



***SilverScript Employer PDP sponsored by REHP  
(SilverScript)***

## **2025 Formulary (List of Covered Drugs or "Drug List")**

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

This formulary was updated on 08/26/2025. For more recent information or other questions, please contact Customer Care at 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 25103

**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 SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of August 26, 2025. 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, 2026, and from time to time during the year.

## What is the SilverScript Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by SilverScript 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. SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

**Please note:** REHP provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

The additional coverage provided by REHP covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your initial coverage limit or total out-of-pocket costs. These prescription drugs are not subject to the appeals and exceptions process.

Please contact Customer Care for any questions regarding your additional benefits. Customer Care also has free language interpreter services available for non-English speakers.

## Can the Formulary change?

Most changes in drug coverage happen on January 1, but SilverScript 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. Updates to the formulary are posted monthly to our website here: [rehp.silverscript.com](https://rehp.silverscript.com).

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

**Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking that brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you in the drug that is being changed. For more information, see the section below titled “How do I request an exception to the SilverScript Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

**Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product, or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines.

If we remove drugs from our formulary, add quantity limits, prior authorization, 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 drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

This formulary is current as of August 26, 2025. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

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

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

#### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. 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. 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.

#### **Medical Condition**

The formulary begins on page 1. 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.” 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.

### **What are generic drugs?**

Our plan 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. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

### **What are original biological products and how are they related to biosimilars?**

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3 Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## Are there any restrictions on my coverage?

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

**Prior Authorization (PA):** Some drugs require you or your prescriber to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don't get approval, we may not cover the drug.

**Quantity Limits (QL):** For certain drugs, there is a quantity limit in the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

**Step Therapy (ST):** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

*There may be additional drugs that are not available at mail and not marked NM, including some hepatitis B medications, post-transplant medications, and oral medications used to treat HIV.*

Generally, the SilverScript formulary will not include a brand drug when a generic is available. However, your employer will pay a portion of the cost of those brand drugs. If a brand drug is dispensed when a generic is available, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. If a brand drug is dispensed when a generic is available and your prescriber has written the prescription to allow generic substitution, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. As these claims will pay under the additional coverage offered by your employer, they will not qualify for any Extra Help you might receive. If we are not covering these drugs in the way you would like us to cover them, you may request an exception. If you have any questions about your share of the cost for these drugs, please contact Customer Care.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may 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 SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the SilverScript Formulary?" 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 Customer Care and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

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

REHP offers additional coverage on some prescription drugs not normally covered under a Medicare Part D prescription drug plan benefit. Payments made for these drugs will not count toward your initial coverage limit or total out-of-pocket costs. Please contact Customer Care for any questions regarding your additional benefit.

### **How do I request an exception to the SilverScript Formulary?**

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

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

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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



If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan’s exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

**Initial Coverage Stage Copayment/Coinsurance Levels**

**The plan has three Cost-Sharing Tiers**

Every drug on the plan’s drug list is in one of three cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

**Cost-Sharing Tier 1: Generic**

**Cost-Sharing Tier 2: Preferred Brand**

**Cost-Sharing Tier 3: Non-Preferred Brand**

To find out which cost-sharing tier your drug is in, look it up in the plan’s drug list that begins on page 1.

**Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:**

|                                    | <b>Network Retail Pharmacy</b><br>(Up to a 30-day supply available at <u>any</u> network pharmacy) | <b>Mail-Order Pharmacy</b><br>(Up to a 30-day supply) | <b>Long-Term Care (LTC) Pharmacy</b><br>(Up to a 31-day supply) |
|------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|
| <b>Tier 1: Generic</b>             | \$12.00                                                                                            | \$12.00                                               | \$12.00                                                         |
| <b>Tier 2: Preferred Brand</b>     | \$30.00*                                                                                           | \$30.00*                                              | \$30.00*                                                        |
| <b>Tier 3: Non-Preferred Brand</b> | \$60.00*                                                                                           | \$60.00*                                              | \$60.00*                                                        |

You won’t pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

\*Plus the cost difference between brand and generic, if one exists.

Costs shown in the table above reflect the additional coverage that may be provided by REHP. Drugs that are part of your standard Medicare plan, but do not have additional coverage from REHP would be covered under the 2025 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2025-Medicare-Part-D-Outlook.php> for more information about the 2025 Medicare Part D Defined Standard Benefit drug costs.

### **For more information**

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

If you have questions about our plan, 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 Part D 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 [www.Medicare.gov](http://www.Medicare.gov).

### **SilverScript's Formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

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., *levothyroxine*).

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

|     |                                                                                                                                                                                                  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PA  | Prior Authorization                                                                                                                                                                              |
| QL  | Drug has Quantity Limits                                                                                                                                                                         |
| ST  | Step Therapy required                                                                                                                                                                            |
| NM  | Not available at our mail-order pharmacies.                                                                                                                                                      |
| NDS | Non-extended day supply. Not available for an extended (long-term) supply.                                                                                                                       |
| B/D | This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. |



| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>ANALGESICS</b>                                                                        |                            |           |
| <b>GOUT</b>                                                                              |                            |           |
| <i>allopurinol</i> TABS 100mg, 200mg, 300mg                                              | 1                          |           |
| <i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg                                | 3                          | NDS       |
| <i>colchicine</i> (generic of MITIGARE) CAPS .6mg<br>QL (60 caps / 30 days)              | 1                          | QL        |
| <i>colchicine</i> TABS .6mg<br>QL (120 tabs / 30 days)                                   | 1                          | QL        |
| <i>colchicine w/ probenecid tab</i> 0.5-500 mg                                           | 1                          |           |
| <i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg                                    | 1                          | PA        |
| GLOPERBA SOLN .6mg/5ml<br>QL (300 mL / 30 days)                                          | 3                          | QL        |
| KRYSTEXXA SOLN 8mg/ml                                                                    | 3                          | NDS NM PA |
| MITIGARE CAPS .6mg<br>QL (60 caps / 30 days)                                             | 2                          | QL        |
| <i>probenecid</i> TABS 500mg                                                             | 1                          |           |
| <b>MISCELLANEOUS</b>                                                                     |                            |           |
| JOURNAVX TABS 50mg<br>QL (29 tabs / 14 days)                                             | 3                          | QL PA     |
| <i>lidocaine hcl</i> (local anesth.) SOLN 4%                                             | 1                          | B/D       |
| <i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%   | 1                          | B/D       |
| <i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%             | 1                          | B/D       |
| <b>NSAIDS</b>                                                                            |                            |           |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg<br>QL (60 caps / 30 days) | 1                          | QL        |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 400mg<br>QL (30 caps / 30 days)              | 1                          | QL        |
| <i>diclofenac potassium</i> TABS 50mg<br>QL (120 tabs / 30 days)                         | 1                          | QL        |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg                               | 1                          |           |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg (generic of ARTHROTEC 50)              | 1                          |        |
| <i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg (generic of ARTHROTEC 75)              | 1                          |        |
| <i>diflunisal</i> TABS 500mg                                                                          | 1                          |        |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg                               | 1                          |        |
| <i>etodolac</i> (generic of LODINE) TABS 400mg                                                        | 1                          |        |
| <i>flurbiprofen</i> TABS 100mg                                                                        | 1                          |        |
| <i>ibu</i> TABS 400mg, 600mg, 800mg                                                                   | 1                          |        |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg                                             | 1                          |        |
| <i>ketorolac tromethamine</i> TABS 10mg<br>QL (20 tabs / 30 days)<br>PA applies if 70 years and older | 1                          | QL PA  |
| <i>meclofenamate sodium</i> CAPS 50mg, 100mg                                                          | 1                          |        |
| <i>meloxicam</i> TABS 7.5mg, 15mg                                                                     | 1                          |        |
| <i>nabumetone</i> TABS 500mg, 750mg                                                                   | 1                          |        |
| <i>naproxen</i> TABS 250mg, 375mg                                                                     | 1                          |        |
| <i>naproxen</i> (generic of NAPROSYN) TABS 500mg                                                      | 1                          |        |
| <i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg<br>QL (120 tabs / 30 days)                        | 1                          | QL     |
| <i>naproxen dr</i> (generic of EC-NAPROSYN) TBEC 500mg<br>QL (90 tabs / 30 days)                      | 1                          | QL     |
| <i>naproxen sodium</i> TABS 275mg                                                                     | 1                          |        |
| <i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg                                             | 1                          |        |
| <i>oxaprozin</i> TABS 600mg                                                                           | 1                          |        |
| <i>piroxicam</i> CAPS 10mg, 20mg                                                                      | 1                          |        |
| <i>sulindac</i> TABS 150mg, 200mg                                                                     | 1                          |        |
| <i>tolmetin sodium</i> CAPS 400mg; TABS 600mg                                                         | 1                          |        |

| Drug Name                                                                                                                               | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                                                                   |                            |           |
| BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg<br>QL (60 buccal films / 30 days)                                                    | 3                          | QL PA     |
| BELBUCA FILM 750mcg, 900mcg<br>QL (60 buccal films / 30 days)                                                                           | 3                          | NDS QL PA |
| <i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr<br>QL (4 patches / 28 days)             | 1                          | QL PA     |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr<br>QL (10 patches / 30 days) | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg<br>QL (60 caps / 30 days)                                         | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg<br>QL (30 tabs / 30 days)                                               | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> T24A 100mg, 120mg<br>QL (30 tabs / 30 days)                                                               | 3                          | NDS QL PA |
| <i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg<br>QL (30 tabs / 30 days)                                                           | 1                          | QL PA     |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml<br>QL (450 mL / 30 days)                                                                    | 1                          | QL PA     |
| <i>methadone hcl</i> TABS 5mg, 10mg<br>QL (90 tabs / 30 days)                                                                           | 1                          | QL PA     |
| METHADONE HCL INJ SOLN 10mg/ml                                                                                                          | 3                          |           |
| <i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml<br>QL (90 mL / 30 days)                                            | 1                          | QL PA     |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg<br>QL (60 caps / 30 days) | 1                          | QL PA  |
| <i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg<br>QL (90 tabs / 30 days)   | 1                          | QL PA  |
| <i>morphine sulfate</i> TBCR 100mg, 200mg<br>QL (90 tabs / 30 days)                              | 1                          | QL PA  |
| <i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>tramadol hcl</i> TB24 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days)                           | 1                          | QL PA  |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                           |                            |        |
| <i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml<br>QL (2700 mL / 30 days)                     | 1                          | QL     |
| <i>acetaminophen w/ codeine tab</i> 300-15 mg<br>QL (400 tabs / 30 days)                         | 1                          | QL     |
| <i>acetaminophen w/ codeine tab</i> 300-30 mg<br>QL (360 tabs / 30 days)                         | 1                          | QL     |
| <i>acetaminophen w/ codeine tab</i> 300-60 mg<br>QL (180 tabs / 30 days)                         | 1                          | QL     |
| <i>acetaminophen-caffeine-dihydrocodeine cap</i> 320.5-30-16 mg<br>QL (300 caps / 30 days)       | 1                          | QL     |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml                                                  | 3                          |        |
| <i>butorphanol tartrate</i> SOLN 10mg/ml<br>QL (10 mL / 30 days)                                 | 1                          | QL     |
| CODEINE SULFATE TABS 15mg, 60mg<br>QL (180 tabs / 30 days)                                       | 3                          | QL     |
| <i>codeine sulfate</i> TABS 30mg<br>QL (180 tabs / 30 days)                                      | 1                          | QL     |
| <i>endocet tab</i> 2.5-325mg (generic of PERCOCET)<br>QL (360 tabs / 30 days)                    | 1                          | QL     |

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------|----------------------------|--------|
| <i>endocet tab 5-325mg</i> (generic of PERCOCET)<br>QL (360 tabs / 30 days)         | 1                          | QL     |
| <i>endocet tab 7.5-325mg</i> (generic of PERCOCET)<br>QL (240 tabs / 30 days)       | 1                          | QL     |
| <i>endocet tab 10-325mg</i> (generic of PERCOCET)<br>QL (180 tabs / 30 days)        | 1                          | QL     |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i><br>QL (2700 mL / 30 days)     | 1                          | QL     |
| <i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i><br>QL (2700 mL / 30 days)      | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 2.5-325 mg</i><br>QL (240 tabs / 30 days)          | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 5-300 mg</i><br>QL (240 tabs / 30 days)            | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i><br>QL (240 tabs / 30 days)            | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg</i><br>QL (180 tabs / 30 days)          | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i><br>QL (180 tabs / 30 days)          | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 10-300 mg</i><br>QL (180 tabs / 30 days)           | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i><br>QL (180 tabs / 30 days)           | 1                          | QL     |
| <i>hydrocodone-ibuprofen tab 5-200 mg</i><br>QL (150 tabs / 30 days)                | 1                          | QL     |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i><br>QL (150 tabs / 30 days)              | 1                          | QL     |
| <i>hydrocodone-ibuprofen tab 10-200 mg</i><br>QL (150 tabs / 30 days)               | 1                          | QL     |
| <i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml<br>QL (600 mL / 30 days) | 1                          | QL     |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml                                      | 3                          | B/D    |
| <i>hydromorphone hcl</i> (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml                  | 3                          | B/D    |
| <i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg<br>QL (180 tabs / 30 days) | 1                          | QL     |
| HYDROMORPHONE SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml                                       | 3                          | B/D    |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml                       | 3                          | B/D    |
| <i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml                                 | 3                          | B/D    |
| <i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml<br>QL (900 mL / 30 days)                     | 1                          | QL     |
| <i>morphine sulfate</i> SOLN 100mg/5ml<br>QL (180 mL / 30 days)                              | 1                          | QL     |
| <i>morphine sulfate</i> TABS 15mg, 30mg<br>QL (180 tabs / 30 days)                           | 1                          | QL     |
| MORPHINE SULFATE/SODIUM C 1mg/ml                                                             | 3                          | B/D    |
| <i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml                                                  | 3                          |        |
| OXAYDO TABS 5mg<br>QL (180 tabs / 30 days)                                                   | 3                          | QL     |
| OXAYDO TABS 7.5mg<br>QL (360 tabs / 30 days)                                                 | 3                          | NDS QL |
| <i>oxycodone hcl</i> CAPS 5mg<br>QL (180 caps / 30 days)                                     | 1                          | QL     |
| <i>oxycodone hcl</i> CONC 100mg/5ml<br>QL (180 mL / 30 days)                                 | 1                          | QL     |
| <i>oxycodone hcl</i> SOLN 5mg/5ml<br>QL (900 mL / 30 days)                                   | 1                          | QL     |
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg<br>QL (180 tabs / 30 days)                         | 1                          | QL     |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg<br>QL (180 tabs / 30 days)           | 1                          | QL        |
| <i>oxycodone w/ acetaminophen soln</i> 5-325 mg/5ml<br>QL (1800 mL / 30 days)                     | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg (generic of PERCOCET)<br>QL (360 tabs / 30 days) | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab</i> 5-325 mg (generic of PERCOCET)<br>QL (360 tabs / 30 days)   | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg (generic of PERCOCET)<br>QL (240 tabs / 30 days) | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab</i> 10-325 mg (generic of PERCOCET)<br>QL (180 tabs / 30 days)  | 1                          | QL        |
| <i>oxymorphone hcl</i> TABS 5mg, 10mg<br>QL (180 tabs / 30 days)                                  | 1                          | QL        |
| <i>tramadol hcl</i> TABS 50mg<br>QL (240 tabs / 30 days)                                          | 1                          | QL        |
| <i>tramadol-acetaminophen tab</i> 37.5-325 mg<br>QL (240 tabs / 30 days)                          | 1                          | QL        |
| <i>trezix</i><br>QL (300 caps / 30 days)                                                          | 1                          | QL        |
| <b>ANTI-INFECTIVES</b>                                                                            |                            |           |
| <b>ANTI-INFECTIVES - MISCELLANEOUS</b>                                                            |                            |           |
| <i>albendazole</i> TABS 200mg<br>QL (672 tabs / year)                                             | 3                          | NDS QL PA |
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml                                                   | 1                          |           |
| ARIKAYCE SUSP 590mg/8.4ml                                                                         | 3                          | NDS NM PA |
| <i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml<br>QL (300 mL / 30 days)                     | 1                          | QL PA     |
| <i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm                                               | 1                          |           |
| CAYSTON SOLR 75mg                                                                                 | 3                          | NDS NM PA |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------|----------------------------|--------|
| CLEOCIN PHOSPHATE SOLN 300mg/2ml, 600mg/4ml                                                      | 3                          |        |
| <i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg                              | 1                          |        |
| <i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml  | 1                          |        |
| <i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml                                          | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml                                          | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml                                          | 1                          |        |
| CLINDMYC/NAC INJ 300/50ML                                                                        | 3                          |        |
| CLINDMYC/NAC INJ 600/50ML                                                                        | 3                          |        |
| CLINDMYC/NAC INJ 900/50ML                                                                        | 3                          |        |
| <i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg                                | 1                          |        |
| DALVANCE SOLR 500mg                                                                              | 3                          | NDS    |
| dapsone TABS 25mg, 100mg                                                                         | 1                          |        |
| DAPTOMY/NACL INJ 350/50ML                                                                        | 3                          |        |
| DAPTOMY/NACL INJ 500/50ML                                                                        | 3                          |        |
| DAPTOMYCIN SOLR 350mg                                                                            | 3                          | NDS    |
| <i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg                                             | 3                          | NDS    |
| <i>daptomycin</i> SOLR 500mg                                                                     | 3                          | NDS    |
| EMBLAVEO INJ 2GM                                                                                 | 3                          | NDS    |
| EMVERM CHEW 100mg<br>QL (12 tabs / year)                                                         | 3                          | NDS QL |
| <i>ertapenem sodium</i> SOLR 1gm                                                                 | 1                          |        |
| <i>gentamicin in saline inj</i> 0.8 mg/ml                                                        | 1                          |        |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------|----------------------------|--------|
| <i>gentamicin in saline inj 1 mg/ml</i>                                         | 1                          |        |
| <i>gentamicin in saline inj 1.2 mg/ml</i>                                       | 1                          |        |
| <i>gentamicin in saline inj 1.6 mg/ml</i>                                       | 1                          |        |
| <i>gentamicin in saline inj 2 mg/ml</i>                                         | 1                          |        |
| <i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>                                 | 1                          |        |
| HUMATIN CAPS 250mg                                                              | 3                          | NDS    |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i>                          | 1                          |        |
| <i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i> | 1                          |        |
| IMPAVIDO CAPS 50mg                                                              | 3                          | NDS PA |
| <i>ivermectin (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)</i>       | 1                          | QL PA  |
| <i>ivermectin TABS 6mg QL (10 tabs / 90 days)</i>                               | 1                          | QL PA  |
| KIMYRSA SOLR 1200mg                                                             | 3                          | NDS    |
| LIKMEZ SUSP 500mg/5ml                                                           | 3                          |        |
| <i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>                            | 1                          |        |
| <i>linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)</i>       | 3                          | NDS QL |
| <i>linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)</i>           | 1                          | QL     |
| LINEZOLID INJ 2MG/ML                                                            | 3                          |        |
| MEROP/NACL INJ 1GM/50ML                                                         | 3                          |        |
| MEROP/NACL INJ 500/50ML                                                         | 3                          |        |
| <i>meropenem SOLR 1gm, 500mg</i>                                                | 1                          |        |
| <i>meropenem (generic of MEROPENEM) SOLR 2gm</i>                                | 1                          |        |
| <i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>                       | 1                          |        |
| <i>metronidazole CAPS 375mg; TABS 125mg, 250mg, 500mg</i>                       | 1                          |        |
| <i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>                | 1                          |        |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>neomycin sulfate TABS 500mg</i>                                                 | 1                          |           |
| <i>nitazoxanide TABS 500mg QL (6 tabs / 30 days)</i>                               | 3                          | NDS QL    |
| <i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg</i> | 2                          |           |
| <i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>               | 2                          |           |
| ORBACTIV SOLR 400mg                                                                | 3                          | NDS       |
| <i>pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg</i>                | 1                          | B/D       |
| <i>pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg</i>              | 1                          |           |
| <i>polymyxin b sulfate SOLR 500000unit</i>                                         | 1                          |           |
| <i>praziquantel TABS 600mg</i>                                                     | 1                          |           |
| <i>pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)</i>        | 3                          | NDS QL PA |
| RECARBRIO INJ 1.25GM                                                               | 3                          | NDS       |
| SIVEXTRO SOLR 200mg; TABS 200mg                                                    | 3                          | NDS       |
| SOLOSEC PACK 2gm                                                                   | 3                          |           |
| <i>streptomycin sulfate SOLR 1gm</i>                                               | 3                          | NDS       |
| <i>sulfadiazine TABS 500mg</i>                                                     | 3                          | NDS       |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>                         | 1                          |           |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>                            | 1                          |           |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>            | 1                          |           |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>        | 1                          |           |
| <i>tinidazole TABS 250mg, 500mg</i>                                                | 1                          |           |
| TOBI PODHALER CAPS 28mg                                                            | 3                          | NDS NM PA |
| <i>tobramycin (generic of BETHKIS) NEBU 300mg/4ml</i>                              | 3                          | NDS NM PA |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                                                                                                      | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml                                                                                                      | 3                          | NDS NM PA |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml                                                                                          | 1                          |           |
| <i>trimethoprim</i> TABS 100mg                                                                                                                                 | 1                          |           |
| VABOMERE INJ 2GM(1-1)                                                                                                                                          | 3                          | NDS       |
| VANCOMYC/D5W INJ 1.5/300                                                                                                                                       | 3                          |           |
| VANCOMYC/D5W INJ 1.25/250                                                                                                                                      | 3                          |           |
| VANCOMYCIN SOLN 2000mg/400ml                                                                                                                                   | 3                          |           |
| <i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)                                                                                 | 1                          | QL        |
| <i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)                                                                                | 1                          | QL        |
| <i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg                                                                                 | 1                          |           |
| <i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg                                                                                                        | 1                          |           |
| <i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)                                                                     | 1                          | QL        |
| VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg | 3                          |           |
| VANCOMYCIN INJ 1 GM                                                                                                                                            | 3                          |           |
| VANCOMYCIN INJ 500MG                                                                                                                                           | 3                          |           |
| VANCOMYCIN INJ 750MG                                                                                                                                           | 3                          |           |
| VIBATIV SOLR 750mg                                                                                                                                             | 3                          | NDS       |
| XIFAXAN TABS 200mg QL (9 tabs / 30 days)                                                                                                                       | 3                          | QL        |
| ZEMDRI SOLN 500mg/10ml                                                                                                                                         | 3                          | NDS       |

| Drug Name                                                         | Drug Requirements/<br>Tier | Limits  |
|-------------------------------------------------------------------|----------------------------|---------|
| ZYVOX SOLN 200mg/100ml                                            | 3                          | NDS     |
| <b>ANTIFUNGALS</b>                                                |                            |         |
| ABELCET SUSP 5mg/ml                                               | 3                          | B/D     |
| <i>amphotericin b</i> SOLR 50mg                                   | 1                          | B/D     |
| <i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg    | 3                          | NDS B/D |
| <i>caspofungin acetate</i> SOLR 50mg                              | 1                          |         |
| <i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 70mg        | 1                          |         |
| CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg                           | 3                          | NDS PA  |
| ERAXIS SOLR 50mg                                                  | 3                          |         |
| ERAXIS SOLR 100mg                                                 | 3                          | NDS     |
| <i>fluconazole</i> SUSR 10mg/ml; TABS 50mg, 100mg, 200mg          | 1                          |         |
| <i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 150mg | 1                          |         |
| <i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml                  | 1                          |         |
| <i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml                  | 1                          |         |
| <i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg         | 3                          | NDS PA  |
| <i>fulvicin p/g 165</i> TABS 165mg                                | 3                          | NDS     |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg          | 1                          |         |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg              | 1                          |         |
| <i>griseofulvin ultramicrosize</i> TABS 165mg                     | 3                          | NDS     |
| <i>itraconazole</i> (generic of SPORANOX) CAPS 100mg              | 1                          | PA      |
| <i>itraconazole</i> SOLN 10mg/ml                                  | 3                          | NDS     |
| <i>ketoconazole</i> TABS 200mg                                    | 1                          | PA      |
| <i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg   | 1                          |         |
| MICAFUNGIN/NACL INJ 50MG/50ML                                     | 3                          | NDS     |
| MICAFUNGIN/NACL INJ 100MG/100ML                                   | 3                          | NDS     |
| MICAFUNGIN/NACL INJ 150MG/150ML                                   | 3                          | NDS     |

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| Drug Name                                                                                                          | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| NOXAFIL PACK 300mg<br>QL (32 packets / 30 days)                                                                    | 3                          | NDS QL PA       |
| <i>nystatin</i> TABS 500000unit                                                                                    | 1                          |                 |
| <i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml                                                         | 3                          | NDS             |
| <i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml<br>QL (630 mL / 30 days)                                     | 3                          | NDS QL PA       |
| <i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg<br>QL (93 tabs / 30 days)                                      | 3                          | NDS QL PA       |
| REZZAYO SOLR 200mg                                                                                                 | 3                          | NDS             |
| <i>terbinafine hcl</i> TABS 250mg<br>QL (30 tabs / 30 days)<br>PA applies after a 90 day supply in a calendar year | 1                          | QL PA           |
| TOLSURA CAPS 65mg                                                                                                  | 3                          | NDS PA          |
| VIVJOA CPPK 150mg<br>QL (18 caps / 84 days)                                                                        | 3                          | NDS QL NM<br>PA |
| <i>voriconazole</i> (generic of VFEND IV) SOLR 200mg                                                               | 1                          | PA              |
| <i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml<br>QL (600 mL / 28 days)                                       | 3                          | NDS QL PA       |
| <i>voriconazole</i> TABS 50mg<br>QL (480 tabs / 30 days)                                                           | 1                          | QL              |
| <i>voriconazole</i> TABS 200mg<br>QL (120 tabs / 30 days)                                                          | 1                          | QL              |
| <b>ANTIMALARIALS</b>                                                                                               |                            |                 |
| <i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)                                               | 1                          |                 |
| <i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)                                               | 1                          |                 |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg                                                                     | 1                          |                 |
| COARTEM TAB 20-120MG                                                                                               | 3                          |                 |
| KRINTAFEL TABS 150mg                                                                                               | 3                          |                 |
| <i>mefloquine hcl</i> TABS 250mg                                                                                   | 1                          |                 |
| PRIMAQUINE PHOSPHATE TABS 26.3mg                                                                                   | 2                          |                 |
| <i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg                                          | 1                          |                 |
| <i>quinine sulfate</i> CAPS 324mg                                                                                  | 1                          | PA              |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------|----------------------------|-----------|
| <b>ANTIRETROVIRAL AGENTS</b>                                                |                            |           |
| <i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml                    | 1                          | NM        |
| <i>abacavir sulfate</i> TABS 300mg                                          | 1                          | NM        |
| APTIVUS CAPS 250mg                                                          | 3                          | NDS NM    |
| <i>atazanavir sulfate</i> CAPS 150mg                                        | 1                          | NM        |
| <i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg            | 1                          | NM        |
| <i>darunavir</i> (generic of PREZISTA) TABS 600mg<br>QL (60 tabs / 30 days) | 3                          | NDS QL NM |
| <i>darunavir</i> (generic of PREZISTA) TABS 800mg<br>QL (30 tabs / 30 days) | 3                          | NDS QL NM |
| EDURANT TABS 25mg                                                           | 3                          | NDS NM    |
| EDURANT PED TBSO 2.5mg                                                      | 3                          | NDS NM    |
| <i>efavirenz</i> TABS 600mg                                                 | 1                          | NM        |
| <i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg                        | 1                          | NM        |
| EMTRIVA SOLN 10mg/ml                                                        | 3                          | NM        |
| <i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg                  | 3                          | NDS NM    |
| <i>fosamprenavir calcium</i> TABS 700mg                                     | 3                          | NDS NM    |
| FUZEON SOLR 90mg                                                            | 3                          | NDS NM    |
| INTELENCE TABS 25mg                                                         | 3                          | NM        |
| ISENTRESS CHEW 25mg                                                         | 3                          | NM        |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg                                | 3                          | NDS NM    |
| ISENTRESS HD TABS 600mg                                                     | 3                          | NDS NM    |
| <i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg       | 1                          | NM        |
| <i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg                   | 3                          | NDS NM    |
| <i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg                     | 1                          | NM        |
| NORVIR PACK 100mg                                                           | 3                          | NM        |
| PIFELTRO TABS 100mg                                                         | 3                          | NDS NM    |
| PREZISTA SUSP 100mg/ml<br>QL (400 mL / 30 days)                             | 3                          | NDS QL NM |
| PREZISTA TABS 75mg<br>QL (480 tabs / 30 days)                               | 3                          | QL NM     |

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| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------|----------------------------|-----------|
| PREZISTA TABS 150mg<br>QL (240 tabs / 30 days)                                | 3                          | NDS QL NM |
| REYATAZ PACK 50mg                                                             | 3                          | NDS NM    |
| ritonavir (generic of NORVIR)<br>TABS 100mg                                   | 1                          | NM        |
| RUKOBIA TB12 600mg                                                            | 3                          | NDS NM    |
| SELZENTRY SOLN 20mg/ml                                                        | 3                          | NDS NM    |
| SUNLENCA TABS 300mg;<br>TBPk 300mg                                            | 3                          | NDS NM    |
| tenofovir disoproxil fumarate<br>(generic of VIREAD) TABS<br>300mg            | 1                          | NM        |
| TIVICAY TABS 10mg                                                             | 2                          | NM        |
| TIVICAY TABS 25mg, 50mg                                                       | 3                          | NDS NM    |
| TIVICAY PD TBSO 5mg                                                           | 3                          | NDS NM    |
| TROGARZO SOLN<br>200mg/1.33ml                                                 | 3                          | NDS NM    |
| TYBOST TABS 150mg                                                             | 2                          | NM        |
| VIRACEPT TABS 250mg,<br>625mg                                                 | 3                          | NDS NM    |
| VIREAD POWD 40mg/gm;<br>TABS 150mg, 200mg, 250mg                              | 3                          | NDS NM    |
| zidovudine (generic of<br>RETROVIR) CAPS 100mg;<br>SYRP 50mg/5ml              | 1                          | NM        |
| zidovudine TABS 300mg                                                         | 1                          | NM        |
| <b>ANTIRETROVIRAL COMBINATION<br/>AGENTS</b>                                  |                            |           |
| abacavir sulfate-lamivudine<br>tab 600-300 mg                                 | 1                          | NM        |
| BIKTARVY TAB 30-120-15<br>MG                                                  | 3                          | NDS NM    |
| BIKTARVY TAB 50-200-25<br>MG                                                  | 3                          | NDS NM    |
| CIMDUO TAB 300-300                                                            | 3                          | NDS NM    |
| COMPLERA TAB                                                                  | 3                          | NDS NM    |
| DELSTRIGO TAB                                                                 | 3                          | NDS NM    |
| DESCOVY TAB 120-15MG                                                          | 3                          | NDS NM    |
| DESCOVY TAB 200/25MG                                                          | 3                          | NDS NM    |
| DOVATO TAB 50-300MG                                                           | 3                          | NDS NM    |
| efavirenz-emtricitabine-<br>tenofovir df tab 600-200-300<br>mg                | 3                          | NDS NM    |
| efavirenz-lamivudine-tenofovir<br>df tab 400-300-300 mg                       | 3                          | NDS NM    |
| efavirenz-lamivudine-tenofovir<br>df tab 600-300-300 mg<br>(generic of SYMFI) | 3                          | NDS NM    |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------|----------------------------|--------|
| emtricitabine-ritonavir-<br>tenofovir df tab 200-25-300<br>mg (generic of COMPLERA)       | 3                          | NDS NM |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 100-<br>150 mg (generic of<br>TRUVADA) | 3                          | NDS NM |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 133-<br>200 mg (generic of<br>TRUVADA) | 3                          | NDS NM |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 167-<br>250 mg (generic of<br>TRUVADA) | 3                          | NDS NM |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 200-<br>300 mg (generic of<br>TRUVADA) | 1                          | NM     |
| EVOTAZ TAB 300-150                                                                        | 3                          | NDS NM |
| GENVOYA TAB                                                                               | 3                          | NDS NM |
| JULUCA TAB 50-25MG                                                                        | 3                          | NDS NM |
| KALETRA SOL                                                                               | 3                          | NM     |
| lamivudine-zidovudine tab<br>150-300 mg                                                   | 1                          | NM     |
| lopinavir-ritonavir soln 400-<br>100 mg/5ml (80-20 mg/ml)                                 | 1                          | NM     |
| lopinavir-ritonavir tab 100-25<br>mg (generic of KALETRA)                                 | 1                          | NM     |
| lopinavir-ritonavir tab 200-50<br>mg (generic of KALETRA)                                 | 1                          | NM     |
| ODEFSEY TAB                                                                               | 3                          | NDS NM |
| PREZCOBIX TAB 800-150                                                                     | 3                          | NDS NM |
| STRIBILD TAB                                                                              | 3                          | NDS NM |
| SYMTUZA TAB                                                                               | 3                          | NDS NM |
| TRIUMEQ PD TAB                                                                            | 2                          | NM     |
| TRIUMEQ TAB                                                                               | 3                          | NDS NM |
| <b>ANTITUBERCULAR AGENTS</b>                                                              |                            |        |
| cycloserine CAPS 250mg                                                                    | 3                          | NDS    |
| ethambutol hcl TABS 100mg,<br>400mg                                                       | 1                          |        |
| isoniazid SYRP 50mg/5ml;<br>TABS 100mg, 300mg                                             | 1                          |        |
| PRETOMANID TABS 200mg                                                                     | 3                          |        |
| PRIFTIN TABS 150mg                                                                        | 3                          |        |
| pyrazinamide TABS 500mg                                                                   | 1                          |        |
| rifabutin CAPS 150mg                                                                      | 1                          |        |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>rifampin</i> CAPS 150mg, 300mg                                                   | 1                          |              |
| <i>rifampin</i> (generic of RIFADIN) SOLR 600mg                                     | 1                          |              |
| SIRTURO TABS 20mg, 100mg                                                            | 3                          | NDS NM PA    |
| TRECTOR TABS 250mg                                                                  | 3                          |              |
| <b>ANTIVIRALS</b>                                                                   |                            |              |
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg                      | 1                          |              |
| <i>acyclovir sodium</i> SOLN 50mg/ml                                                | 1                          | B/D          |
| <i>adefovir dipivoxil</i> TABS 10mg                                                 | 1                          | NM           |
| BARACLUDE SOLN .05mg/ml                                                             | 3                          | NDS NM ST    |
| <i>cidofovir</i> SOLN 75mg/ml                                                       | 1                          |              |
| <i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg                              | 1                          | NM           |
| EPCLUSA PAK 150-37.5                                                                | 3                          | NDS NM PA    |
| EPCLUSA PAK 200-50MG                                                                | 3                          | NDS NM PA    |
| EPCLUSA TAB 200-50MG                                                                | 3                          | NDS NM PA    |
| EPCLUSA TAB 400-100                                                                 | 3                          | NDS NM PA    |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg                                         | 1                          |              |
| <i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml                     | 3                          | NDS B/D      |
| GANCICLOVIR SOLN 500mg/10ml                                                         | 3                          | B/D          |
| <i>ganciclovir sodium</i> SOLR 500mg                                                | 1                          | B/D          |
| HARVONI PAK 33.75-150MG                                                             | 3                          | NDS NM PA    |
| HARVONI PAK 45-200MG                                                                | 3                          | NDS NM PA    |
| HARVONI TAB 45-200MG                                                                | 3                          | NDS NM PA    |
| HARVONI TAB 90-400MG                                                                | 3                          | NDS NM PA    |
| <i>lamivudine (hbv)</i> TABS 100mg                                                  | 1                          | NM           |
| LIVTENCITY TABS 200mg<br>QL (336 tabs / 28 days)                                    | 3                          | NDS QL NM PA |
| MAVYRET PAK 50-20MG                                                                 | 3                          | NDS NM PA    |
| MAVYRET TAB 100-40MG                                                                | 3                          | NDS NM PA    |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg<br>QL (168 caps / year) | 1                          | QL           |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg<br>QL (84 caps / year) | 1                          | QL        |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml<br>QL (1080 mL / year)     | 1                          | QL        |
| PAXLOVID PAK<br>QL (22 tabs / 90 days)                                                   | 1                          | QL        |
| PAXLOVID TAB 150-100<br>QL (40 tabs / 90 days)                                           | 1                          | QL        |
| PAXLOVID TAB 300-100<br>QL (60 tabs / 90 days)                                           | 1                          | QL        |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml                                                | 3                          | NDS NM PA |
| PREVYMIS PACK 20mg, 120mg<br>QL (120 packets / 30 days)                                  | 3                          | NDS QL PA |
| PREVYMIS SOLN 240mg/12ml, 480mg/24ml                                                     | 3                          | NDS       |
| PREVYMIS TABS 240mg, 480mg<br>QL (28 tabs / 28 days)                                     | 3                          | NDS QL PA |
| RAPIVAB SOLN 200mg/20ml                                                                  | 3                          | NDS       |
| RELENZA DISKHALER AEPB 5mg/blister<br>QL (6 inhalers / year)                             | 2                          | QL        |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg                                    | 1                          | NM        |
| <i>rimantadine hydrochloride</i> TABS 100mg                                              | 1                          |           |
| <i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg                             | 1                          |           |
| <i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml                              | 3                          | NDS       |
| <i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg                                | 1                          |           |
| VOSEVI TAB                                                                               | 3                          | NDS NM PA |
| XOFLUZA TBPK 40mg, 80mg<br>QL (1 tab / 180 days)                                         | 3                          | QL        |
| <b>CEPHALOSPORINS</b>                                                                    |                            |           |
| AVYCAZ INJ 2-0.5GM                                                                       | 3                          | NDS       |
| <i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml                                        | 1                          |           |

