

Pharmacy Benefit Dimensions Prescription Drug Plan PDP

5 Tier Formulary



2027 Formulary

(List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID 27402.

This formulary was updated on October 1, 2026. For more recent information or other questions, please contact Pharmacy Benefit Dimensions Medicare Member Services at (716) 504-4444 or 1-800-667-5936 or, for TTY users 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday 8 a.m. to 8 p.m., or visit www.pbdrx.com/Medicare.

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

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

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

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

This document includes the Drug List (formulary) for our plan which is current as of October 1, 2026. 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, 2027, and from time to time during the year.

What is the Pharmacy Benefit Dimensions Prescription Drug Plan PDP Part D Formulary?

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

Can the Formulary (drug list) change?

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

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.
 - We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

- o 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.
- o If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan PDP’s formulary?”
- o 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.
- o 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 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List (formulary) for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 1, 2026. 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 based on specific criteria for certain drugs. This means that you will need to get approval from Pharmacy Benefit Dimensions Prescription Drug Plan PDP before you fill your prescriptions. If you don't get approval, Pharmacy Benefit Dimensions Prescription Drug Plan PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Pharmacy Benefit Dimensions Prescription Drug Plan PDP limits the amount of the drug that Pharmacy Benefit Dimensions Prescription Drug Plan PDP will cover. For example, Pharmacy Benefit Dimensions Prescription Drug Plan PDP provides 30 tablets per prescription for Nuplazid oral tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Pharmacy Benefit Dimensions Prescription Drug Plan PDP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Pharmacy Benefit Dimensions Prescription Drug Plan PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Pharmacy Benefit Dimensions Prescription Drug Plan PDP will then cover Drug B.

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria

for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your prescriber determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

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

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

For more information

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

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

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

Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary

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

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

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

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

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

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

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

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

Drugs listed with a **“QL”** in the Requirements/Limits column have limits on the quantity of the drug that will be covered by the plan (see “Are there any restrictions to my coverage” on page IV).

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

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CURRENT AS OF 1/1/2027

Drug Name	Tier	Requirements/Limits
Analgesics		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	4	
<i>acetaminophen-codeine oral tablet</i>	4	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	4	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	4	
<i>butalbital-apap-caffeine oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-aspirin-caffeine oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>butorphanol tartrate nasal solution</i>	4	
<i>celecoxib oral capsule</i>	2	EDS
<i>diclofenac epolamine external patch</i>	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	4	EDS
<i>diclofenac sodium external solution 1.5 %</i>	4	QL (300 ML per 28 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	4	QL (120 EA per 30 days); EDS
<i>diclofenac sodium oral tablet delayed release 50 mg, 75 mg</i>	2	EDS
<i>diflunisal oral tablet</i>	2	EDS
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	
<i>etodolac oral capsule</i>	2	EDS
<i>etodolac oral tablet</i>	2	EDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	4	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	4	QL (15 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	4	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	4	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	4	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	4	QL (180 EA per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	2	EDS
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EDS
<i>indomethacin er oral capsule extended release</i>	4	EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4	EDS
<i>meloxicam oral tablet</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>methadone hcl oral solution</i>	2	
<i>methadone hcl oral tablet 10 mg</i>	2	
<i>methadone hcl oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	4	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	4	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	4	
<i>morphine sulfate er oral tablet extended release</i>	4	
<i>morphine sulfate oral solution</i>	4	
<i>morphine sulfate oral tablet</i>	4	
<i>nabumetone oral tablet</i>	2	EDS
<i>naproxen oral tablet</i>	2	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	
<i>oxycodone hcl oral solution</i>	4	
<i>oxycodone hcl oral tablet</i>	4	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	
<i>oxymorphone hcl oral tablet 10 mg</i>	4	
<i>oxymorphone hcl oral tablet 5 mg</i>	4	QL (240 EA per 30 days)
<i>piroxicam oral capsule</i>	2	EDS
<i>sulindac oral tablet</i>	2	EDS
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	4	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	4	
<i>tramadol hcl oral tablet 50 mg</i>	2	
<i>tramadol-acetaminophen oral tablet</i>	4	
Anesthetics		
<i>lidocaine external ointment 5 %</i>	2	
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	2	
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
<i>lidocan external patch</i>	2	PA
<i>tridacaine ii external patch</i>	2	PA
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release</i>	3	EDS
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	2	

Drug Name	Tier	Requirements/Limits
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1	EDS
<i>disulfiram oral tablet</i>	2	EDS
KLOXXADO NASAL LIQUID	3	
<i>lofexidine hcl oral tablet</i>	5	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl oral tablet</i>	2	
NICOTROL NS NASAL SOLUTION	4	
OPVEE NASAL SOLUTION	3	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	2	
<i>varenicline tartrate oral tablet</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
Antibacterials		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	
ARIKAYCE INHALATION SUSPENSION	5	PA; LA
<i>azithromycin intravenous solution reconstituted</i>	2	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	

Drug Name	Tier	Requirements/Limits
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	4	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	
<i>cefixime oral capsule</i>	3	
<i>cefixime oral suspension reconstituted</i>	3	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>cefprozil oral suspension reconstituted</i>	2	
<i>cefprozil oral tablet</i>	2	
<i>ceftaroline fosamil intravenous solution reconstituted</i>	5	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm, 2 gm</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>clarithromycin oral suspension reconstituted</i>	4	
<i>clarithromycin oral tablet</i>	2	
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	
<i>clindamycin phosphate in d5w intravenous solution</i>	4	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	2	
<i>clindamycin phosphate vaginal cream</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	4	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	4	
<i>demeclocycline hcl oral tablet</i>	4	
<i>dicloxacillin sodium oral capsule</i>	2	

Drug Name	Tier	Requirements/Limits
DIFICID ORAL SUSPENSION RECONSTITUTED	5	
<i>doxy 100 intravenous solution reconstituted</i>	4	
<i>doxycycline hyclate intravenous solution reconstituted</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>e.e.s. 400 oral tablet</i>	4	
<i>ertapenem sodium injection solution reconstituted</i>	4	
<i>erythromycin base oral capsule delayed release particles</i>	4	
<i>erythromycin base oral tablet</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	4	
<i>erythromycin oral tablet delayed release</i>	4	
<i>fidaxomicin oral tablet</i>	5	
<i>fosfomycin tromethamine oral packet</i>	4	QL (1 EA per 30 days)
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate external cream</i>	2	
<i>gentamicin sulfate external ointment</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	4	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	2	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted</i>	5	
<i>linezolid oral tablet</i>	4	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
<i>methenamine hippurate oral tablet</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>metronidazole vaginal gel</i>	2	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	4	
<i>moxifloxacin hcl in nacl intravenous solution</i>	2	
<i>moxifloxacin hcl oral tablet</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	4	
<i>neomycin sulfate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	2	
<i>nitrofurantoin monohyd macro oral capsule</i>	2	

Drug Name	Tier	Requirements/Limits
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>oxacillin sodium intravenous solution reconstituted</i>	4	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	
<i>penicillin g sodium injection solution reconstituted</i>	2	
<i>penicillin v potassium oral solution reconstituted</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	3	
<i>polymyxin b sulfate injection solution reconstituted</i>	2	
<i>sterile water for irrigation irrigation solution</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	4	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
<i>tetracycline hcl oral capsule</i>	2	
<i>tigecycline intravenous solution reconstituted</i>	4	
<i>tinidazole oral tablet</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
<i>trimethoprim oral tablet</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 5 gm</i>	4	
<i>vancomycin hcl oral capsule</i>	4	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	4	
<i>vandazole vaginal gel</i>	2	
Anticonvulsants		
<i>brivaracetam oral solution</i>	5	
<i>brivaracetam oral tablet 10 mg</i>	5	QL (240 EA per 30 days)
<i>brivaracetam oral tablet 100 mg</i>	5	
<i>brivaracetam oral tablet 25 mg, 50 mg, 75 mg</i>	5	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	4	EDS
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	EDS
<i>carbamazepine oral suspension 100 mg/5ml</i>	3	EDS
<i>carbamazepine oral tablet</i>	2	EDS
<i>carbamazepine oral tablet chewable 100 mg</i>	2	EDS
<i>clobazam oral suspension 2.5 mg/ml</i>	4	EDS

Drug Name	Tier	Requirements/Limits
<i>clobazam oral tablet</i>	2	EDS
<i>clonazepam oral tablet</i>	2	EDS
<i>clonazepam oral tablet dispersible</i>	2	EDS
<i>clorazepate dipotassium oral tablet</i>	4	
DIACOMIT ORAL CAPSULE	5	PA New Starts; LA
DIACOMIT ORAL PACKET	5	PA New Starts; LA
<i>diazepam intensol oral concentrate</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>diazepam rectal gel</i>	3	
DILANTIN ORAL CAPSULE 30 MG	3	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
EPIDIOLEX ORAL SOLUTION	5	PA New Starts; LA
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	4	QL (30 EA per 30 days); EDS
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	4	QL (60 EA per 30 days); EDS
<i>ethosuximide oral capsule</i>	2	EDS
<i>ethosuximide oral solution</i>	2	EDS
<i>felbamate oral suspension</i>	4	EDS
<i>felbamate oral tablet</i>	2	EDS
FINTEPLA ORAL SOLUTION	5	PA New Starts; LA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	4	EDS
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	EDS
<i>lacosamide oral solution 10 mg/ml</i>	4	EDS
<i>lacosamide oral tablet</i>	2	EDS
<i>lamotrigine er oral tablet extended release 24 hour</i>	4	EDS
<i>lamotrigine oral tablet</i>	2	EDS
<i>lamotrigine oral tablet chewable</i>	2	EDS
<i>levetiracetam er oral tablet extended release 24 hour</i>	2	EDS
<i>levetiracetam oral solution</i>	2	EDS
<i>levetiracetam oral tablet</i>	2	EDS
<i>methsuximide oral capsule</i>	4	EDS
NAYZILAM NASAL SOLUTION	4	PA New Starts; Prior authorization not required for neurologists.
<i>oxcarbazepine oral suspension</i>	2	EDS
<i>oxcarbazepine oral tablet</i>	2	EDS
<i>perampanel oral suspension</i>	5	
<i>perampanel oral tablet</i>	4	QL (30 EA per 30 days); EDS
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	EDS
<i>phenobarbital oral tablet</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>phenytoin oral suspension 125 mg/5ml</i>	2	EDS
<i>phenytoin oral tablet chewable</i>	2	EDS
<i>phenytoin sodium extended oral capsule</i>	2	EDS
<i>pregabalin oral capsule</i>	2	EDS
<i>pregabalin oral solution</i>	4	EDS
<i>primidone oral tablet 250 mg, 50 mg</i>	2	EDS
<i>roweepra oral tablet 500 mg</i>	2	EDS
<i>rufinamide oral suspension 40 mg/ml</i>	5	
<i>rufinamide oral tablet 200 mg</i>	4	EDS
<i>rufinamide oral tablet 400 mg</i>	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	4	EDS
SUBVENITE ORAL SUSPENSION	4	EDS
<i>subvenite oral tablet</i>	2	EDS
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	ST
SYMPAZAN ORAL FILM 5 MG	4	ST; EDS
<i>tiagabine hcl oral tablet</i>	4	EDS
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	3	EDS
<i>topiramate oral solution 25 mg/ml</i>	4	ST; EDS
<i>topiramate oral tablet</i>	2	EDS
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution 250 mg/5ml</i>	2	EDS
VALTOCO 10 MG DOSE NASAL LIQUID	5	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	5	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	5	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 5 MG DOSE NASAL LIQUID	5	PA New Starts; Prior authorization not required for neurologists.
<i>vigabatrin oral packet</i>	5	
<i>vigabatrin oral tablet</i>	5	
<i>vigadrone oral packet</i>	5	
<i>vigadrone oral tablet</i>	5	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QL (28 EA per 28 days)
ZONISADE ORAL SUSPENSION	4	EDS

