming solution</i>	1	EDS
<i>timolol maleate ophthalmic solution</i>	1	EDS
<i>timolol maleate pf ophthalmic solution</i>	1	EDS
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin ophthalmic solution</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1	
TOBREX OPHTHALMIC OINTMENT	3	
<i>travoprost (bak free) ophthalmic solution</i>	1	EDS
<i>trifluridine ophthalmic solution</i>	1	
VIGAMOX OPHTHALMIC SOLUTION	3	
VYZULTA OPHTHALMIC SOLUTION	2	EDS
XDEMVY OPHTHALMIC SOLUTION	3	PA; QL (10 ML per 42 days)
XIIDRA OPHTHALMIC SOLUTION	2	EDS
ZIRGAN OPHTHALMIC GEL	2	
ZYLET OPHTHALMIC SUSPENSION	3	
Otic Agents		
<i>acetic acid otic solution</i>	1	
CIPRO HC OTIC SUSPENSION	3	
<i>ciprofloxacin-dexamethasone otic suspension</i>	1	
FLAC OTIC OIL	1	
<i>fluocinolone acetonide otic oil</i>	1	
<i>hydrocortisone-acetic acid otic solution</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
<i>ofloxacin otic solution</i>	1	
Respiratory Tract/ Pulmonary Agents		
<i>acetylcysteine inhalation solution</i>	1	BD
ADEMPAS ORAL TABLET	3	PA New Starts; LA; EDS
ADVAIR HFA INHALATION AEROSOL	2	QL (12 GM per 30 days); EDS
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	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>	1	BD; EDS
<i>albuterol sulfate oral syrup 2 mg/5ml</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>albuterol sulfate oral tablet</i>	1	EDS
ALYQ ORAL TABLET	1	PA New Starts; EDS
<i>ambrisentan oral tablet 10 mg</i>	1	PA New Starts; EDS
<i>ambrisentan oral tablet 5 mg</i>	1	PA New Starts; QL (30 EA per 30 days); EDS
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	EDS
<i>arformoterol tartrate inhalation nebulization solution</i>	1	BD; EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	1	AL (Min 12 Years); EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	EDS
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	EDS
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
<i>azelastine-fluticasone nasal suspension</i>	1	
<i>bosentan oral tablet 125 mg</i>	1	PA New Starts; EDS
<i>bosentan oral tablet 62.5 mg</i>	1	PA New Starts; QL (60 EA per 30 days); EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	EDS
BREYNA INHALATION AEROSOL	1	QL (10.3 GM per 30 days); EDS
BREZTRI AEROSPHERE INHALATION AEROSOL	2	QL (10.7 GM per 30 days); EDS
BRONCHITOL INHALATION CAPSULE	3	PA New Starts; EDS
<i>budesonide inhalation suspension</i>	1	BD; QL (120 ML per 30 days); EDS
<i>budesonide-formoterol fumarate inhalation aerosol</i>	1	QL (10.2 GM per 30 days); EDS
<i>carbinoxamine maleate oral solution</i>	1	PA; PA does not apply to age less than 65.
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA; PA does not apply to age less than 65.
CAYSTON INHALATION SOLUTION RECONSTITUTED	2	LA
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA; PA does not apply to age less than 65.
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	EDS
<i>cromolyn sodium inhalation nebulization solution</i>	1	BD; EDS
<i>cyproheptadine hcl oral syrup</i>	1	PA; PA does not apply to age less than 65.
<i>cyproheptadine hcl oral tablet</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>desloratadine oral tablet</i>	1	EDS
<i>desloratadine oral tablet dispersible 2.5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>desloratadine oral tablet dispersible 5 mg</i>	1	EDS
<i>diphenhydramine hcl oral elixir</i>	1	PA; PA does not apply to age less than 65.