| Drug Name                                                               | Drug Requirements/<br>Tier Limits |
|-------------------------------------------------------------------------|-----------------------------------|
| CEFACLOR ER TB12 500mg                                                  | 3                                 |
| <i>cefadroxil</i> CAPS 500mg;<br>SUSR 250mg/5ml,<br>500mg/5ml; TABS 1gm | 1                                 |
| CEFAZOLIN SOLR 2gm,<br>3gm                                              | 3                                 |
| CEFAZOLIN INJ 1GM/50ML                                                  | 3                                 |
| <i>cefazolin sodium</i> SOLR 1gm,<br>2gm, 3gm, 10gm, 500mg              | 1                                 |
| CEFAZOLIN SOLN<br>2GM/100ML-4%                                          | 3                                 |
| CEFAZOLIN/DEX SOL<br>1GM/50ML-4%                                        | 3                                 |
| CEFAZOLIN/DEX SOL<br>2GM/50ML-3%                                        | 3                                 |
| CEFAZOLIN/DEX SOL<br>3GM/50ML-2%                                        | 3                                 |
| CEFAZOLIN/DEX SOL<br>3GM/150ML-4%                                       | 3                                 |
| <i>cefdinir</i> CAPS 300mg; SUSR<br>125mg/5ml, 250mg/5ml                | 1                                 |
| CEFEPIME SOLN 1gm/50ml,<br>2gm/100ml                                    | 3                                 |
| <i>cefepime hcl</i> SOLR 1gm,<br>2gm                                    | 1                                 |
| CEFEPIME/DEX INJ 1GM                                                    | 3                                 |
| CEFEPIME/DEX INJ 2GM                                                    | 3                                 |
| <i>cefixime</i> CAPS 400mg;<br>SUSR 100mg/5ml, 200mg/5ml                | 1                                 |
| <i>cefotetan disodium</i> (generic of<br>CEFOTAN) SOLR 1gm, 2gm         | 1                                 |
| CEFOXITIN INJ 1GM                                                       | 3                                 |
| CEFOXITIN INJ 2GM                                                       | 3                                 |
| <i>cefoxitin sodium</i> SOLR 1gm,<br>2gm, 10gm                          | 1                                 |
| <i>cefprozil</i> SUSR 125mg/5ml,<br>250mg/5ml; TABS 250mg,<br>500mg     | 1                                 |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 1<br>6gm                              | 1                                 |
| <i>ceftriaxone sodium</i> SOLR<br>1gm, 2gm, 10gm, 250mg,<br>500mg       | 1                                 |

| Drug Name                                                                                                       | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>cefuroxime axetil</i> TABS<br>250mg, 500mg                                                                   | 1                                 |
| <i>cefuroxime sodium</i> SOLR<br>1.5gm, 750mg                                                                   | 1                                 |
| <i>cephalexin</i> CAPS 250mg,<br>500mg, 750mg; SUSR<br>125mg/5ml, 250mg/5ml;<br>TABS 250mg, 500mg               | 1                                 |
| FETROJA SOLR 1gm                                                                                                | 3 NDS                             |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                                                               | 1                                 |
| TEFLARO SOLR 400mg,<br>600mg                                                                                    | 3 NDS                             |
| ZERBAXA INJ 1.5GM                                                                                               | 3 NDS                             |
| <b>ERYTHROMYCINS/MACROLIDES</b>                                                                                 |                                   |
| <i>azithromycin</i> PACK 1gm;<br>TABS 600mg                                                                     | 1                                 |
| <i>azithromycin</i> (generic of<br>ZITHROMAX) SOLR 500mg;<br>SUSR 100mg/5ml,<br>200mg/5ml; TABS 250mg,<br>500mg | 1                                 |
| <i>clarithromycin</i> SUSR<br>125mg/5ml, 250mg/5ml;<br>TABS 250mg, 500mg                                        | 1                                 |
| <i>clarithromycin</i> (generic of<br>BIAXIN XL) TB24 500mg                                                      | 1                                 |
| DIFICID SUSR 40mg/ml;<br>TABS 200mg                                                                             | 3 NDS                             |
| <i>e.e.s. 400</i> TABS 400mg                                                                                    | 1                                 |
| <i>ery-tab</i> TBEC 250mg,<br>333mg, 500mg                                                                      | 1                                 |
| ERYTHROCIN<br>LACTOBIONATE SOLR<br>500mg                                                                        | 3                                 |
| <i>erythromycin base</i> CPEP<br>250mg; TABS 250mg, 500mg;<br>TBEC 250mg, 333mg, 500mg                          | 1                                 |
| <i>erythromycin ethylsuccinate</i><br>(generic of E.E.S.<br>GRANULES) SUSR<br>200mg/5ml                         | 1                                 |
| <i>erythromycin ethylsuccinate</i><br>(generic of ERYPED 400)<br>SUSR 400mg/5ml                                 | 3 NDS                             |
| <i>erythromycin ethylsuccinate</i><br>TABS 400mg                                                                | 1                                 |

| Drug Name                                                                                                                                  | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>erythromycin lactobionate</i><br>(generic of ERYTHROCIN<br>LACTOBIONATE) SOLR<br>500mg                                                  | 1                          |        |
| <b>FLUOROQUINOLONES</b>                                                                                                                    |                            |        |
| BAXDELA SOLR 300mg;<br>TABS 450mg                                                                                                          | 3                          | NDS    |
| CIPRO SUSR 5gm/100ml,<br>500mg/5ml                                                                                                         | 3                          |        |
| <i>ciprofloxacin 200 mg/100ml in<br/>d5w</i>                                                                                               | 1                          |        |
| <i>ciprofloxacin 400 mg/200ml in<br/>d5w</i>                                                                                               | 1                          |        |
| <i>ciprofloxacin hcl</i> (generic of<br>CIPRO) TABS 250mg,<br>500mg                                                                        | 1                          |        |
| <i>ciprofloxacin hcl</i> TABS<br>750mg                                                                                                     | 1                          |        |
| <i>levofloxacin</i> SOLN 25mg/ml;<br>TABS 250mg, 500mg, 750mg                                                                              | 1                          |        |
| <i>levofloxacin in d5w iv soln 250<br/>mg/50ml</i>                                                                                         | 1                          |        |
| <i>levofloxacin in d5w iv soln 500<br/>mg/100ml</i>                                                                                        | 1                          |        |
| <i>levofloxacin in d5w iv soln 750<br/>mg/150ml</i>                                                                                        | 1                          |        |
| <i>moxifloxacin hcl</i> TABS<br>400mg                                                                                                      | 1                          |        |
| <i>moxifloxacin hcl 400<br/>mg/250ml in sodium chloride<br/>0.8% inj</i>                                                                   | 1                          |        |
| MOXIFLOXACIN<br>HYDROCHLORID SOLN<br>400mg/250ml                                                                                           | 3                          |        |
| <b>PENICILLINS</b>                                                                                                                         |                            |        |
| <i>amoxicillin</i> CAPS 250mg,<br>500mg; CHEW 125mg,<br>250mg; SUSR 125mg/5ml,<br>200mg/5ml, 250mg/5ml,<br>400mg/5ml; TABS 500mg,<br>875mg | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for<br/>susp 200-28.5 mg/5ml</i>                                                                        | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for<br/>susp 250-62.5 mg/5ml</i>                                                                        | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for<br/>susp 400-57 mg/5ml</i>                                                                          | 1                          |        |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amoxicillin &amp; k clavulanate for<br/>susp 600-42.9 mg/5ml</i><br>(generic of AUGMENTIN ES-<br>600)  | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab<br/>250-125 mg</i>                                                 | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab<br/>500-125 mg</i>                                                 | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab<br/>875-125 mg</i>                                                 | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab<br/>er 12hr 1000-62.5 mg</i>                                       | 1                          |        |
| <i>ampicillin</i> CAPS 500mg                                                                              | 1                          |        |
| <i>ampicillin &amp; sulbactam sodium<br/>for inj 1.5 (1-0.5) gm</i> (generic<br>of UNASYN)                | 1                          |        |
| <i>ampicillin &amp; sulbactam sodium<br/>for inj 3 (2-1) gm</i> (generic of<br>UNASYN)                    | 1                          |        |
| <i>ampicillin &amp; sulbactam sodium<br/>for iv soln 1.5 (1-0.5) gm</i>                                   | 1                          |        |
| <i>ampicillin &amp; sulbactam sodium<br/>for iv soln 3 (2-1) gm</i>                                       | 1                          |        |
| <i>ampicillin &amp; sulbactam sodium<br/>for iv soln 15 (10-5) gm</i><br>(generic of UNASYN BULK<br>PACK) | 1                          |        |
| <i>ampicillin sodium</i> SOLR 1gm, 1<br>2gm, 10gm, 125mg, 250mg,<br>500mg                                 | 1                          |        |
| AUGMENTIN SUS 125/5ML                                                                                     | 3                          |        |
| BICILLIN C-R INJ 900/300                                                                                  | 3                          |        |
| BICILLIN C-R INJ 1200000                                                                                  | 3                          |        |
| BICILLIN L-A SUSY<br>600000unit/ml,<br>1200000unit/2ml,<br>2400000unit/4ml                                | 3                          |        |
| <i>dicloxacillin sodium</i> CAPS<br>250mg, 500mg                                                          | 1                          |        |
| NAFCILLIN INJ 2GM/100                                                                                     | 3                          | NDS    |
| <i>nafcillin sodium</i> SOLR 1gm,<br>2gm                                                                  | 1                          |        |
| <i>nafcillin sodium</i> SOLR 10gm                                                                         | 3                          | NDS    |
| OXACILLIN INJ 2GM                                                                                         | 3                          |        |
| <i>oxacillin sodium</i> SOLR 1gm,<br>2gm, 10gm                                                            | 1                          |        |
| PEN GK/DEXTR INJ<br>20000/ML                                                                              | 3                          |        |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------|----------------------------|-----------|
| PEN GK/DEXTR INJ 40000/ML                                                                       | 3                          |           |
| PEN GK/DEXTR INJ 60000/ML                                                                       | 3                          |           |
| <i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit                                    | 1                          |           |
| <i>penicillin g sodium</i> SOLR 5000000unit                                                     | 1                          |           |
| <i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg                      | 1                          |           |
| <i>pfizerpen</i> SOLR 5000000unit, 20000000unit                                                 | 1                          |           |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>                             | 1                          |           |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>                              | 1                          |           |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>                                | 1                          |           |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>                              | 1                          |           |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>                              | 1                          |           |
| ZOSYN SOL 2-0.25GM                                                                              | 3                          |           |
| ZOSYN SOL 3-0.375G                                                                              | 3                          |           |
| ZOSYN SOL 4-0.50GM                                                                              | 3                          |           |
| <b>TETRACYCLINES</b>                                                                            |                            |           |
| <i>demeclocycline hcl</i> TABS 150mg, 300mg                                                     | 1                          |           |
| <i>doxy 100</i> SOLR 100mg                                                                      | 1                          |           |
| <i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg | 1                          |           |
| <i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg                       | 1                          |           |
| <i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg                           | 1                          |           |
| NUZYRA SOLR 100mg                                                                               | 3                          | NDS NM    |
| NUZYRA TABS 150mg QL (30 tabs / 14 days)                                                        | 3                          | NDS QL NM |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg                                                       | 1                          |           |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits     |
|---------------------------------------------------------------------------------|----------------------------|------------|
| <i>tigecycline</i> (generic of TYGACIL) SOLR 50mg                               | 3                          | NDS        |
| XERAVA SOLR 50mg, 100mg                                                         | 3                          |            |
| <b>ANTINEOPLASTIC AGENTS<br/>ALKYLATING AGENTS</b>                              |                            |            |
| <i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg                   | 3                          | NDS B/D NM |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml                                        | 3                          | NDS B/D NM |
| BENDEKA SOLN 100mg/4ml                                                          | 3                          | NDS B/D NM |
| <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml            | 1                          | B/D        |
| <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml                       | 1                          | B/D        |
| <i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg                        | 1                          | B/D        |
| CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml                                | 3                          | NDS B/D NM |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml | 3                          | NDS B/D    |
| <i>cyclophosphamide</i> SOLR 2gm                                                | 3                          | NDS B/D    |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg                                                | 3                          | B/D        |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml                                         | 3                          | NDS B/D    |
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml                                       | 3                          | NDS B/D NM |
| GLEOSTINE CAPS 10mg, 40mg                                                       | 3                          | NM         |
| GLEOSTINE CAPS 100mg                                                            | 3                          | NDS NM     |
| GRAFAPEX SOLR 1gm, 5gm                                                          | 3                          | NDS B/D NM |
| IFEX SOLR 3gm                                                                   | 3                          | B/D        |
| <i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml                                       | 1                          | B/D        |
| IFOSFAMIDE SOLR 3gm                                                             | 3                          | B/D        |
| LEUKERAN TABS 2mg                                                               | 3                          | NDS        |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg                                    | 1                          | B/D          |
| <i>oxaliplatin</i> SOLR 100mg                                                                           | 3                          | NDS B/D      |
| VIVIMUSTA SOLN 100mg/4ml                                                                                | 3                          | NDS B/D NM   |
| ZEPZELCA SOLR 4mg                                                                                       | 3                          | NDS NM PA    |
| <b>ANTIMETABOLITES</b>                                                                                  |                            |              |
| AXTLE SOLR 100mg, 500mg                                                                                 | 3                          | NDS B/D NM   |
| <i>azacitidine</i> (generic of VIDAZA) SUSR 100mg                                                       | 3                          | NDS B/D NM   |
| <i>cytarabine</i> SOLN 20mg/ml, 100mg/ml                                                                | 1                          | B/D          |
| <i>decitabine</i> SOLR 50mg                                                                             | 3                          | NDS B/D NM   |
| <i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg                                                   | 1                          | B/D          |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml                                    | 1                          | B/D          |
| FOLOTYN SOLN 20mg/ml, 40mg/2ml                                                                          | 3                          | NDS NM PA    |
| <i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1                          | B/D          |
| <i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg                                                             | 1                          | B/D          |
| GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml                                            | 3                          | B/D          |
| INQOVI TAB 35-100MG QL (5 tabs / 28 days)                                                               | 3                          | NDS QL NM PA |
| LONSURF TAB 15-6.14 QL (100 tabs / 28 days)                                                             | 3                          | NDS QL NM PA |
| LONSURF TAB 20-8.19 QL (80 tabs / 28 days)                                                              | 3                          | NDS QL NM PA |
| <i>mercaptopurine</i> (generic of PURIXAN) SUSP 2000mg/100ml                                            | 3                          | NDS NM       |
| <i>mercaptopurine</i> TABS 50mg                                                                         | 1                          |              |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm                                | 1                          | B/D          |
| ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)                                                         | 3                          | NDS QL NM PA |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------|----------------------------|--------------|
| PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg                | 3                          | NDS B/D      |
| <i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg                  | 3                          | NDS B/D      |
| <i>pemetrexed disodium</i> SOLR 750mg, 1000mg                                     | 3                          | NDS B/D      |
| PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml                                           | 3                          | NDS B/D      |
| <i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml                                        | 3                          | NDS NM PA    |
| PURIXAN SUSP 2000mg/100ml                                                         | 3                          | NDS NM       |
| TABLOID TABS 40mg                                                                 | 3                          | NDS          |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                             |                            |              |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days) | 3                          | NDS QL NM PA |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)  | 3                          | NDS QL NM PA |
| <i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)            | 1                          | QL NM PA     |
| AKEEGA TAB 50/500MG QL (60 tabs / 30 days)                                        | 3                          | NDS QL NM PA |
| AKEEGA TAB 100/500 QL (60 tabs / 30 days)                                         | 3                          | NDS QL NM PA |
| <i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg                                 | 1                          |              |
| <i>bicalutamide</i> (generic of CASODEX) TABS 50mg                                | 1                          |              |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg                                             | 2                          | NM PA        |
| ERLEADA TABS 60mg QL (120 tabs / 30 days)                                         | 3                          | NDS QL NM PA |
| ERLEADA TABS 240mg QL (30 tabs / 30 days)                                         | 3                          | NDS QL NM PA |
| EULEXIN CAPS 125mg                                                                | 3                          | NDS          |
| <i>exemestane</i> (generic of AROMASIN) TABS 25mg                                 | 1                          |              |
| FIRMAGON SOLR 80mg                                                                | 3                          | NM PA        |
| FIRMAGON SOLR 120mg/vial                                                          | 3                          | NDS NM PA    |

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| Drug Name                                                 | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------|----------------------------|--------------|
| <i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml   | 3                          | NDS B/D      |
| <i>letrozole</i> (generic of FEMARA) TABS 2.5mg           | 1                          |              |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml                   | 1                          | NM PA        |
| <i>leuprolide acetate</i> (3 month) INJ 22.5mg            | 1                          | NM PA        |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg                  | 3                          | NDS NM PA    |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg                | 3                          | NDS NM PA    |
| LUPRON DEPOT (4-MONTH) KIT 30mg                           | 3                          | NDS NM PA    |
| LUPRON DEPOT (6-MONTH) KIT 45mg                           | 3                          | NDS NM PA    |
| LUTRATE DEPOT INJ 22.5mg                                  | 3                          | NM PA        |
| LYSODREN TABS 500mg                                       | 3                          | NDS NM       |
| <i>megestrol acetate</i> TABS 20mg, 40mg                  | 2                          |              |
| <i>nilutamide</i> (generic of NILANDRON) TABS 150mg       | 3                          | NDS          |
| NUBEQA TABS 300mg<br>QL (120 tabs / 30 days)              | 3                          | NDS QL NM PA |
| ORGOVYX TABS 120mg                                        | 3                          | NDS NM PA    |
| ORSERDU TABS 86mg<br>QL (90 tabs / 30 days)               | 3                          | NDS QL NM PA |
| ORSERDU TABS 345mg<br>QL (30 tabs / 30 days)              | 3                          | NDS QL NM PA |
| SOLTAMOX SOLN 10mg/5ml                                    | 3                          | NDS          |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg                  | 1                          |              |
| <i>toremifene citrate</i> (generic of FARESTON) TABS 60mg | 1                          | PA           |
| TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg             | 2                          | NM PA        |
| XTANDI CAPS 40mg<br>QL (120 caps / 30 days)               | 3                          | NDS QL NM PA |
| XTANDI TABS 40mg<br>QL (120 tabs / 30 days)               | 3                          | NDS QL NM PA |
| XTANDI TABS 80mg<br>QL (60 tabs / 30 days)                | 3                          | NDS QL NM PA |
| YONSA TABS 125mg<br>QL (120 tabs / 30 days)               | 3                          | NDS QL NM PA |
| ZOLADEX IMPL 3.6mg, 10.8mg                                | 3                          | NM PA        |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------|----------------------------|--------------|
| <b>IMMUNOMODULATORS</b>                                                       |                            |              |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg<br>QL (28 caps / 28 days)     | 3                          | NDS QL NM PA |
| <i>lenalidomide</i> CAPS 20mg, 25mg<br>QL (21 caps / 28 days)                 | 3                          | NDS QL NM PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg<br>QL (21 caps / 28 days)                    | 3                          | NDS QL NM PA |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg<br>QL (28 caps / 28 days)                | 3                          | NDS QL NM PA |
| REVLIMID CAPS 20mg, 25mg<br>QL (21 caps / 28 days)                            | 3                          | NDS QL NM PA |
| THALOMID CAPS 50mg<br>QL (84 caps / 28 days)                                  | 3                          | NDS QL NM PA |
| THALOMID CAPS 100mg<br>QL (112 caps / 28 days)                                | 3                          | NDS QL NM PA |
| THALOMID CAPS 150mg, 200mg<br>QL (56 caps / 28 days)                          | 3                          | NDS QL NM PA |
| <b>MISCELLANEOUS</b>                                                          |                            |              |
| ASPARLAS SOLN 3750unit/5ml                                                    | 3                          | NDS NM PA    |
| BESREMI SOSY 500mcg/ml<br>QL (2 syringes / 28 days)                           | 3                          | NDS QL NM PA |
| <i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg<br>QL (300 caps / 30 days) | 3                          | NDS QL NM PA |
| <i>bleomycin sulfate</i> SOLR 15unit, 30unit                                  | 1                          | B/D          |
| <i>dacarbazine</i> SOLR 100mg                                                 | 1                          | B/D          |
| <i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml     | 1                          | B/D          |
| <i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml               | 3                          | NDS B/D      |
| ELLECE SOLN 50mg/25ml, 200mg/100ml                                            | 3                          | B/D          |
| <i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg                             | 1                          |              |

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| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml                     | 1                          | B/D          |
| <i>irinotecan hcl</i> SOLN 500mg/25ml                                                                 | 1                          | B/D          |
| IWILFIN TABS 192mg QL (240 tabs / 30 days)                                                            | 3                          | NDS QL NM PA |
| MATULANE CAPS 50mg                                                                                    | 3                          | NDS NM       |
| <i>mitomycin</i> SOLR 5mg                                                                             | 1                          | B/D          |
| <i>mitomycin</i> SOLR 20mg, 40mg                                                                      | 3                          | NDS B/D      |
| <i>mitoxantrone hcl</i> CONC 2mg/ml                                                                   | 1                          | B/D NM       |
| NIPENT SOLR 10mg                                                                                      | 3                          | NDS B/D      |
| ONCASPAR SOLN 750unit/ml                                                                              | 3                          | NDS NM PA    |
| ONIVYDE INJ 43mg/10ml                                                                                 | 3                          | NDS B/D NM   |
| RYLAZE SOLN 10mg/0.5ml                                                                                | 3                          | NDS NM PA    |
| <i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml                                          | 1                          | B/D          |
| <i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg                                                   | 3                          | NDS B/D      |
| <i>tretinoin</i> (chemotherapy) CAPS 10mg                                                             | 3                          | NDS          |
| <i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml                                                   | 3                          | NDS B/D NM   |
| WELIREG TABS 40mg QL (90 tabs / 30 days)                                                              | 3                          | NDS QL NM PA |
| <b>MITOTIC INHIBITORS</b>                                                                             |                            |              |
| ABRAXANE INJ 100MG                                                                                    | 3                          | NDS B/D NM   |
| DOCETAXEL CONC 20mg/ml                                                                                | 3                          | B/D          |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml                                                  | 1                          | B/D          |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml                               | 3                          | NDS B/D      |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 3                          | NDS B/D      |
| DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml                                                           | 3                          | NDS B/D NM   |

| Drug Name                                                           | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------|----------------------------|--------------|
| <i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml          | 3                          | NDS B/D NM   |
| ETOPOPHOS SOLR 100mg                                                | 3                          | B/D          |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml               | 1                          | B/D          |
| IXEMPRA KIT SOLR 15mg, 45mg                                         | 3                          | NDS B/D NM   |
| JEVTANA SOLN 60mg/1.5ml                                             | 3                          | NDS NM PA    |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml     | 1                          | B/D          |
| PACLITAXEL INJ 100MG                                                | 3                          | NDS B/D NM   |
| <i>paclitaxel inj 100mg</i> (generic of ABRAXANE)                   | 3                          | NDS B/D NM   |
| <i>vinblastine sulfate</i> SOLN 1mg/ml                              | 1                          | B/D          |
| <i>vincristine sulfate</i> SOLN 1mg/ml                              | 1                          | B/D          |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml                  | 1                          | B/D          |
| <b>MOLECULAR TARGET AGENTS</b>                                      |                            |              |
| ALECENSA CAPS 150mg QL (240 caps / 30 days)                         | 3                          | NDS QL NM PA |
| ALUNBRIG TABS 30mg QL (120 tabs / 30 days)                          | 3                          | NDS QL NM PA |
| ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)                    | 3                          | NDS QL NM PA |
| ALUNBRIG PAK QL (30 tabs / 30 days)                                 | 3                          | NDS QL NM PA |
| ARZERRA CONC 100mg/5ml, 1000mg/50ml                                 | 3                          | NDS B/D NM   |
| AUGTYRO CAPS 40mg QL (240 caps / 30 days)                           | 3                          | NDS QL NM PA |
| AUGTYRO CAPS 160mg QL (60 caps / 30 days)                           | 3                          | NDS QL NM PA |
| AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)                          | 3                          | NDS QL NM PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 3                          | NDS QL NM PA |
| BALVERSA TABS 3mg QL (84 tabs / 28 days)                            | 3                          | NDS QL NM PA |
| BALVERSA TABS 4mg QL (56 tabs / 28 days)                            | 3                          | NDS QL NM PA |
| BALVERSA TABS 5mg QL (28 tabs / 28 days)                            | 3                          | NDS QL NM PA |

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| Drug Name                                                    | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------|----------------------------|-----------------|
| BAVENCIO SOLN<br>200mg/10ml                                  | 3                          | NDS NM PA       |
| BELEODAQ SOLR 500mg                                          | 3                          | NDS NM PA       |
| BESPONSA SOLR .9mg                                           | 3                          | NDS NM PA       |
| BORTEZOMIB SOLR 1mg,<br>2.5mg                                | 3                          | NM PA           |
| <i>bortezomib</i> (generic of<br>VELCADE) SOLR 3.5mg         | 3                          | NDS NM PA       |
| BORUZU SOLN 3.5mg/1.4ml                                      | 3                          | NDS NM PA       |
| BOSULIF CAPS 50mg<br>QL (360 caps / 30 days)                 | 3                          | NDS QL NM<br>PA |
| BOSULIF CAPS 100mg<br>QL (150 caps / 25 days)                | 3                          | NDS QL NM<br>PA |
| BOSULIF TABS 100mg<br>QL (180 tabs / 30 days)                | 3                          | NDS QL NM<br>PA |
| BOSULIF TABS 400mg,<br>500mg<br>QL (30 tabs / 30 days)       | 3                          | NDS QL NM<br>PA |
| BRAFTOVI CAPS 75mg<br>QL (180 caps / 30 days)                | 3                          | NDS QL NM<br>PA |
| BRUKINSA CAPS 80mg<br>QL (120 caps / 30 days)                | 3                          | NDS QL NM<br>PA |
| CABOMETYX TABS 20mg,<br>40mg, 60mg<br>QL (30 tabs / 30 days) | 3                          | NDS QL NM<br>PA |
| CALQUENCE CAPS 100mg<br>QL (60 caps / 30 days)               | 3                          | NDS QL NM<br>PA |
| CALQUENCE TABS 100mg<br>QL (60 tabs / 30 days)               | 3                          | NDS QL NM<br>PA |
| CAPRELSA TABS 100mg<br>QL (60 tabs / 30 days)                | 3                          | NDS QL NM<br>PA |
| CAPRELSA TABS 300mg<br>QL (30 tabs / 30 days)                | 3                          | NDS QL NM<br>PA |
| COLUMVI SOLN<br>2.5mg/2.5ml, 10mg/10ml                       | 3                          | NDS NM PA       |
| COMETRIQ (60MG DOSE)<br>KIT 20mg<br>QL (84 caps / 28 days)   | 3                          | NDS QL NM<br>PA |
| COMETRIQ KIT 100MG<br>QL (56 caps / 28 days)                 | 3                          | NDS QL NM<br>PA |
| COMETRIQ KIT 140MG<br>QL (112 caps / 28 days)                | 3                          | NDS QL NM<br>PA |
| COPIKTRA CAPS 15mg,<br>25mg<br>QL (56 caps / 28 days)        | 3                          | NDS QL NM<br>PA |
| COTELLIC TABS 20mg<br>QL (63 tabs / 28 days)                 | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits                       |
|-----------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| CYRAMZA SOLN<br>100mg/10ml, 500mg/50ml                                                                    | 3                          | NDS NM PA                    |
| DANZITEN TABS 71mg,<br>95mg<br>QL (112 tabs / 28 days)                                                    | 3                          | NDS QL NM<br>PA              |
| DARZALEX SOLN<br>100mg/5ml, 400mg/20ml                                                                    | 3                          | NDS NM PA                    |
| DARZALEX INJ FASPRO<br><i>dasatinib</i> (generic of<br>SPRYCEL) TABS 20mg<br>QL (90 tabs / 30 days)       | 3                          | NDS NM PA<br>NDS QL NM<br>PA |
| <i>dasatinib</i> (generic of<br>SPRYCEL) TABS 50mg,<br>70mg, 80mg, 100mg, 140mg<br>QL (30 tabs / 30 days) | 3                          | NDS QL NM<br>PA              |
| DATROWAY SOLR 100mg                                                                                       | 3                          | NDS NM PA                    |
| DAURISMO TABS 25mg<br>QL (60 tabs / 30 days)                                                              | 3                          | NDS QL NM<br>PA              |
| DAURISMO TABS 100mg<br>QL (30 tabs / 30 days)                                                             | 3                          | NDS QL NM<br>PA              |
| ELAHERE SOLN<br>100mg/20ml                                                                                | 3                          | NDS NM PA                    |
| EMPLICITI SOLR 300mg,<br>400mg                                                                            | 3                          | NDS NM PA                    |
| ENHERTU SOLR 100mg                                                                                        | 3                          | NDS NM PA                    |
| EPKINLY SOLN 4mg/0.8ml,<br>48mg/0.8ml                                                                     | 3                          | NDS NM PA                    |
| ERBITUX SOLN<br>100mg/50ml, 200mg/100ml                                                                   | 3                          | NDS B/D NM                   |
| ERIVEDGE CAPS 150mg<br>QL (30 caps / 30 days)                                                             | 3                          | NDS QL NM<br>PA              |
| <i>erlotinib hcl</i> TABS 25mg<br>QL (90 tabs / 30 days)                                                  | 3                          | NDS QL NM<br>PA              |
| <i>erlotinib hcl</i> (generic of<br>TARCEVA) TABS 100mg<br>QL (30 tabs / 30 days)                         | 3                          | NDS QL NM<br>PA              |
| <i>erlotinib hcl</i> TABS 150mg<br>QL (30 tabs / 30 days)                                                 | 3                          | NDS QL NM<br>PA              |
| <i>everolimus</i> (generic of<br>AFINITOR) TABS 2.5mg,<br>5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days)      | 3                          | NDS QL NM<br>PA              |
| <i>everolimus</i> (generic of<br>AFINITOR DISPERZ) TBSO<br>2mg<br>QL (150 tabs / 30 days)                 | 3                          | NDS QL NM<br>PA              |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>everolimus</i> (generic of<br>AFINITOR DISPERZ) TBSO<br>3mg<br>QL (90 tabs / 30 days) | 3                          | NDS QL NM<br>PA |
| <i>everolimus</i> (generic of<br>AFINITOR DISPERZ) TBSO<br>5mg<br>QL (60 tabs / 30 days) | 3                          | NDS QL NM<br>PA |
| FOTIVDA CAPS .89mg,<br>1.34mg<br>QL (21 caps / 28 days)                                  | 3                          | NDS QL NM<br>PA |
| FRUZAQLA CAPS 1mg<br>QL (84 caps / 28 days)                                              | 3                          | NDS QL NM<br>PA |
| FRUZAQLA CAPS 5mg<br>QL (21 caps / 28 days)                                              | 3                          | NDS QL NM<br>PA |
| FYARRO SUSR 100mg                                                                        | 3                          | NDS NM PA       |
| GAVRETO CAPS 100mg<br>QL (120 caps / 30 days)                                            | 3                          | NDS QL NM<br>PA |
| GAZYVA SOLN<br>1000mg/40ml                                                               | 3                          | NDS NM PA       |
| <i>gefitinib</i> (generic of IRESSA)<br>TABS 250mg<br>QL (60 tabs / 30 days)             | 3                          | NDS QL NM<br>PA |
| GILOTRIF TABS 20mg,<br>30mg, 40mg<br>QL (30 tabs / 30 days)                              | 3                          | NDS QL NM<br>PA |
| GOMEKLI CAPS 1mg<br>QL (168 caps / 28 days)                                              | 3                          | NDS QL NM<br>PA |
| GOMEKLI CAPS 2mg<br>QL (84 caps / 28 days)                                               | 3                          | NDS QL NM<br>PA |
| GOMEKLI TBSO 1mg<br>QL (168 tabs / 28 days)                                              | 3                          | NDS QL NM<br>PA |
| HERCEP HYLEC SOL 60-<br>10000                                                            | 3                          | NDS NM PA       |
| HERCEPTIN SOLR 150mg                                                                     | 3                          | NDS NM PA       |
| HERZUMA SOLR 150mg,<br>420mg                                                             | 3                          | NDS NM PA       |
| IBRANCE CAPS 75mg,<br>100mg, 125mg<br>QL (21 caps / 28 days)                             | 3                          | NDS QL NM<br>PA |
| IBRANCE TABS 75mg,<br>100mg, 125mg<br>QL (21 tabs / 28 days)                             | 3                          | NDS QL NM<br>PA |
| ICLUSIG TABS 10mg, 15mg,<br>30mg, 45mg<br>QL (30 tabs / 30 days)                         | 3                          | NDS QL NM<br>PA |
| IDHIFA TABS 50mg, 100mg<br>QL (30 tabs / 30 days)                                        | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>imatinib mesylate</i> (generic of<br>GLEEVEC) TABS 100mg<br>QL (90 tabs / 30 days) | 3                          | NDS QL NM<br>PA |
| <i>imatinib mesylate</i> (generic of<br>GLEEVEC) TABS 400mg<br>QL (60 tabs / 30 days) | 3                          | NDS QL NM<br>PA |
| IMBRUVICA CAPS 70mg<br>QL (30 caps / 30 days)                                         | 3                          | NDS QL NM<br>PA |
| IMBRUVICA CAPS 140mg<br>QL (120 caps / 30 days)                                       | 3                          | NDS QL NM<br>PA |
| IMBRUVICA SUSP 70mg/ml<br>QL (216 mL / 27 days)                                       | 3                          | NDS QL NM<br>PA |
| IMBRUVICA TABS 140mg,<br>280mg, 420mg<br>QL (30 tabs / 30 days)                       | 3                          | NDS QL NM<br>PA |
| IMDELLTRA SOLR 1mg,<br>10mg                                                           | 3                          | NDS NM PA       |
| IMFINZI SOLN 120mg/2.4ml,<br>500mg/10ml                                               | 3                          | NDS NM PA       |
| IMJUDO SOLN 25mg/1.25ml,<br>300mg/15ml                                                | 3                          | NDS NM PA       |
| IMKELDI SOLN 80mg/ml<br>QL (280 mL / 28 days)                                         | 3                          | NDS QL NM<br>PA |
| INLYTA TABS 1mg<br>QL (180 tabs / 30 days)                                            | 3                          | NDS QL NM<br>PA |
| INLYTA TABS 5mg<br>QL (120 tabs / 30 days)                                            | 3                          | NDS QL NM<br>PA |
| INREBIC CAPS 100mg<br>QL (120 caps / 30 days)                                         | 3                          | NDS QL NM<br>PA |
| ITOVEBI TABS 3mg<br>QL (56 tabs / 28 days)                                            | 3                          | NDS QL NM<br>PA |
| ITOVEBI TABS 9mg<br>QL (28 tabs / 28 days)                                            | 3                          | NDS QL NM<br>PA |
| JAKAFI TABS 5mg, 10mg,<br>15mg, 20mg, 25mg<br>QL (60 tabs / 30 days)                  | 3                          | NDS QL NM<br>PA |
| JAYPIRCA TABS 50mg<br>QL (30 tabs / 30 days)                                          | 3                          | NDS QL NM<br>PA |
| JAYPIRCA TABS 100mg<br>QL (60 tabs / 30 days)                                         | 3                          | NDS QL NM<br>PA |
| JEMPERLI SOLN<br>500mg/10ml                                                           | 3                          | NDS NM PA       |
| KADCYLA SOLR 100mg,<br>160mg                                                          | 3                          | NDS B/D NM      |
| KANJINTI SOLR 150mg,<br>420mg                                                         | 3                          | NDS NM PA       |
| KEYTRUDA SOLN<br>100mg/4ml                                                            | 3                          | NDS NM PA       |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                                                                     | Drug Requirements/<br>Tier | Limits                       |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| KIMMTRAK SOLN<br>100mcg/0.5ml                                                                                                 | 3                          | NDS NM PA                    |
| KISQALI 200 DOSE TBP<br>200mg<br>QL (21 tabs / 28 days)                                                                       | 3                          | NDS QL NM<br>PA              |
| KISQALI 200 PAK FEMARA<br>QL (49 tabs / 28 days)                                                                              | 3                          | NDS QL NM<br>PA              |
| KISQALI 400 DOSE TBP<br>200mg<br>QL (42 tabs / 28 days)                                                                       | 3                          | NDS QL NM<br>PA              |
| KISQALI 400 PAK FEMARA<br>QL (70 tabs / 28 days)                                                                              | 3                          | NDS QL NM<br>PA              |
| KISQALI 600 DOSE TBP<br>200mg<br>QL (63 tabs / 28 days)                                                                       | 3                          | NDS QL NM<br>PA              |
| KISQALI 600 PAK FEMARA<br>QL (91 tabs / 28 days)                                                                              | 3                          | NDS QL NM<br>PA              |
| KOSELUGO CAPS 10mg<br>QL (240 caps / 30 days)                                                                                 | 3                          | NDS QL NM<br>PA              |
| KOSELUGO CAPS 25mg<br>QL (120 caps / 30 days)                                                                                 | 3                          | NDS QL NM<br>PA              |
| KRAZATI TABS 200mg<br>QL (180 tabs / 30 days)                                                                                 | 3                          | NDS QL NM<br>PA              |
| KYPROLIS SOLR 10mg,<br>30mg, 60mg<br><i>lapatinib ditosylate</i> (generic of<br>TYKERB) TABS 250mg<br>QL (180 tabs / 30 days) | 3                          | NDS NM PA<br>NDS QL NM<br>PA |
| LAZCLUZE TABS 80mg<br>QL (60 tabs / 30 days)                                                                                  | 3                          | NDS QL NM<br>PA              |
| LAZCLUZE TABS 240mg<br>QL (30 tabs / 30 days)                                                                                 | 3                          | NDS QL NM<br>PA              |
| LENVIMA 4 MG DAILY DOSE<br>CPPK 4mg<br>QL (30 caps / 30 days)                                                                 | 3                          | NDS QL NM<br>PA              |
| LENVIMA 8 MG DAILY DOSE<br>CPPK 4mg<br>QL (60 caps / 30 days)                                                                 | 3                          | NDS QL NM<br>PA              |
| LENVIMA 10 MG DAILY<br>DOSE CPPK 10mg<br>QL (30 caps / 30 days)                                                               | 3                          | NDS QL NM<br>PA              |
| LENVIMA 12MG DAILY<br>DOSE CPPK 4mg<br>QL (90 caps / 30 days)                                                                 | 3                          | NDS QL NM<br>PA              |
| LENVIMA 20 MG DAILY<br>DOSE CPPK 10mg<br>QL (60 caps / 30 days)                                                               | 3                          | NDS QL NM<br>PA              |