Drug Name	Tier	Requirements/Limits
<i>zonisamide oral capsule</i>	2	EDS
ZTALMY ORAL SUSPENSION	5	PA New Starts; LA
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	2	EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 8 mg</i>	2	QL (30 EA per 30 days); EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour 24 mg</i>	2	EDS
<i>galantamine hydrobromide oral solution</i>	2	EDS
<i>galantamine hydrobromide oral tablet</i>	2	EDS
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LA; QL (10 ML per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LA; QL (7.2 ML per 28 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 7 mg</i>	2	QL (30 EA per 30 days); EDS
<i>memantine hcl er oral capsule extended release 24 hour 28 mg</i>	2	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	3	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg</i>	4	PA New Starts; QL (30 EA per 30 days); EDS
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 21-10 mg, 28-10 mg</i>	4	PA New Starts; EDS
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	4	PA New Starts; QL (30 EA per 30 days); EDS
<i>rivastigmine tartrate oral capsule</i>	2	EDS
<i>rivastigmine transdermal patch 24 hour</i>	3	EDS
Antidepressants		
<i>amitriptyline hcl oral tablet</i>	2	EDS
<i>amoxapine oral tablet</i>	4	EDS
<i>aripiprazole oral solution</i>	3	EDS
<i>aripiprazole oral tablet</i>	2	EDS
AUVELITY ORAL TABLET EXTENDED RELEASE	5	PA New Starts
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA New Starts; QL (102 EA per 365 days)
<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>citalopram hydrobromide oral solution 10 mg/5ml</i>	4	EDS
<i>citalopram hydrobromide oral tablet</i>	1	EDS
<i>clomipramine hcl oral capsule</i>	4	EDS
<i>desipramine hcl oral tablet</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	2	EDS
<i>doxepin hcl oral capsule</i>	2	EDS
<i>doxepin hcl oral concentrate</i>	4	EDS
<i>drizalma sprinkle oral capsule delayed release sprinkle 20 mg, 30 mg, 40 mg</i>	4	QL (60 EA per 30 days); EDS
<i>drizalma sprinkle oral capsule delayed release sprinkle 60 mg</i>	4	EDS
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR	5	
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR	5	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	4	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA New Starts; QL (30 EA per 30 days)
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA New Starts; QL (32 EA per 32 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	4	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 80 MG	4	QL (30 EA per 30 days); EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
<i>fluoxetine hcl oral capsule</i>	2	EDS
<i>fluoxetine hcl oral solution</i>	4	EDS
<i>fluoxetine hcl oral tablet</i>	2	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	4	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	4	EDS
<i>fluvoxamine maleate oral tablet</i>	2	EDS
<i>imipramine hcl oral tablet</i>	2	EDS
MARPLAN ORAL TABLET	4	EDS
<i>mirtazapine oral tablet</i>	1	EDS
<i>mirtazapine oral tablet dispersible</i>	2	EDS
<i>nefazodone hcl oral tablet</i>	2	EDS
<i>nortriptyline hcl oral capsule</i>	2	EDS
<i>nortriptyline hcl oral solution</i>	4	EDS
<i>olanzapine-fluoxetine hcl oral capsule</i>	4	EDS
<i>paroxetine hcl oral suspension</i>	4	EDS
<i>paroxetine hcl oral tablet</i>	2	EDS
<i>perphenazine-amitriptyline oral tablet</i>	4	EDS
<i>phenelzine sulfate oral tablet</i>	2	EDS
<i>protriptyline hcl oral tablet</i>	4	EDS

Drug Name	Tier	Requirements/Limits
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
RALDESY ORAL SOLUTION	5	
<i>sertraline hcl oral concentrate</i>	4	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>tranylcypromine sulfate oral tablet</i>	2	EDS
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	2	EDS
<i>trimipramine maleate oral capsule</i>	2	EDS
TRINTELLIX ORAL TABLET 10 MG, 5 MG	4	QL (30 EA per 30 days); EDS
TRINTELLIX ORAL TABLET 20 MG	4	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>venlafaxine hcl oral tablet</i>	2	EDS
<i>vilazodone hcl oral tablet</i>	4	EDS
ZURZUVAE ORAL CAPSULE	5	PA New Starts; LA
Antiemetics		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	BD
<i>aprepitant oral capsule therapy pack</i>	4	BD
<i>chlorpromazine hcl oral concentrate</i>	4	EDS
<i>chlorpromazine hcl oral tablet</i>	4	EDS
<i>compro rectal suppository</i>	4	
<i>dronabinol oral capsule</i>	4	PA
<i>granisetron hcl oral tablet</i>	2	BD
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	PA; PA not required if under 65 years of age or if a total of 30 days of supply for the plan year is not exceeded.
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	BD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD
<i>prochlorperazine maleate oral tablet</i>	2	EDS
<i>prochlorperazine rectal suppository</i>	4	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl oral tablet</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	PA; PA not required if under 65 years of age.
PROMETHEGAN RECTAL SUPPOSITORY	4	PA; PA not required if under 65 years of age.
<i>scopolamine transdermal patch 72 hour</i>	4	
<i>trimethobenzamide hcl oral capsule</i>	2	

Drug Name	Tier	Requirements/Limits
Antifungals		
<i>amphotericin b intravenous solution reconstituted</i>	4	BD
<i>amphotericin b liposome intravenous suspension reconstituted</i>	4	BD
<i>caspofungin acetate intravenous solution reconstituted</i>	4	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
CRESEMBA ORAL CAPSULE 186 MG	5	PA
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	5	
<i>griseofulvin microsize oral suspension</i>	3	
<i>griseofulvin microsize oral tablet</i>	3	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>itraconazole oral capsule</i>	2	
<i>itraconazole oral solution</i>	4	
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral tablet</i>	2	
<i>micafungin sodium intravenous solution reconstituted</i>	4	
<i>miconazole 3 vaginal suppository</i>	2	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystop external powder</i>	2	
<i>posaconazole oral suspension</i>	5	
<i>posaconazole oral tablet delayed release</i>	4	
<i>terbinafine hcl oral tablet</i>	2	QL (90 EA per 365 days)
<i>terconazole vaginal cream</i>	2	
VIVJOA ORAL CAPSULE THERAPY PACK	4	PA; QL (18 EA per 84 days)
<i>voriconazole intravenous solution reconstituted</i>	4	BD
<i>voriconazole oral suspension reconstituted</i>	5	
<i>voriconazole oral tablet</i>	2	
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	EDS
<i>colchicine oral tablet</i>	2	
<i>colchicine-probenecid oral tablet</i>	2	EDS
<i>febuxostat oral tablet</i>	2	ST; EDS

Drug Name	Tier	Requirements/Limits
<i>probenecid oral tablet</i>	2	EDS
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (1 ML per 30 days); EDS
<i>dihydroergotamine mesylate nasal solution</i>	4	ST; QL (8 ML per 28 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<i>eletriptan hydrobromide oral tablet</i>	2	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
<i>ergotamine-caffeine oral tablet</i>	3	
<i>frovatriptan succinate oral tablet</i>	4	
<i>naratriptan hcl oral tablet</i>	1	
NURTEC ORAL TABLET DISPERSIBLE	5	PA
QULIPTA ORAL TABLET	5	PA; QL (30 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1	
<i>rizatriptan benzoate oral tablet dispersible</i>	1	
<i>sumatriptan nasal solution</i>	4	
<i>sumatriptan succinate oral tablet</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	
<i>timolol maleate oral tablet</i>	2	EDS
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	3	EDS
<i>topiramate oral tablet</i>	2	EDS
UBRELVY ORAL TABLET	5	PA
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution 250 mg/5ml</i>	2	EDS
<i>zolmitriptan oral tablet</i>	2	
Antimyasthenic Agents		
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral solution</i>	4	
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
Antimycobacterials		
<i>dapsone oral tablet</i>	2	EDS
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid oral syrup</i>	2	EDS
<i>isoniazid oral tablet</i>	2	EDS
<i>pretomanid oral tablet</i>	4	PA
<i>pyrazinamide oral tablet</i>	2	

Drug Name	Tier	Requirements/Limits
<i>rifabutin oral capsule</i>	4	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	
<i>rifapentine oral tablet</i>	4	
SIRTURO ORAL TABLET	5	PA
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	2	
<i>abirtega oral tablet</i>	2	
AKEEGA ORAL TABLET	5	PA New Starts; LA
ALECENSA ORAL CAPSULE	5	PA New Starts
ALUNBRIG ORAL TABLET	5	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA New Starts; LA
<i>anastrozole oral tablet</i>	2	EDS
AUGTYRO ORAL CAPSULE	5	PA New Starts; LA
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	5	PA New Starts; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	5	PA New Starts; LA
BALVERSA ORAL TABLET	5	PA New Starts; LA
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA New Starts; LA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts; LA
<i>bexarotene external gel</i>	5	PA New Starts
<i>bexarotene oral capsule</i>	5	
<i>bicalutamide oral tablet</i>	2	
BOSULIF ORAL CAPSULE 100 MG	5	PA New Starts; LA
BOSULIF ORAL CAPSULE 50 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
BOSULIF ORAL TABLET 100 MG, 500 MG	5	PA New Starts; LA
<i>bosutinib oral tablet</i>	5	PA New Starts
BRAFTOVI ORAL CAPSULE 75 MG	5	PA New Starts; LA
BRUKINSA ORAL CAPSULE	5	PA New Starts
BRUKINSA ORAL TABLET	5	PA New Starts
CABOMETYX ORAL TABLET	5	PA New Starts; LA
CALQUENCE ORAL TABLET	5	PA New Starts
CAPRELSA ORAL TABLET	5	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	5	PA New Starts; LA
COTELLIC ORAL TABLET	5	PA New Starts
<i>cyclophosphamide oral capsule</i>	2	BD
<i>cyclophosphamide oral tablet 50 mg</i>	2	BD

Drug Name	Tier	Requirements/Limits
<i>dasatinib oral tablet 100 mg, 140 mg, 80 mg</i>	5	PA New Starts; QL (30 EA per 30 days)
<i>dasatinib oral tablet 20 mg</i>	5	PA New Starts; QL (90 EA per 30 days)
<i>dasatinib oral tablet 50 mg, 70 mg</i>	5	PA New Starts; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ENSACOVE ORAL CAPSULE	5	PA New Starts; LA
ERIVEDGE ORAL CAPSULE	5	PA New Starts
ERLEADA ORAL TABLET	5	PA New Starts
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	3	
<i>erlotinib hcl oral tablet 25 mg</i>	3	QL (90 EA per 30 days)
EULEXIN ORAL CAPSULE	4	
<i>everolimus oral tablet 10 mg, 7.5 mg</i>	5	PA New Starts; QL (60 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg</i>	5	PA New Starts; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg</i>	5	PA New Starts; QL (60 EA per 30 days)
<i>everolimus oral tablet soluble 3 mg</i>	5	PA New Starts; QL (90 EA per 30 days)
<i>everolimus oral tablet soluble 5 mg</i>	5	PA New Starts; QL (120 EA per 30 days)
<i>exemestane oral tablet</i>	2	EDS
FOTIVDA ORAL CAPSULE	5	PA New Starts; LA
FRUZAQLA ORAL CAPSULE 1 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
GAVRETO ORAL CAPSULE	5	PA New Starts; LA
<i>gefitinib oral tablet</i>	5	PA New Starts
GILOTRIF ORAL TABLET	5	PA New Starts; LA
GOMEKLI ORAL CAPSULE	5	PA New Starts; LA
GOMEKLI ORAL TABLET SOLUBLE	5	PA New Starts; LA
HERNEXEOS ORAL TABLET	5	PA New Starts; LA
<i>hydroxyurea oral capsule</i>	2	EDS
HYRNUO ORAL TABLET	5	PA New Starts
IBRANCE ORAL CAPSULE 100 MG, 125 MG	5	PA New Starts; LA
IBRANCE ORAL TABLET	5	PA New Starts; LA
IBTROZI ORAL CAPSULE	5	PA New Starts; LA
ICLUSIG ORAL TABLET	5	PA New Starts
IDHIFA ORAL TABLET	5	PA New Starts; LA
<i>imatinib mesylate oral tablet 100 mg</i>	4	QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	4	
IMBRUVICA ORAL CAPSULE	5	PA New Starts; LA
IMBRUVICA ORAL SUSPENSION	5	PA New Starts; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA New Starts; LA
IMKELDI ORAL SOLUTION	5	PA New Starts
INLURIYO ORAL TABLET	5	PA New Starts; LA
INLYTA ORAL TABLET	5	PA New Starts; LA

Drug Name	Tier	Requirements/Limits
INQOVI ORAL TABLET	5	PA New Starts; LA
INREBIC ORAL CAPSULE	5	PA New Starts; LA
ITOVEBI ORAL TABLET 3 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA New Starts; LA
IWILFIN ORAL TABLET	5	PA New Starts; LA
JAKAFI ORAL TABLET	5	PA New Starts; LA
JAYPIRCA ORAL TABLET	5	PA New Starts; LA
JIDEYTRO ORAL TABLET 100 MG	5	PA New Starts; LA
JIDEYTRO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
JYLAMVO ORAL SOLUTION	4	BD
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KOMZIFTI ORAL CAPSULE	5	PA New Starts; LA
KOSELUGO ORAL CAPSULE	5	PA New Starts; LA
KOSELUGO ORAL CAPSULE SPRINKLE	5	PA New Starts
KRAZATI ORAL TABLET	5	PA New Starts; LA
<i>lapatinib ditosylate oral tablet</i>	5	PA New Starts
LAZCLUZE ORAL TABLET 240 MG	5	PA New Starts
LAZCLUZE ORAL TABLET 80 MG	5	PA New Starts; QL (60 EA per 30 days)
<i>lenalidomide oral capsule</i>	5	PA New Starts
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
<i>letrozole oral tablet</i>	2	EDS
<i>leucovorin calcium oral tablet</i>	2	
LEUKERAN ORAL TABLET	3	
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
<i>lomustine oral capsule 10 mg, 40 mg</i>	4	
<i>lomustine oral capsule 100 mg</i>	5	

