

Pharmacy Benefit Dimensions PDP

offered by Niagara County

**Pharmacy
Benefit
Dimensions®**



2019 Formulary

(List of Covered Drugs)

This document includes:
D0465

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

HPMS Approved Formulary File Submission ID 00019368 Version Number 33.

This formulary was updated on December 1, 2019. For more recent information or other questions, please contact our 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 from 8 a.m. to 8 p.m., or visit www.pbdrx.com/Medicare.

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

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

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Pharmacy Benefit Dimensions. When it refers to “plan” or “our plan,” it means Pharmacy Benefit Dimensions PDP offered by Niagara County.

This document includes the list of the drugs (formulary) for our plan which is current as of December 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Pharmacy Benefit Dimensions PDP offered by Niagara County Formulary?

A formulary is a list of covered drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Pharmacy Benefit Dimensions will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Pharmacy Benefit Dimensions 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?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the

section below entitled “How do I request an exception to the Independent Health’s Medicare Advantage Plan Individual Part D Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier.). Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of December 1, 2019. To get updated information about the drugs covered by Independent Health, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.pbdrx.com/MedicareFormularies and in printed form.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 105. 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 covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Pharmacy Benefit Dimensions requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Pharmacy Benefit Dimensions limits the amount of the drug that we will cover. For example, we provide 30 tablets per prescription for SILENOR 3MG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Pharmacy Benefit Dimensions 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 us 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 PDP offered by Niagara County Formulary?" on page IV for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Pharmacy Benefit Dimensions PDP offered by Niagara County pays for certain OTC drugs. These drugs include: ZADITOR OTC. The cost to Pharmacy Benefit Dimensions PDP offered by Niagara County of these OTC drugs will not count toward your total Part D drug costs (that is, the amount you pay does not count for the coverage gap).

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that we do 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. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask Pharmacy Benefit Dimensions 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 PDP offered by Niagara County Formulary?

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

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

Generally, Pharmacy Benefit Dimensions will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover

the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

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

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

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

For more information

For more detailed information about your Pharmacy Benefit Dimensions PDP offered by Niagara County's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about us, 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 711. Or, visit <http://www.medicare.gov>.

Pharmacy Benefit Dimensions PDP offered by Niagara County Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by Pharmacy Benefit Dimensions PDP offered by Niagara County. If you have trouble finding your drug in the list, turn to the Index that begins on page 105.

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 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 (your medical plan) or Part D (your pharmacy plan) 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 this drug list. Please refer to your Evidence of Coverage for the cost of Part B drugs or contact our 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. Maintenance medications can be obtained at your local retail pharmacy or at one of our mail order vendors, ProAct Pharmacy Services or Wegmans Mail Order Pharmacy Services.

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

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

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

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

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

Information for members with Diabetes

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

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

Information on Vaccines

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

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Drug Name	Tier	Requirements/Limits
Analgesics		
ABSTRAL	3	PA; QL (120 EA per 30 days)
<i>acetaminophen-codeine #3</i>	1	
<i>acetaminophen-codeine oral solution</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	
<i>ascomp-codeine</i>	1	PA
BUPAP ORAL TABLET 50-300 MG	3	PA
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	1	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA; PA does not apply to age less than 65.
<i>butalbital-apap-caff-cod</i>	1	PA
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	PA
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	PA; PA does not apply to age less than 65.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA; PA does not apply to age less than 65.
<i>butalbital-asa-caff-codeine</i>	1	PA
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA
<i>butorphanol tartrate nasal</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	2	QL (4 EA per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR	2	
CAMBIA	3	
CELEBREX	3	EDS
<i>celecoxib oral</i>	1	EDS
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG	3	ST; QL (30 EA per 30 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	3	ST

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

Drug Name	Tier	Requirements/Limits
<i>diclofenac epolamine</i>	1	PA; EDS
<i>diclofenac potassium</i>	1	EDS
<i>diclofenac sodium er</i>	1	EDS
<i>diclofenac sodium oral</i>	1	EDS
<i>diclofenac sodium transdermal gel 3 %</i>	1	PA; EDS
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	EDS
<i>diflunisal oral</i>	1	EDS
DILAUDID ORAL LIQUID	3	QL (2400 ML per 30 days)
DILAUDID ORAL TABLET	3	QL (180 EA per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	
DOLOPHINE ORAL TABLET 5 MG	3	QL (180 EA per 30 days)
DURAGESIC-100	3	QL (30 EA per 30 days)
DURAGESIC-12	3	QL (15 EA per 30 days)
DURAGESIC-25	3	QL (15 EA per 30 days)
DURAGESIC-50	3	QL (15 EA per 30 days)
DURAGESIC-75	3	QL (30 EA per 30 days)
<i>duramorph</i>	1	BD
EMBEDA	3	
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC ORAL TABLET	3	PA; PA does not apply to age less than 65.
<i>etodolac oral</i>	1	EDS
FELDENE	3	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	1	EDS
<i>fenoprofen calcium oral tablet</i>	1	EDS
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	1	PA; PA not required for oncologists
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	1	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	1	QL (15 EA per 30 days)
FIORICET ORAL CAPSULE	3	PA
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA

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

Drug Name	Tier	Requirements/Limits
FIORINAL	3	PA
FIORINAL/CODEINE #3	3	PA
<i>flurbiprofen oral</i>	1	EDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl er</i>	1	QL (30 EA per 30 days)
<i>hydromorphone hcl injection solution 2 mg/ml</i>	1	
<i>hydromorphone hcl oral liquid</i>	1	QL (2400 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	1	QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	1	
HYSINGLA ER	2	QL (60 EA per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	1	EDS
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	EDS
INDOCIN ORAL	2	PA; EDS
<i>indomethacin er</i>	1	PA; EDS
<i>indomethacin oral</i>	1	PA; EDS
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG	3	QL (60 EA per 30 days)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	3	
KETOPROFEN ER	2	EDS
<i>ketorolac tromethamine oral</i>	1	PA
LAZANDA	3	PA; QL (120 EA per 30 days)
<i>lorcet hd</i>	1	
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	
<i>meloxicam oral tablet</i>	1	EDS
<i>methadone hcl oral solution</i>	1	
<i>methadone hcl oral tablet 10 mg</i>	1	
<i>methadone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
MOBIC ORAL TABLET	3	EDS

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

Drug Name	Tier	Requirements/Limits
MORPHABOND ER	3	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate er beads</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	1	
<i>morphine sulfate er oral tablet extended release</i>	1	
<i>morphine sulfate oral</i>	1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	
<i>nabumetone oral</i>	1	EDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	EDS
<i>naproxen dr</i>	1	EDS
<i>naproxen oral</i>	1	EDS
<i>naproxen sodium er</i>	1	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
NORCO	3	
NUCYNTA	2	QL (180 EA per 30 days)
NUCYNTA ER	2	QL (60 EA per 30 days)
OPANA ORAL	3	QL (180 EA per 30 days)
<i>oxaprozin</i>	1	EDS
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	1	
<i>oxycodone hcl oral capsule</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution</i>	1	
<i>oxycodone hcl oral tablet</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	
<i>oxycodone-ibuprofen</i>	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	
<i>oxymorphone hcl er</i>	1	
<i>oxymorphone hcl oral tablet 10 mg</i>	1	
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl</i>	1	

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

Drug Name	Tier	Requirements/Limits
PERCOCET ORAL TABLET 7.5-325 MG	3	
<i>phrenilin forte oral capsule 50-300-40 mg</i>	1	PA
<i>piroxicam oral</i>	1	EDS
ROXICODONE ORAL TABLET 15 MG	3	QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	QL (90 EA per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (540 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (120 EA per 30 days)
<i>sulindac oral</i>	1	EDS
TENCON ORAL TABLET 50-325 MG	3	PA; PA does not apply to age less than 65.
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl oral</i>	1	
<i>tramadol-acetaminophen</i>	1	
TYLENOL WITH CODEINE #3	3	
TYLENOL WITH CODEINE #4	3	
ULTRACET	3	
ULTRAM	3	
VANATOL LQ	2	PA
XTAMPZA ER	3	QL (60 EA per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	1	PA; PA does not apply to age less than 65.
Anesthetics		
<i>lidocaine external ointment</i>	1	EDS
<i>lidocaine external patch 5 %</i>	1	PA; EDS
<i>lidocaine hcl external solution</i>	1	EDS
<i>lidocaine hcl urethral/mucosal external gel</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>lidocaine viscous hcl</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	1	EDS
ANTABUSE	3	EDS
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	2	QL (4 EA per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR	2	
CHANTIX	2	
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH PAK	2	
<i>disulfiram oral</i>	1	EDS
LUCEMYRA	3	PA
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	EDS
<i>naltrexone hcl oral</i>	1	
NARCAN	2	
NICOTROL	2	
NICOTROL NS	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
Antibacterials		
<i>acetic acid otic</i>	1	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	
ARIKAYCE	3	PA; LA
AVC VAGINAL	3	
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM	3	
AZASITE	3	
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
<i>bacitracin ophthalmic</i>	1	
BETHKIS	3	BD; LA
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
BLEPH-10	3	
CAYSTON	2	LA
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>cefepime hcl injection</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i>	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
CLEOCIN IN D5W	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
CLEOCIN-T EXTERNAL LOTION	3	
CLEOCIN-T EXTERNAL SWAB	3	

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

Drug Name	Tier	Requirements/Limits
CLINDACIN-P	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal</i>	1	EDS
<i>colistimethate sodium (cba)</i>	1	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	BD
<i>demeclocycline hcl oral</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	3	PA
DOXY 100	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral</i>	1	
E.E.S. 400 ORAL TABLET	3	
<i>ertapenem sodium</i>	1	
<i>ery</i>	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
<i>erythromycin base oral</i>	1	
<i>erythromycin ethylsuccinate oral</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
<i>erythromycin ophthalmic</i>	1	
FIRVANQ	3	PA; PA Except Infectious Disease and Gastroenterology
<i>gatifloxacin ophthalmic</i>	1	
<i>gentak ophthalmic ointment</i>	1	

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

Drug Name	Tier	Requirements/Limits
<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>	1	
<i>gentamicin sulfate external</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	BD
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>global alcohol prep ease</i>	1	
HIPREX	3	EDS
<i>imipenem-cilastatin</i>	1	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin ophthalmic</i>	1	
<i>levofloxacin oral</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA; PA except Infectious Disease.
<i>linezolid oral</i>	1	PA; PA except Infectious Disease.
MAXIPIME INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>meropenem</i>	1	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>methenamine hippurate</i>	1	EDS
METROCREAM	3	
METROLOTION	3	
<i>metronidazole external</i>	1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl er</i>	1	
<i>minocycline hcl oral</i>	1	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MONUROL	3	
<i>moxifloxacin hcl in nacl</i>	1	
<i>moxifloxacin hcl oral</i>	1	
<i>mupirocin calcium</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>mupirocin external</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>neomycin sulfate oral</i>	1	
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
NORITATE	2	
OCUFLOX	3	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin otic</i>	1	
<i>oxacillin sodium</i>	1	
<i>paromomycin sulfate oral</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	
PENICILLIN G PROCAINE	3	
<i>penicillin v potassium</i>	1	
<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>	1	
<i>polymyxin b sulfate injection</i>	1	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
SILVADENE	3	
<i>silver sulfadiazine external</i>	1	
SIVEXTRO	3	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	
<i>ssd</i>	1	
STREPTOMYCIN SULFATE INTRAMUSCULAR	3	
<i>sulfacetamide sodium (acne)</i>	1	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>sulfadiazine oral</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SULFAMYLON	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
<i>tazicef injection</i>	1	
TEFLARO	3	
<i>tetracycline hcl oral</i>	1	
<i>tigecycline</i>	1	BD
<i>tinidazole oral</i>	1	
TOBI	3	BD; EDS
TOBI PODHALER	2	PA New Starts; EDS
TOBRADEX OPHTHALMIC OINTMENT	2	
<i>tobramycin inhalation</i>	1	BD; EDS
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
TOBREX	3	
<i>trimethoprim oral</i>	1	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
VABOMERE	3	PA; Prior Authorization Except Infectious Disease or Urology
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	1	BD
<i>vancomycin hcl oral capsule</i>	1	
<i>vandazole</i>	1	
VIBRAMYCIN ORAL SYRUP	2	
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	
ZERBAXA	3	PA
ZITHROMAX INTRAVENOUS	3	
ZITHROMAX ORAL PACKET	3	

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

Drug Name	Tier	Requirements/Limits
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	2	
ZYVOX ORAL	3	PA; PA except Infectious Disease.
Anticonvulsants		
APTiom	3	EDS
BANZEL	2	EDS
BRIVIACT ORAL	3	PA New Starts; PA Except Neurology; EDS
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
CELONTIN	2	EDS
<i>clobazam</i>	1	EDS
<i>clonazepam oral</i>	1	EDS
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
DILANTIN INFATABS	3	EDS
DILANTIN ORAL CAPSULE 100 MG	3	EDS
DILANTIN ORAL CAPSULE 30 MG	2	EDS
DILANTIN ORAL SUSPENSION	3	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
EPIDIOLEX	3	PA New Starts; LA; EDS
<i>epitol</i>	1	EDS
EQUETRO	3	EDS
<i>ethosuximide oral</i>	1	EDS
<i>felbamate</i>	1	EDS
FYCOMPA	3	EDS
<i>gabapentin oral capsule</i>	1	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>gabapentin oral tablet</i>	1	EDS
GRALISE	3	EDS
GRALISE STARTER	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	EDS
KLONOPIN	3	EDS
LAMICTAL STARTER	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>lamotrigine er</i>	1	EDS
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam er</i>	1	EDS
<i>levetiracetam oral</i>	1	EDS
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet</i>	1	
LYRICA CR	2	EDS
LYRICA ORAL SOLUTION	2	EDS
MYSOLINE	3	EDS
ONFI ORAL SUSPENSION	3	EDS
ONFI ORAL TABLET 10 MG, 20 MG	3	EDS
<i>oxcarbazepine</i>	1	EDS
OXTELLAR XR	3	EDS
PEGANONE	2	EDS
<i>phenobarbital oral elixir</i>	1	PA New Starts; EDS
<i>phenobarbital oral tablet</i>	1	PA New Starts; EDS
PHENYTEK	2	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	1	EDS
<i>phenytoin oral tablet chewable</i>	1	EDS
<i>phenytoin sodium extended</i>	1	EDS
<i>pregabalin oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>primidone oral</i>	1	EDS
QUDEXY XR	3	EDS
<i>roweepra</i>	1	EDS
<i>roweepra xr</i>	1	EDS
SPRITAM	3	EDS
SYMPAZAN	3	EDS
<i>tiagabine hcl</i>	1	EDS
<i>topiramate er</i>	1	EDS
<i>topiramate oral</i>	1	EDS
TROKENDI XR	3	EDS
VALIUM	3	
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
<i>vigabatrin oral packet</i>	1	EDS
<i>vigabatrin oral tablet</i>	1	LA; EDS
<i>vigadrone</i>	1	EDS
VIMPAT ORAL	2	EDS
<i>zonisamide oral</i>	1	EDS
Antidementia Agents		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	EDS
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	1	EDS
<i>ergoloid mesylates oral</i>	1	EDS
<i>galantamine hydrobromide</i>	1	EDS
<i>galantamine hydrobromide er</i>	1	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	1	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	
NAMENDA ORAL TABLET	3	EDS
NAMENDA TITRATION PAK	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; EDS
RAZADYNE ER	3	EDS
RAZADYNE ORAL TABLET	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>rivastigmine</i>	1	EDS
<i>rivastigmine tartrate</i>	1	EDS
Antidepressants		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
<i>amitriptyline hcl oral</i>	1	PA New Starts; EDS
AMOXAPINE	2	EDS
APLENZIN	3	EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>	1	EDS
<i>aripiprazole oral tablet 2 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	EDS
<i>bupropion hcl er (sr)</i>	1	EDS
<i>bupropion hcl er (xl)</i>	1	EDS
<i>bupropion hcl oral</i>	1	EDS
<i>chlordiazepoxide-amitriptyline</i>	1	PA New Starts; EDS
<i>citalopram hydrobromide</i>	1	EDS
<i>clomipramine hcl oral</i>	1	PA New Starts; EDS
CYMBALTA	3	EDS
<i>desipramine hcl oral</i>	1	EDS
<i>desvenlafaxine er</i>	1	EDS
<i>desvenlafaxine succinate er</i>	1	EDS
<i>doxepin hcl oral</i>	1	PA New Starts; EDS
<i>duloxetine hcl oral</i>	1	EDS
EMSAM	2	PA New Starts; EDS
<i>escitalopram oxalate</i>	1	EDS
FETZIMA	3	EDS
FETZIMA TITRATION	3	
<i>fluoxetine hcl oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>fluvoxamine maleate</i>	1	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	EDS
<i>imipramine hcl oral</i>	1	PA New Starts; EDS
<i>imipramine pamoate</i>	1	PA New Starts; EDS
LEXAPRO ORAL TABLET	3	EDS
<i>maprotiline hcl</i>	1	EDS
MARPLAN	2	EDS
<i>mirtazapine oral</i>	1	EDS
<i>nefazodone hcl</i>	1	EDS
<i>nortriptyline hcl oral</i>	1	EDS
<i>olanzapine-fluoxetine hcl</i>	1	EDS
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>paroxetine mesylate</i>	1	EDS
PAXIL ORAL SUSPENSION	2	EDS
PAXIL ORAL TABLET	3	EDS
<i>perphenazine-amitriptyline</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
PEXEVA	3	EDS
<i>phenelzine sulfate oral</i>	1	EDS
<i>protriptyline hcl</i>	1	EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
<i>sertraline hcl oral</i>	1	EDS
SILENOR ORAL TABLET 3 MG	3	QL (30 EA per 30 days); EDS
SILENOR ORAL TABLET 6 MG	3	EDS
<i>tranylcypromine sulfate</i>	1	EDS
<i>trazodone hcl oral</i>	1	EDS
<i>trimipramine maleate oral</i>	1	PA New Starts; EDS
TRINTELLIX	3	EDS
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
VIIBRYD ORAL TABLET	3	EDS
VIIBRYD STARTER PACK	3	