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	2	PA; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA; 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>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	EDS
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	1	QL (60 EA per 30 days); EDS
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	1	EDS
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	1	QL (12 GM per 30 days); EDS
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1	EDS
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	1	QL (10.6 GM per 30 days); EDS
<i>fluticasone propionate nasal suspension</i>	1	\$0; EDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	EDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	QL (1 EA per 30 days); EDS
<i>formoterol fumarate inhalation nebulization solution</i>	1	BD; EDS
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	2	EDS
<i>ipratropium bromide inhalation solution</i>	1	BD; EDS
<i>ipratropium bromide nasal solution</i>	1	EDS
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BD; EDS
KALYDECO ORAL PACKET	2	PA New Starts; LA; EDS
KALYDECO ORAL TABLET	2	PA New Starts; LA; EDS
<i>levalbuterol hcl inhalation nebulization solution</i>	1	BD; EDS
<i>levalbuterol tartrate inhalation aerosol</i>	1	EDS
<i>levocetirizine dihydrochloride oral solution</i>	1	
<i>levocetirizine dihydrochloride oral tablet</i>	1	EDS
<i>mometasone furoate nasal suspension</i>	1	
<i>montelukast sodium oral packet</i>	1	EDS
<i>montelukast sodium oral tablet</i>	1	EDS
<i>montelukast sodium oral tablet chewable</i>	1	EDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; LA; EDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; LA; EDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LA; EDS
OFEV ORAL CAPSULE	2	PA; LA; QL (60 EA per 30 days); EDS
OHTUVAYRE INHALATION SUSPENSION	3	PA; EDS
<i>olopatadine hcl nasal solution</i>	1	
OPSUMIT ORAL TABLET	3	PA New Starts; LA; EDS
OPSYNVI ORAL TABLET	3	PA New Starts; LA; EDS

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

Drug Name	Tier	Requirements/Limits
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA New Starts; LA; EDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA New Starts; LA; EDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA New Starts; LA; EDS
ORKAMBI ORAL PACKET	2	PA New Starts; LA; EDS
ORKAMBI ORAL TABLET	2	PA New Starts; LA; EDS
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (180 EA per 30 days); EDS
<i>pirfenidone oral tablet 801 mg</i>	1	PA; QL (90 EA per 30 days); EDS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl oral syrup</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine vc plain oral solution</i>	1	PA; PA does not apply to age less than 65.
<i>promethazine vc plain oral syrup</i>	1	PA; PA does not apply to age less than 65.
<i>promethazine-phenylephrine oral syrup</i>	1	PA; PA does not apply to age less than 65.
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	1	EDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	2	BD; EDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	1	QL (10.6 GM per 30 days); EDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	1	EDS
<i>roflumilast oral tablet 250 mcg</i>	1	QL (28 EA per 365 days)
<i>roflumilast oral tablet 500 mcg</i>	1	EDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	EDS
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA New Starts; EDS
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA New Starts; EDS
SPIRIVA HANDHALER INHALATION CAPSULE	2	QL (30 EA per 30 days); EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (4 GM per 30 days); EDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (4 GM per 30 days); EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (4 GM per 30 days); EDS
SYMDEKO ORAL TABLET THERAPY PACK	2	PA New Starts; LA; EDS
<i>tadalafil (pah) oral tablet</i>	1	PA New Starts; EDS
<i>terbutaline sulfate oral tablet</i>	1	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	1	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	1	EDS
<i>theophylline oral solution</i>	1	EDS
TOBI PODHALER INHALATION CAPSULE	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>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	BD; EDS
TRACLEER ORAL TABLET SOLUBLE	2	PA New Starts; LA; EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	EDS
<i>triamcinolone acetonide nasal aerosol</i>	1	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	2	PA New Starts; EDS
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	2	PA New Starts; QL (84 EA per 28 days); EDS
TRIKAFTA ORAL THERAPY PACK	2	PA New Starts; LA; EDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	EDS
VENTAVIS INHALATION SOLUTION	3	PA New Starts; LA; EDS
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG	3	PA; QL (1 EA per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	3	PA; QL (2 EA per 21 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	1	EDS
YUPELRI INHALATION SOLUTION	3	BD; EDS
<i>zafirlukast oral tablet</i>	1	\$0; EDS
ZETONNA NASAL AEROSOL SOLUTION	3	
ZYFLO ORAL TABLET	2	EDS
Skeletal Muscle Relaxants		
<i>chlorzoxazone oral tablet 500 mg</i>	1	EDS
<i>cyclobenzaprine hcl oral tablet</i>	1	
<i>metaxalone oral tablet 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	1	
Sleep Disorder Agents		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	3	PA New Starts; PA does NOT apply to age less than 65.