Drug Name	Tier	Requirements/Limits
LONSURF ORAL TABLET	5	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 320 MG	5	PA New Starts
LUMAKRAS ORAL TABLET 240 MG	5	PA New Starts; LA
LYNPARZA ORAL TABLET	5	PA New Starts; LA
LYSODREN ORAL TABLET	5	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE	5	LA
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA New Starts
MEKINIST ORAL TABLET	5	PA New Starts
MEKTOVI ORAL TABLET	5	PA New Starts; LA
<i>mercaptopurine oral suspension</i>	5	
<i>mercaptopurine oral tablet</i>	2	
<i>mesna oral tablet</i>	4	
MODEYSO ORAL CAPSULE	5	PA New Starts; LA
NERLYNX ORAL TABLET	5	PA New Starts; LA
<i>nilotinib hcl oral capsule</i>	5	PA New Starts
<i>nilutamide oral tablet</i>	5	
NINLARO ORAL CAPSULE	5	PA New Starts; QL (3 EA per 28 days)
NUBEQA ORAL TABLET	5	PA New Starts; LA
ODOMZO ORAL CAPSULE	5	PA New Starts
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA New Starts; LA
OJEMDA ORAL TABLET	5	PA New Starts; LA
OJJAARA ORAL TABLET 100 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	5	PA New Starts; LA
ONUREG ORAL TABLET	5	PA New Starts; QL (30 EA per 30 days)
ORGOVYX ORAL TABLET	5	PA New Starts; LA
ORSERDU ORAL TABLET	5	PA New Starts; LA
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA New Starts
PEMAZYRE ORAL TABLET 13.5 MG	5	PA New Starts; LA
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
<i>pomalidomide oral capsule</i>	5	PA New Starts
POMALYST ORAL CAPSULE	5	PA New Starts; LA
QINLOCK ORAL TABLET	5	PA New Starts; LA
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA New Starts; LA

Drug Name	Tier	Requirements/Limits
RETEVMO ORAL TABLET 40 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG	5	PA New Starts; LA
REVUFORJ ORAL TABLET 25 MG	5	PA New Starts; LA; QL (240 EA per 30 days)
REZLIDHIA ORAL CAPSULE	5	PA New Starts
ROMVIMZA ORAL CAPSULE	5	PA New Starts; LA
ROZLYTREK ORAL CAPSULE	5	PA New Starts; LA
ROZLYTREK ORAL PACKET	5	PA New Starts; LA
RUBRACA ORAL TABLET	5	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	5	PA New Starts
SCEMBLIX ORAL TABLET 100 MG	5	PA New Starts
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA New Starts; QL (60 EA per 30 days)
SOLTAMOX ORAL SOLUTION	5	
<i>sorafenib tosylate oral tablet</i>	5	PA New Starts
STIVARGA ORAL TABLET	5	PA New Starts; LA
<i>sunitinib malate oral capsule</i>	5	PA New Starts
TABLOID ORAL TABLET	4	
TABRECTA ORAL TABLET	5	PA New Starts
TAFINLAR ORAL CAPSULE	5	PA New Starts
TAFINLAR ORAL TABLET SOLUBLE	5	PA New Starts
TAGRISSO ORAL TABLET	5	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA New Starts; LA
<i>tamoxifen citrate oral tablet</i>	2	EDS
TEPMETKO ORAL TABLET	5	PA New Starts
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	LA
TIBSOVO ORAL TABLET	5	PA New Starts; LA
<i>toremifene citrate oral tablet</i>	4	EDS
<i>tretinoin oral capsule</i>	5	
TRUQAP ORAL TABLET 200 MG	5	PA New Starts; LA
TRUQAP ORAL TABLET THERAPY PACK	5	PA New Starts; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA New Starts; LA
VALCHLOR EXTERNAL GEL	5	PA New Starts
VANFLYTA ORAL TABLET	5	PA New Starts; LA
VENCLEXTA ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (42 EA per 30 days)
VEPPANU ORAL TABLET	5	PA New Starts; LA; QL (30 EA per 30 days)

Drug Name	Tier	Requirements/Limits
VERZENIO ORAL TABLET	5	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	5	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	5	PA New Starts; LA
VONJO ORAL CAPSULE	5	PA New Starts; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA New Starts; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA New Starts
WELIREG ORAL TABLET	5	PA New Starts
XALKORI ORAL CAPSULE	5	PA New Starts; LA
XALKORI ORAL CAPSULE SPRINKLE	5	PA New Starts; LA
XOSPATA ORAL TABLET	5	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (32 EA per 28 days)
XTANDI ORAL CAPSULE	5	PA New Starts
XTANDI ORAL TABLET	5	PA New Starts
<i>yulithira oral tablet 10 mg, 7.5 mg</i>	4	PA New Starts; QL (60 EA per 30 days)
<i>yulithira oral tablet 2.5 mg, 5 mg</i>	4	PA New Starts; QL (30 EA per 30 days)
ZEJULA ORAL TABLET	5	PA New Starts; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET	5	PA New Starts
ZENBEXUS ORAL CAPSULE	5	PA New Starts; LA; QL (21 EA per 28 days)
ZOLINZA ORAL CAPSULE	5	
ZYDELIG ORAL TABLET	5	PA New Starts
ZYKADIA ORAL TABLET	5	PA New Starts
Antiparasitics		
<i>albendazole oral tablet</i>	4	
<i>atovaquone oral suspension</i>	4	
<i>atovaquone-proguanil hcl oral tablet</i>	2	
<i>chloroquine phosphate oral tablet</i>	2	EDS

Drug Name	Tier	Requirements/Limits
COARTEM ORAL TABLET	4	QL (24 EA per 30 days)
EMVERM ORAL TABLET CHEWABLE	5	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	EDS
IMPAVIDO ORAL CAPSULE	5	
<i>ivermectin oral tablet 3 mg</i>	2	
<i>mefloquine hcl oral tablet</i>	2	EDS
<i>nitazoxanide oral tablet</i>	5	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	BD
<i>pentamidine isethionate injection solution reconstituted</i>	4	
<i>praziquantel oral tablet</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral tablet</i>	5	
<i>quinine sulfate oral capsule</i>	2	
Antiparkinson Agents		
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
<i>benztropine mesylate oral tablet</i>	2	EDS
<i>bromocriptine mesylate oral tablet</i>	2	EDS
<i>carbidopa oral tablet</i>	4	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	EDS
<i>carbidopa-levodopa oral tablet</i>	2	EDS
<i>carbidopa-levodopa oral tablet dispersible</i>	4	EDS
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	EDS
<i>entacapone oral tablet</i>	2	EDS
INBRIJA INHALATION CAPSULE	5	PA; LA
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	QL (30 EA per 30 days); EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	3	QL (30 EA per 30 days); EDS
<i>pramipexole dihydrochloride oral tablet</i>	2	EDS
<i>rasagiline mesylate oral tablet</i>	2	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	4	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg</i>	4	QL (30 EA per 30 days); EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>	4	QL (60 EA per 30 days); EDS
<i>ropinirole hcl oral tablet</i>	2	EDS
<i>selegiline hcl oral capsule</i>	2	EDS
<i>selegiline hcl oral tablet</i>	2	EDS
<i>trihexyphenidyl hcl oral solution</i>	2	EDS
<i>trihexyphenidyl hcl oral tablet</i>	2	EDS

Drug Name	Tier	Requirements/Limits
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	BD
<i>aripiprazole oral solution</i>	3	EDS
<i>aripiprazole oral tablet</i>	2	EDS
<i>aripiprazole oral tablet dispersible</i>	4	ST; QL (60 EA per 30 days); EDS
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	EDS
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days); EDS
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	5	PA New Starts; QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	PA New Starts
<i>chlorpromazine hcl oral concentrate</i>	4	EDS
<i>chlorpromazine hcl oral tablet</i>	4	EDS
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible</i>	4	
COBENFY ORAL CAPSULE	5	PA New Starts
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA New Starts; QL (56 EA per 28 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	5	PA New Starts; QL (90 EA per 30 days)
FANAPT ORAL TABLET 10 MG	5	PA New Starts; QL (60 EA per 30 days)
FANAPT ORAL TABLET 12 MG, 8 MG	5	PA New Starts
FANAPT TITRATION PACK A ORAL TABLET	4	PA New Starts; QL (16 EA per 365 days)
FANAPT TITRATION PACK B ORAL TABLET	4	PA New Starts; QL (24 EA per 365 days)
FANAPT TITRATION PACK C ORAL TABLET	4	PA New Starts; QL (16 EA per 365 days)
<i>fluphenazine decanoate injection solution</i>	2	BD
<i>fluphenazine hcl injection solution</i>	2	BD
<i>fluphenazine hcl oral concentrate</i>	2	EDS
<i>fluphenazine hcl oral elixir</i>	2	EDS
<i>fluphenazine hcl oral tablet</i>	2	EDS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	BD
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	EDS
<i>haloperidol oral tablet</i>	2	EDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	PA New Starts
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	BD
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	BD
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	PA New Starts
<i>loxapine succinate oral capsule</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>lurasidone hcl oral tablet</i>	2	EDS
LYBALVI ORAL TABLET	5	PA New Starts
<i>molindone hcl oral tablet</i>	4	EDS
NUPLAZID ORAL CAPSULE	5	PA New Starts; LA
NUPLAZID ORAL TABLET 10 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	4	BD
<i>olanzapine oral tablet</i>	2	EDS
<i>olanzapine oral tablet dispersible</i>	4	EDS
OPIPZA ORAL FILM 10 MG	5	ST
OPIPZA ORAL FILM 2 MG, 5 MG	5	ST; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	3	QL (30 EA per 30 days); EDS
<i>paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg</i>	3	EDS
<i>perphenazine oral tablet</i>	2	EDS
<i>pimozide oral tablet</i>	4	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	5	PA New Starts; QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	5	PA New Starts
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	3	BD
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	5	BD
<i>risperidone oral solution 1 mg/ml</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	3	QL (90 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 1 mg, 2 mg</i>	3	QL (30 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	3	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	5	PA New Starts; QL (30 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	5	PA New Starts
<i>thioridazine hcl oral tablet</i>	2	EDS
<i>thiothixene oral capsule</i>	2	EDS
<i>trifluoperazine hcl oral tablet</i>	2	EDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	5	PA New Starts
VERSACLOZ ORAL SUSPENSION	4	ST
VRAYLAR ORAL CAPSULE	3	QL (30 EA per 30 days); EDS
<i>ziprasidone hcl oral capsule</i>	2	EDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	BD

Drug Name	Tier	Requirements/Limits
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	EDS
<i>dantrolene sodium oral capsule</i>	3	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	2	EDS
<i>tizanidine hcl oral tablet</i>	2	EDS
Antivirals		
<i>abacavir sulfate oral solution</i>	2	EDS
<i>abacavir sulfate oral tablet</i>	2	EDS
<i>abacavir sulfate-lamivudine oral tablet</i>	2	EDS
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	BD
<i>adefovir dipivoxil oral tablet</i>	4	EDS
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
APTIVUS ORAL CAPSULE	5	
<i>atazanavir sulfate oral capsule</i>	3	EDS
BIKTARVY ORAL TABLET	5	
BIXLENVO ORAL TABLET	5	
CIMDUO ORAL TABLET	5	
<i>darunavir oral tablet</i>	2	EDS
DELSTRIGO ORAL TABLET	5	
DESCOVY ORAL TABLET	5	
DOVATO ORAL TABLET	5	
EDURANT PED ORAL TABLET SOLUBLE	5	
<i>efavirenz oral tablet</i>	2	EDS
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	2	EDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	5	
<i>emtricitabine oral capsule</i>	3	EDS
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	2	EDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	EDS
<i>emtricitab- rilpivir-tenofov df oral tablet</i>	5	
EMTRIVA ORAL SOLUTION	4	EDS
<i>entecavir oral tablet</i>	2	EDS
<i>etravirine oral tablet 100 mg</i>	4	EDS
<i>etravirine oral tablet 200 mg</i>	5	
EVOTAZ ORAL TABLET	5	
<i>famciclovir oral tablet</i>	2	
<i>fosamprenavir calcium oral tablet</i>	4	EDS