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

Drug Name	Tier	Requirements/Limits
Antiemetics		
<i>aprepitant</i>	1	BD
CESAMET	3	PA
<i>chlorpromazine hcl oral</i>	1	EDS
<i>compro</i>	1	EDS
DICLEGIS	2	
<i>doxylamine-pyridoxine</i>	1	
<i>dronabinol</i>	1	BD
EMEND ORAL SUSPENSION RECONSTITUTED	2	BD
<i>granisetron hcl oral</i>	1	BD
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>hydroxyzine pamoate oral</i>	1	PA
MARINOL	3	BD
<i>meclizine hcl oral tablet</i>	1	EDS
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>ondansetron</i>	1	BD
<i>ondansetron hcl oral</i>	1	BD
<i>perphenazine oral</i>	1	EDS
<i>phenadoz rectal suppository 12.5 mg</i>	1	PA; PA does not apply to age less than 65.
<i>prochlorperazine</i>	1	EDS
<i>prochlorperazine maleate oral</i>	1	BD; EDS
<i>promethazine hcl oral syrup</i>	1	PA
<i>promethazine hcl oral tablet</i>	1	PA
<i>promethazine hcl rectal</i>	1	PA; PA does not apply to age less than 65.
<i>promethegan rectal suppository 25 mg, 50 mg</i>	1	PA; PA does not apply to age less than 65.
REGLAN ORAL	3	
SANCUSO	3	
<i>scopolamine</i>	1	
SYNDROS	3	BD
TIGAN ORAL	3	PA
TRANSDERM-SCOP (1.5 MG)	3	
<i>trimethobenzamide hcl oral</i>	1	PA

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

Drug Name	Tier	Requirements/Limits
VARUBI ORAL	3	BD
VISTARIL	3	PA
ZOFRAN ORAL TABLET 8 MG	3	BD
ZUPLENZ	3	BD
Antifungals		
ABELCET	3	PA
AMBISOME	3	PA
AMPHOTERICIN B INTRAVENOUS	2	PA
CANCIDAS	3	BD
<i>caspofungin acetate</i>	1	BD
<i>ciclopirox</i>	1	
<i>ciclopirox olamine external</i>	1	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat lozenge</i>	1	
<i>econazole nitrate external</i>	1	
ERAXIS	3	
ERTACZO	3	
EXELDERM	3	
EXTINA	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GYNAZOLE-1	3	
<i>itraconazole oral capsule</i>	1	PA; Prior authorization not required for infectious diseases specialists.
<i>itraconazole oral solution</i>	1	PA; PA EXCEPT INFECTIOUS DISEASE
JUBLIA	3	PA
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external foam</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>ketoconazole oral</i>	1	PA
LOPROX EXTERNAL SHAMPOO	3	
MENTAX	3	
MICONAZOLE 3 VAGINAL SUPPOSITORY	3	
MYCAMINE	2	
<i>naftifine hcl external cream</i>	1	
NAFTIN EXTERNAL CREAM 2 %	3	
NAFTIN EXTERNAL GEL	2	
NATACYN	2	
NIZORAL	3	
NOXAFIL ORAL	2	EDS
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystop</i>	1	
ORAVIG	3	EDS
OXISTAT	3	
<i>posaconazole</i>	1	EDS
<i>terbinafine hcl oral</i>	1	
<i>terconazole vaginal cream</i>	1	
TOLSURA	3	PA
<i>voriconazole intravenous</i>	1	PA
<i>voriconazole oral</i>	1	PA
ZOLINZA	2	
Antigout Agents		
<i>allopurinol oral</i>	1	EDS
<i>colchicine oral</i>	1	EDS
<i>colchicine-probenecid</i>	1	EDS
<i>febuxostat</i>	1	EDS
<i>probenecid oral</i>	1	EDS
ULORIC	2	EDS
ZYLOPRIM	3	EDS
Anti-Inflammatory Agents		
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>betamethasone valerate external</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
CELEBREX	3	EDS
<i>celecoxib oral</i>	1	EDS
CORTEF ORAL TABLET 20 MG, 5 MG	3	
<i>cortisone acetate oral</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>diclofenac potassium</i>	1	EDS
<i>diclofenac sodium er</i>	1	EDS
<i>diclofenac sodium oral</i>	1	EDS
<i>diflunisal oral</i>	1	EDS
DIPROLENE EXTERNAL OINTMENT	3	
EMFLAZA	3	PA; LA
<i>etodolac oral capsule 200 mg</i>	1	EDS
<i>etodolac oral tablet</i>	1	EDS
FELDENE	3	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	1	EDS
<i>fenoprofen calcium oral tablet</i>	1	EDS
<i>flurbiprofen oral</i>	1	EDS
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	1	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	EDS
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	EDS
INDOCIN ORAL	2	PA; EDS
<i>indomethacin er</i>	1	PA; EDS
<i>indomethacin oral</i>	1	PA; EDS
KETOPROFEN ER	2	EDS
<i>ketorolac tromethamine oral</i>	1	PA
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	EDS
MEDROL ORAL TABLET 2 MG	3	
<i>meloxicam oral tablet</i>	1	EDS
<i>methylprednisolone oral tablet</i>	1	BD; EDS

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

Drug Name	Tier	Requirements/Limits
MILLIPRED ORAL TABLET	3	
MOBIC ORAL TABLET	3	EDS
<i>nabumetone oral</i>	1	EDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	EDS
<i>naproxen dr</i>	1	EDS
<i>naproxen oral</i>	1	EDS
<i>naproxen sodium er</i>	1	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
<i>oxaprozin</i>	1	EDS
<i>oxycodone-ibuprofen</i>	1	
<i>piroxicam oral</i>	1	EDS
PRED MILD	2	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>prednisone oral tablet therapy pack</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>sulindac oral</i>	1	EDS
<i>triamcinolone acetonide external aerosol solution</i>	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 30 days); EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; EDS
AJOVY	3	PA; EDS
<i>almotriptan malate</i>	1	
AMERGE	3	
CAFERGOT	2	
<i>dihydroergotamine mesylate nasal</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>eletriptan hydrobromide</i>	1	
EMGALITY	3	PA; EDS
EMGALITY (300 MG DOSE)	3	PA; EDS
<i>ergotamine-caffeine</i>	1	
FROVA	3	
<i>frovatriptan succinate</i>	1	
IMITREX ORAL	3	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	3	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	3	
IMITREX SUBCUTANEOUS	3	
MAXALT ORAL TABLET 10 MG	3	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	
<i>migergot</i>	1	
MIGRANAL	3	
<i>naratriptan hcl</i>	1	
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan nasal</i>	1	
<i>sumatriptan succinate oral</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	
<i>sumatriptan-naproxen sodium</i>	1	
<i>timolol maleate oral</i>	1	EDS
<i>topiramate oral</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
<i>zolmitriptan oral</i>	1	

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

Drug Name	Tier	Requirements/Limits
ZOMIG NASAL	2	
ZOMIG ORAL	3	
ZOMIG ZMT	3	
Antimyasthenic Agents		
<i>guanidine hcl oral</i>	1	
MESTINON ORAL SOLUTION	2	
MESTINON ORAL TABLET	3	EDS
MESTINON ORAL TABLET EXTENDED RELEASE	3	
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide oral solution</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	EDS
Antimycobacterials		
<i>dapsone oral</i>	1	EDS
<i>ethambutol hcl oral</i>	1	
<i>isoniazid oral</i>	1	EDS
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	1	
RIFADIN ORAL CAPSULE 150 MG	3	
RIFAMATE	2	
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
RIFATER	2	
SIRTURO	3	PA
TRECTOR	3	
Antineoplastics		
<i>abiraterone acetate</i>	1	PA New Starts
AFINITOR	2	PA New Starts
ALECENSA	3	PA New Starts
ALUNBRIG	3	PA New Starts; LA
<i>anastrozole oral</i>	1	EDS
ARIMIDEX	3	EDS

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

Drug Name	Tier	Requirements/Limits
AROMASIN	3	EDS
<i>avita</i>	1	
BALVERSA	3	PA New Starts
<i>bexarotene</i>	1	
<i>bicalutamide</i>	1	
BOSULIF	3	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA New Starts; LA
CABOMETYX	3	PA New Starts; LA
CALQUENCE	3	PA New Starts
CAPRELSA	2	PA New Starts; LA
CASODEX	3	
COMETRIQ (100 MG DAILY DOSE)	3	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE)	3	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE)	3	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	3	PA New Starts; LA
COTELLIC	3	PA New Starts
<i>cyclophosphamide oral capsule</i>	1	BD; EDS
DAURISMO ORAL TABLET 100 MG	3	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
DROXIA	3	EDS
EMCYT	2	
ERIVEDGE	2	PA New Starts
ERLEADA	2	PA New Starts
<i>erlotinib hcl</i>	1	
<i>exemestane</i>	1	EDS
FARYDAK	3	PA New Starts; LA
<i>flutamide</i>	1	EDS
GILOTRIF	3	PA New Starts; LA
GLEEVEC	3	PA New Starts; EDS
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
HYDREA	3	EDS
<i>hydroxyurea oral</i>	1	EDS
IBRANCE	3	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
ICLUSIG	3	PA New Starts
IDHIFA	3	PA New Starts; LA
<i>imatinib mesylate</i>	1	PA New Starts; EDS
IMBRUVICA ORAL CAPSULE	3	PA New Starts; LA
IMBRUVICA ORAL TABLET 140 MG	3	PA New Starts; LA
IMBRUVICA ORAL TABLET 280 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
INLYTA	3	PA New Starts; LA
INREBIC	3	PA New Starts; LA
IRESSA	3	PA New Starts; LA
JAKAFI	2	PA New Starts; LA
KISQALI (200 MG DOSE)	3	PA New Starts
KISQALI (400 MG DOSE)	3	PA New Starts
KISQALI (600 MG DOSE)	3	PA New Starts
KISQALI FEMARA (400 MG DOSE)	3	PA New Starts
KISQALI FEMARA (600 MG DOSE)	3	PA New Starts
KISQALI FEMARA(200 MG DOSE)	3	PA New Starts
LENVIMA (10 MG DAILY DOSE)	3	PA New Starts
LENVIMA (12 MG DAILY DOSE)	3	PA New Starts
LENVIMA (14 MG DAILY DOSE)	3	PA New Starts
LENVIMA (18 MG DAILY DOSE)	3	PA New Starts
LENVIMA (20 MG DAILY DOSE)	3	PA New Starts
LENVIMA (24 MG DAILY DOSE)	3	PA New Starts
LENVIMA (4 MG DAILY DOSE)	3	PA New Starts
LENVIMA (8 MG DAILY DOSE)	3	PA New Starts
<i>letrozole oral</i>	1	EDS
<i>leucovorin calcium oral</i>	1	
LEUKERAN	2	
LONSURF	3	PA New Starts; LA
LORBRENA	3	PA New Starts; LA
LYNPARZA ORAL TABLET	3	PA New Starts; LA
MATULANE	2	LA
MEKINIST	3	PA New Starts
MEKTOVI	3	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
MESNEX ORAL	2	
NERLYNX	3	PA New Starts; LA
NEXAVAR	3	PA New Starts; LA
<i>nilutamide</i>	1	
NINLARO	3	PA New Starts
NUBEQA	3	PA New Starts; LA
ODOMZO	3	PA New Starts
OFEV	2	PA; LA; EDS
PANRETIN	2	
PIQRAY (200 MG DAILY DOSE)	3	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE)	3	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE)	3	PA New Starts; LA
POMALYST	3	PA New Starts
PURIXAN	2	LA
RETIN-A	3	
RETIN-A MICRO	3	
REVLIMID	2	PA New Starts; LA
ROZLYTREK	3	PA New Starts; LA
RUBRACA	3	PA New Starts; LA
RYDAPT	3	PA New Starts
SOLTAMOX	2	EDS
SPRYCEL	2	PA New Starts
STIVARGA	3	PA New Starts; LA
SUTENT	2	PA New Starts; LA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts; EDS
SYNRIBO	3	PA New Starts
TABLOID	2	
TAFINLAR	3	PA New Starts
TAGRISSO	3	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.25 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	3	PA New Starts; LA
<i>tamoxifen citrate oral</i>	1	EDS
TARGRETIN EXTERNAL	2	
TARGRETIN ORAL	3	

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

Drug Name	Tier	Requirements/Limits
TASIGNA	2	
THALOMID	2	LA; EDS
TIBSOVO	3	PA New Starts; LA
<i>toremifene citrate</i>	1	EDS
<i>tretinoin external cream</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	
<i>tretinoin oral</i>	1	
TURALIO	3	PA New Starts; LA
TYKERB	3	PA New Starts
VALCHLOR	3	PA New Starts
VENCLEXTA	3	PA New Starts; LA
VENCLEXTA STARTING PACK	3	PA New Starts; LA
VERZENIO	3	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	3	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	3	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	3	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	3	PA New Starts; LA
VOTRIENT	2	PA New Starts
XALKORI	3	PA New Starts; LA
XOSPATA	3	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY)	3	PA New Starts; LA
XPOVIO (60 MG ONCE WEEKLY)	3	PA New Starts; LA
XPOVIO (80 MG ONCE WEEKLY)	3	PA New Starts; LA
XPOVIO (80 MG TWICE WEEKLY)	3	PA New Starts; LA
XTANDI	3	PA New Starts
ZEJULA	2	PA New Starts; LA
ZELBORAF	3	PA New Starts
ZOLINZA	2	
ZYDELIG	3	PA New Starts
ZYKADIA	3	PA New Starts
ZYTIGA	2	PA New Starts
Antiparasitics		
<i>albendazole oral</i>	1	

