

Independent Health's Medicare Advantage

2020 Employer Group's Part D Formulary



(List of Covered Drugs)

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

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This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 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.IndependentHealth.com/Medicare

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

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

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

This document includes the list of the drugs (formulary) for our plan which is current as of 12/01/2020. 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, 2020, and from time to time during the year.

What is Independent Health’s Medicare Advantage Employer Group’s Part D Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Independent Health may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **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 how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Independent Health Medicare Advantage Plan Employer Group 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.
 - If we make these other changes, 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 how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Independent Health Medicare Advantage Plan Employer Group Part D Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 12/01/2020. To get updated information about the drugs covered by Independent Health, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.IndependentHealth.com/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 115. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

You can ask Independent Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to Independent Health's Medicare Advantage Plan Employer Group Part D Formulary?" on page IV for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by Independent Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Independent Health.

- You can ask Independent Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to Independent Health’s Medicare Advantage Plan Employer Group Part D Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. 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, Independent Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Independent Health will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or 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 monthly prescription claim.

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

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

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

Additional Formulary Information

Over-the-counter (OTC) contraceptives, including cervical caps, diaphragms, condoms, spermicides, and emergency contraception are covered at a \$0 copayment. These contraceptives are covered for up to 12 months per fill. All OTC contraceptives are covered only when FDA-approved for women. OTC contraceptives must be prescribed by a licensed health care provider and require a valid prescription.

For more information

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

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

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

Independent Health's Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by Independent Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 115.

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

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

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

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

Drugs listed with 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.

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

Drugs listed with a **"LA"** in the Requirements/Limits column may be available only at certain pharmacies. For more information 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 **"NC"** in the Requirements/Limits column are not covered under Medicare Part D, but may be covered under Medicare Part B. For more information please contact our Member Services Department. Our contact information appears on the front and back cover pages.

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

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

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

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Drug Name	Tier	Requirements/Limits
Analgesics		
Analgesics		
<i>acetaminophen-codeine #3 oral tablet</i>	2	
<i>acetaminophen-codeine oral solution</i>	2	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	
ASCOMP-CODEINE ORAL CAPSULE	4	PA; PA not required if under 65 years of age.
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caff-cod oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caffeine oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-asa-caff-codeine oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-aspirin-caffeine oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	
<i>pentazocine-naloxone hcl oral tablet</i>	2	
TENCON ORAL TABLET 50-325 MG	4	PA; PA not required if under 65 years of age.
<i>tramadol-acetaminophen oral tablet</i>	2	
VANATOL LQ ORAL SOLUTION	4	PA; PA not required if under 65 years of age.
VTOL LQ ORAL SOLUTION	4	PA; PA not required if under 65 years of age.

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

Drug Name	Tier	Requirements/Limits
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	PA; PA not required if under 65 years of age.
Nonsteroidal Anti-Inflammatory Drugs		
CAMBIA ORAL PACKET	4	
<i>celecoxib oral capsule</i>	2	EDS
<i>diclofenac epolamine transdermal patch</i>	4	
<i>diclofenac potassium oral tablet</i>	2	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>diclofenac sodium oral tablet delayed release</i>	2	EDS
<i>diclofenac sodium transdermal gel 3 %</i>	4	PA
<i>diflunisal oral tablet</i>	2	EDS
<i>etodolac oral capsule</i>	2	EDS
<i>etodolac oral tablet</i>	2	EDS
<i>fenopropfen calcium oral capsule 400 mg</i>	2	EDS
<i>fenopropfen calcium oral tablet</i>	2	EDS
<i>flurbiprofen oral tablet 100 mg</i>	2	EDS
<i>ibu oral tablet 600 mg, 800 mg</i>	2	EDS
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EDS
INDOCIN ORAL SUSPENSION	5	PA; PA not required if under 65 years of age.
<i>indomethacin er oral capsule extended release</i>	4	PA; PA not required if under 65 years of age.; EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4	PA; PA not required if under 65 years of age.; EDS
<i>ketorolac tromethamine oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>meloxicam oral tablet</i>	2	EDS
<i>nabumetone oral tablet</i>	2	EDS
<i>naproxen oral tablet</i>	2	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EDS
<i>piroxicam oral capsule</i>	2	EDS
<i>sulindac oral tablet</i>	2	EDS
Opioid Analgesics, Long-Acting		
<i>buprenorphine hcl sublingual tablet sublingual</i>	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>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	2	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	2	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	2	QL (15 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	2	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	QL (60 EA per 30 days)
<i>methadone hcl oral solution</i>	2	
<i>methadone hcl oral tablet 10 mg</i>	2	
<i>methadone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	2	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	
<i>morphine sulfate er oral tablet extended release</i>	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 50 MG	3	QL (60 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 250 MG	3	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	2	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	2	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	2	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 300 mg</i>	2	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	QL (30 EA per 30 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
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	2	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG	4	QL (60 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG	5	QL (60 EA per 30 days)
Opioid Analgesics, Short-Acting		
<i>butorphanol tartrate nasal solution</i>	2	
<i>codeine sulfate oral tablet</i>	2	
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	5	PA; QL (120 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	2	
<i>hydromorphone hcl oral tablet</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate oral solution</i>	2	
<i>morphine sulfate oral tablet</i>	2	
NUCYNTA ORAL TABLET	3	QL (180 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	2	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	
<i>oxycodone hcl oral solution</i>	2	
<i>oxycodone hcl oral tablet</i>	2	
<i>oxymorphone hcl oral tablet 10 mg</i>	2	
<i>oxymorphone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment</i>	2	
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl urethral/mucosal external gel</i>	2	
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
<i>lidocaine-prilocaine external cream</i>	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
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	2	EDS
<i>disulfiram oral tablet</i>	2	EDS
<i>naltrexone hcl oral tablet</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
Opioid Dependence Treatments		
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	2	
LUCEMYRA ORAL TABLET	5	PA
<i>naltrexone hcl oral tablet</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
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	3	
Opioid Reversal Agents		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe</i>	2	
NARCAN NASAL LIQUID	3	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	3	
CHANTIX ORAL TABLET	3	
CHANTIX STARTING MONTH PAK ORAL TABLET	3	
NICOTROL INHALATION INHALER	3	
NICOTROL NS NASAL SOLUTION	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
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
ARIKAYCE INHALATION SUSPENSION	5	PA; LA
BETHKIS INHALATION NEBULIZATION SOLUTION	5	BD; LA
<i>gentak ophthalmic ointment</i>	2	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate external cream</i>	2	
<i>gentamicin sulfate external ointment</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	
<i>neomycin sulfate oral tablet</i>	2	
<i>paromomycin sulfate oral capsule</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	4	
TOBI PODHALER INHALATION CAPSULE	5	PA New Starts
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BD
<i>tobramycin ophthalmic solution</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
Antibacterials		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	2	
Antibacterials, Other		
<i>acetic acid otic solution</i>	2	
<i>bacitracin ophthalmic ointment</i>	2	
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	
<i>clindamycin phosphate external solution</i>	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>clindamycin phosphate external swab</i>	2	
<i>clindamycin phosphate in d5w intravenous solution</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	2	
<i>clindamycin phosphate vaginal cream</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	2	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	4	
FIRVANQ ORAL SOLUTION RECONSTITUTED	4	
GLOBAL ALCOHOL PREP EASE PAD	3	
<i>linezolid intravenous solution 600 mg/300ml</i>	2	
<i>linezolid oral suspension reconstituted</i>	2	
<i>linezolid oral tablet</i>	2	
<i>methenamine hippurate oral tablet</i>	2	
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel</i>	2	
<i>metronidazole external lotion</i>	2	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	2	
<i>metronidazole oral capsule</i>	2	
<i>metronidazole oral tablet</i>	2	
<i>metronidazole vaginal gel</i>	2	
MONUROL ORAL PACKET	4	
<i>mupirocin calcium external cream</i>	2	
<i>mupirocin external ointment</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	2	
<i>nitrofurantoin monohyd macro oral capsule</i>	2	
<i>polymyxin b sulfite injection solution reconstituted</i>	2	
SIRTURO ORAL TABLET	5	PA
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
SIVEXTRO ORAL TABLET	5	PA
SULFAMYLON EXTERNAL CREAM	4	
<i>tigecycline intravenous solution reconstituted</i>	5	

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>tinidazole oral tablet</i>	2	
<i>trimethoprim oral tablet</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl oral capsule</i>	2	
<i>vandazole vaginal gel</i>	2	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour</i>	4	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted</i>	2	
<i>cefixime oral capsule</i>	2	
<i>cefixime oral suspension reconstituted</i>	2	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium injection solution reconstituted</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>cefprozil oral suspension reconstituted</i>	2	
<i>cefprozil oral tablet</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	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>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	4	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
Beta-Lactam, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	LA
<i>ertapenem sodium injection solution reconstituted</i>	2	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	
<i>meropenem intravenous solution reconstituted</i>	2	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; Prior authorization not required for urologists or infectious diseases specialists.; EDS
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	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>amoxicillin-pot clavulanate oral tablet chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	4	
<i>dicloxacillin sodium oral capsule</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	4	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>oxacillin sodium intravenous solution reconstituted</i>	2	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	
<i>penicillin g procaine intramuscular suspension</i>	2	
<i>penicillin g sodium injection solution reconstituted</i>	2	
<i>penicillin v potassium oral solution reconstituted</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	2	
Macrolides		
AZASITE OPHTHALMIC SOLUTION	4	
<i>azithromycin intravenous solution reconstituted</i>	2	
<i>azithromycin oral packet</i>	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>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>clarithromycin er oral tablet extended release 24 hour</i>	2	
<i>clarithromycin oral suspension reconstituted</i>	2	
<i>clarithromycin oral tablet</i>	2	
DIFICID ORAL TABLET	5	PA
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles</i>	2	
<i>erythromycin base oral tablet</i>	2	
<i>erythromycin base oral tablet delayed release</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin ophthalmic ointment</i>	2	
Quinolones		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	3	
<i>ciprofloxacin hcl ophthalmic solution</i>	2	
<i>ciprofloxacin hcl oral tablet</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>gatifloxacin ophthalmic solution</i>	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous solution</i>	2	
<i>levofloxacin ophthalmic solution</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin hcl in nacl intravenous solution</i>	2	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
<i>moxifloxacin hcl oral tablet</i>	2	
<i>ofloxacin ophthalmic solution</i>	2	
<i>ofloxacin otic solution</i>	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
Sulfonamides		
<i>silver sulfadiazine external cream</i>	2	
<i>ssd external cream</i>	2	
<i>sulfacetamide sodium (acne) external lotion</i>	2	
<i>sulfacetamide sodium ophthalmic ointment</i>	4	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
Tetracyclines		
<i>demeclocycline hcl oral tablet</i>	4	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	EDS
<i>doxycycline monohydrate oral capsule</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet</i>	2	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	2	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	2	
<i>tetracycline hcl oral capsule</i>	2	
VIBRAMYCIN ORAL SYRUP	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	5	PA New Starts; Prior authorization not required for neurologists.
BRIVIACT ORAL TABLET	5	PA New Starts; Prior authorization not required for neurologists.
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>diazepam rectal gel</i>	2	
FINTEPLA ORAL SOLUTION	5	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
<i>levetiracetam er oral tablet extended release 24 hour</i>	2	EDS
<i>levetiracetam oral solution</i>	2	EDS
<i>levetiracetam oral tablet</i>	2	EDS
<i>roweepra oral tablet</i>	2	EDS
<i>roweepra xr oral tablet extended release 24 hour</i>	2	EDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	EDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	PA New Starts; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG	5	PA New Starts; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 200 MG	5	PA New Starts
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA New Starts; QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	PA New Starts; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	3	EDS
<i>ethosuximide oral capsule</i>	2	EDS
<i>ethosuximide oral solution</i>	2	EDS
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>pregabalin oral capsule</i>	2	EDS
<i>pregabalin oral solution</i>	2	EDS
<i>zonisamide oral capsule</i>	2	EDS
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</i>	4	EDS
<i>clobazam oral tablet</i>	2	EDS
<i>clonazepam oral tablet</i>	2	EDS
<i>clonazepam oral tablet dispersible</i>	2	EDS
<i>clorazepate dipotassium oral tablet</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	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>diazepam oral tablet</i>	2	
<i>diazepam rectal gel</i>	2	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
EPIDIOLEX ORAL SOLUTION	5	PA New Starts; LA
<i>gabapentin oral capsule</i>	2	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	2	EDS
<i>gabapentin oral tablet</i>	2	EDS
GRALISE ORAL TABLET	4	EDS
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	EDS
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	2	
<i>lamotrigine oral tablet dispersible</i>	2	EDS
<i>lorazepam oral concentrate 2 mg/ml</i>	2	
<i>lorazepam oral tablet</i>	2	
NAYZILAM NASAL SOLUTION	4	PA New Starts
<i>phenobarbital oral elixir</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>phenobarbital oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>primidone oral tablet</i>	2	EDS
SYMPAZAN ORAL FILM	5	
<i>tiagabine hcl oral tablet</i>	2	EDS
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution</i>	2	EDS
VALTOCO 10 MG DOSE NASAL LIQUID	4	PA New Starts
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	4	PA New Starts
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	4	PA New Starts
VALTOCO 5 MG DOSE NASAL LIQUID	4	PA New Starts
<i>vigabatrin oral packet</i>	5	LA
<i>vigabatrin oral tablet</i>	5	LA
<i>vigadrone oral packet</i>	5	