Drug Name	Tier	Requirements/Limits
GENVOYA ORAL TABLET	5	
IDVYNZO ORAL TABLET	5	
INTELENCE ORAL TABLET 25 MG	4	EDS
ISENTRESS HD ORAL TABLET	5	
ISENTRESS ORAL PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	EDS
JULUCA ORAL TABLET	5	
KALETRA ORAL SOLUTION	4	EDS
<i>lamivudine oral solution 10 mg/ml</i>	4	EDS
<i>lamivudine oral tablet</i>	2	EDS
<i>lamivudine-zidovudine oral tablet</i>	2	EDS
LIVTENCITY ORAL TABLET	5	PA; LA
<i>lopinavir-ritonavir oral tablet</i>	2	EDS
<i>maraviroc oral tablet</i>	3	EDS
MAVYRET ORAL PACKET	5	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET	5	PA
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	EDS
<i>nevirapine oral suspension</i>	4	EDS
<i>nevirapine oral tablet</i>	2	EDS
NORVIR ORAL PACKET	4	EDS
ODEFSEY ORAL TABLET	5	
<i>oseltamivir phosphate oral capsule</i>	2	
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	QL (80 EA per 365 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	3	QL (44 EA per 365 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	QL (120 EA per 365 days)
PIFELTRO ORAL TABLET	5	
PREVYMIS ORAL TABLET	5	PA
PREZCOBIX ORAL TABLET	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 75 MG	4	EDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	
REYATAZ ORAL PACKET	5	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rilpivirine hcl oral tablet</i>	5	
<i>rimantadine hcl oral tablet</i>	2	
<i>ritonavir oral tablet</i>	2	EDS

Drug Name	Tier	Requirements/Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	
SELZENTRY ORAL SOLUTION	5	
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA
STRIBILD ORAL TABLET	5	
SUNLENCA ORAL TABLET	5	LA
SUNLENCA ORAL TABLET THERAPY PACK	5	
SYM TUZA ORAL TABLET	5	
<i>tenofovir disoproxil fumarate oral tablet</i>	2	EDS
TIVICAY ORAL TABLET 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE	3	EDS
TRIUMEQ ORAL TABLET	5	
TRIUMEQ PD ORAL TABLET SOLUBLE	4	EDS
<i>valacyclovir hcl oral tablet</i>	2	
<i>valganciclovir hcl oral solution reconstituted</i>	5	
<i>valganciclovir hcl oral tablet</i>	3	EDS
VEMLIDY ORAL TABLET	5	
VIRACEPT ORAL TABLET	5	
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
VOCABRIA ORAL TABLET	5	LA
VOSEVI ORAL TABLET	5	PA; QL (30 EA per 30 days)
XOCOVA ORAL TABLET	5	QL (28 EA per 365 days); AL (Min 12 Years)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	
<i>zidovudine oral capsule</i>	2	EDS
<i>zidovudine oral syrup</i>	2	EDS
<i>zidovudine oral tablet</i>	2	EDS
Anxiolytics		
<i>alprazolam er oral tablet extended release 24 hour</i>	2	
<i>alprazolam oral tablet</i>	2	
<i>alprazolam oral tablet dispersible</i>	4	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	EDS
<i>clonazepam oral tablet</i>	2	EDS
<i>clonazepam oral tablet dispersible</i>	2	EDS
<i>diazepam intensol oral concentrate</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	2	PA; PA not required if under 65 years of age or if a total of 30 days of supply for the plan year is not exceeded.

Drug Name	Tier	Requirements/Limits
<i>lorazepam oral tablet</i>	2	
<i>oxazepam oral capsule</i>	4	
Bipolar Agents		
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	EDS
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days); EDS
<i>carbamazepine oral suspension 100 mg/5ml</i>	3	EDS
<i>carbamazepine oral tablet</i>	2	EDS
<i>carbamazepine oral tablet chewable 100 mg</i>	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<i>lamotrigine oral tablet</i>	2	EDS
<i>lithium carbonate er oral tablet extended release</i>	2	EDS
<i>lithium carbonate oral capsule</i>	2	EDS
<i>lithium carbonate oral tablet</i>	2	EDS
<i>lithium oral solution</i>	2	EDS
<i>lurasidone hcl oral tablet</i>	2	EDS
<i>olanzapine oral tablet</i>	2	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
<i>risperidone oral solution 1 mg/ml</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS
<i>subvenite oral tablet</i>	2	EDS
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution 250 mg/5ml</i>	2	EDS
<i>ziprasidone hcl oral capsule</i>	2	EDS
Blood Glucose Regulators		
<i>acarbose oral tablet</i>	2	EDS
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	2	
BAQSIMI ONE PACK NASAL POWDER	3	
BAQSIMI TWO PACK NASAL POWDER	3	
<i>colesevelam hcl oral packet</i>	2	EDS
<i>colesevelam hcl oral tablet</i>	2	EDS
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	2	
<i>cvs gauze sterile pad 2"x2"</i>	2	
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour</i>	2	
<i>dapagliflozin oral tablet 10 mg</i>	2	EDS
<i>dapagliflozin oral tablet 5 mg</i>	2	QL (30 EA per 30 days); EDS
<i>diazoxide oral suspension</i>	5	

Drug Name	Tier	Requirements/Limits
<i>exel comfort point pen needle 29g x 12mm</i>	2	
FARXIGA ORAL TABLET 10 MG	3	ST; EDS
FARXIGA ORAL TABLET 5 MG	3	ST; QL (30 EA per 30 days); EDS
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	EDS
<i>glipizide er oral tablet extended release 24 hour</i>	1	EDS
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	EDS
<i>glipizide-metformin hcl oral tablet</i>	1	EDS
<i>glucagon emergency injection solution reconstituted 1 mg</i>	3	
GLYXAMBI ORAL TABLET	3	EDS
HUMALOG INJECTION SOLUTION	3	EDS
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION	3	EDS
HUMULIN R INJECTION SOLUTION	3	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
<i>insulin glargine max solostar subcutaneous solution pen-injector</i>	3	EDS
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	3	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	3	EDS
<i>insulin lispro injection solution</i>	3	EDS
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	3	EDS
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	3	EDS
JARDIANCE ORAL TABLET 10 MG	3	QL (30 EA per 30 days); EDS
JARDIANCE ORAL TABLET 25 MG	3	EDS
JENTADUETO ORAL TABLET	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS

Drug Name	Tier	Requirements/Limits
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LANTUS SUBCUTANEOUS SOLUTION	3	EDS
LYUMJEV INJECTION SOLUTION	3	EDS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>metformin hcl oral solution</i>	4	EDS
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA New Starts; QL (2 ML per 28 days); EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	3	PA New Starts; QL (2 ML per 365 days)
<i>nateglinide oral tablet</i>	2	EDS
OMNIPOD 5 LIBRE INTRO KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS	3	QL (15 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (15 EA per 30 days); EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA New Starts; QL (3 ML per 28 days); EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA New Starts; QL (3 ML per 28 days); EDS
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA New Starts; QL (3 ML per 28 days); EDS
OZEMPIC ORAL TABLET 1.5 MG	3	PA New Starts; QL (60 EA per 365 days); EDS
OZEMPIC ORAL TABLET 4 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
OZEMPIC ORAL TABLET 9 MG	3	PA New Starts; EDS
<i>pioglitazone hcl oral tablet</i>	1	EDS
<i>pioglitazone hcl-metformin hcl oral tablet</i>	2	EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	
<i>reli-on insulin syringe 29g 0.3 ml</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	2	EDS
RYBELSUS ORAL TABLET 14 MG	3	PA New Starts; EDS
RYBELSUS ORAL TABLET 3 MG	3	PA New Starts; QL (60 EA per 365 days)
RYBELSUS ORAL TABLET 7 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
<i>sitagliptin phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg</i>	3	EDS
<i>sitagliptin phos-metformin hcl er oral tablet extended release 24 hour 50-500 mg</i>	3	QL (30 EA per 30 days); EDS
<i>sitagliptin phos-metformin hcl oral tablet</i>	3	EDS
<i>sitagliptin phosphate oral tablet 100 mg</i>	3	EDS

Drug Name	Tier	Requirements/Limits
<i>sitagliptin phosphate oral tablet 25 mg, 50 mg</i>	3	QL (30 EA per 30 days); EDS
SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (15 ML per 25 days); EDS
SYNJARDY ORAL TABLET	3	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TRADJENTA ORAL TABLET	3	EDS
TRIARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA New Starts; QL (2 ML per 28 days); EDS
V-GO 20 KIT 20 UNIT/24HR	3	EDS
V-GO 30 KIT 30 UNIT/24HR	3	EDS
V-GO 40 KIT 40 UNIT/24HR	3	EDS
Blood Products And Modifiers		
<i>anagrelide hcl oral capsule</i>	2	EDS
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	4	EDS
CABLIVI INJECTION KIT	5	PA; LA
<i>cilostazol oral tablet</i>	2	EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
<i>dabigatran etexilate mesylate oral capsule</i>	2	EDS
DOPTLET ORAL TABLET 20 MG	5	PA; LA
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE	3	QL (444 EA per 30 days); EDS
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE	3	QL (590 EA per 30 days); EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE	3	QL (74 EA per 30 days); EDS
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days); EDS
ELIQUIS ORAL TABLET 5 MG	3	EDS
ELIQUIS ORAL TABLET SOLUBLE	3	QL (148 EA per 30 days); EDS
<i>eltrombopag olamine oral packet</i>	5	PA
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5	PA; QL (30 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	5	PA
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	
<i>enoxaparin sodium injection solution prefilled syringe</i>	4	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	4	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	2	
<i>jantoven oral tablet</i>	1	EDS

Drug Name	Tier	Requirements/Limits
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA
<i>prasugrel hcl oral tablet</i>	2	EDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA
<i>rivaroxaban oral tablet</i>	3	QL (324 EA per 30 days)
<i>ticagrelor oral tablet 60 mg</i>	3	
<i>ticagrelor oral tablet 90 mg</i>	3	EDS
<i>tranexamic acid oral tablet</i>	2	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>warfarin sodium oral tablet</i>	1	EDS
XARELTO ORAL TABLET 10 MG	4	ST; QL (30 EA per 30 days); EDS
XARELTO ORAL TABLET 15 MG, 20 MG	4	ST; EDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	
Cardiovascular Agents		
<i>acebutolol hcl oral capsule</i>	2	EDS
<i>acetazolamide oral tablet</i>	2	EDS
<i>aliskiren fumarate oral tablet</i>	4	ST; EDS
<i>amiloride hcl oral tablet</i>	1	EDS
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	EDS
<i>amiodarone hcl oral tablet</i>	2	EDS
<i>amlodipine besy-benazepril hcl oral capsule</i>	1	EDS
<i>amlodipine besylate oral tablet</i>	1	EDS
<i>amlodipine besylate-valsartan oral tablet</i>	1	EDS
<i>amlodipine-atorvastatin oral tablet</i>	2	EDS
<i>amlodipine-olmesartan oral tablet</i>	1	EDS
<i>amlodipine-valsartan-hctz oral tablet</i>	2	EDS
<i>atenolol oral tablet</i>	1	EDS
<i>atenolol-chlorthalidone oral tablet</i>	1	EDS
<i>atorvastatin calcium oral tablet</i>	1	EDS
<i>benazepril hcl oral tablet</i>	1	EDS
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>betaxolol hcl oral tablet</i>	2	EDS
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	EDS
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	EDS
<i>bumetanide injection solution</i>	4	
<i>bumetanide oral tablet</i>	2	EDS
CAMZYOS ORAL CAPSULE	5	PA; LA; QL (30 EA per 30 days)
<i>candesartan cilexetil oral tablet</i>	2	EDS
<i>candesartan cilexetil-hctz oral tablet</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>captopril oral tablet</i>	4	EDS
<i>cartia xt oral capsule extended release 24 hour</i>	2	EDS
<i>carvedilol oral tablet</i>	1	EDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
<i>cholestyramine light oral packet</i>	2	EDS
<i>cholestyramine oral packet</i>	2	EDS
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	2	EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	4	QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	4	EDS
<i>colesevelam hcl oral packet</i>	2	EDS
<i>colesevelam hcl oral tablet</i>	2	EDS
<i>colestipol hcl oral packet</i>	4	EDS
<i>colestipol hcl oral tablet</i>	2	EDS
<i>digoxin oral solution</i>	4	EDS
<i>digoxin oral tablet 125 mcg</i>	2	QL (35 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	2	PA; PA not required if under 65 years of age. Prior authorization not required for cardiologists.; EDS
<i>digoxin oral tablet 62.5 mcg</i>	4	QL (30 EA per 30 days); EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 360 mg, 420 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	2	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	EDS
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>diltiazem hcl oral tablet</i>	2	EDS
<i>dilt-xr oral capsule extended release 24 hour</i>	2	EDS
<i>dofetilide oral capsule</i>	4	EDS
<i>doxazosin mesylate oral tablet</i>	1	EDS
<i>droxidopa oral capsule 100 mg</i>	4	QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	QL (180 EA per 30 days)
<i>enalapril maleate oral tablet</i>	1	EDS
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>eplerenone oral tablet</i>	2	EDS
<i>ethacrynic acid oral tablet</i>	4	EDS
<i>ezetimibe oral tablet</i>	2	EDS
<i>ezetimibe-simvastatin oral tablet</i>	2	EDS
<i>felodipine er oral tablet extended release 24 hour</i>	2	EDS
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	EDS
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	EDS
<i>fenofibric acid oral capsule delayed release</i>	2	EDS
FILSPARI ORAL TABLET	5	PA; LA; QL (30 EA per 30 days)