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

Drug Name	Tier	Requirements/Limits
ALINIA	2	
<i>atovaquone oral</i>	1	
<i>atovaquone-proguanil hcl</i>	1	EDS
BENZNIDAZOLE	3	PA
<i>chloroquine phosphate oral</i>	1	EDS
COARTEM	2	QL (24 EA per 30 days)
DARAPRIM	2	LA
EMVERM	3	
EURAX	2	
<i>hydroxychloroquine sulfate oral</i>	1	EDS
<i>ivermectin oral</i>	1	
<i>lindane external shampoo</i>	1	
MALARONE	3	EDS
<i>malathion external</i>	1	
<i>mefloquine hcl</i>	1	EDS
MEPRON	3	
NEBUPENT	2	
OVIDE	3	
PENTAM	3	
<i>permethrin external cream</i>	1	
PLAQUENIL	3	EDS
<i>praziquantel oral</i>	1	
<i>primaquine phosphate oral</i>	1	
QUALAQUIN	3	
<i>quinine sulfate oral</i>	1	
SKLICE	3	
STROMECTOL	3	
Antiparkinson Agents		
<i>amantadine hcl oral</i>	1	EDS
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; LA
<i>benztropine mesylate oral</i>	1	PA; EDS
<i>bromocriptine mesylate oral</i>	1	EDS
<i>carbidopa oral</i>	1	EDS
<i>carbidopa-levodopa</i>	1	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone</i>	1	EDS
COMTAN	3	EDS
DUOPA ENTERAL	3	PA; EDS
<i>entacapone</i>	1	EDS
GOCOVRI	3	PA; LA; EDS
INBRIJA	3	PA; LA; EDS
LODOSYN	3	EDS
MIRAPEX	3	EDS
MIRAPEX ER	3	EDS
NEUPRO	3	EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	PA; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG	3	PA; EDS
PARLODEL ORAL CAPSULE	3	EDS
<i>pramipexole dihydrochloride</i>	1	EDS
<i>pramipexole dihydrochloride er</i>	1	EDS
<i>rasagiline mesylate oral</i>	1	EDS
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	EDS
<i>ropinirole hcl</i>	1	EDS
<i>ropinirole hcl er</i>	1	EDS
<i>selegiline hcl oral</i>	1	EDS
SINEMET	3	EDS
SINEMET CR	3	EDS
STALEVO 100	3	EDS
STALEVO 125	3	EDS
STALEVO 150	3	EDS
STALEVO 200	3	EDS
STALEVO 50	3	EDS
STALEVO 75	3	EDS
<i>tolcapone</i>	1	EDS
<i>trihexyphenidyl hcl</i>	1	PA; EDS
ZELAPAR	2	EDS
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS

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

Drug Name	Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>	1	EDS
<i>aripiprazole oral tablet 2 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	EDS
ARISTADA	2	BD; EDS
ARISTADA INITIO	2	BD
<i>chlorpromazine hcl oral</i>	1	EDS
<i>clozapine</i>	1	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	QL (90 EA per 30 days); EDS
FANAPT ORAL TABLET 10 MG	3	QL (60 EA per 30 days); EDS
FANAPT ORAL TABLET 12 MG, 8 MG	3	EDS
FANAPT TITRATION PACK	3	QL (8 EA per 28 days)
<i>fluphenazine decanoate injection</i>	1	BD
<i>fluphenazine hcl injection</i>	1	BD
<i>fluphenazine hcl oral</i>	1	EDS
GEODON INTRAMUSCULAR	3	BD
HALDOL	3	BD
HALDOL DECANOATE	3	BD
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	BD
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	BD
<i>haloperidol lactate oral</i>	1	EDS
<i>haloperidol oral</i>	1	EDS
INVEGA	3	EDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PA New Starts; EDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	2	QL (30 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
LATUDA ORAL TABLET 60 MG	2	QL (60 EA per 30 days); EDS
LATUDA ORAL TABLET 80 MG	2	EDS
<i>loxapine succinate oral</i>	1	EDS
<i>molindone hcl</i>	1	EDS
NUPLAZID ORAL CAPSULE	3	PA New Starts; LA; EDS
NUPLAZID ORAL TABLET 10 MG	3	PA New Starts; LA; QL (30 EA per 30 days); EDS
<i>olanzapine intramuscular</i>	1	BD
<i>olanzapine oral</i>	1	EDS
<i>paliperidone er</i>	1	EDS
<i>perphenazine oral</i>	1	EDS
PERSERIS	3	BD; EDS
<i>pimozide</i>	1	EDS
<i>prochlorperazine maleate oral</i>	1	BD; EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	QL (30 EA per 30 days); EDS
REXULTI ORAL TABLET 4 MG	3	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	1	EDS
SAPHRIS	3	EDS
<i>thioridazine hcl oral</i>	1	PA New Starts; EDS
<i>thiothixene oral</i>	1	EDS
<i>trifluoperazine hcl oral</i>	1	EDS
VERSACLOZ	3	
VRAYLAR ORAL CAPSULE	3	PA New Starts; EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS
ZYPREXA INTRAMUSCULAR	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD

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

Drug Name	Tier	Requirements/Limits
Antispasticity Agents		
<i>baclofen oral</i>	1	EDS
<i>dantrolene sodium oral</i>	1	
<i>tizanidine hcl oral</i>	1	EDS
ZANAFLEX	3	EDS
Antivirals		
<i>abacavir sulfate</i>	1	EDS
<i>abacavir sulfate-lamivudine</i>	1	EDS
<i>abacavir-lamivudine-zidovudine</i>	1	EDS
<i>acyclovir external</i>	1	
<i>acyclovir oral capsule</i>	1	EDS
<i>acyclovir oral suspension</i>	1	
<i>acyclovir oral tablet 400 mg</i>	1	EDS
<i>acyclovir oral tablet 800 mg</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	BD
<i>adefovir dipivoxil</i>	1	EDS
<i>amantadine hcl oral</i>	1	EDS
APTIVUS	2	EDS
<i>atazanavir sulfate</i>	1	EDS
ATRIPLA	2	EDS
BARACLUDE	2	EDS
BIKTARVY	2	EDS
CIMDUO	2	EDS
COMBIVIR	3	EDS
COMPLERA	2	EDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	EDS
DELSTRIGO	3	EDS
DESCOVY	3	EDS
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	1	EDS
DOVATO	3	EDS
EDURANT	2	EDS
<i>efavirenz</i>	1	EDS
EMTRIVA	2	EDS
<i>entecavir</i>	1	EDS
EPCLUSA	2	PA

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

Drug Name	Tier	Requirements/Limits
EPIVIR	3	EDS
EPIVIR HBV ORAL SOLUTION	2	EDS
EPIVIR HBV ORAL TABLET	3	EDS
EVOTAZ	3	EDS
<i>famciclovir oral</i>	1	EDS
FLUMADINE	3	
<i>fosamprenavir calcium</i>	1	EDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
GENVOYA	2	EDS
HARVONI ORAL TABLET 90-400 MG	2	PA
HEPSERA	3	EDS
INTELENCE	2	EDS
INTRON A	2	PA New Starts; EDS
INVIRASE ORAL TABLET	2	EDS
ISENTRESS	2	EDS
ISENTRESS HD	2	EDS
JULUCA	2	EDS
KALETRA ORAL TABLET	2	EDS
<i>lamivudine</i>	1	EDS
<i>lamivudine-zidovudine</i>	1	EDS
LEXIVA ORAL SUSPENSION	2	EDS
<i>lopinavir-ritonavir</i>	1	EDS
MAVYRET	2	PA
<i>nevirapine</i>	1	EDS
<i>nevirapine er</i>	1	EDS
NORVIR ORAL PACKET	2	EDS
NORVIR ORAL SOLUTION	2	EDS
ODEFSEY	2	EDS
<i>oseltamivir phosphate oral</i>	1	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION	2	PA
PIFELTRO	3	EDS
PREVYMIS ORAL	3	PA; EDS
PREZCOBIX	3	EDS

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

Drug Name	Tier	Requirements/Limits
PREZISTA ORAL SUSPENSION	2	EDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	EDS
RELENZA DISKHALER	2	
RESCRIPTOR ORAL TABLET 200 MG	2	EDS
RETROVIR ORAL CAPSULE	3	EDS
RETROVIR ORAL SYRUP	3	EDS
REYATAZ ORAL PACKET	2	EDS
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine hcl</i>	1	
<i>ritonavir</i>	1	EDS
SELZENTRY	2	EDS
SOVALDI ORAL TABLET 400 MG	2	PA
<i>stavudine oral capsule</i>	1	EDS
STRIBILD	2	EDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts; EDS
SYMFI	2	EDS
SYMFI LO	2	EDS
SYMTUZA	3	EDS
<i>tenofovir disoproxil fumarate</i>	1	EDS
TIVICAY	2	EDS
<i>trifluridine ophthalmic</i>	1	
TRIUMEQ	2	EDS
TRIZIVIR	3	EDS
TRUVADA	2	EDS
TYBOST	2	EDS
<i>valacyclovir hcl oral</i>	1	EDS
VALCYTE ORAL TABLET	3	EDS
<i>valganciclovir hcl</i>	1	EDS
VALTREX	3	EDS
VEMLIDY	2	PA; EDS
VIDEX EC	3	EDS
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	2	EDS
VIRACEPT ORAL TABLET	2	EDS

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

Drug Name	Tier	Requirements/Limits
VIRAMUNE ORAL TABLET	3	EDS
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	3	EDS
VIREAD ORAL POWDER	2	EDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	EDS
VOSEVI	2	PA
XOFLUZA	2	
ZIAGEN ORAL SOLUTION	2	EDS
ZIAGEN ORAL TABLET	3	EDS
<i>zidovudine</i>	1	EDS
ZIRGAN	2	
ZOVIRAX EXTERNAL OINTMENT	3	
ZOVIRAX ORAL CAPSULE	3	EDS
ZOVIRAX ORAL SUSPENSION	3	
ZOVIRAX ORAL TABLET 800 MG	3	
Anxiolytics		
<i>alprazolam er</i>	1	
<i>alprazolam intensol</i>	1	
<i>alprazolam oral</i>	1	
<i>buspirone hcl oral</i>	1	EDS
<i>chlordiazepoxide hcl</i>	1	PA; PA does not apply to age less than 65.
<i>clonazepam oral</i>	1	EDS
<i>clorazepate dipotassium</i>	1	
CYMBALTA	3	EDS
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin hcl oral</i>	1	PA New Starts; EDS
<i>duloxetine hcl oral</i>	1	EDS
<i>escitalopram oxalate</i>	1	EDS
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>hydroxyzine pamoate oral</i>	1	PA
KLONOPIN	3	EDS

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

Drug Name	Tier	Requirements/Limits
LEXAPRO ORAL TABLET	3	EDS
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>meprobamate</i>	1	PA; EDS
<i>oxazepam</i>	1	
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL ORAL SUSPENSION	2	EDS
PAXIL ORAL TABLET	3	EDS
PEXEVA	3	EDS
<i>sertraline hcl oral</i>	1	EDS
SILENOR ORAL TABLET 3 MG	3	QL (30 EA per 30 days); EDS
SILENOR ORAL TABLET 6 MG	3	EDS
<i>triazolam</i>	1	QL (7 EA per 30 days)
VALIUM	3	
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
VISTARIL	3	PA
XANAX	3	
XANAX XR	3	
Bipolar Agents		
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>epitol</i>	1	EDS
EQUETRO	3	EDS
GEODON INTRAMUSCULAR	3	BD
LAMICTAL STARTER	3	
LAMICTAL XR ORAL KIT	3	

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

Drug Name	Tier	Requirements/Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	3	EDS
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	1	EDS
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>lithium</i>	1	EDS
<i>lithium carbonate er</i>	1	EDS
<i>lithium carbonate oral</i>	1	EDS
<i>olanzapine intramuscular</i>	1	BD
<i>olanzapine oral</i>	1	EDS
PERSERIS	3	BD; EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	1	EDS
SAPHRIS	3	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
VRAYLAR ORAL CAPSULE	3	PA New Starts; EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS
ZYPREXA INTRAMUSCULAR	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Blood Glucose Regulators		
<i>acarbose oral</i>	1	EDS
ACTOPLUS MET	3	EDS

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

Drug Name	Tier	Requirements/Limits
ACTOS	3	EDS
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	EDS
<i>colesevelam hcl</i>	1	EDS
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
CYCLOSET	3	EDS
<i>exel comfort point pen needle 29g x 12mm</i>	1	EDS
FARXIGA	3	EDS
<i>glimepiride</i>	1	EDS
<i>glipizide er</i>	1	EDS
<i>glipizide oral</i>	1	EDS
<i>glipizide-metformin hcl</i>	1	EDS
<i>glucagen hypokit</i>	1	
<i>glucagon emergency</i>	1	
GLUCOPHAGE	3	EDS
GLUCOPHAGE XR	3	EDS
<i>glyburide oral</i>	1	PA; PA does not apply to age less than 65; EDS
<i>glyburide-metformin</i>	1	EDS
GLYSET	3	EDS
GLYXAMBI	2	EDS
HUMALOG	2	EDS
HUMALOG JUNIOR KWIKPEN	2	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMALOG MIX 50/50	2	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 75/25	2	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN 70/30	2	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN N	2	EDS

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

Drug Name	Tier	Requirements/Limits
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN R	2	EDS
HUMULIN R U-500 (CONCENTRATED)	2	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
INVOKAMET	2	EDS
INVOKAMET XR	2	EDS
INVOKANA	2	EDS
JARDIANCE	2	EDS
JENTADUETO	2	EDS
JENTADUETO XR	2	EDS
KORLYM	2	PA New Starts; LA; EDS
LANTUS	2	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LAZANDA NASAL SOLUTION 300 MCG/ACT	3	PA; QL (120 EA per 30 days)
<i>metformin hcl er</i>	1	EDS
<i>metformin hcl oral tablet</i>	1	EDS
<i>miglitol</i>	1	EDS
<i>nateglinide</i>	1	EDS
ONGLYZA	3	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	ST; EDS
OZEMPIC (1 MG/DOSE)	2	ST; EDS
<i>pioglitazone hcl</i>	1	EDS
<i>pioglitazone hcl-metformin hcl</i>	1	EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
PROGLYCEM	2	EDS
<i>reli-on insulin syringe 29g 0.3 ml</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	1	EDS
<i>repaglinide-metformin hcl</i>	1	EDS
RIOMET	2	EDS
SOLIQUA	2	EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS

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

Drug Name	Tier	Requirements/Limits
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYNJARDY	2	EDS
SYNJARDY XR	2	EDS
TOLBUTAMIDE	3	EDS
TOUJEO MAX SOLOSTAR	2	EDS
TOUJEO SOLOSTAR	2	EDS
TRADJENTA	2	EDS
TRULICITY	2	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
Blood Products/ Modifiers/ Volume Expanders		
AGGRENOX	3	EDS
<i>anagrelide hcl</i>	1	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA
<i>aspirin-dipyridamole er</i>	1	EDS
BEVYXXA	3	EDS
BRILINTA	2	EDS
CABLIVI	3	PA; LA
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
COUMADIN ORAL	3	EDS
<i>dipyridamole oral</i>	1	PA; EDS
DOPTelet	3	PA; LA
ELIQUIS	2	EDS
ELIQUIS STARTER PACK	2	EDS
<i>enoxaparin sodium subcutaneous</i>	1	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	PA
<i>fondaparinux sodium</i>	1	