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

Drug Name	Tier	Requirements/Limits
Glutamate Reducing Agents		
<i>felbamate oral suspension</i>	2	EDS
<i>felbamate oral tablet</i>	2	EDS
FYCOMPA ORAL SUSPENSION	4	EDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	
FYCOMPA ORAL TABLET 2 MG	4	EDS
<i>lamotrigine er oral tablet extended release 24 hour</i>	2	EDS
<i>lamotrigine oral tablet</i>	2	EDS
<i>lamotrigine oral tablet chewable</i>	2	EDS
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	2	
<i>lamotrigine starter kit-orange oral kit</i>	2	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	2	EDS
<i>topiramate oral capsule sprinkle</i>	2	EDS
<i>topiramate oral tablet</i>	2	EDS
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG	5	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	EDS
Sodium Channel Agents		
APTIOM ORAL TABLET	5	
BANZEL ORAL SUSPENSION	5	
BANZEL ORAL TABLET	5	
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	EDS
<i>carbamazepine oral suspension</i>	2	EDS
<i>carbamazepine oral tablet</i>	2	EDS
<i>carbamazepine oral tablet chewable</i>	2	EDS
DILANTIN ORAL CAPSULE 30 MG	3	EDS
<i>epitol oral tablet</i>	2	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
<i>oxcarbazepine oral suspension</i>	2	EDS
<i>oxcarbazepine oral tablet</i>	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
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS
PEGANONE ORAL TABLET	3	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	2	EDS
<i>phenytoin oral tablet chewable</i>	2	EDS
<i>phenytoin sodium extended oral capsule</i>	2	EDS
VIMPAT ORAL SOLUTION	3	EDS
VIMPAT ORAL TABLET	3	EDS
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet</i>	2	EDS
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	EDS
<i>donepezil hcl oral tablet dispersible</i>	2	EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	2	EDS
<i>galantamine hydrobromide oral solution</i>	2	EDS
<i>galantamine hydrobromide oral tablet</i>	2	EDS
<i>rivastigmine tartrate oral capsule</i>	2	EDS
<i>rivastigmine transdermal patch 24 hour</i>	2	EDS
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	2	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	EDS
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	PA New Starts
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA New Starts; EDS
Antidepressants		
Antidepressants		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>olanzapine-fluoxetine hcl oral capsule</i>	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>perphenazine-amitriptyline oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
Antidepressants, Other		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	BD
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 30 MG	5	PA New Starts
<i>aripiprazole oral solution</i>	2	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	EDS
<i>aripiprazole oral tablet 2 mg</i>	2	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet 5 mg</i>	2	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	5	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	1	EDS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	EDS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	4	EDS
<i>bupropion hcl oral tablet</i>	2	EDS
<i>chlordiazepoxide-amitriptyline oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>maprotiline hcl oral tablet</i>	2	EDS
<i>mirtazapine oral tablet</i>	2	EDS
<i>mirtazapine oral tablet dispersible</i>	2	EDS
<i>nefazodone hcl oral tablet</i>	2	EDS
<i>perphenazine-amitriptyline oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet</i>	2	EDS
<i>trazodone hcl oral tablet</i>	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
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	5	PA New Starts
MARPLAN ORAL TABLET	3	EDS
<i>phenelzine sulfate oral tablet</i>	2	EDS
<i>tranylcypromine sulfate oral tablet</i>	2	EDS
Ssris/ Snris		
<i>citalopram hydrobromide oral solution</i>	2	EDS
<i>citalopram hydrobromide oral tablet</i>	1	EDS
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	2	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (90 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	4	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	EDS
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	EDS
<i>escitalopram oxalate oral solution</i>	2	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
<i>fluoxetine hcl oral capsule</i>	2	EDS
<i>fluoxetine hcl oral capsule delayed release</i>	2	EDS
<i>fluoxetine hcl oral solution</i>	2	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	2	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	2	EDS
<i>fluvoxamine maleate oral tablet</i>	2	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>paroxetine hcl oral tablet</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>paroxetine mesylate oral capsule</i>	2	EDS
PAXIL ORAL SUSPENSION	4	EDS
<i>sertraline hcl oral concentrate</i>	2	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
TRINTELLIX ORAL TABLET	4	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>venlafaxine hcl oral tablet</i>	2	EDS
VIIBRYD ORAL TABLET	4	EDS
VIIBRYD STARTER PACK ORAL KIT	4	
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>amoxapine oral tablet</i>	2	EDS
<i>clomipramine hcl oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>desipramine hcl oral tablet</i>	2	EDS
<i>doxepin hcl oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral concentrate</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral tablet</i>	2	
<i>imipramine hcl oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>nortriptyline hcl oral capsule</i>	2	EDS
<i>nortriptyline hcl oral solution</i>	2	EDS
<i>protriptyline hcl oral tablet</i>	2	EDS
<i>trimipramine maleate oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine hcl oral tablet</i>	2	EDS
<i>compro rectal suppository</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral capsule</i>	2	PA; PA not required if under 65 years of age.
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	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>metoclopramide hcl oral solution 10 mg/10ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
<i>perphenazine oral tablet</i>	2	EDS
<i>prochlorperazine maleate oral tablet</i>	2	EDS
<i>prochlorperazine rectal suppository</i>	2	
<i>promethazine hcl oral syrup</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl oral tablet</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	PA; PA not required if under 65 years of age.
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	4	PA; PA not required if under 65 years of age.
<i>scopolamine transdermal patch 72 hour</i>	2	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	4	
<i>trimethobenzamide hcl oral capsule</i>	2	PA; PA not required if under 65 years of age.
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule</i>	2	BD
<i>dronabinol oral capsule</i>	2	PA
EMEND ORAL SUSPENSION RECONSTITUTED	3	BD
<i>granisetron hcl oral tablet</i>	2	BD
<i>ondansetron hcl oral solution</i>	2	BD
<i>ondansetron hcl oral tablet</i>	2	BD
<i>ondansetron oral tablet dispersible</i>	2	BD
SANCUSO TRANSDERMAL PATCH	5	
SYNDROS ORAL SOLUTION	4	PA
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	4	BD
ZUPLENZ ORAL FILM	4	BD
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	5	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	4	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>amphotericin b intravenous solution reconstituted</i>	2	PA
<i>caspofungin acetate intravenous solution reconstituted</i>	2	BD
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external cream</i>	2	
<i>ciclopirox olamine external suspension</i>	2	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
CRESEMBA ORAL CAPSULE	5	PA
<i>econazole nitrate external cream</i>	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	2	
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosize oral tablet</i>	2	
GYNAZOLE-1 VAGINAL CREAM	4	
<i>itraconazole oral capsule</i>	2	PA; Prior authorization not required for infectious diseases specialists.
<i>itraconazole oral solution</i>	4	PA; Prior authorization not required for infectious diseases specialists.
JUBLIA EXTERNAL SOLUTION	4	PA
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral tablet</i>	2	PA
MENTAX EXTERNAL CREAM	4	

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>micafungin sodium intravenous solution reconstituted</i>	3	
<i>miconazole 3 vaginal suppository</i>	4	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>naftifine hcl external cream</i>	2	
NAFTIN EXTERNAL GEL	4	
NATACYN OPHTHALMIC SUSPENSION	3	
NOXAFIL ORAL SUSPENSION	5	
<i>nyamyc external powder</i>	2	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystop external powder</i>	2	
ORAVIG BUCCAL TABLET	5	
OXISTAT EXTERNAL LOTION	4	
<i>posaconazole oral tablet delayed release</i>	5	
<i>terbinafine hcl oral tablet</i>	2	
<i>terconazole vaginal cream</i>	2	
TOLSURA ORAL CAPSULE	5	PA; Prior authorization not required for infectious diseases specialists.
<i>voriconazole intravenous solution reconstituted</i>	4	BD
<i>voriconazole oral suspension reconstituted</i>	4	
<i>voriconazole oral tablet</i>	4	
ZOLINZA ORAL CAPSULE	3	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet</i>	2	EDS
<i>colchicine oral capsule</i>	2	
<i>colchicine oral tablet</i>	2	
<i>colchicine-probenecid oral tablet</i>	2	EDS
<i>febuxostat oral tablet</i>	2	ST; EDS
<i>probenecid oral tablet</i>	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
Anti-Inflammatory Agents		
Glucocorticoids		
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external foam</i>	2	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
<i>cortisone acetate oral tablet</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack 1.5 mg (51)</i>	4	
EMFLAZA ORAL SUSPENSION	5	PA; LA
EMFLAZA ORAL TABLET	5	PA; LA
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	2	
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone oral tablet</i>	2	
MILLIPRED ORAL TABLET	4	
PRED MILD OPHTHALMIC SUSPENSION	4	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	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>prednisone oral tablet therapy pack</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>triamcinolone acetonide external aerosol solution</i>	2	
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule</i>	2	EDS
<i>diclofenac epolamine transdermal patch</i>	4	
<i>diclofenac potassium oral tablet</i>	2	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>diclofenac sodium oral tablet delayed release</i>	2	EDS
<i>diflunisal oral tablet</i>	2	EDS
<i>etodolac oral capsule 200 mg</i>	2	EDS
<i>etodolac oral tablet</i>	2	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	2	EDS
<i>fenoprofen calcium oral tablet</i>	2	EDS
<i>flurbiprofen oral tablet 100 mg</i>	2	EDS
<i>ibu oral tablet 600 mg, 800 mg</i>	2	EDS
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EDS
INDOCIN ORAL SUSPENSION	5	PA; PA not required if under 65 years of age.
<i>indomethacin er oral capsule extended release</i>	4	PA; PA not required if under 65 years of age.; EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4	PA; PA not required if under 65 years of age.; EDS
<i>ketorolac tromethamine oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>meloxicam oral tablet</i>	2	EDS
<i>nabumetone oral tablet</i>	2	EDS
<i>naproxen oral tablet</i>	2	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EDS
<i>piroxicam oral capsule</i>	2	EDS
<i>sulindac oral tablet</i>	2	EDS
Antimigraine Agents		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE	3	ST; QL (8 EA per 30 days)
UBRELVY ORAL TABLET	3	ST; QL (10 EA per 30 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
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution</i>	5	
<i>ergotamine-caffeine oral tablet</i>	2	
MIGERGOT RECTAL SUPPOSITORY	5	
Prophylactic		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days); EDS
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
<i>timolol maleate oral tablet</i>	2	EDS
<i>topiramate oral capsule sprinkle</i>	2	EDS
<i>topiramate oral tablet</i>	2	EDS
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution</i>	2	EDS
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>almotriptan malate oral tablet</i>	2	
<i>eletriptan hydrobromide oral tablet</i>	2	
<i>frovatriptan succinate oral tablet</i>	2	
<i>naratriptan hcl oral tablet</i>	2	
<i>rizatriptan benzoate oral tablet</i>	2	
<i>rizatriptan benzoate oral tablet dispersible</i>	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>sumatriptan nasal solution</i>	2	
<i>sumatriptan succinate oral tablet</i>	2	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	2	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	2	
<i>zolmitriptan oral tablet</i>	2	
<i>zolmitriptan oral tablet dispersible</i>	2	
ZOMIG NASAL SOLUTION	3	
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl oral tablet</i>	2	
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral solution</i>	2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone external gel 7.5 %</i>	4	
<i>dapsone oral tablet</i>	2	EDS
PRIFTIN ORAL TABLET	4	
<i>rifabutin oral capsule</i>	2	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid oral syrup</i>	2	EDS
<i>isoniazid oral tablet</i>	2	EDS
PASER ORAL PACKET	4	
PRETOMANID ORAL TABLET	4	PA
<i>pyrazinamide oral tablet</i>	2	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	5	PA
TRECTOR ORAL TABLET	4	

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

Drug Name	Tier	Requirements/Limits
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	2	BD
LEUKERAN ORAL TABLET	3	
MATULANE ORAL CAPSULE	5	LA
VALCHLOR EXTERNAL GEL	5	PA New Starts; Prior authorization not required for dermatologists or oncologists.
Antiandrogens		
<i>abiraterone acetate oral tablet</i>	5	PA New Starts
<i>bicalutamide oral tablet</i>	2	
ERLEADA ORAL TABLET	5	PA New Starts
<i>flutamide oral capsule</i>	2	
<i>nilutamide oral tablet</i>	5	
NUBEQA ORAL TABLET	5	PA New Starts; LA
XTANDI ORAL CAPSULE	5	PA New Starts
ZYTIGA ORAL TABLET	5	PA New Starts
Antiangiogenic Agents		
POMALYST ORAL CAPSULE	5	PA New Starts; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	5	PA New Starts; LA
THALOMID ORAL CAPSULE	5	LA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	3	
SOLTAMOX ORAL SOLUTION	3	EDS
<i>tamoxifen citrate oral tablet</i>	2	EDS
<i>toremifene citrate oral tablet</i>	5	
Antimetabolites		
DROXIA ORAL CAPSULE	2	EDS
<i>hydroxyurea oral capsule</i>	2	
INQOVI ORAL TABLET	5	PA New Starts; LA
LONSURF ORAL TABLET	5	PA New Starts; LA
PURIXAN ORAL SUSPENSION	3	LA
<i>tabloid oral tablet</i>	2	
Antineoplastics		
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	

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

Drug Name	Tier	Requirements/Limits
LYNPARZA ORAL TABLET	5	PA New Starts; LA
MESNEX ORAL TABLET	3	
NINLARO ORAL CAPSULE	5	PA New Starts
RUBRACA ORAL TABLET	5	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA New Starts; LA
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA New Starts; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA New Starts; LA
ZEJULA ORAL CAPSULE	5	PA New Starts; LA
Antineoplastics, Other		
BALCOLTRA ORAL TABLET	3	EDS
GAVRETO ORAL CAPSULE	5	PA New Starts; LA
<i>leucovorin calcium oral tablet</i>	2	
RETEVMO ORAL CAPSULE 40 MG	5	PA New Starts; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA New Starts
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PA New Starts; LA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts
TUKYSA ORAL TABLET 150 MG	5	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (20 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (12 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (32 EA per 28 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
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	2	EDS
<i>exemestane oral tablet</i>	2	EDS
<i>letrozole oral tablet</i>	2	EDS
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE 15 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	5	PA New Starts; LA
FARYDAK ORAL CAPSULE 10 MG, 20 MG	5	PA New Starts; LA
IBRANCE ORAL CAPSULE	5	PA New Starts; LA
IBRANCE ORAL TABLET	5	PA New Starts; LA
IDHIFA ORAL TABLET	5	PA New Starts; LA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
TIBSOVO ORAL TABLET	5	PA New Starts; LA
VERZENIO ORAL TABLET	5	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	5	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA New Starts; LA
XOSPATA ORAL TABLET	5	PA New Starts; LA
ZOLINZA ORAL CAPSULE	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
ZYDELIG ORAL TABLET	5	PA New Starts
Molecular Target Inhibitors		
AFINITOR ORAL TABLET 10 MG	5	PA New Starts
ALECENSA ORAL CAPSULE	5	PA New Starts
ALUNBRIG ORAL TABLET	5	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA New Starts; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	5	PA New Starts; LA
BALVERSA ORAL TABLET	5	PA New Starts; LA
BOSULIF ORAL TABLET	5	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA New Starts; LA
BRUKINSA ORAL CAPSULE	5	PA New Starts
CABOMETYX ORAL TABLET	5	PA New Starts; LA
CALQUENCE ORAL CAPSULE	5	PA New Starts
CAPRELSA ORAL TABLET	5	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA New Starts; LA
COTELLIC ORAL TABLET	5	PA New Starts
DAURISMO ORAL TABLET 100 MG	5	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE	5	PA New Starts
<i>erlotinib hcl oral tablet</i>	5	PA New Starts
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	5	BD
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA New Starts
GILOTRIF ORAL TABLET	5	PA New Starts; LA
ICLUSIG ORAL TABLET	5	PA New Starts
<i>imatinib mesylate oral tablet</i>	2	
IMBRUVICA ORAL CAPSULE	5	PA New Starts; LA
IMBRUVICA ORAL TABLET	5	PA New Starts; LA
INLYTA ORAL TABLET	5	PA New Starts; LA
INREBIC ORAL CAPSULE	5	PA New Starts; LA
IRESSA ORAL TABLET	5	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
JAKAFI ORAL TABLET	5	PA New Starts; LA
KOSELUGO ORAL CAPSULE	5	PA New Starts; LA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET	5	PA New Starts
MEKTOVI ORAL TABLET	5	PA New Starts; LA
NERLYNX ORAL TABLET	5	PA New Starts; LA
NEXAVAR ORAL TABLET	5	PA New Starts; LA
ODOMZO ORAL CAPSULE	5	PA New Starts
OFEV ORAL CAPSULE	5	PA; LA
PEMAZYRE ORAL TABLET	5	PA New Starts; LA
QINLOCK ORAL TABLET	5	PA New Starts; LA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA New Starts; LA
RYDAPT ORAL CAPSULE	5	PA New Starts
SPRYCEL ORAL TABLET	5	PA New Starts
STIVARGA ORAL TABLET	5	PA New Starts; LA
SUTENT ORAL CAPSULE	5	PA New Starts; LA
TABRECTA ORAL TABLET 150 MG	5	PA New Starts; QL (120 EA per 30 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
TABRECTA ORAL TABLET 200 MG	5	PA New Starts
TAFINLAR ORAL CAPSULE	5	PA New Starts
TAGRISSE ORAL TABLET	5	PA New Starts; LA
TASIGNA ORAL CAPSULE	5	PA New Starts
TAZVERIK ORAL TABLET	5	PA New Starts; LA; QL (240 EA per 30 days)
TURALIO ORAL CAPSULE	5	PA New Starts; LA
TYKERB ORAL TABLET	5	PA New Starts
VIZIMPRO ORAL TABLET 15 MG, 30 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	5	PA New Starts; LA
VOTRIENT ORAL TABLET	5	PA New Starts
XALKORI ORAL CAPSULE	5	PA New Starts; LA
ZELBORAF ORAL TABLET	5	PA New Starts
ZYKADIA ORAL TABLET	5	PA New Starts
Retinoids		
<i>avita external cream</i>	2	
<i>avita external gel</i>	2	
<i>bexarotene oral capsule</i>	5	
PANRETIN EXTERNAL GEL	3	
TARGRETIN EXTERNAL GEL	5	
<i>tretinoin external cream</i>	2	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	
<i>tretinoin oral capsule</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium oral tablet</i>	2	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	5	
EMVERM ORAL TABLET CHEWABLE	4	
<i>ivermectin oral tablet</i>	2	
<i>praziquantel oral tablet</i>	2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	5	
ALINIA ORAL TABLET	5	
<i>atovaquone oral suspension</i>	5	