Drug Name	Tier	Requirements/Limits
<i>flecainide acetate oral tablet</i>	2	EDS
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	4	EDS
<i>fluvastatin sodium oral capsule</i>	4	EDS
<i>fosinopril sodium oral tablet</i>	1	EDS
<i>fosinopril sodium-hctz oral tablet</i>	1	EDS
<i>furosemide injection solution</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>gemfibrozil oral tablet</i>	2	EDS
<i>hydralazine hcl oral tablet</i>	2	EDS
<i>hydrochlorothiazide oral capsule</i>	1	EDS
<i>hydrochlorothiazide oral tablet</i>	1	EDS
<i>icosapent ethyl oral capsule 0.5 gm</i>	3	QL (120 EA per 30 days); EDS
<i>icosapent ethyl oral capsule 1 gm</i>	3	EDS
<i>indapamide oral tablet</i>	1	EDS
<i>irbesartan oral tablet</i>	1	EDS
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	EDS
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	4	EDS
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	EDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	EDS
<i>ivabradine hcl oral tablet 5 mg</i>	3	PA; Prior authorization not required for cardiologists.; QL (60 EA per 30 days); EDS
<i>ivabradine hcl oral tablet 7.5 mg</i>	3	PA; Prior authorization not required for cardiologists.; EDS
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)
KERENDIA ORAL TABLET	4	PA; QL (30 EA per 30 days); EDS
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	EDS
LIPFENDRA ORAL TABLET	3	PA New Starts; QL (30 EA per 30 days); EDS
<i>lisinopril oral tablet</i>	1	EDS
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>losartan potassium oral tablet</i>	1	EDS
<i>losartan potassium-hctz oral tablet</i>	1	EDS
<i>lovastatin oral tablet</i>	1	EDS
<i>matzim la oral tablet extended release 24 hour</i>	2	EDS
<i>metolazone oral tablet</i>	2	EDS
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	EDS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	EDS
<i>metoprolol-hydrochlorothiazide oral tablet</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>metirosine oral capsule</i>	5	
<i>mexiletine hcl oral capsule</i>	2	EDS
<i>midodrine hcl oral tablet</i>	2	
<i>minoxidil oral tablet</i>	2	EDS
<i>moexipril hcl oral tablet</i>	2	EDS
MULTAQ ORAL TABLET	3	QL (60 EA per 30 days); EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	EDS
<i>nebivolol hcl oral tablet</i>	2	EDS
NEXLETOL ORAL TABLET	3	PA; EDS
NEXLIZET ORAL TABLET	3	PA; EDS
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	2	EDS
<i>nicardipine hcl oral capsule</i>	4	EDS
<i>nifedipine er oral tablet extended release 24 hour</i>	2	EDS
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	EDS
<i>nimodipine oral capsule</i>	4	
NITRO-BID TRANSDERMAL OINTMENT	4	EDS
<i>nitroglycerin sublingual tablet sublingual</i>	2	EDS
<i>nitroglycerin transdermal ointment</i>	4	
<i>nitroglycerin transdermal patch 24 hour</i>	2	EDS
<i>nitroglycerin translingual solution</i>	4	EDS
<i>olmesartan medoxomil oral tablet</i>	1	EDS
<i>olmesartan medoxomil-hctz oral tablet</i>	1	EDS
<i>olmesartan-amlodipine-hctz oral tablet</i>	2	EDS
<i>omega-3-acid ethyl esters oral capsule</i>	4	EDS
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	EDS
<i>pentoxifylline er oral tablet extended release</i>	2	EDS
<i>perindopril erbumine oral tablet</i>	2	EDS
<i>pindolol oral tablet</i>	2	EDS
<i>pitavastatin calcium oral tablet 1 mg, 2 mg</i>	2	QL (45 EA per 30 days); EDS
<i>pitavastatin calcium oral tablet 4 mg</i>	2	EDS
<i>pravastatin sodium oral tablet</i>	1	EDS
<i>prazosin hcl oral capsule</i>	2	EDS
<i>prevalite oral packet</i>	2	EDS
<i>propafenone hcl er oral capsule extended release 12 hour</i>	2	EDS
<i>propafenone hcl oral tablet</i>	2	EDS
<i>propranolol hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>propranolol hcl oral solution</i>	2	EDS
<i>propranolol hcl oral tablet</i>	1	EDS
<i>quinapril hcl oral tablet</i>	1	EDS
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>quinidine gluconate er oral tablet extended release</i>	4	EDS

Drug Name	Tier	Requirements/Limits
<i>quinidine sulfate oral tablet</i>	2	EDS
<i>ramipril oral capsule</i>	1	EDS
<i>ranolazine er oral tablet extended release 12 hour</i>	2	EDS
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA; QL (0.5 ML per 90 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA New Starts; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA New Starts; EDS
<i>rosuvastatin calcium oral tablet</i>	1	EDS
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	3	QL (180 EA per 30 days); EDS
<i>sacubitril-valsartan oral tablet 49-51 mg</i>	3	QL (60 EA per 30 days); EDS
<i>sacubitril-valsartan oral tablet 97-103 mg</i>	3	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	2	EDS
<i>sotalol hcl (af) oral tablet</i>	2	EDS
<i>sotalol hcl oral tablet</i>	2	EDS
<i>spironolactone oral tablet</i>	1	EDS
<i>spironolactone-hctz oral tablet</i>	1	EDS
<i>telmisartan oral tablet</i>	1	EDS
<i>telmisartan-amlodipine oral tablet</i>	3	EDS
<i>telmisartan-hctz oral tablet</i>	2	EDS
<i>terazosin hcl oral capsule</i>	1	EDS
<i>tiadylt er oral capsule extended release 24 hour</i>	2	EDS
<i>timolol maleate oral tablet</i>	2	EDS
<i>toremide oral tablet</i>	2	EDS
<i>trandolapril oral tablet</i>	1	EDS
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	4	EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet</i>	1	EDS
<i>valsartan oral tablet</i>	1	EDS
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	EDS
VANRAFIA ORAL TABLET	5	PA; LA; QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GM	3	QL (120 EA per 30 days); EDS
VASCEPA ORAL CAPSULE 1 GM	3	EDS
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	4	EDS
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	2	EDS
<i>verapamil hcl er oral tablet extended release</i>	2	EDS
<i>verapamil hcl oral tablet</i>	2	EDS
VERQUVO ORAL TABLET 10 MG	4	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days); EDS

Drug Name	Tier	Requirements/Limits
WEGOVY ORAL TABLET 1.5 MG, 4 MG, 9 MG	3	PA; Not covered for weight management; QL (30 EA per 30 days)
WEGOVY ORAL TABLET 25 MG	3	PA; Not covered for weight management; 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; Not covered for weight management; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; Not covered for weight management; QL (3 ML per 28 days); EDS
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	4	QL (30 EA per 30 days); EDS
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 EA per 30 days); EDS
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	2	QL (90 EA per 30 days); EDS
<i>atomoxetine hcl oral capsule</i>	2	EDS
AUSTEDO ORAL TABLET 12 MG	5	PA; LA
AUSTEDO ORAL TABLET 6 MG	5	PA; LA; QL (60 EA per 30 days)
AUSTEDO ORAL TABLET 9 MG	5	PA; LA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (28 EA per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	
<i>dalfampridine er oral tablet extended release 12 hour</i>	3	PA; EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	4	QL (30 EA per 30 days); EDS
<i>dexmethylphenidate hcl oral tablet</i>	2	EDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	2	EDS
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	EDS
<i>dextromethorphan-quinidine oral capsule</i>	5	PA
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	2	QL (60 EA per 30 days); EDS
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>fingolimod hcl oral capsule</i>	3	EDS
<i>gabapentin (once-daily) oral tablet 300 mg</i>	4	QL (90 EA per 30 days); EDS
<i>gabapentin (once-daily) oral tablet 600 mg</i>	4	EDS
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	3	EDS
<i>glatopa subcutaneous solution prefilled syringe</i>	3	EDS

Drug Name	Tier	Requirements/Limits
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	EDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
<i>lisdexamfetamine dimesylate oral capsule</i>	4	QL (30 EA per 30 days); EDS
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	4	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	4	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	4	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	2	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	4	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	4	QL (90 EA per 30 days); EDS
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	4	EDS
<i>methylphenidate hcl oral tablet</i>	2	EDS
<i>milnacipran hcl oral</i>	4	ST; QL (110 EA per 365 days)
<i>milnacipran hcl oral tablet</i>	4	ST; QL (60 EA per 30 days); EDS
<i>pregabalin oral capsule</i>	2	EDS
<i>pregabalin oral solution</i>	4	EDS
RADICAVA ORS ORAL SUSPENSION	5	PA New Starts; LA; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA New Starts; LA; QL (70 ML per 28 days)
<i>riluzole oral tablet</i>	2	EDS
SKYCLARYS ORAL CAPSULE	5	PA; LA
<i>teriflunomide oral tablet 14 mg</i>	4	EDS
<i>teriflunomide oral tablet 7 mg</i>	4	QL (30 EA per 30 days); EDS
<i>tetrabenazine oral tablet 12.5 mg</i>	2	QL (120 EA per 30 days); EDS
<i>tetrabenazine oral tablet 25 mg</i>	2	EDS
TIGLUTIK ORAL SUSPENSION	5	
VEOZAH ORAL TABLET	4	PA; EDS
Dental And Oral Agents		
<i>cevimeline hcl oral capsule</i>	3	EDS
<i>chlorhexidine gluconate mouth/throat solution</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	EDS
<i>periogard mouth/throat solution</i>	2	
<i>pilocarpine hcl oral tablet</i>	2	EDS
<i>triamcinolone acetonide mouth/throat paste</i>	2	
Dermatological Agents		
<i>acitretin oral capsule</i>	3	
<i>acyclovir external ointment</i>	2	
<i>adapalene external cream</i>	4	PA
<i>adapalene external gel 0.3 %</i>	4	PA

Drug Name	Tier	Requirements/Limits
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	
<i>ala-cort external cream 1 %</i>	2	
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>amnestem oral capsule</i>	3	
<i>azelaic acid external gel</i>	2	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	4	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external foam</i>	2	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
<i>brimonidine tartrate external gel</i>	4	
<i>calcipotriene external cream</i>	2	
<i>calcipotriene external ointment</i>	3	
<i>calcipotriene external solution</i>	2	
<i>calcipotriene-betameth diprop external ointment</i>	4	
<i>calcipotriene-betameth diprop external suspension</i>	4	
<i>calcitriol external ointment</i>	4	
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external cream</i>	2	
<i>ciclopirox olamine external suspension</i>	2	
<i>claravis oral capsule</i>	3	
<i>clindamycin phos (twice-daily) external gel</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	2	
<i>clindamycin phosphate external lotion</i>	2	
<i>clindamycin phosphate external solution</i>	2	
<i>clindamycin phosphate external swab</i>	2	
<i>clobetasol propionate e external cream</i>	2	
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external foam</i>	2	
<i>clobetasol propionate external gel</i>	2	