AMBIEN ORAL TABLET	3	PA New Starts; PA does NOT apply to age less than 65.
<i>armodafinil oral tablet</i>	1	EDS
BELSOMRA ORAL TABLET 10 MG, 5 MG	2	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	2	
DAYVIGO ORAL TABLET 10 MG	3	PA New Starts; PA does not apply to age less than 65.
DAYVIGO ORAL TABLET 5 MG	3	PA New Starts; PA does not apply to age less than 65.; QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg</i>	1	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	1	

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>eszopiclone oral tablet</i>	1	PA New Starts; PA does not apply to age less than 65.
<i>flurazepam hcl oral capsule</i>	1	
LUNESTA ORAL TABLET	3	
<i>modafinil oral tablet</i>	1	EDS
QUVIVIQ ORAL TABLET	3	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)
<i>ramelteon oral tablet</i>	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG	3	
RESTORIL ORAL CAPSULE 7.5 MG	3	QL (30 EA per 30 days)
SUNOSI ORAL TABLET 150 MG	3	PA; EDS
SUNOSI ORAL TABLET 75 MG	3	PA; QL (45 EA per 30 days); EDS
<i>tasimelteon oral capsule</i>	1	PA; EDS
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	1	
<i>temazepam oral capsule 7.5 mg</i>	1	QL (30 EA per 30 days)
WAKIX ORAL TABLET 17.8 MG	3	PA; LA; EDS
WAKIX ORAL TABLET 4.45 MG	3	PA; LA; QL (90 EA per 30 days); EDS
XYREM ORAL SOLUTION	2	PA; LA
XYWAV ORAL SOLUTION	3	PA; LA
<i>zaleplon oral capsule</i>	1	PA New Starts
<i>zolpidem tartrate er oral tablet extended release</i>	1	PA New Starts; PA does NOT apply to age less than 65.
<i>zolpidem tartrate oral tablet</i>	1	PA New Starts; PA does not apply to age less than 65.

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<i>oxybutynin chloride</i>	65	<i>phytonadione</i>	81	PREVIDENT 5000 SENSITIVE	82
<i>oxybutynin chloride er</i>	65	PIFELTRO	39	PREVYMIS	39
<i>oxycodone hcl</i>	14	<i>pilocarpine hcl</i>	55, 84	PREZCOBIX	39
<i>oxycodone-acetaminophen</i>	14	<i>pimecrolimus</i>	58	PREZISTA	39, 40
<i>oxymorphone hcl</i>	14	<i>pimozide</i>	37	PRIFTIN	28
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OZEMPIC (1 MG/DOSE)	45	<i>pindolol</i>	51	<i>primidone</i>	21
OZEMPIC (2 MG/DOSE)	45	<i>pioglitazone hcl</i>	45	PRIORIX	76
PACERONE	51	<i>pioglitazone hcl-metformin hcl</i>	45	PRIVIGEN	76
<i>paliperidone er</i>	37	<i>piperacillin sod-tazobactam so</i>	19	PROAIR RESPICLICK	88
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PANDEL	58	PIQRAY (250 MG DAILY DOSE)	32	<i>prochlorperazine</i>	25
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<i>pantoprazole sodium</i>	62	<i>pirfenidone</i>	88	PROCTOFOAM HC	82
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PEDVAX HIB	75	<i>potassium chloride er</i>	60	<i>promethazine-dm</i>	82
<i>peg 3350-kcl-na bicarb-nacl</i>	62	<i>potassium chloride in nacl</i>	60	<i>promethazine-phenylephrine</i>	88
<i>peg-3350/electrolytes</i>	62	<i>potassium citrate er</i>	60	PROMETHEGAN	25
PEGASYS	76	<i>potassium cl in dextrose 5%</i>	60	PROMETRIUM	70
<i>peg-kcl-nacl-nasulf-na asc-c</i>	62	PRALUENT	51	<i>propafenone hcl</i>	51