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>atovaquone-proguanil hcl oral tablet</i>	2	
<i>benznidazole oral tablet</i>	4	PA
<i>chloroquine phosphate oral tablet</i>	2	EDS
COARTEM ORAL TABLET	3	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet</i>	2	EDS
<i>mefloquine hcl oral tablet</i>	2	EDS
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	BD
<i>pentamidine isethionate injection solution reconstituted</i>	4	
<i>primaquine phosphate oral tablet</i>	2	
<i>pyrimethamine oral tablet</i>	5	
<i>quinine sulfate oral capsule</i>	2	
Pediculicides/Scabicides		
<i>lindane external shampoo</i>	2	
<i>malathion external lotion</i>	2	
<i>permethrin external cream</i>	2	
SKLICE EXTERNAL LOTION	4	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>trihexyphenidyl hcl oral solution</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>trihexyphenidyl hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.; EDS
Antiparkinson Agents		
<i>carbidopa oral tablet</i>	2	EDS
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	EDS
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral syrup</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	EDS
<i>entacapone oral tablet</i>	2	EDS
ONGENTYS ORAL CAPSULE	5	ST; QL (30 EA per 30 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
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	4	PA; EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	4	PA; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG	4	PA; EDS
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; LA; Prior authorization not required for neurologists.
<i>bromocriptine mesylate oral capsule</i>	2	EDS
<i>bromocriptine mesylate oral tablet</i>	2	EDS
KYNMOBI SUBLINGUAL FILM	5	PA; Prior authorization not required for neurologists.
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	2	EDS
<i>pramipexole dihydrochloride oral tablet</i>	2	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>ropinirole hcl oral tablet</i>	2	EDS
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	2	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	EDS
<i>carbidopa-levodopa oral tablet</i>	2	EDS
<i>carbidopa-levodopa oral tablet dispersible</i>	2	EDS
DUOPA ENTERAL SUSPENSION	5	PA
INBRIJA INHALATION CAPSULE	5	PA; LA
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet</i>	2	EDS
<i>selegiline hcl oral capsule</i>	2	EDS
<i>selegiline hcl oral tablet</i>	2	EDS
ZELAPAR ORAL TABLET DISPERSIBLE	5	
Antipsychotics		
1St Generation/Typical		
<i>chlorpromazine hcl oral tablet</i>	2	EDS
<i>fluphenazine decanoate injection solution</i>	2	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
<i>fluphenazine hcl injection solution</i>	2	BD
<i>fluphenazine hcl oral concentrate</i>	2	EDS
<i>fluphenazine hcl oral elixir</i>	2	EDS
<i>fluphenazine hcl oral tablet</i>	2	EDS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	BD
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	EDS
<i>haloperidol oral tablet</i>	2	EDS
<i>loxapine succinate oral capsule</i>	2	EDS
<i>molindone hcl oral tablet</i>	2	EDS
<i>perphenazine oral tablet</i>	2	EDS
<i>pimozide oral tablet</i>	2	EDS
<i>prochlorperazine maleate oral tablet</i>	2	EDS
<i>thioridazine hcl oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>thiothixene oral capsule</i>	2	EDS
<i>trifluoperazine hcl oral tablet</i>	2	EDS
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	BD
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 30 MG	5	PA New Starts
<i>aripiprazole oral solution</i>	2	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	EDS
<i>aripiprazole oral tablet 2 mg</i>	2	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet 5 mg</i>	2	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	5	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	5	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
CAPLYTA ORAL CAPSULE	4	PA New Starts; EDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	5	QL (90 EA per 30 days)
FANAPT ORAL TABLET 10 MG	5	QL (60 EA per 30 days)
FANAPT ORAL TABLET 12 MG, 8 MG	5	
FANAPT TITRATION PACK ORAL TABLET	4	QL (8 EA per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	PA New Starts
LATUDA ORAL TABLET 120 MG, 60 MG, 80 MG	5	
LATUDA ORAL TABLET 20 MG, 40 MG	5	QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	5	PA New Starts; LA
NUPLAZID ORAL TABLET 10 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	2	BD
<i>olanzapine oral tablet</i>	2	EDS
<i>olanzapine oral tablet dispersible</i>	2	EDS
<i>paliperidone er oral tablet extended release 24 hour</i>	2	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	BD
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet</i>	2	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	5	QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	BD
<i>risperidone oral solution</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	2	EDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	5	

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

Drug Name	Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR	5	QL (30 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR	5	
VRAYLAR ORAL CAPSULE	5	PA New Starts
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA New Starts
<i>ziprasidone hcl oral capsule</i>	2	EDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD
Treatment-Resistant		
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible</i>	2	
VERSACLOZ ORAL SUSPENSION	4	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	EDS
<i>baclofen oral tablet 5 mg</i>	4	EDS
<i>dantrolene sodium oral capsule</i>	2	
<i>tizanidine hcl oral capsule</i>	2	EDS
<i>tizanidine hcl oral tablet</i>	2	EDS
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
PREVYMIS ORAL TABLET	5	PA
<i>valganciclovir hcl oral solution reconstituted</i>	5	
<i>valganciclovir hcl oral tablet</i>	5	
ZIRGAN OPHTHALMIC GEL	3	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	5	
BARACLUDE ORAL SOLUTION	5	
<i>entecavir oral tablet</i>	2	EDS
EPIVIR HBV ORAL SOLUTION	3	EDS
INTRON A INJECTION SOLUTION	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA New Starts
<i>lamivudine oral solution</i>	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>lamivudine oral tablet</i>	2	EDS
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>tenofovir disoproxil fumarate oral tablet</i>	2	EDS
VEMLIDY ORAL TABLET	5	PA; Prior authorization not required for gastroenterologists or infectious diseases specialists.
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
EPCLUSA ORAL TABLET 400-100 MG	5	PA
HARVONI ORAL PACKET	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA
MAVYRET ORAL TABLET	5	PA
SOVALDI ORAL PACKET	5	PA
SOVALDI ORAL TABLET 400 MG	5	PA
VOSEVI ORAL TABLET	5	PA
Anti-Hepatitis C (Hcv) Agents, Others		
EPCLUSA ORAL TABLET 400-100 MG	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	3	PA New Starts; EDS
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION	5	PA
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
SOVALDI ORAL TABLET 400 MG	5	PA
Antitherpetic Agents		
<i>acyclovir external ointment</i>	2	
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	2	
<i>acyclovir oral tablet</i>	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>acyclovir sodium intravenous solution</i>	2	BD
<i>famciclovir oral tablet</i>	2	
<i>trifluridine ophthalmic solution</i>	2	
<i>valacyclovir hcl oral tablet</i>	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET	5	
GENVOYA ORAL TABLET	5	
ISENTRESS HD ORAL TABLET	5	
ISENTRESS ORAL PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	EDS
STRIBILD ORAL TABLET	5	
SYMTUZA ORAL TABLET	5	
TIVICAY ORAL TABLET 10 MG	3	EDS
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE	3	EDS
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	5	
EDURANT ORAL TABLET	5	
<i>efavirenz oral capsule</i>	2	EDS
<i>efavirenz oral tablet</i>	2	EDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	3	EDS
<i>nevirapine er oral tablet extended release 24 hour</i>	2	EDS
<i>nevirapine oral suspension</i>	2	EDS
<i>nevirapine oral tablet</i>	2	EDS
PIFELTRO ORAL TABLET	5	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	2	EDS
<i>abacavir sulfate oral tablet</i>	2	EDS
<i>abacavir sulfate-lamivudine oral tablet</i>	2	EDS
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	
ATRIPLA ORAL TABLET	5	

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

Drug Name	Tier	Requirements/Limits
CIMDUO ORAL TABLET	5	
DELSTRIGO ORAL TABLET	5	
DESCOVY ORAL TABLET	5	
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	2	EDS
DOVATO ORAL TABLET	5	
<i>emtricitabine oral capsule</i>	2	EDS
EMTRIVA ORAL SOLUTION	3	EDS
JULUCA ORAL TABLET	5	
<i>lamivudine oral solution</i>	2	EDS
<i>lamivudine oral tablet</i>	2	EDS
<i>lamivudine-zidovudine oral tablet</i>	2	EDS
ODEFSEY ORAL TABLET	5	
<i>stavudine oral capsule</i>	2	EDS
SYMFI LO ORAL TABLET	5	
SYMFI ORAL TABLET	5	
<i>tenofovir disoproxil fumarate oral tablet</i>	2	EDS
TRUVADA ORAL TABLET	5	
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
<i>zidovudine oral capsule</i>	2	EDS
<i>zidovudine oral syrup</i>	2	EDS
<i>zidovudine oral tablet</i>	2	EDS
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	3	EDS
TRIUMEQ ORAL TABLET	5	
TYBOST ORAL TABLET	3	EDS
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	3	EDS
APTIVUS ORAL SOLUTION	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>atazanavir sulfate oral capsule</i>	2	EDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	EDS
EVOTAZ ORAL TABLET	5	
<i>fosamprenavir calcium oral tablet</i>	2	EDS
INVIRASE ORAL TABLET	5	
KALETRA ORAL TABLET 100-25 MG	3	EDS
KALETRA ORAL TABLET 200-50 MG	5	
LEXIVA ORAL SUSPENSION	3	EDS
<i>lopinavir-ritonavir oral solution</i>	4	EDS
NORVIR ORAL PACKET	3	EDS
NORVIR ORAL SOLUTION	3	EDS
PREZCOBIX ORAL TABLET	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	
PREZISTA ORAL TABLET 75 MG	3	EDS
REYATAZ ORAL PACKET	5	
<i>ritonavir oral tablet</i>	2	EDS
VIRACEPT ORAL TABLET	5	
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral syrup</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
<i>oseltamivir phosphate oral capsule</i>	2	
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
<i>rimantadine hcl oral tablet</i>	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet</i>	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>doxepin hcl oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral concentrate</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral tablet</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral capsule</i>	2	PA; PA not required if under 65 years of age.
<i>oxazepam oral capsule</i>	2	
<i>triazolam oral tablet</i>	4	QL (7 EA per 30 days)
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour</i>	2	
<i>alprazolam oral tablet</i>	2	
<i>alprazolam oral tablet dispersible</i>	2	
<i>clonazepam oral tablet</i>	2	EDS
<i>clonazepam oral tablet dispersible</i>	2	EDS
<i>clorazepate dipotassium oral tablet</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>diazepam rectal gel</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i>	2	
<i>lorazepam oral tablet</i>	2	
NAYZILAM NASAL SOLUTION	4	PA New Starts
Ssris/ Snris		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	4	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	EDS
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	EDS
<i>escitalopram oxalate oral solution</i>	2	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL ORAL SUSPENSION	4	EDS
<i>sertraline hcl oral concentrate</i>	2	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>venlafaxine hcl oral tablet</i>	2	EDS
Bipolar Agents		
Bipolar Agents, Other		
<i>olanzapine intramuscular solution reconstituted</i>	2	BD
<i>olanzapine oral tablet</i>	2	EDS
<i>olanzapine oral tablet dispersible</i>	2	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	BD
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet</i>	2	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	BD
<i>risperidone oral solution</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	2	EDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	5	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR	5	QL (30 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR	5	
VRAYLAR ORAL CAPSULE	5	PA New Starts
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA New Starts
<i>ziprasidone hcl oral capsule</i>	2	EDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD
Mood Stabilizers		
<i>carbamazepine er oral capsule extended release 12 hour</i>	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>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	2	EDS
<i>carbamazepine oral suspension</i>	2	EDS
<i>carbamazepine oral tablet</i>	2	EDS
<i>carbamazepine oral tablet chewable</i>	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<i>epitol oral tablet</i>	2	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	2	EDS
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	2	
<i>lamotrigine oral tablet</i>	2	EDS
<i>lamotrigine oral tablet chewable</i>	2	EDS
<i>lamotrigine oral tablet dispersible</i>	2	EDS
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	2	
<i>lamotrigine starter kit-orange oral kit</i>	2	
<i>lithium carbonate er oral tablet extended release</i>	2	EDS
<i>lithium carbonate oral capsule</i>	2	EDS
<i>lithium carbonate oral tablet</i>	2	EDS
<i>lithium oral solution</i>	2	EDS
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution</i>	2	EDS
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	2	EDS
AVANDIA ORAL TABLET 2 MG, 4 MG	4	EDS
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	5	ST; Step therapy not required for endocrinologists
BYDUREON SUBCUTANEOUS PEN-INJECTOR	5	ST; Step therapy not required for endocrinologists
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; Step therapy not required for endocrinologists