Drug Name	Tier	Requirements/Limits
<i>clobetasol propionate external liquid</i>	2	
<i>clobetasol propionate external lotion</i>	2	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
<i>clodan external shampoo</i>	2	
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	4	
<i>desonide external cream</i>	2	
<i>desonide external lotion</i>	2	
<i>desonide external ointment</i>	2	
<i>desoximetasone external cream 0.25 %</i>	2	
<i>desoximetasone external liquid</i>	2	
<i>desoximetasone external ointment 0.25 %</i>	2	
<i>diclofenac sodium external gel 3 %</i>	2	PA; Prior authorization not required for dermatologists or oncologists.
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA
<i>econazole nitrate external cream</i>	2	
<i>fluocinolone acetonide body external oil</i>	2	
<i>fluocinolone acetonide external cream</i>	2	
<i>fluocinolone acetonide external ointment</i>	2	
<i>fluocinolone acetonide external solution</i>	2	
<i>fluocinolone acetonide scalp external oil</i>	2	
<i>fluocinonide emulsified base external cream</i>	2	
<i>fluocinonide external cream</i>	2	
<i>fluocinonide external gel</i>	2	
<i>fluocinonide external ointment</i>	2	
<i>fluocinonide external solution</i>	2	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	2	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>global alcohol prep ease pad</i>	2	
<i>halobetasol propionate external cream</i>	2	
<i>halobetasol propionate external ointment</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate external cream</i>	2	
<i>hydrocortisone valerate external ointment</i>	2	
<i>imiquimod external cream 5 %</i>	2	

Drug Name	Tier	Requirements/Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	Accutane generic covered, Absorica generic is non-formulary
<i>ivermectin external cream</i>	3	
<i>malathion external lotion</i>	3	
<i>methoxsalen rapid oral capsule</i>	5	
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel</i>	2	
<i>metronidazole external lotion</i>	4	
<i>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
<i>mupirocin calcium external cream</i>	4	
<i>mupirocin external ointment</i>	2	
<i>nystatin-triamcinolone external cream</i>	2	
<i>nystatin-triamcinolone external ointment</i>	2	
OTEZLA ORAL TABLET	5	QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	5	QL (110 EA per 365 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK	5	QL (82 EA per 365 days)
PANRETIN EXTERNAL GEL	5	PA New Starts
<i>permethrin external cream</i>	2	
<i>pimecrolimus external cream</i>	4	QL (100 GM per 30 days)
<i>podofilox external gel</i>	4	
<i>podofilox external solution</i>	2	
SANTYL EXTERNAL OINTMENT	4	QL (180 GM per 30 days)
<i>selenium sulfide external lotion</i>	2	
<i>silver sulfadiazine external cream</i>	2	
<i>ssd external cream</i>	2	
<i>sulfacetamide sodium (acne) external lotion</i>	2	
SULFAMYLON EXTERNAL CREAM	4	
<i>tacrolimus external ointment</i>	2	
<i>tavaborole external solution</i>	4	
<i>tazarotene external cream 0.05 %</i>	4	PA
<i>tazarotene external cream 0.1 %</i>	2	PA
<i>tazarotene external gel</i>	4	PA
<i>tretinoin external cream</i>	3	PA
<i>tretinoin external gel 0.01 %, 0.025 %</i>	4	PA
<i>triamcinolone acetonide external aerosol solution</i>	4	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	

Drug Name	Tier	Requirements/Limits
<i>trilitas external gel</i>	4	PA
VTAMA EXTERNAL CREAM	5	PA; QL (120 GM per 30 days)
<i>zenatane oral capsule</i>	3	
ZORYVE EXTERNAL CREAM 0.3 %	4	PA; Prior authorization not required for dermatologists.
Electrolytes/Minerals/Metals/Vitamins		
<i>calcium acetate (phos binder) oral capsule</i>	2	BD; EDS
<i>calcium acetate (phos binder) oral tablet</i>	2	BD; EDS
<i>carglumic acid oral tablet soluble</i>	5	PA
CHEMET ORAL CAPSULE	4	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	4	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	4	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	4	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	4	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	4	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	4	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	4	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	4	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	4	BD
CLINISOL SF INTRAVENOUS SOLUTION	3	BD
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	2	EHS; ENH; QL (4 ML per 28 days)
<i>deferasirox oral tablet</i>	3	EDS
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA; EDS
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
<i>folic acid oral tablet 1 mg</i>	2	EHS; ENH; EDS
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i>	2	
<i>klor-con 10 oral tablet extended release</i>	2	EDS
<i>klor-con m10 oral tablet extended release</i>	2	EDS
<i>klor-con m15 oral tablet extended release</i>	2	EDS
<i>klor-con m20 oral tablet extended release</i>	2	EDS
<i>klor-con oral packet 20 meq</i>	2	EDS
<i>klor-con oral tablet extended release</i>	2	EDS
<i>levocarnitine oral solution</i>	2	EDS
<i>levocarnitine oral tablet</i>	4	EDS
LOKELMA ORAL PACKET	3	QL (90 EA per 30 days); EDS
<i>magnesium sulfate injection solution 50 %</i>	2	

Drug Name	Tier	Requirements/Limits
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	4	
<i>penicillamine oral capsule</i>	5	
<i>penicillamine oral tablet</i>	5	
<i>potassium chloride crys er oral tablet extended release</i>	2	EDS
<i>potassium chloride er oral capsule extended release</i>	2	EDS
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	EDS
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	EDS
PREMASOL INTRAVENOUS SOLUTION 10 %	3	BD
PRENATAL ORAL TABLET 27-1 MG	3	
<i>sevelamer carbonate oral packet</i>	3	BD; EDS
<i>sevelamer carbonate oral tablet</i>	3	BD; EDS
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	EDS
<i>sodium polystyrene sulfonate combination suspension</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (sodium polystyrene sulf) combination suspension</i>	2	
<i>sps (sodium polystyrene sulf) rectal suspension</i>	2	
<i>tolvaptan (hyponatremia) oral tablet 15 mg</i>	5	PA; QL (30 EA per 30 days)
<i>tolvaptan (hyponatremia) oral tablet 30 mg</i>	5	PA
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (60 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg</i>	5	PA; QL (60 EA per 30 days)
<i>tolvaptan oral tablet therapy pack 90 & 30 mg</i>	5	PA
<i>tpn electrolytes intravenous concentrate</i>	2	
<i>trientine hcl oral capsule 250 mg</i>	5	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	2	EHS; ENH; EDS
Gastrointestinal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	QL (60 EA per 30 days); EDS
<i>alosetron hcl oral tablet 1 mg</i>	4	EDS
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	4	
<i>chlordiazepoxide-clidinium oral capsule</i>	4	
<i>cimetidine oral tablet 200 mg</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	EDS
<i>constulose oral solution</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	4	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>enulose oral solution</i>	2	EDS
EOHILIA ORAL SUSPENSION	5	PA; QL (600 ML per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	2	EDS
<i>famotidine oral suspension reconstituted</i>	2	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
GATTEX SUBCUTANEOUS KIT	5	PA; LA
<i>gavilyte-c oral solution reconstituted</i>	2	
<i>gavilyte-g oral solution reconstituted</i>	2	
<i>generlac oral solution</i>	2	EDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	EDS
<i>lansoprazole oral capsule delayed release</i>	2	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	3	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	3	EDS
<i>loperamide hcl oral capsule</i>	2	
<i>lubiprostone oral capsule 24 mcg</i>	3	EDS
<i>lubiprostone oral capsule 8 mcg</i>	3	QL (60 EA per 30 days); EDS
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>misoprostol oral tablet</i>	2	EDS
MOVANTIK ORAL TABLET 12.5 MG	3	QL (30 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	3	
MYTESI ORAL TABLET DELAYED RELEASE	5	PA
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	2	
<i>nitroglycerin rectal ointment</i>	4	
<i>omeprazole oral capsule delayed release</i>	2	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	2	EDS
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	4	
<i>rabeprazole sodium oral tablet delayed release</i>	2	EDS
REZDIFFRA ORAL TABLET	5	PA; LA
<i>sucrafate oral suspension</i>	4	EDS
<i>sucrafate oral tablet</i>	2	EDS
SUTAB ORAL TABLET	3	
<i>ursodiol oral capsule 300 mg</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>ursodiol oral tablet</i>	2	EDS
VELSIPITY ORAL TABLET	5	PA
VIBERZI ORAL TABLET	5	PA
VOQUEZNA ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days); EDS
VOQUEZNA ORAL TABLET 20 MG	4	PA; EDS
VOWST ORAL CAPSULE	5	PA; LA; QL (12 EA per 90 days)
XERMELO ORAL TABLET	5	PA; LA
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; EDS
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ATTRUBY ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (112 EA per 28 days)
<i>betaine oral powder</i>	5	EDS
CERDELGA ORAL CAPSULE	5	PA; LA; QL (60 EA per 30 days)
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
<i>cromolyn sodium oral concentrate</i>	2	EDS
CYSTAGON ORAL CAPSULE	4	LA; EDS
<i>dichlorphenamide oral tablet</i>	5	PA
DROXIA ORAL CAPSULE	2	EDS
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA New Starts; LA
EVRYSDI ORAL TABLET	5	PA New Starts; LA
<i>javygtor oral packet</i>	5	PA
<i>javygtor oral tablet</i>	5	PA
JOENJA ORAL TABLET	5	PA; LA
<i>l-glutamine oral packet</i>	5	PA New Starts
<i>miglustat oral capsule</i>	5	PA
<i>nitisinone oral capsule</i>	5	PA
<i>ormalvi oral tablet</i>	5	PA
PLENAMINE INTRAVENOUS SOLUTION	3	BD
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA
<i>sapropterin dihydrochloride oral packet</i>	5	PA
<i>sapropterin dihydrochloride oral tablet</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	
<i>sodium phenylbutyrate oral tablet</i>	5	
SUCRAID ORAL SOLUTION	5	PA; LA
VIJOICE ORAL PACKET	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (56 EA per 28 days)
<i>yargesa oral capsule</i>	5	PA
<i>zelvysia oral packet</i>	5	PA
Genitourinary Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>bethanechol chloride oral tablet</i>	2	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days); EDS
<i>doxazosin mesylate oral tablet</i>	1	EDS
<i>dutasteride oral capsule</i>	1	EDS
<i>dutasteride-tamsulosin hcl oral capsule</i>	4	EDS
ELMIRON ORAL CAPSULE	4	QL (540 EA per 365 days)
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>flavoxate hcl oral tablet</i>	2	EDS
GEMTESA ORAL TABLET	3	QL (30 EA per 30 days); EDS
<i>mirabegron er oral tablet extended release 24 hour 25 mg</i>	3	QL (30 EA per 30 days); EDS
<i>mirabegron er oral tablet extended release 24 hour 50 mg</i>	3	EDS
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>potassium citrate er oral tablet extended release</i>	2	EDS
RENACIDIN IRRIGATION SOLUTION	3	
RIVFLOZA SUBCUTANEOUS SOLUTION	5	PA
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	EHS; ENH; QL (10 EA per 30 days)
<i>silodosin oral capsule</i>	2	EDS
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	EHS; ENH; QL (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days); EDS
<i>tamsulosin hcl oral capsule</i>	1	EDS
<i>terazosin hcl oral capsule</i>	1	EDS
<i>tropium chloride er oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days); EDS
<i>tropium chloride oral tablet</i>	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE	5	PA
CORTROPHIN INJECTION GEL	5	PA
<i>dexamethasone oral solution</i>	4	
<i>dexamethasone oral tablet</i>	2	
<i>fludrocortisone acetate oral tablet</i>	2	EDS
<i>hydrocortisone oral tablet</i>	2	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
<i>prednisolone oral solution</i>	4	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
<i>prednisone oral solution</i>	4	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablet therapy pack</i>	2	
TARPEYO ORAL CAPSULE DELAYED RELEASE	5	PA; LA; QL (120 EA per 30 days)

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin acetate oral tablet</i>	2	EDS
<i>desmopressin acetate spray nasal solution</i>	2	EDS
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; LA
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; LA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>abigale lo oral tablet</i>	2	EDS
<i>abigale oral tablet</i>	2	EDS
<i>altavera oral tablet</i>	2	EDS
<i>alyacen 1/35 oral tablet</i>	2	EDS
<i>apri oral tablet</i>	2	EDS
<i>aranelle oral tablet</i>	2	EDS
<i>ashlyna oral tablet</i>	2	EDS
<i>aviane oral tablet</i>	2	EDS
<i>azurette oral tablet</i>	2	EDS
<i>balziva oral tablet</i>	2	EDS
<i>blisovi 24 fe oral tablet</i>	2	EDS
<i>blisovi fe 1.5/30 oral tablet</i>	2	EDS
<i>blisovi fe 1/20 oral tablet</i>	2	EDS
<i>briellyn oral tablet</i>	2	EDS
<i>camila oral tablet</i>	2	EDS
<i>camrese lo oral tablet</i>	2	EDS
<i>camrese oral tablet</i>	2	EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	4	QL (8 EA per 28 days); EDS
<i>cryselle oral tablet</i>	2	EDS
<i>cyred eq oral tablet</i>	2	EDS
<i>danazol oral capsule</i>	2	
<i>daysee oral tablet</i>	2	EDS
<i>deblitane oral tablet</i>	2	EDS
<i>delyla oral tablet</i>	2	EDS
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	EDS
<i>dolishale oral tablet</i>	2	EDS
<i>dotti transdermal patch twice weekly</i>	2	QL (8 EA per 28 days); EDS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	2	EDS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	4	EDS