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

Drug Name	Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	2	
GRANIX	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BD
<i>jantoven</i>	1	EDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	2	PA
LYSTEDA	3	
MULPLETA	3	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	2	
NIVESTYM	2	
PLAVIX ORAL TABLET 75 MG	3	EDS
PRADAXA	2	EDS
<i>prasugrel hcl</i>	1	EDS
PROCRIT	2	PA
PROMACTA	2	PA; EDS
RETACRIT	2	PA
TAVALISSE	3	PA; LA; EDS
<i>tranexamic acid oral</i>	1	
<i>warfarin sodium oral</i>	1	EDS
XARELTO	2	EDS
XARELTO STARTER PACK	2	
ZARXIO	2	
ZONTIVITY	3	PA New Starts; EDS
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	1	EDS
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide oral</i>	1	EDS
ALDACTAZIDE ORAL TABLET 25-25 MG	3	EDS

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

Drug Name	Tier	Requirements/Limits
ALDACTAZIDE ORAL TABLET 50-50 MG	2	EDS
<i>aliskiren fumarate</i>	1	ST; EDS
ALTOPREV	3	EDS
<i>amiloride hcl oral</i>	1	EDS
<i>amiloride-hydrochlorothiazide</i>	1	EDS
<i>amiodarone hcl oral</i>	1	EDS
<i>amlodipine besy-benazepril hcl</i>	1	EDS
<i>amlodipine besylate oral</i>	1	EDS
<i>amlodipine besylate-valsartan</i>	1	EDS
<i>amlodipine-atorvastatin</i>	1	EDS
<i>amlodipine-olmesartan</i>	1	EDS
<i>amlodipine-valsartan-hctz</i>	1	EDS
<i>atenolol oral</i>	1	EDS
<i>atenolol-chlorthalidone</i>	1	EDS
<i>atorvastatin calcium oral</i>	1	EDS
<i>benazepril hcl oral</i>	1	EDS
<i>benazepril-hydrochlorothiazide</i>	1	EDS
BETAPACE AF	3	EDS
<i>betaxolol hcl oral</i>	1	EDS
BIDIL	3	EDS
<i>bisoprolol fumarate</i>	1	EDS
<i>bisoprolol-hydrochlorothiazide</i>	1	EDS
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	EDS
BYSTOLIC	3	EDS
<i>candesartan cilexetil</i>	1	EDS
<i>captopril oral</i>	1	EDS
<i>captopril-hydrochlorothiazide</i>	1	EDS
CARDIZEM CD	3	EDS
CARDIZEM LA	3	EDS
CARDURA XL	3	EDS
<i>cartia xt</i>	1	EDS
<i>carvedilol</i>	1	EDS
<i>carvedilol phosphate er</i>	1	EDS
<i>chlorothiazide oral</i>	1	EDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>cholestyramine light oral powder</i>	1	EDS
<i>cholestyramine oral packet</i>	1	EDS
<i>clonidine hcl oral</i>	1	EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1	QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	1	EDS
<i>colesevelam hcl</i>	1	EDS
COLESTID ORAL PACKET	3	EDS
COLESTID ORAL TABLET	3	EDS
<i>colestipol hcl oral packet</i>	1	EDS
<i>colestipol hcl oral tablet</i>	1	EDS
CORLANOR ORAL SOLUTION	3	PA New Starts; EDS
CORLANOR ORAL TABLET	3	PA; EDS
CRESTOR	3	EDS
DEMSEER	2	
<i>digitek oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digitek oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>digox oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digox oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>digoxin oral solution</i>	1	PA; EDS
<i>digoxin oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	EDS
<i>diltiazem hcl oral</i>	1	EDS
<i>dilt-xr</i>	1	EDS
<i>disopyramide phosphate oral</i>	1	PA; EDS
DIURIL	2	EDS
<i>dofetilide</i>	1	EDS
<i>doxazosin mesylate oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
DUTOPROL	2	EDS
EDARBI	3	EDS
EDARBYCLOR	3	EDS
<i>enalapril maleate oral</i>	1	EDS
<i>enalapril-hydrochlorothiazide</i>	1	EDS
ENTRESTO	2	EDS
<i>eplerenone</i>	1	EDS
<i>eprosartan mesylate</i>	1	EDS
<i>ethacrynic acid oral</i>	1	EDS
<i>ezetimibe</i>	1	EDS
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1	EDS
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1	PA New Starts; EDS
<i>felodipine er</i>	1	EDS
<i>fenofibrate oral tablet</i>	1	EDS
<i>fenofibric acid</i>	1	EDS
<i>flecainide acetate</i>	1	EDS
<i>fluvastatin sodium er</i>	1	EDS
<i>fosinopril sodium</i>	1	EDS
<i>fosinopril sodium-hctz</i>	1	EDS
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>gemfibrozil oral</i>	1	EDS
<i>guanfacine hcl oral</i>	1	PA; EDS
<i>hydralazine hcl oral</i>	1	EDS
<i>hydrochlorothiazide oral</i>	1	EDS
<i>indapamide oral</i>	1	EDS
INNOPRAN XL	3	EDS
INSPRA	3	EDS
<i>irbesartan</i>	1	EDS
<i>irbesartan-hydrochlorothiazide</i>	1	EDS
ISORDIL TITRADOSE ORAL TABLET 40 MG	2	EDS
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	EDS
<i>isosorbide dinitrate er</i>	1	EDS
<i>isosorbide dinitrate oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>isosorbide mononitrate</i>	1	EDS
<i>isosorbide mononitrate er</i>	1	EDS
<i>isradipine</i>	1	EDS
JUXTAPID	3	PA; EDS
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	AL (Min 6 Years and Max 17 Years); EDS
KEVEYIS	3	PA; LA
<i>labetalol hcl oral</i>	1	EDS
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	QL (30 EA per 30 days); EDS
LANOXIN ORAL TABLET 250 MCG	3	PA; PA does not apply to age less than 65.; EDS
LESCOL XL	3	EDS
LIPITOR	3	EDS
<i>lisinopril oral</i>	1	EDS
<i>lisinopril-hydrochlorothiazide</i>	1	EDS
LIVALO	3	EDS
LOPID	3	EDS
<i>losartan potassium</i>	1	EDS
<i>losartan potassium-hctz</i>	1	EDS
LOTENSIN ORAL TABLET 10 MG	3	EDS
<i>lovastatin</i>	1	EDS
LOVAZA	3	EDS
<i>matzim la</i>	1	EDS
<i>methazolamide oral</i>	1	EDS
<i>methyldopa oral</i>	1	PA; EDS
<i>methyldopa-hydrochlorothiazide</i>	1	PA; EDS
<i>metolazone</i>	1	EDS
<i>metoprolol succinate er</i>	1	EDS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>metoprolol-hydrochlorothiazide</i>	1	EDS
<i>mexiletine hcl oral</i>	1	EDS
<i>midodrine hcl</i>	1	EDS
<i>minitran</i>	1	EDS
<i>minoxidil oral</i>	1	EDS
<i>moexipril hcl</i>	1	EDS
MULTAQ	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	1	EDS
<i>niacin er (antihyperlipidemic)</i>	1	EDS
NIACOR	2	
NIASPAN	3	EDS
<i>nicardipine hcl oral</i>	1	EDS
<i>nifedipine er</i>	1	EDS
<i>nifedipine er osmotic release</i>	1	EDS
<i>nifedipine oral</i>	1	PA; EDS
<i>nimodipine oral</i>	1	EDS
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	1	EDS
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG	3	EDS
NITRO-BID	3	EDS
NITRO-DUR	3	EDS
<i>nitroglycerin sublingual</i>	1	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	1	EDS
<i>nitroglycerin translingual solution</i>	1	EDS
NORPACE	3	PA; EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	2	PA; PA does not apply to age less than 65.; EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	2	PA; EDS
NORTHERA	3	PA; LA
NYMALIZE ORAL SOLUTION 30 MG/10ML	3	EDS
<i>olmesartan medoxomil oral</i>	1	EDS
<i>olmesartan medoxomil-hctz</i>	1	EDS
<i>olmesartan-amlodipine-hctz</i>	1	EDS
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	EDS
<i>pentoxifylline er</i>	1	EDS
<i>perindopril erbumine</i>	1	EDS
<i>pindolol</i>	1	EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	EDS
<i>pravastatin sodium</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>prazosin hcl oral</i>	1	EDS
<i>prevalite oral packet</i>	1	EDS
<i>propafenone hcl</i>	1	EDS
<i>propafenone hcl er</i>	1	EDS
<i>propranolol hcl er</i>	1	EDS
<i>propranolol hcl oral</i>	1	EDS
<i>propranolol-hctz</i>	1	EDS
QUESTRAN LIGHT ORAL POWDER	3	EDS
QUESTRAN ORAL PACKET	3	EDS
<i>quinapril hcl</i>	1	EDS
<i>quinapril-hydrochlorothiazide</i>	1	EDS
<i>quinidine gluconate er</i>	1	EDS
<i>quinidine sulfate oral</i>	1	EDS
<i>ramipril</i>	1	EDS
<i>ranolazine er</i>	1	EDS
RECTIV	3	
REPATHA	3	PA; EDS
REPATHA PUSHTRONEX SYSTEM	3	PA; EDS
REPATHA SURECLICK	3	PA; EDS
<i>rosuvastatin calcium</i>	1	EDS
RYTHMOL SR	3	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	1	PA New Starts; EDS
<i>sorine</i>	1	EDS
<i>sotalol hcl (af) oral tablet 120 mg</i>	1	EDS
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	1	EDS
<i>sotalol hydrochloride oral tablet 120 mg</i>	1	EDS
SOTYLIZE	3	EDS
<i>spironolactone oral</i>	1	EDS
<i>spironolactone-hctz</i>	1	EDS
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	EDS
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	3	EDS
<i>taztia xt</i>	1	EDS
TEKTRUNA HCT	3	ST; EDS

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

Drug Name	Tier	Requirements/Limits
<i>telmisartan</i>	1	EDS
<i>telmisartan-hctz</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS
TIAZAC	3	EDS
TIKOSYN	3	EDS
<i>timolol maleate oral</i>	1	EDS
<i>toremide oral</i>	1	EDS
<i>trandolapril</i>	1	EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet</i>	1	EDS
TRICOR	3	EDS
TRILIPIX	3	EDS
UPTRAVI ORAL TABLET	3	PA New Starts; LA; EDS
UPTRAVI ORAL TABLET THERAPY PACK	3	PA New Starts; LA
<i>valsartan</i>	1	EDS
<i>valsartan-hydrochlorothiazide</i>	1	EDS
VASCEPA	2	EDS
VASERETIC	3	EDS
<i>verapamil hcl er</i>	1	EDS
<i>verapamil hcl oral</i>	1	EDS
VERELAN	3	EDS
VERELAN PM	3	EDS
ZESTRIL ORAL TABLET 40 MG	3	EDS
ZETIA	2	EDS
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	EDS
ZOCOR ORAL TABLET 80 MG	3	PA New Starts; EDS
Central Nervous System Agents		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	EDS
ADDERALL XR	3	EDS
<i>amphetamine-dextroamphet er</i>	1	EDS
<i>amphetamine-dextroamphetamine</i>	1	EDS
APTENSIO XR	3	EDS
<i>atomoxetine hcl</i>	1	EDS
AUBAGIO	2	EDS
AUSTEDO	3	PA; LA; EDS

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

Drug Name	Tier	Requirements/Limits
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	EDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	EDS
BUTISOL SODIUM ORAL TABLET 30 MG	3	PA; PA does not apply to age less than 65.
<i>clonidine hcl er</i>	1	AL (Min 6 Years and Max 17 Years); EDS
CONCERTA	3	EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	EDS
CYMBALTA	3	EDS
<i>dalfampridine er</i>	1	PA; EDS
DAYTRANA	3	EDS
DESOXYN	3	PA; EDS
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
<i>dexmethylphenidate hcl</i>	1	EDS
<i>dexmethylphenidate hcl er</i>	1	EDS
<i>dextroamphetamine sulfate er</i>	1	EDS
<i>dextroamphetamine sulfate oral tablet</i>	1	EDS
<i>duloxetine hcl oral</i>	1	EDS
<i>estazolam</i>	1	
FIRDAPSE	3	PA; LA
FOCALIN	3	EDS
FOCALIN XR	3	EDS
GILENYA ORAL CAPSULE 0.5 MG	2	EDS
<i>glatiramer acetate</i>	1	EDS
<i>glatopa</i>	1	EDS
<i>guanfacine hcl er</i>	1	PA; EDS
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	EDS
INTUNIV	3	PA; EDS
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	AL (Min 6 Years and Max 17 Years); EDS
LYRICA CR	2	EDS

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

Drug Name	Tier	Requirements/Limits
LYRICA ORAL SOLUTION	2	EDS
MAVENCLAD (10 TABS)	3	PA
MAVENCLAD (4 TABS)	3	PA
MAVENCLAD (5 TABS)	3	PA
MAVENCLAD (6 TABS)	3	PA
MAVENCLAD (7 TABS)	3	PA
MAVENCLAD (8 TABS)	3	PA
MAVENCLAD (9 TABS)	3	PA
MAYZENT	2	EDS
<i>metadate er oral tablet extended release 20 mg</i>	1	EDS
<i>methamphetamine hcl</i>	1	PA; EDS
METHYLIN ORAL SOLUTION	3	EDS
<i>methylphenidate hcl er (cd)</i>	1	EDS
<i>methylphenidate hcl er (la)</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1	EDS
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 72 MG	2	EDS
<i>methylphenidate hcl oral</i>	1	EDS
NUEDEXTA	2	PA; EDS
PLEGRIDY	2	EDS
PLEGRIDY STARTER PACK	2	
<i>pregabalin oral</i>	1	EDS
PROCENTRA	3	EDS
QUILLIVANT XR	3	EDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
RILUTEK	3	EDS
<i>riluzole</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
RITALIN	3	EDS
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG	3	EDS
SAVELLA	2	EDS
SAVELLA TITRATION PACK	2	
TECFIDERA ORAL	2	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	2	QL (60 EA per 30 days); EDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	2	EDS
<i>tetrabenazine</i>	1	PA; EDS
TIGLUTIK	3	EDS
VECAMYL	3	PA; LA; EDS
VYVANSE	3	EDS
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	EDS
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	EDS
Dental And Oral Agents		
<i>cevimeline hcl</i>	1	EDS
<i>chlorhexidine gluconate mouth/throat</i>	1	EDS
CUVPOSA	3	EDS
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
EVOXAC	3	EDS
<i>minocycline hcl er</i>	1	
<i>minocycline hcl oral</i>	1	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
<i>pilocarpine hcl oral</i>	1	EDS
SALAGEN	3	EDS
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG, 65 MG	3	
<i>triamcinolone acetonide mouth/throat</i>	1	EDS
VIBRAMYCIN ORAL SYRUP	2	
Dermatological Agents		
ABSORICA	3	