| Drug Name                                                        | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------|----------------------------|-----------------|
| LENVIMA CAP 14 MG<br>QL (60 caps / 30 days)                      | 3                          | NDS QL NM<br>PA |
| LENVIMA CAP 18 MG<br>QL (90 caps / 30 days)                      | 3                          | NDS QL NM<br>PA |
| LENVIMA CAP 24 MG<br>QL (90 caps / 30 days)                      | 3                          | NDS QL NM<br>PA |
| LIBTAYO SOLN 350mg/7ml                                           | 3                          | NDS NM PA       |
| LOQTORZI SOLN<br>240mg/6ml                                       | 3                          | NDS NM PA       |
| LORBRENA TABS 25mg<br>QL (90 tabs / 30 days)                     | 3                          | NDS QL NM<br>PA |
| LORBRENA TABS 100mg<br>QL (30 tabs / 30 days)                    | 3                          | NDS QL NM<br>PA |
| LUMAKRAS TABS 120mg<br>QL (240 tabs / 30 days)                   | 3                          | NDS QL NM<br>PA |
| LUMAKRAS TABS 240mg<br>QL (120 tabs / 30 days)                   | 3                          | NDS QL NM<br>PA |
| LUMAKRAS TABS 320mg<br>QL (90 tabs / 30 days)                    | 3                          | NDS QL NM<br>PA |
| LUNSUMIO SOLN 1mg/ml,<br>30mg/30ml                               | 3                          | NDS NM PA       |
| LYNPARZA TABS 100mg,<br>150mg<br>QL (120 tabs / 30 days)         | 3                          | NDS QL NM<br>PA |
| LYTGOBI (12 MG DAILY<br>DOSE) TBP 4mg<br>QL (84 tabs / 28 days)  | 3                          | NDS QL NM<br>PA |
| LYTGOBI (16 MG DAILY<br>DOSE) TBP 4mg<br>QL (112 tabs / 28 days) | 3                          | NDS QL NM<br>PA |
| LYTGOBI (20 MG DAILY<br>DOSE) TBP 4mg<br>QL (140 tabs / 28 days) | 3                          | NDS QL NM<br>PA |
| MARGENZA SOLN<br>250mg/10ml                                      | 3                          | NDS NM PA       |
| MEKINIST SOLR .05mg/ml<br>QL (1260 mL / 30 days)                 | 3                          | NDS QL NM<br>PA |
| MEKINIST TABS 2mg<br>QL (30 tabs / 30 days)                      | 3                          | NDS QL NM<br>PA |
| MEKINIST TABS .5mg<br>QL (90 tabs / 30 days)                     | 3                          | NDS QL NM<br>PA |
| MEKTOVI TABS 15mg<br>QL (180 tabs / 30 days)                     | 3                          | NDS QL NM<br>PA |
| MONJUVI SOLR 200mg                                               | 3                          | NDS NM PA       |
| MYLOTARG SOLR 4.5mg                                              | 3                          | NDS NM PA       |
| NERLYNX TABS 40mg<br>QL (180 tabs / 30 days)                     | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>nilotinib hcl</i> CAPS 50mg<br>QL (120 caps / 30 days)                                    | 3                          | NDS QL NM<br>PA |
| <i>nilotinib hcl</i> (generic of<br>TASIGNA) CAPS 150mg,<br>200mg<br>QL (112 caps / 28 days) | 3                          | NDS QL NM<br>PA |
| NINLARO CAPS 2.3mg,<br>3mg, 4mg<br>QL (3 caps / 28 days)                                     | 3                          | NDS QL NM<br>PA |
| ODOMZO CAPS 200mg<br>QL (30 caps / 30 days)                                                  | 3                          | NDS QL NM<br>PA |
| OGIVRI SOLR 150mg,<br>420mg                                                                  | 3                          | NDS NM PA       |
| OGSIVEO TABS 50mg<br>QL (180 tabs / 30 days)                                                 | 3                          | NDS QL NM<br>PA |
| OGSIVEO TABS 100mg,<br>150mg<br>QL (56 tabs / 28 days)                                       | 3                          | NDS QL NM<br>PA |
| OJEMDA SUSR 25mg/ml<br>QL (96 mL / 28 days)                                                  | 3                          | NDS QL NM<br>PA |
| OJEMDA TABS 100mg<br>QL (24 tabs / 28 days)                                                  | 3                          | NDS QL NM<br>PA |
| OJJAARA TABS 100mg,<br>150mg, 200mg<br>QL (30 tabs / 30 days)                                | 3                          | NDS QL NM<br>PA |
| ONTRUZANT SOLR 150mg,<br>420mg                                                               | 3                          | NDS NM PA       |
| OPDIVO SOLN 40mg/4ml,<br>100mg/10ml, 120mg/12ml,<br>240mg/24ml                               | 3                          | NDS NM PA       |
| OPDIVO INJ QVANTIG                                                                           | 3                          | NDS NM PA       |
| OPDUALAG SOL                                                                                 | 3                          | NDS NM PA       |
| PADCEV SOLR 20mg, 30mg                                                                       | 3                          | NDS NM PA       |
| <i>pazopanib hcl</i> (generic of<br>VOTRIENT) TABS 200mg<br>QL (120 tabs / 30 days)          | 3                          | NDS QL NM<br>PA |
| PEMAZYRE TABS 4.5mg,<br>9mg, 13.5mg<br>QL (28 tabs / 28 days)                                | 3                          | NDS QL NM<br>PA |
| PERJETA SOLN<br>420mg/14ml                                                                   | 3                          | NDS NM PA       |
| PHESGO SOL                                                                                   | 3                          | NDS NM PA       |
| PIQRAY 200MG DAILY<br>DOSE TBPK 200mg<br>QL (28 tabs / 28 days)                              | 3                          | NDS QL NM<br>PA |
| PIQRAY 250MG TAB DOSE<br>QL (56 tabs / 28 days)                                              | 3                          | NDS QL NM<br>PA |

| Drug Name                                                       | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------|----------------------------|-----------------|
| PIQRAY 300MG DAILY<br>DOSE TBPK 150mg<br>QL (56 tabs / 28 days) | 3                          | NDS QL NM<br>PA |
| POLIVY SOLR 30mg, 140mg                                         | 3                          | NDS NM PA       |
| POTELIGEO SOLN<br>20mg/5ml                                      | 3                          | NDS NM PA       |
| QINLOCK TABS 50mg<br>QL (90 tabs / 30 days)                     | 3                          | NDS QL NM<br>PA |
| RETEVMO CAPS 40mg<br>QL (240 caps / 30 days)                    | 3                          | NDS QL NM<br>PA |
| RETEVMO CAPS 80mg<br>QL (120 caps / 30 days)                    | 3                          | NDS QL NM<br>PA |
| RETEVMO TABS 40mg<br>QL (90 tabs / 30 days)                     | 3                          | NDS QL NM<br>PA |
| RETEVMO TABS 80mg,<br>120mg, 160mg<br>QL (60 tabs / 30 days)    | 3                          | NDS QL NM<br>PA |
| REVUFORJ TABS 25mg<br>QL (240 tabs / 30 days)                   | 3                          | NDS QL NM<br>PA |
| REVUFORJ TABS 110mg<br>QL (120 tabs / 30 days)                  | 3                          | NDS QL NM<br>PA |
| REVUFORJ TABS 160mg<br>QL (60 tabs / 30 days)                   | 3                          | NDS QL NM<br>PA |
| REZLIDHIA CAPS 150mg<br>QL (60 caps / 30 days)                  | 3                          | NDS QL NM<br>PA |
| ROMVIMZA CAPS 14mg,<br>20mg, 30mg<br>QL (8 caps / 28 days)      | 3                          | NDS QL NM<br>PA |
| ROZLYTREK CAPS 100mg<br>QL (180 caps / 30 days)                 | 3                          | NDS QL NM<br>PA |
| ROZLYTREK CAPS 200mg<br>QL (90 caps / 30 days)                  | 3                          | NDS QL NM<br>PA |
| ROZLYTREK PACK 50mg<br>QL (336 packets / 28<br>days)            | 3                          | NDS QL NM<br>PA |
| RUBRACA TABS 200mg,<br>250mg, 300mg<br>QL (120 tabs / 30 days)  | 3                          | NDS QL NM<br>PA |
| RYBREVANT SOLN<br>350mg/7ml                                     | 3                          | NDS NM PA       |
| RYDAPT CAPS 25mg<br>QL (224 caps / 28 days)                     | 3                          | NDS QL NM<br>PA |
| SARCLISA SOLN<br>100mg/5ml, 500mg/25ml                          | 3                          | NDS NM PA       |
| SCEMBLIX TABS 20mg<br>QL (60 tabs / 30 days)                    | 3                          | NDS QL NM<br>PA |
| SCEMBLIX TABS 40mg<br>QL (300 tabs / 30 days)                   | 3                          | NDS QL NM<br>PA |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| SCEMBLIX TABS 100mg<br>QL (120 tabs / 30 days)                                                              | 3                          | NDS QL NM<br>PA |
| <i>sorafenib tosylate</i> (generic of<br>NEXAVAR) TABS 200mg<br>QL (120 tabs / 30 days)                     | 3                          | NDS QL NM<br>PA |
| STIVARGA TABS 40mg<br>QL (84 tabs / 28 days)                                                                | 3                          | NDS QL NM<br>PA |
| <i>sunitinib malate</i> (generic of<br>SUTENT) CAPS 12.5mg,<br>25mg, 37.5mg, 50mg<br>QL (30 caps / 30 days) | 3                          | NDS QL NM<br>PA |
| TABRECTA TABS 150mg,<br>200mg<br>QL (112 tabs / 28 days)                                                    | 3                          | NDS QL NM<br>PA |
| TAFINLAR CAPS 50mg,<br>75mg<br>QL (120 caps / 30 days)                                                      | 3                          | NDS QL NM<br>PA |
| TAFINLAR TBSO 10mg<br>QL (900 tabs / 30 days)                                                               | 3                          | NDS QL NM<br>PA |
| TAGRISO TABS 40mg,<br>80mg<br>QL (30 tabs / 30 days)                                                        | 3                          | NDS QL NM<br>PA |
| TALZENNA CAPS .1mg,<br>.35mg, .5mg, .75mg, 1mg<br>QL (30 caps / 30 days)                                    | 3                          | NDS QL NM<br>PA |
| TALZENNA CAPS .25mg<br>QL (90 caps / 30 days)                                                               | 3                          | NDS QL NM<br>PA |
| TASIGNA CAPS 50mg<br>QL (120 caps / 30 days)                                                                | 3                          | NDS QL NM<br>PA |
| TASIGNA CAPS 150mg,<br>200mg<br>QL (112 caps / 28 days)                                                     | 3                          | NDS QL NM<br>PA |
| TAZVERIK TABS 200mg<br>QL (240 tabs / 30 days)                                                              | 3                          | NDS QL NM<br>PA |
| TECENTRIQ SOLN<br>840mg/14ml, 1200mg/20ml                                                                   | 3                          | NDS NM PA       |
| TECENTRIQ INJ HYBREZA<br>QL (1 vial / 21 days)                                                              | 3                          | NDS QL NM<br>PA |
| TECVAYLI SOLN 30mg/3ml,<br>153mg/1.7ml                                                                      | 3                          | NDS NM PA       |
| <i>temsirolimus</i> (generic of<br>TORISEL) SOLN 25mg/ml                                                    | 3                          | NDS B/D NM      |
| TEPMETKO TABS 225mg<br>QL (60 tabs / 30 days)                                                               | 3                          | NDS QL NM<br>PA |
| TEVIMBRA SOLN<br>100mg/10ml                                                                                 | 3                          | NDS NM PA       |
| TIBSOVO TABS 250mg<br>QL (60 tabs / 30 days)                                                                | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| TIVDAK SOLR 40mg                                                                                  | 3                          | NDS NM PA       |
| <i>torpenz</i> (generic of<br>AFINITOR) TABS 2.5mg,<br>5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days) | 3                          | NDS QL NM<br>PA |
| TRAZIMERA SOLR 150mg,<br>420mg                                                                    | 3                          | NDS NM PA       |
| TRODELVY SOLR 180mg                                                                               | 3                          | NDS NM PA       |
| TRUQAP TABS 160mg,<br>200mg<br>QL (64 tabs / 28 days)                                             | 3                          | NDS QL NM<br>PA |
| TRUQAP TBPK 160mg,<br>200mg<br>QL (4 packs / 28 days)                                             | 3                          | NDS QL NM<br>PA |
| TRUXIMA SOLN<br>100mg/10ml, 500mg/50ml                                                            | 3                          | NDS NM PA       |
| TUKYSA TABS 50mg,<br>150mg<br>QL (120 tabs / 30 days)                                             | 3                          | NDS QL NM<br>PA |
| TURALIO CAPS 125mg<br>QL (120 caps / 30 days)                                                     | 3                          | NDS QL NM<br>PA |
| VANFLYTA TABS 17.7mg,<br>26.5mg<br>QL (56 tabs / 28 days)                                         | 3                          | NDS QL NM<br>PA |
| VECTIBIX SOLN 100mg/5ml,<br>400mg/20ml                                                            | 3                          | NDS B/D NM      |
| VENCLEXTA TABS 10mg<br>QL (112 tabs / 28 days)                                                    | 2                          | QL NM PA        |
| VENCLEXTA TABS 50mg<br>QL (112 tabs / 28 days)                                                    | 3                          | NDS QL NM<br>PA |
| VENCLEXTA TABS 100mg<br>QL (180 tabs / 30 days)                                                   | 3                          | NDS QL NM<br>PA |
| VENCLEXTA TAB START PK<br>QL (42 tabs / 28 days)                                                  | 3                          | NDS QL NM<br>PA |
| VERZENIO TABS 50mg,<br>100mg, 150mg, 200mg<br>QL (56 tabs / 28 days)                              | 3                          | NDS QL NM<br>PA |
| VITRAKVI CAPS 25mg<br>QL (180 caps / 30 days)                                                     | 3                          | NDS QL NM<br>PA |
| VITRAKVI CAPS 100mg<br>QL (60 caps / 30 days)                                                     | 3                          | NDS QL NM<br>PA |
| VITRAKVI SOLN 20mg/ml<br>QL (300 mL / 30 days)                                                    | 3                          | NDS QL NM<br>PA |
| VIZIMPRO TABS 15mg,<br>30mg, 45mg<br>QL (30 tabs / 30 days)                                       | 3                          | NDS QL NM<br>PA |
| VONJO CAPS 100mg<br>QL (120 caps / 30 days)                                                       | 3                          | NDS QL NM<br>PA |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------|----------------------------|-----------------|
| VORANIGO TABS 10mg<br>QL (60 tabs / 30 days)                           | 3                          | NDS QL NM<br>PA |
| VORANIGO TABS 40mg<br>QL (30 tabs / 30 days)                           | 3                          | NDS QL NM<br>PA |
| VYLOY SOLR 100mg,<br>300mg                                             | 3                          | NDS NM PA       |
| XALKORI CAPS 200mg,<br>250mg; CPSP 50mg<br>QL (120 caps / 30 days)     | 3                          | NDS QL NM<br>PA |
| XALKORI CPSP 20mg<br>QL (240 caps / 30 days)                           | 3                          | NDS QL NM<br>PA |
| XALKORI CPSP 150mg<br>QL (180 caps / 30 days)                          | 3                          | NDS QL NM<br>PA |
| XOSPATA TABS 40mg<br>QL (90 tabs / 30 days)                            | 3                          | NDS QL NM<br>PA |
| XPOVIO PAK (40 MG ONCE<br>WEEKLY) TBPk 10mg<br>QL (16 tabs / 28 days)  | 3                          | NDS QL NM<br>PA |
| XPOVIO PAK (40 MG ONCE<br>WEEKLY) TBPk 40mg<br>QL (4 tabs / 28 days)   | 3                          | NDS QL NM<br>PA |
| XPOVIO PAK (40 MG TWICE<br>WEEKLY) TBPk 40mg<br>QL (8 tabs / 28 days)  | 3                          | NDS QL NM<br>PA |
| XPOVIO PAK (60 MG ONCE<br>WEEKLY) TBPk 60mg<br>QL (4 tabs / 28 days)   | 3                          | NDS QL NM<br>PA |
| XPOVIO PAK (60 MG TWICE<br>WEEKLY) TBPk 20mg<br>QL (24 tabs / 28 days) | 3                          | NDS QL NM<br>PA |
| XPOVIO PAK (80 MG ONCE<br>WEEKLY) TBPk 40mg<br>QL (8 tabs / 28 days)   | 3                          | NDS QL NM<br>PA |
| XPOVIO PAK (80 MG TWICE<br>WEEKLY) TBPk 20mg<br>QL (32 tabs / 28 days) | 3                          | NDS QL NM<br>PA |
| XPOVIO PAK (100 MG ONCE<br>WEEKLY) TBPk 50mg<br>QL (8 tabs / 28 days)  | 3                          | NDS QL NM<br>PA |
| YERVOY SOLN 50mg/10ml,<br>200mg/40ml                                   | 3                          | NDS NM PA       |
| ZALTRAP SOLN 100mg/4ml,<br>200mg/8ml                                   | 3                          | NDS NM PA       |
| ZEJULA TABS 100mg,<br>200mg, 300mg<br>QL (30 tabs / 30 days)           | 3                          | NDS QL NM<br>PA |
| ZELBORAF TABS 240mg<br>QL (240 tabs / 30 days)                         | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| ZIIHERA SOLR 300mg                                                                                          | 3                          | NDS NM PA       |
| ZIRABEV SOLN 100mg/4ml,<br>400mg/16ml                                                                       | 3                          | NDS NM PA       |
| ZOLINZA CAPS 100mg<br>QL (120 caps / 30 days)                                                               | 3                          | NDS QL NM<br>PA |
| ZYDELIG TABS 100mg,<br>150mg<br>QL (60 tabs / 30 days)                                                      | 3                          | NDS QL NM<br>PA |
| ZYKADIA TABS 150mg<br>QL (84 tabs / 28 days)                                                                | 3                          | NDS QL NM<br>PA |
| ZYNLONTA SOLR 10mg                                                                                          | 3                          | NDS NM PA       |
| ZYNYZ SOLN 500mg/20ml                                                                                       | 3                          | NDS NM PA       |
| <b>PROTECTIVE AGENTS</b>                                                                                    |                            |                 |
| <i>dexrazoxane hcl</i> SOLR<br>250mg, 500mg                                                                 | 3                          | NDS B/D         |
| ELITEK SOLR 1.5mg, 7.5mg                                                                                    | 3                          | NDS B/D         |
| KHAPZORY SOLR 175mg                                                                                         | 3                          | NDS B/D NM      |
| <i>leucovorin calcium</i> SOLN<br>500mg/50ml; SOLR 50mg,<br>100mg, 200mg, 350mg,<br>500mg                   | 1                          | B/D             |
| <i>leucovorin calcium</i> TABS<br>5mg, 10mg, 15mg, 25mg                                                     | 1                          |                 |
| <i>levoleucovorin calcium</i> SOLN<br>175mg/17.5ml, 250mg/25ml;<br>SOLR 50mg                                | 1                          | B/D NM          |
| <i>mesna</i> (generic of MESNEX)<br>TABS 400mg                                                              | 3                          | NDS             |
| MESNEX TABS 400mg                                                                                           | 3                          | NDS             |
| <b>CARDIOVASCULAR<br/>ACE INHIBITOR COMBINATIONS</b>                                                        |                            |                 |
| <i>amlodipine besylate-<br/>benazepril hcl cap 2.5-10 mg</i><br>QL (30 caps / 30 days)                      | 1                          | QL              |
| <i>amlodipine besylate-<br/>benazepril hcl cap 5-10 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days) | 1                          | QL              |
| <i>amlodipine besylate-<br/>benazepril hcl cap 5-20 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days) | 1                          | QL              |
| <i>amlodipine besylate-<br/>benazepril hcl cap 5-40 mg</i><br>QL (30 caps / 30 days)                        | 1                          | QL              |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amlodipine besylate-<br/>benazepril hcl cap 10-20 mg<br/>(generic of LOTREL)<br/>QL (30 caps / 30 days)</i> | 1                          | QL     |
| <i>amlodipine besylate-<br/>benazepril hcl cap 10-40 mg<br/>(generic of LOTREL)<br/>QL (30 caps / 30 days)</i> | 1                          | QL     |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 5-<br/>6.25mg</i>                                              | 1                          |        |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 10-<br/>12.5 mg (generic of<br/>LOTENSIN HCT)</i>              | 1                          |        |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 20-<br/>12.5 mg (generic of<br/>LOTENSIN HCT)</i>              | 1                          |        |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 20-25<br/>mg (generic of LOTENSIN<br/>HCT)</i>                 | 1                          |        |
| <i>captopril &amp;<br/>hydrochlorothiazide tab 25-15<br/>mg</i>                                                | 1                          |        |
| <i>captopril &amp;<br/>hydrochlorothiazide tab 25-25<br/>mg</i>                                                | 1                          |        |
| <i>captopril &amp;<br/>hydrochlorothiazide tab 50-15<br/>mg</i>                                                | 1                          |        |
| <i>captopril &amp;<br/>hydrochlorothiazide tab 50-25<br/>mg</i>                                                | 1                          |        |
| <i>enalapril maleate &amp;<br/>hydrochlorothiazide tab 5-12.5<br/>mg</i>                                       | 1                          |        |
| <i>enalapril maleate &amp;<br/>hydrochlorothiazide tab 10-25<br/>mg (generic of VASERETIC)</i>                 | 1                          |        |
| <i>fosinopril sodium &amp;<br/>hydrochlorothiazide tab 10-<br/>12.5 mg</i>                                     | 1                          |        |
| <i>fosinopril sodium &amp;<br/>hydrochlorothiazide tab 20-<br/>12.5 mg</i>                                     | 1                          |        |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>lisinopril &amp; hydrochlorothiazide<br/>tab 10-12.5 mg (generic of<br/>ZESTORETIC)</i> | 1                          |        |
| <i>lisinopril &amp; hydrochlorothiazide<br/>tab 20-12.5 mg (generic of<br/>ZESTORETIC)</i> | 1                          |        |
| <i>lisinopril &amp; hydrochlorothiazide<br/>tab 20-25 mg (generic of<br/>ZESTORETIC)</i>   | 1                          |        |
| <i>quinapril-hydrochlorothiazide<br/>tab 10-12.5 mg (generic of<br/>ACCURETIC)</i>         | 1                          |        |
| <i>quinapril-hydrochlorothiazide<br/>tab 20-12.5 mg (generic of<br/>ACCURETIC)</i>         | 1                          |        |
| <i>quinapril-hydrochlorothiazide<br/>tab 20-25 mg</i>                                      | 1                          |        |
| <i>trandolapril-verapamil hcl tab<br/>er 1-240 mg</i>                                      | 1                          |        |
| <i>trandolapril-verapamil hcl tab<br/>er 2-180 mg</i>                                      | 1                          |        |
| <i>trandolapril-verapamil hcl tab<br/>er 2-240 mg</i>                                      | 1                          |        |
| <i>trandolapril-verapamil hcl tab<br/>er 4-240 mg</i>                                      | 1                          |        |
| <b>ACE INHIBITORS</b>                                                                      |                            |        |
| <i>benazepril hcl TABS 5mg</i>                                                             | 1                          |        |
| <i>benazepril hcl (generic of<br/>LOTENSIN) TABS 10mg,<br/>20mg, 40mg</i>                  | 1                          |        |
| <i>captopril TABS 12.5mg,<br/>25mg, 50mg, 100mg</i>                                        | 1                          |        |
| <i>enalapril maleate (generic of<br/>EPANED) SOLN 1mg/ml</i>                               | 1                          |        |
| <i>enalapril maleate (generic of<br/>VASOTEC) TABS 2.5mg,<br/>5mg, 10mg, 20mg</i>          | 1                          |        |
| <i>fosinopril sodium TABS<br/>10mg, 20mg, 40mg</i>                                         | 1                          |        |
| <i>lisinopril (generic of ZESTRIL)<br/>TABS 2.5mg, 5mg, 10mg,<br/>20mg, 30mg, 40mg</i>     | 1                          |        |
| <i>moexipril hcl TABS 7.5mg,<br/>15mg</i>                                                  | 1                          |        |
| <i>perindopril erbumine TABS<br/>2mg, 4mg, 8mg</i>                                         | 1                          |        |
| <i>QBRELIS SOLN 1mg/ml</i>                                                                 | 3                          | NDS    |

| Drug Name                                                                                          | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg                              | 1                          |        |
| <i>ramipril</i> CAPS 1.25mg, 5mg, 10mg                                                             | 1                          |        |
| <i>ramipril</i> (generic of ALTACE) CAPS 2.5mg                                                     | 1                          |        |
| <i>trandolapril</i> TABS 1mg, 2mg, 4mg                                                             | 1                          |        |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>                                                            |                            |        |
| <i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg                                              | 1                          |        |
| KERENDIA TABS 10mg, 20mg                                                                           | 2                          | QL     |
| QL (30 tabs / 30 days)                                                                             |                            |        |
| <i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml                                          | 1                          |        |
| <i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg                                | 1                          |        |
| <b>ALPHA BLOCKERS</b>                                                                              |                            |        |
| <i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg                             | 1                          |        |
| <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg                                                             | 1                          |        |
| <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg                                                      | 1                          |        |
| TEZRULY SOLN 1mg/ml                                                                                | 3                          | QL ST  |
| QL (600 mL / 30 days)                                                                              |                            |        |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>                                             |                            |        |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                             |                            |        |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                             |                            |        |

| Drug Name                                                                                           | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                              |                            |        |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                              |                            |        |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)                              | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                              |                            |        |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)                              | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                              |                            |        |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)                             | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                              |                            |        |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)                             | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                              |                            |        |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)          | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                              |                            |        |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT)            | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                              |                            |        |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)         | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                              |                            |        |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT)           | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                              |                            |        |



| Drug Name                                                                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (generic of ATACAND HCT)<br>QL (60 tabs / 30 days)  | 1                          | QL     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (generic of ATACAND HCT)<br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (generic of ATACAND HCT)<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| EDARBYCLOR TAB 40-12.5<br>QL (30 tabs / 30 days)                                                                    | 3                          | QL ST  |
| EDARBYCLOR TAB 40-25MG<br>QL (30 tabs / 30 days)                                                                    | 3                          | QL ST  |
| ENTRESTO CAP 6-6MG<br>QL (240 caps / 30 days)                                                                       | 2                          | QL     |
| ENTRESTO CAP 15-16MG<br>QL (240 caps / 30 days)                                                                     | 2                          | QL     |
| ENTRESTO TAB 24-26MG<br>QL (60 tabs / 30 days)                                                                      | 2                          | QL     |
| ENTRESTO TAB 49-51MG<br>QL (60 tabs / 30 days)                                                                      | 2                          | QL     |
| ENTRESTO TAB 97-103MG<br>QL (60 tabs / 30 days)                                                                     | 2                          | QL     |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE)<br>QL (60 tabs / 30 days)                | 1                          | QL     |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE)<br>QL (30 tabs / 30 days)                | 1                          | QL     |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)                              | 1                          |        |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)                             | 1                          |        |

| Drug Name                                                                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)                               | 1                          |        |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT)<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT)<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT)<br>QL (30 tabs / 30 days)     | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (generic of TRIBENZOR)<br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (generic of TRIBENZOR)<br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (generic of TRIBENZOR)<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR)<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>telmisartan-amlodipine tab 40-5 mg</i><br>QL (30 tabs / 30 days)                                                 | 1                          | QL     |
| <i>telmisartan-amlodipine tab 40-10 mg</i><br>QL (30 tabs / 30 days)                                                | 1                          | QL     |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>telmisartan-amlodipine tab 80-5 mg</i><br>QL (30 tabs / 30 days)                                       | 1                          | QL     |
| <i>telmisartan-amlodipine tab 80-10 mg</i><br>QL (30 tabs / 30 days)                                      | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT)<br>QL (60 tabs / 30 days) | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT)<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)     | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)      | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)      | 1                          | QL     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                                                                |                            |        |
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg<br>QL (60 tabs / 30 days)           | 1                          | QL     |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg<br>QL (30 tabs / 30 days)      | 1                          | QL     |
| EDARBI TABS 40mg, 80mg<br>QL (30 tabs / 30 days)                                           | 3                          | QL ST  |
| <i>irbesartan</i> TABS 75mg<br>QL (30 tabs / 30 days)                                      | 1                          | QL     |
| <i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg<br>QL (30 tabs / 30 days)          | 1                          | QL     |
| <i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg                       | 1                          |        |
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg<br>QL (60 tabs / 30 days)        | 1                          | QL     |
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>telmisartan</i> TABS 20mg<br>QL (30 tabs / 30 days)                                     | 1                          | QL     |
| <i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg<br>QL (30 tabs / 30 days)         | 1                          | QL     |
| <i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg<br>QL (60 tabs / 30 days)      | 1                          | QL     |
| <i>valsartan</i> (generic of DIOVAN) TABS 320mg<br>QL (30 tabs / 30 days)                  | 1                          | QL     |
| <b>ANTIARRHYTHMICS</b>                                                                     |                            |        |
| <i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg        | 1                          |        |
| <i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg                       | 3                          |        |
| <i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg                         | 1                          | NM     |
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg                                          | 1                          |        |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| MULTAQ TABS 400mg<br>QL (60 tabs / 30 days)                                                            | 3                          | QL     |
| NORPACE CR CP12 100mg, 150mg                                                                           | 3                          |        |
| <i>pacerone</i> TABS 100mg, 200mg, 400mg                                                               | 1                          |        |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg                              | 1                          |        |
| <i>quinidine sulfate</i> TABS 200mg, 300mg                                                             | 1                          |        |
| <i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg                                       | 1                          |        |
| <i>sotalol hcl</i> TABS 240mg                                                                          | 1                          |        |
| <i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg                          | 1                          |        |
| SOTYLIZE SOLN 5mg/ml                                                                                   | 3                          |        |
| <b>ANTIPEMICS, FIBRATES</b>                                                                            |                            |        |
| <i>choline fenofibrate</i> CPDR 45mg, 135mg                                                            | 1                          |        |
| <i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg                                                | 1                          |        |
| <i>fenofibrate</i> TABS 54mg, 160mg                                                                    | 1                          |        |
| <i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg                                            | 1                          |        |
| <i>gemfibrozil</i> (generic of LOPID) TABS 600mg                                                       | 1                          |        |
| <b>ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                                                        |                            |        |
| ATORVALIQ SUSP 20mg/5ml<br>QL (600 mL / 30 days)                                                       | 3                          | QL ST  |
| <i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg<br>QL (30 caps / 30 days)                                  | 3                          | QL ST  |
| FLOLIPID SUSP 20mg/5ml, 40mg/5ml<br>QL (300 mL / 30 days)                                              | 3                          | QL ST  |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg<br>QL (60 caps / 30 days)                                   | 1                          | QL ST     |
| <i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg<br>QL (30 tabs / 30 days)                  | 1                          | QL ST     |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg<br>QL (60 tabs / 30 days)                                     | 1                          | QL        |
| <i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)          | 1                          | QL ST     |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days)                       | 1                          | QL        |
| <i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 1                          | QL        |
| <i>simvastatin</i> TABS 5mg, 80mg<br>QL (30 tabs / 30 days)                                           | 1                          | QL        |
| <i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days)                 | 1                          | QL        |
| ZYPITAMAG TABS 2mg, 4mg<br>QL (30 tabs / 30 days)                                                     | 3                          | QL ST     |
| <b>ANTIPEMICS, MISCELLANEOUS</b>                                                                      |                            |           |
| <i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose                                   | 1                          |           |
| <i>cholestyramine light</i> PACK 4gm                                                                  | 1                          |           |
| <i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose                                 | 1                          |           |
| <i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg                                   | 1                          |           |
| <i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm                                        | 1                          |           |
| <i>colestipol hcl</i> PACK 5gm                                                                        | 1                          |           |
| EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml                                                                  | 3                          | NDS NM PA |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>ezetimibe</i> (generic of ZETIA) TABS 10mg                                         | 1                          |           |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1                          | QL        |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1                          | QL        |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1                          | QL        |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days) | 1                          | QL        |
| JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg                                                   | 3                          | NDS NM PA |
| NEXLETOL TABS 180mg QL (30 tabs / 30 days)                                            | 2                          | QL        |
| NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)                                          | 2                          | QL        |
| <i>niacin</i> (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)   | 1                          | QL        |
| <i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)                         | 1                          | PA        |
| <i>prevalite</i> PACK 4gm                                                             | 1                          |           |
| <i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose                            | 1                          |           |
| REPATHA SOSY 140mg/ml                                                                 | 2                          | NM PA     |
| REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml                                            | 2                          | NM PA     |
| REPATHA SURECLICK SOAJ 140mg/ml                                                       | 2                          | NM PA     |
| VASCEPA CAPS .5gm, 1gm                                                                | 2                          |           |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                                             |                            |           |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)           | 1                          |           |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)         | 1                          |           |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>                           | 1                          |           |