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

Drug Name	Tier	Requirements/Limits
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; Step therapy not required for endocrinologists
<i>colesevelam hcl oral packet</i>	4	EDS
<i>colesevelam hcl oral tablet</i>	4	EDS
CYCLOSET ORAL TABLET	4	EDS
<i>glimepiride oral tablet</i>	1	EDS
<i>glipizide er oral tablet extended release 24 hour</i>	1	EDS
<i>glipizide oral tablet</i>	1	EDS
GLYXAMBI ORAL TABLET	3	EDS
INVOKAMET ORAL TABLET	3	EDS
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
INVOKANA ORAL TABLET	3	EDS
JARDIANCE ORAL TABLET	3	EDS
JENTADUETO ORAL TABLET	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>metformin hcl oral solution</i>	4	EDS
<i>metformin hcl oral tablet</i>	1	EDS
<i>miglitol oral tablet</i>	2	EDS
<i>nateglinide oral tablet</i>	2	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; Step therapy not required for endocrinologists; EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; Step therapy not required for endocrinologists; EDS
<i>pioglitazone hcl oral tablet</i>	1	EDS
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	2	EDS
RYBELSUS ORAL TABLET 14 MG	3	ST; Step therapy not required for endocrinologists; EDS
RYBELSUS ORAL TABLET 3 MG, 7 MG	3	ST; Step therapy not required for endocrinologists; QL (30 EA per 30 days); EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; Prior authorization not required for endocrinologists.; 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	4	PA; Prior authorization not required for endocrinologists.; EDS
SYNJARDY ORAL TABLET	3	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
TRADJENTA ORAL TABLET	3	EDS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	ST; Step therapy not required for endocrinologists; EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	3	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; Step therapy not required for endocrinologists; EDS
Blood Glucose Regulators		
<i>glipizide-metformin hcl oral tablet</i>	1	EDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
JENTADUETO ORAL TABLET	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>pioglitazone hcl-metformin hcl oral tablet</i>	2	EDS
Glycemic Agents		
BAQSIMI TWO PACK NASAL POWDER	2	
<i>diazoxide oral suspension</i>	5	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	
<i>glucagon emergency injection kit</i>	2	
KORLYM ORAL TABLET	5	PA New Starts; LA
Insulins		
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	2	
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	2	
<i>cvs gauze sterile pad 2"x2"</i>	2	
<i>exel comfort point pen needle 29g x 12mm</i>	2	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	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
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION	3	EDS
HUMULIN R INJECTION SOLUTION	3	EDS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	3	EDS
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	3	EDS
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	3	EDS
<i>insulin lispro subcutaneous solution</i>	3	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LANTUS SUBCUTANEOUS SOLUTION	3	EDS
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LEVEMIR SUBCUTANEOUS SOLUTION	3	EDS
LYUMJEV INJECTION SOLUTION	3	EDS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	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>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	
<i>reli-on insulin syringe 29g 0.3 ml</i>	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TRESIBA SUBCUTANEOUS SOLUTION	3	EDS
Blood Products/ Modifiers/ Volume Expanders		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	EDS
ELIQUIS ORAL TABLET	3	EDS
<i>enoxaparin sodium subcutaneous solution</i>	2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	
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	3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
<i>jantoven oral tablet</i>	2	EDS
PRADAXA ORAL CAPSULE	3	EDS
<i>warfarin sodium oral tablet</i>	1	EDS
XARELTO ORAL TABLET	3	EDS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	2	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	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
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA
CABLIVI INJECTION KIT	5	PA; LA
DOPTELET ORAL TABLET	5	PA; LA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA
MULPLETA ORAL TABLET	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA
NIVESTYM INJECTION SOLUTION	5	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	PA
PROCRIT INJECTION SOLUTION	3	PA
PROMACTA ORAL PACKET 12.5 MG	5	PA
PROMACTA ORAL TABLET	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
TAVALISSE ORAL TABLET	5	PA; LA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	PA
Blood Products/ Modifiers/ Volume Expanders		
OXBRYTA ORAL TABLET	5	PA; LA
PROMACTA ORAL PACKET 25 MG	5	PA
Hemostasis Agents		
<i>tranexamic acid oral tablet</i>	2	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	4	EDS
BRILINTA ORAL TABLET	3	EDS
<i>cilostazol oral tablet</i>	2	EDS
<i>clopidogrel bisulfate oral tablet 75 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>dipyridamole oral tablet</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>prasugrel hcl oral tablet</i>	2	EDS
ZONTIVITY ORAL TABLET	4	PA New Starts; EDS
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	2	EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	2	QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	2	EDS
<i>guanfacine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>methyldopa oral tablet</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>midodrine hcl oral tablet</i>	2	
NORTHERA ORAL CAPSULE	5	PA; LA
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet</i>	2	EDS
<i>prazosin hcl oral capsule</i>	2	EDS
<i>terazosin hcl oral capsule</i>	2	EDS
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet</i>	2	EDS
ENTRESTO ORAL TABLET	3	EDS
<i>irbesartan oral tablet</i>	1	EDS
<i>losartan potassium oral tablet</i>	1	EDS
<i>olmesartan medoxomil oral tablet</i>	1	EDS
<i>olmesartan medoxomil-hctz oral tablet</i>	1	EDS
<i>telmisartan oral tablet</i>	2	EDS
<i>valsartan oral tablet</i>	1	EDS
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	1	EDS
<i>captopril oral tablet</i>	4	EDS
<i>enalapril maleate oral tablet</i>	1	EDS
<i>fosinopril sodium oral tablet</i>	1	EDS
<i>lisinopril oral tablet</i>	1	EDS
<i>moexipril hcl oral tablet</i>	2	EDS
<i>perindopril erbumine oral tablet</i>	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>quinapril hcl oral tablet</i>	1	EDS
<i>ramipril oral capsule</i>	1	EDS
<i>trandolapril oral tablet</i>	2	EDS
Antiarrhythmics		
<i>amiodarone hcl oral tablet</i>	2	EDS
<i>disopyramide phosphate oral capsule</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>dofetilide oral capsule</i>	2	EDS
<i>flecainide acetate oral tablet</i>	2	EDS
<i>mexiletine hcl oral capsule</i>	2	EDS
MULTAQ ORAL TABLET	4	EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	PA; PA not required if under 65 years of age.; EDS
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	EDS
<i>propafenone hcl er oral capsule extended release 12 hour</i>	2	EDS
<i>propafenone hcl oral tablet</i>	2	EDS
<i>quinidine gluconate er oral tablet extended release</i>	2	EDS
<i>quinidine sulfate oral tablet</i>	2	EDS
<i>sorine oral tablet</i>	2	EDS
<i>sotalol hcl (af) oral tablet</i>	2	EDS
<i>sotalol hcl oral tablet</i>	2	EDS
SOTYLIZE ORAL SOLUTION	4	EDS
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	2	EDS
<i>atenolol oral tablet</i>	1	EDS
<i>betaxolol hcl oral tablet</i>	2	EDS
<i>bisoprolol fumarate oral tablet</i>	1	EDS
BYSTOLIC ORAL TABLET	4	EDS
<i>carvedilol oral tablet</i>	1	EDS
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	2	EDS
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	
<i>labetalol hcl oral tablet</i>	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>metoprolol succinate er oral tablet extended release 24 hour</i>	1	EDS
<i>metoprolol tartrate oral tablet</i>	1	EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	EDS
<i>pindolol oral tablet</i>	2	EDS
<i>propranolol hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>propranolol hcl oral solution</i>	2	EDS
<i>propranolol hcl oral tablet</i>	1	EDS
<i>timolol maleate oral tablet</i>	2	EDS
Calcium Channel Blocking Agents		
<i>amlodipine besylate oral tablet</i>	1	EDS
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	4	EDS
<i>cartia xt oral capsule extended release 24 hour</i>	2	EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	EDS
<i>diltiazem hcl oral tablet</i>	2	EDS
<i>dilt-xr oral capsule extended release 24 hour</i>	2	EDS
<i>felodipine er oral tablet extended release 24 hour</i>	2	EDS
<i>isradipine oral capsule</i>	4	EDS
<i>matzim la oral tablet extended release 24 hour</i>	2	EDS
<i>nicardipine hcl oral capsule</i>	2	EDS
<i>nifedipine er oral tablet extended release 24 hour</i>	2	EDS
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	EDS
<i>nifedipine oral capsule</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>nimodipine oral capsule</i>	4	EDS
<i>nisoldipine er oral tablet extended release 24 hour</i>	4	EDS
NYMALIZE ORAL SOLUTION 6 MG/ML	4	
<i>taztia xt oral capsule extended release 24 hour</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>tiadylt er oral capsule extended release 24 hour</i>	2	EDS
<i>verapamil hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>verapamil hcl er oral tablet extended release</i>	2	EDS
<i>verapamil hcl oral tablet</i>	2	EDS
Cardiovascular Agents		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	EDS
<i>aliskiren fumarate oral tablet</i>	4	ST; EDS
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	EDS
<i>amlodipine besy-benazepril hcl oral capsule</i>	1	EDS
<i>amlodipine besylate-valsartan oral tablet</i>	2	EDS
<i>amlodipine-olmesartan oral tablet</i>	2	EDS
<i>amlodipine-valsartan-hctz oral tablet</i>	2	EDS
<i>atenolol-chlorthalidone oral tablet</i>	1	EDS
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	EDS
<i>candesartan cilexetil-hctz oral tablet</i>	2	EDS
<i>captopril-hydrochlorothiazide oral tablet</i>	4	EDS
DEMSER ORAL CAPSULE	5	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	2	EDS
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	2	PA New Starts; EDS
<i>fosinopril sodium-hctz oral tablet</i>	1	EDS
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	EDS
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>losartan potassium-hctz oral tablet</i>	1	EDS
<i>methyldopa-hydrochlorothiazide oral tablet</i>	4	PA; PA not required if under 65 years of age.; EDS
<i>metoprolol-hydrochlorothiazide oral tablet</i>	2	EDS
NEXLIZET ORAL TABLET	4	PA New Starts; EDS
<i>olmesartan medoxomil-hctz oral tablet</i>	1	EDS
<i>olmesartan-amlodipine-hctz oral tablet</i>	2	EDS
<i>propranolol-hctz oral tablet</i>	2	EDS
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>spironolactone-hctz oral tablet</i>	1	EDS
TEKTRUNA HCT ORAL TABLET	4	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-hctz oral tablet</i>	2	EDS
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	2	EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet</i>	1	EDS
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	EDS
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet</i>	4	ST; EDS
CORLANOR ORAL SOLUTION	4	PA; EDS
CORLANOR ORAL TABLET	4	PA; EDS
<i>digitek oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digitek oral tablet 250 mcg</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>digox oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digox oral tablet 250 mcg</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>digoxin oral solution</i>	2	EDS
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	2	PA; PA not required if under 65 years of age.; EDS
LANOXIN ORAL TABLET 62.5 MCG	4	QL (30 EA per 30 days); EDS
NEXLETOL ORAL TABLET	4	PA New Starts; EDS
<i>pentoxifylline er oral tablet extended release</i>	2	EDS
<i>ranolazine er oral tablet extended release 12 hour</i>	2	EDS
UPTRAVI ORAL TABLET	5	PA New Starts; LA
UPTRAVI ORAL TABLET THERAPY PACK	5	PA New Starts; LA
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	EDS
<i>acetazolamide oral tablet</i>	2	EDS
KEVEYIS ORAL TABLET	5	PA; LA
<i>methazolamide oral tablet</i>	2	EDS
Diuretics, Loop		
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	2	EDS
<i>ethacrynic acid oral tablet</i>	4	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>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>torsemide oral tablet</i>	2	EDS
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	1	EDS
<i>eplerenone oral tablet</i>	2	EDS
<i>spironolactone oral tablet</i>	1	EDS
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
DIURIL ORAL SUSPENSION	3	EDS
<i>hydrochlorothiazide oral capsule</i>	1	EDS
<i>hydrochlorothiazide oral tablet</i>	1	EDS
<i>indapamide oral tablet</i>	1	EDS
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	EDS
<i>metolazone oral tablet</i>	1	EDS
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	EDS
<i>fenofibric acid oral capsule delayed release</i>	2	EDS
<i>gemfibrozil oral tablet</i>	2	EDS
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet</i>	1	EDS
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>fluvastatin sodium oral capsule</i>	2	EDS
LIVALO ORAL TABLET	4	EDS
<i>lovastatin oral tablet</i>	1	EDS
<i>pravastatin sodium oral tablet</i>	1	EDS
<i>rosuvastatin calcium oral tablet</i>	1	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	2	PA New Starts; EDS
Dyslipidemics, Other		
<i>cholestyramine light oral powder</i>	2	EDS
<i>cholestyramine oral packet</i>	2	EDS
<i>colesevelam hcl oral packet</i>	4	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>colesevelam hcl oral tablet</i>	4	EDS
<i>colestipol hcl oral packet</i>	2	EDS
<i>colestipol hcl oral tablet</i>	2	EDS
<i>ezetimibe oral tablet</i>	2	EDS
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	2	EDS
<i>omega-3-acid ethyl esters oral capsule</i>	4	EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
<i>prevalite oral packet</i>	2	EDS
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; EDS
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
VASCEPA ORAL CAPSULE	3	EDS
Vasodilators, Direct-Acting Arterial		
BIDIL ORAL TABLET	4	EDS
<i>hydralazine hcl oral tablet</i>	2	EDS
<i>minoxidil oral tablet</i>	2	EDS
Vasodilators, Direct-Acting Arterial/ Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	EDS
<i>isosorbide dinitrate oral tablet 40 mg</i>	4	EDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	2	EDS
<i>isosorbide mononitrate oral tablet</i>	2	EDS
<i>minitran transdermal patch 24 hour</i>	2	EDS
NITRO-BID TRANSDERMAL OINTMENT	4	EDS
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	EDS
<i>nitroglycerin sublingual tablet sublingual</i>	2	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	2	EDS
<i>nitroglycerin translingual solution</i>	2	EDS
RECTIV RECTAL OINTMENT	4	

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

Drug Name	Tier	Requirements/Limits
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	2	EDS
<i>amphetamine-dextroamphetamine oral tablet</i>	2	EDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	2	EDS
<i>dextroamphetamine sulfate oral tablet</i>	2	EDS
<i>methamphetamine hcl oral tablet</i>	2	PA; EDS
VYVANSE ORAL CAPSULE	4	EDS
VYVANSE ORAL TABLET CHEWABLE	4	EDS
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
<i>atomoxetine hcl oral capsule</i>	2	EDS
<i>clonidine hcl er oral tablet extended release 12 hour</i>	4	EDS
DAYTRANA TRANSDERMAL PATCH	4	EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>dexmethylphenidate hcl oral tablet</i>	2	EDS
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	2	EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	2	EDS
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	4	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	4	EDS
<i>methylphenidate hcl oral solution</i>	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>methylphenidate hcl oral tablet</i>	2	EDS
<i>methylphenidate hcl oral tablet chewable</i>	2	EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	4	EDS
Central Nervous System, Other		
AUSTEDO ORAL TABLET	5	PA; LA
<i>estazolam oral tablet</i>	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; LA
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	4	EDS
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; LA
NUDEXTA ORAL CAPSULE	3	PA; EDS
<i>riluzole oral tablet</i>	2	EDS
<i>tetrabenazine oral tablet</i>	5	PA; LA
TIGLUTIK ORAL SUSPENSION	5	
VECAMYL ORAL TABLET	5	PA; LA
WAKIX ORAL TABLET 17.8 MG	5	PA; LA
WAKIX ORAL TABLET 4.45 MG	5	PA; LA; QL (90 EA per 30 days)
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	EDS
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>pregabalin oral capsule</i>	2	EDS
<i>pregabalin oral solution</i>	2	EDS
SAVELLA ORAL TABLET	3	EDS
SAVELLA TITRATION PACK ORAL	3	
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET	5	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	5	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	