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

Drug Name	Tier	Requirements/Limits
<i>acitretin</i>	1	PA
<i>adapalene external cream</i>	1	
<i>adapalene external gel</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
<i>ammonium lactate external</i>	1	
<i>amnesteem</i>	1	
<i>avita</i>	1	
<i>azelaic acid external</i>	1	
AZELEX	2	
BENZACLIN WITH PUMP	3	
<i>betamethasone dipropionate external lotion</i>	1	
BRYHALI	3	
<i>calcipotriene external</i>	1	
<i>calcipotriene-betameth diprop</i>	1	
<i>calcitriol external</i>	1	
CARAC	2	
<i>claravis</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i> , 1.2-5 %	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clotrimazole-betamethasone</i>	1	
CONDYLOX EXTERNAL GEL	2	
CORTISPORIN EXTERNAL	3	
COSENTYX (300 MG DOSE)	2	EDS
COSENTYX SENSOREADY (300 MG)	2	EDS
<i>dapsone external</i>	1	
<i>diclofenac sodium transdermal gel</i>	1	PA; EDS
<i>doxycycline hyclate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg</i> , 50 mg	1	
<i>doxycycline monohydrate oral tablet 100 mg</i> , 50 mg	1	
DUOBRII	3	PA
DUPIXENT	2	PA; EDS
EFUDEX EXTERNAL CREAM	3	
ELIMITE	3	
<i>erygel</i>	1	

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

Drug Name	Tier	Requirements/Limits
EUCRISA	3	PA
FABIOR	2	PA
FINACEA EXTERNAL FOAM	2	
<i>fluorouracil external</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>imiquimod external</i>	1	PA New Starts
<i>isotretinoin oral</i>	1	
KERYDIN	3	PA
LOTRISONE EXTERNAL CREAM	3	
<i>mafenide acetate external</i>	1	
<i>methoxsalen rapid</i>	1	
MIRVASO	3	ST
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
<i>myorisan</i>	1	
NEO-SYNALAR EXTERNAL CREAM	3	
<i>neuac external gel</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>oxiconazole nitrate</i>	1	
OXSORALEN ULTRA	3	
PICATO	3	
<i>pimecrolimus</i>	1	
<i>podofilox external</i>	1	
<i>prednicarbate external cream</i>	1	
REGRANEX	3	QL (45 GM per 30 days)
RETIN-A	3	
RETIN-A MICRO	3	
SANTYL	2	
<i>selenium sulfide external lotion</i>	1	
SILIQ	2	EDS
SOOLANTRA	3	
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	EDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS

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

Drug Name	Tier	Requirements/Limits
TACLONEX EXTERNAL OINTMENT	3	
<i>tacrolimus external</i>	1	EDS
TALTZ	3	LA; EDS
<i>tazarotene external</i>	1	PA New Starts; PA Except Dermatology
TAZORAC	2	PA New Starts; PA Except Dermatology
TOLAK	3	
TREMFYA	2	EDS
<i>tretinoin external</i>	1	
<i>tretinoin microsphere</i>	1	
TRIANEX	3	
VALCHLOR	3	PA New Starts
<i>zenatane</i>	1	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	2	BD
AMINOSYN-PF	2	BD
CARBAGLU	2	PA; LA; EDS
CARNITOR ORAL	3	EDS
CHEMET	2	
CLINIMIX E/DEXTROSE (2.75/5)	2	BD
CLINIMIX E/DEXTROSE (4.25/10)	2	BD
CLINIMIX E/DEXTROSE (4.25/5)	2	BD
CLINIMIX E/DEXTROSE (5/15)	2	BD
CLINIMIX E/DEXTROSE (5/20)	2	BD
CLINIMIX/DEXTROSE (4.25/10)	2	BD
CLINIMIX/DEXTROSE (4.25/25)	2	BD
CLINIMIX/DEXTROSE (4.25/5)	2	BD
CLINIMIX/DEXTROSE (5/15)	2	BD
CLINIMIX/DEXTROSE (5/20)	2	BD
CLINIMIX/DEXTROSE (5/25)	2	BD
<i>clinisol sf</i>	1	BD
<i>deferasirox oral tablet soluble</i>	1	PA; LA; EDS
DEPEN TITRATABS	2	
<i>dextrose intravenous solution 10 %, 5 %</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	BD
<i>doxercalciferol oral capsule 0.5 mcg</i>	1	ST
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	1	ST; EDS
FERRIPROX	3	PA New Starts; LA; EDS
FREAMINE HBC	2	BD
<i>hepatamine</i>	1	BD
<i>intralipid intravenous emulsion 20 %</i>	1	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	3	BD
IONOSOL-MB IN D5W	3	
ISOLYTE-P IN D5W	3	
ISOLYTE-S	3	
JADENU	3	PA; EDS
JADENU SPRINKLE	3	PA; EDS
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	BD
<i>kcl-lactated ringers-d5w</i>	1	BD
<i>kionex oral suspension</i>	1	EDS
<i>klor-con 10</i>	1	EDS
<i>klor-con m10</i>	1	EDS
KLOR-CON M15	3	EDS
<i>klor-con m20</i>	1	EDS
<i>klor-con oral packet 20 meq</i>	1	EDS
<i>klor-con oral tablet extended release</i>	1	EDS
<i>klor-con sprinkle oral capsule extended release 8 meq</i>	1	EDS
K-TAB	3	EDS
<i>levocarnitine oral solution</i>	1	EDS
<i>levocarnitine oral tablet</i>	1	EDS
LOKELMA	2	EDS
<i>magnesium sulfate injection solution 50 %</i>	1	
NEPHRAMINE	3	BD
<i>normosol-m in d5w</i>	1	BD

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

Drug Name	Tier	Requirements/Limits
NORMOSOL-R IN D5W	3	BD
NORMOSOL-R PH 7.4	3	
<i>nutrilipid</i>	1	BD
OSMOPREP	3	
<i>penicillamine oral</i>	1	PA; EDS
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
PLENAMINE	2	BD
<i>potassium chloride crys er</i>	1	EDS
<i>potassium chloride er</i>	1	EDS
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	1	
<i>potassium chloride oral packet</i>	1	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	EDS
PREMASOL	2	BD
<i>prenatal oral tablet 27-1 mg</i>	1	
PROCALAMINE	2	BD
PROSOL	3	BD
SAMSCA	2	PA
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	EDS
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps</i>	1	EDS
SUPREP BOWEL PREP KIT	2	
<i>tpn electrolytes intravenous solution</i>	1	BD
TRAVASOL	2	BD
<i>trientine hcl</i>	1	PA; EDS
TROPHAMINE	2	BD
VELPHORO	3	EDS

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

Drug Name	Tier	Requirements/Limits
VELTASSA	2	EDS
Gastrointestinal Agents		
ACIPHEX	3	EDS
ACTIGALL	3	EDS
<i>alosetron hcl</i>	1	EDS
AMITIZA	3	EDS
<i>amoxicill-clarithro-lansopraz</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
CARAFATE ORAL SUSPENSION	2	EDS
CARAFATE ORAL TABLET	3	EDS
CHENODAL	3	PA; LA
CHOLBAM	3	PA; EDS
<i>cimetidine hcl oral</i>	1	EDS
<i>cimetidine oral</i>	1	EDS
CLENPIQ	3	
<i>constulose</i>	1	EDS
CYTOTEC	3	EDS
DEXILANT	3	EDS
<i>dicyclomine hcl oral</i>	1	EDS
<i>diphenoxylate-atropine</i>	1	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>enulose</i>	1	EDS
<i>esomeprazole magnesium oral capsule delayed release</i>	1	EDS
<i>famotidine oral suspension reconstituted</i>	1	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
GATTEX	3	PA; LA; EDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
<i>generlac</i>	1	EDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	EDS
GOLYTELY	3	
KRISTALOSE ORAL PACKET 20 GM	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>lactulose oral packet</i>	1	EDS
<i>lactulose oral solution 10 gm/15ml</i>	1	EDS
<i>lansoprazole oral capsule delayed release</i>	1	EDS
<i>lansoprazole oral tablet delayed release dispersible</i>	1	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	2	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	2	EDS
LOMOTIL ORAL TABLET	3	
<i>loperamide hcl oral capsule</i>	1	
LOTRONEX	3	EDS
<i>mesalamine oral capsule delayed release</i>	1	EDS
<i>methscopolamine bromide oral</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>misoprostol oral</i>	1	EDS
MOVANTIK	3	
MOVIPREP	3	
MYTESI	2	PA New Starts; EDS
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	EDS
<i>nizatidine</i>	1	EDS
NULYTELY WITH FLAVOR PACKS	3	
OALIVA	3	PA; LA; EDS
OMECLAMOX-PAK	3	
<i>omeprazole oral capsule delayed release</i>	1	EDS
<i>omeprazole-sodium bicarbonate oral capsule</i>	1	EDS
<i>pantoprazole sodium oral</i>	1	EDS
<i>peg 3350/electrolytes</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
PEPCID ORAL TABLET 20 MG	3	EDS
PREPOPIK	3	
PREVACID	3	EDS
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	EDS
<i>proctozone-hc rectal</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>propantheline bromide oral</i>	1	
PROTONIX ORAL TABLET DELAYED RELEASE	3	EDS
<i>rabeprazole sodium oral tablet delayed release</i>	1	EDS
<i>ranitidine hcl oral capsule</i>	1	EDS
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	1	EDS
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	EDS
REGLAN ORAL	3	
RELISTOR ORAL	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	2	
<i>scopolamine</i>	1	
<i>sucralfate oral tablet</i>	1	EDS
SYMPROIC	3	PA
TRANSDERM-SCOP (1.5 MG)	3	
<i>trilyte</i>	1	
UCERIS	3	
URSO 250	3	EDS
URSO FORTE	3	EDS
<i>ursodiol oral</i>	1	EDS
VIBERZI	3	PA; EDS
XERMELO	3	PA; LA; EDS
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
ZEGERID ORAL CAPSULE	3	EDS
ZORBTIVE	3	PA; EDS
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
CERDELGA	3	PA; LA; EDS
CREON	2	EDS
CYSTADANE	2	EDS
CYSTAGON	2	LA; EDS
GALAFOLD	3	PA New Starts; LA; EDS
KUVAN	2	PA; LA; EDS
<i>miglustat</i>	1	PA New Starts; EDS
NITYR	2	PA
ORFADIN	2	PA; LA; EDS
PALYNZIQ	3	PA; LA; EDS

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

Drug Name	Tier	Requirements/Limits
RAVICTI	3	PA; LA; EDS
RUZURGI	3	PA; LA
<i>sodium phenylbutyrate oral tablet</i>	1	EDS
SUCRAID	2	PA; LA; EDS
UDENYCA	3	PA
VIOKACE	2	EDS
XURIDEN	2	PA; EDS
ZAVESCA	2	PA New Starts; LA; EDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000- 24000 UNIT	2	EDS
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	EDS
AURYXIA	3	EDS
AVODART	3	EDS
<i>bethanechol chloride oral</i>	1	EDS
<i>calcium acetate (phos binder) oral capsule</i>	1	EDS
CARDURA XL	3	EDS
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	EHS; EDS
<i>darifenacin hydrobromide er</i>	1	EDS
DEPEN TITRATABS	2	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	EDS
<i>doxazosin mesylate oral</i>	1	EDS
<i>dutasteride oral</i>	1	EDS
<i>dutasteride-tamsulosin hcl</i>	1	EDS
ELMIRON	2	
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>flavoxate hcl</i>	1	EDS
FLOMAX	3	EDS
FOSRENOL ORAL PACKET	2	EDS
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG	2	EDS
GELNIQUE PUMP	3	EDS
JALYN	3	EDS

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

Drug Name	Tier	Requirements/Limits
JYNARQUE ORAL TABLET 15 MG	3	PA; LA; QL (60 EA per 30 days)
JYNARQUE ORAL TABLET 30 MG	3	PA; LA; QL (30 EA per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK	3	PA; LA
<i>lanthanum carbonate</i>	1	EDS
MYRBETRIQ	2	EDS
<i>oxybutynin chloride er</i>	1	EDS
<i>oxybutynin chloride oral</i>	1	EDS
<i>penicillamine oral</i>	1	PA; EDS
PHOSLYRA	2	EDS
<i>potassium citrate er</i>	1	EDS
<i>prazosin hcl oral</i>	1	EDS
PROSCAR	3	EDS
<i>sevelamer carbonate</i>	1	EDS
<i>sevelamer hcl</i>	1	EDS
<i>silodosin</i>	1	EDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	EDS
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	EHS; EDS
<i>tamsulosin hcl</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS
<i>tolterodine tartrate</i>	1	EDS
<i>tolterodine tartrate er</i>	1	EDS
<i>trospium chloride</i>	1	EDS
<i>trospium chloride er</i>	1	EDS
URECHOLINE	3	EDS
UROCIT-K 10	3	EDS
UROCIT-K 15	3	EDS
UROCIT-K 5	3	EDS
UROXATRAL	3	EDS
VELPHORO	3	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR	3	PA
ALA SCALP	3	
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide external lotion</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>betamethasone valerate external</i>	1	
CAPEX	2	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
CLOBEX	3	
CLOBEX SPRAY	3	
<i>clodan external shampoo</i>	1	
CORDRAN EXTERNAL TAPE	2	
CORTEF	3	
<i>cortisone acetate oral</i>	1	
<i>desonide external cream</i>	1	
<i>desonide external ointment</i>	1	
DESOWEN EXTERNAL CREAM	3	
<i>desoximetasone external cream</i>	1	
<i>desoximetasone external gel</i>	1	
<i>desoximetasone external ointment 0.25 %</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>diflorasone diacetate external ointment</i>	1	
DIPROLENE EXTERNAL OINTMENT	3	
EMFLAZA	3	PA; LA
<i>fludrocortisone acetate oral</i>	1	EDS
<i>fluocinolone acetonide external</i>	1	
<i>fluocinolone acetonide otic</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>fluocinonide external solution</i>	1	
<i>flurandrenolide external lotion</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone valerate</i>	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	EDS
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone oral tablet</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
MILLIPRED ORAL TABLET	3	
<i>mometasone furoate external</i>	1	EDS
PANDEL	3	
<i>prednicarbate external ointment</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>prednisone oral tablet therapy pack</i>	1	
<i>procto-pak</i>	1	
<i>proctozone-hc rectal</i>	1	
TOPICORT EXTERNAL CREAM 0.05 %	3	
<i>triamcinolone acetonide external</i>	1	
<i>triderm external cream 0.1 %</i>	1	
ULTRAVATE EXTERNAL LOTION	3	
ULTRAVATE EXTERNAL OINTMENT	3	