PEMAZYRE	32	<i>pramipexole dihydrochloride</i>	35	<i>propafenone hcl er</i>	51
PENBRAYA	76	<i>pramipexole dihydrochloride er</i>	35	<i>propracaine hcl</i>	84
<i>penicillamine</i>	60	PRAMOSONE	81	<i>propranolol hcl</i>	51, 82
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<i>penicillin v potassium</i>	19	<i>pravastatin sodium</i>	51	<i>propylthiouracil</i>	72
PENLAC	81	<i>praziquantel</i>	34	PROQUAD	76
PENTACEL	76	<i>prazosin hcl</i>	51	PROSCAR	65
<i>pentamidine isethionate</i>	34	PRED FORTE	84	PROSOL	60
PENTASA	78	<i>prednisolone</i>	65	PROTONIX	62
<i>pentazocine-naloxone hcl</i>	14	<i>prednisolone acetate</i>	84	<i>protriptyline hcl</i>	24
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<i>perindopril erbumine</i>	51	<i>preferred plus insulin syringe</i>	45	<i>pyridostigmine bromide</i>	28
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<i>phentermine-topiramate er</i>	81	PREVIDENT 5000 BOOSTER PLUS	82	<i>quinapril-hydrochlorothiazide</i>	51
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<i>rabeprazole sodium</i>	62, 82	ROZLYTREK	32	<i>sotalol hcl</i>	52
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RALDESY	24	<i>rufinamide</i>	21	SOTYLIZE	52
<i>raloxifene hcl</i>	70	RUKOBIA	40	SPIRIVA HANDIHALER	88
<i>ramelteon</i>	90	RYBELSUS	45	SPIRIVA RESPIMAT	88
<i>ramipril</i>	51	RYBELSUS (FORMULATION R2)	45	<i>spironolactone</i>	52
<i>ranolazine er</i>	51	RYDAPT	32	<i>spironolactone-hctz</i>	52
<i>rasagiline mesylate</i>	35	RYKINDO	37	SPRINTEC 28	70
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RECOMBIVAX HB	76	SANCUSO	25	SPS	60
RECORLEV	72	SANDIMMUNE	76	SPS (SODIUM POLYSTYRENE SULF)	60
REGRANEX	58	<i>sapropterin dihydrochloride</i>	64	SRONYX	70
RELENZA DISKHALER	40	SAVELLA	54	SSD	58
RELI-ON INSULIN SYRINGE	45	SAVELLA TITRATION PACK	54	SSD (SILVER SULFADIAZINE)	58
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REPATHA SURECLICK	51	<i>selegiline hcl</i>	35	STRIBILD	40
RESTORIL	90	<i>selenium sulfide</i>	58	STRIVERDI RESPIMAT	88
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REZLIDHIA	32	SHAROBEL	70	<i>sulconazole nitrate</i>	26
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<i>rifabutin</i>	28	<i>silodosin</i>	65	<i>sulfacetamide-prednisolone</i>	85
<i>rifampin</i>	28	<i>silver sulfadiazine</i>	58	<i>sulfadiazine</i>	19
<i>riluzole</i>	54	SIMBRINZA	85	<i>sulfamethoxazole-trimethoprim</i>	19, 82
<i>rimantadine hcl</i>	40	SIMLANDI (1 PEN)	76	SULFAMYLON	58
<i>ringers</i>	60	SIMLANDI (1 SYRINGE)	76	<i>sulfasalazine</i>	78
RINVOQ	76	SIMLANDI (2 PEN)	76	<i>sulindac</i>	14
RINVOQ LQ	76	SIMLANDI (2 SYRINGE)	76	<i>sumatriptan</i>	27
<i>risedronate sodium</i>	78	<i>simvastatin</i>	52	<i>sumatriptan succinate</i>	27
<i>risperidone</i>	37, 42	<i>sirolimus</i>	76	<i>sumatriptan succinate refill</i>	27
<i>risperidone microspheres er</i>	37, 42	SIRTURO	28	<i>sumatriptan-naproxen sodium</i>	27
<i>ritonavir</i>	40	SIVEXTRO	19	<i>sunitinib malate</i>	32
<i>rivastigmine</i>	23	SKYCLARYS	55, 64	SUNLENCA	40
<i>rivastigmine tartrate</i>	23	SKYRIZI	77	SUNOSI	90