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>dalfampridine er oral tablet extended release 12 hour</i>	2	PA; EDS
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	5	QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	5	
FIRDAPSE ORAL TABLET	5	PA; LA
GILENYA ORAL CAPSULE 0.5 MG	5	
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	5	
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	5	PA
MAYZENT ORAL TABLET 0.25 MG	5	LA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	5	LA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	

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

Drug Name	Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
TECFIDERA ORAL	5	
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	
ZEPOSIA ORAL CAPSULE	5	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	5	

Dental And Oral Agents

Dental And Oral Agents

<i>cevimeline hcl oral capsule</i>	2	EDS
<i>chlorhexidine gluconate mouth/throat solution</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	EDS
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	2	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	2	
<i>pilocarpine hcl oral tablet</i>	2	EDS
<i>triamcinolone acetonide mouth/throat paste</i>	2	
VIBRAMYCIN ORAL SYRUP	4	

Dermatological Agents

Dermatological Agents

<i>acitretin oral capsule 10 mg, 25 mg</i>	4	PA; Prior authorization not required for dermatologists.
<i>acitretin oral capsule 17.5 mg</i>	5	PA; Prior authorization not required for dermatologists.
<i>adapalene external cream</i>	4	
<i>adapalene external gel 0.1 %</i>	2	
<i>adapalene external gel 0.3 %</i>	4	
<i>adapalene-benzoyl peroxide external gel</i>	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
ALTABAX EXTERNAL OINTMENT	4	
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>amnestem oral capsule</i>	2	
<i>avita external cream</i>	2	
<i>avita external gel</i>	2	
<i>azelaic acid external gel</i>	4	
AZELEX EXTERNAL CREAM	3	
<i>betamethasone dipropionate external lotion</i>	2	
BRYHALI EXTERNAL LOTION	4	
<i>calcipotriene external cream</i>	2	
<i>calcipotriene external ointment</i>	2	
<i>calcipotriene external solution</i>	2	
<i>calcipotriene-betameth diprop external ointment</i>	4	
<i>calcipotriene-betameth diprop external suspension</i>	5	
<i>calcitriol external ointment</i>	2	
CARAC EXTERNAL CREAM	5	
<i>claravis oral capsule</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i> , 1.2-5 %	2	
<i>clobetasol propionate external liquid</i>	2	
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	2	
CONDYLOX EXTERNAL GEL	3	
CORDRAN EXTERNAL TAPE	3	
CORTISPORIN EXTERNAL CREAM	4	
CORTISPORIN EXTERNAL OINTMENT	4	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
<i>dapsone external gel 5 %</i>	2	
<i>diclofenac sodium transdermal gel 1 %</i>	2	PA
<i>diclofenac sodium transdermal gel 3 %</i>	4	PA
<i>doxepin hcl external cream</i>	4	
<i>doxycycline hyclate oral capsule 50 mg</i>	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>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
DUOBRII EXTERNAL LOTION	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
EUCRISA EXTERNAL OINTMENT	3	ST
FABIOR EXTERNAL FOAM	3	PA; Prior authorization not required for dermatologists.
FINACEA EXTERNAL FOAM	4	
<i>fluocinonide external cream 0.1 %</i>	2	
<i>fluorouracil external cream 0.5 %</i>	5	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	2	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>hydrocortisone butyrate external lotion</i>	4	
<i>imiquimod external cream</i>	2	PA New Starts; Prior authorization not required for dermatologists, colorectal surgeons, oncologists, or obstetricians/gynecologists.
<i>isotretinoin oral capsule</i>	2	
KERYDIN EXTERNAL SOLUTION	4	PA
<i>mafenide acetate external packet</i>	4	
<i>methoxsalen rapid oral capsule</i>	2	
MIRVASO EXTERNAL GEL	4	ST
<i>mondoxyme nl oral capsule 100 mg, 75 mg</i>	2	
<i>myorisan oral capsule</i>	2	
NEO-SYNALAR EXTERNAL CREAM	4	
<i>nystatin-triamcinolone external cream</i>	2	
<i>nystatin-triamcinolone external ointment</i>	2	
<i>oxiconazole nitrate external cream</i>	2	
PICATO EXTERNAL GEL	5	
<i>pimecrolimus external cream</i>	4	
<i>podofilox external solution</i>	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>prednicarbate external cream</i>	2	
REGRANEX EXTERNAL GEL	5	
SANTYL EXTERNAL OINTMENT	3	
<i>selenium sulfide external lotion</i>	2	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>tacrolimus external ointment</i>	2	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>tazarotene external cream</i>	2	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL CREAM 0.05 %	3	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL GEL	3	PA; Prior authorization not required for dermatologists.
TOLAK EXTERNAL CREAM	4	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>tretinoin external cream</i>	2	
<i>tretinoin external gel</i>	2	
<i>tretinoin microsphere external gel</i>	2	
VALCHLOR EXTERNAL GEL	5	PA New Starts; Prior authorization not required for dermatologists or oncologists.
<i>zenatane oral capsule</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
CARBAGLU ORAL TABLET	5	PA; LA
ISOLYTE-S INTRAVENOUS SOLUTION	4	
<i>klor-con 10 oral tablet extended release</i>	2	EDS
<i>klor-con m10 oral tablet extended release</i>	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
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	4	EDS
<i>klor-con m20 oral tablet extended release</i>	2	EDS
<i>klor-con oral tablet extended release</i>	2	EDS
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	4	EDS
<i>magnesium sulfate injection solution 50 %</i>	2	
OSMOPREP ORAL TABLET	4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
<i>potassium chloride crys er oral tablet extended release</i>	2	EDS
<i>potassium chloride er oral capsule extended release</i>	2	EDS
<i>potassium chloride er oral tablet extended release</i>	2	EDS
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet</i>	2	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	EDS
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	EDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE	3	
<i>clovique oral capsule</i>	5	PA
<i>deferasirox granules oral packet</i>	5	PA
<i>deferasirox oral tablet</i>	5	PA
<i>deferasirox oral tablet soluble</i>	5	PA
<i>deferiprone oral tablet</i>	5	PA New Starts
FERRIPROX ORAL SOLUTION	5	PA New Starts; LA
FERRIPROX ORAL TABLET 1000 MG	5	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
FREAMINE HBC INTRAVENOUS SOLUTION	3	BD
<i>kionex oral suspension</i>	2	
<i>klor-con oral packet 20 meq</i>	2	EDS
LOKELMA ORAL PACKET	3	EDS
<i>penicillamine oral capsule</i>	5	PA
<i>penicillamine oral tablet</i>	5	
PLENAMINE INTRAVENOUS SOLUTION	3	BD
SAMSCA ORAL TABLET 15 MG	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sps oral suspension</i>	2	
<i>tolvaptan oral tablet 30 mg</i>	5	PA
<i>trientine hcl oral capsule</i>	5	PA
VELPHORO ORAL TABLET CHEWABLE	5	
VELTASSA ORAL PACKET	3	EDS
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	3	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	3	BD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINISOL SF INTRAVENOUS SOLUTION	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
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
HEPATAMINE INTRAVENOUS SOLUTION	3	BD
INTRALIPID INTRAVENOUS EMULSION 20 %	3	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	4	BD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	2	
<i>kcl-lactated ringers-d5w intravenous solution</i>	2	
<i>levocarnitine oral solution</i>	2	EDS
<i>levocarnitine oral tablet</i>	2	EDS
NEPHRAMINE INTRAVENOUS SOLUTION	3	BD
<i>normosol-m in d5w intravenous solution</i>	2	
NUTRILIPID INTRAVENOUS EMULSION	3	BD
PLENAMINE INTRAVENOUS SOLUTION	3	BD
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	2	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	BD
PRENATAL ORAL TABLET 27-1 MG	3	
PROCALAMINE INTRAVENOUS SOLUTION	3	BD
PROSOL INTRAVENOUS SOLUTION	3	BD
<i>tpn electrolytes intravenous concentrate</i>	2	
TRAVASOL INTRAVENOUS SOLUTION	3	BD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	BD
Vitamins		
<i>doxercalciferol oral capsule</i>	2	ST; EDS
<i>klor-con 10 oral tablet extended release</i>	2	EDS
<i>klor-con m10 oral tablet extended release</i>	2	EDS
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	4	EDS
<i>klor-con m20 oral tablet extended release</i>	2	EDS
<i>klor-con oral tablet extended release</i>	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
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral solution</i>	2	
<i>dicyclomine hcl oral tablet</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral tablet</i>	2	
<i>propantheline bromide oral tablet</i>	2	
<i>scopolamine transdermal patch 72 hour</i>	2	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	4	
Gastrointestinal Agents		
<i>amoxicill-clarithro-lansopraz oral</i>	4	
HELIDAC THERAPY ORAL	4	
OMECLAMOX-PAK ORAL	4	
PYLERA ORAL CAPSULE	4	
TALICIA ORAL CAPSULE DELAYED RELEASE	4	ST
UCERIS RECTAL FOAM	4	
Gastrointestinal Agents, Other		
CHENODAL ORAL TABLET	5	PA; LA
CHOLBAM ORAL CAPSULE	5	PA
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	2	
GATTEX SUBCUTANEOUS KIT	5	PA; LA
<i>loperamide hcl oral capsule</i>	2	
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
MOVANTIK ORAL TABLET	4	
MYTESI ORAL TABLET DELAYED RELEASE	4	PA New Starts; EDS
OCALIVA ORAL TABLET	5	PA; LA
PROCTOZONE-HC EXTERNAL CREAM	2	
RELISTOR ORAL TABLET	5	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	
SYMPROIC ORAL TABLET	4	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
UCERIS RECTAL FOAM	4	
<i>ursodiol oral capsule</i>	2	EDS
<i>ursodiol oral tablet</i>	2	EDS
XERMELO ORAL TABLET	5	PA; LA
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution</i>	2	EDS
<i>cimetidine oral tablet 200 mg</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	EDS
<i>famotidine oral suspension reconstituted</i>	2	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
<i>nizatidine oral capsule</i>	2	EDS
<i>nizatidine oral solution</i>	2	EDS
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet</i>	5	
AMITIZA ORAL CAPSULE	4	EDS
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide oral capsule delayed release particles</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	3	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	3	EDS
<i>mesalamine oral capsule delayed release</i>	4	EDS
UCERIS RECTAL FOAM	4	
VIBERZI ORAL TABLET	4	PA; EDS
Laxatives		
CLENPIQ ORAL SOLUTION	4	
<i>constulose oral solution</i>	2	EDS
<i>enulose oral solution</i>	2	EDS
<i>gavilyte-c oral solution reconstituted</i>	2	
<i>gavilyte-g oral solution reconstituted</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	2	
<i>generlac oral solution</i>	2	EDS
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	4	

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

Drug Name	Tier	Requirements/Limits
KRISTALOSE ORAL PACKET 20 GM	4	EDS
<i>lactulose oral packet</i>	4	EDS
<i>lactulose oral solution 10 gm/15ml</i>	2	EDS
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	4	
<i>trilyte oral solution reconstituted</i>	2	
Protectants		
<i>misoprostol oral tablet</i>	2	EDS
<i>sucralfate oral suspension</i>	2	EDS
<i>sucralfate oral tablet</i>	2	EDS
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release</i>	2	EDS
<i>lansoprazole oral capsule delayed release</i>	2	EDS
<i>omeprazole oral capsule delayed release</i>	2	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	2	EDS
<i>rabeprazole sodium oral tablet delayed release</i>	2	EDS
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
CERDELGA ORAL CAPSULE	5	PA; LA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
CYSTADANE ORAL POWDER	3	EDS
CYSTAGON ORAL CAPSULE	3	LA; EDS
FIRDAPSE ORAL TABLET	5	PA; LA
GALAFOLD ORAL CAPSULE	5	PA New Starts; LA
KUVAN ORAL PACKET	5	PA; LA
KUVAN ORAL TABLET SOLUBLE	5	PA; LA
<i>miglustat oral capsule</i>	5	PA New Starts
<i>nitisinone oral capsule</i>	5	PA
NITYR ORAL TABLET	5	PA
ORFADIN ORAL CAPSULE 20 MG	5	PA; 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
ORFADIN ORAL SUSPENSION	5	PA; LA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	EDS
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	EDS
PROCYSBI ORAL PACKET	5	PA; LA
RAVICTI ORAL LIQUID	5	PA; LA
RUZURGI ORAL TABLET	5	PA
<i>sodium phenylbutyrate oral tablet</i>	5	
SUCRAID ORAL SOLUTION	5	PA; LA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
VIOKACE ORAL TABLET	4	EDS
XURIDEN ORAL PACKET	5	PA
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	3	EDS
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	2	EDS
<i>flavoxate hcl oral tablet</i>	2	EDS
GELNIQUE TRANSDERMAL GEL 10 %	4	EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	EDS
<i>oxybutynin chloride oral syrup</i>	2	EDS
<i>oxybutynin chloride oral tablet</i>	2	EDS
<i>solifenacin succinate oral tablet</i>	2	EDS
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	2	EDS
<i>tolterodine tartrate oral tablet</i>	2	EDS
<i>trospium chloride er oral capsule extended release 24 hour</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>trospium chloride oral tablet</i>	2	EDS
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>doxazosin mesylate oral tablet</i>	2	EDS
<i>dutasteride oral capsule</i>	2	EDS
<i>dutasteride-tamsulosin hcl oral capsule</i>	2	EDS
<i>finasteride oral tablet 5 mg</i>	2	EDS
<i>prazosin hcl oral capsule</i>	2	EDS
<i>silodosin oral capsule</i>	2	EDS
<i>tamsulosin hcl oral capsule</i>	2	EDS
<i>terazosin hcl oral capsule</i>	2	EDS
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	2	
<i>clovique oral capsule</i>	5	PA
ELMIRON ORAL CAPSULE	5	
JYNARQUE ORAL TABLET	5	PA; LA
JYNARQUE ORAL TABLET THERAPY PACK	5	PA; LA
<i>penicillamine oral capsule</i>	5	PA
<i>penicillamine oral tablet</i>	5	
<i>potassium citrate er oral tablet extended release</i>	2	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	2	EDS
<i>tolvaptan oral tablet 30 mg</i>	5	PA
Phosphate Binders		
AURYXIA ORAL TABLET	4	PA; EDS
<i>calcium acetate (phos binder) oral capsule</i>	2	EDS
<i>calcium acetate (phos binder) oral tablet</i>	2	EDS
FOSRENOL ORAL PACKET	5	
<i>lanthanum carbonate oral tablet chewable</i>	2	EDS
PHOSLYRA ORAL SOLUTION	4	EDS
<i>sevelamer carbonate oral packet</i>	4	EDS
<i>sevelamer carbonate oral tablet</i>	2	EDS
<i>sevelamer hcl oral tablet</i>	2	EDS
VELPHORO ORAL TABLET CHEWABLE	5	