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

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
DDAVP NASAL	3	EDS
DDAVP ORAL	3	EDS
DDAVP RHINAL TUBE	3	EDS
<i>desmopressin ace spray refrig</i>	1	EDS
<i>desmopressin acetate oral</i>	1	EDS
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	3	PA; LA; EDS
GENOTROPIN	2	PA; EDS
GENOTROPIN MINIQUICK	2	PA; EDS
HUMATROPE	2	PA; EDS
INCRELEX	2	PA; LA; EDS
MYALEPT	3	PA; LA; EDS
NORDITROPIN FLEXPRO	2	PA; EDS
NUTROPIN AQ NUSPIN 10	2	PA; EDS
NUTROPIN AQ NUSPIN 20	2	PA; EDS
NUTROPIN AQ NUSPIN 5	2	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION	2	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
ORILISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA
SAIZEN	3	PA; EDS
SAIZENPREP	3	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA; EDS
STIMATE	2	EDS
TEGSEDI	3	PA; LA; EDS
VYNDAQEL	3	PA; LA; EDS
ZOMACTON	3	PA; EDS
ZORBTIVE	3	PA; EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
CYTOTEC	3	EDS
<i>misoprostol oral tablet 200 mcg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR	2	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>altavera</i>	1	EDS
<i>alyacen 1/35</i>	1	EDS
<i>amabelz</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>amethia</i>	1	EDS
<i>amethia lo</i>	1	EDS
ANADROL-50	3	PA New Starts
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; EDS
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	3	PA; EDS
ANGELIQ	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>apri</i>	1	EDS
<i>aranelle</i>	1	EDS
<i>ashlyna</i>	1	EDS
<i>aubra</i>	1	EDS
<i>aviane</i>	1	EDS
BALCOLTRA	2	EDS
<i>balziva</i>	1	EDS
<i>blisovi 24 fe</i>	1	EDS
<i>blisovi fe 1.5/30</i>	1	EDS
<i>briellyn</i>	1	EDS
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
<i>camila</i>	1	EDS
<i>camrese lo</i>	1	EDS
<i>caziant</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
CLIMARA PRO	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
COMBIPATCH	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
CRINONE VAGINAL GEL 4 %	3	PA; EDS
CRINONE VAGINAL GEL 8 %	3	PA
<i>cryselle-28</i>	1	EDS
<i>cyclafem 1/35</i>	1	EDS
<i>cyclafem 7/7/7</i>	1	EDS
<i>danazol oral</i>	1	
<i>deblitane</i>	1	EDS
<i>delestrogen intramuscular oil 10 mg/ml</i>	1	
<i>delyla</i>	1	EDS
DEPO-ESTRADIOL	3	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
<i>desogestrel-ethinyl estradiol</i>	1	EDS
DIVIGEL TRANSDERMAL GEL 1 MG/GM	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
DOTTI	1	PA; EDS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	1	EDS
<i>drospirenone-ethinyl estradiol</i>	1	EDS
DUAVEE	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ELESTRIN	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>emoquette</i>	1	EDS
<i>enpresse-28</i>	1	EDS
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>errin</i>	1	EDS
<i>estarylla</i>	1	EDS
ESTRACE ORAL	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol oral</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch twice weekly 0.05 mg/24hr</i>	1	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch weekly</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol vaginal</i>	1	EDS
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ESTRING	2	EDS
<i>ethynodiol diac-eth estradiol</i>	1	EDS
EVAMIST	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
EVISTA	3	EDS
<i>falmina</i>	1	EDS
<i>fayosim</i>	1	EDS
FEMRING	3	EDS
<i>femynor</i>	1	EDS
FORTESTA	3	PA; EDS
<i>fyavolv</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
GENERESS FE	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>hailey 24 fe</i>	1	EDS
<i>incassia</i>	1	EDS
<i>introvale</i>	1	EDS
<i>isibloom</i>	1	EDS
<i>jasmiel</i>	1	EDS
JINTELI	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>juleber</i>	1	EDS
<i>junel 1.5/30</i>	1	EDS
<i>junel 1/20</i>	1	EDS
<i>junel fe 1.5/30</i>	1	EDS
<i>junel fe 1/20</i>	1	EDS
<i>junel fe 24</i>	1	EDS
<i>kaitlib fe</i>	1	EDS
<i>kariva</i>	1	EDS
<i>kelnor 1/35</i>	1	EDS
<i>kelnor 1/50</i>	1	EDS
<i>kurvelo</i>	1	EDS
<i>larin 1.5/30</i>	1	EDS
<i>larin 1/20</i>	1	EDS
<i>larin fe 1.5/30</i>	1	EDS
<i>larin fe 1/20</i>	1	EDS
<i>larissia</i>	1	EDS
<i>layolis fe</i>	1	EDS
<i>lessina</i>	1	EDS
<i>levonest</i>	1	EDS
<i>levonorgest-eth est & eth est</i>	1	EDS
<i>levonorgest-eth estrad 91-day</i>	1	EDS
<i>levonorgestrel-ethinyl estrad</i>	1	EDS
<i>levonorg-eth estrad triphasic oral tablet</i>	1	EDS
<i>levora 0.15/30 (28)</i>	1	EDS
LO LOESTRIN FE	2	EDS
<i>lopreeza oral tablet 1-0.5 mg</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>loryna</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>low-ogestrel</i>	1	EDS
<i>lultera</i>	1	EDS
<i>lyza</i>	1	EDS
<i>marlissa</i>	1	EDS
<i>medroxyprogesterone acetate intramuscular</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	PA; EDS
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	PA
<i>megestrol acetate oral tablet</i>	1	EDS
<i>melodetta 24 fe</i>	1	EDS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
MENOSTAR	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
METHITEST	2	PA; EDS
<i>methyltestosterone oral</i>	1	PA; EDS
<i>mibelas 24 fe</i>	1	EDS
<i>microgestin 1.5/30</i>	1	EDS
<i>microgestin 1/20</i>	1	EDS
<i>microgestin fe 1.5/30</i>	1	EDS
<i>microgestin fe 1/20</i>	1	EDS
<i>mili</i>	1	EDS
<i>mimvey</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>mimvey lo</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR	2	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
NATAZIA	3	EDS
<i>necon 0.5/35 (28)</i>	1	EDS
<i>nikki</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>nora-be</i>	1	EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	1	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	EDS
<i>norethindrone acetate oral</i>	1	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	EDS
<i>norethindrone oral</i>	1	EDS
<i>norethindrone-eth estradiol</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>norethin-eth estradiol-fe</i>	1	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	EDS
<i>norgestim-eth estrad triphasic</i>	1	EDS
<i>norlyroc</i>	1	EDS
<i>nortrel 0.5/35 (28)</i>	1	EDS
<i>nortrel 1/35 (21)</i>	1	EDS
<i>nortrel 1/35 (28)</i>	1	EDS
<i>nortrel 7/7/7</i>	1	EDS
NUVARING	2	EDS
<i>ocella</i>	1	EDS
OGESTREL	2	EDS
<i>orsythia</i>	1	EDS
ORTHO TRI-CYCLEN LO	3	EDS
<i>oxandrolone oral</i>	1	
<i>pimtrea</i>	1	EDS
<i>pirmella 1/35</i>	1	EDS
<i>portia-28</i>	1	EDS
PREFEST	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMARIN ORAL	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMARIN VAGINAL	2	EDS

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

Drug Name	Tier	Requirements/Limits
PREMPHASE	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMPRO	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>previfem</i>	1	EDS
<i>progesterone micronized oral</i>	1	EDS
PROMETRIUM	3	EDS
<i>raloxifene hcl</i>	1	EDS
<i>reclipsen</i>	1	EDS
<i>rivelsa</i>	1	EDS
<i>setlakin</i>	1	EDS
<i>sharobel</i>	1	EDS
SLYND	3	EDS
<i>sprintec 28</i>	1	EDS
<i>sronyx</i>	1	EDS
STRIANT	3	PA; EDS
<i>syeda</i>	1	EDS
<i>tarina 24 fe</i>	1	EDS
<i>tarina fe 1/20</i>	1	EDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular solution</i>	1	PA
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	3	PA; EDS
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA; EDS
<i>testosterone transdermal solution</i>	1	PA; EDS
<i>tri-estarylla</i>	1	EDS
<i>tri-legest fe</i>	1	EDS
<i>tri-lo-estarylla</i>	1	EDS
<i>tri-mili</i>	1	EDS
<i>tri-previfem</i>	1	EDS
<i>tri-sprintec</i>	1	EDS
<i>trivora (28)</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>tri-vylibra</i>	1	EDS
<i>tri-vylibra lo</i>	1	EDS
<i>tydemy</i>	1	EDS
<i>velivet</i>	1	EDS
<i>vienva</i>	1	EDS
<i>vyfemla</i>	1	EDS
<i>vylibra</i>	1	EDS
<i>wymzya fe</i>	1	EDS
<i>xulane</i>	1	EDS
<i>yuvafem</i>	1	EDS
<i>zarah</i>	1	EDS
<i>zovia 1/35e (28)</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	3	EDS
<i>levo-t</i>	1	EDS
<i>levothyroxine sodium oral</i>	1	EDS
<i>levoxyl</i>	1	EDS
<i>liothyronine sodium oral</i>	1	EDS
SYNTHROID	2	EDS
TIROSINT	3	EDS
<i>tirosint-sol</i>	1	EDS
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	EDS
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral</i>	1	EDS
<i>cabergoline</i>	1	
ELIGARD	2	PA New Starts
FIRMAGON	2	PA New Starts
<i>leuprolide acetate injection</i>	1	PA New Starts
LUPANETA PACK	3	PA New Starts
LUPRON DEPOT (1-MONTH)	2	PA New Starts
LUPRON DEPOT (3-MONTH)	2	PA New Starts
LUPRON DEPOT (4-MONTH)	2	PA New Starts

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

Drug Name	Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH)	2	PA New Starts
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	EDS
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	EDS
SIGNIFOR	3	PA; LA; EDS
SOMATULINE DEPOT	3	PA New Starts
SOMAVERT	2	PA; LA; EDS
SYNAREL	2	PA
TRELSTAR MIXJECT	3	PA New Starts
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral</i>	1	EDS
<i>propylthiouracil oral</i>	1	EDS
TAPAZOLE	3	EDS
Immunological Agents		
ACTEMRA ACTPEN	3	EDS
ACTEMRA SUBCUTANEOUS	3	EDS
<i>acthib</i>	1	
ACTIMMUNE	3	PA; LA; EDS
<i>adacel</i>	1	
AFINITOR DISPERZ	2	PA New Starts
AFINITOR ORAL TABLET 2.5 MG	2	PA New Starts
ARAVA	3	EDS
ARCALYST	2	PA; LA; EDS
ASTAGRAF XL	3	BD; EDS
AZASAN	2	BD; EDS
<i>azathioprine oral</i>	1	BD; EDS
BCG VACCINE	2	
BENLYSTA SUBCUTANEOUS	3	PA New Starts; EDS
BERINERT	3	PA New Starts; LA
<i>bexsero</i>	1	
<i>boostrix intramuscular suspension 5-2.5-18.5 , 5-2.5-18.5 (0.5ml syringe)</i>	1	
CELLCEPT	3	BD; EDS
CIMZIA PREFILLED	2	EDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	2	

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

Drug Name	Tier	Requirements/Limits
CINRYZE	2	PA New Starts; LA
<i>cyclosporine modified</i>	1	BD; EDS
<i>cyclosporine oral capsule</i>	1	BD; EDS
<i>daptacel intramuscular suspension 23-15-5</i>	1	
DEPEN TITRATABS	2	
<i>diphtheria-tetanus toxoids dt</i>	1	
ENBREL MINI	2	EDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
<i>engerix-b injection</i>	1	BD
ENVARUSUS XR	3	BD; EDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	2	PA
GAMMAGARD S/D LESS IGA	2	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	2	PA
<i>gardasil 9</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	BD; EDS
<i>gengraf oral solution</i>	1	BD; EDS
HAEGARDA	3	PA New Starts; LA
<i>havrix</i>	1	
<i>hiberix injection</i>	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA PEN-CD/UC/HS STARTER	2	EDS
HUMIRA PEN-PS/UV/ADOL HS START	2	EDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
<i>icatibant acetate</i>	1	PA New Starts

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

Drug Name	Tier	Requirements/Limits
<i>imovax rabies</i>	1	
IMURAN	3	BD; EDS
<i>infanrix</i>	1	
INGREZZA	3	PA; LA; EDS
<i>ipol</i>	1	
<i>ixiaro</i>	1	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
<i>kinrix</i>	1	
<i>leflunomide oral tablet 10 mg</i>	1	QL (30 EA per 30 days); EDS
<i>leflunomide oral tablet 20 mg</i>	1	EDS
<i>menactra</i>	1	
<i>menveo</i>	1	
<i>mercaptopurine oral</i>	1	EDS
<i>methotrexate oral</i>	1	EDS
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BD
<i>methotrexate sodium injection solution 250 mg/10ml</i>	1	BD
<i>m-m-r ii injection</i>	1	
<i>mycophenolate mofetil</i>	1	BD; EDS
<i>mycophenolate sodium</i>	1	BD; EDS
MYFORTIC	3	BD; EDS
NEORAL	3	BD; EDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	2	PA
OTEZLA ORAL TABLET	2	EDS
OTEZLA ORAL TABLET THERAPY PACK	2	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA; EDS
<i>pediarix</i>	1	
<i>pedvax hib intramuscular suspension</i>	1	
<i>pimecrolimus</i>	1	

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

Drug Name	Tier	Requirements/Limits
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	2	PA
PROGRAF ORAL	3	BD; EDS
<i>proquad subcutaneous suspension reconstituted</i>	1	
<i>quadracel</i>	1	
<i>rabavert</i>	1	
RAPAMUNE ORAL TABLET	3	BD; EDS
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA; EDS
<i>recombivax hb</i>	1	BD
RIDAURA	2	EDS
<i>rotarix</i>	1	
<i>rotateq oral solution</i>	1	
RUCONEST	2	PA New Starts; LA
SANDIMMUNE ORAL	3	BD; EDS
<i>shingrix intramuscular suspension reconstituted 50 mcg/0.5ml</i>	1	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
<i>sirolimus oral</i>	1	BD; EDS
<i>tacrolimus oral</i>	1	BD; EDS
<i>takhzyro</i>	3	PA New Starts; LA; EDS
<i>tdvax</i>	1	
<i>tenivac</i>	1	
TREXALL	2	
<i>trumenba</i>	1	
<i>twinrix intramuscular suspension prefilled syringe</i>	1	
<i>typhim vi</i>	1	
<i>vaqta</i>	1	
<i>varivax</i>	1	
<i>varizig intramuscular solution</i>	1	
XATMEP	3	PA New Starts
XELJANZ	2	EDS

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

Drug Name	Tier	Requirements/Limits
XELJANZ XR	2	EDS
<i>yf-vax</i>	1	
ZORTRESS	2	BD; EDS
<i>zostavax subcutaneous suspension reconstituted</i>	1	
Inflammatory Bowel Disease Agents		
ANUSOL-HC RECTAL CREAM	3	
APRISO	3	EDS
ASACOL HD	2	EDS
AZULFIDINE EN-TABS	3	EDS
<i>balsalazide disodium</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
COLAZAL	3	
<i>colocort</i>	1	
CORTEF	3	
<i>cortisone acetate oral</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
DIPENTUM	3	EDS
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal enema</i>	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	EDS
<i>mesalamine oral</i>	1	EDS
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	EDS
<i>methylprednisolone oral tablet</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
MILLIPRED ORAL TABLET	3	
PENTASA	2	EDS
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
ROWASA RECTAL	3	
<i>sulfasalazine oral</i>	1	EDS
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	3	EDS
<i>alendronate sodium oral solution</i>	1	EDS
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	EDS
<i>alendronate sodium oral tablet 40 mg</i>	1	
ATELVIA	3	EDS
BINOSTO	3	EDS
BONIVA ORAL TABLET 150 MG	3	EDS
<i>calcitonin (salmon)</i>	1	EDS
<i>calcitriol oral</i>	1	EDS
<i>cinacalcet hcl</i>	1	EDS
<i>doxercalciferol oral capsule 0.5 mcg</i>	1	ST
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	1	ST; EDS
<i>etidronate disodium</i>	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; EDS
FOSAMAX ORAL TABLET 70 MG	3	EDS
<i>ibandronate sodium oral</i>	1	EDS
NATPARA	3	PA; LA; EDS
<i>paricalcitol oral</i>	1	ST; EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
RAYALDEE	3	ST; EDS
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	1	EDS
<i>risedronate sodium oral tablet 30 mg</i>	1	
<i>risedronate sodium oral tablet delayed release</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
ROCALTROL	3	EDS
TYMLOS	2	PA; EDS
XGEVA	3	PA New Starts
ZEMPLAR ORAL CAPSULE 2 MCG	3	ST; EDS
Non-Frf		
<i>acetaminophen-codeine #2</i>	1	
<i>acetaminophen-codeine #4</i>	1	
<i>acetasol hc</i>	1	
ACTONEL ORAL TABLET 30 MG	3	
ACTOPLUS MET XR	2	EDS
ACZONE EXTERNAL GEL 7.5 %	3	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 30 MG	3	EDS
ADIPEX-P	3	PA; EHS
<i>afeditab cr</i>	1	EDS
<i>afluria</i>	1	EHS
<i>afluria preservative free intramuscular suspension prefilled syringe</i>	1	EHS
<i>afluria quadrivalent intramuscular suspension</i>	1	
<i>afluria quadrivalent intramuscular suspension prefilled syringe 0.5 ml</i>	1	EHS
AIMOVIG (140 MG DOSE)	3	PA; EDS
AKYNZEO ORAL	3	PA
ALCAINE	3	
<i>alprazolam xr</i>	1	
ALTABAX	3	
AMETHYST	2	EDS
AMINOSYN II INTRAVENOUS SOLUTION 8.5 %	2	BD
<i>aminosyn ii/electrolytes</i>	1	BD
AMINOSYN INTRAVENOUS SOLUTION 10 %	2	BD
AMINOSYN M	2	BD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	2	BD
<i>aminosyn/electrolytes intravenous solution 8.5 %</i>	1	BD
AMINOSYN-HBC	2	BD
AMINOSYN-RF	2	BD
AMPHOTERICIN B INJECTION	2	PA