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RIVFLOZA	65	SLYND	70	SUTAB	62
<i>rizatriptan benzoate</i>	27	<i>sodium chloride</i>	60	SYEDA	70
ROCKLATAN	85	<i>sodium fluoride</i>	60	SYMDEKO	88
<i>roflumilast</i>	88	<i>sodium phenylbutyrate</i>	64	SYMLINPEN 120	45
ROMVIMZA	32	<i>sodium polystyrene sulfonate</i>	60	SYMLINPEN 60	45
<i>ropinirole hcl</i>	35	<i>sofosbuvir-velpatasvir</i>	40	SYMPAZAN	21

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SYNJARDY	45	<i>thioridazine hcl</i>	37	TRIDACAINE II	14
SYNJARDY XR	45	<i>thiothixene</i>	37	TRIDERM	59
SYNTHROID	71	<i>thyroid</i>	82	<i>trientine hcl</i>	61
SYNVISC	82	TIADYLT ER	52	TRI-ESTARYLLA	71
SYNVISC ONE	82	<i>tiagabine hcl</i>	21	<i>trifluoperazine hcl</i>	37
TABLOID	32	TIBSOVO	33	<i>trifluridine</i>	85
TABRECTA	32	<i>ticagrelor</i>	47, 82	<i>trihexyphenidyl hcl</i>	35
<i>tacrolimus</i>	58, 77	TICOVAC	77	TRIJARDY XR	46
<i>tadalafil</i>	65, 82	<i>tigecycline</i>	19	TRIKAFTA	89
<i>tadalafil (pah)</i>	88	TIGLUTIK	55	TRI-LEGEST FE	71
TAFINLAR	32	TILIA FE	71	TRI-LO-ESTARYLLA	71
TAGRISSE	32	<i>timolol hemihydrate</i>	85	TRI-LO-SPRINTEC	71
TAKHZYRO	77	<i>timolol maleate</i>	27, 85	<i>trimethobenzamide hcl</i>	25
TALICIA	62	<i>timolol maleate (once-daily)</i>	85	<i>trimethoprim</i>	19
TALZENNA	32, 33	<i>timolol maleate pf</i>	85	TRI-MILI	71
<i>tamoxifen citrate</i>	33	<i>tinidazole</i>	19	<i>trimipramine maleate</i>	24
<i>tamsulosin hcl</i>	65	TIVICAY	40	TRINESSA (28)	71
TARINA 24 FE	70	TIVICAY PD	40	TRINTELLIX	24
TARINA FE 1/20 EQ	70	<i>tizanidine hcl</i>	38	TRI-NYMYO	71
TASIGNA	33	TOBI PODHALER	88	TRI-SPRINTEC	71
<i>tasimelteon</i>	90	TOBRADEX	85	TRIUMEQ	40
<i>tavaborole</i>	58	<i>tobramycin</i>	85, 89	<i>triumeq pd</i>	40
TAVALISSE	47	<i>tobramycin sulfate</i>	19	TRIVORA (28)	71
TAVNEOS	77	<i>tobramycin-dexamethasone</i>	85	TRI-VYLIBRA	71
TAYSOFY	70	TOBREX	85	TRI-VYLIBRA LO	71
<i>tazarotene</i>	58	<i>tolcapone</i>	35	TRIZIVIR	40
TAZICEF	19	<i>tolterodine tartrate</i>	65	TROPHAMINE	61
TAZTIA XT	52	<i>tolterodine tartrate er</i>	65	<i>trospium chloride</i>	65
TAZVERIK	33	<i>tolvaptan</i>	60, 61	<i>trospium chloride er</i>	65
TDVAX	77	<i>topiramate</i>	21, 22, 27	TRULANCE	62
TEFLARO	19	<i>toremifene citrate</i>	33	TRULICITY	46
TEGLUTIK	55	TORPENZ	33	TRUMENBA	77
TEGSEDI	64	<i>torsemide</i>	52	TRUQAP	33
<i>telmisartan</i>	52	TOUJEO MAX SOLOSTAR	45	TUDORZA PRESSAIR	89
<i>telmisartan-amlodipine</i>	52	TOUJEO SOLOSTAR	45	TUKYSA	33
<i>telmisartan-hctz</i>	52	TPN ELECTROLYTES	61	TURALIO	33
<i>temazepam</i>	90	TRACLEER	89	TURQOZ	71
TEMODAR	82	TRADJENTA	45	TWINRIX	77
<i>temozolomide</i>	82	<i>tramadol hcl</i>	14	TYBLUME	71
TENCON	14	<i>tramadol hcl (er biphasic)</i>	14	TYBOST	40
TENIVAC	77	<i>tramadol hcl er</i>	14	TYDEMY	71
<i>tenofovir disoproxil fumarate</i>	40	<i>tramadol-acetaminophen</i>	14	TYENNE	77
TEPMETKO	33	<i>trandolapril</i>	52	TYMLOS	78
<i>terazosin hcl</i>	52, 65	<i>trandolapril-verapamil hcl er</i>	52	TYPHIM VI	77
<i>terbinafine hcl</i>	26	<i>tranexamic acid</i>	47	UBRELVY	27