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 (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR INJECTION GEL	5	PA
<i>ala-cort external cream 1 %</i>	2	
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>amcinonide external cream</i>	2	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external foam</i>	2	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
CAPEX EXTERNAL SHAMPOO	3	
<i>clobetasol propionate e external cream</i>	2	
<i>clobetasol propionate external cream</i>	2	
<i>clobetasol propionate external gel</i>	2	
<i>clobetasol propionate external lotion</i>	2	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
CORDRAN EXTERNAL TAPE	3	
<i>cortisone acetate oral tablet</i>	2	
<i>desonide external cream</i>	4	
<i>desonide external lotion</i>	4	
<i>desonide external ointment</i>	4	
<i>desoximetasone external cream</i>	4	
<i>desoximetasone external gel</i>	4	
<i>desoximetasone external liquid</i>	4	
<i>desoximetasone external ointment</i>	4	

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>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack 1.5 mg (51)</i>	4	
<i>diflorasone diacetate external cream</i>	4	
<i>diflorasone diacetate external ointment</i>	4	
EMFLAZA ORAL SUSPENSION	5	PA; LA
EMFLAZA ORAL TABLET	5	PA; LA
<i>fludrocortisone acetate oral tablet</i>	2	EDS
<i>fluocinolone acetonide external cream</i>	2	
<i>fluocinolone acetonide external ointment</i>	2	
<i>fluocinolone acetonide external solution</i>	2	
<i>fluocinolone acetonide otic oil</i>	2	
<i>fluocinolone acetonide scalp external oil</i>	2	
<i>fluocinonide emulsified base external cream</i>	2	
<i>fluocinonide external cream 0.1 %</i>	2	
<i>fluocinonide external gel</i>	2	
<i>fluocinonide external ointment</i>	2	
<i>fluocinonide external solution</i>	2	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>halobetasol propionate external cream</i>	2	
<i>halobetasol propionate external ointment</i>	2	
<i>hydrocortisone butyrate external ointment</i>	2	
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone oral tablet</i>	2	
<i>hydrocortisone valerate external cream</i>	2	
<i>hydrocortisone valerate external ointment</i>	2	
ISTURISA ORAL TABLET	5	PA
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
MILLIPRED ORAL TABLET	4	

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>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
<i>prednicarbate external ointment</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablet therapy pack</i>	2	
<i>procto-pak external cream</i>	2	
PROCTOZONE-HC EXTERNAL CREAM	2	
<i>triamcinolone acetonide external aerosol solution</i>	2	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	2	EDS
<i>desmopressin acetate oral tablet</i>	2	EDS
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
HUMATROPE INJECTION SOLUTION RECONSTITUTED	3	PA; EDS
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; LA
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	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
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EDS
ORLISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORLISSA ORAL TABLET 200 MG	5	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
STIMATE NASAL SOLUTION	3	EDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
VYNDAMAX ORAL CAPSULE	5	PA; LA
VYNDAQEL ORAL CAPSULE	5	PA; LA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EDS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET	5	PA New Starts
<i>oxandrolone oral tablet</i>	2	
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; EDS
<i>danazol oral capsule</i>	2	
METHITEST ORAL TABLET	3	PA; EDS
<i>methyltestosterone oral capsule</i>	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
NATESTO NASAL GEL	4	PA; EDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PA; Prior authorization not required for endocrinologists or urologists.
<i>testosterone enanthate intramuscular solution</i>	2	PA; Prior authorization not required for endocrinologists or urologists.
<i>testosterone transdermal gel 10 mg/act (2%)</i>	4	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>	2	PA; EDS
<i>testosterone transdermal solution</i>	2	PA; EDS
Estrogens		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	
DIVIGEL TRANSDERMAL GEL 1 MG/GM	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>dotti transdermal patch twice weekly</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
DUAVEE ORAL TABLET	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
ELESTRIN TRANSDERMAL GEL	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>estradiol oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>estradiol transdermal patch twice weekly</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>estradiol transdermal patch weekly</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>estradiol vaginal cream</i>	2	EDS
<i>estradiol vaginal tablet</i>	2	EDS
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	2	
ESTRING VAGINAL RING	4	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
EVAMIST TRANSDERMAL SOLUTION	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
FEMRING VAGINAL RING	4	EDS
<i>marlissa oral tablet</i>	2	EDS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
ORIAHNN ORAL CAPSULE THERAPY PACK	5	PA
PREMARIN ORAL TABLET	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
PREMARIN VAGINAL CREAM	3	EDS
<i>yuvafem vaginal tablet</i>	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>altavera oral tablet</i>	2	EDS
<i>alyacen 1/35 oral tablet</i>	2	EDS
<i>amabelz oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>amethia lo oral tablet</i>	2	EDS
<i>amethia oral tablet</i>	2	EDS
ANGELIQ ORAL TABLET	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
ANNOVERA VAGINAL RING	4	QL (1 EA per 365 days); EDS
<i>apri oral tablet</i>	2	EDS
<i>aranelle oral tablet</i>	2	EDS
<i>ashlyna oral tablet</i>	2	EDS
<i>aubra oral tablet</i>	2	EDS
<i>aviane oral tablet</i>	2	EDS
<i>balziva oral tablet</i>	2	EDS
<i>blisovi 24 fe oral tablet</i>	2	EDS
<i>blisovi fe 1.5/30 oral tablet</i>	2	EDS
<i>briellyn oral tablet</i>	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>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide oral capsule delayed release particles</i>	2	
<i>camrese lo oral tablet</i>	2	EDS
<i>caziant oral tablet</i>	2	EDS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>cryselle-28 oral tablet</i>	2	EDS
<i>cyclafem 1/35 oral tablet</i>	2	EDS
<i>cyclafem 7/7/7 oral tablet</i>	2	EDS
<i>cyred oral tablet</i>	2	EDS
<i>deblitane oral tablet</i>	2	EDS
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	EDS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	2	EDS
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	EDS
<i>eluryng vaginal ring</i>	2	EDS
<i>emoquette oral tablet</i>	2	EDS
<i>enpresse-28 oral tablet</i>	2	EDS
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>estarylla oral tablet</i>	2	EDS
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>ethynodiol diac-eth estradiol oral tablet</i>	2	EDS
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2	EDS
<i>falmina oral tablet</i>	2	EDS
<i>fayosim oral tablet</i>	2	EDS
<i>femynor oral tablet</i>	2	EDS
<i>fyavolv oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; 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>gianvi oral tablet</i>	2	EDS
<i>hailey 24 fe oral tablet</i>	2	EDS
<i>incassia oral tablet</i>	2	EDS
<i>introvale oral tablet</i>	2	EDS
<i>isibloom oral tablet</i>	2	EDS
<i>jasmiel oral tablet</i>	2	EDS
<i>jinteli oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>juleber oral tablet</i>	2	EDS
<i>junel 1.5/30 oral tablet</i>	2	EDS
<i>junel 1/20 oral tablet</i>	2	EDS
<i>junel fe 1.5/30 oral tablet</i>	2	EDS
<i>junel fe 1/20 oral tablet</i>	2	EDS
<i>junel fe 24 oral tablet</i>	2	EDS
<i>kaitlib fe oral tablet chewable</i>	2	EDS
<i>kariva oral tablet</i>	2	EDS
<i>kelnor 1/35 oral tablet</i>	2	EDS
<i>kelnor 1/50 oral tablet</i>	2	EDS
<i>kurvelo oral tablet</i>	2	EDS
<i>larin 1.5/30 oral tablet</i>	2	EDS
<i>larin 1/20 oral tablet</i>	2	EDS
<i>larin fe 1.5/30 oral tablet</i>	2	EDS
<i>larin fe 1/20 oral tablet</i>	2	EDS
<i>larissia oral tablet</i>	2	EDS
<i>layolis fe oral tablet chewable</i>	2	EDS
<i>leena oral tablet</i>	2	EDS
<i>lessina oral tablet</i>	2	EDS
<i>levonest oral tablet</i>	2	EDS
<i>levonorgest-eth est & eth est oral tablet</i>	2	EDS
<i>levonorgest-eth estrad 91-day oral tablet</i>	2	EDS
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2	EDS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>levora 0.15/30 (28) oral tablet</i>	2	EDS
LO LOESTRIN FE ORAL TABLET	4	EDS

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>lopreeza oral tablet 1-0.5 mg</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>loryna oral tablet</i>	2	EDS
<i>low-ogestrel oral tablet</i>	2	EDS
<i>lutera oral tablet</i>	2	EDS
<i>marlissa oral tablet</i>	2	EDS
<i>melodetta 24 fe oral tablet chewable</i>	2	EDS
<i>mibelas 24 fe oral tablet chewable</i>	2	EDS
<i>microgestin 1.5/30 oral tablet</i>	2	EDS
<i>microgestin 1/20 oral tablet</i>	2	EDS
<i>microgestin fe 1.5/30 oral tablet</i>	2	EDS
<i>microgestin fe 1/20 oral tablet</i>	2	EDS
<i>mili oral tablet</i>	2	EDS
<i>mimvey oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
NATAZIA ORAL TABLET	4	EDS
<i>necon 0.5/35 (28) oral tablet</i>	2	EDS
<i>nikki oral tablet</i>	2	EDS
<i>nora-be oral tablet</i>	2	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethindrone-eth estradiol oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>norethin-eth estradiol-fe oral tablet chewable</i>	2	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>norgestim-eth estrad triphasic oral tablet</i>	2	EDS
<i>nortrel 0.5/35 (28) oral tablet</i>	2	EDS
<i>nortrel 1/35 (21) oral tablet</i>	2	EDS
<i>nortrel 1/35 (28) oral tablet</i>	2	EDS
<i>nortrel 7/7/7 oral tablet</i>	2	EDS
<i>ocella oral tablet</i>	2	EDS
<i>orsythia oral tablet</i>	2	EDS
<i>pimtrea oral tablet</i>	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>pirmella 1/35 oral tablet</i>	2	EDS
<i>portia-28 oral tablet</i>	2	EDS
PREFEST ORAL TABLET	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
PREMPHASE ORAL TABLET	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
PREMPRO ORAL TABLET	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>previfem oral tablet</i>	2	EDS
<i>reclipsen oral tablet</i>	2	EDS
<i>rivelsa oral tablet</i>	2	EDS
<i>setlakin oral tablet</i>	2	EDS
<i>sharobel oral tablet</i>	2	EDS
SLYND ORAL TABLET	4	EDS
<i>sprintec 28 oral tablet</i>	2	EDS
<i>sronyx oral tablet</i>	2	EDS
<i>syeda oral tablet</i>	2	EDS
<i>tarina 24 fe oral tablet</i>	2	EDS
<i>tarina fe 1/20 oral tablet</i>	2	EDS
<i>tri-estarylla oral tablet</i>	2	EDS
<i>tri-legest fe oral tablet</i>	2	EDS
<i>tri-lo-estarylla oral tablet</i>	2	EDS
<i>tri-lo-sprintec oral tablet</i>	2	EDS
<i>tri-mili oral tablet</i>	2	EDS
<i>tri-previfem oral tablet</i>	2	EDS
<i>tri-sprintec oral tablet</i>	2	EDS
<i>trivora (28) oral tablet</i>	2	EDS
<i>tri-vylibra lo oral tablet</i>	2	EDS
<i>tri-vylibra oral tablet</i>	2	EDS
TYDEMY ORAL TABLET	4	EDS
<i>velivet oral tablet</i>	2	EDS
<i>vienva oral tablet</i>	2	EDS
<i>vyfemla oral tablet</i>	2	EDS
<i>vylibra oral tablet</i>	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>wymzya fe oral tablet chewable</i>	2	EDS
<i>xulane transdermal patch weekly</i>	2	EDS
<i>zarah oral tablet</i>	2	EDS
<i>zovia 1/35e (28) oral tablet</i>	2	EDS
Progestins		
<i>camila oral tablet</i>	2	EDS
CRINONE VAGINAL GEL	4	PA; Prior authorization not required for reproductive endocrinologists.
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
<i>errin oral tablet</i>	2	EDS
<i>lyza oral tablet</i>	2	EDS
<i>marlissa oral tablet</i>	2	EDS
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	
<i>medroxyprogesterone acetate oral tablet</i>	2	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	PA; PA not required if under 65 years of age.
<i>megestrol acetate oral suspension 625 mg/5ml</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>megestrol acetate oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	2	EDS
<i>norethindrone oral tablet</i>	2	EDS
<i>progesterone micronized oral capsule</i>	2	EDS
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>raloxifene hcl oral tablet</i>	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>euthyrox oral tablet</i>	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>levo-t oral tablet</i>	2	EDS
<i>levothyroxine sodium oral tablet</i>	2	EDS
<i>levoxyl oral tablet</i>	2	EDS
<i>liothyronine sodium oral tablet</i>	2	EDS
SYNTHROID ORAL TABLET	4	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>	2	EDS
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	3	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral capsule</i>	2	EDS
<i>bromocriptine mesylate oral tablet</i>	2	EDS
<i>cabergoline oral tablet</i>	2	
ELIGARD SUBCUTANEOUS KIT	3	PA New Starts
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA New Starts
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA New Starts
<i>leuprolide acetate injection kit</i>	2	PA New Starts
LUPANETA PACK COMBINATION KIT	5	PA New Starts
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	5	PA; LA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	EDS
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; LA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	5	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
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
SYNAREL NASAL SOLUTION	3	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	PA New Starts
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	2	EDS
<i>propylthiouracil oral tablet</i>	2	EDS
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	5	PA New Starts; LA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
<i>icatibant acetate subcutaneous solution</i>	5	PA New Starts
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA New Starts; LA
Immune Suppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE	5	PA New Starts
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	BD; EDS
AZASAN ORAL TABLET	3	BD; EDS
<i>azathioprine oral tablet</i>	2	BD; EDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA New Starts
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts
CIMZIA PREFILLED SUBCUTANEOUS KIT	5	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	
<i>cyclosporine modified oral capsule</i>	2	BD; EDS
<i>cyclosporine modified oral solution</i>	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
<i>cyclosporine oral capsule</i>	2	BD; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	BD; EDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	5	BD
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA New Starts
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	BD; EDS
<i>gengraf oral solution</i>	2	BD; EDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA; Covered on Tier 5 only for pediatric Crohn's disease.
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; Covered on Tier 5 only for uveitis, hidradenitis suppurativa, and pediatric Crohn's disease.
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; Covered on Tier 5 only for hidradenitis suppurativa.
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; Covered on Tier 5 only for uveitis and hidradenitis suppurativa.
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; Covered on Tier 5 only for uveitis.
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; Covered on Tier 5 only for uveitis, hidradenitis suppurativa, and pediatric Crohn's disease.
INGREZZA ORAL CAPSULE 40 MG	5	PA; LA; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
INGREZZA ORAL CAPSULE 80 MG	5	PA; LA
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; LA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate oral tablet</i>	1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
<i>mycophenolate mofetil oral capsule</i>	2	BD; EDS
<i>mycophenolate mofetil oral suspension reconstituted</i>	2	BD; EDS
<i>mycophenolate mofetil oral tablet</i>	2	BD; EDS
<i>mycophenolate sodium oral tablet delayed release</i>	2	BD; EDS
OTEZLA ORAL TABLET	5	
OTEZLA ORAL TABLET THERAPY PACK	5	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA; EDS
<i>penicillamine oral capsule</i>	5	PA
<i>pimecrolimus external cream</i>	4	
PROGRAF ORAL PACKET	5	BD
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	4	PA; EDS
SANDIMMUNE ORAL SOLUTION	4	BD; EDS
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	5	
<i>sirolimus oral solution</i>	2	BD; EDS
<i>sirolimus oral tablet</i>	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
<i>tacrolimus oral capsule</i>	2	BD; EDS
TREXALL ORAL TABLET	4	
XATMEP ORAL SOLUTION	4	PA New Starts
XELJANZ ORAL TABLET	5	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
ZORTRESS ORAL TABLET 1 MG	5	BD
Immunizing Agents, Passive		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
Immunological Agents		
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days); EDS
<i>leflunomide oral tablet 20 mg</i>	2	EDS
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA; EDS
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days); EDS
<i>leflunomide oral tablet 20 mg</i>	2	EDS
RIDAURA ORAL CAPSULE	3	EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	