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>                                            | 1                          |        |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>                                           | 1                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>                                             | 1                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>                                            | 1                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>                                            | 1                          |        |
| <b>BETA-BLOCKERS</b>                                                                                 |                            |        |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg                                                              | 1                          |        |
| <i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg                                         | 1                          |        |
| <i>betaxolol hcl</i> TABS 10mg, 20mg                                                                 | 1                          |        |
| <i>bisoprolol fumarate</i> TABS 2.5mg, 5mg, 10mg                                                     | 1                          |        |
| <i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg                              | 1                          |        |
| <i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days) | 1                          | QL     |
| KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg                                                     | 3                          |        |
| <i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg                                    | 1                          |        |
| LOPRESSOR SOLN 10mg/ml                                                                               | 3                          |        |
| <i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg                     | 1                          |        |
| <i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg                                     | 1                          |        |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg                                | 1                          |        |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg                                                              | 1                          |        |
| <i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days)        | 1                          | QL     |
| <i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg<br>QL (60 tabs / 30 days)                    | 1                          | QL     |
| <i>pindolol</i> TABS 5mg, 10mg                                                                    | 1                          |        |
| <i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg                      | 1                          |        |
| <i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg         | 1                          |        |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg                                                       | 1                          |        |
| <b>CALCIUM CHANNEL BLOCKERS</b>                                                                   |                            |        |
| <i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg                             | 1                          |        |
| <i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg                         | 1                          |        |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg                                                           | 1                          |        |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg      | 1                          |        |
| <i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg                                 | 1                          |        |
| <i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg       | 1                          |        |
| <i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1                          |        |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1                          |        |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg                                                                       | 1                          |        |
| <i>isradipine</i> CAPS 2.5mg, 5mg                                                                             | 1                          |        |
| KATERZIA SUSP 1mg/ml                                                                                          | 3                          |        |
| <i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg                              | 1                          |        |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg                                                                        | 1                          |        |
| <i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)     | 1                          |        |
| <i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)     | 1                          |        |
| NICARDIPINE SOL 20/200ML                                                                                      | 3                          |        |
| NICARDIPINE SOL 40/200ML                                                                                      | 3                          |        |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg                                                                       | 1                          |        |
| <i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg                                             | 1                          |        |
| <i>nimodipine</i> CAPS 30mg                                                                                   | 1                          |        |
| <i>nimodipine</i> SOLN 60mg/20ml                                                                              | 3                          | NDS    |
| <i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg                                                  | 1                          |        |
| <i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg                                                              | 1                          |        |
| NORLIQVA SOLN 1mg/ml                                                                                          | 3                          |        |
| NYMALIZE SOLN 6mg/ml                                                                                          | 3                          | NDS    |
| <i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                           | 1                          |        |

| Drug Name                                                                                                                                  | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1                          |           |
| <b>DIURETICS</b>                                                                                                                           |                            |           |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg                                                                                         | 1                          |           |
| <i>amiloride &amp; hydrochlorothiazide tab</i> 5-50 mg                                                                                     | 1                          |           |
| <i>amiloride hcl</i> TABS 5mg                                                                                                              | 1                          |           |
| <i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg                                                                                             | 1                          |           |
| <i>bumetanide</i> (generic of BUMEX) TABS .5mg                                                                                             | 1                          |           |
| <i>chlorthalidone</i> TABS 25mg, 50mg                                                                                                      | 1                          |           |
| <i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg                                                                                     | 3                          | NDS NM PA |
| DIURIL SUSP 250mg/5ml                                                                                                                      | 3                          |           |
| <i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg                                                                                      | 1                          |           |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml                                                                                                   | 1                          |           |
| <i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg                                                                                 | 1                          |           |
| <i>furosemide inj</i> SOLN 10mg/ml                                                                                                         | 1                          |           |
| HEMICLOR TABS 12.5mg                                                                                                                       | 3                          |           |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg                                                                            | 1                          |           |
| <i>indapamide</i> TABS 1.25mg, 2.5mg                                                                                                       | 1                          |           |
| INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)                                                                                                 | 3                          | QL        |
| <i>methazolamide</i> TABS 25mg, 50mg                                                                                                       | 1                          |           |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg                                                                                                    | 1                          |           |
| <i>ormarvi</i> (generic of KEVEYIS) TABS 50mg                                                                                              | 3                          | NDS NM PA |
| SOAANZ TABS 20mg, 40mg, 60mg                                                                                                               | 3                          |           |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------|----------------------------|--------|
| <i>spironolactone &amp; hydrochlorothiazide tab</i> 25-25 mg                     | 1                          |        |
| THALITONE TABS 15mg                                                              | 3                          |        |
| <i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg                                     | 1                          |        |
| <i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg                      | 1                          |        |
| <i>triamterene &amp; hydrochlorothiazide tab</i> 37.5-25 mg                      | 1                          |        |
| <i>triamterene &amp; hydrochlorothiazide tab</i> 75-50 mg                        | 1                          |        |
| <b>MISCELLANEOUS</b>                                                             |                            |        |
| <i>aliskiren fumarate</i> (generic of TEKTRUNA) TABS 150mg, 300mg                | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg                    | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg                    | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg                    | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg (generic of CADUET)  | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg (generic of CADUET)  | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 5-40 mg (generic of CADUET)  | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 5-80 mg (generic of CADUET)  | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 10-10 mg (generic of CADUET) | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 10-20 mg (generic of CADUET) | 1                          |        |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------|----------------------------|--------------|
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET) | 1                          |              |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET) | 1                          |              |
| ASPRUZYO SPRINKLE PACK 1000mg                                                    | 3                          | PA           |
| ATTRUBY TBPB 356mg QL (112 tabs / 28 days)                                       | 3                          | NDS QL NM PA |
| CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)                       | 3                          | NDS QL NM PA |
| <i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr                      | 1                          |              |
| <i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr                      | 1                          |              |
| <i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr                      | 1                          |              |
| <i>clonidine</i> TB24 .17mg                                                      | 1                          |              |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg                                       | 1                          |              |
| CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)                                      | 2                          | QL           |
| <i>digoxin</i> SOLN .05mg/ml                                                     | 1                          |              |
| <i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg                  | 1                          |              |
| <i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)   | 1                          | QL           |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)         | 3                          | NDS QL NM PA |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days) | 3                          | NDS QL NM PA |
| <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml                                     | 1                          |              |
| <i>guanfacine hcl</i> TABS 1mg, 2mg<br>PA applies if 70 years and older          | 2                          | PA           |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg                  | 1                          |              |
| INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days)                                    | 3                          | QL           |
| <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)      | 1                          |              |
| <i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days) | 1                          | QL           |
| LANOXIN PEDIATRIC SOLN .1mg/ml                                                     | 3                          |              |
| LODOCO TABS .5mg QL (30 tabs / 30 days)                                            | 3                          | QL PA        |
| <i>methyldopa</i> TABS 250mg, 500mg<br>PA applies if 70 years and older            | 3                          | PA           |
| <i>metirosine</i> (generic of DEMSER) CAPS 250mg                                   | 3                          | NDS NM PA    |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg                                         | 1                          |              |
| <i>minoxidil</i> TABS 2.5mg, 10mg                                                  | 1                          |              |
| <i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg                     | 3                          | NDS PA       |
| <i>ranolazine</i> TB12 500mg, 1000mg                                               | 1                          |              |
| TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days)                            | 3                          | NDS QL NM PA |
| TRYVIO TABS 12.5mg QL (30 tabs / 30 days)                                          | 3                          | QL PA        |
| VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)                               | 2                          | QL PA        |
| VYNDAMAX CAPS 61mg QL (30 caps / 30 days)                                          | 3                          | NDS QL NM PA |
| VYNDAQEL CAPS 20mg QL (120 caps / 30 days)                                         | 3                          | NDS QL NM PA |
| <b>NITRATES</b>                                                                    |                            |              |
| <i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg                | 1                          |              |

| Drug Name                                                         | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------|----------------------------|--------------|
| <i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg                 | 1                          |              |
| ISOSORBIDE MONONITRATE TABS 10mg, 20mg                            | 3                          |              |
| <i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg              | 1                          |              |
| NITRO-BID OINT 2%                                                 | 2                          |              |
| NITRO-DUR PT24 .3mg/hr, .8mg/hr                                   | 3                          | NDS          |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr      | 1                          |              |
| <i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray    | 1                          |              |
| <i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg | 1                          |              |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                            |                            |              |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg                         | 3                          | NDS QL NM PA |
| QL (90 tabs / 30 days)                                            |                            |              |
| <i>alyq</i> (generic of ADCIRCA) TABS 20mg                        | 3                          | NDS QL NM PA |
| QL (60 tabs / 30 days)                                            |                            |              |
| <i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg           | 3                          | NDS QL NM PA |
| QL (30 tabs / 30 days)                                            |                            |              |
| <i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg          | 3                          | NDS QL NM PA |
| QL (60 tabs / 30 days)                                            |                            |              |
| <i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg  | 3                          | NDS B/D NM   |
| OPSUMIT TABS 10mg                                                 | 3                          | NDS QL NM PA |
| QL (30 tabs / 30 days)                                            |                            |              |
| ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg                             | 3                          | NDS NM PA    |
| ORENITRAM TBCR .125mg                                             | 3                          | NM PA        |
| ORENITRAM TAB MONTH 1                                             | 3                          | NDS NM PA    |
| ORENITRAM TAB MONTH 2                                             | 3                          | NDS NM PA    |
| ORENITRAM TAB MONTH 3                                             | 3                          | NDS NM PA    |
| REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml       | 3                          | NDS NM PA    |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml | 3                          | NDS NM PA    |
| <i>sildenafil citrate</i> (pulmonary hypertension) SUSR 10mg/ml                          | 3                          | NDS QL NM PA |
| QL (784 mL / 30 days)                                                                    |                            |              |
| <i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg        | 1                          | QL NM PA     |
| QL (360 tabs / 30 days)                                                                  |                            |              |
| <i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg                 | 3                          | NDS QL NM PA |
| QL (60 tabs / 30 days)                                                                   |                            |              |
| TADLIQ SUSP 20mg/5ml                                                                     | 3                          | NDS QL NM PA |
| QL (300 mL / 30 days)                                                                    |                            |              |
| TRACLEER TBSO 32mg                                                                       | 3                          | NDS QL NM PA |
| QL (120 tabs / 30 days)                                                                  |                            |              |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml                    | 3                          | NDS NM PA    |
| TYVASO SOLN .6mg/ml                                                                      | 3                          | NDS NM PA    |
| TYVASO DPI                                                                               | 3                          | NDS QL NM PA |
| MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg                                           |                            |              |
| QL (112 cartridges / 28 days)                                                            |                            |              |
| TYVASO DPI POW 16-32-48                                                                  | 3                          | NDS QL NM PA |
| QL (252 cartridges / 28 days)                                                            |                            |              |
| UPTRAVI SOLR 1800mcg                                                                     | 3                          | NDS NM PA    |
| UPTRAVI TABS 200mcg                                                                      | 3                          | NDS QL NM PA |
| QL (140 tabs / 28 days)                                                                  |                            |              |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg                  | 3                          | NDS QL NM PA |
| QL (60 tabs / 30 days)                                                                   |                            |              |
| UPTRAVI PACK TAB 200/800                                                                 | 3                          | NDS QL NM PA |
| QL (1 pack / 28 days)                                                                    |                            |              |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg                                                    | 3                          | NDS QL NM PA |
| QL (140 caps / 28 days)                                                                  |                            |              |
| YUTREPIA CAPS 106mcg                                                                     | 3                          | NDS QL NM PA |
| QL (224 caps / 28 days)                                                                  |                            |              |



| Drug Name                                                                                                             | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>CENTRAL NERVOUS SYSTEM<br/>ANTIANXIETY</b>                                                                         |                            |        |
| <i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days)                            | 1                          | QL     |
| <i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and older   | 1                          | QL PA  |
| <i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg<br>QL (150 tabs / 30 days)<br>PA applies if 65 years and older | 1                          | QL PA  |
| <i>alprazolam</i> TBDP .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days)                                                      | 1                          | QL     |
| <i>alprazolam</i> TBDP .25mg<br>QL (120 tabs / 30 days)                                                               | 1                          | QL     |
| ALPRAZOLAM INTENSOL CONC 1mg/ml<br>QL (300 mL / 30 days)                                                              | 3                          | QL     |
| <i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg                                                                | 1                          |        |
| <i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and older       | 1                          | QL PA  |
| <i>fluvoxamine maleate</i> CP24 100mg, 150mg<br>QL (60 caps / 30 days)                                                | 1                          | QL     |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg                                                                     | 1                          |        |
| <i>lorazepam</i> CONC 2mg/ml<br>QL (150 mL / 30 days)                                                                 | 1                          | QL     |
| <i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml                                                           | 1                          |        |
| <i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days)                                   | 1                          | QL     |
| <i>lorazepam intensol</i> CONC 2mg/ml<br>QL (150 mL / 30 days)                                                        | 1                          | QL     |

| Drug Name                                                                                                                                   | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>oxazepam</i> CAPS 10mg, 15mg, 30mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and older                                        | 1                          | QL PA  |
| <b>ANTIDEMENTIA</b>                                                                                                                         |                            |        |
| ADLARITY PTWK 5mg/day, 10mg/day<br>QL (4 patches / 28 days)                                                                                 | 3                          | QL PA  |
| <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg<br>QL (30 tabs / 30 days)                                                      | 1                          | QL     |
| <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg                                                                         | 1                          |        |
| <i>donepezil hydrochloride</i> TBDP 5mg<br>QL (30 tabs / 30 days)                                                                           | 1                          | QL     |
| <i>donepezil hydrochloride</i> TBDP 10mg                                                                                                    | 1                          |        |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg<br>QL (30 caps / 30 days)                                                              | 1                          | QL     |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml<br>QL (200 mL / 30 days)                                                                        | 1                          | QL     |
| <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg<br>QL (60 tabs / 30 days)                                                               | 1                          | QL     |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg<br>PA applies if 29 years and younger                          | 1                          | PA     |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK)<br>PA applies if 29 years and younger | 1                          | PA     |
| <i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> (generic of NAMZARIC)                                                               | 1                          |        |
| <i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> (generic of NAMZARIC)                                                               | 1                          |        |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> (generic of NAMZARIC)                                 | 1                          |        |
| NAMZARIC CAP 7-10MG                                                                                           | 3                          |        |
| NAMZARIC CAP 14-10MG                                                                                          | 3                          |        |
| NAMZARIC CAP 21-10MG                                                                                          | 3                          |        |
| NAMZARIC CAP 28-10MG                                                                                          | 3                          |        |
| NAMZARIC CAP PACK                                                                                             | 3                          |        |
| <i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr<br>QL (30 patches / 30 days) | 1                          | QL     |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg<br>QL (60 caps / 30 days)                            | 1                          | QL     |
| ZUNVEYL TBEC 5mg, 10mg, 15mg<br>QL (60 tabs / 30 days)                                                        | 3                          | QL PA  |
| <b>ANTIDEPRESSANTS</b>                                                                                        |                            |        |
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg                                            | 2                          |        |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg                                                                | 2                          |        |
| AUVELITY TAB 45-105MG<br>QL (60 tabs / 30 days)                                                               | 3                          | QL PA  |
| <i>bupropion hcl</i> TABS 75mg, 100mg                                                                         | 1                          |        |
| <i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days)            | 1                          | QL     |
| <i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg<br>QL (60 tabs / 30 days)                          | 1                          | QL     |
| <i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg<br>QL (30 tabs / 30 days)                          | 1                          | QL     |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml                                                                  | 1                          |        |
| <i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg                                      | 1                          |        |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg                                  | 3                          | PA        |
| <i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg                                         | 3                          |           |
| <i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg                                                  | 3                          |           |
| DESVENLAFAXINE ER TB24 50mg, 100mg<br>QL (30 tabs / 30 days)                                          | 3                          | QL        |
| <i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | 1                          | QL        |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml                            | 2                          |           |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg<br>QL (60 caps / 30 days)                               | 3                          | QL PA     |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg<br>QL (60 caps / 30 days)                           | 1                          | QL        |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr<br>QL (30 patches / 30 days)                                 | 3                          | NDS QL PA |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml                                                              | 1                          |           |
| <i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg                                 | 1                          |           |
| FETZIMA CP24 20mg, 40mg<br>QL (60 caps / 30 days)                                                     | 3                          | QL PA     |
| FETZIMA CP24 80mg, 120mg<br>QL (30 caps / 30 days)                                                    | 3                          | QL PA     |
| FETZIMA CAP TITRATIO<br>QL (2 packs / year)                                                           | 3                          | QL PA     |
| <i>fluoxetine hcl</i> CAPS 10mg, 40mg; SOLN 20mg/5ml                                                  | 1                          |           |
| <i>fluoxetine hcl</i> (generic of PROZAC) CAPS 20mg                                                   | 1                          |           |
| <i>fluoxetine hcl</i> CPDR 90mg<br>QL (4 caps / 28 days)                                              | 1                          | QL        |

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg                                                     | 1                          |        |
| <i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg                                        | 3                          |        |
| MARPLAN TABS 10mg<br>QL (180 tabs / 30 days)                                                    | 3                          | QL     |
| <i>mirtazapine</i> TABS 7.5mg, 45mg                                                             | 1                          |        |
| <i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg                                         | 1                          |        |
| <i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg                            | 1                          |        |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg                                     | 1                          |        |
| <i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg                       | 1                          |        |
| <i>nortriptyline hcl</i> SOLN 10mg/5ml                                                          | 3                          |        |
| <i>paroxetine hcl</i> SUSP 10mg/5ml<br>QL (900 mL / 30 days)                                    | 3                          | QL PA  |
| <i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg                            | 1                          |        |
| <i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg<br>QL (60 tabs / 30 days) | 3                          | QL     |
| <i>perphenazine-amitriptyline tab</i> 2-10 mg<br>PA applies if 70 years and older               | 2                          | PA     |
| <i>perphenazine-amitriptyline tab</i> 2-25 mg<br>PA applies if 70 years and older               | 2                          | PA     |
| <i>perphenazine-amitriptyline tab</i> 4-10 mg<br>PA applies if 70 years and older               | 2                          | PA     |
| <i>perphenazine-amitriptyline tab</i> 4-25 mg<br>PA applies if 70 years and older               | 2                          | PA     |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>perphenazine-amitriptyline tab</i> 4-50 mg<br>PA applies if 70 years and older          | 2                          | PA           |
| <i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg                                    | 1                          |              |
| <i>protriptyline hcl</i> TABS 5mg, 10mg                                                    | 3                          |              |
| RALDESY SOLN 10mg/ml<br>QL (1800 mL / 30 days)                                             | 3                          | QL PA        |
| <i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg             | 1                          |              |
| SPRAVATO SOL 56MG DOS                                                                      | 3                          | NDS NM PA    |
| SPRAVATO SOL 84MG DOS                                                                      | 3                          | NDS NM PA    |
| <i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg                              | 1                          |              |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg                                        | 1                          |              |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg<br>QL (120 caps / 30 days)                     | 3                          | QL           |
| <i>trimipramine maleate</i> CAPS 100mg<br>QL (60 caps / 30 days)                           | 3                          | QL           |
| TRINTELLIX TABS 5mg, 10mg, 20mg<br>QL (30 tabs / 30 days)                                  | 3                          | QL PA        |
| <i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg                    | 1                          |              |
| <i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg                                | 1                          |              |
| <i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 1                          | QL           |
| ZURZUVAE CAPS 20mg, 25mg<br>QL (28 caps / 14 days)                                         | 3                          | NDS QL NM PA |
| ZURZUVAE CAPS 30mg<br>QL (14 caps / 14 days)                                               | 3                          | NDS QL NM PA |
| <b>ANTIPARKINSONIAN AGENTS</b>                                                             |                            |              |
| <i>amantadine hcl</i> CAPS 100mg<br>QL (120 caps / 30 days)                                | 1                          | QL           |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg                                            | 1                          |              |

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------|----------------------------|--------|
| <i>benztropine mesylate</i> SOLN 1mg/ml                                             | 1                          |        |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg<br>PA applies if 70 years and older | 1                          | PA     |
| <i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg            | 1                          |        |
| <i>carb/levo orally disintegrating tab 10-100mg</i>                                 | 1                          |        |
| <i>carb/levo orally disintegrating tab 25-100mg</i>                                 | 1                          |        |
| <i>carb/levo orally disintegrating tab 25-250mg</i>                                 | 1                          |        |
| <i>carbidopa</i> (generic of LODOSYN) TABS 25mg                                     | 1                          |        |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i> (generic of SINEMET)                  | 1                          |        |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i> (generic of SINEMET)                  | 1                          |        |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                                       | 1                          |        |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                                    | 1                          |        |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                                    | 1                          |        |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>                            | 1                          |        |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>                           | 1                          |        |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>                             | 1                          |        |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>                          | 1                          |        |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>                           | 1                          |        |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>                             | 1                          |        |
| CREXONT CAP 35-140MG                                                                | 3                          | ST     |
| CREXONT CAP 52.5-210                                                                | 3                          | ST     |
| CREXONT CAP 70-280MG                                                                | 3                          | ST     |

| Drug Name                                                                                                                             | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| CREXONT CAP 87.5-350                                                                                                                  | 3                          | ST           |
| DUOPA SUS 4.63-20                                                                                                                     | 3                          | NDS B/D NM   |
| <i>entacapone</i> TABS 200mg                                                                                                          | 1                          |              |
| GOCOVRI CP24 68.5mg QL (30 caps / 30 days)                                                                                            | 3                          | NDS QL NM PA |
| GOCOVRI CP24 137mg QL (60 caps / 30 days)                                                                                             | 3                          | NDS QL NM PA |
| INBRIJA CAPS 42mg QL (300 caps / 30 days)                                                                                             | 3                          | NDS QL NM PA |
| NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)                                                                                       | 3                          | NDS QL NM    |
| ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)                                                                                       | 3                          | QL PA        |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg | 1                          |              |
| <i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)                                                 | 1                          | QL           |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg                              | 1                          |              |
| RYTARY CAP 95MG                                                                                                                       | 3                          | ST           |
| RYTARY CAP 145MG                                                                                                                      | 3                          | ST           |
| RYTARY CAP 195MG                                                                                                                      | 3                          | ST           |
| RYTARY CAP 245MG                                                                                                                      | 3                          | ST           |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg                                                                                              | 1                          |              |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml<br>PA applies if 70 years and older                                                           | 2                          | PA           |
| <i>trihexyphenidyl hcl</i> TABS 2mg, 5mg<br>PA applies if 70 years and older                                                          | 1                          | PA           |
| VYALEV INJ 12-240MG                                                                                                                   | 3                          | NDS NM PA    |
| XADAGO TABS 50mg, 100mg                                                                                                               | 3                          | NDS          |
| ZELAPAR TBDP 1.25mg                                                                                                                   | 3                          | NDS          |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>ANTIPSYCHOTICS</b>                                                                                          |                            |           |
| ABILIFY ASIMTUFII PRSY<br>720mg/2.4ml, 960mg/3.2ml<br>QL (1 syringe / 56 days)                                 | 3                          | NDS QL    |
| ABILIFY MAINTENA PRSY<br>300mg, 400mg<br>QL (1 syringe / 28 days)                                              | 3                          | NDS QL    |
| ABILIFY MAINTENA SRER<br>300mg, 400mg<br>QL (1 injection / 28 days)                                            | 3                          | NDS QL    |
| ABILIFY MYCITE<br>MAINTENANC TBPK 2mg,<br>5mg, 10mg, 15mg, 20mg,<br>30mg<br>QL (30 tabs / 30 days)             | 3                          | NDS QL PA |
| ABILIFY MYCITE STARTER<br>KI TBPK 2mg, 5mg, 10mg,<br>15mg, 20mg, 30mg<br>QL (30 tabs / 30 days)                | 3                          | NDS QL PA |
| <i>aripiprazole</i> SOLN 1mg/ml<br>QL (900 mL / 30 days)                                                       | 1                          | QL        |
| <i>aripiprazole</i> (generic of<br>ABILIFY) TABS 2mg, 5mg,<br>10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days) | 1                          | QL        |
| <i>aripiprazole</i> TBDP 10mg,<br>15mg<br>QL (60 tabs / 30 days)                                               | 1                          | QL ST     |
| ARISTADA PRSY<br>441mg/1.6ml, 662mg/2.4ml,<br>882mg/3.2ml<br>QL (1 syringe / 28 days)                          | 3                          | NDS QL    |
| ARISTADA PRSY<br>1064mg/3.9ml<br>QL (1 syringe / 56 days)                                                      | 3                          | NDS QL    |
| ARISTADA INITIO PRSY<br>675mg/2.4ml                                                                            | 3                          | NDS       |
| <i>asenapine maleate</i> (generic of<br>SAPHRIS) SUBL 2.5mg,<br>5mg, 10mg<br>QL (60 tabs / 30 days)            | 1                          | QL        |
| CAPLYTA CAPS 10.5mg,<br>21mg, 42mg<br>QL (30 caps / 30 days)                                                   | 3                          | NDS QL    |

| Drug Name                                                                                                                 | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>chlorpromazine hcl</i> CONC<br>30mg/ml, 100mg/ml; SOLN<br>25mg/ml, 50mg/2ml; TABS<br>10mg, 25mg, 50mg, 100mg,<br>200mg | 1                          |           |
| <i>clozapine</i> (generic of<br>CLOZARIL) TABS 25mg                                                                       | 1                          |           |
| <i>clozapine</i> TABS 50mg                                                                                                | 1                          |           |
| <i>clozapine</i> (generic of<br>CLOZARIL) TABS 100mg<br>QL (270 tabs / 30 days)                                           | 1                          | QL        |
| <i>clozapine</i> TABS 200mg<br>QL (120 tabs / 30 days)                                                                    | 1                          | QL        |
| <i>clozapine</i> TBDP 12.5mg,<br>25mg                                                                                     | 1                          | PA        |
| <i>clozapine</i> TBDP 100mg<br>QL (270 tabs / 30 days)                                                                    | 1                          | QL PA     |
| <i>clozapine</i> TBDP 150mg<br>QL (180 tabs / 30 days)                                                                    | 1                          | QL PA     |
| <i>clozapine</i> TBDP 200mg<br>QL (120 tabs / 30 days)                                                                    | 1                          | QL PA     |
| COBENFY CAP 50-20MG<br>QL (60 caps / 30 days)                                                                             | 3                          | NDS QL PA |
| COBENFY CAP 100-20MG<br>QL (60 caps / 30 days)                                                                            | 3                          | NDS QL PA |
| COBENFY CAP 125-30MG<br>QL (60 caps / 30 days)                                                                            | 3                          | NDS QL PA |
| COBENFY STRT CAP PACK<br>QL (2 packs / year)                                                                              | 3                          | NDS QL PA |
| ERZOFRI SUSY<br>39mg/0.25ml<br>QL (1 syringe / 28 days)                                                                   | 3                          | QL        |
| ERZOFRI SUSY 78mg/0.5ml,<br>117mg/0.75ml, 156mg/ml,<br>234mg/1.5ml<br>QL (1 syringe / 28 days)                            | 3                          | NDS QL    |
| ERZOFRI SUSY<br>351mg/2.25ml<br>QL (2 syringes / year)                                                                    | 3                          | NDS QL    |
| FANAPT TABS 1mg, 2mg,<br>4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days)                                              | 3                          | NDS QL PA |
| FANAPT PAK PACK A<br>QL (2 packs / year)                                                                                  | 3                          | QL PA     |
| FANAPT PAK PACK C<br>QL (2 packs / year)                                                                                  | 3                          | QL PA     |
| <i>fluphenazine decanoate</i><br>SOLN 25mg/ml                                                                             | 1                          |           |

| Drug Name                                                                                                            | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fluphenazine hcl</i> CONC<br>5mg/ml; ELIX 2.5mg/5ml;<br>SOLN 2.5mg/ml; TABS 1mg,<br>2.5mg, 5mg, 10mg              | 1                          |        |
| <i>haloperidol</i> TABS .5mg, 1mg, 1<br>2mg, 5mg, 10mg, 20mg                                                         | 1                          |        |
| <i>haloperidol decanoate</i> SOLN 1<br>50mg/ml                                                                       | 1                          |        |
| <i>haloperidol decanoate</i><br>(generic of HALDOL<br>DECANOATE 100) SOLN<br>100mg/ml                                | 1                          |        |
| <i>haloperidol lactate</i> CONC 1<br>2mg/ml; SOLN 5mg/ml                                                             | 1                          |        |
| INVEGA HAFYERA SUSY 3 NDS QL<br>1092mg/3.5ml, 1560mg/5ml<br>QL (1 injection / 180<br>days)                           | 3                          |        |
| INVEGA SUSTENNA SUSY 3 QL<br>39mg/0.25ml<br>QL (1 syringe / 28 days)                                                 | 3                          |        |
| INVEGA SUSTENNA SUSY 3 NDS QL<br>78mg/0.5ml, 117mg/0.75ml,<br>156mg/ml, 234mg/1.5ml<br>QL (1 syringe / 28 days)      | 3                          |        |
| INVEGA TRINZA SUSY 3 NDS QL<br>273mg/0.88ml, 410mg/1.32ml,<br>546mg/1.75ml, 819mg/2.63ml<br>QL (1 syringe / 90 days) | 3                          |        |
| <i>loxapine succinate</i> CAPS 1<br>5mg, 10mg, 25mg, 50mg                                                            | 1                          |        |
| <i>lurasidone hcl</i> (generic of<br>LATUDA) TABS 20mg,<br>40mg, 60mg, 120mg<br>QL (30 tabs / 30 days)               | 1                          | QL     |
| <i>lurasidone hcl</i> (generic of<br>LATUDA) TABS 80mg<br>QL (60 tabs / 30 days)                                     | 1                          | QL     |
| LYBALVI TAB 5-10MG 3 NDS QL<br>QL (30 tabs / 30 days)                                                                | 3                          |        |
| LYBALVI TAB 10-10MG 3 NDS QL<br>QL (30 tabs / 30 days)                                                               | 3                          |        |
| LYBALVI TAB 15-10MG 3 NDS QL<br>QL (30 tabs / 30 days)                                                               | 3                          |        |
| LYBALVI TAB 20-10MG 3 NDS QL<br>QL (30 tabs / 30 days)                                                               | 3                          |        |
| <i>molindone hcl</i> TABS 5mg, 1<br>10mg, 25mg                                                                       | 1                          |        |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------|----------------------------|--------|
| NUPLAZID CAPS 34mg 3 NDS QL NM<br>QL (30 caps / 30 days) PA                              | 3                          |        |
| NUPLAZID TABS 10mg 3 NDS QL NM<br>QL (30 tabs / 30 days) PA                              | 3                          |        |
| <i>olanzapine</i> (generic of<br>ZYPREXA) SOLR 10mg<br>QL (3 vials / 1 day)              | 1                          | QL     |
| <i>olanzapine</i> (generic of<br>ZYPREXA) TABS 2.5mg,<br>5mg<br>QL (60 tabs / 30 days)   | 1                          | QL     |
| <i>olanzapine</i> TABS 7.5mg, 1<br>15mg<br>QL (30 tabs / 30 days)                        | 1                          | QL     |
| <i>olanzapine</i> TABS 10mg 1 QL<br>QL (60 tabs / 30 days)                               | 1                          |        |
| <i>olanzapine</i> (generic of<br>ZYPREXA) TABS 20mg<br>QL (30 tabs / 30 days)            | 1                          | QL     |
| <i>olanzapine</i> TBDP 5mg, 1 QL ST<br>15mg, 20mg<br>QL (30 tabs / 30 days)              | 1                          |        |
| <i>olanzapine</i> TBDP 10mg 1 QL ST<br>QL (60 tabs / 30 days)                            | 1                          |        |
| OPIPZA FILM 2mg, 5mg 3 NDS QL PA<br>QL (30 films / 30 days)                              | 3                          |        |
| OPIPZA FILM 10mg 3 NDS QL PA<br>QL (90 films / 30 days)                                  | 3                          |        |
| <i>paliperidone</i> TB24 1.5mg 1 QL<br>QL (30 tabs / 30 days)                            | 1                          |        |
| <i>paliperidone</i> (generic of<br>INVEGA) TB24 3mg, 9mg<br>QL (30 tabs / 30 days)       | 1                          | QL     |
| <i>paliperidone</i> (generic of<br>INVEGA) TB24 6mg<br>QL (60 tabs / 30 days)            | 1                          | QL     |
| <i>perphenazine</i> TABS 2mg, 1<br>4mg, 8mg, 16mg                                        | 1                          |        |
| PERSERIS PRSY 90mg, 3 NDS QL<br>120mg<br>QL (1 syringe / 30 days)                        | 3                          |        |
| <i>pimozide</i> TABS 1mg, 2mg 1                                                          | 1                          |        |
| <i>quetiapine fumarate</i> (generic<br>of SEROQUEL) TABS 25mg<br>QL (180 tabs / 30 days) | 1                          | QL     |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg<br>QL (90 tabs / 30 days)             | 1                          | QL     |
| <i>quetiapine fumarate</i> TABS 150mg<br>QL (90 tabs / 30 days)                                                | 1                          | QL     |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg<br>QL (60 tabs / 30 days)                   | 1                          | QL     |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg<br>QL (60 tabs / 30 days)          | 1                          | QL PA  |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg<br>QL (30 tabs / 30 days)                | 1                          | QL PA  |
| REXULTI TABS 3mg, 4mg<br>QL (30 tabs / 30 days)                                                                | 3                          | NDS QL |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg<br>QL (60 tabs / 30 days)                                                   | 3                          | NDS QL |
| <i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml<br>QL (240 mL / 30 days)                                 | 1                          | QL     |
| <i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg                                        | 1                          |        |
| <i>risperidone</i> TABS .25mg                                                                                  | 1                          |        |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg<br>QL (60 tabs / 30 days)                                                | 1                          | QL ST  |
| <i>risperidone</i> TBDP 4mg<br>QL (120 tabs / 30 days)                                                         | 1                          | QL ST  |
| <i>risperidone</i> TBDP .25mg, .5mg<br>QL (90 tabs / 30 days)                                                  | 1                          | QL ST  |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg<br>QL (2 injections / 28 days) | 1                          | QL     |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg<br>QL (2 injections / 28 days) | 3                          | NDS QL    |
| RYKINDO SRER 25mg, 37.5mg, 50mg<br>QL (2 vials / 28 days)                                                      | 3                          | NDS QL PA |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr<br>QL (30 patches / 30 days)                                   | 3                          | NDS QL    |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg                                                           | 1                          |           |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg                                                                    | 1                          |           |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg                                                            | 1                          |           |
| UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml<br>QL (1 syringe / 30 days)                    | 3                          | NDS QL    |
| UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml<br>QL (1 syringe / 60 days)                                 | 3                          | NDS QL    |
| VERSACLOZ SUSP 50mg/ml<br>QL (600 mL / 30 days)                                                                | 3                          | NDS QL PA |
| VRAYLAR CAPS 1.5mg<br>QL (60 caps / 30 days)                                                                   | 3                          | NDS QL    |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg<br>QL (30 caps / 30 days)                                                         | 3                          | NDS QL    |
| <i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg<br>QL (60 caps / 30 days)               | 1                          | QL        |
| <i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg<br>QL (6 injections / 3 days)                        | 1                          | QL        |
| <b>ANTISEIZURE AGENTS</b>                                                                                      |                            |           |
| APTIOM TABS 200mg, 400mg<br>QL (30 tabs / 30 days)                                                             | 3                          | NDS QL    |