<i>terbutaline sulfate</i>	88	<i>tranylcypromine sulfate</i>	24	UDENYCA	47
<i>terconazole</i>	26	TRAVASOL	61	UDENYCA ONBODY	47
<i>teriflunomide</i>	55	<i>travoprost (bak free)</i>	85	ULTRAVATE	59
<i>teriparatide</i>	78	<i>trazodone hcl</i>	24	UNITHROID	71
<i>testosterone</i>	71	TRECATOR	28	<i>urea</i>	82
<i>testosterone cypionate</i>	70	TRELEGY ELLIPTA	89	URIBEL	82
<i>testosterone enanthate</i>	70	TRELSTAR MIXJECT	72	<i>uroav-b</i>	82
<i>tetrabenazine</i>	55	TRESIBA	46	<i>uro-mp</i>	82
<i>tetracycline hcl</i>	19	TRESIBA FLEXTOUCH	46	<i>ursodiol</i>	62
THALOMID	33	<i>tretinoin</i>	33, 58	UZEDY	37
THEO-24	88	<i>triamcinolone acetonide</i>	55, 58, 59, 89	VABOMERE	19

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

<i>valacyclovir hcl</i>	40	VIVOTIF	77	XPOVIO (60 MG TWICE WEEKLY)	34
VALCHLOR.....	33	VIZIMPRO	33	XPOVIO (80 MG ONCE WEEKLY)	34
<i>valganciclovir hcl</i>	40	VOCABRIA	40	XPOVIO (80 MG TWICE WEEKLY)	34
<i>valproic acid</i>	22	<i>vol-care rx</i>	83	XTANDI	34
<i>valsartan</i>	52	VONJO	33	XULANE	71
<i>valsartan-hydrochlorothiazide</i>	52	VOQUEZNA	62, 63	XURIDEN	64
VALTOCO 10 MG DOSE	22	VORANIGO	33	XYREM	90
VALTOCO 15 MG DOSE	22	<i>voriconazole</i>	26	XYWAV	90
VALTOCO 20 MG DOSE	22	VOSEVI	40	YARGESA	64
VALTOCO 5 MG DOSE	22	VOWST	63	YF-VAX	77
<i>vancomycin hcl</i>	19	VOYDEYA	47	YUPELRI	89
VANDAZOLE	19	<i>vp-vite rx</i>	83	YUVAFEM	71
VANFLYTA.....	33	VRAYLAR.....	38	ZAFEMY	71
VANRAFIA.....	52	VTAMA.....	59	<i>zafirlukast</i>	89
VAQTA.....	77	VYFEMLA	71	<i>zaleplon</i>	90
<i>vardenafil hcl</i>	82	VYLIBRA	71	ZARXIO	47
<i>varenicline tartrate</i>	15	VYNDAMAX	64	ZEGERID	63
<i>varenicline tartrate (starter)</i>	15	VYNDAQEL	64	ZEJULA	34
VARIVAX	77	VYZULTA	85	ZELAPAR	35
VARIZIG	77	WAINUA	64	ZELBORAF	34
VARUBI (180 MG DOSE).....	25	WAKIX	55, 90	ZEMAIRA	64
VASCEPA.....	52	<i>warfarin sodium</i>	47	ZENATANE	59
VELIVET	71	WEGOVY	46, 52	ZENPEP	64
VELSIPITY	62	WELIREG	33, 64	ZENZEDI	55
VEMLIDY	40	WELLBUTRIN SR	25	ZEPBOUND	52, 83
VENCLEXTA	33	WESTHROID	83	ZETONNA	89
VENCLEXTA STARTING PACK	33	WEZLANA	77	<i>zidovudine</i>	40
<i>venlafaxine hcl</i>	24, 41	WINREVAIR.....	89	ZILBRYSQ.....	55, 64
<i>venlafaxine hcl er</i>	24, 41	WIXELA INHUB.....	89	ZILRETTA	83
VENTAVIS.....	89	WP THYROID	83	ZIMHI	15
VEOZAH	55	WYMZYA FE	71	<i>ziprasidone hcl</i>	38, 42
<i>verapamil hcl</i>	52, 82	WYOST	83	<i>ziprasidone mesylate</i>	38
<i>verapamil hcl er</i>	52	XALKORI	33	ZIPSOR	14
VERQUVO	52	XARAH FE	71	ZIRGAN	85
VERSACLOZ.....	38	XARELTO	47	ZITHROMAX.....	19
VERZENIO	33	XARELTO STARTER PACK	47	ZOKINVY	64
VESTURA	71	XATMEP	33	ZOLINZA	34
V-GO 20	46	XCOPRI	22	<i>zolmitriptan</i>	28
V-GO 30	46	XCOPRI (250 MG DAILY DOSE).....	22	ZOLOFT	25, 41
V-GO 40	46	XCOPRI (350 MG DAILY DOSE).....	22	<i>zolpidem tartrate</i>	90
VIAGRA	82	XDEMZY	85	<i>zolpidem tartrate er</i>	90
VIBERZI	62	XELJANZ	77	ZONISADE	22
VIENVA	71	XELJANZ XR	77	<i>zonisamide</i>	22
<i>vigabatrin</i>	22	XELODA	83	ZONTIVITY	47
VIGADRONE	22	XERMELO	63	ZORTRESS.....	77
VIGAMOX	85	XGEVA	78	ZORYVE	59
VIGPODER	22	XIFAXAN	19, 63	ZOSYN	19
VIJOICE	33, 64	XIGDUO XR	46	ZOVIA 1/35 (28).....	71