Drug Name	Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	EDS
DUAVEE ORAL TABLET	4	EDS
<i>eluryng vaginal ring</i>	3	EDS
<i>enilloring vaginal ring</i>	3	EDS
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>errin oral tablet</i>	2	EDS
<i>estarylla oral tablet</i>	2	EDS
<i>estradiol oral tablet</i>	2	EDS
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	4	EDS
<i>estradiol transdermal patch twice weekly</i>	2	QL (8 EA per 28 days); EDS
<i>estradiol transdermal patch weekly</i>	2	QL (4 EA per 28 days); EDS
<i>estradiol vaginal cream 0.01 %</i>	2	EDS
<i>estradiol vaginal tablet</i>	2	EDS
<i>estradiol valerate intramuscular oil</i>	2	
<i>estradiol-norethindrone acet oral tablet</i>	2	EDS
ESTRING VAGINAL RING 7.5 MCG/24HR	4	EDS
<i>estrogens conjugated oral tablet</i>	3	EDS
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	3	EDS
<i>falmina oral tablet</i>	2	EDS
<i>feirza 1.5/30 oral tablet</i>	2	EDS
<i>feirza 1/20 oral tablet</i>	2	EDS
<i>finzala oral tablet chewable</i>	2	EDS
<i>fyavolv oral tablet</i>	2	EDS
<i>galbriela oral tablet chewable</i>	2	EDS
<i>gallifrey oral tablet</i>	2	EDS
<i>gemmily oral capsule</i>	2	EDS
<i>hailey 24 fe oral tablet</i>	2	EDS
<i>hailey fe 1/20 oral tablet</i>	2	EDS
<i>heather oral tablet</i>	2	EDS
<i>iclevia oral tablet</i>	2	EDS
<i>incassia oral tablet</i>	2	EDS
<i>introvale oral tablet</i>	2	EDS
<i>isibloom oral tablet</i>	2	EDS
<i>jaimiess oral tablet</i>	2	EDS
<i>jasmiel oral tablet</i>	2	EDS
<i>jinteli oral tablet</i>	2	EDS
<i>jolessa oral tablet</i>	2	EDS
<i>joyeaux oral tablet</i>	2	EDS
<i>juleber oral tablet</i>	2	EDS
<i>junel 1.5/30 oral tablet</i>	2	EDS
<i>junel 1/20 oral tablet</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>junel fe 1.5/30 oral tablet</i>	2	EDS
<i>junel fe 1/20 oral tablet</i>	2	EDS
<i>junel fe 24 oral tablet</i>	2	EDS
<i>kaitlib fe oral tablet chewable</i>	2	EDS
<i>kariva oral tablet</i>	2	EDS
<i>kelnor 1/35 oral tablet</i>	2	EDS
<i>kurvelo oral tablet</i>	2	EDS
<i>larin 1.5/30 oral tablet</i>	2	EDS
<i>larin 1/20 oral tablet</i>	2	EDS
<i>larin fe 1.5/30 oral tablet</i>	2	EDS
<i>larin fe 1/20 oral tablet</i>	2	EDS
<i>lessina oral tablet</i>	2	EDS
<i>levonest oral tablet</i>	2	EDS
<i>levonorgest-eth estrad 91-day oral tablet</i>	2	EDS
<i>levonorgest-eth estradiol-iron oral tablet</i>	2	EDS
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2	EDS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>levora 0.15/30 (28) oral tablet</i>	2	EDS
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>lojaimiess oral tablet</i>	2	EDS
<i>loryna oral tablet</i>	2	EDS
<i>low-ogestrel oral tablet</i>	2	EDS
<i>luizza 1.5/30 oral tablet</i>	2	EDS
<i>luizza 1/20 oral tablet</i>	2	EDS
<i>lyleq oral tablet</i>	2	EDS
<i>lyllana transdermal patch twice weekly</i>	2	QL (8 EA per 28 days); EDS
<i>lyza oral tablet</i>	2	EDS
<i>marlissa oral tablet</i>	2	EDS
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	
<i>medroxyprogesterone acetate oral tablet</i>	2	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
<i>megestrol acetate oral tablet</i>	2	
<i>meleya oral tablet</i>	2	EDS
<i>mibelas 24 fe oral tablet chewable</i>	2	EDS
<i>microgestin 1.5/30 oral tablet</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>microgestin 1/20 oral tablet</i>	2	EDS
<i>microgestin fe 1.5/30 oral tablet</i>	2	EDS
<i>microgestin fe 1/20 oral tablet</i>	2	EDS
<i>mili oral tablet</i>	2	EDS
<i>mimvey oral tablet</i>	2	EDS
<i>minzoya oral tablet</i>	2	EDS
<i>mono-lynyah oral tablet</i>	2	EDS
<i>necon 0.5/35 (28) oral tablet</i>	2	EDS
<i>necon 1/35 (28) oral tablet</i>	2	EDS
NEXPLANON SUBCUTANEOUS IMPLANT	3	
<i>nikki oral tablet</i>	2	EDS
<i>nora-be oral tablet</i>	2	EDS
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	2	EDS
<i>norethin ace-eth estrad-fe oral capsule</i>	2	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	EDS
<i>norethindrone acetate oral tablet</i>	2	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethindrone oral tablet</i>	2	EDS
<i>norethindrone-eth estradiol oral tablet</i>	2	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>norgestim-eth estrad triphasic oral tablet</i>	2	EDS
<i>norlyroc oral tablet</i>	2	EDS
<i>nortrel 0.5/35 (28) oral tablet</i>	2	EDS
<i>nortrel 1/35 (21) oral tablet</i>	2	EDS
<i>nortrel 1/35 (28) oral tablet</i>	2	EDS
<i>nortrel 7/7/7 oral tablet</i>	2	EDS
<i>nylia 1/35 oral tablet</i>	2	EDS
<i>nylia 7/7/7 oral tablet</i>	2	EDS
<i>orquidea oral tablet</i>	2	EDS
<i>pimtrea oral tablet</i>	2	EDS
<i>portia-28 oral tablet</i>	2	EDS
PREMARIN VAGINAL CREAM	3	EDS
PREMPHASE ORAL TABLET	3	EDS
PREMPRO ORAL TABLET	3	EDS
<i>progesterone oral capsule</i>	2	EDS
<i>raloxifene hcl oral tablet</i>	2	EDS
<i>reclipsen oral tablet</i>	2	EDS
<i>rivelsa oral tablet</i>	2	EDS
<i>rosyrah oral tablet</i>	2	EDS
<i>setlakin oral tablet</i>	2	EDS
<i>sharobel oral tablet</i>	2	EDS
<i>solia oral tablet</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>sprintec 28 oral tablet</i>	2	EDS
<i>sronyx oral tablet</i>	2	EDS
<i>syeda oral tablet</i>	2	EDS
<i>tarina 24 fe oral tablet</i>	2	EDS
<i>tarina fe 1/20 eq oral tablet</i>	2	EDS
<i>taysofy oral capsule</i>	2	EDS
<i>testosterone cypionate injection solution 200 mg/ml</i>	2	EDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	EDS
<i>testosterone enanthate intramuscular solution</i>	2	EDS
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA; EDS
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	2	PA; EDS
<i>testosterone transdermal solution</i>	4	PA; EDS
<i>tilia fe oral tablet</i>	2	EDS
<i>tri-estarylla oral tablet</i>	2	EDS
<i>tri-legest fe oral tablet</i>	2	EDS
<i>tri-lo-estarylla oral tablet</i>	2	EDS
<i>tri-lo-sprintec oral tablet</i>	2	EDS
<i>tri-mili oral tablet</i>	2	EDS
<i>trinessa (28) oral tablet</i>	2	EDS
<i>tri-sprintec oral tablet</i>	2	EDS
<i>trivora (28) oral tablet</i>	2	EDS
<i>tri-vylibra lo oral tablet</i>	2	EDS
<i>tri-vylibra oral tablet</i>	2	EDS
<i>turqoz oral tablet</i>	2	EDS
<i>tyblume oral tablet chewable</i>	2	EDS
<i>tydemy oral tablet</i>	4	EDS
<i>valtya 1/35 oral tablet</i>	2	EDS
<i>valtya 1/50 oral tablet</i>	2	EDS
<i>velivet oral tablet</i>	2	EDS
<i>vestura oral tablet</i>	2	EDS
<i>vienva oral tablet</i>	2	EDS
<i>viorele oral tablet</i>	2	EDS
<i>vyfemla oral tablet</i>	2	EDS
<i>vylibra oral tablet</i>	2	EDS
<i>wymzya fe oral tablet chewable</i>	2	EDS
<i>xarah fe oral tablet</i>	2	EDS
<i>xelria fe oral tablet chewable</i>	2	EDS
<i>xulane transdermal patch weekly</i>	2	EDS
<i>yuvafer vaginal tablet</i>	2	EDS
<i>zafemy transdermal patch weekly</i>	2	EDS
<i>zovia 1/35 (28) oral tablet</i>	2	EDS

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothyroxine sodium oral tablet</i>	1	EDS
<i>levoxyl oral tablet</i>	2	EDS
<i>liomny oral tablet</i>	2	EDS
<i>liothyronine sodium oral tablet</i>	2	EDS
SYNTHROID ORAL TABLET	4	EDS
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
<i>bromocriptine mesylate oral tablet</i>	2	EDS
<i>cabergoline oral tablet</i>	2	
ELIGARD SUBCUTANEOUS KIT	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	
<i>leuprolide acetate injection kit</i>	2	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	
<i>mifepristone oral tablet 300 mg</i>	5	PA New Starts
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	3	EDS
ORIAHNN ORAL CAPSULE THERAPY PACK	5	PA
ORILISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; LA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	ST
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral tablet</i>	2	EDS
<i>propylthiouracil oral tablet</i>	2	EDS
Immunological Agents		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	AL (Min 2 Months and Max 5 Years)
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; LA
ADACEL INTRAMUSCULAR SUSPENSION	2	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	5	
<i>adalimumab-adaz subcutaneous solution prefilled syringe</i>	5	
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	5	
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	5	

Drug Name	Tier	Requirements/Limits
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
<i>auranofin oral capsule</i>	5	
<i>avtozma subcutaneous solution auto-injector</i>	5	
<i>avtozma subcutaneous solution prefilled syringe</i>	5	
<i>azathioprine oral tablet 50 mg</i>	2	BD; EDS
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	2	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	AL (Min 10 Years and Max 25 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
<i>cyclosporine modified oral capsule</i>	3	BD; EDS
<i>cyclosporine modified oral solution</i>	3	BD; EDS
<i>cyclosporine oral capsule</i>	4	BD; EDS
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	BD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	BD
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	BD; EDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	4	BD; QL (60 EA per 30 days); EDS
<i>everolimus oral tablet 1 mg</i>	5	BD
GAMMAGARD ERC INJECTION SOLUTION	5	PA
GAMMAGARD INJECTION SOLUTION	5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	

Drug Name	Tier	Requirements/Limits
<i>gengraf oral capsule 100 mg, 25 mg</i>	3	BD; EDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	BD
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	AL (Max 4 Years)
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	5	PA New Starts
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
INFANRIX INTRAMUSCULAR SUSPENSION	2	
IPOL INJECTION SUSPENSION	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
JYNNEOS SUBCUTANEOUS SUSPENSION	2	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>leflunomide oral tablet</i>	2	EDS
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO INTRAMUSCULAR SOLUTION	2	AL (Min 10 Years and Max 55 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	AL (Max 55 Years)
<i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet</i>	1	EDS
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>mycophenolate mofetil oral capsule</i>	2	BD; EDS
<i>mycophenolate mofetil oral suspension reconstituted</i>	4	BD; EDS
<i>mycophenolate mofetil oral tablet</i>	2	BD; EDS
<i>mycophenolate sodium oral tablet delayed release</i>	2	BD; EDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML	3	PA
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML	5	PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAXHIB INTRAMUSCULAR SUSPENSION	2	AL (Min 2 Months and Max 71 Months)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious diseases specialists.