| Drug Name                                                                                                              | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| APTIOM TABS 600mg, 800mg<br>QL (60 tabs / 30 days)                                                                     | 3                          | NDS QL       |
| BRIVIACT SOLN 10mg/ml<br>QL (600 mL / 30 days)                                                                         | 3                          | NDS QL PA    |
| BRIVIACT SOLN 50mg/5ml                                                                                                 | 3                          | PA           |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg<br>QL (60 tabs / 30 days)                                                  | 3                          | NDS QL PA    |
| <i>carbamazepine</i> CHEW 100mg, 200mg                                                                                 | 1                          |              |
| <i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg                                                   | 1                          |              |
| <i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg                                                  | 1                          |              |
| <i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg                                                 | 1                          |              |
| <i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml<br>QL (480 mL / 30 days)                                               | 1                          | QL PA        |
| <i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg<br>QL (60 tabs / 30 days)                                            | 1                          | QL PA        |
| <i>clonazepam</i> (generic of KLONOPIN) TABS 2mg<br>QL (300 tabs / 30 days)                                            | 1                          | QL           |
| <i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg<br>QL (90 tabs / 30 days)                                       | 1                          | QL           |
| <i>clonazepam</i> TBDP 2mg<br>QL (300 tabs / 30 days)                                                                  | 1                          | QL           |
| <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg<br>QL (90 tabs / 30 days)                                              | 1                          | QL           |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg<br>QL (180 tabs / 30 days)<br>PA applies if 65 years and older | 1                          | QL PA        |
| DIACOMIT CAPS 250mg<br>QL (360 caps / 30 days)                                                                         | 3                          | NDS QL NM PA |
| DIACOMIT CAPS 500mg<br>QL (180 caps / 30 days)                                                                         | 3                          | NDS QL NM PA |

| Drug Name                                                                                                                                             | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| DIACOMIT PACK 250mg<br>QL (360 packets / 30 days)                                                                                                     | 3                          | NDS QL NM PA |
| DIACOMIT PACK 500mg<br>QL (180 packets / 30 days)                                                                                                     | 3                          | NDS QL NM PA |
| <i>diazepam</i> SOLN 5mg/5ml<br>QL (1200 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply                             | 1                          | QL PA        |
| <i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 1                          | QL PA        |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg                                                                                                | 1                          |              |
| <i>diazepam inj</i> SOLN 5mg/ml                                                                                                                       | 1                          |              |
| <i>diazepam intensol</i> CONC 5mg/ml<br>QL (240 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply                      | 1                          | QL PA        |
| DILANTIN CAPS 30mg                                                                                                                                    | 3                          |              |
| <i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg                                                                                   | 1                          |              |
| <i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg                                                                                   | 1                          |              |
| <i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg                                                                               | 1                          |              |
| ELEPSIA XR TB24 1000mg                                                                                                                                | 3                          |              |
| ELEPSIA XR TB24 1500mg                                                                                                                                | 3                          | NDS          |
| EPIDIOLEX SOLN 100mg/ml<br>QL (600 mL / 30 days)                                                                                                      | 3                          | NDS QL NM PA |
| <i>epitol</i> (generic of TEGRETOL) TABS 200mg                                                                                                        | 1                          |              |
| EPRONTIA SOLN 25mg/ml<br>QL (480 mL / 30 days)                                                                                                        | 3                          | QL PA        |



| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg<br>QL (30 tabs / 30 days) | 1                          | QL           |
| <i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg<br>QL (60 tabs / 30 days) | 1                          | QL           |
| <i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml                           | 1                          |              |
| <i>felbamate</i> SUSP 600mg/5ml                                                                | 1                          |              |
| <i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg                                       | 1                          |              |
| FINTEPLA SOLN 2.2mg/ml<br>QL (360 mL / 30 days)                                                | 3                          | NDS QL NM PA |
| FYCOMPA SUSP .5mg/ml<br>QL (720 mL / 30 days)                                                  | 3                          | NDS QL PA    |
| FYCOMPA TABS 2mg<br>QL (60 tabs / 30 days)                                                     | 3                          | QL PA        |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (30 tabs / 30 days)                               | 3                          | NDS QL PA    |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg<br>QL (360 caps / 30 days)          | 1                          | QL           |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg<br>QL (270 caps / 30 days)                 | 1                          | QL           |
| <i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml<br>QL (2160 mL / 30 days)   | 1                          | QL           |
| <i>gabapentin</i> (generic of NEURONTIN) TABS 600mg<br>QL (180 tabs / 30 days)                 | 1                          | QL           |
| <i>gabapentin</i> (generic of NEURONTIN) TABS 800mg<br>QL (120 tabs / 30 days)                 | 1                          | QL           |
| <i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml                                          | 1                          |              |
| <i>lacosamide</i> (generic of VIMPAT) TABS 50mg<br>QL (120 tabs / 30 days)                     | 1                          | QL           |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days)               | 1                          | QL     |
| <i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml<br>QL (1200 mL / 30 days)                      | 1                          | QL     |
| LAMICTAL ODT KIT BLUE                                                                                  | 3                          |        |
| LAMICTAL ODT KIT GREEN                                                                                 | 3                          |        |
| LAMICTAL XR KIT                                                                                        | 3                          |        |
| <i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg                               | 1                          |        |
| <i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg                                     | 1                          |        |
| <i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg                                | 1                          |        |
| <i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg                | 1                          | ST     |
| <i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg                             | 1                          | ST     |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)  | 1                          |        |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C) | 1                          |        |
| <i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)       | 1                          |        |
| <i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> (generic of LAMICTAL ODT)  | 1                          |        |
| <i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)       | 1                          |        |

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg  | 1                          |           |
| LEVETIRACETAM TB3D 250mg<br>QL (360 tabs / 30 days)                                                  | 3                          | QL        |
| <i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg                                        | 1                          |           |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)  | 1                          |           |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO) | 1                          |           |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO) | 1                          |           |
| <i>methsuximide</i> (generic of CELONTIN) CAPS 300mg                                                 | 1                          |           |
| MOTPOLY XR CP24 100mg, 150mg, 200mg<br>QL (60 caps / 30 days)                                        | 3                          | NDS QL PA |
| NAYZILAM SOLN 5mg/0.1ml<br>QL (10 nasal units per 30 days)                                           | 3                          | QL        |
| <i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg                 | 1                          |           |
| <i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg                                      | 1                          | PA        |
| <i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg                                             | 3                          | NDS PA    |
| OXTELLAR XR TB24 150mg, 300mg                                                                        | 3                          | PA        |
| OXTELLAR XR TB24 600mg                                                                               | 3                          | NDS PA    |
| <i>perampanel</i> (generic of FYCOMPA) TABS 2mg<br>QL (60 tabs / 30 days)                            | 1                          | QL PA     |

| Drug Name                                                                                                                                        | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (30 tabs / 30 days)                                                  | 3                          | NDS QL PA |
| <i>phenobarbital</i> ELIX 20mg/5ml<br>QL (1500 mL / 30 days)<br>PA applies if 70 years and older                                                 | 3                          | QL PA     |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg<br>QL (120 tabs / 30 days)<br>PA applies if 70 years and older | 2                          | QL PA     |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml<br>PA applies if 70 years and older                                                           | 3                          | PA        |
| <i>phenytek</i> CAPS 200mg, 300mg                                                                                                                | 1                          |           |
| <i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg                                                                                        | 1                          |           |
| <i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml                                                                                        | 1                          |           |
| <i>phenytoin sodium</i> SOLN 50mg/ml                                                                                                             | 1                          |           |
| <i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg                                                                                | 1                          |           |
| <i>phenytoin sodium extended</i> CAPS 200mg, 300mg                                                                                               | 1                          |           |
| <i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg<br>QL (120 caps / 30 days)                                             | 1                          | QL PA     |
| <i>pregabalin</i> (generic of LYRICA) CAPS 200mg<br>QL (90 caps / 30 days)                                                                       | 1                          | QL PA     |
| <i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg<br>QL (60 caps / 30 days)                                                                | 1                          | QL PA     |
| <i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml<br>QL (900 mL / 30 days)                                                                      | 1                          | QL PA     |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------|----------------------------|-----------|
| <i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg                          | 1                          |           |
| <i>primidone</i> TABS 125mg                                                      | 1                          |           |
| <i>roweepra</i> (generic of KEPPRA) TABS 500mg                                   | 1                          |           |
| <i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml<br>QL (2400 mL / 30 days)     | 3                          | NDS QL PA |
| <i>rufinamide</i> (generic of BANZEL) TABS 200mg<br>QL (480 tabs / 30 days)      | 1                          | QL PA     |
| <i>rufinamide</i> (generic of BANZEL) TABS 400mg<br>QL (240 tabs / 30 days)      | 3                          | NDS QL PA |
| SPRITAM TB3D 250mg<br>QL (360 tabs / 30 days)                                    | 3                          | QL        |
| SPRITAM TB3D 500mg<br>QL (180 tabs / 30 days)                                    | 3                          | QL        |
| SPRITAM TB3D 750mg<br>QL (120 tabs / 30 days)                                    | 3                          | QL        |
| SPRITAM TB3D 1000mg<br>QL (90 tabs / 30 days)                                    | 3                          | QL        |
| <i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg            | 1                          |           |
| <i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg | 1                          |           |
| <i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)          | 1                          |           |
| <i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)          | 1                          |           |
| SYMPAZAN FILM 5mg, 10mg, 20mg<br>QL (60 films / 30 days)                         | 3                          | NDS QL PA |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg                                   | 1                          |           |
| <i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg                  | 1                          |           |
| <i>topiramate</i> CPSP 50mg                                                      | 1                          |           |
| <i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml<br>QL (480 mL / 30 days)    | 1                          | QL PA     |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------|----------------------------|--------------|
| <i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg           | 1                          |              |
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml                               | 1                          |              |
| <i>valproic acid</i> CAPS 250mg                                                | 1                          |              |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml<br>QL (10 blister packs per 30 days)          | 3                          | QL           |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml<br>QL (10 blister packs per 30 days)        | 3                          | QL           |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml<br>QL (10 blister packs per 30 days)       | 3                          | QL           |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml<br>QL (10 blister packs per 30 days)        | 3                          | QL           |
| <i>vigabatrin</i> (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30 days) | 3                          | NDS QL NM PA |
| <i>vigabatrin</i> (generic of SABRIL) TABS 500mg<br>QL (180 tabs / 30 days)    | 3                          | NDS QL NM PA |
| <i>vigadrone</i> (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30 days)  | 3                          | NDS QL NM PA |
| <i>vigadrone</i> (generic of SABRIL) TABS 500mg<br>QL (180 tabs / 30 days)     | 3                          | NDS QL NM PA |
| VIGAFYDE SOLN 100mg/ml<br>QL (900 mL / 30 days)                                | 3                          | NDS QL NM PA |
| <i>vigpoder</i> (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30 days)   | 3                          | NDS QL NM PA |
| XCOPRI TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)                        | 3                          | NDS QL       |
| XCOPRI TABS 150mg, 200mg<br>QL (60 tabs / 30 days)                             | 3                          | NDS QL       |

| Drug Name                                                                                                                  | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| XCOPRI PAK 12.5-25<br>QL (28 tabs / 28 days)                                                                               | 3                          | QL              |
| XCOPRI PAK 50-100MG<br>QL (28 tabs / 28 days)                                                                              | 3                          | NDS QL          |
| XCOPRI PAK 100-150<br>QL (56 tabs / 28 days)                                                                               | 3                          | NDS QL          |
| XCOPRI PAK 150-200MG<br>(MAINTENANCE)<br>QL (56 tabs / 28 days)                                                            | 3                          | NDS QL          |
| XCOPRI PAK 150-200MG<br>(TITRATION)<br>QL (28 tabs / 28 days)                                                              | 3                          | NDS QL          |
| ZONISADE SUSP<br>100mg/5ml<br>QL (900 mL / 30 days)                                                                        | 3                          | NDS QL PA       |
| zonisamide (generic of<br>ZONEGRAN) CAPS 25mg,<br>100mg                                                                    | 1                          |                 |
| zonisamide CAPS 50mg                                                                                                       | 1                          |                 |
| ZTALMY SUSP 50mg/ml<br>QL (1100 mL / 30 days)                                                                              | 3                          | NDS QL NM<br>PA |
| <b>ATTENTION DEFICIT HYPERACTIVITY<br/>DISORDER</b>                                                                        |                            |                 |
| ADZENYS XR-ODT TBED<br>3.1mg, 6.3mg, 9.4mg<br>QL (60 tabs / 30 days)                                                       | 3                          | QL PA           |
| ADZENYS XR-ODT TBED<br>12.5mg, 15.7mg, 18.8mg<br>QL (30 tabs / 30 days)                                                    | 3                          | QL PA           |
| <i>amphetamine-<br/>dextroamphetamine 3-bead<br/>cap er 24hr 12.5 mg</i> (generic<br>of MYDAYIS)<br>QL (30 caps / 30 days) | 1                          | QL PA           |
| <i>amphetamine-<br/>dextroamphetamine 3-bead<br/>cap er 24hr 25 mg</i> (generic of<br>MYDAYIS)<br>QL (30 caps / 30 days)   | 1                          | QL PA           |
| <i>amphetamine-<br/>dextroamphetamine 3-bead<br/>cap er 24hr 37.5 mg</i> (generic<br>of MYDAYIS)<br>QL (30 caps / 30 days) | 1                          | QL PA           |

| Drug Name                                                                                                                | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amphetamine-<br/>dextroamphetamine 3-bead<br/>cap er 24hr 50 mg</i> (generic of<br>MYDAYIS)<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine cap er<br/>24hr 5 mg</i> (generic of<br>ADDERALL XR)<br>QL (30 caps / 30 days)     | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine cap er<br/>24hr 10 mg</i> (generic of<br>ADDERALL XR)<br>QL (30 caps / 30 days)    | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine cap er<br/>24hr 15 mg</i> (generic of<br>ADDERALL XR)<br>QL (30 caps / 30 days)    | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine cap er<br/>24hr 20 mg</i> (generic of<br>ADDERALL XR)<br>QL (30 caps / 30 days)    | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine cap er<br/>24hr 25 mg</i> (generic of<br>ADDERALL XR)<br>QL (30 caps / 30 days)    | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine cap er<br/>24hr 30 mg</i> (generic of<br>ADDERALL XR)<br>QL (30 caps / 30 days)    | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine tab 5 mg</i><br>(generic of ADDERALL)<br>QL (60 tabs / 30 days)                    | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine tab 7.5<br/>mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)                 | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine tab 10<br/>mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)                  | 1                          | QL PA  |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)            | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)              | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL)<br>QL (90 tabs / 30 days)              | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)              | 1                          | QL PA  |
| <i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg<br>QL (120 caps / 30 days)                                     | 1                          | QL     |
| <i>atomoxetine hcl</i> CAPS 40mg<br>QL (60 caps / 30 days)                                                  | 1                          | QL     |
| <i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg<br>QL (30 caps / 30 days)                                     | 1                          | QL     |
| AZSTARYS CAP 26.1-5.2<br>QL (30 caps / 30 days)                                                             | 3                          | QL PA  |
| AZSTARYS CAP 39.2-7.8<br>QL (30 caps / 30 days)                                                             | 3                          | QL PA  |
| AZSTARYS CAP 52.3-10.<br>QL (30 caps / 30 days)                                                             | 3                          | QL PA  |
| COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg<br>QL (60 tabs / 30 days)                                        | 3                          | QL PA  |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg<br>QL (60 caps / 30 days)  | 1                          | QL PA  |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days)               | 1                          | QL PA  |

| Drug Name                                                                                                                          | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg<br>QL (60 tabs / 30 days)                                             | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> CP24 5mg<br>QL (150 caps / 30 days)                                                               | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg<br>QL (150 caps / 30 days)                                       | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 15mg<br>QL (120 caps / 30 days)                                       | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (180 tabs / 30 days)                                           | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> TABS 15mg<br>QL (120 tabs / 30 days)                                                              | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> TABS 20mg<br>QL (90 tabs / 30 days)                                                               | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> TABS 30mg<br>QL (60 tabs / 30 days)                                                               | 1                          | QL PA  |
| DYANAVEL XR SUER 2.5mg/ml<br>QL (240 mL / 30 days)                                                                                 | 3                          | QL PA  |
| DYANAVEL XR TBCR 5mg<br>QL (60 tabs / 30 days)                                                                                     | 3                          | QL PA  |
| DYANAVEL XR TBCR 10mg, 15mg, 20mg<br>QL (30 tabs / 30 days)                                                                        | 3                          | QL PA  |
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and older | 2                          | QL PA  |
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg<br>QL (60 tabs / 30 days)<br>PA applies if 70 years and older           | 2                          | QL PA  |

| Drug Name                                                                                                             | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| JORNAY PM CP24 20mg, 40mg<br>QL (60 caps / 30 days)                                                                   | 3                          | QL PA  |
| JORNAY PM CP24 60mg, 80mg, 100mg<br>QL (30 caps / 30 days)                                                            | 3                          | QL PA  |
| <i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                                    | 1                          | QL PA  |
| <i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg<br>QL (30 caps / 30 days)                              | 1                          | QL PA  |
| <i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg<br>QL (60 tabs / 30 days)                                    | 1                          | QL PA  |
| <i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg<br>QL (30 tabs / 30 days)                                    | 1                          | QL PA  |
| <i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr<br>QL (30 patches / 30 days) | 1                          | QL PA  |
| <i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg<br>QL (180 tabs / 30 days)                                           | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                    | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg<br>QL (30 caps / 30 days)                                | 1                          | QL PA  |
| <i>methylphenidate hcl</i> CP24 60mg<br>QL (30 caps / 30 days)                                                        | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                   | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg<br>QL (30 caps / 30 days)                   | 1                          | QL PA  |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml<br>QL (1800 mL / 30 days)          | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml<br>QL (900 mL / 30 days)          | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg<br>QL (180 tabs / 30 days)        | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg<br>QL (90 tabs / 30 days)              | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg<br>QL (60 tabs / 30 days)      | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg<br>QL (30 tabs / 30 days)      | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TBCR 10mg, 20mg<br>QL (90 tabs / 30 days)                             | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg<br>QL (60 tabs / 30 days) | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg<br>QL (30 tabs / 30 days)             | 1                          | QL PA  |
| QELBREE CP24 100mg<br>QL (180 caps / 30 days)                                                    | 3                          | QL PA  |
| QELBREE CP24 150mg<br>QL (60 caps / 30 days)                                                     | 3                          | QL PA  |
| QELBREE CP24 200mg<br>QL (90 caps / 30 days)                                                     | 3                          | QL PA  |
| QUILLICHEW ER CHER 20mg, 30mg<br>QL (60 tabs / 30 days)                                          | 3                          | QL PA  |
| QUILLICHEW ER CHER 40mg<br>QL (30 tabs / 30 days)                                                | 3                          | QL PA  |
| QUILLIVANT XR SRER 25mg/5ml<br>QL (360 mL / 30 days)                                             | 3                          | QL PA  |

| Drug Name                                                                                                                      | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| VYVANSE CAPS 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                                                                        | 3                          | QL PA  |
| VYVANSE CAPS 40mg, 50mg, 60mg, 70mg<br>QL (30 caps / 30 days)                                                                  | 3                          | QL PA  |
| VYVANSE CHEW 10mg, 20mg, 30mg<br>QL (60 tabs / 30 days)                                                                        | 3                          | QL PA  |
| VYVANSE CHEW 40mg, 50mg, 60mg<br>QL (30 tabs / 30 days)                                                                        | 3                          | QL PA  |
| XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr<br>QL (30 patches / 30 days)                                            | 3                          | QL PA  |
| zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (180 tabs / 30 days)                                                                | 1                          | QL PA  |
| zenzedi TABS 15mg<br>QL (120 tabs / 30 days)                                                                                   | 1                          | QL PA  |
| zenzedi TABS 20mg<br>QL (90 tabs / 30 days)                                                                                    | 1                          | QL PA  |
| zenzedi TABS 30mg<br>QL (60 tabs / 30 days)                                                                                    | 1                          | QL PA  |
| <b>HYPNOTICS</b>                                                                                                               |                            |        |
| BELSOMRA TABS 5mg, 10mg, 15mg, 20mg<br>QL (30 tabs / 30 days)                                                                  | 2                          | QL     |
| DAYVIGO TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                                                               | 2                          | QL     |
| doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg<br>QL (30 tabs / 30 days)                                               | 1                          | QL     |
| EDLUAR SUBL 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year   | 3                          | QL PA  |
| estazolam TABS 1mg, 2mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 1                          | QL PA  |

| Drug Name                                                                                                                                                  | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| eszopiclone (generic of LUNESTA) TABS 1mg, 2mg, 3mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year | 3                          | QL PA        |
| HETLIOZ LQ SUSP 4mg/ml<br>QL (158 ml / 30 days)                                                                                                            | 3                          | NDS QL NM PA |
| QUVIVIQ TABS 25mg, 50mg<br>QL (30 tabs / 30 days)                                                                                                          | 3                          | QL           |
| ramelteon (generic of ROZEREM) TABS 8mg<br>QL (30 tabs / 30 days)                                                                                          | 1                          | QL           |
| tasimelteon (generic of HETLIOZ) CAPS 20mg<br>QL (30 caps / 30 days)                                                                                       | 3                          | NDS QL NM PA |
| temazepam (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older                                     | 1                          | QL PA        |
| temazepam (generic of RESTORIL) CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older                                                    | 1                          | QL PA        |
| triazolam (generic of HALCION) TABS .25mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year           | 2                          | QL PA        |
| triazolam TABS .125mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year                               | 2                          | QL PA        |
| zaleplon CAPS 5mg<br>QL (30 caps / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year                                   | 2                          | QL PA        |
| zaleplon CAPS 10mg<br>QL (60 caps / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year                                  | 2                          | QL PA        |

| Drug Name                                                                                                                                                                              | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| ZOLPIDEM TARTRATE<br>CAPS 7.5mg<br>QL (30 caps / 30 days)                                                                                                                              | 3                          | QL PA     |
| <i>zolpidem tartrate</i> (generic of<br>AMBIEN) TABS 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 90 day supply<br>in a calendar year            | 1                          | QL PA     |
| <i>zolpidem tartrate</i> (generic of<br>AMBIEN CR) TBCR 6.25mg,<br>12.5mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 90 day supply<br>in a calendar year | 2                          | QL PA     |
| <b>MIGRAINE</b>                                                                                                                                                                        |                            |           |
| AIMOVIG SOAJ 70mg/ml,<br>140mg/ml<br>QL (1 pen / 30 days)                                                                                                                              | 2                          | QL NM PA  |
| <i>almotriptan malate</i> TABS<br>6.25mg, 12.5mg<br>QL (12 tabs / 30 days)                                                                                                             | 1                          | QL ST     |
| <i>dihydroergotamine mesylate</i><br>SOLN 1mg/ml                                                                                                                                       | 3                          | NDS       |
| <i>dihydroergotamine mesylate</i><br>SOLN 4mg/ml<br>QL (8 mL / 30 days)                                                                                                                | 3                          | NDS QL PA |
| <i>eletriptan hydrobromide</i><br>(generic of RELPAX) TABS<br>20mg, 40mg<br>QL (12 tabs / 30 days)                                                                                     | 1                          | QL ST     |
| EMGALITY SOAJ 120mg/ml<br>QL (2 pens / 30 days)                                                                                                                                        | 2                          | QL NM PA  |
| EMGALITY SOSY 100mg/ml<br>QL (3 syringes / 30<br>days)                                                                                                                                 | 2                          | QL NM PA  |
| EMGALITY SOSY 120mg/ml<br>QL (2 syringes / 30<br>days)                                                                                                                                 | 2                          | QL NM PA  |
| ERGOMAR SUBL 2mg<br>QL (20 tabs / 28 days)                                                                                                                                             | 3                          | NDS QL PA |
| <i>ergotamine w/ caffeine tab 1-<br/>100 mg</i><br>QL (40 tabs / 28 days)                                                                                                              | 1                          | QL PA     |
| <i>frovatriptan succinate</i> (generic<br>of FROVA) TABS 2.5mg<br>QL (18 tabs / 30 days)                                                                                               | 1                          | QL ST     |

| Drug Name                                                                                                                    | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>naratriptan hcl</i> TABS 1mg,<br>2.5mg<br>QL (12 tabs / 30 days)                                                          | 1                          | QL     |
| NURTEC TBDP 75mg<br>QL (16 tabs / 30 days)                                                                                   | 2                          | QL PA  |
| QULIPTA TABS 10mg,<br>30mg, 60mg<br>QL (30 tabs / 30 days)                                                                   | 2                          | QL PA  |
| <i>rizatriptan benzoate</i> TABS<br>5mg; TBDP 5mg<br>QL (18 tabs / 30 days)                                                  | 1                          | QL     |
| <i>rizatriptan benzoate</i> (generic<br>of MAXALT) TABS 10mg<br>QL (18 tabs / 30 days)                                       | 1                          | QL     |
| <i>rizatriptan benzoate</i> (generic<br>of MAXALT-MLT) TBDP<br>10mg<br>QL (18 tabs / 30 days)                                | 1                          | QL     |
| <i>sumatriptan</i> SOLN 5mg/act<br>QL (24 units / 30 days)                                                                   | 1                          | QL     |
| <i>sumatriptan</i> SOLN 20mg/act<br>QL (12 units / 30 days)                                                                  | 1                          | QL     |
| <i>sumatriptan succinate</i> SOAJ<br>4mg/0.5ml; SOCT 4mg/0.5ml<br>QL (18 injections / 30<br>days)                            | 1                          | QL     |
| <i>sumatriptan succinate</i><br>(generic of IMITREX<br>STATDOSE SYSTEM) SOAJ<br>6mg/0.5ml<br>QL (12 injections / 30<br>days) | 1                          | QL     |
| <i>sumatriptan succinate</i><br>(generic of IMITREX<br>STATDOSE REFILL) SOCT<br>6mg/0.5ml<br>QL (12 injections / 30<br>days) | 1                          | QL     |
| <i>sumatriptan succinate</i> SOLN<br>6mg/0.5ml<br>QL (12 injections / 30<br>days)                                            | 1                          | QL     |
| <i>sumatriptan succinate</i><br>(generic of IMITREX) TABS<br>25mg, 50mg, 100mg<br>QL (12 tabs / 30 days)                     | 1                          | QL     |
| UBRELVY TABS 50mg,<br>100mg<br>QL (16 tabs / 30 days)                                                                        | 2                          | QL PA  |



| Drug Name                                                                            | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------|----------------------------|-----------------|
| ZEMBRACE SYMTOUCH<br>SOAJ 3mg/0.5ml<br>QL (24 pens / 30 days)                        | 3                          | NDS QL ST       |
| <i>zolmitriptan</i> (generic of<br>ZOMIG) SOLN 2.5mg, 5mg<br>QL (12 units / 30 days) | 1                          | QL ST           |
| <i>zolmitriptan</i> TABS 2.5mg,<br>5mg; TBDP 2.5mg, 5mg<br>QL (12 tabs / 30 days)    | 1                          | QL ST           |
| <i>zomig</i> TABS 2.5mg, 5mg<br>QL (12 tabs / 30 days)                               | 1                          | QL ST           |
| <b>MISCELLANEOUS</b>                                                                 |                            |                 |
| AMVUTTRA SOSY<br>25mg/0.5ml<br>QL (1 syringe / 90 days)                              | 3                          | NDS QL NM<br>PA |
| AUSTEDO TABS 6mg<br>QL (60 tabs / 30 days)                                           | 3                          | NDS QL NM<br>PA |
| AUSTEDO TABS 9mg, 12mg<br>QL (120 tabs / 30 days)                                    | 3                          | NDS QL NM<br>PA |
| AUSTEDO XR TB24 6mg<br>QL (90 tabs / 30 days)                                        | 3                          | NDS QL NM<br>PA |
| AUSTEDO XR TB24 12mg<br>QL (120 tabs / 30 days)                                      | 3                          | NDS QL NM<br>PA |
| AUSTEDO XR TB24 18mg,<br>24mg<br>QL (60 tabs / 30 days)                              | 3                          | NDS QL NM<br>PA |
| AUSTEDO XR TB24 30mg,<br>36mg, 42mg, 48mg<br>QL (30 tabs / 30 days)                  | 3                          | NDS QL NM<br>PA |
| AUSTEDO XR TAB TITR KIT<br>QL (2 packs / year)                                       | 3                          | NDS QL NM<br>PA |
| DAYBUE SOLN 200mg/ml<br>QL (3600 mL / 30 days)                                       | 3                          | NDS QL NM<br>PA |
| DUVYZAT SUSP 8.86mg/ml<br>QL (420 mL / 30 days)                                      | 3                          | NDS QL NM<br>PA |
| <i>edaravone</i> (generic of<br>RADICAVA) SOLN<br>30mg/100ml                         | 3                          | NDS NM PA       |
| <i>edaravone</i> SOLN<br>60mg/100ml                                                  | 3                          | NDS NM PA       |
| ENSPRYNG SOSY<br>120mg/ml                                                            | 3                          | NDS NM PA       |
| EQUETRO CP12 100mg,<br>200mg, 300mg                                                  | 3                          |                 |
| EVRYSDI SOLR .75mg/ml;<br>TABS 5mg                                                   | 3                          | NDS NM PA       |
| FIRDAPSE TABS 10mg                                                                   | 3                          | NDS NM PA       |

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>gabapentin</i> (once-daily)<br>(generic of GRALISE) TABS<br>300mg<br>QL (180 tabs / 30 days)          | 1                          | QL PA           |
| <i>gabapentin</i> (once-daily)<br>(generic of GRALISE) TABS<br>600mg<br>QL (90 tabs / 30 days)           | 1                          | QL PA           |
| GRALISE TABS 450mg<br>QL (90 tabs / 30 days)                                                             | 3                          | QL PA           |
| GRALISE TABS 750mg,<br>900mg<br>QL (60 tabs / 30 days)                                                   | 3                          | QL PA           |
| HORIZANT TBCR 300mg,<br>600mg<br>QL (60 tabs / 30 days)                                                  | 3                          | QL PA           |
| <i>lithium</i> SOLN 8meq/5ml                                                                             | 1                          |                 |
| <i>lithium carbonate</i> CAPS<br>150mg, 300mg, 600mg; TABS<br>300mg; TBCR 450mg                          | 1                          |                 |
| <i>lithium carbonate</i> (generic of<br>LITHOBID) TBCR 300mg                                             | 1                          |                 |
| NUDEXTA CAP 20-10MG<br>QL (60 caps / 30 days)                                                            | 3                          | NDS QL PA       |
| <i>pregabalin</i> (once-daily)<br>(generic of LYRICA CR)<br>TB24 82.5mg, 165mg<br>QL (90 tabs / 30 days) | 1                          | QL PA           |
| <i>pregabalin</i> (once-daily)<br>(generic of LYRICA CR)<br>TB24 330mg<br>QL (60 tabs / 30 days)         | 1                          | QL PA           |
| <i>pyridostigmine bromide</i><br>(generic of MESTINON)<br>SOLN 60mg/5ml; TABS 60mg                       | 1                          |                 |
| <i>pyridostigmine bromide</i> TABS<br>30mg                                                               | 1                          |                 |
| <i>pyridostigmine bromide</i><br>(generic of MESTINON<br>TIMESPAN) TBCR 180mg                            | 1                          |                 |
| RADICAVA ORS SUSP<br>105mg/5ml<br>QL (70 mL / 28 days)                                                   | 3                          | NDS QL NM<br>PA |
| RADICAVA ORS STARTER<br>KIT SUSP 105mg/5ml<br>QL (70 mL / 28 days)                                       | 3                          | NDS QL NM<br>PA |
| <i>riluzole</i> TABS 50mg                                                                                | 1                          |                 |