<i>vilazodone hcl</i>	25	XIIDRA	85	ZOVIRAX.....	83
VIMKUNYA.....	77	XOFLUZA (40 MG DOSE)	40	ZTALMY	22
<i>viorele</i>	71	XOFLUZA (80 MG DOSE)	40	ZURZUVAE	25
VIRACEPT	40	XOLAIR	77	ZYDELIG	34
VIREAD	40	XOLREMDI	47	ZYFLO	89
<i>vitamin d (ergocalciferol)</i>	83	XOSPATA	33	ZYKADIA	34
<i>vitamin k (phytonadione)</i>	83	XPOVIO (100 MG ONCE WEEKLY).....	34	ZYLET	85
VITRAKVI.....	33	XPOVIO (40 MG ONCE WEEKLY)	34	ZYPREXA.....	38, 42
VIVITROL.....	15	XPOVIO (40 MG TWICE WEEKLY).....	34	ZYPREXA RELPREVV	38
VIVJOA	26	XPOVIO (60 MG ONCE WEEKLY).....	34		

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

Language Assistance Services

English	We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-667-5936. Someone who speaks English/Language can help you. This is a free service.
Spanish	Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-667-5936. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.
Chinese Mandarin	我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-667-5936。我们的中文工作人员很乐意帮助您。这是一项免费服务。
Chinese Cantonese	您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-667-5936。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。
Tagalog	Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-667-5936. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.
French	Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-667-5936. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.
Vietnamese	Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu 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.
German	Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-667-5936. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
Korean	당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-667-5936번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.
Russian	Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-667-5936. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.
Arabic	إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-667-5936. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.
Hindi	हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-667-5936 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian	È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-667-5936. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.
Portuguese	Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-667-5936. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.
French Creole	Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-667-5936. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
Polish	Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-667-5936. Ta usługa jest bezpłatna.
Japanese	当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-667-5936にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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 - Information written in other languages

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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 July 1, 2025. 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