Drug Name	Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious diseases specialists.
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	AL (Min 10 Years)
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	AL (Min 10 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
PROGRAF ORAL PACKET	4	BD; EDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
RECOMBIVAX HB INJECTION SUSPENSION	2	BD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	2	BD
REVCovi INTRAMUSCULAR SOLUTION	5	PA; LA
REZUROCK ORAL TABLET	5	PA New Starts; LA
RINVOQ LQ ORAL SOLUTION	5	QL (450 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	
ROTARIX ORAL SUSPENSION	2	
ROTATEQ ORAL SOLUTION	2	
<i>sajazir subcutaneous solution prefilled syringe</i>	5	PA New Starts
SELARSDI SUBCUTANEOUS SOLUTION	3	EDS
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	EDS
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	4	EDS
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	
<i>sirolimus oral solution</i>	4	BD; EDS
<i>sirolimus oral tablet</i>	4	BD; EDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	

Drug Name	Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	5	QL (0.37 ML per 28 days)
SOTYKTU ORAL TABLET	5	PA
STARJEMZA SUBCUTANEOUS SOLUTION	3	EDS
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
<i>tacrolimus er oral capsule extended release 24 hour</i>	4	BD; EDS
<i>tacrolimus oral capsule</i>	2	BD; EDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA New Starts; LA
TENIVAC INTRAMUSCULAR INJECTABLE	2	
TENIVAC INTRAMUSCULAR SUSPENSION	2	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
<i>tofacitinib citrate er oral tablet extended release 24 hour 11 mg</i>	3	QL (30 EA per 30 days); EDS
<i>tofacitinib citrate er oral tablet extended release 24 hour 22 mg</i>	5	
<i>tofacitinib citrate oral solution</i>	5	
<i>tofacitinib citrate oral tablet 10 mg</i>	3	EDS
<i>tofacitinib citrate oral tablet 5 mg</i>	3	QL (60 EA per 30 days); EDS
<i>torpenz oral tablet 10 mg, 7.5 mg</i>	5	PA New Starts; QL (60 EA per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg</i>	5	PA New Starts; QL (30 EA per 30 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	AL (Min 10 Years and Max 25 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>tyenne subcutaneous solution auto-injector</i>	5	
<i>tyenne subcutaneous solution prefilled syringe</i>	5	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	
<i>ustekinumab subcutaneous solution</i>	5	PA
<i>ustekinumab subcutaneous solution prefilled syringe</i>	5	PA
VAQTA INTRAMUSCULAR SUSPENSION	2	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	2	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2	
VOYXACT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA

Drug Name	Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium oral capsule</i>	2	
<i>budesonide er oral tablet extended release 24 hour</i>	4	
<i>budesonide oral capsule delayed release particles</i>	2	
<i>budesonide rectal foam 2 mg</i>	4	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone rectal enema</i>	4	
<i>mesalamine er oral capsule extended release 24 hour</i>	4	EDS
<i>mesalamine oral capsule delayed release</i>	4	EDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	EDS
<i>mesalamine rectal enema</i>	4	
<i>mesalamine rectal suppository</i>	3	
PROCTO-MED HC EXTERNAL CREAM	2	
<i>proctosol hc external cream</i>	2	
PROCTOZONE-HC EXTERNAL CREAM	2	
<i>sulfasalazine oral tablet</i>	2	EDS
<i>sulfasalazine oral tablet delayed release</i>	2	EDS
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	4	EDS
<i>alendronate sodium oral tablet 10 mg</i>	2	EDS
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	EDS
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
BILPREVDA SUBCUTANEOUS SOLUTION	5	
<i>calcitonin (salmon) nasal solution</i>	2	EDS
<i>calcitriol oral capsule</i>	2	EDS
<i>calcitriol oral solution</i>	2	EDS
<i>cinacalcet hcl oral tablet</i>	2	EDS
<i>doxercalciferol oral capsule</i>	4	ST; EDS
<i>ibandronate sodium oral tablet</i>	1	EDS
<i>jubbonti subcutaneous solution prefilled syringe</i>	4	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	2	EDS
<i>risedronate sodium oral tablet 150 mg, 35 mg</i>	2	EDS
<i>risedronate sodium oral tablet 30 mg</i>	4	
<i>risedronate sodium oral tablet 5 mg</i>	4	EDS
<i>risedronate sodium oral tablet delayed release</i>	4	EDS

Drug Name	Tier	Requirements/Limits
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	5	PA
<i>wyost subcutaneous solution</i>	5	
Ophthalmic Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	EDS
<i>apraclonidine hcl ophthalmic solution</i>	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	EDS
<i>azelastine hcl ophthalmic solution</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
<i>betaxolol hcl ophthalmic solution</i>	2	EDS
<i>bimatoprost ophthalmic solution 0.03 %</i>	2	EDS
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	3	EDS
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	EDS
<i>brimonidine tartrate-timolol ophthalmic solution</i>	3	EDS
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	2	
<i>carteolol hcl ophthalmic solution</i>	1	EDS
<i>ciprofloxacin hcl ophthalmic solution</i>	2	
<i>cromolyn sodium ophthalmic solution</i>	2	
<i>cyclosporine (pf) ophthalmic emulsion</i>	3	EDS
CYSTADROPS OPHTHALMIC SOLUTION	5	PA
CYSTARAN OPHTHALMIC SOLUTION	5	PA; LA
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	
<i>diclofenac sodium ophthalmic solution</i>	2	
<i>difluprednate ophthalmic emulsion</i>	4	
<i>dorzolamide hcl ophthalmic solution</i>	2	EDS
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	EDS
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	3	EDS
<i>epinastine hcl ophthalmic solution</i>	3	
<i>erythromycin ophthalmic ointment</i>	2	
<i>fluorometholone ophthalmic suspension</i>	2	
<i>flurbiprofen sodium ophthalmic solution</i>	2	
<i>gatifloxacin ophthalmic solution</i>	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	4	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	
<i>latanoprost ophthalmic solution</i>	1	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	
<i>loteprednol etabonate ophthalmic gel</i>	4	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	3	

Drug Name	Tier	Requirements/Limits
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EDS
<i>methazolamide oral tablet</i>	4	EDS
MIEBO OPHTHALMIC SOLUTION	3	QL (3 ML per 30 days); EDS
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN OPHTHALMIC SUSPENSION	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	4	
<i>ofloxacin ophthalmic solution</i>	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	EDS
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION	3	EDS
ROCKLATAN OPHTHALMIC SOLUTION	3	EDS
SIMBRINZA OPHTHALMIC SUSPENSION	3	EDS
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>timolol maleate (once-daily) ophthalmic solution</i>	3	EDS
<i>timolol maleate ophthalmic gel forming solution</i>	2	EDS
<i>timolol maleate ophthalmic solution</i>	1	EDS
TOBRADEX OPHTHALMIC OINTMENT	4	
<i>tobramycin ophthalmic solution</i>	2	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	2	
<i>travoprost (bak free) ophthalmic solution</i>	4	EDS
<i>trifluridine ophthalmic solution</i>	3	
XDEMY OPHTHALMIC SOLUTION	5	PA; QL (20 ML per 365 days)
XIIDRA OPHTHALMIC SOLUTION	3	QL (60 EA per 30 days); EDS
ZIRGAN OPHTHALMIC GEL	4	
Otic Agents		
<i>acetic acid otic solution</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	4	
<i>ciprofloxacin-hydrocortisone otic suspension</i>	4	
<i>fluocinolone acetonide otic oil</i>	2	
<i>hydrocortisone-acetic acid otic solution</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
<i>ofloxacin otic solution</i>	2	

Drug Name	Tier	Requirements/Limits
Respiratory Tract/ Pulmonary Agents		
<i>acetylcysteine inhalation solution</i>	2	BD
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
ADEMPAS ORAL TABLET 2 MG, 2.5 MG	5	PA New Starts; LA
ADVAIR HFA INHALATION AEROSOL	3	QL (12 GM per 30 days); EDS
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BD; EDS
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	EDS
<i>albuterol sulfate oral tablet</i>	4	EDS
<i>alyq oral tablet</i>	2	PA New Starts; EDS
<i>ambrisentan oral tablet 10 mg</i>	3	PA New Starts; EDS
<i>ambrisentan oral tablet 5 mg</i>	3	PA New Starts; QL (30 EA per 30 days); EDS
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	EDS
<i>arformoterol tartrate inhalation nebulization solution</i>	4	BD; EDS
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
<i>azelastine hcl nasal solution 0.1 %</i>	2	
<i>azelastine-fluticasone nasal suspension</i>	4	
<i>bosentan oral tablet 125 mg</i>	4	PA New Starts; EDS
<i>bosentan oral tablet 62.5 mg</i>	4	PA New Starts; QL (60 EA per 30 days); EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	EDS
<i>breyndra inhalation aerosol</i>	2	QL (10.3 GM per 30 days); EDS
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	EDS
<i>budesonide inhalation suspension</i>	4	BD; QL (120 ML per 30 days); EDS
<i>budesonide-formoterol fumarate inhalation aerosol</i>	2	QL (10.2 GM per 30 days); EDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	LA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	4	
<i>cromolyn sodium inhalation nebulization solution</i>	3	BD; EDS
<i>desloratadine oral tablet</i>	2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QL (2 EA per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	

Drug Name	Tier	Requirements/Limits
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated</i>	2	EDS
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	3	EDS
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	2	QL (60 EA per 30 days); EDS
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	EDS
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 GM per 30 days); EDS
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	EDS
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (10.6 GM per 30 days); EDS
<i>fluticasone propionate nasal suspension</i>	1	EDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	EDS
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age or if a total of 30 days of supply for the plan year is not exceeded.
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	EDS
<i>ipratropium bromide hfa inhalation aerosol solution</i>	4	EDS
<i>ipratropium bromide inhalation solution</i>	2	BD; EDS
<i>ipratropium bromide nasal solution</i>	2	EDS
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BD; EDS
KALYDECO ORAL PACKET	5	PA New Starts; LA
KALYDECO ORAL TABLET	5	PA New Starts; LA
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml, 1.25 mg/3ml</i>	4	BD; EDS
<i>levalbuterol tartrate inhalation aerosol</i>	3	EDS
<i>levocetirizine dihydrochloride oral solution</i>	4	
<i>levocetirizine dihydrochloride oral tablet</i>	2	
<i>macitentan oral tablet</i>	5	PA New Starts
<i>mometasone furoate nasal suspension</i>	2	
<i>montelukast sodium oral tablet</i>	2	EDS
<i>montelukast sodium oral tablet chewable</i>	2	EDS
<i>nintedanib esylate oral capsule</i>	5	PA; QL (60 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
OFEV ORAL CAPSULE	5	PA; LA; QL (60 EA per 30 days)
<i>olopatadine hcl nasal solution</i>	2	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA New Starts; LA

Drug Name	Tier	Requirements/Limits
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA New Starts; LA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA New Starts; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA New Starts; LA
ORKAMBI ORAL PACKET	5	PA New Starts; LA; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET	5	PA New Starts; LA; QL (120 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (207 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	EDS
<i>roflumilast oral tablet 250 mcg</i>	3	QL (28 EA per 365 days)
<i>roflumilast oral tablet 500 mcg</i>	3	EDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	EDS
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA New Starts
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA New Starts; Covered for pulmonary arterial hypertension only.; EDS
SPIRIVA HANDHALER INHALATION CAPSULE	3	QL (30 EA per 30 days); EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days); EDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days); EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days); EDS
SYMDEKO ORAL TABLET THERAPY PACK	5	PA New Starts; LA
<i>tadalafil (pah) oral tablet</i>	2	PA New Starts; EDS
<i>terbutaline sulfate oral tablet</i>	4	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	2	EDS
<i>theophylline oral solution</i>	2	EDS
TOBI PODHALER INHALATION CAPSULE	5	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	BD; EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	EDS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA New Starts; LA

Drug Name	Tier	Requirements/Limits
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA New Starts; LA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK	5	PA New Starts; LA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG	5	PA; QL (1 EA per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	5	PA; QL (2 EA per 21 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	EDS
<i>zafirlukast oral tablet</i>	4	EDS
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	PA; PA not required if under 65 years of age or if a total of 30 days of supply for the plan year is not exceeded.
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
Sleep Disorder Agents		
<i>armodafinil oral tablet</i>	2	EDS
BELSOMRA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	3	
<i>doxepin hcl oral tablet 3 mg</i>	4	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	4	
<i>eszopiclone oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.
<i>modafinil oral tablet</i>	2	EDS
<i>ramelteon oral tablet</i>	2	
<i>sodium oxybate oral solution</i>	5	PA
SUNOSI ORAL TABLET 150 MG	4	PA; EDS
SUNOSI ORAL TABLET 75 MG	4	PA; QL (45 EA per 30 days); EDS
<i>tasimelteon oral capsule</i>	5	PA
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	
<i>temazepam oral capsule 22.5 mg</i>	4	
<i>temazepam oral capsule 7.5 mg</i>	4	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.
<i>zolpidem tartrate oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.

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English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-667-5936 (TTY: 711) or speak to your provider.

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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)

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