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------|----------------------------|-----------------|
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg<br>QL (60 tabs / 30 days)                    | 3                          | QL PA           |
| SAVELLA MIS TITR PAK<br>QL (2 packs / year)                                         | 3                          | QL PA           |
| SKYCLARYS CAPS 50mg<br>QL (90 caps / 30 days)                                       | 3                          | NDS QL NM<br>PA |
| TEGSEDI SOSY<br>284mg/1.5ml<br>QL (4 syringes / 28 days)                            | 3                          | NDS QL NM<br>PA |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg<br>QL (90 tabs / 30 days)    | 3                          | NDS QL NM<br>PA |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg<br>QL (120 tabs / 30 days)     | 3                          | NDS QL NM<br>PA |
| TIGLUTIK SUSP 50mg/10ml<br>QL (600 mL / 30 days)                                    | 3                          | NDS QL NM<br>PA |
| UPLIZNA SOLN 100mg/10ml                                                             | 3                          | NDS NM PA       |
| WAINUA SOAJ 45mg/0.8ml<br>QL (1 pen / 30 days)                                      | 3                          | NDS QL NM<br>PA |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                                    |                            |                 |
| AVONEX PSKT 30mcg/0.5ml<br>QL (4 syringes / 28 days)                                | 3                          | NDS QL NM<br>PA |
| AVONEX PEN AJKT<br>30mcg/0.5ml<br>QL (4 injections / 28 days)                       | 3                          | NDS QL NM<br>PA |
| BAFIERTAM CPDR 95mg<br>QL (120 caps / 30 days)                                      | 3                          | NDS QL NM<br>PA |
| BETASERON KIT .3mg<br>QL (14 syringes / 28 days)                                    | 3                          | NDS QL NM<br>PA |
| COPAXONE SOSY 20mg/ml<br>QL (30 syringes / 30 days)                                 | 3                          | NDS QL NM<br>PA |
| COPAXONE SOSY 40mg/ml<br>QL (12 syringes / 28 days)                                 | 3                          | NDS QL NM<br>PA |
| <i>dalfampridine</i> (generic of AMPYRA) TB12 10mg<br>QL (60 tabs / 30 days)        | 1                          | QL NM PA        |
| <i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg<br>QL (14 caps / 7 days) | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                                                       | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg<br>QL (60 caps / 30 days)                                            | 3                          | NDS QL NM<br>PA |
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> (generic of TECFIDERA STARTER PACK)<br>QL (2 packs / year) | 3                          | NDS QL NM<br>PA |
| <i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg<br>QL (30 caps / 30 days)                                                 | 3                          | NDS QL NM<br>PA |
| GILENYA CAPS .25mg<br>QL (30 caps / 30 days)                                                                                    | 3                          | NDS QL NM<br>PA |
| <i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml<br>QL (30 syringes / 30 days)                                      | 3                          | NDS QL NM<br>PA |
| <i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml<br>QL (12 syringes / 28 days)                                      | 3                          | NDS QL NM<br>PA |
| <i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml<br>QL (30 syringes / 30 days)                                                 | 3                          | NDS QL NM<br>PA |
| <i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml<br>QL (12 syringes / 28 days)                                                 | 3                          | NDS QL NM<br>PA |
| MAVENCLAD (4 TABS)<br>TBPK 10mg<br>QL (16 tabs per lifetime)                                                                    | 3                          | NDS QL NM<br>PA |
| MAVENCLAD (5 TABS)<br>TBPK 10mg<br>QL (20 tabs per lifetime)                                                                    | 3                          | NDS QL NM<br>PA |
| MAVENCLAD (6 TABS)<br>TBPK 10mg<br>QL (24 tabs per lifetime)                                                                    | 3                          | NDS QL NM<br>PA |
| MAVENCLAD (7 TABS)<br>TBPK 10mg<br>QL (28 tabs per lifetime)                                                                    | 3                          | NDS QL NM<br>PA |
| MAVENCLAD (8 TABS)<br>TBPK 10mg<br>QL (32 tabs per lifetime)                                                                    | 3                          | NDS QL NM<br>PA |
| MAVENCLAD (9 TABS)<br>TBPK 10mg<br>QL (36 tabs per lifetime)                                                                    | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------|----------------------------|-----------------|
| MAVENCLAD (10 TABS)<br>TBPk 10mg<br>QL (40 tabs per lifetime)                  | 3                          | NDS QL NM<br>PA |
| MAYZENT TABS 1mg, 2mg<br>QL (30 tabs / 30 days)                                | 3                          | NDS QL NM<br>PA |
| MAYZENT TABS .25mg<br>QL (112 tabs / 28 days)                                  | 3                          | NDS QL NM<br>PA |
| MAYZENT STARTER PACK<br>(7) TBPk .25mg<br>QL (2 packs / year)                  | 3                          | NDS QL NM<br>PA |
| MAYZENT STARTER PACK<br>(12) TBPk .25mg<br>QL (2 packs / year)                 | 3                          | NDS QL NM<br>PA |
| OCREVUS SOLN<br>300mg/10ml                                                     | 3                          | NDS NM PA       |
| OCREVUS INJ ZUNOVO<br>QL (23 mL / 180 days)                                    | 3                          | NDS QL NM<br>PA |
| PLEGRIDY SOAJ<br>125mcg/0.5ml<br>QL (2 pens / 28 days)                         | 3                          | NDS QL NM<br>PA |
| PLEGRIDY SOSY<br>125mcg/0.5ml<br>QL (2 syringes / 28<br>days)                  | 3                          | NDS QL NM<br>PA |
| PLEGRIDY INJ STARTER<br>QL (2 packs / year)                                    | 3                          | NDS QL NM<br>PA |
| PLEGRIDY PEN INJ<br>STARTER<br>QL (2 packs / year)                             | 3                          | NDS QL NM<br>PA |
| PONVORY TABS 20mg<br>QL (30 tabs / 30 days)                                    | 3                          | NDS QL NM<br>PA |
| PONVORY TAB STARTER<br>QL (2 packs / year)                                     | 3                          | NDS QL NM<br>PA |
| TASCENSO ODT TBPk<br>.25mg, .5mg<br>QL (30 tabs / 30 days)                     | 3                          | NDS QL NM<br>PA |
| teriflunomide (generic of<br>AUBAGIO) TABS 7mg, 14mg<br>QL (30 tabs / 30 days) | 3                          | NDS QL NM<br>PA |
| VUMERITY CPDR 231mg<br>QL (120 caps / 30 days)                                 | 3                          | NDS QL NM<br>PA |
| ZEPOSIA CAPS .92mg<br>QL (30 caps / 30 days)                                   | 3                          | NDS QL NM<br>PA |
| ZEPOSIA 7DAY CAP STR<br>PACK<br>QL (2 packs / year)                            | 3                          | NDS QL NM<br>PA |
| ZEPOSIA CAP STR KIT<br>QL (2 packs / year)                                     | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                                                                                         | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                                                                                                             |                            |           |
| <i>baclofen</i> SOLN 5mg/5ml                                                                                                                                      | 1                          | PA        |
| <i>baclofen</i> (generic of OZOBAX<br>DS) SOLN 10mg/5ml                                                                                                           | 1                          | PA        |
| <i>baclofen</i> (generic of<br>FLEQSUVY) SUSP<br>25mg/5ml                                                                                                         | 3                          | NDS PA    |
| <i>baclofen</i> TABS 5mg<br>QL (90 tabs / 30 days)                                                                                                                | 1                          | QL        |
| <i>baclofen</i> TABS 10mg, 15mg,<br>20mg                                                                                                                          | 1                          |           |
| BOTOX SOLR 100unit,<br>200unit                                                                                                                                    | 3                          | NDS PA    |
| <i>carisoprodol</i> (generic of<br>SOMA) TABS 350mg<br>QL (120 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 30 day supply<br>in a calendar year | 2                          | QL PA     |
| <i>cyclobenzaprine hcl</i> TABS<br>5mg, 10mg<br>QL (90 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 30 day supply<br>in a calendar year         | 2                          | QL PA     |
| <i>dantrolene sodium</i> (generic of<br>DANTRIUM) CAPS 25mg                                                                                                       | 1                          |           |
| <i>dantrolene sodium</i> CAPS<br>50mg, 100mg                                                                                                                      | 1                          |           |
| DYSPORT SOLR 300unit                                                                                                                                              | 3                          | NM PA     |
| DYSPORT SOLR 500unit                                                                                                                                              | 3                          | NDS NM PA |
| LYVISPAH PACK 5mg,<br>10mg, 20mg                                                                                                                                  | 3                          | PA        |
| <i>metaxalone</i> TABS 800mg<br>QL (120 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 30 day supply<br>in a calendar year                        | 3                          | QL PA     |
| <i>methocarbamol</i> TABS 500mg<br>QL (360 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 30 day supply<br>in a calendar year                     | 2                          | QL PA     |
| <i>methocarbamol</i> TABS 750mg<br>QL (240 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 30 day supply<br>in a calendar year                     | 2                          | QL PA     |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| MYOBLOC SOLN<br>2500unit/0.5ml, 5000unit/ml                                                      | 3                          | NM PA           |
| MYOBLOC SOLN<br>10000unit/2ml                                                                    | 3                          | NDS NM PA       |
| <i>tizanidine hcl</i> CAPS 2mg,<br>4mg, 6mg; TABS 2mg                                            | 1                          |                 |
| <i>tizanidine hcl</i> (generic of<br>ZANAFLEX) TABS 4mg                                          | 1                          |                 |
| XEOMIN SOLR 50unit                                                                               | 3                          | NM PA           |
| XEOMIN SOLR 100unit,<br>200unit                                                                  | 3                          | NDS NM PA       |
| <b>NARCOLEPSY/CATAPLEXY</b>                                                                      |                            |                 |
| <i>armodafinil</i> (generic of<br>NUVIGIL) TABS 50mg<br>QL (60 tabs / 30 days)                   | 1                          | QL PA           |
| <i>armodafinil</i> (generic of<br>NUVIGIL) TABS 150mg,<br>200mg, 250mg<br>QL (30 tabs / 30 days) | 1                          | QL PA           |
| LUMRYZ PACK 4.5gm, 6gm,<br>7.5gm, 9gm<br>QL (30 packets / 30<br>days)                            | 3                          | NDS QL NM<br>PA |
| LUMRYZ PAK STARTER<br>QL (2 packs / year)                                                        | 3                          | NDS QL NM<br>PA |
| <i>modafinil</i> (generic of<br>PROVIGIL) TABS 100mg<br>QL (30 tabs / 30 days)                   | 1                          | QL PA           |
| <i>modafinil</i> (generic of<br>PROVIGIL) TABS 200mg<br>QL (60 tabs / 30 days)                   | 1                          | QL PA           |
| SODIUM OXYBATE SOLN<br>500mg/ml<br>QL (540 mL / 30 days)                                         | 3                          | NDS QL NM<br>PA |
| SUNOSI TABS 75mg, 150mg<br>QL (30 tabs / 30 days)                                                | 3                          | QL PA           |
| WAKIX TABS 4.45mg,<br>17.8mg<br>QL (60 tabs / 30 days)                                           | 3                          | NDS QL NM<br>PA |
| XYREM SOLN 500mg/ml<br>QL (540 mL / 30 days)                                                     | 3                          | NDS QL NM<br>PA |
| XYWAV SOL 0.5GM/ML<br>QL (540 mL / 30 days)                                                      | 3                          | NDS QL NM<br>PA |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                                                    |                            |                 |
| <i>acamprosate calcium</i> TBEC<br>333mg                                                         | 1                          |                 |

| Drug Name                                                                                                                       | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| BRIXADI SOSY 8mg/0.16ml,<br>16mg/0.32ml, 24mg/0.48ml,<br>32mg/0.64ml, 64mg/0.18ml,<br>96mg/0.27ml, 128mg/0.36ml                 | 3                          | NDS NM    |
| <i>buprenorphine hcl</i> SUBL<br>2mg, 8mg<br>QL (90 tabs / 30 days)                                                             | 1                          | QL        |
| <i>buprenorphine hcl-naloxone<br/>hcl sl film 2-0.5 mg (base<br/>equiv)</i> (generic of<br>SUBOXONE)<br>QL (90 films / 30 days) | 1                          | QL        |
| <i>buprenorphine hcl-naloxone<br/>hcl sl film 4-1 mg (base equiv)</i><br>(generic of SUBOXONE)<br>QL (90 films / 30 days)       | 1                          | QL        |
| <i>buprenorphine hcl-naloxone<br/>hcl sl film 8-2 mg (base equiv)</i><br>(generic of SUBOXONE)<br>QL (90 films / 30 days)       | 1                          | QL        |
| <i>buprenorphine hcl-naloxone<br/>hcl sl film 12-3 mg (base<br/>equiv)</i> (generic of<br>SUBOXONE)<br>QL (60 films / 30 days)  | 1                          | QL        |
| <i>buprenorphine hcl-naloxone<br/>hcl sl tab 2-0.5 mg (base<br/>equiv)</i><br>QL (90 tabs / 30 days)                            | 1                          | QL        |
| <i>buprenorphine hcl-naloxone<br/>hcl sl tab 8-2 mg (base equiv)</i><br>QL (90 tabs / 30 days)                                  | 1                          | QL        |
| <i>bupropion hcl (smoking<br/>deterrent)</i> TB12 150mg<br>QL (60 tabs / 30 days)                                               | 1                          | QL        |
| <i>disulfiram</i> TABS 250mg,<br>500mg                                                                                          | 1                          |           |
| KLOXXADO LIQD 8mg/0.1ml                                                                                                         | 2                          |           |
| <i>lofexidine hcl</i> (generic of<br>LUCEMYRA) TABS .18mg<br>QL (228 tabs / 14 days)                                            | 3                          | NDS QL PA |
| LUCEMYRA TABS .18mg<br>QL (228 tabs / 14 days)                                                                                  | 3                          | NDS QL PA |
| <i>naloxone hcl</i> LIQD<br>4mg/0.1ml; SOCT .4mg/ml;<br>SOLN .4mg/ml, 4mg/10ml;<br>SOSY .4mg/ml, 2mg/2ml                        | 1                          |           |
| <i>naltrexone hcl</i> TABS 50mg                                                                                                 | 1                          |           |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------------|----------------------------|-----------|
| NICOTROL INHALER INHA 10mg                                                                    | 3                          |           |
| NICOTROL NS SOLN 10mg/ml                                                                      | 3                          |           |
| OPVEE SOLN 2.7mg/0.1ml                                                                        | 3                          |           |
| SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml                                                       | 3                          | NDS NM    |
| <i>varenicline tartrate</i> TABS .5mg, 1mg<br>QL (56 tabs / 28 days)                          | 1                          | QL        |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i><br>QL (2 packs / year) | 1                          | QL        |
| VIVITROL SUSR 380mg                                                                           | 3                          | NDS NM    |
| ZIMHI SOSY 5mg/0.5ml                                                                          | 3                          |           |
| ZUBSOLV SUB 0.7-0.18<br>QL (90 tabs / 30 days)                                                | 3                          | QL        |
| ZUBSOLV SUB 1.4-0.36<br>QL (90 tabs / 30 days)                                                | 3                          | QL        |
| ZUBSOLV SUB 2.9-0.71<br>QL (90 tabs / 30 days)                                                | 3                          | QL        |
| ZUBSOLV SUB 5.7-1.4<br>QL (90 tabs / 30 days)                                                 | 3                          | QL        |
| ZUBSOLV SUB 8.6-2.1<br>QL (60 tabs / 30 days)                                                 | 3                          | QL        |
| ZUBSOLV SUB 11.4-2.9<br>QL (30 tabs / 30 days)                                                | 3                          | QL        |
| <b>ENDOCRINE AND METABOLIC ANDROGENS</b>                                                      |                            |           |
| AVEED SOLN 750mg/3ml                                                                          | 3                          | NM PA     |
| AZMIRO SOSY 200mg/ml                                                                          | 3                          | PA        |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg                                                        | 1                          | PA        |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml                                              | 1                          | PA        |
| JATENZO CAPS 158mg, 198mg<br>QL (120 caps / 30 days)                                          | 3                          | QL PA     |
| JATENZO CAPS 237mg<br>QL (60 caps / 30 days)                                                  | 3                          | NDS QL PA |
| <i>methyltestosterone</i> CAPS 10mg<br>QL (600 caps / 30 days)                                | 3                          | NDS QL PA |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm<br>QL (300 gm / 30 days)                     | 1                          | QL PA     |
| <i>testosterone</i> GEL 10mg/act<br>QL (120 gm / 30 days)                                     | 1                          | QL PA     |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>testosterone</i> GEL 20.25mg/1.25gm, 40.5mg/2.5gm<br>QL (150 gm / 30 days)          | 1                          | QL PA  |
| <i>testosterone</i> SOLN 30mg/act<br>QL (180 mL / 30 days)                             | 1                          | QL PA  |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml                                  | 1                          | PA     |
| <i>testosterone enanthate</i> SOLN 200mg/ml                                            | 1                          | PA     |
| <i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62%<br>QL (150 gm / 30 days) | 1                          | QL PA  |
| TLANDO CAPS 112.5mg<br>QL (120 caps / 30 days)                                         | 3                          | QL PA  |
| UNDECATREX CAPS 200mg<br>QL (120 caps / 30 days)                                       | 3                          | QL PA  |
| XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml                                       | 3                          | PA     |
| <b>ANTIDIABETICS</b>                                                                   |                            |        |
| <i>acarbose</i> TABS 25mg, 50mg, 100mg                                                 | 1                          |        |
| FARXIGA TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                       | 2                          | QL     |
| <i>glimepiride</i> TABS 1mg, 2mg<br>QL (90 tabs / 30 days)                             | 1                          | QL     |
| <i>glimepiride</i> TABS 4mg<br>QL (60 tabs / 30 days)                                  | 1                          | QL     |
| <i>glipizide</i> TABS 5mg<br>QL (240 tabs / 30 days)                                   | 1                          | QL     |
| <i>glipizide</i> TABS 10mg<br>QL (120 tabs / 30 days)                                  | 1                          | QL     |
| <i>glipizide</i> TB24 2.5mg<br>QL (90 tabs / 30 days)                                  | 1                          | QL     |
| <i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg<br>QL (90 tabs / 30 days)          | 1                          | QL     |
| <i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg<br>QL (60 tabs / 30 days)         | 1                          | QL     |
| <i>glipizide xl</i> TB24 2.5mg<br>QL (90 tabs / 30 days)                               | 1                          | QL     |
| <i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg<br>QL (90 tabs / 30 days)       | 1                          | QL     |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------|----------------------------|--------|
| <i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg<br>QL (60 tabs / 30 days) | 1                          | QL     |
| <i>glipizide-metformin hcl tab</i> 2.5-250 mg<br>QL (240 tabs / 30 days)          | 1                          | QL     |
| <i>glipizide-metformin hcl tab</i> 2.5-500 mg<br>QL (120 tabs / 30 days)          | 1                          | QL     |
| <i>glipizide-metformin hcl tab</i> 5-500 mg<br>QL (120 tabs / 30 days)            | 1                          | QL     |
| GLYXAMBI TAB 10-5 MG<br>QL (30 tabs / 30 days)                                    | 2                          | QL     |
| GLYXAMBI TAB 25-5 MG<br>QL (30 tabs / 30 days)                                    | 2                          | QL     |
| JANUMET TAB 50-500MG<br>QL (60 tabs / 30 days)                                    | 2                          | QL     |
| JANUMET TAB 50-1000<br>QL (60 tabs / 30 days)                                     | 2                          | QL     |
| JANUMET XR TAB 50-500MG<br>QL (60 tabs / 30 days)                                 | 2                          | QL     |
| JANUMET XR TAB 50-1000<br>QL (60 tabs / 30 days)                                  | 2                          | QL     |
| JANUMET XR TAB 100-1000<br>QL (30 tabs / 30 days)                                 | 2                          | QL     |
| JANUVIA TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)                          | 2                          | QL     |
| JARDIANCE TABS 10mg, 25mg<br>QL (30 tabs / 30 days)                               | 2                          | QL     |
| JENTADUETO TAB 2.5-500<br>QL (60 tabs / 30 days)                                  | 2                          | QL     |
| JENTADUETO TAB 2.5-850<br>QL (60 tabs / 30 days)                                  | 2                          | QL     |
| JENTADUETO TAB 2.5-1000<br>QL (60 tabs / 30 days)                                 | 2                          | QL     |
| JENTADUETO TAB XR 2.5-1000MG<br>QL (60 tabs / 30 days)                            | 2                          | QL     |
| JENTADUETO TAB XR 5-1000MG<br>QL (30 tabs / 30 days)                              | 2                          | QL     |

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml<br>QL (3 pens / 30 days)                                     | 1                          | QL PA  |
| <i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml<br>QL (765 mL / 30 days)                                 | 1                          | QL PA  |
| <i>metformin hcl</i> TABS 500mg<br>QL (150 tabs / 30 days)                                                       | 1                          | QL     |
| <i>metformin hcl</i> TABS 850mg<br>QL (90 tabs / 30 days)                                                        | 1                          | QL     |
| <i>metformin hcl</i> TABS 1000mg<br>QL (75 tabs / 30 days)                                                       | 1                          | QL     |
| <i>metformin hcl</i> TB24 500mg<br>QL (120 tabs / 30 days)<br>(generic of GLUCOPHAGE XR)                         | 1                          | QL     |
| <i>metformin hcl</i> TB24 750mg<br>QL (60 tabs / 30 days)<br>(generic of GLUCOPHAGE XR)                          | 1                          | QL     |
| <i>miglitol</i> TABS 25mg, 50mg, 100mg                                                                           | 1                          |        |
| MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml<br>QL (4 pens / 28 days) | 2                          | QL PA  |
| <i>nateglinide</i> TABS 60mg, 120mg<br>QL (90 tabs / 30 days)                                                    | 1                          | QL     |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml<br>QL (1 pen / 28 days)                                             | 2                          | QL PA  |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml<br>QL (1 pen / 28 days)                                                | 2                          | QL PA  |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml<br>QL (1 pen / 28 days)                                                          | 2                          | QL PA  |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml<br>QL (1 pen / 28 days)                                                          | 2                          | QL PA  |
| <i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days)                       | 1                          | QL     |

| Drug Name                                                                                                            | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>pioglitazone hcl-glimepiride</i><br><i>tab 30-2 mg</i> (generic of<br>DUETACT)<br>QL (30 tabs / 30 days)          | 1                          | QL     |
| <i>pioglitazone hcl-glimepiride</i><br><i>tab 30-4 mg</i> (generic of<br>DUETACT)<br>QL (30 tabs / 30 days)          | 1                          | QL     |
| <i>pioglitazone hcl-metformin hcl</i><br><i>tab 15-500 mg</i><br>QL (90 tabs / 30 days)                              | 1                          | QL     |
| <i>pioglitazone hcl-metformin hcl</i><br><i>tab 15-850 mg</i> (generic of<br>ACTOPLUS MET)<br>QL (90 tabs / 30 days) | 1                          | QL     |
| <i>repaglinide</i> TABS 2mg<br>QL (240 tabs / 30 days)                                                               | 1                          | QL     |
| <i>repaglinide</i> TABS .5mg, 1mg<br>QL (120 tabs / 30 days)                                                         | 1                          | QL     |
| RYBELSUS TABS 3mg, 7mg, 14mg<br>QL (30 tabs / 30 days)                                                               | 2                          | QL PA  |
| SYMLINPEN 60 SOPN<br>1500mcg/1.5ml                                                                                   | 3                          | NDS PA |
| SYMLINPEN 120 SOPN<br>2700mcg/2.7ml                                                                                  | 3                          | NDS PA |
| SYNJARDY TAB 5-500MG<br>QL (120 tabs / 30 days)                                                                      | 2                          | QL     |
| SYNJARDY TAB 5-1000MG<br>QL (60 tabs / 30 days)                                                                      | 2                          | QL     |
| SYNJARDY TAB 12.5-500<br>QL (60 tabs / 30 days)                                                                      | 2                          | QL     |
| SYNJARDY TAB 12.5-1000MG<br>QL (60 tabs / 30 days)                                                                   | 2                          | QL     |
| SYNJARDY XR TAB 5-1000MG<br>QL (60 tabs / 30 days)                                                                   | 2                          | QL     |
| SYNJARDY XR TAB 10-1000<br>QL (60 tabs / 30 days)                                                                    | 2                          | QL     |
| SYNJARDY XR TAB 12.5-1000<br>QL (60 tabs / 30 days)                                                                  | 2                          | QL     |
| SYNJARDY XR TAB 25-1000<br>QL (30 tabs / 30 days)                                                                    | 2                          | QL     |
| TRADJENTA TABS 5mg<br>QL (30 tabs / 30 days)                                                                         | 2                          | QL     |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------|----------------------------|-----------|
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG<br>QL (60 tabs / 30 days)                                 | 2                          | QL        |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG<br>QL (30 tabs / 30 days)                                  | 2                          | QL        |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG<br>QL (60 tabs / 30 days)                              | 2                          | QL        |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG<br>QL (30 tabs / 30 days)                                  | 2                          | QL        |
| TRULICITY SOAJ<br>.75mg/0.5ml, 1.5mg/0.5ml,<br>3mg/0.5ml, 4.5mg/0.5ml<br>QL (4 pens / 28 days) | 2                          | QL PA     |
| TZIELD SOLN 2mg/2ml                                                                            | 3                          | NDS NM PA |
| XIGDUO XR TAB 2.5-1000<br>QL (60 tabs / 30 days)                                               | 2                          | QL        |
| XIGDUO XR TAB 5-500MG<br>QL (60 tabs / 30 days)                                                | 2                          | QL        |
| XIGDUO XR TAB 5-1000MG<br>QL (60 tabs / 30 days)                                               | 2                          | QL        |
| XIGDUO XR TAB 10-500MG<br>QL (30 tabs / 30 days)                                               | 2                          | QL        |
| XIGDUO XR TAB 10-1000<br>QL (30 tabs / 30 days)                                                | 2                          | QL        |
| <b>ANTIDIABETICS, INSULINS</b>                                                                 |                            |           |
| ADMELOG SOLN 100unit/ml                                                                        | 2                          |           |
| ADMELOG SOLOSTAR<br>SOPN 100unit/ml                                                            | 2                          |           |
| ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY                                                            | 2                          | PA        |
| BASAGLAR KWIKPEN<br>SOPN 100unit/ml                                                            | 2                          |           |
| CEQUR SIMPL KIT PATCH 2U (3-DAY)<br>QL (10 patches / 30 days)                                  | 3                          | QL PA     |
| CEQUR SIMPL KIT PATCH 2U (4-DAY)<br>QL (8 patches / 24 days)                                   | 3                          | QL PA     |
| CEQUR SIMPL MIS INSERTER<br>QL (2 inserters / year)                                            | 3                          | QL PA     |
| FIASP SOLN 100unit/ml                                                                          | 2                          |           |
| FIASP FLEXTOUCH SOPN 100unit/ml                                                                | 2                          |           |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits  |
|-----------------------------------------------------------------------|----------------------------|---------|
| FIASP PENFILL SOCT<br>100unit/ml                                      | 2                          |         |
| FIASP PUMPCART SOCT<br>100unit/ml                                     | 2                          | B/D     |
| GAUZE PADS 2X2                                                        | 2                          | PA      |
| HUMULIN R U-500<br>(CONCENTR SOLN<br>500unit/ml)                      | 3                          | NDS B/D |
| HUMULIN R U-500 KWIKPEN<br>SOPN 500unit/ml                            | 3                          | NDS     |
| INSULIN PEN NEEDLES: BD-<br>EMBECTA                                   | 2                          | PA      |
| INSULIN SAFETY NEEDLES:<br>BD-EMBECTA                                 | 2                          | PA      |
| INSULIN SYRINGES: BD-<br>EMBECTA                                      | 2                          | PA      |
| NOVOLIN INJ 70/30<br>(brand RELION not<br>covered)                    | 2                          |         |
| NOVOLIN INJ 70/30 FP<br>(brand RELION not<br>covered)                 | 2                          |         |
| NOVOLIN N SUSP<br>100unit/ml<br>(brand RELION not<br>covered)         | 2                          |         |
| NOVOLIN N FLEXPEN<br>SUPN 100unit/ml<br>(brand RELION not<br>covered) | 2                          |         |
| NOVOLIN R SOLN<br>100unit/ml<br>(brand RELION not<br>covered)         | 2                          |         |
| NOVOLIN R FLEXPEN<br>SOPN 100unit/ml<br>(brand RELION not<br>covered) | 2                          |         |
| NOVOLOG SOLN 100unit/ml<br>(brand RELION not<br>covered)              | 2                          |         |
| NOVOLOG FLEXPEN SOPN<br>100unit/ml<br>(brand RELION not<br>covered)   | 2                          |         |
| NOVOLOG MIX INJ 70/30<br>(brand RELION not<br>covered)                | 2                          |         |

| Drug Name                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------|----------------------------|--------|
| NOVOLOG MIX INJ<br>FLEXPEN<br>(brand RELION not<br>covered)         | 2                          |        |
| NOVOLOG PENFILL SOCT<br>100unit/ml<br>(brand RELION not<br>covered) | 2                          |        |
| OMNIPOD 5 DX KIT INT<br>G7G6<br>QL (1 kit / year)                   | 3                          | QL PA  |
| OMNIPOD 5 DX MIS POD<br>G7G6<br>QL (15 pods / 30 days)              | 3                          | QL PA  |
| OMNIPOD 5 G7 KIT INTRO<br>QL (1 kit / year)                         | 3                          | QL PA  |
| OMNIPOD 5 G7 MIS PODS<br>QL (15 pods / 30 days)                     | 3                          | QL PA  |
| OMNIPOD 5 L2 KIT INTRO<br>G6<br>QL (1 kit / year)                   | 3                          | QL PA  |
| OMNIPOD 5 L2 MIS PODS<br>G6<br>QL (15 pods / 30 days)               | 3                          | QL PA  |
| OMNIPOD DASH KIT INTRO<br>QL (1 kit / year)                         | 3                          | QL PA  |
| OMNIPOD DASH MIS PODS<br>QL (15 pods / 30 days)                     | 3                          | QL PA  |
| OMNIPOD GO KIT<br>10UNT/DY<br>QL (15 pods / 30 days)                | 3                          | QL PA  |
| OMNIPOD GO KIT<br>15UNT/DY<br>QL (15 pods / 30 days)                | 3                          | QL PA  |
| OMNIPOD GO KIT<br>20UNT/DY<br>QL (15 pods / 30 days)                | 3                          | QL PA  |
| OMNIPOD GO KIT<br>25UNT/DY<br>QL (15 pods / 30 days)                | 3                          | QL PA  |
| OMNIPOD GO KIT<br>30UNT/DY<br>QL (15 pods / 30 days)                | 3                          | QL PA  |
| OMNIPOD GO KIT<br>35UNT/DY<br>QL (15 pods / 30 days)                | 3                          | QL PA  |



| Drug Name                                                                  | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------|----------------------------|-----------|
| OMNIPOD GO KIT<br>40UNT/DY<br>QL (15 pods / 30 days)                       | 3                          | QL PA     |
| OMNIPOD MIS CLASSIC<br>QL (15 pods / 30 days)                              | 3                          | QL PA     |
| SOLIQUA INJ 100/33<br>QL (5 pens / 25 days)                                | 2                          | QL        |
| TOUJEO MAX SOLOSTAR<br>SOPN 300unit/ml                                     | 2                          |           |
| TOUJEO SOLOSTAR SOPN<br>300unit/ml                                         | 2                          |           |
| TRESIBA SOLN 100unit/ml                                                    | 2                          |           |
| TRESIBA FLEXTOUCH<br>SOPN 100unit/ml, 200unit/ml                           | 2                          |           |
| XULTOPHY INJ 100/3.6<br>QL (5 pens / 30 days)                              | 2                          | QL        |
| <b>CALCIUM REGULATORS</b>                                                  |                            |           |
| <i>alendronate sodium</i> SOLN<br>70mg/75ml                                | 1                          | ST        |
| <i>alendronate sodium</i> TABS<br>10mg, 35mg                               | 1                          |           |
| <i>alendronate sodium</i> (generic<br>of FOSAMAX) TABS 70mg                | 1                          |           |
| BINOSTO TBEF 70mg                                                          | 3                          | ST        |
| BONSITY SOPN<br>560mcg/2.24ml                                              | 3                          | NDS NM PA |
| <i>calcitonin (salmon) spray</i><br>SOLN 200unit/act                       | 1                          | B/D       |
| EVENITY SOSY<br>105mg/1.17ml                                               | 3                          | NDS NM PA |
| FOSAMAX + D TAB 70-2800                                                    | 3                          | ST        |
| FOSAMAX + D TAB 70-5600                                                    | 3                          | ST        |
| <i>ibandronate sodium</i> SOLN<br>3mg/3ml<br>QL (1 injection / 90<br>days) | 1                          | B/D QL    |
| <i>ibandronate sodium</i> TABS<br>150mg                                    | 1                          | B/D       |
| PAMIDRONATE DISODIUM<br>SOLN 6mg/ml                                        | 2                          | B/D       |
| <i>pamidronate disodium</i> SOLN<br>30mg/10ml, 90mg/10ml                   | 1                          | B/D       |
| PROLIA SOSY 60mg/ml<br>QL (1 syringe / 180<br>days)                        | 3                          | QL NM     |
| <i>risedronate sodium</i> TABS<br>5mg, 30mg, 150mg                         | 1                          |           |

| Drug Name                                                                               | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>risedronate sodium</i> (generic of 1<br>ACTONEL) TABS 35mg                           | 1                          |           |
| <i>risedronate sodium</i> (generic of 1<br>ATELVIA) TBEC 35mg                           | 1                          | ST        |
| TERIPARATIDE SOPN<br>560mcg/2.24ml<br>(ALVOGEN product)                                 | 3                          | NDS NM PA |
| <i>teriparatide</i> (generic of<br>FORTEO) SOPN<br>560mcg/2.24ml<br>(generic of Forteo) | 3                          | NDS NM PA |
| TYMLOS SOPN<br>3120mcg/1.56ml                                                           | 3                          | NDS NM PA |
| WYOST SOLN 120mg/1.7ml                                                                  | 3                          | NDS NM PA |
| XGEVA SOLN 120mg/1.7ml                                                                  | 3                          | NDS NM PA |
| YORVIPATH SOPN<br>168mcg/0.56ml,<br>294mcg/0.98ml,<br>420mcg/1.4ml                      | 3                          | NDS NM PA |
| <i>zoledronic acid</i> CONC<br>4mg/5ml                                                  | 1                          | B/D NM    |
| ZOLEDRONIC ACID SOLN<br>4mg/100ml                                                       | 3                          | B/D NM    |
| <i>zoledronic acid</i> (generic of<br>RECLAST) SOLN 5mg/100ml                           | 1                          | B/D NM    |
| <b>CHELATING AGENTS</b>                                                                 |                            |           |
| CHEMET CAPS 100mg                                                                       | 3                          | NDS       |
| CUVRIOR TABS 300mg                                                                      | 3                          | NDS NM PA |
| <i>deferasirox</i> (generic of<br>JADENU SPRINKLE) PACK<br>90mg, 180mg, 360mg           | 3                          | NDS NM PA |
| <i>deferasirox</i> (generic of<br>JADENU) TABS 90mg                                     | 1                          | NM PA     |
| <i>deferasirox</i> (generic of<br>JADENU) TABS 180mg,<br>360mg                          | 3                          | NM PA     |
| <i>deferasirox</i> (generic of<br>EXJADE) TBSO 125mg                                    | 1                          | NM PA     |
| <i>deferasirox</i> (generic of<br>EXJADE) TBSO 250mg,<br>500mg                          | 3                          | NDS NM PA |
| <i>deferiprone</i> TABS 500mg                                                           | 3                          | NDS NM PA |
| <i>deferiprone</i> (generic of<br>FERRIPROX) TABS 1000mg                                | 3                          | NDS NM PA |
| <i>deferoxamine mesylate</i><br>SOLR 2gm                                                | 1                          | NM PA     |