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

Drug Name	Tier	Requirements/Limits
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	2	
BCG VACCINE INJECTION INJECTABLE	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
DIPHtheria-TETANUS TOXoids DT INTRAMUSCULAR SUSPENSION	2	
ENGERIX-B INJECTION SUSPENSION	2	BD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
HAVRIX INTRAMUSCULAR SUSPENSION	2	
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	2	
INFANRIX INTRAMUSCULAR SUSPENSION	2	
I POL INJECTION INJECTABLE	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
KINRIX INTRAMUSCULAR SUSPENSION	2	
MENACTRA INTRAMUSCULAR INJECTABLE	2	
MENQUADFI INTRAMUSCULAR INJECTABLE	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
PEDIARIX INTRAMUSCULAR SUSPENSION	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
RABAvert INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
RECOMBIVAX HB INJECTION SUSPENSION	2	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
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	
TDVAX INTRAMUSCULAR SUSPENSION	2	
TENIVAC INTRAMUSCULAR INJECTABLE	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
VAQTA INTRAMUSCULAR SUSPENSION	2	
VARIVAX SUBCUTANEOUS INJECTABLE	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
YF-VAX SUBCUTANEOUS INJECTABLE	2	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule</i>	2	
DIPENTUM ORAL CAPSULE	5	
<i>mesalamine er oral capsule extended release 24 hour</i>	4	EDS
<i>mesalamine oral capsule delayed release</i>	4	EDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	EDS
<i>mesalamine oral tablet delayed release 800 mg</i>	2	
<i>mesalamine rectal enema</i>	2	
<i>mesalamine rectal suppository</i>	5	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	EDS
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	5	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide oral capsule delayed release particles</i>	2	
<i>cortisone acetate oral tablet</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	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>dexamethasone oral tablet therapy pack 1.5 mg (51)</i>	4	
<i>hydrocortisone oral tablet</i>	2	
<i>hydrocortisone rectal enema</i>	2	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
MILLIPRED ORAL TABLET	4	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>procto-med hc external cream</i>	2	
<i>proctosol hc external cream</i>	2	
Sulfonamides		
<i>sulfasalazine oral tablet</i>	2	EDS
<i>sulfasalazine oral tablet delayed release</i>	2	EDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	2	EDS
<i>alendronate sodium oral tablet 10 mg</i>	2	EDS
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	EDS
BINOSTO ORAL TABLET EFFERVESCENT	4	EDS
<i>calcitonin (salmon) nasal solution</i>	2	EDS
<i>calcitriol oral capsule</i>	2	EDS
<i>calcitriol oral solution</i>	2	EDS
<i>cinacalcet hcl oral tablet</i>	5	
<i>doxercalciferol oral capsule</i>	2	ST; EDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
<i>ibandronate sodium oral tablet</i>	1	EDS
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; LA
<i>paricalcitol oral capsule</i>	2	ST; EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	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
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5	ST
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	2	EDS
<i>risedronate sodium oral tablet 30 mg</i>	2	
<i>risedronate sodium oral tablet delayed release</i>	2	EDS
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
XGEVA SUBCUTANEOUS SOLUTION	5	PA New Starts
Non-Frf		
Non-Frf		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	5	PA; Prior authorization not required for oncologists.; QL (128 EA per 30 days)
ADAGEN INTRAMUSCULAR SOLUTION	5	PA; LA
<i>afeditab cr oral tablet extended release 24 hour</i>	2	EDS
AKYNZEO ORAL CAPSULE	4	PA
<i>ala-cort external cream 2.5 %</i>	2	
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	2	BD; EDS
<i>alcohol wipes pad 70 %</i>	2	
<i>alendronate sodium oral tablet 40 mg</i>	2	
<i>alendronate sodium oral tablet 5 mg</i>	2	EDS
AMINOSYN II INTRAVENOUS SOLUTION 8.5 %	3	BD
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION	3	BD
AMINOSYN M INTRAVENOUS SOLUTION	3	BD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION	3	BD
AMINOSYN-HBC INTRAVENOUS SOLUTION	3	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	3	BD
AMINOSYN-RF INTRAVENOUS SOLUTION	3	BD
<i>ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm</i>	2	
ANZEMET ORAL TABLET	4	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
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA New Starts; LA
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
AVC VAGINAL VAGINAL CREAM	4	
AVONEX INTRAMUSCULAR KIT	5	
<i>azurette oral tablet</i>	2	EDS
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION	4	
BACTROBAN NASAL NASAL OINTMENT	4	
BAQSIMI ONE PACK NASAL POWDER	2	
<i>bekyree oral tablet</i>	2	EDS
<i>benzonatate oral capsule 200 mg</i>	2	ENH
BEVYXXA ORAL CAPSULE	4	EDS
<i>blisovi fe 1/20 oral tablet</i>	2	EDS
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BRAFTOVI ORAL CAPSULE 50 MG	5	PA New Starts; LA
BREZTRI AEROSPHERE INHALATION AEROSOL	3	EDS
BYVALSON ORAL TABLET	4	EDS
<i>camrese oral tablet</i>	2	EDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	5	PA
<i>cefditoren pivoxil oral tablet</i>	2	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i>	2	
<i>cefotetan disodium injection solution reconstituted 10 gm</i>	4	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	4	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	2	
CESAMET ORAL CAPSULE	4	PA
<i>chlorothiazide oral tablet</i>	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>cholestyramine light oral packet</i>	2	EDS
<i>cholestyramine oral powder</i>	2	EDS
CIMZIA STARTER KIT SUBCUTANEOUS KIT	5	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	2	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	2	
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	BD
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>clotrimazole mouth/throat lozenge</i>	2	
<i>colestipol hcl oral granules</i>	2	EDS
<i>colocort rectal enema</i>	2	
COLY-MYCIN S OTIC SUSPENSION	4	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	5	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
COUMADIN ORAL TABLET	4	EDS
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	5	PA; LA
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	2	ENH
<i>cyred eq oral tablet</i>	2	EDS
<i>daysee oral tablet</i>	2	EDS
<i>delyla oral tablet</i>	2	EDS
<i>desmopressin acetate spray nasal solution</i>	2	EDS
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	2	EDS
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	3	
<i>dexamethasone oral solution</i>	2	
<i>dextrose in lactated ringers intravenous solution</i>	2	
<i>dextrose-nacl intravenous solution 5-0.225 %, 5-0.33 %</i>	2	
DIACOMIT ORAL CAPSULE	5	PA New Starts; LA
DIACOMIT ORAL PACKET	5	PA New Starts; LA
<i>diazepam intensol oral concentrate</i>	2	
<i>didanosine oral capsule delayed release 200 mg</i>	2	EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	2	EDS
<i>dimethyl fumarate starter pack oral</i>	5	
<i>diphenhydramine hcl oral elixir</i>	2	PA; PA not required if under 65 years of age.
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>doripenem intravenous solution reconstituted 500 mg</i>	4	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	4	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>doxycycline hyclate intravenous solution reconstituted</i>	2	
D-PENAMINE ORAL TABLET	5	QL (30 EA per 30 days)
<i>drospirenen-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	4	EDS
<i>duramorph injection solution</i>	2	BD
<i>e.e.s. 400 oral tablet</i>	2	
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	5	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	5	PA; LA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	3	EDS
EMBEDA ORAL CAPSULE EXTENDED RELEASE	4	
<i>emtricitabine-tenofovir df oral tablet</i>	5	
<i>enoxaparin sodium injection solution</i>	2	
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (30 EA per 30 days)
<i>eprosartan mesylate oral tablet</i>	2	EDS
<i>estropipate oral tablet 0.75 mg</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>etidronate disodium oral tablet</i>	2	
EURAX EXTERNAL CREAM	3	
EURAX EXTERNAL LOTION	3	
FARYDAK ORAL CAPSULE 15 MG	5	PA New Starts; LA
<i>fenofibric acid oral tablet</i>	2	EDS
FERREX 150 FORTE PLUS ORAL CAPSULE	4	ENH
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	3	PA New Starts
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	5	PA
<i>fluocinolone acetonide body external oil</i>	2	
<i>fluocinonide external cream 0.05 %</i>	2	
<i>flurbiprofen oral tablet 50 mg</i>	2	EDS
<i>folic acid oral tablet 1 mg</i>	2	ENH; EDS
<i>fosfomycin tromethamine oral packet</i>	4	
FREAMINE III INTRAVENOUS SOLUTION 10 %	3	BD
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	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
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	5	PA
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
<i>gavilyte-h oral kit</i>	2	
GELNIQUE PUMP TRANSDERMAL GEL	4	EDS
GRALISE STARTER ORAL	4	
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (30 EA per 30 days)
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML 0.5 ML	2	
HEMANGEOL ORAL SOLUTION	4	PA; EDS
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	2	
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	
<i>hydromorphone hcl injection solution 2 mg/ml</i>	2	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML	2	
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML	2	BD
ILARIS SUBCUTANEOUS SOLUTION	5	PA
<i>insulin lispro subcutaneous solution pen-injector</i>	3	EDS
<i>insulin syringe 29g x 1" 0.3 ml</i>	2	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	4	
<i>isosorbide dinitrate er oral tablet extended release</i>	2	EDS
<i>ivermectin external cream</i>	4	
<i>jolessa oral tablet</i>	2	EDS
<i>jolivette oral tablet</i>	2	EDS
JUXTAPID ORAL CAPSULE 40 MG, 60 MG	5	PA
<i>kcl in dextrose-nacl intravenous solution 20-5-0.33 meq/l-%-%</i>	2	
KISQALI 200 DOSE ORAL TABLET	5	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
KISQALI 400 DOSE ORAL TABLET	5	PA New Starts
KISQALI 600 DOSE ORAL TABLET	5	PA New Starts
<i>klor-con sprinkle oral capsule extended release</i>	2	EDS
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
KYNMOBI TITRATION KIT SUBLINGUAL KIT	5	PA; Prior authorization not required for neurologists.
<i>lactated ringers intravenous solution</i>	2	
<i>lactated ringers irrigation solution</i>	2	
LAMPIT ORAL TABLET	4	PA
LANOXIN ORAL TABLET 187.5 MCG	4	PA; PA not required if under 65 years of age.; EDS
<i>lapatinib ditosylate oral tablet</i>	5	PA New Starts
LAZANDA NASAL SOLUTION	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
<i>levonorg-eth estrad triphasic oral tablet</i>	2	EDS
<i>lidocaine hcl (pf) injection solution 1 %</i>	2	
<i>lidocaine hcl external gel</i>	2	
<i>lidocaine hcl injection solution 1 %</i>	2	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	3	ST; QL (60 ML per 365 days)
<i>lopreeza oral tablet 0.5-0.1 mg</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>lorcet hd oral tablet</i>	2	
<i>lorcet oral tablet</i>	2	
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA New Starts
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	5	PA New Starts
<i>mesalamine-cleanser rectal kit</i>	2	
<i>metaproterenol sulfate oral tablet</i>	2	EDS
<i>metaxall oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>methotrexate (anti-rheumatic) oral tablet</i>	1	EDS
<i>methotrexate sodium (pf) injection solution 250 mg/10ml</i>	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>methotrexate sodium injection solution 250 mg/10ml</i>	2	
<i>methoxsalen oral capsule</i>	2	
<i>methyclothiazide oral tablet</i>	2	EDS
<i>metipranolol ophthalmic solution</i>	2	EDS
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoprolol-hctz er oral tablet extended release 24 hour</i>	4	EDS
<i>metyrosine oral capsule</i>	5	
<i>mimvey lo oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
M-M-R II SUBCUTANEOUS INJECTABLE	2	
MODERIBA ORAL TABLET 200 MG	4	
<i>moexipril-hydrochlorothiazide oral tablet</i>	2	EDS
<i>mono-linyah oral tablet</i>	2	EDS
<i>mononessa oral tablet</i>	2	EDS
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 60 MG	5	
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG	4	EDS
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	
<i>morphine sulfate injection solution 5 mg/ml</i>	2	
<i>moxifloxacin hcl intravenous solution</i>	2	
MULTIGEN PLUS ORAL TABLET	4	ENH
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	2	EDS
<i>naftifine hcl external gel</i>	4	
<i>necon 1/35 (28) oral tablet</i>	2	EDS
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
<i>nifedical xl oral tablet extended release 24 hour 60 mg</i>	2	EDS
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION	3	PA; EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	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>norethindrone acet-ethinyl est oral tablet chewable</i>	2	EDS
<i>norlyroc oral tablet</i>	2	EDS
<i>normosol-r in d5w intravenous solution</i>	2	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	
NORVIR ORAL CAPSULE	3	EDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUVESSA VAGINAL GEL	4	
NYMALIZE ORAL SOLUTION 60 MG/20ML	4	
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	5	PA
OGESTREL ORAL TABLET	3	EDS
OMEGAVEN INTRAVENOUS EMULSION	3	BD
OMNIPOD DASH 5 PACK PODS	3	QL (15 EA per 30 days)
OMNITROPE SUBCUTANEOUS SOLUTION	4	PA; EDS
ONUREG ORAL TABLET	5	PA New Starts; QL (30 EA per 30 days)
<i>oxacillin sodium injection solution reconstituted 10 gm</i>	2	
<i>oxycodone-ibuprofen oral tablet</i>	2	
<i>peg 3350/electrolytes oral solution reconstituted</i>	2	
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	2	
<i>periogard mouth/throat solution</i>	2	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG	4	PA; PA not required if under 65 years of age.
PHRENILIN FORTE ORAL CAPSULE 50-300-40 MG	4	PA; PA not required if under 65 years of age.
<i>physiolyte irrigation solution</i>	2	
<i>physiosol irrigation irrigation solution</i>	2	
<i>potassium chloride in dextrose intravenous solution 40-5 meq/l-%</i>	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
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; EDS
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
PREMASOL INTRAVENOUS SOLUTION 6 %	3	BD
PREPOPIK ORAL PACKET	4	
<i>prevalite oral powder</i>	2	EDS
PRIMSOL ORAL SOLUTION	4	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	5	PA
<i>procto-med hc rectal cream</i>	2	
<i>procto-pak rectal cream</i>	2	
<i>proctosol hc rectal cream</i>	2	
PROCYSBI ORAL CAPSULE DELAYED RELEASE	5	PA; LA
<i>promethazine hcl rectal suppository 50 mg</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine-dm oral syrup</i>	2	ENH
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	4	EDS
REBETOL ORAL SOLUTION	4	
RENACIDIN IRRIGATION SOLUTION	3	
<i>repaglinide-metformin hcl oral tablet</i>	2	EDS
RESCRIPTOR ORAL TABLET 200 MG	3	EDS
REVCovi INTRAMUSCULAR SOLUTION	5	PA; LA
RIBASPHERE ORAL CAPSULE	4	
RIBASPHERE ORAL TABLET 200 MG	4	
RIBASPHERE ORAL TABLET 400 MG, 600 MG	5	
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	5	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK	5	
<i>ribavirin inhalation solution reconstituted</i>	5	BD
RIFAMATE ORAL CAPSULE	4	
RIFATER ORAL TABLET	3	
<i>ringers intravenous solution</i>	2	
<i>ringers irrigation irrigation solution</i>	2	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	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
<i>sapropterin dihydrochloride oral packet</i>	5	PA
<i>sapropterin dihydrochloride oral tablet soluble</i>	5	PA
<i>sf 5000 plus dental cream</i>	2	ENH; EDS
SFROWASA RECTAL ENEMA	4	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	ENH; QL (6 EA per 30 days)
<i>sodium chloride injection solution 2.5 meq/ml</i>	2	
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg</i>	2	ENH; EDS
<i>sodium lactate intravenous solution 5 meq/ml</i>	2	
<i>sodium polystyrene sulfonate rectal suspension</i>	2	
<i>solia oral tablet</i>	2	EDS
SOVALDI ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
<i>sterile water for irrigation irrigation solution</i>	2	
STRIANT BUCCAL	5	PA
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	5	PA; Prior authorization not required for oncologists.
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA New Starts; Prior authorization not required for oncologists.
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>tavaborole external solution</i>	5	PA
TEMIXYS ORAL TABLET	5	
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 450 mg</i>	2	EDS
<i>tolvaptan oral tablet 15 mg</i>	5	PA
<i>tpn electrolytes intravenous solution</i>	2	
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	2	ST; QL (30 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH	3	EDS
<i>trihexyphenidyl hcl oral elixir</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>trinessa (28) oral tablet</i>	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
TROPHAMINE INTRAVENOUS SOLUTION 6 %	3	BD
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	2	
UPNEEQ OPHTHALMIC SOLUTION	4	PA; EDS
<i>vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1000 mg</i>	2	
VARUBI ORAL TABLET	4	BD
<i>vestura oral tablet</i>	2	EDS
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	EDS
VIDEX ORAL SOLUTION RECONSTITUTED	3	EDS
<i>viorele oral tablet</i>	2	EDS
VISTOGARD ORAL PACKET	5	LA
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	2	ENH; EDS
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE	5	PA
XYWAV ORAL SOLUTION	5	PA; LA
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	3	
ZYKADIA ORAL CAPSULE	5	PA New Starts
Ophthalmic Agents		
Ophthalmic Agents		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	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>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	4	
OXERVATE OPHTHALMIC SOLUTION	5	PA
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2	
PRED-G OPHTHALMIC SUSPENSION	4	
PRED-G S.O.P. OPHTHALMIC OINTMENT	4	
<i>sulfacetamide sodium ophthalmic ointment</i>	4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	2	
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	EDS
CYSTARAN OPHTHALMIC SOLUTION	5	PA; LA
LACRISERT OPHTHALMIC INSERT	3	
OXERVATE OPHTHALMIC SOLUTION	5	PA
<i>proparacaine hcl ophthalmic solution</i>	2	
RESTASIS OPHTHALMIC EMULSION	3	EDS
<i>sulfacetamide sodium ophthalmic ointment</i>	4	
Ophthalmic Anti-Allergy Agents		
ALOCRILOPHTHALMIC SOLUTION	4	
<i>azelastine hcl ophthalmic solution</i>	2	
BEPREVE OPHTHALMIC SOLUTION	4	
<i>cromolyn sodium ophthalmic solution</i>	2	
<i>epinastine hcl ophthalmic solution</i>	2	
LASTACRAFT OPHTHALMIC SOLUTION	4	
<i>olopatadine hcl ophthalmic solution</i>	2	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide oral tablet</i>	2	EDS
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	EDS
<i>apraclonidine hcl ophthalmic solution</i>	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
AZOPT OPHTHALMIC SUSPENSION	3	EDS
<i>betaxolol hcl ophthalmic solution</i>	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S OPHTHALMIC SUSPENSION	4	EDS
<i>bimatoprost ophthalmic solution</i>	2	EDS
<i>brimonidine tartrate ophthalmic solution</i>	2	EDS
<i>carteolol hcl ophthalmic solution</i>	2	EDS
COMBIGAN OPHTHALMIC SOLUTION	3	EDS
<i>dorzolamide hcl ophthalmic solution</i>	2	EDS
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1	EDS
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	4	EDS
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>methazolamide oral tablet</i>	2	EDS
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	EDS
ROCKLATAN OPHTHALMIC SOLUTION	3	ST; EDS
SIMBRINZA OPHTHALMIC SUSPENSION	3	EDS
<i>timolol maleate ophthalmic gel forming solution</i>	2	EDS
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	EDS
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	2	EDS
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	4	EDS
Ophthalmic Anti-Inflammatories		
ALREX OPHTHALMIC SUSPENSION	4	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	2	
BROMSITE OPHTHALMIC SOLUTION	4	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	
<i>diclofenac sodium ophthalmic solution</i>	2	
DUREZOL OPHTHALMIC EMULSION	4	
FLAREX OPHTHALMIC SUSPENSION	4	
<i>fluorometholone ophthalmic suspension</i>	2	
<i>flurbiprofen sodium ophthalmic solution</i>	2	