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

Drug Name	Tier	Requirements/Limits
<i>ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm</i>	1	
ANAPROX DS	3	EDS
ANNOVERA	3	EDS
<i>anucort-hc</i>	1	EHS
<i>anusol-hc rectal suppository</i>	1	EHS
ANZEMET ORAL	3	BD
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA New Starts; LA
ARMOUR THYROID	2	EHS; EDS
<i>asmanex (14 metered doses)</i>	1	EDS
<i>asmanex (7 metered doses)</i>	1	EDS
AUGMENTIN ORAL TABLET 500-125 MG	3	
AVELOX INTRAVENOUS	2	
AVONEX	2	EDS
<i>azurette</i>	1	EDS
BACTROBAN EXTERNAL CREAM	3	
BACTROBAN NASAL	3	
<i>bekyree</i>	1	EDS
<i>belladonna-opium</i>	1	
BELVIQ	3	PA; EHS
BELVIQ XR	3	PA; EHS
<i>benzonatate oral capsule 100 mg, 150 mg</i>	1	EHS
<i>benzonatate oral capsule 200 mg</i>	1	
BIVIGAM	2	PA
<i>blisovi fe 1/20</i>	1	EDS
BRAFTOVI ORAL CAPSULE 50 MG	3	PA New Starts; LA
BYVALSON	3	EDS
<i>capecitabine</i>	1	EHS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	2	PA
CARNITOR INTRAVENOUS	3	BD
<i>cefditoren pivoxil</i>	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	3	

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

Drug Name	Tier	Requirements/Limits
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	
CENTANY	3	
CEREBYX INJECTION SOLUTION 500 MG PE/10ML	3	
<i>chlordiazepoxide-clidinium</i>	1	
CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML	3	
<i>chlorpropamide</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>cholestyramine light oral packet</i>	1	EDS
<i>cholestyramine oral powder</i>	1	EDS
CIALIS ORAL TABLET 10 MG, 20 MG	3	EHS; QL (6 EA per 30 days)
<i>ciclodan external solution</i>	1	
CIMZIA STARTER KIT	2	EDS
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%)</i>	1	
<i>ciprofloxacin-ciproflox hcl er</i>	1	
CLEOCIN-T EXTERNAL SOLUTION	3	
CLINIMIX E/DEXTROSE (2.75/10)	2	BD
CLINIMIX E/DEXTROSE (4.25/25)	2	BD
<i>clinpro 5000</i>	1	EHS; EDS
<i>clobetasol propionate e</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	
COLESTID FLAVORED ORAL PACKET	3	EDS
COLESTID ORAL GRANULES	3	EDS
<i>colestipol hcl oral granules</i>	1	EDS
CONTRACE	3	PA; EHS
CORDRAN EXTERNAL LOTION	2	EHS
COSENTYX	2	EDS
COSENTYX SENSOREADY PEN	2	EDS
<i>covaryx hs</i>	1	
<i>crotan</i>	1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>cyred</i>	1	EDS
<i>denta 5000 plus</i>	1	EHS

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

Drug Name	Tier	Requirements/Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>desmopressin acetate spray</i>	1	EDS
<i>dexamethasone oral solution</i>	1	
<i>dextroamphetamine sulfate oral solution</i>	1	EDS
<i>dextrose in lactated ringers</i>	1	BD
DIACOMIT	3	PA New Starts; LA; EDS
<i>dialyvite</i>	1	EHS
DIAZEPAM RECTAL	3	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	1	EDS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	EDS
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	1	
<i>diltiazem hcl intravenous solution reconstituted</i>	1	
<i>diphenhydramine hcl oral elixir</i>	1	PA; PA does not apply to age less than 65.
DIPROLENE AF	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
DONNATAL ORAL TABLET	3	
DORIPENEM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>dorzolamide hcl-timolol mal pf</i>	1	EDS
<i>doxycycline hyclate intravenous</i>	1	
D-PENAMINE	2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	3	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	EDS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03- 0.451 mg</i>	1	EDS
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>eemt hs</i>	1	EDS
ELIXOPHYLLIN	2	EDS
EMADINE	3	
<i>enoxaparin sodium injection</i>	1	
<i>ergocalciferol oral capsule</i>	1	EHS; EDS
ERGOMAR	2	LA
<i>erythromycin external pad</i>	1	
<i>erythromycin oral</i>	1	
<i>est estrogens-methyltest hs</i>	1	
<i>estropipate oral tablet 0.75 mg</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
FASENRA PEN	3	PA; EDS
FERREX 150 FORTE PLUS	3	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	2	PA
<i>fluad</i>	1	EHS
<i>fluarix quadrivalent intramuscular suspension prefilled syringe</i>	1	EHS
<i>flucelvax quadrivalent intramuscular suspension prefilled syringe</i>	1	EHS
<i>flulaval quadrivalent intramuscular suspension</i>	1	EHS
<i>flulaval quadrivalent intramuscular suspension prefilled syringe</i>	1	EHS
<i>flumist quadrivalent</i>	1	EHS
<i>fluocinolone acetonide body</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluoridex</i>	1	EHS; EDS
<i>fluoridex enhanced whitening dental paste</i>	1	EHS; EDS
<i>fluoridex sensitivity relief dental paste</i>	1	EHS; EDS
<i>fluzone high-dose intramuscular suspension prefilled syringe</i>	1	EHS
<i>fluzone quadrivalent intramuscular suspension , 0.5 ml</i>	1	EHS

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

Drug Name	Tier	Requirements/Limits
<i>fluzone quadrivalent intramuscular suspension prefilled syringe</i>	1	EHS
<i>folic acid oral tablet 1 mg</i>	1	EDS
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	1	
GAMASTAN S/D	2	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	2	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	2	PA
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	2	PA
<i>gavilyte-h</i>	1	
GELNIQUE TRANSDERMAL GEL 10 %	3	EDS
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	2	PA; EHS
GELSYN-3	2	PA; EHS
<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	1	
GENVISC 850	2	PA; EHS
<i>glipizide xl</i>	1	EDS
<i>guaiaatussin ac</i>	1	
<i>guaifenesin ac</i>	1	
<i>guaifenesin-codeine oral solution</i>	1	
<i>guaifenesin-codeine oral syrup</i>	1	
<i>gvoke pfs</i>	1	
HARVONI ORAL TABLET 45-200 MG	2	PA; QL (30 EA per 30 days)
HEMANGEOL	3	PA; EDS
<i>hemmorex-hc rectal suppository 25 mg</i>	1	EHS
<i>hemorrhoidal-hc rectal suppository</i>	1	EHS
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	1	BD
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	1	BD
HYALGAN	2	PA; EHS

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

Drug Name	Tier	Requirements/Limits
HYCAMTIN ORAL	3	
<i>hydralazine hcl injection</i>	1	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	
<i>hydrocodone-homatropine oral syrup</i>	1	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	1	EHS
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	EHS
<i>hydromet</i>	1	
<i>hydromorphone hcl injection solution 1 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	1	
HYMOVIS	2	PA; EHS
<i>hyperrab</i>	1	BD
<i>hyperrab s/d injection solution 300 unit/2ml</i>	1	BD
ILARIS SUBCUTANEOUS SOLUTION	3	PA; LA
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	3	
<i>imogam rabies-ht injection solution 300 unit/2ml</i>	1	BD
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION	3	PA New Starts; EDS
<i>ivermectin external</i>	1	
<i>jolivette</i>	1	EDS
<i>k 100</i>	1	EHS
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%</i>	1	BD
KEFLEX	3	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
KISQALI 200 DOSE	3	PA New Starts
KISQALI 400 DOSE	3	PA New Starts
KISQALI 600 DOSE	3	PA New Starts
KITABIS PAK	3	BD; EDS

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

Drug Name	Tier	Requirements/Limits
<i>klor-con sprinkle oral capsule extended release 10 meq</i>	1	EDS
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
<i>labetalol hcl intravenous solution</i>	1	
<i>lactated ringers</i>	1	
<i>lactulose encephalopathy</i>	1	EDS
<i>lactulose oral solution 20 gm/30ml</i>	1	EDS
LANOXIN ORAL TABLET 187.5 MCG	3	PA; PA does not apply to age less than 65.; EDS
<i>lansoprazole oral tablet dispersible</i>	1	EDS
<i>larin 24 fe</i>	1	EDS
LEUKINE INTRAVENOUS	2	PA
LEVAQUIN ORAL TABLET 250 MG	3	
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG	3	EHS; QL (6 EA per 30 days)
<i>levofloxacin in d5w intravenous solution 250 mg/50ml</i>	1	
<i>levothyroxine-liothyronine</i>	1	EHS; EDS
<i>lidocaine hcl (pf) injection solution 1 %</i>	1	
<i>lidocaine hcl external gel</i>	1	EDS
<i>lidocaine hcl injection solution 1 %</i>	1	
<i>lidocaine viscous</i>	1	
<i>lopreza oral tablet 0.5-0.1 mg</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
LOPRESSOR ORAL TABLET 50 MG	3	EDS
<i>lorazepam intensol</i>	1	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA New Starts
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	2	PA New Starts
MAVIK ORAL TABLET 4 MG	3	EDS
MAXALT-MLT ORAL TABLET DISPERSIBLE 5 MG	3	
<i>megestrol acetate oral suspension 400 mg/10ml</i>	1	PA; EDS
<i>melphalan</i>	1	EHS
MEPHYTON	2	EHS
<i>mesalamine-cleanser</i>	1	EDS
MESTINON ORAL SYRUP	2	

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

Drug Name	Tier	Requirements/Limits
<i>metaproterenol sulfate oral tablet</i>	1	EDS
<i>metaxall</i>	1	PA
<i>metformin hcl oral solution</i>	1	EDS
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BD
<i>methyclothiazide oral</i>	1	EDS
<i>methylergonovine maleate oral</i>	1	
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	EDS
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	EDS
<i>metoprolol-hctz er</i>	1	EDS
MIACALCIN NASAL	3	EDS
MILLIPRED ORAL SOLUTION	3	
<i>m-m-r ii subcutaneous</i>	1	
MODERIBA 1200 DOSE PACK	3	
MODERIBA ORAL TABLET 200 MG	3	
<i>moexipril-hydrochlorothiazide</i>	1	EDS
<i>mononessa</i>	1	EDS
MONOVISC	2	PA; EHS
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 20 mg/ml</i>	1	
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	BD
<i>morphine sulfate injection solution 5 mg/ml</i>	1	
<i>moxifloxacin hcl intravenous</i>	1	
MYLERAN	3	EHS
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	EDS
<i>nafcillin sodium injection solution reconstituted 10 gm</i>	1	
<i>naftifine hcl external gel</i>	1	
<i>naloxone hcl injection solution 4 mg/10ml</i>	1	
NAPROSYN ORAL TABLET 250 MG, 500 MG	3	EDS

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

Drug Name	Tier	Requirements/Limits
NATESTO	3	PA; EDS
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	2	EHS; EDS
NAYZILAM	3	PA New Starts
NEBUSAL	2	
<i>necon 1/35 (28)</i>	1	EDS
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	1	
<i>nephronex oral tablet</i>	1	EHS
NEULASTA ONPRO	3	PA
<i>niacin (antihyperlipidemic)</i>	1	
<i>nifedical xl oral tablet extended release 24 hour 60 mg</i>	1	EDS
<i>nitisinone</i>	1	PA; EDS
NITROLINGUAL	3	EDS
NITROMIST	3	EDS
<i>norethindrone acet-ethinyl est oral tablet chewable</i>	1	EDS
<i>np thyroid</i>	1	EHS; EDS
NUPLAZID ORAL TABLET 17 MG	3	PA New Starts; LA; EDS
NUVESSA	3	
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	2	PA
OMEGAIVEN INTRAVENOUS EMULSION 5 GM/50ML	2	BD
OMNIPOD DASH 5 PACK	2	QL (15 EA per 30 days)
ORAP ORAL TABLET 1 MG	3	EDS
ORBACTIV	3	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA; PA Except Infectious Disease, Gastroenterology, Hepatology
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	
PENLAC	3	
<i>pentamidine isethionate</i>	1	

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

Drug Name	Tier	Requirements/Limits
PEPCID ORAL SUSPENSION RECONSTITUTED	3	EDS
<i>periogard</i>	1	EDS
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
<i>phenohydro oral tablet</i>	1	
<i>phentermine hcl oral</i>	1	PA; EHS
PHOSLO	3	EDS
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
<i>phytonadione oral</i>	1	EHS
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm</i>	1	
<i>pneumovax 23</i>	1	EHS
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	3	
<i>prednisolone oral syrup 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE	3	EDS
<i>prevalite oral powder</i>	1	EDS
PREVIDENT 5000 BOOSTER PLUS	3	EHS; EDS
PREVIDENT 5000 ENAMEL PROTECT	3	EHS; EDS
PREVIDENT 5000 PLUS	3	EHS; EDS
PREVIDENT 5000 SENSITIVE	3	EHS; EDS
<i>prevnar 13</i>	1	EHS
PREVPAC	3	
PRIMSOL	2	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	2	PA
PROCYSBI	3	PA New Starts; LA; EDS
<i>profeno</i>	1	EDS
PROLIA SUBCUTANEOUS SOLUTION	2	PA
<i>promethazine hcl oral solution</i>	1	PA
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
<i>propranolol hcl intravenous</i>	1	
QSYMIA	3	PA; EHS