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------|----------------------------|-----------|
| <i>deferioxamine mesylate</i><br>(generic of DESFERAL)<br>SOLR 500mg | 1                          | NM PA     |
| FERRIPROX SOLN<br>100mg/ml                                           | 3                          | NDS NM PA |
| FERRIPROX TWICE-A-DAY<br>TABS 1000mg                                 | 3                          | NDS NM PA |
| <i>kionex</i> SUSP 15gm/60ml                                         | 1                          |           |
| LOKELMA PACK 5gm, 10gm                                               | 2                          |           |
| <i>penicillamine</i> (generic of<br>DEPEN TITRATABS) TABS<br>250mg   | 3                          | NDS NM    |
| <i>sodium polystyrene sulfonate</i><br><i>powder</i>                 | 1                          |           |
| <i>sps</i> SUSP 15gm/60ml                                            | 1                          |           |
| <i>sps rectal</i> SUSP 15gm/60ml                                     | 1                          |           |
| <i>trientine hcl</i> (generic of<br>SYPRINE) CAPS 250mg              | 3                          | NDS NM PA |
| <i>trientine hcl</i> CAPS 500mg                                      | 3                          | NDS NM PA |
| VELTASSA PACK 1gm,<br>8.4gm, 16.8gm, 25.2gm                          | 2                          |           |
| <b>CONTRACEPTIVES</b>                                                |                            |           |
| <i>afirmelle</i>                                                     | 1                          |           |
| <i>altavera</i>                                                      | 1                          |           |
| <i>alyacen 1/35</i>                                                  | 1                          |           |
| <i>alyacen 7/7/7</i>                                                 | 1                          |           |
| <i>amethia</i>                                                       | 1                          |           |
| <i>amethyst</i>                                                      | 1                          |           |
| ANNOVERA MIS                                                         | 3                          |           |
| <i>apri</i>                                                          | 1                          |           |
| <i>aranelle</i>                                                      | 1                          |           |
| <i>ashlyna</i>                                                       | 1                          |           |
| <i>aubra eq</i>                                                      | 1                          |           |
| <i>aurovela 1/20</i>                                                 | 1                          |           |
| <i>aurovela 24 fe</i>                                                | 1                          |           |
| <i>aurovela fe 1.5/30</i>                                            | 1                          |           |
| <i>aurovela fe 1/20</i>                                              | 1                          |           |
| AVERI TAB                                                            | 3                          |           |
| <i>aviane</i>                                                        | 1                          |           |
| <i>ayuna</i>                                                         | 1                          |           |
| <i>azurette</i>                                                      | 1                          |           |
| <i>balziva</i>                                                       | 1                          |           |
| <i>blisovi 24 fe</i>                                                 | 1                          |           |
| <i>blisovi fe 1.5/30</i>                                             | 1                          |           |
| <i>briellyn</i>                                                      | 1                          |           |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>camila</i> TABS .35mg                                                                                      | 1                          |        |
| <i>camrese</i>                                                                                                | 1                          |        |
| <i>camrese lo</i>                                                                                             | 1                          |        |
| <i>chateal eq</i>                                                                                             | 1                          |        |
| <i>cryselle-28</i>                                                                                            | 1                          |        |
| <i>cyred eq</i>                                                                                               | 1                          |        |
| <i>dasetta 1/35</i>                                                                                           | 1                          |        |
| <i>dasetta 7/7/7</i>                                                                                          | 1                          |        |
| <i>daysee</i>                                                                                                 | 1                          |        |
| <i>deblitane</i> TABS .35mg                                                                                   | 1                          |        |
| DEPO-SUBQ PROVERA 104<br>SUSY 104mg/0.65ml                                                                    | 2                          |        |
| <i>desogest-eth estrad &amp; eth</i><br><i>estradiol tab 0.15-0.02/0.01</i><br><i>mg(21/5)</i>                | 1                          |        |
| <i>dolishale</i>                                                                                              | 1                          |        |
| <i>drospirenone-ethinyl estrad-</i><br><i>levomefolate tab 3-0.02-0.451</i><br><i>mg (generic of BEYAZ)</i>   | 1                          |        |
| <i>drospirenone-ethinyl estrad-</i><br><i>levomefolate tab 3-0.03-0.451</i><br><i>mg (generic of SAFYRAL)</i> | 1                          |        |
| <i>drospirenone-ethinyl estradiol</i><br><i>tab 3-0.02 mg (generic of</i><br><i>YAZ)</i>                      | 1                          |        |
| <i>drospirenone-ethinyl estradiol</i><br><i>tab 3-0.03 mg (generic of</i><br><i>YASMIN 28)</i>                | 1                          |        |
| <i>elinest</i>                                                                                                | 1                          |        |
| <i>eluryng</i> (generic of<br>NUVARING)                                                                       | 1                          |        |
| <i>emzahh</i> TABS .35mg                                                                                      | 1                          |        |
| <i>enilloring</i> (generic of<br>NUVARING)                                                                    | 1                          |        |
| <i>enpresse-28</i>                                                                                            | 1                          |        |
| <i>enskyce</i>                                                                                                | 1                          |        |
| <i>errin</i> TABS .35mg                                                                                       | 1                          |        |
| <i>estarylla</i>                                                                                              | 1                          |        |
| <i>ethynodiol diacetate &amp; ethinyl</i><br><i>estradiol tab 1 mg-35 mcg</i>                                 | 1                          |        |
| <i>ethynodiol diacetate &amp; ethinyl</i><br><i>estradiol tab 1 mg-50 mcg</i>                                 | 1                          |        |
| <i>etonogestrel-ethinyl estradiol</i><br><i>va ring 0.12-0.015 mg/24hr</i><br>(generic of NUVARING)           | 1                          |        |
| <i>falmina</i>                                                                                                | 1                          |        |

| Drug Name                                                               | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------|----------------------------|--------|
| <i>feirza 1.5/30</i>                                                    | 1                          |        |
| <i>feirza 1/20</i>                                                      | 1                          |        |
| FEMLYV TAB 1/0.02MG                                                     | 3                          | PA     |
| <i>finzala</i>                                                          | 1                          |        |
| <i>galbriela</i>                                                        | 1                          |        |
| <i>gemmily</i> (generic of TAYTULLA)                                    | 1                          |        |
| <i>hailey 1.5/30</i>                                                    | 1                          |        |
| <i>hailey 24 fe</i>                                                     | 1                          |        |
| <i>haloette</i> (generic of NUVARING)                                   | 1                          |        |
| <i>heather</i> TABS .35mg                                               | 1                          |        |
| <i>iclevia</i>                                                          | 1                          |        |
| <i>incassia</i> TABS .35mg                                              | 1                          |        |
| <i>introvale</i>                                                        | 1                          |        |
| <i>isibloom</i>                                                         | 1                          |        |
| <i>jaimiess</i>                                                         | 1                          |        |
| <i>jasmiel</i> (generic of YAZ)                                         | 1                          |        |
| <i>jolessa</i>                                                          | 1                          |        |
| <i>juleber</i>                                                          | 1                          |        |
| <i>junel 1.5/30</i>                                                     | 1                          |        |
| <i>junel 1/20</i>                                                       | 1                          |        |
| <i>junel fe 1.5/30</i>                                                  | 1                          |        |
| <i>junel fe 1/20</i>                                                    | 1                          |        |
| <i>junel fe 24</i>                                                      | 1                          |        |
| <i>kaitlib fe</i>                                                       | 1                          |        |
| <i>kariva</i>                                                           | 1                          |        |
| <i>kelnor 1/35</i>                                                      | 1                          |        |
| <i>kelnor 1/50</i>                                                      | 1                          |        |
| <i>kurvelo</i>                                                          | 1                          |        |
| <i>larin 1.5/30</i>                                                     | 1                          |        |
| <i>larin 1/20</i>                                                       | 1                          |        |
| <i>larin 24 fe</i>                                                      | 1                          |        |
| <i>larin fe 1.5/30</i>                                                  | 1                          |        |
| <i>larin fe 1/20</i>                                                    | 1                          |        |
| <i>layolis fe</i>                                                       | 1                          |        |
| <i>lessina</i>                                                          | 1                          |        |
| <i>levonest</i>                                                         | 1                          |        |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>  | 1                          |        |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> | 1                          |        |

| Drug Name                                                                                                              | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>                                                | 1                          |        |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>                                                        | 1                          |        |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>                                                       | 1                          |        |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>                                                    | 1                          |        |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>                                                     | 1                          |        |
| <i>levora 0.15/30-28</i>                                                                                               | 1                          |        |
| LILETTA IUD 20.1mcg/day                                                                                                | 2                          | NM     |
| LO LOESTRIN TAB 1-10-10                                                                                                | 3                          |        |
| <i>loestrin 1.5/30-21</i>                                                                                              | 1                          |        |
| <i>loestrin 1/20-21</i>                                                                                                | 1                          |        |
| <i>loestrin fe 1.5/30</i>                                                                                              | 1                          |        |
| <i>loestrin fe 1/20</i>                                                                                                | 1                          |        |
| <i>lojaimiess</i>                                                                                                      | 1                          |        |
| <i>loryna</i> (generic of YAZ)                                                                                         | 1                          |        |
| <i>low-ogestrel</i>                                                                                                    | 1                          |        |
| <i>luteru</i>                                                                                                          | 1                          |        |
| <i>lyleq</i> TABS .35mg                                                                                                | 1                          |        |
| <i>lyza</i> TABS .35mg                                                                                                 | 1                          |        |
| <i>marlissa</i>                                                                                                        | 1                          |        |
| <i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml | 1                          |        |
| <i>meleya</i> TABS .35mg                                                                                               | 1                          |        |
| <i>merzee</i> (generic of TAYTULLA)                                                                                    | 1                          |        |
| <i>mibelas 24 fe</i>                                                                                                   | 1                          |        |
| <i>microgestin 1.5/30</i>                                                                                              | 1                          |        |
| <i>microgestin 1/20</i>                                                                                                | 1                          |        |
| <i>microgestin fe 1.5/30</i>                                                                                           | 1                          |        |
| <i>microgestin fe 1/20</i>                                                                                             | 1                          |        |
| <i>mili</i>                                                                                                            | 1                          |        |
| <i>mono-lynyah</i>                                                                                                     | 1                          |        |
| NATAZIA TAB                                                                                                            | 3                          |        |
| <i>necon 0.5/35-28</i>                                                                                                 | 1                          |        |
| NEXPLANON IMPL 68mg                                                                                                    | 2                          | NM     |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------|----------------------------|--------|
| NEXTSTELLIS TAB 3-14.2MG                                                          | 3                          | PA     |
| nikki (generic of YAZ)                                                            | 1                          |        |
| nora-be TABS .35mg                                                                | 1                          |        |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr                          | 1                          |        |
| norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg                       | 1                          |        |
| norethindrone (contraceptive) TABS .35mg                                          | 1                          |        |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg                      | 1                          |        |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg                             | 1                          |        |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg                          | 1                          |        |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)                      | 1                          |        |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA) | 1                          |        |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg                               | 1                          |        |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg                       | 1                          |        |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg                       | 1                          |        |
| norlyroc TABS .35mg                                                               | 1                          |        |
| nortrel 0.5/35 (28)                                                               | 1                          |        |
| nortrel 1/35 (21)                                                                 | 1                          |        |
| nortrel 1/35 (28)                                                                 | 1                          |        |
| nortrel 7/7/7                                                                     | 1                          |        |
| nylia 1/35                                                                        | 1                          |        |
| nylia 7/7/7                                                                       | 1                          |        |
| ocella (generic of YASMIN 28)                                                     | 1                          |        |
| orquidea TABS .35mg                                                               | 1                          |        |
| PHEXXI GEL                                                                        | 3                          |        |
| philith                                                                           | 1                          |        |
| pimtrea                                                                           | 1                          |        |
| portia-28                                                                         | 1                          |        |

| Drug Name                          | Drug Requirements/<br>Tier | Limits |
|------------------------------------|----------------------------|--------|
| reclipsen                          | 1                          |        |
| rivelsa                            | 1                          |        |
| rosyrah                            | 1                          |        |
| setlakin                           | 1                          |        |
| sharobel TABS .35mg                | 1                          |        |
| simliya                            | 1                          |        |
| simpesse                           | 1                          |        |
| sprintec 28                        | 1                          |        |
| sronyx                             | 1                          |        |
| syeda (generic of YASMIN 28)       | 1                          |        |
| tarina 24 fe                       | 1                          |        |
| tarina fe 1/20 eq                  | 1                          |        |
| tilia fe                           | 1                          |        |
| tri-estarylla                      | 1                          |        |
| tri-legest fe                      | 1                          |        |
| tri-linyah                         | 1                          |        |
| tri-lo-estarylla                   | 1                          |        |
| tri-lo-marzia                      | 1                          |        |
| tri-lo-mili                        | 1                          |        |
| tri-lo-sprintec                    | 1                          |        |
| tri-mili                           | 1                          |        |
| tri-nymyo                          | 1                          |        |
| tri-sprintec                       | 1                          |        |
| tri-vylibra                        | 1                          |        |
| tri-vylibra lo                     | 1                          |        |
| turqoz                             | 1                          |        |
| tydemy (generic of SAFYRAL)        | 1                          |        |
| valtya 1/50                        | 1                          |        |
| velivet                            | 1                          |        |
| vestura (generic of YAZ)           | 1                          |        |
| vienva                             | 1                          |        |
| viorele                            | 1                          |        |
| vyfemla                            | 1                          |        |
| vylibra                            | 1                          |        |
| wera                               | 1                          |        |
| wymzya fe                          | 1                          |        |
| xarah fe                           | 1                          |        |
| xelria fe                          | 1                          |        |
| xulane                             | 1                          |        |
| zafemy                             | 1                          |        |
| zovia 1/35                         | 1                          |        |
| zumandimine (generic of YASMIN 28) | 1                          |        |

| Drug Name                                                                                                            | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>ESTROGENS</b>                                                                                                     |                                   |
| <i>abigale</i> (generic of ACTIVELLA)                                                                                | 2                                 |
| <i>abigale lo</i>                                                                                                    | 2                                 |
| BIJUVA CAP 0.5-100                                                                                                   | 3                                 |
| BIJUVA CAP 1-100MG                                                                                                   | 3                                 |
| CLIMARA PRO DIS WEEKLY                                                                                               | 3                                 |
| COMBIPATCH DIS                                                                                                       | 3                                 |
| DEPO-ESTRADIOL OIL 5mg/ml                                                                                            | 3                                 |
| <i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr              | 2                                 |
| ELESTRIN GEL .06%                                                                                                    | 3                                 |
| <i>estradiol</i> (generic of ESTROGEL) GEL .06%                                                                      | 3                                 |
| <i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm              | 3                                 |
| <i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr          | 2                                 |
| <i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 2                                 |
| <i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg                                                            | 1                                 |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>                                                          | 2                                 |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)                                     | 2                                 |
| <i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm                                                           | 1                                 |
| <i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg                                                             | 1                                 |
| <i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml                                              | 1                                 |
| <i>estradiol valerate</i> OIL 40mg/ml                                                                                | 1                                 |
| ESTRING RING 7.5mcg/24hr                                                                                             | 3                                 |

| Drug Name                                                                                               | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| EVAMIST SOLN 1.53mg/spray                                                                               | 3                                 |
| FEMRING RING .05mg/24hr, .1mg/24hr                                                                      | 3                                 |
| <i>fyavolv tab 0.5mg-2.5mcg</i>                                                                         | 2                                 |
| <i>fyavolv tab 1mg-5mcg</i>                                                                             | 2                                 |
| IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg                                                               | 3 PA                              |
| IMVEXXY STARTER PACK INST 4mcg, 10mcg                                                                   | 3 PA                              |
| <i>jinteli</i>                                                                                          | 2                                 |
| <i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2                                 |
| MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg                                                                 | 3                                 |
| MENOSTAR PTWK 14mcg/24hr                                                                                | 3                                 |
| <i>mimvey</i> (generic of ACTIVELLA)                                                                    | 2                                 |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>                                       | 2                                 |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>                                           | 2                                 |
| PREMARIN CREA .625mg/gm; SOLR 25mg                                                                      | 3                                 |
| PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg                                                         | 2                                 |
| PREMPHASE TAB                                                                                           | 2                                 |
| PREMPRO TAB                                                                                             | 2                                 |
| PREMPRO TAB 0.3-1.5                                                                                     | 2                                 |
| PREMPRO TAB 0.45-1.5                                                                                    | 2                                 |
| PREMPRO TAB 0.625-5                                                                                     | 2                                 |
| <i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg                                                          | 1                                 |
| <b>GLUCOCORTICOIDS</b>                                                                                  |                                   |
| ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg                                                                     | 3 NDS NM PA                       |
| ALKINDI SPRINKLE CPSP .5mg                                                                              | 3 NM PA                           |
| <i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN) | 1                                 |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                                                          | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| DEPO-MEDROL SUSP 20mg/ml                                                                                           | 3                          | B/D    |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg                     | 1                          |        |
| DEXAMETHASONE INTENSOL CONC 1mg/ml                                                                                 | 3                          |        |
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml | 1                          |        |
| <i>fludrocortisone acetate</i> TABS .1mg                                                                           | 1                          |        |
| HEMADY TABS 20mg                                                                                                   | 3                          | PA     |
| <i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg                                                     | 1                          |        |
| <i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg                                            | 1                          |        |
| KENALOG-10 SUSP 10mg/ml                                                                                            | 3                          | B/D    |
| KENALOG-80 SUSP 80mg/ml                                                                                            | 3                          | B/D    |
| MEDROL TABS 2mg                                                                                                    | 3                          | B/D    |
| <i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg                                                  | 1                          | B/D    |
| <i>methylprednisolone</i> TABS 32mg                                                                                | 1                          | B/D    |
| <i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBP 4mg                                                      | 1                          |        |
| <i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml                                   | 1                          | B/D    |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg                                                                | 1                          | B/D    |
| <i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg                                     | 1                          | B/D    |
| <i>prednisolone</i> SOLN 15mg/5ml                                                                                  | 1                          | B/D    |
| <i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml                                           | 1                          | B/D    |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml                       | 1                          | B/D          |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg             | 1                          | B/D          |
| <i>prednisone</i> TBP 5mg, 10mg                                                    | 1                          |              |
| PREDNISONE INTENSOL CONC 5mg/ml                                                    | 3                          | B/D          |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg                                       | 3                          |              |
| SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg                                   | 3                          | B/D          |
| <i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml                | 1                          | B/D          |
| ZILRETTA SRER 32mg                                                                 | 3                          | B/D NM       |
| <b>GLUCOSE ELEVATING AGENTS</b>                                                    |                            |              |
| <i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml                               | 3                          | NDS          |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml                                         | 2                          |              |
| <b>MISCELLANEOUS</b>                                                               |                            |              |
| ALDURAZYME SOLN 2.9mg/5ml                                                          | 3                          | NDS NM PA    |
| AQNEURSA PACK 1gm QL (112 packets / 28 days)                                       | 3                          | NDS QL NM PA |
| <i>betaine powder for oral solution</i> (generic of CYSTADANE)                     | 3                          | NDS NM       |
| <i>cabergoline</i> TABS .5mg                                                       | 1                          |              |
| <i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg                             | 3                          | NDS NM PA    |
| CERDELGA CAPS 84mg                                                                 | 3                          | NDS NM PA    |
| CEREZYME SOLR 400unit                                                              | 3                          | NDS NM PA    |
| CHORIONIC GONADOTROPIN SOLR 10000unit                                              | 3                          | NM PA        |
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days) | 1                          | B/D QL NM    |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits           |
|----------------------------------------------------------------------------------|----------------------------|------------------|
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg<br>QL (120 tabs / 30 days) | 3                          | NDS B/D QL<br>NM |
| CRENESSITY CAPS 25mg, 50mg, 100mg<br>QL (60 caps / 30 days)                      | 3                          | NDS QL NM<br>PA  |
| CRENESSITY SOLN 50mg/ml<br>QL (120 mL / 30 days)                                 | 3                          | NDS QL NM<br>PA  |
| CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml                                          | 3                          | NDS NM PA        |
| CYSTAGON CAPS 50mg, 150mg                                                        | 3                          | NM PA            |
| <i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml                      | 3                          | NDS              |
| <i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg                   | 1                          |                  |
| <i>desmopressin acetate spray</i> SOLN .01%                                      | 1                          |                  |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01%                         | 1                          |                  |
| DOJOLVI LIQD 100%                                                                | 3                          | NDS NM PA        |
| EGRIFTA SV SOLR 2mg                                                              | 3                          | NDS NM PA        |
| ELAPRASE SOLN 6mg/3ml                                                            | 3                          | NDS NM PA        |
| ELELYSO SOLR 200unit                                                             | 3                          | NDS NM PA        |
| ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml                                               | 3                          | NDS NM PA        |
| FABRAZYME SOLR 5mg, 35mg                                                         | 3                          | NDS NM PA        |
| FENSOLVI KIT 45mg                                                                | 3                          | NDS NM PA        |
| GALAFOLD CAPS 123mg                                                              | 3                          | NDS NM PA        |
| GENOTROPIN CART 5mg, 12mg                                                        | 3                          | NDS NM PA        |
| GENOTROPIN MINQUICK PRSY .2mg                                                    | 2                          | NM PA            |
| GENOTROPIN MINQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg  | 3                          | NDS NM PA        |
| HUMATROPE CART 6mg, 12mg, 24mg                                                   | 3                          | NDS NM PA        |
| INCRELEX SOLN 40mg/4ml                                                           | 3                          | NDS NM PA        |
| ISTURISA TABS 1mg<br>QL (240 tabs / 30 days)                                     | 3                          | NDS QL NM<br>PA  |
| ISTURISA TABS 5mg<br>QL (360 tabs / 30 days)                                     | 3                          | NDS QL NM<br>PA  |

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg                                     | 3                          | NDS NM PA       |
| JYNARQUE TABS 15mg, 30mg; TBPK 15mg                                                                  | 3                          | NDS NM PA       |
| JYNARQUE PAK 30-15MG                                                                                 | 3                          | NDS NM PA       |
| JYNARQUE PAK 45-15MG                                                                                 | 3                          | NDS NM PA       |
| JYNARQUE PAK 60-30MG                                                                                 | 3                          | NDS NM PA       |
| JYNARQUE PAK 90-30MG                                                                                 | 3                          | NDS NM PA       |
| KANUMA SOLN 20mg/10ml                                                                                | 3                          | NDS NM PA       |
| LAMZEDE SOLR 10mg                                                                                    | 3                          | NDS NM PA       |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml                                                           | 3                          | NDS NM PA       |
| <i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg | 1                          | B/D             |
| LUMIZYME SOLR 50mg                                                                                   | 3                          | NDS NM PA       |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg                                                   | 3                          | NDS NM PA       |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg                                                          | 3                          | NDS NM PA       |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg                                                                   | 3                          | NDS NM PA       |
| <i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg                                   | 3                          | NDS NM PA       |
| <i>miglustat</i> (generic of ZAVESCA) CAPS 100mg<br>QL (90 caps / 30 days)                           | 3                          | NDS QL NM<br>PA |
| MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg<br>QL (90 caps / 30 days)                                      | 3                          | NDS QL NM<br>PA |
| MYALEPT SOLR 11.3mg                                                                                  | 3                          | NDS NM PA       |
| MYCAPSSA CPDR 20mg<br>QL (112 caps / 28 days)                                                        | 3                          | NDS QL NM<br>PA |
| MYFEMBREE TAB                                                                                        | 3                          | NDS PA          |
| NAGLAZYME SOLN 1mg/ml                                                                                | 3                          | NDS NM PA       |
| NEXVIAZYME SOLR 100mg                                                                                | 3                          | NDS NM PA       |
| NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml                                                                   | 3                          | NDS NM PA       |
| <i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg                                     | 3                          | NDS NM PA       |
| NITYR TABS 2mg, 5mg, 10mg                                                                            | 3                          | NDS NM PA       |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                               | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------|----------------------------|-----------|
| NORDITROPIN FLEXP<br>SOPN 5mg/1.5ml,<br>10mg/1.5ml, 15mg/1.5ml,<br>30mg/3ml             | 3                          | NDS NM PA |
| NOVAREL SOLR 5000unit                                                                   | 3                          | NM PA     |
| NUTROPIN AQ NUSPIN 5<br>SOPN 5mg/2ml                                                    | 3                          | NDS NM PA |
| NUTROPIN AQ NUSPIN 10<br>SOPN 10mg/2ml                                                  | 3                          | NDS NM PA |
| NUTROPIN AQ NUSPIN 20<br>SOPN 20mg/2ml                                                  | 3                          | NDS NM PA |
| <i>octreotide acetate</i> (generic of<br>SANDOSTATIN LAR DEPOT)<br>KIT 10mg, 20mg, 30mg | 3                          | NDS NM PA |
| <i>octreotide acetate</i> (generic of<br>SANDOSTATIN) SOLN<br>50mcg/ml, 100mcg/ml       | 1                          | NM PA     |
| <i>octreotide acetate</i> SOLN<br>200mcg/ml; SOSY 50mcg/ml,<br>100mcg/ml                | 1                          | NM PA     |
| <i>octreotide acetate</i> (generic of<br>SANDOSTATIN) SOLN<br>500mcg/ml                 | 3                          | NDS NM PA |
| <i>octreotide acetate</i> SOLN<br>1000mcg/ml; SOSY<br>500mcg/ml                         | 3                          | NDS NM PA |
| OLPRUVA THPK 2gm, 3gm,<br>4gm, 5gm, 6gm, 6.67gm                                         | 3                          | NDS NM PA |
| OMNITROPE SOCT<br>5mg/1.5ml, 10mg/1.5ml;<br>SOLR 5.8mg                                  | 3                          | NDS NM PA |
| OPFOLDA CAPS 65mg<br>QL (8 caps / 28 days)                                              | 3                          | QL NM PA  |
| ORFADIN SUSP 4mg/ml                                                                     | 3                          | NDS NM PA |
| ORIAHNN CAP                                                                             | 3                          | NDS PA    |
| ORLISSA TABS 150mg,<br>200mg                                                            | 3                          | NDS PA    |
| PALYNZIQ SOSY<br>2.5mg/0.5ml, 10mg/0.5ml,<br>20mg/ml                                    | 3                          | NDS NM PA |
| PHEBURANE PLLT<br>483mg/gm                                                              | 3                          | NDS NM PA |
| POMBILITI SOLR 105mg                                                                    | 3                          | NDS NM PA |
| PREGNYL W/DILUENT                                                                       | 3                          | NM PA     |
| BENZYL SOLR 10000unit                                                                   |                            |           |
| PROCYSBI CPDR 25mg,<br>75mg; PACK 75mg, 300mg                                           | 3                          | NDS NM PA |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>raloxifene hcl</i> (generic of<br>EVISTA) TABS 60mg                                    | 1                          |                 |
| RAVICTI LIQD 1.1gm/ml                                                                     | 3                          | NDS NM PA       |
| RECORLEV TABS 150mg<br>QL (240 tabs / 30 days)                                            | 3                          | NDS QL NM<br>PA |
| REVCIVI SOLN<br>2.4mg/1.5ml                                                               | 3                          | NDS NM PA       |
| REZDIFFRA TABS 60mg,<br>80mg, 100mg<br>QL (30 tabs / 30 days)                             | 3                          | NDS QL NM<br>PA |
| SAMSCA TABS 15mg, 30mg                                                                    | 3                          | NDS NM PA       |
| SANDOSTATIN LAR DEPOT<br>KIT 10mg, 20mg, 30mg                                             | 3                          | NDS NM PA       |
| <i>sapropterin dihydrochloride</i><br>(generic of KUVAN) PACK<br>100mg, 500mg; TABS 100mg | 3                          | NDS NM PA       |
| SEROSTIM SOLR 4mg, 5mg, 6mg                                                               | 3                          | NDS NM PA       |
| SIGNIFOR SOLN .3mg/ml,<br>.6mg/ml, .9mg/ml                                                | 3                          | NDS NM PA       |
| SIGNIFOR LAR SRER 10mg,<br>20mg, 30mg, 40mg, 60mg                                         | 3                          | NDS NM PA       |
| SKYTROFA CART 3mg,<br>3.6mg, 4.3mg, 5.2mg, 6.3mg,<br>7.6mg, 9.1mg, 11mg, 13.3mg           | 3                          | NDS NM PA       |
| <i>sodium phenylbutyrate</i><br>(generic of BUPHENYL)<br>POWD 3gm/tsp; TABS 500mg         | 3                          | NDS NM PA       |
| SOGROYA SOPN<br>5mg/1.5ml, 10mg/1.5ml,<br>15mg/1.5ml                                      | 3                          | NDS NM PA       |
| SOMATULINE DEPOT SOLN<br>60mg/0.2ml, 90mg/0.3ml,<br>120mg/0.5ml                           | 3                          | NDS NM PA       |
| SOMAVERT SOLR 10mg,<br>15mg, 20mg, 25mg, 30mg                                             | 3                          | NDS NM PA       |
| STRENSIQ SOLN<br>18mg/0.45ml, 28mg/0.7ml,<br>40mg/ml, 80mg/0.8ml                          | 3                          | NDS NM PA       |
| SYNAREL SOLN 2mg/ml                                                                       | 3                          | NDS PA          |
| TEPEZZA SOLR 500mg                                                                        | 3                          | NDS NM PA       |
| <i>tolvaptan</i> (generic of<br>SAMSCA) TABS 15mg,<br>30mg                                | 3                          | NDS NM PA       |
| <i>tolvaptan</i> (generic of<br>JYNARQUE) TBPK 15mg                                       | 3                          | NDS NM PA       |
| <i>tolvaptan tab therapy pack 30<br/>&amp; 15 mg</i>                                      | 3                          | NDS NM PA       |



| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>                                    | 3                          | NDS NM PA       |
| <i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>                                    | 3                          | NDS NM PA       |
| <i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>                                    | 3                          | NDS NM PA       |
| VEOZAH TABS 45mg                                                                    | 3                          | PA              |
| VIJOICE PACK 50mg<br>QL (28 packets / 28 days)                                      | 3                          | NDS QL NM<br>PA |
| VIJOICE TBPK 50mg, 125mg<br>QL (28 tabs / 28 days)                                  | 3                          | NDS QL NM<br>PA |
| VIJOICE TAB 250MG<br>QL (56 tabs / 28 days)                                         | 3                          | NDS QL NM<br>PA |
| VIMIZIM SOLN 5mg/5ml                                                                | 3                          | NDS NM PA       |
| VOXZOGO SOLR .4mg,<br>.56mg, 1.2mg                                                  | 3                          | NDS NM PA       |
| VPRIV SOLR 400unit                                                                  | 3                          | NDS NM PA       |
| VYKAT XR TB24 25mg<br>QL (120 tabs / 30 days)                                       | 3                          | NDS QL NM<br>PA |
| VYKAT XR TB24 75mg<br>QL (30 tabs / 30 days)                                        | 3                          | NDS QL NM<br>PA |
| VYKAT XR TB24 150mg<br>QL (90 tabs / 30 days)                                       | 3                          | NDS QL NM<br>PA |
| XENPOZYME SOLR 4mg,<br>20mg                                                         | 3                          | NDS NM PA       |
| <i>yargesa</i> (generic of<br>ZAVESCA) CAPS 100mg<br>QL (90 caps / 30 days)         | 3                          | NDS QL NM<br>PA |
| ZOMACTON SOLR 5mg                                                                   | 3                          | NM PA           |
| ZOMACTON SOLR 10mg                                                                  | 3                          | NDS NM PA       |
| <b>PROGESTINS</b>                                                                   |                            |                 |
| CRINONE GEL 4%, 8%                                                                  | 3                          | PA              |
| <i>gallifrey</i> TABS 5mg                                                           | 1                          |                 |
| <i>medroxyprogesterone acetate</i><br>(generic of PROVERA) TABS<br>2.5mg, 5mg, 10mg | 1                          |                 |
| <i>megestrol acetate</i> SUSP<br>40mg/ml                                            | 2                          |                 |
| <i>megestrol acetate (appetite)</i><br>SUSP 625mg/5ml                               | 3                          | PA              |
| <i>norethindrone acetate</i> TABS<br>5mg                                            | 1                          |                 |
| <i>progesterone</i> (generic of<br>PROMETRIUM) CAPS<br>100mg, 200mg                 | 1                          |                 |
| <b>THYROID AGENTS</b>                                                               |                            |                 |
| ERMEZA SOLN 150mcg/5ml                                                              | 3                          |                 |

| Drug Name                                                                                                                                                                                                 | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>levo-t</i> (generic of<br>SYNTHROID) TABS 25mcg,<br>50mcg, 75mcg, 88mcg,<br>100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg,<br>200mcg, 300mcg                                                       | 1                          |        |
| <i>levothyroxine sodium</i> CAPS<br>13mcg, 25mcg, 50mcg,<br>75mcg, 88mcg, 100mcg,<br>112mcg, 125mcg, 137mcg,<br>150mcg, 175mcg, 200mcg                                                                    | 1                          | ST     |
| <i>levothyroxine sodium</i> (generic<br>of SYNTHROID) TABS<br>25mcg, 50mcg, 75mcg,<br>88mcg, 100mcg, 112mcg,<br>125mcg, 137mcg, 150mcg,<br>175mcg, 200mcg, 300mcg                                         | 1                          |        |
| <i>levoxyl</i> (generic of<br>SYNTHROID) TABS 25mcg,<br>50mcg, 75mcg, 88mcg,<br>100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg,<br>200mcg                                                              | 1                          |        |
| <i>liothyronine sodium</i> (generic<br>of CYTOMEL) TABS 5mcg,<br>25mcg, 50mcg                                                                                                                             | 1                          |        |
| <i>methimazole</i> TABS 5mg,<br>10mg                                                                                                                                                                      | 1                          |        |
| <i>propylthiouracil</i> TABS 50mg                                                                                                                                                                         | 1                          |        |
| SYNTHROID TABS 25mcg,<br>50mcg, 75mcg, 88mcg,<br>100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg,<br>200mcg, 300mcg                                                                                     | 3                          |        |
| TIROSINT CAPS 37.5mcg,<br>44mcg, 62.5mcg                                                                                                                                                                  | 3                          | ST     |
| TIROSINT-SOL SOLN<br>13mcg/ml, 25mcg/ml,<br>37.5mcg/ml, 44mcg/ml,<br>50mcg/ml, 62.5mcg/ml,<br>75mcg/ml, 88mcg/ml,<br>100mcg/ml, 112mcg/ml,<br>125mcg/ml, 137mcg/ml,<br>150mcg/ml, 175mcg/ml,<br>200mcg/ml | 3                          |        |

| Drug Name                                                                                                                               | Drug Requirements/<br>Tier | Limits  |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1                          |         |
| <b>VITAMIN D ANALOGS</b>                                                                                                                |                            |         |
| <i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg                                                                             | 1                          | B/D     |
| <i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml                                                                            | 1                          | B/D     |
| <i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg                                                                                         | 1                          | B/D     |
| <i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg                                                                                | 1                          | B/D     |
| <i>paricalcitol</i> CAPS 4mcg                                                                                                           | 1                          | B/D     |
| RAYALDEE CPCR 30mcg                                                                                                                     | 3                          | NDS     |
| <b>GASTROINTESTINAL ANTIEMETICS</b>                                                                                                     |                            |         |
| AKYNZEO CAP 300-0.5                                                                                                                     | 3                          | B/D     |
| AKYNZEO INJ 235-0.25                                                                                                                    | 3                          | NM      |
| AKYNZEO INJ 235-0.25MG/20ML                                                                                                             | 3                          | NM      |
| APONVIE EMUL 32mg/4.4ml                                                                                                                 | 3                          |         |
| <i>aprepitant</i> CAPS 40mg, 125mg                                                                                                      | 1                          | B/D     |
| <i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg                                                                                   | 1                          | B/D     |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>                                                                                  | 1                          | B/D     |
| BONJESTA TAB 20-20MG                                                                                                                    | 3                          |         |
| CINVANTI EMUL 130mg/18ml                                                                                                                | 3                          |         |
| <i>compro</i> SUPP 25mg                                                                                                                 | 1                          |         |
| <i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)                                                         | 3                          |         |
| <i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)                                                                | 1                          | B/D QL  |
| <i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)                                                                                 | 1                          | B/D QL  |
| EMEND SUSR 125mg/5ml                                                                                                                    | 3                          | NDS B/D |
| FOCINVEZ SOLN 150mg/50ml                                                                                                                | 3                          |         |