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

Drug Name	Tier	Requirements/Limits
FML FORTE OPHTHALMIC SUSPENSION	4	
FML OPHTHALMIC OINTMENT	4	
ILEVRO OPHTHALMIC SUSPENSION	3	
INVELTYS OPHTHALMIC SUSPENSION	4	
<i>ketorolac tromethamine ophthalmic solution</i>	2	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM OPHTHALMIC GEL	3	
<i>loteprednol etabonate ophthalmic suspension</i>	2	
NEVANAC OPHTHALMIC SUSPENSION	4	
PRED MILD OPHTHALMIC SUSPENSION	4	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
PROLENSA OPHTHALMIC SOLUTION	4	
XIIDRA OPHTHALMIC SOLUTION	3	EDS
Ophthalmic Prostaglandin And Prostaglandin Analogs		
<i>bimatoprost ophthalmic solution</i>	2	EDS
<i>latanoprost ophthalmic solution</i>	1	EDS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EDS
RHOPRESSA OPHTHALMIC SOLUTION	3	EDS
<i>travoprost (bak free) ophthalmic solution</i>	2	EDS
ZIOPTAN OPHTHALMIC SOLUTION	4	EDS
Otic Agents		
Otic Agents		
CIPRO HC OTIC SUSPENSION	4	
<i>ciprofloxacin-dexamethasone otic suspension</i>	2	
<i>ciprofloxacin-fluocinolone pf otic solution</i>	4	
<i>hydrocortisone-acetic acid otic solution</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>azelastine-fluticasone nasal suspension</i>	4	

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>carbinoxamine maleate oral solution</i>	2	PA; PA not required if under 65 years of age.
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	PA; PA not required if under 65 years of age.
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA; PA not required if under 65 years of age.
<i>cyproheptadine hcl oral syrup</i>	2	PA; PA not required if under 65 years of age.
<i>cyproheptadine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>desloratadine oral tablet</i>	2	
<i>desloratadine oral tablet dispersible 2.5 mg</i>	2	QL (30 EA per 30 days)
<i>desloratadine oral tablet dispersible 5 mg</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral capsule</i>	2	PA; PA not required if under 65 years of age.
<i>levocetirizine dihydrochloride oral solution</i>	2	
<i>levocetirizine dihydrochloride oral tablet</i>	2	
<i>olopatadine hcl nasal solution</i>	2	
<i>promethazine hcl oral syrup</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl oral tablet</i>	4	PA; PA not required if under 65 years of age.
SEMPREX-D ORAL CAPSULE	4	
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION AEROSOL	3	EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX HFA INHALATION AEROSOL	2	EDS
<i>budesonide inhalation suspension</i>	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
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	QL (60 EA per 30 days); EDS
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	EDS
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 GM per 30 days); EDS
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	EDS
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	
<i>fluticasone propionate nasal suspension</i>	2	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	EDS
<i>mometasone furoate nasal suspension</i>	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
QNASL CHILDRENS NASAL AEROSOL SOLUTION	4	QL (4.9 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION	4	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	EDS
Antileukotrienes		
<i>montelukast sodium oral packet</i>	2	EDS
<i>montelukast sodium oral tablet</i>	2	EDS
<i>montelukast sodium oral tablet chewable</i>	2	EDS
<i>zafirlukast oral tablet</i>	2	EDS
<i>zileuton er oral tablet extended release 12 hour</i>	5	PA
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	EDS
<i>ipratropium bromide inhalation solution</i>	2	BD; EDS
<i>ipratropium bromide nasal solution</i>	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
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	3	ST; EDS
SEEBRI NEOHALER INHALATION CAPSULE	4	EDS
SPIRIVA HANDIHALER INHALATION CAPSULE	3	EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	4	EDS
YUPELRI INHALATION SOLUTION	5	BD
Bronchodilators, Sympathomimetic		
ADVAIR HFA INHALATION AEROSOL	3	EDS
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	2	EDS
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BD; EDS
<i>albuterol sulfate oral syrup</i>	2	EDS
<i>albuterol sulfate oral tablet</i>	2	EDS
ARCAPTA NEOHALER INHALATION CAPSULE	3	EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
BROVANA INHALATION NEBULIZATION SOLUTION	3	BD; EDS
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	2	EDS
<i>levalbuterol hcl inhalation nebulization solution</i>	3	BD; EDS
<i>levalbuterol tartrate inhalation aerosol</i>	3	EDS
<i>metaproterenol sulfate oral syrup</i>	2	EDS
PERFORMIST INHALATION NEBULIZATION SOLUTION	5	BD; ST
PROAIR HFA INHALATION AEROSOL SOLUTION	3	EDS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	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
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	3	
<i>terbutaline sulfate oral tablet</i>	2	EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	EDS
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	EDS
<i>wixela inhub inhalation aerosol powder breath activated</i>	2	EDS
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	LA
KALYDECO ORAL PACKET	5	PA New Starts; LA
KALYDECO ORAL TABLET	5	PA New Starts; LA
ORKAMBI ORAL PACKET	5	PA New Starts; LA
ORKAMBI ORAL TABLET	5	PA New Starts; LA
PULMOZYME INHALATION SOLUTION	5	BD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	5	PA New Starts
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	5	PA New Starts; LA
TOBI PODHALER INHALATION CAPSULE	5	PA New Starts
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA New Starts
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	2	BD; EDS
<i>cromolyn sodium oral concentrate</i>	2	EDS
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG	4	QL (28 EA per 365 days)
DALIRESP ORAL TABLET 500 MCG	4	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	2	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	2	EDS
<i>theophylline oral solution</i>	2	EDS
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	5	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
<i>alyq oral tablet</i>	2	PA New Starts; EDS
<i>ambrisentan oral tablet</i>	5	PA New Starts
<i>bosentan oral tablet</i>	5	PA New Starts
OPSUMIT ORAL TABLET	5	PA New Starts; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG	4	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG, 2.5 MG, 5 MG	5	PA New Starts; LA
REVATIO ORAL SUSPENSION RECONSTITUTED	5	PA New Starts
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA New Starts
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA New Starts; Covered for pulmonary arterial hypertension only.; EDS
<i>tadalafil (pah) oral tablet</i>	2	PA New Starts; EDS
TRACLEER ORAL TABLET SOLUBLE	5	PA New Starts; LA
VENTAVIS INHALATION SOLUTION	5	PA New Starts; LA
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
OFEV ORAL CAPSULE	5	PA; LA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	2	BD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA New Starts; LA
DUPIXENT SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
GLASSIA INTRAVENOUS SOLUTION	5	PA New Starts; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
UTIBRON NEOHALER INHALATION CAPSULE	4	EDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	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
Respiratory Tract/ Pulmonary Agents		
ADVAIR HFA INHALATION AEROSOL	3	EDS
<i>azelastine-fluticasone nasal suspension</i>	4	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	EDS
<i>ipratropium-albuterol inhalation solution</i>	2	BD; EDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
OFEV ORAL CAPSULE	5	PA; LA
PULMOZYME INHALATION SOLUTION	5	BD
SYMBICORT INHALATION AEROSOL	3	EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	EDS
<i>wixela inhub inhalation aerosol powder breath activated</i>	2	EDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet</i>	4	PA; PA not required if under 65 years of age.
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA; PA not required if under 65 years of age.

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

Drug Name	Tier	Requirements/Limits
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	PA; PA not required if under 65 years of age.
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	PA; PA not required if under 65 years of age.
<i>metaxalone oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>methocarbamol oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	2	PA; PA not required if under 65 years of age.
<i>tizanidine hcl oral capsule</i>	2	EDS
<i>tizanidine hcl oral tablet</i>	2	EDS
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>temazepam oral capsule</i>	2	QL (7 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.
Sleep Disorders, Other		
<i>armodafinil oral tablet</i>	2	PA; EDS
BELSOMRA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	3	
DAYVIGO ORAL TABLET 10 MG	4	PA New Starts; PA not required if under 65 years of age.
DAYVIGO ORAL TABLET 5 MG	4	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral concentrate</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral tablet</i>	2	
HETLIOZ ORAL CAPSULE	5	PA; LA
<i>modafinil oral tablet</i>	2	PA; EDS
<i>ramelteon oral tablet</i>	2	
SUNOSI ORAL TABLET 150 MG	4	PA; EDS
SUNOSI ORAL TABLET 75 MG	4	PA; QL (45 EA per 30 days); EDS
XYREM ORAL SOLUTION	5	PA; LA; Prior authorization not required for neurologists or pulmonologists.

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Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-665-1502 (TTY: 711)
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-1502 (TTY: 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-1502 (TTY: 711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-1502 (TTY: 711).

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal.

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Notice of Nondiscrimination

Discrimination is Against the Law

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

Independent Health:

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

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

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

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

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

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 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.IndependentHealth.com/Medicare.