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

Drug Name	Tier	Requirements/Limits
<i>quasense</i>	1	EDS
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	EDS
REBETOL ORAL SOLUTION	3	
RENACIDIN	2	
<i>rena-vite rx</i>	1	EHS
REQUIP ORAL TABLET 0.5 MG, 5 MG	3	EDS
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	3	EDS
RESCRIPTOR ORAL TABLET 100 MG	2	EDS
RETIN-A MICRO PUMP EXTERNAL GEL 0.1 %	3	
REVCovi	3	PA; LA
RIBASPHERE	3	
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	3	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK	3	
RIFADIN INTRAVENOUS	3	
RIFADIN ORAL CAPSULE 300 MG	3	
<i>ringers</i>	1	BD
<i>ringers irrigation</i>	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
ROBAXIN ORAL	3	PA; PA does not apply to age less than 65.
ROBAXIN-750	3	PA; PA does not apply to age less than 65.
<i>rosadan external cream</i>	1	
RYBELSUS ORAL TABLET 14 MG	2	ST; EDS
RYBELSUS ORAL TABLET 3 MG, 7 MG	2	ST; QL (30 EA per 30 days); EDS
SAXENDA	3	PA; EHS; EDS
<i>sf 5000 plus</i>	1	EHS
SFROWASA	3	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EHS; QL (72 EA per 365 days)
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium polystyrene sulfonate oral suspension</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>sodium polystyrene sulfonate rectal</i>	1	
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	1	EDS
<i>sotalol hcl oral tablet 120 mg</i>	1	EDS
SOVALDI ORAL TABLET 200 MG	2	PA; QL (30 EA per 30 days)
SPECTRACEF ORAL TABLET 400 MG	3	
SPRIX	3	PA; PA does not apply to age less than 65.
<i>sterile water for irrigation</i>	1	
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	3	PA; PA Except Oncology
<i>sulfacetamide sodium-sulfur external emulsion</i>	1	EHS
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	1	EHS
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	1	EHS
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
SUPARTZ FX	2	PA; EHS
SYNALAR EXTERNAL OINTMENT	3	
SYNALAR EXTERNAL SOLUTION	3	
SYNERCID	3	BD
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	EHS; QL (6 EA per 30 days)
TEMIXYS	2	EDS
TEMODAR ORAL	3	EHS
TEMOVATE EXTERNAL CREAM	3	
TEMOVATE EXTERNAL OINTMENT	3	
<i>temozolomide</i>	1	EHS
<i>temsirolimus</i>	1	PA New Starts
<i>tetanus-diphtheria toxoids td</i>	1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 450 mg</i>	1	EDS
THYROID ORAL TABLET 65 MG	2	EHS; EDS
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	3	EDS

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

Drug Name	Tier	Requirements/Limits
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	3	EDS
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	3	EDS
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	3	EDS
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	3	EDS
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml</i>	1	
TOLAZAMIDE	3	EDS
TORISEL	3	PA New Starts
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tretinoin microsphere pump external gel 0.1 %</i>	1	
TREXIMET ORAL TABLET 10-60 MG	3	
<i>triamcinolone acetonide nasal aerosol</i>	1	
<i>trihexyphenidyl hcl oral elixir</i>	1	PA; EDS
<i>trinessa (28)</i>	1	EDS
TRI-NORINYL (28)	3	EDS
<i>twinrix intramuscular suspension 720-20</i>	1	
ULTRAVATE EXTERNAL CREAM	3	
UNASYN INJECTION SOLUTION RECONSTITUTED 15 (10-5) GM	3	
<i>urea external cream 40 %</i>	1	
<i>uribel</i>	1	
<i>uroav-b</i>	1	
<i>uro-mp</i>	1	
<i>valproate sodium oral solution</i>	1	EDS
<i>vardenafil hcl oral tablet</i>	1	EHS; QL (6 EA per 30 days)
<i>verapamil hcl intravenous</i>	1	
VERIPRED 20	3	
<i>vestura</i>	1	EDS
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIAGRA	2	EHS; QL (72 EA per 365 days)

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

Drug Name	Tier	Requirements/Limits
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	2	EDS
<i>viorele</i>	1	EDS
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	1	EHS; EDS
<i>vitamin k (phytonadione)</i>	1	EHS
<i>vol-care rx</i>	1	EHS
<i>vp-vite rx</i>	1	EHS
VYNDAMAX	3	PA; LA
WAKIX ORAL TABLET 4.45 MG	3	PA; LA; EDS
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	2	EHS; EDS
WP THYROID	2	EHS; EDS
XELODA	3	EHS
ZANTAC ORAL TABLET 150 MG	3	EDS
ZERIT ORAL CAPSULE	3	EDS
ZILRETTA	3	PA
ZOCOR ORAL TABLET 5 MG	3	EDS
ZOFRAN ORAL TABLET 4 MG	3	BD
ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED 3.375 (3-0.375) GM	3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	2	
ZURAMPIC	3	PA; EDS
Ophthalmic Agents		
<i>acetazolamide oral</i>	1	EDS
ACUVAIL	2	
ALOCIL	3	
ALOMIDE	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	EDS
ALREX	2	
<i>apraclonidine hcl</i>	1	EDS
<i>atropine sulfate ophthalmic solution</i>	1	
<i>azelastine hcl ophthalmic</i>	1	
AZOPT	2	EDS
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	

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

Drug Name	Tier	Requirements/Limits
BEPREVE	3	
<i>betaxolol hcl ophthalmic</i>	1	EDS
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S	2	EDS
<i>bimatoprost ophthalmic</i>	1	EDS
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate ophthalmic</i>	1	EDS
<i>bromfenac sodium (once-daily)</i>	1	
BROMSITE	3	EDS
<i>carteolol hcl</i>	1	EDS
COMBIGAN	2	EDS
COSOPT	3	EDS
<i>cromolyn sodium ophthalmic</i>	1	EDS
CYSTARAN	2	PA; LA; EDS
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	EDS
<i>dorzolamide hcl ophthalmic</i>	1	EDS
<i>dorzolamide hcl-timolol mal</i>	1	EDS
<i>dorzolamide hcl-timolol mal pf</i>	1	EDS
DUREZOL	3	
<i>epinastine hcl</i>	1	
FLAREX	2	
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
FML LIQUIFILM	3	
ILEVRO	2	
INVELTYS	3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	EDS
<i>ketorolac tromethamine ophthalmic</i>	1	
LACRISERT	2	
LASTACFT	3	
<i>latanoprost ophthalmic</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>loteprednol etabonate</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	EDS
MAXIDEX	2	
MAXITROL	3	
<i>methazolamide oral</i>	1	EDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1	3	
NEVANAC	2	
<i>olopatadine hcl ophthalmic</i>	1	
OXERVATE	3	PA
PATANOL	3	
PHOSPHOLINE IODIDE	2	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	EDS
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	
PRED MILD	2	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
PROLENSA	3	
<i>proparacaine hcl ophthalmic</i>	1	
RESTASIS	2	EDS
RHOPRESSA	3	EDS
ROCKLATAN	3	ST; EDS
SIMBRINZA	2	EDS
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	

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

Drug Name	Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>timolol maleate ophthalmic</i>	1	EDS
TIMOPTIC OCUDOSE	3	EDS
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
TRAVATAN Z	2	EDS
XIIDRA	2	EDS
ZIOPTAN	3	EDS
ZYLET	3	
Otic Agents		
CIPRO HC	3	
CIPRODEX	2	
<i>flac</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
<i>ofloxacin oral tablet 300 mg</i>	1	
OTOVEL	3	
Respiratory Tract/ Pulmonary Agents		
ACCOLATE	3	EDS
<i>acetylcysteine inhalation</i>	1	BD
ADEMPAS	3	PA New Starts; LA; EDS
ADVAIR HFA	2	EDS
<i>albuterol sulfate er</i>	1	EDS
<i>albuterol sulfate inhalation</i>	1	BD; EDS
<i>albuterol sulfate oral</i>	1	EDS
<i>alyq</i>	1	PA New Starts; EDS
<i>ambrisentan</i>	1	PA New Starts; LA; EDS
ANORO ELLIPTA	2	EDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA New Starts; LA
ARCAPTA NEOHALER	2	EDS
<i>arnuity ellipta inhalation aerosol powder breath activated 100 mcg/act</i>	1	QL (30 EA per 30 days); AL (Min 12 Years); EDS
<i>arnuity ellipta inhalation aerosol powder breath activated 200 mcg/act</i>	1	AL (Min 12 Years); EDS

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

Drug Name	Tier	Requirements/Limits
<i>arnuity ellipta inhalation aerosol powder breath activated 50 mcg/act</i>	1	EDS
<i>asmanex (120 metered doses)</i>	1	EDS
<i>asmanex (30 metered doses)</i>	1	EDS
<i>asmanex (60 metered doses)</i>	1	EDS
<i>asmanex hfa</i>	1	EDS
ASTEPRO NASAL SOLUTION 0.15 %	3	
ATROVENT HFA	2	EDS
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
BECONASE AQ	2	EDS
<i>bosentan</i>	1	PA New Starts; EDS
BREO ELLIPTA	2	EDS
BROVANA	3	BD; EDS
<i>budesonide inhalation</i>	1	BD; EDS
<i>carbinoxamine maleate oral solution</i>	1	PA; PA does not apply to age less than 65.
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA; PA does not apply to age less than 65.
CAYSTON	2	LA
CLARINEX ORAL SYRUP	3	
CLARINEX ORAL TABLET	3	EDS
CLARINEX-D 12 HOUR	3	EDS
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
COMBIVENT RESPIMAT	2	EDS
<i>cromolyn sodium inhalation</i>	1	BD; EDS
<i>cromolyn sodium oral</i>	1	EDS
<i>cyproheptadine hcl oral syrup</i>	1	PA
<i>cyproheptadine hcl oral tablet</i>	1	PA; EDS
DALIRESP ORAL TABLET 250 MCG	3	QL (28 EA per 365 days); EDS
DALIRESP ORAL TABLET 500 MCG	3	EDS
<i>desloratadine oral tablet</i>	1	EDS
<i>desloratadine oral tablet dispersible 2.5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>desloratadine oral tablet dispersible 5 mg</i>	1	EDS
DYMISTA	3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
ESBRIET	2	PA; EDS

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Drug Name	Tier	Requirements/Limits
FASENRA	3	PA; EDS
<i>flovent diskus inhalation aerosol powder breath activated 100 mcg/blist, 50 mcg/blist</i>	1	QL (60 EA per 30 days); EDS
<i>flovent diskus inhalation aerosol powder breath activated 250 mcg/blist</i>	1	EDS
<i>flovent hfa inhalation aerosol 110 mcg/act</i>	1	QL (12 GM per 30 days); EDS
<i>flovent hfa inhalation aerosol 220 mcg/act</i>	1	EDS
<i>flovent hfa inhalation aerosol 44 mcg/act</i>	1	QL (10.6 GM per 30 days); EDS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (50 ML per 25 days); EDS
<i>fluticasone propionate nasal</i>	1	EDS
<i>fluticasone-salmeterol</i>	1	EDS
GASTROCROM	3	EDS
GLASSIA	3	PA New Starts; LA
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>hydroxyzine pamoate oral</i>	1	PA
<i>ipratropium bromide inhalation</i>	1	BD; EDS
<i>ipratropium bromide nasal</i>	1	EDS
<i>ipratropium-albuterol</i>	1	BD; EDS
KALYDECO	2	PA New Starts; EDS
<i>levalbuterol hcl inhalation</i>	1	BD; EDS
<i>levalbuterol tartrate</i>	1	EDS
<i>levocetirizine dihydrochloride oral solution</i>	1	
<i>levocetirizine dihydrochloride oral tablet</i>	1	EDS
<i>metaproterenol sulfate oral syrup</i>	1	EDS
<i>mometasone furoate nasal</i>	1	
<i>montelukast sodium oral</i>	1	EDS
NUCALA	3	PA; LA; EDS
OFEV	2	PA; LA; EDS
<i>olopatadine hcl nasal</i>	1	
OMNARIS	3	EDS
OPSUMIT	3	PA New Starts; LA; EDS
ORALAIR	3	PA; LA; EDS
ORENITRAM	3	PA New Starts; LA; EDS
ORKAMBI	2	PA New Starts; LA; EDS
PATANASE	3	
PERFOROMIST	2	BD; EDS

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Drug Name	Tier	Requirements/Limits
PROAIR HFA	2	EDS
PROAIR RESPICLICK	2	EDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
<i>promethazine hcl oral syrup</i>	1	PA
<i>promethazine hcl oral tablet</i>	1	PA
<i>promethazine-phenylephrine</i>	1	PA
PULMICORT	3	BD; EDS
<i>pulmicort flexhaler</i>	1	EDS
PULMOZYME	2	BD; EDS
QNASL	3	
QNASL CHILDRENS	3	QL (4.9 GM per 30 days)
<i>qvar redihaler inhalation aerosol breath activated 40 mcg/act</i>	1	QL (10.6 GM per 30 days); EDS
<i>qvar redihaler inhalation aerosol breath activated 80 mcg/act</i>	1	EDS
REVATIO ORAL TABLET	3	PA New Starts; EDS
SEEBRI NEOHALER	3	EDS
SEREVENT DISKUS	2	EDS
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA New Starts; EDS
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA New Starts; EDS
SINGULAIR	3	EDS
SPIRIVA HANDIHALER	2	EDS
SPIRIVA RESPIMAT	2	EDS
STIOLTO RESPIMAT	2	EDS
STRIVERDI RESPIMAT	2	EDS
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	2	EDS
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	2	QL (10.2 GM per 30 days); EDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	2	PA; EDS
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	2	PA; LA; EDS
SYMJEPI	2	
<i>tadalafil 20 mg oral tablet (pah)</i>	1	PA New Starts; EDS
<i>terbutaline sulfate oral</i>	1	EDS

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Drug Name	Tier	Requirements/Limits
THEO-24	2	EDS
<i>theophylline</i>	1	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	1	EDS
TOBI	3	BD; EDS
TOBI PODHALER	2	PA New Starts; EDS
TRACLEER ORAL TABLET SOLUBLE	2	PA New Starts; LA; EDS
TRELEGY ELLIPTA	2	EDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	EDS
UTIBRON NEOHALER	3	EDS
VENTAVIS	3	PA New Starts; LA; EDS
VENTOLIN HFA	2	EDS
VISTARIL	3	PA
<i>wixela inhub</i>	1	EDS
XOLAIR	3	PA
YUPELRI	3	BD; EDS
<i>zafirlukast</i>	1	EDS
ZEMAIRA	3	PA New Starts; LA
ZETONNA	3	
ZILEUTON ER	3	PA; EDS
ZYFLO	2	EDS
Skeletal Muscle Relaxants		
<i>carisoprodol oral</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>cyclobenzaprine hcl oral</i>	1	PA
FEXMID	3	PA
<i>metaxalone</i>	1	PA
<i>methocarbamol oral</i>	1	PA; PA does not apply to age less than 65.
<i>orphenadrine citrate er</i>	1	PA; PA does not apply to age less than 65.
SOMA	3	PA
<i>tizanidine hcl oral</i>	1	EDS

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Drug Name	Tier	Requirements/Limits
Sleep Disorder Agents		
AMBIEN	3	PA New Starts; PA does NOT apply to age less than 65
AMBIEN CR	3	PA New Starts; PA does NOT apply to age less than 65
<i>armodafinil</i>	1	PA; EDS
BELSOMRA ORAL TABLET 10 MG, 15 MG, 5 MG	2	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 20 MG	2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	PA New Starts; EDS
<i>doxepin hcl oral concentrate</i>	1	PA New Starts; EDS
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	
HETLIOZ	3	PA; LA; EDS
LUNESTA	3	
<i>modafinil</i>	1	PA; EDS
PROVIGIL	3	PA; EDS
<i>ramelteon</i>	1	EDS
RESTORIL	3	QL (7 EA per 30 days)
ROZEREM	2	EDS
SUNOSI	3	PA; EDS
<i>temazepam</i>	1	QL (7 EA per 30 days)
XYREM	2	PA; LA
<i>zaleplon</i>	1	
<i>zolpidem tartrate er</i>	1	PA New Starts; PA does NOT apply to age less than 65
<i>zolpidem tartrate oral</i>	1	PA New Starts; PA does NOT apply to age less than 65

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<i>briellyn</i>	68	CAPRELSA	27	CELONTIN	15
BRILINTA	43	<i>captopril</i>	45	CENTANY	84
<i>brimonidine tartrate</i>	97	<i>captopril-hydrochlorothiazide</i>	45	<i>cephalexin</i>	10
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You can find information on what the symbols and abbreviations on this table mean by going to page VI.

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Language Assistance Services

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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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