| Drug Name                                                                                                                                         | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg                                                                                    | 1                          |        |
| GIMOTI SOLN 15mg/act                                                                                                                              | 3                          | NDS PA |
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml                                                                                                       | 1                          |        |
| <i>granisetron hcl</i> TABS 1mg                                                                                                                   | 1                          | B/D    |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg                                                                                                            | 1                          |        |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg                                                                                          | 1                          |        |
| <i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg                                                                                      | 1                          |        |
| <i>ondansetron</i> TBDP 4mg, 8mg, 16mg                                                                                                            | 1                          | B/D    |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml                                                                                      | 1                          |        |
| <i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg                                                                                                | 1                          | B/D    |
| <i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml                                                                                            | 1                          |        |
| PALONOSETRON HYDROCHLORID SOLN .25mg/2ml                                                                                                          | 3                          |        |
| POSFREA SOLN .25mg/5ml                                                                                                                            | 3                          |        |
| <i>prochlorperazine</i> SUPP 25mg                                                                                                                 | 1                          |        |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml                                                                                                   | 1                          |        |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg                                                                                                    | 1                          |        |
| <i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year     | 1                          | PA     |
| <i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 2                          | PA     |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                                                                                   | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>promethazine hcl</i> SUPP 12.5mg, 25mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year                      | 3                          | PA     |
| PROMETHAZINE HYDROCHLORID SYRP 6.25mg/5ml<br>PA applies if 70 years and older after a 30 day supply in a calendar year                      | 3                          | PA     |
| <i>promethgan</i> SUPP 12.5mg, 25mg, 50mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year                      | 3                          | PA     |
| SANCUSO PTCH 3.1mg/24hr<br>QL (4 patches / 28 days)                                                                                         | 3                          | NDS QL |
| <i>scopolamine</i> PT72 1mg/3days<br>QL (10 patches / 30 days)<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 3                          | QL PA  |
| SUSTOL PRSY 10mg/0.4ml                                                                                                                      | 3                          |        |
| <i>trimethobenzamide hcl</i> CAPS 300mg                                                                                                     | 1                          |        |
| VARUBI TBPK 90mg                                                                                                                            | 3                          | B/D NM |
| <b>ANTISPASMODICS</b>                                                                                                                       |                            |        |
| <i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml                                                                         | 3                          |        |
| <i>atropine sulfate</i> SOSY .25mg/5ml                                                                                                      | 3                          |        |
| ATROPINE SULFATE SOSY .25mg/5ml                                                                                                             | 3                          |        |
| <i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg                                                                                                 | 2                          |        |
| <i>dicyclomine hcl</i> SOLN 10mg/5ml                                                                                                        | 3                          |        |
| <i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml                                                                                     | 3                          |        |
| <i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml                                                     | 1                          |        |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>glycopyrrolate</i> TABS 1mg<br>QL (90 tabs / 30 days)                           | 1                          | QL        |
| <i>glycopyrrolate</i> TABS 2mg<br>QL (120 tabs / 30 days)                          | 1                          | QL        |
| <i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml                     | 1                          |           |
| <i>methscopolamine bromide</i> TABS 2.5mg, 5mg<br>PA applies if 70 years and older | 3                          | PA        |
| <b>H2-RECEPTOR ANTAGONISTS</b>                                                     |                            |           |
| <i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg                                  | 1                          |           |
| <i>cimetidine hcl</i> SOLN 300mg/5ml<br>QL (1200 mL / 30 days)                     | 1                          | QL        |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml               | 1                          |           |
| <i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg                              | 1                          |           |
| <i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml                                  | 1                          |           |
| <i>nizatidine</i> CAPS 150mg, 300mg                                                | 1                          |           |
| <b>INFLAMMATORY BOWEL DISEASE</b>                                                  |                            |           |
| <i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg                        | 1                          |           |
| <i>budesonide</i> CPEP 3mg<br>QL (90 caps / 30 days)                               | 1                          | QL PA     |
| <i>budesonide</i> (generic of UCERIS) TB24 9mg<br>QL (30 tabs / 30 days)           | 3                          | NDS QL PA |
| <i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg                       | 1                          |           |
| DIPENTUM CAPS 250mg                                                                | 3                          | NDS       |
| <i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml         | 1                          |           |
| <i>mesalamine</i> (generic of APRISO) CP24 .375gm<br>QL (120 caps / 30 days)       | 1                          | QL        |
| <i>mesalamine</i> CPCR 500mg<br>QL (240 caps / 30 days)                            | 1                          | QL        |
| <i>mesalamine</i> CPDR 400mg<br>QL (180 caps / 30 days)                            | 1                          | QL        |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>mesalamine</i> ENEM 4gm<br>QL (1680 mL / 28 days)                                         | 1                          | QL     |
| <i>mesalamine</i> (generic of<br>CANASA) SUPP 1000mg<br>QL (30 suppositories /<br>30 days)   | 1                          | QL     |
| <i>mesalamine</i> (generic of<br>LIALDA) TBEC 1.2gm<br>QL (120 tabs / 30 days)               | 1                          | QL     |
| <i>mesalamine</i> TBEC 800mg<br>QL (180 tabs / 30 days)                                      | 1                          | QL     |
| <i>mesalamine</i> w/ cleanser<br>(generic of ROWASA) KIT<br>4gm<br>QL (28 bottles / 28 days) | 1                          | QL     |
| PENTASA CPCR 250mg<br>QL (480 caps / 30 days)                                                | 3                          | QL     |
| SFROWASA ENEM<br>4gm/60ml<br>QL (1680 mL / 28 days)                                          | 3                          | NDS QL |
| <i>sulfasalazine</i> (generic of<br>AZULFIDINE) TABS 500mg                                   | 1                          |        |
| <i>sulfasalazine</i> (generic of<br>AZULFIDINE EN-TABS)<br>TBEC 500mg                        | 1                          |        |
| <b>LAXATIVES</b>                                                                             |                            |        |
| CLENPIQ SOL 10 MG-3.5<br>GM-12 GM/175ML                                                      | 3                          |        |
| <i>constulose</i> SOLN 10gm/15ml                                                             | 1                          |        |
| <i>enulose</i> SOLN 10gm/15ml                                                                | 1                          |        |
| <i>gavilyte-c</i>                                                                            | 1                          |        |
| <i>gavilyte-g</i> (generic of<br>GOLYTELY)                                                   | 1                          |        |
| <i>gavilyte-n/flavor pack</i>                                                                | 1                          |        |
| <i>generlac</i> SOLN 10gm/15ml                                                               | 1                          |        |
| <i>lactulose</i> SOLN 10gm/15ml                                                              | 1                          |        |
| <i>lactulose</i> (encephalopathy)<br>SOLN 10gm/15ml                                          | 1                          |        |
| <i>peg 3350-kcl-na bicarb-nacl-<br/>na sulfate for soln 236 gm</i><br>(generic of GOLYTELY)  | 1                          |        |
| <i>peg 3350-kcl-sod bicarb-nacl<br/>for soln 420 gm</i>                                      | 1                          |        |
| <i>peg-3350/electrolytes/asc</i><br>(generic of MOVIPREP)                                    | 1                          |        |
| PLENVU SOL                                                                                   | 3                          |        |

| Drug Name                                                                                                         | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>sod sulfate-pot sulf-mg sulf<br/>oral sol 17.5-3.13-1.6<br/>gm/177ml</i> (generic of<br>SUPREP BOWEL PREP KIT) | 1                          |                 |
| SUFLAVE SOL                                                                                                       | 3                          |                 |
| SUTAB TAB                                                                                                         | 3                          |                 |
| <b>MISCELLANEOUS</b>                                                                                              |                            |                 |
| <i>alosetron hcl</i> (generic of<br>LOTRONEX) TABS 1mg<br>QL (60 tabs / 30 days)                                  | 3                          | NDS QL PA       |
| <i>alosetron hcl</i> (generic of<br>LOTRONEX) TABS .5mg<br>QL (60 tabs / 30 days)                                 | 1                          | QL PA           |
| <i>amoxicil cap &amp;clarithro tab<br/>&amp;lansopraz cap dr 500 &amp;500<br/>&amp;30mg</i>                       | 1                          |                 |
| BYLVAY CAPS 400mcg,<br>1200mcg                                                                                    | 3                          | NDS NM PA       |
| BYLVAY (PELLETS) CPSP<br>200mcg, 600mcg                                                                           | 3                          | NDS NM PA       |
| CHOLBAM CAPS 50mg,<br>250mg                                                                                       | 3                          | NDS NM PA       |
| CREON CAP 3000UNIT                                                                                                | 2                          |                 |
| CREON CAP 6000UNIT                                                                                                | 2                          |                 |
| CREON CAP 12000UNT                                                                                                | 2                          |                 |
| CREON CAP 24000UNT                                                                                                | 2                          |                 |
| CREON CAP 36000UNT                                                                                                | 2                          |                 |
| <i>cromolyn sodium<br/>(mastocytosis)</i> (generic of<br>GASTROCROM) CONC<br>100mg/5ml                            | 1                          |                 |
| <i>diphenoxylate w/ atropine liq<br/>2.5-0.025 mg/5ml</i>                                                         | 3                          |                 |
| <i>diphenoxylate w/ atropine tab<br/>2.5-0.025 mg</i> (generic of<br>LOMOTIL)                                     | 2                          |                 |
| EOHILIA SUSP 2mg/10ml<br>QL (600 mL / 30 days)                                                                    | 3                          | NDS QL PA       |
| GATTEX KIT 5mg                                                                                                    | 3                          | NDS NM PA       |
| HELIDAC MIS THERAPY                                                                                               | 3                          | NDS             |
| IQIRVO TABS 80mg<br>QL (30 tabs / 30 days)                                                                        | 3                          | NDS QL NM<br>PA |
| LINZESS CAPS 72mcg,<br>145mcg, 290mcg<br>QL (30 caps / 30 days)                                                   | 2                          | QL              |
| LIVDELZI CAPS 10mg<br>QL (30 caps / 30 days)                                                                      | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------|----------------------------|--------------|
| LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg                        | 3                          | NDS NM PA    |
| <i>loperamide hcl</i> CAPS 2mg                                                      | 1                          |              |
| <i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg<br>QL (60 caps / 30 days) | 1                          | QL           |
| <i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg                         | 1                          |              |
| MOVANTI K TABS 12.5mg, 25mg<br>QL (30 tabs / 30 days)                               | 2                          | QL           |
| OCALIVA TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                    | 3                          | NDS QL NM PA |
| PANCREAZE CAP 2600UNIT                                                              | 3                          |              |
| PANCREAZE CAP 4200UNIT                                                              | 3                          |              |
| PANCREAZE CAP 10500UNT                                                              | 3                          |              |
| PANCREAZE CAP 16800UNT                                                              | 3                          |              |
| PANCREAZE CAP 21000UNT                                                              | 3                          |              |
| PANCREAZE CAP 37000                                                                 | 3                          |              |
| PERTZYE CAP 4000UNIT                                                                | 3                          |              |
| PERTZYE CAP 8000UNIT                                                                | 3                          |              |
| PERTZYE CAP 16000U                                                                  | 3                          |              |
| PERTZYE CAP 24000U                                                                  | 3                          |              |
| REBYOTA SUSP 150ml<br>QL (150 mL / 30 days)                                         | 3                          | NDS QL NM PA |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml<br>QL (28 syringes / 28 days)                   | 3                          | NDS QL PA    |
| RELISTOR TABS 150mg<br>QL (90 tabs / 30 days)                                       | 3                          | NDS QL PA    |
| SUCRAID SOLN 8500unit/ml<br><i>sucrafate</i> (generic of CARAFATE) TABS 1gm         | 3                          | NDS NM PA    |
| SYMPROIC TABS .2mg<br>QL (30 tabs / 30 days)                                        | 3                          | QL           |
| TALICIA CAP                                                                         | 3                          |              |
| TRULANCE TABS 3mg<br>QL (30 tabs / 30 days)                                         | 3                          | QL           |
| <i>ursodiol</i> CAPS 300mg; TABS 250mg                                              | 1                          |              |

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>ursodiol</i> (generic of URSO FORTE) TABS 500mg                                                   | 1                          |              |
| VIBERZI TABS 75mg, 100mg                                                                             | 3                          | NDS PA       |
| VIOKACE TAB 10440                                                                                    | 3                          |              |
| VIOKACE TAB 20880                                                                                    | 3                          | NDS          |
| VOQUEZNA PAK DUAL PAK<br>QL (2 kits / year)                                                          | 3                          | QL           |
| VOQUEZNA PAK TRIP PK<br>QL (2 kits / year)                                                           | 3                          | QL           |
| VOWST CAP<br>QL (12 caps / 30 days)                                                                  | 3                          | NDS QL NM PA |
| XERMELO TABS 250mg<br>QL (84 tabs / 28 days)                                                         | 3                          | NDS QL NM PA |
| XIFAXAN TABS 550mg                                                                                   | 3                          | NDS PA       |
| ZENPEP CAP 3000UNIT                                                                                  | 2                          |              |
| ZENPEP CAP 5000UNIT                                                                                  | 2                          |              |
| ZENPEP CAP 10000UNT                                                                                  | 2                          |              |
| ZENPEP CAP 15000UNT                                                                                  | 2                          |              |
| ZENPEP CAP 20000UNT                                                                                  | 2                          |              |
| ZENPEP CAP 25000UNT                                                                                  | 2                          |              |
| ZENPEP CAP 40000UNT                                                                                  | 2                          |              |
| ZENPEP CAP 60000UNT                                                                                  | 2                          |              |
| <b>PROTON PUMP INHIBITORS</b>                                                                        |                            |              |
| <i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg<br>QL (30 caps / 30 days)               | 1                          | QL           |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg<br>QL (30 caps / 30 days)          | 1                          | QL ST        |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg                                    | 1                          |              |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg<br>QL (30 packets / 30 days) | 1                          | QL           |
| <i>esomeprazole sodium</i> SOLR 40mg                                                                 | 1                          |              |
| <i>lansoprazole</i> CPDR 15mg<br>QL (60 caps / 30 days)                                              | 1                          | QL           |
| <i>lansoprazole</i> (generic of PREVACID) CPDR 30mg<br>QL (60 caps / 30 days)                        | 1                          | QL           |
| NEXIUM PACK 2.5mg, 5mg                                                                               | 3                          |              |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg                                                       | 1                          |        |
| PANTOPR/NACL SOL 40MG/100                                                                     | 3                          |        |
| PANTOPR/NACL SOL 80MG/100                                                                     | 3                          |        |
| <i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg                   | 1                          |        |
| PANTOPRAZOLE SOL 40/50ML                                                                      | 3                          |        |
| PRILOSEC PACK 2.5mg, 10mg                                                                     | 3                          | PA     |
| <i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg<br>QL (30 tabs / 30 days)            | 1                          | QL     |
| VOQUEZNA TABS 10mg<br>QL (30 tabs / 30 days)                                                  | 3                          | QL     |
| VOQUEZNA TABS 20mg<br>QL (60 tabs / 30 days)                                                  | 3                          | QL     |
| <b>GENITOURINARY</b>                                                                          |                            |        |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>                                                           |                            |        |
| <i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg<br>QL (30 tabs / 30 days)               | 1                          | QL     |
| CARDURA XL TB24 4mg, 8mg<br>QL (30 tabs / 30 days)                                            | 3                          | QL ST  |
| <i>dutasteride</i> (generic of AVODART) CAPS .5mg<br>QL (30 caps / 30 days)                   | 1                          | QL     |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN)<br>QL (30 caps / 30 days) | 1                          | QL     |
| ENTADFI CAP 5-5MG<br>QL (30 caps / 30 days)                                                   | 3                          | QL PA  |
| <i>finasteride</i> (generic of PROSCAR) TABS 5mg<br>QL (30 tabs / 30 days)                    | 1                          | QL     |
| <i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg<br>QL (30 caps / 30 days)                 | 1                          | QL     |
| <i>tadalafil</i> (generic of CIALIS) TABS 5mg<br>QL (30 tabs / 30 days)                       | 1                          | QL PA  |
| <i>tamsulosin hcl</i> CAPS .4mg<br>QL (60 caps / 30 days)                                     | 1                          | QL     |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------|----------------------------|--------------|
| <b>MISCELLANEOUS</b>                                                                     |                            |              |
| <i>acetic acid</i> SOLN .25%                                                             | 1                          |              |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg                                   | 1                          |              |
| ELMIRON CAPS 100mg<br>QL (90 caps / 30 days)                                             | 3                          | NDS QL       |
| FILSPARI TABS 200mg, 400mg<br>QL (30 tabs / 30 days)                                     | 3                          | NDS QL NM PA |
| INTRAROSA INST 6.5mg                                                                     | 3                          | PA           |
| LITHOSTAT TABS 250mg                                                                     | 3                          |              |
| <i>neomycin-polymyxin b gu irrigation soln</i>                                           | 1                          |              |
| OXLUMO SOLN 94.5mg/0.5ml                                                                 | 3                          | NDS NM PA    |
| <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15)<br>TBCR 15meq            | 1                          |              |
| <i>potassium citrate (alkalinizer)</i> TBCR 540mg                                        | 1                          |              |
| <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10)<br>TBCR 1080mg           | 1                          |              |
| RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml                                     | 3                          | NDS NM PA    |
| TARPEYO CPDR 4mg<br>QL (120 caps / 30 days)                                              | 3                          | NDS QL NM PA |
| <i>tiopronin</i> (generic of THIOLA) TABS 100mg                                          | 3                          | NDS NM       |
| <i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg                                | 3                          | NDS NM       |
| VANRAFIA TABS .75mg<br>QL (30 tabs / 30 days)                                            | 3                          | NDS QL NM PA |
| <i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg                                 | 3                          | NDS NM       |
| <b>URINARY ANTISPASMODICS</b>                                                            |                            |              |
| <i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg<br>QL (30 tabs / 30 days)               | 1                          | QL ST        |
| <i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg<br>QL (30 tabs / 30 days) | 1                          | QL           |
| GEMTESA TABS 75mg<br>QL (30 tabs / 30 days)                                              | 3                          | QL           |
| MYRBETRIQ SRER 8mg/ml<br>QL (300 mL / 28 days)                                           | 3                          | QL           |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------|----------------------------|--------|
| MYRBETRIQ TB24 25mg,<br>50mg<br>QL (30 tabs / 30 days)                                     | 3                          | QL     |
| oxybutynin chloride SOLN<br>5mg/5ml<br>QL (600 mL / 30 days)                               | 1                          | QL     |
| oxybutynin chloride TABS<br>5mg<br>QL (120 tabs / 30 days)                                 | 1                          | QL     |
| oxybutynin chloride TB24<br>5mg<br>QL (30 tabs / 30 days)                                  | 1                          | QL     |
| oxybutynin chloride TB24<br>10mg, 15mg<br>QL (60 tabs / 30 days)                           | 1                          | QL     |
| OXYTROL PTTW 3.9mg/24hr<br>QL (8 patches / 28 days)                                        | 3                          | QL ST  |
| solifenacin succinate (generic<br>of VESICARE) TABS 5mg,<br>10mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| tolterodine tartrate CP24<br>2mg, 4mg<br>QL (30 caps / 30 days)                            | 1                          | QL ST  |
| tolterodine tartrate TABS 1mg<br>QL (60 tabs / 30 days)                                    | 1                          | QL     |
| tolterodine tartrate (generic of<br>DETROL) TABS 2mg<br>QL (60 tabs / 30 days)             | 1                          | QL     |
| trospium chloride CP24 60mg<br>QL (30 caps / 30 days)                                      | 1                          | QL     |
| trospium chloride TABS<br>20mg<br>QL (60 tabs / 30 days)                                   | 1                          | QL     |
| VESICARE LS SUSP<br>5mg/5ml<br>QL (300 mL / 30 days)                                       | 3                          | QL     |
| <b>VAGINAL ANTI-INFECTIVES</b>                                                             |                            |        |
| CLEOCIN SUPP 100mg                                                                         | 3                          |        |
| clindamycin phosphate<br>vaginal (generic of CLEOCIN)<br>CREA 2%                           | 1                          |        |
| CLINDESSE CREA 2%                                                                          | 3                          |        |
| GYNAZOLE-1 CREA 2%                                                                         | 3                          |        |
| metronidazole vaginal GEL<br>.75%                                                          | 1                          |        |
| miconazole 3 SUPP 200mg                                                                    | 1                          |        |

| Drug Name                                                                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| terconazole vaginal CREA<br>.4%, .8%; SUPP 80mg                                                                                                               | 1                          |        |
| VANDAZOLE GEL .75%                                                                                                                                            | 3                          |        |
| XACIATO GEL 2%                                                                                                                                                | 3                          |        |
| <b>HEMATOLOGIC<br/>ANTICOAGULANTS</b>                                                                                                                         |                            |        |
| dabigatran etexilate mesylate<br>(generic of PRADAXA) CAPS<br>75mg, 150mg<br>QL (60 caps / 30 days)                                                           | 1                          | QL     |
| dabigatran etexilate mesylate<br>(generic of PRADAXA) CAPS<br>110mg<br>QL (120 caps / 30 days)                                                                | 1                          | QL     |
| ELIQUIS TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                                                                  | 2                          | QL     |
| ELIQUIS TABS 5mg<br>QL (74 tabs / 30 days)                                                                                                                    | 2                          | QL     |
| ELIQUIS STARTER PACK<br>TBPK 5mg<br>QL (74 tabs / 30 days)                                                                                                    | 2                          | QL     |
| enoxaparin sodium (generic of<br>LOVENOX) SOLN<br>300mg/3ml; SOSY<br>30mg/0.3ml, 40mg/0.4ml,<br>60mg/0.6ml, 80mg/0.8ml,<br>100mg/ml, 120mg/0.8ml,<br>150mg/ml | 1                          |        |
| fondaparinux sodium (generic<br>of ARIXTRA) SOLN<br>2.5mg/0.5ml                                                                                               | 1                          |        |
| fondaparinux sodium (generic<br>of ARIXTRA) SOLN<br>5mg/0.4ml, 7.5mg/0.6ml,<br>10mg/0.8ml                                                                     | 3                          | NDS    |
| FRAGMIN SOLN<br>10000unit/4ml; SOSY<br>2500unit/0.2ml                                                                                                         | 3                          |        |
| FRAGMIN SOLN<br>95000unit/3.8ml; SOSY<br>5000unit/0.2ml,<br>7500unit/0.3ml, 10000unit/ml,<br>12500unit/0.5ml,<br>15000unit/0.6ml,<br>18000unt/0.72ml          | 3                          | NDS    |
| HEP SOD/D5W INJ<br>20000UNT                                                                                                                                   | 3                          |        |

| Drug Name                                                                                                                                                    | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| HEP SOD/D5W INJ<br>25000UNT                                                                                                                                  | 3                          |           |
| HEP SOD/NACL INJ<br>12500UNT                                                                                                                                 | 2                          |           |
| HEP SOD/NACL INJ<br>25000UNT                                                                                                                                 | 2                          |           |
| HEPARIN SODIUM SOLN<br>5000unit/ml; SOSY<br>5000unit/0.5ml                                                                                                   | 3                          | B/D       |
| <i>heparin sodium (porcine)</i><br>SOLN 1000unit/ml,<br>5000unit/0.5ml, 5000unit/ml,<br>10000unit/ml, 20000unit/ml                                           | 1                          | B/D       |
| HEPARIN/NACL INJ<br>25000UNT                                                                                                                                 | 2                          |           |
| <i>jantoven</i> TABS 1mg, 2mg,<br>2.5mg, 3mg, 4mg, 5mg, 6mg,<br>7.5mg, 10mg                                                                                  | 1                          |           |
| PRADAXA CAPS 75mg<br>QL (60 caps / 30 days)                                                                                                                  | 3                          | QL        |
| <i>rivaroxaban</i> (generic of<br>XARELTO) TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                              | 2                          | QL        |
| <i>warfarin sodium</i> TABS 1mg,<br>2mg, 2.5mg, 3mg, 4mg, 5mg,<br>6mg, 7.5mg, 10mg                                                                           | 1                          |           |
| XARELTO SUSR 1mg/ml<br>QL (620 mL / 30 days)                                                                                                                 | 2                          | QL        |
| XARELTO TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                                                                 | 2                          | QL        |
| XARELTO TABS 10mg,<br>15mg, 20mg<br>QL (30 tabs / 30 days)                                                                                                   | 2                          | QL        |
| XARELTO STAR TAB<br>15/20MG<br>QL (51 tabs / 30 days)                                                                                                        | 2                          | QL        |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                                                                                          |                            |           |
| ARANESP ALBUMIN FREE<br>SOLN 25mcg/ml, 40mcg/ml;<br>SOSY 10mcg/0.4ml,<br>25mcg/0.42ml, 40mcg/0.4ml                                                           | 2                          | NM PA     |
| ARANESP ALBUMIN FREE<br>SOLN 60mcg/ml, 100mcg/ml,<br>200mcg/ml; SOSY<br>60mcg/0.3ml, 100mcg/0.5ml,<br>150mcg/0.3ml, 200mcg/0.4ml,<br>300mcg/0.6ml, 500mcg/ml | 3                          | NDS NM PA |

| Drug Name                                                                | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------|----------------------------|-----------------|
| FULPHILA SOSY 6mg/0.6ml<br>QL (2 syringes / 28<br>days)                  | 3                          | NDS QL NM<br>PA |
| LEUKINE SOLR 250mcg                                                      | 3                          | NDS NM PA       |
| NPLATE SOLR 125mcg,<br>250mcg, 500mcg                                    | 3                          | NDS NM PA       |
| <i>plerixafor</i> (generic of<br>MOZOBIL) SOLN<br>24mg/1.2ml             | 3                          | NDS NM PA       |
| PROCRIT SOLN 2000unit/ml, 2<br>3000unit/ml, 4000unit/ml,<br>10000unit/ml | 2                          | NM PA           |
| PROCRIT SOLN<br>20000unit/ml, 40000unit/ml                               | 3                          | NDS NM PA       |
| XOLREMDI CAPS 100mg<br>QL (120 caps / 30 days)                           | 3                          | NDS QL NM<br>PA |
| ZARXIO SOSY<br>300mcg/0.5ml, 480mcg/0.8ml                                | 3                          | NDS NM PA       |
| <b>MISCELLANEOUS</b>                                                     |                            |                 |
| ADAKVEO SOLN<br>100mg/10ml                                               | 3                          | NDS NM PA       |
| ADZYNMA KIT 500unit,<br>1500unit                                         | 3                          | NDS NM PA       |
| ALVAIZ TABS 9mg, 54mg<br>QL (60 tabs / 30 days)                          | 3                          | NDS QL NM<br>PA |
| ALVAIZ TABS 18mg, 36mg<br>QL (90 tabs / 30 days)                         | 3                          | NDS QL NM<br>PA |
| <i>aminocaproic acid</i> SOLN<br>.25gm/ml; TABS 500mg,<br>1000mg         | 3                          | NDS             |
| <i>anagrelide hcl</i> CAPS 1mg                                           | 1                          |                 |
| <i>anagrelide hcl</i> (generic of<br>AGRYLIN) CAPS .5mg                  | 1                          |                 |
| BERINERT KIT 500unit<br>QL (24 boxes / 30 days)                          | 3                          | NDS QL NM<br>PA |
| BKEMV SOLN 300mg/30ml                                                    | 3                          | NDS NM PA       |
| CABLIVI KIT 11mg                                                         | 3                          | NDS NM PA       |
| <i>cilostazol</i> TABS 50mg,<br>100mg                                    | 1                          |                 |
| CINRYZE SOLR 500unit<br>QL (20 vials / 30 days)                          | 3                          | NDS QL NM<br>PA |
| DOPTELET TABS 20mg                                                       | 3                          | NDS NM PA       |
| EMPAVELI SOLN<br>1080mg/20ml<br>QL (200 mL / 30 days)                    | 3                          | NDS QL NM<br>PA |
| ENJAYMO SOLN<br>1100mg/22ml                                              | 3                          | NDS NM PA       |
| EPYSQLI SOLN 300mg/30ml                                                  | 3                          | NDS NM PA       |

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| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| FABHALTA CAPS 200mg<br>QL (60 caps / 30 days)                                                  | 3                          | NDS QL NM<br>PA |
| GIVLAARI SOLN 189mg/ml                                                                         | 3                          | NDS NM PA       |
| HAEGARDA SOLR 2000unit<br>QL (30 vials / 30 days)                                              | 3                          | NDS QL NM<br>PA |
| HAEGARDA SOLR 3000unit<br>QL (20 vials / 30 days)                                              | 3                          | NDS QL NM<br>PA |
| <i>icatibant acetate</i> (generic of<br>FIRAZYR) SOSY 30mg/3ml<br>QL (9 syringes / 30<br>days) | 3                          | NDS QL NM<br>PA |
| KALBITOR SOLN 10mg/ml<br>QL (18 mL / 30 days)                                                  | 3                          | NDS QL NM<br>PA |
| <i>l-glutamine (sickle cell)</i><br>(generic of ENDARI) PACK<br>5gm                            | 3                          | NDS NM PA       |
| MULPLETA TABS 3mg                                                                              | 3                          | NDS NM PA       |
| ORLADEYO CAPS 110mg,<br>150mg<br>QL (28 caps / 28 days)                                        | 3                          | NDS QL NM<br>PA |
| <i>pentoxifylline</i> TBCR 400mg                                                               | 1                          |                 |
| PIASKY SOLN 340mg/2ml                                                                          | 3                          | NDS NM PA       |
| PYRUKYND TABS 5mg,<br>20mg, 50mg<br>QL (56 tabs / 28 days)                                     | 3                          | NDS QL NM<br>PA |
| PYRUKYND TAB<br>20MGX5MG<br>QL (14 tabs / 14 days)                                             | 3                          | NDS QL NM<br>PA |
| PYRUKYND TAB 50MGX20M<br>QL (14 tabs / 14 days)                                                | 3                          | NDS QL NM<br>PA |
| PYRUKYND TAPER PACK<br>TBPk 5mg<br>QL (7 tabs / 7 days)                                        | 3                          | NDS QL NM<br>PA |
| REBLOZYL SOLR 25mg,<br>75mg                                                                    | 3                          | NDS NM PA       |
| RUCONEST SOLR 2100unit<br>QL (12 vials / 30 days)                                              | 3                          | NDS QL NM<br>PA |
| RYTELO SOLR 47mg,<br>188mg                                                                     | 3                          | NDS NM PA       |
| <i>sajazir</i> (generic of FIRAZYR)<br>SOSY 30mg/3ml<br>QL (9 syringes / 30<br>days)           | 3                          | NDS QL NM<br>PA |
| SIKLOS TABS 100mg                                                                              | 3                          |                 |
| SIKLOS TABS 1000mg                                                                             | 3                          | NDS             |
| SOLIRIS SOLN 300mg/30ml                                                                        | 3                          | NDS NM PA       |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| TAKHZYRO SOLN<br>300mg/2ml<br>QL (2 vials / 28 days)                                             | 3                          | NDS QL NM<br>PA |
| TAKHZYRO SOSY<br>150mg/ml, 300mg/2ml<br>QL (2 syringes / 28<br>days)                             | 3                          | NDS QL NM<br>PA |
| TAVALISSE TABS 100mg,<br>150mg<br>QL (60 tabs / 30 days)                                         | 3                          | NDS QL NM<br>PA |
| TAVNEOS CAPS 10mg<br>QL (180 caps / 30 days)                                                     | 3                          | NDS QL NM<br>PA |
| <i>tranexamic acid</i> (generic of<br>CYKLOKAPRON) SOLN<br>1000mg/10ml                           | 1                          |                 |
| <i>tranexamic acid</i> TABS 650mg                                                                | 1                          |                 |
| ULTOMIRIS SOLN<br>300mg/3ml, 1100mg/11ml                                                         | 3                          | NDS NM PA       |
| VOYDEYA TABS 100mg<br>QL (180 tabs / 30 days)                                                    | 3                          | NDS QL NM<br>PA |
| VOYDEYA TAB 50-100MG<br>QL (180 tabs / 30 days)                                                  | 3                          | NDS QL NM<br>PA |
| XROMI SOLN 100mg/ml                                                                              | 3                          | NDS             |
| ZILBRYSQ SOSY<br>16.6mg/0.416ml,<br>23mg/0.574ml, 32.4mg/0.81ml<br>QL (28 syringes / 28<br>days) | 3                          | NDS QL NM<br>PA |
| <b>PLATELET AGGREGATION INHIBITORS</b>                                                           |                            |                 |
| <i>aspirin-dipyridamole cap er</i><br>12hr 25-200 mg                                             | 1                          |                 |
| BRILINTA TABS 60mg, 90mg                                                                         | 2                          |                 |
| <i>clopidogrel bisulfate</i> (generic<br>of PLAVIX) TABS 75mg                                    | 1                          |                 |
| <i>clopidogrel bisulfate</i> TABS<br>300mg                                                       | 1                          |                 |
| <i>dipyridamole</i> TABS 25mg,<br>50mg, 75mg<br>PA applies if 70 years and<br>older              | 2                          | PA              |
| <i>prasugrel hcl</i> (generic of<br>EFFIENT) TABS 5mg, 10mg                                      | 1                          |                 |
| <i>ticagrelor</i> (generic of<br>BRILINTA) TABS 60mg,<br>90mg                                    | 1                          |                 |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------|----------------------------|-----------------|
| <b>IMMUNOLOGIC AGENTS</b>                                                      |                            |                 |
| <b>AUTOIMMUNE AGENTS</b>                                                       |                            |                 |
| ADALIMUMAB-AACF (2 PEN) 3<br>AJKT 40mg/0.8ml<br>QL (56 pens / 365 days)        | 3                          | NDS QL NM<br>PA |
| ADALIMUMAB-AACF (2<br>SYRING PSKT 40mg/0.8ml<br>QL (56 syringes / 365<br>days) | 3                          | NDS QL NM<br>PA |
| ADALIMUMAB-AACF<br>STARTER P AJKT<br>40mg/0.8ml<br>QL (2 packs / year)         | 3                          | NDS QL NM<br>PA |
| ADBRY SOAJ 300mg/2ml<br>QL (28 injectors / 365<br>days)                        | 3                          | NDS QL NM<br>PA |
| ADBRY SOSY 150mg/ml<br>QL (56 syringes / 365<br>days)                          | 3                          | NDS QL NM<br>PA |
| AVSOLA SOLR 100mg                                                              | 3                          | NDS NM PA       |
| CIBINQO TABS 50mg,<br>100mg, 200mg<br>QL (30 tabs / 30 days)                   | 3                          | NDS QL NM<br>PA |
| COSENTYX SOLN<br>125mg/5ml                                                     | 3                          | NDS NM PA       |
| COSENTYX SOSY<br>75mg/0.5ml<br>QL (16 syringes / 365<br>days)                  | 3                          | NDS QL NM<br>PA |
| COSENTYX SOSY 150mg/ml<br>QL (32 syringes / 365<br>days)                       | 3                          | NDS QL NM<br>PA |
| COSENTYX SENSOREADY<br>PEN SOAJ 150mg/ml<br>QL (32 pens / 365 days)            | 3                          | NDS QL NM<br>PA |
| COSENTYX UNOREADY<br>SOAJ 300mg/2ml<br>QL (16 pens / 365 days)                 | 3                          | NDS QL NM<br>PA |
| DUPIXENT SOAJ<br>200mg/1.14ml, 300mg/2ml<br>QL (4 pens / 28 days)              | 3                          | NDS QL NM<br>PA |
| DUPIXENT SOSY<br>200mg/1.14ml, 300mg/2ml<br>QL (4 syringes / 28<br>days)       | 3                          | NDS QL NM<br>PA |
| EBGLYSS SOAJ 250mg/2ml<br>QL (20 pens / 365 days)                              | 3                          | NDS QL NM<br>PA |

| Drug Name                                                               | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------|----------------------------|-----------------|
| EBGLYSS SOSY 250mg/2ml<br>QL (20 syringes / 365<br>days)                | 3                          | NDS QL NM<br>PA |
| ENBREL SOLN 25mg/0.5ml<br>QL (16 vials / 28 days)                       | 3                          | NDS QL NM<br>PA |
| ENBREL SOSY 25mg/0.5ml<br>QL (16 syringes / 28<br>days)                 | 3                          | NDS QL NM<br>PA |
| ENBREL SOSY 50mg/ml<br>QL (8 syringes / 28<br>days)                     | 3                          | NDS QL NM<br>PA |
| ENBREL MINI SOCT<br>50mg/ml<br>QL (8 cartridges / 28<br>days)           | 3                          | NDS QL NM<br>PA |
| ENBREL SURECLICK SOAJ<br>50mg/ml<br>QL (8 pens / 28 days)               | 3                          | NDS QL NM<br>PA |
| HUMIRA PSKT 10mg/0.1ml<br>QL (2 syringes / 28<br>days)                  | 3                          | NDS QL NM<br>PA |
| HUMIRA PSKT 20mg/0.2ml<br>QL (4 syringes / 28<br>days)                  | 3                          | NDS QL NM<br>PA |
| HUMIRA PSKT 40mg/0.4ml,<br>40mg/0.8ml<br>QL (6 syringes / 28<br>days)   | 3                          | NDS QL NM<br>PA |
| HUMIRA PEN AJKT<br>40mg/0.4ml, 40mg/0.8ml<br>QL (6 pens / 28 days)      | 3                          | NDS QL NM<br>PA |
| HUMIRA PEN AJKT<br>80mg/0.8ml<br>QL (4 pens / 28 days)                  | 3                          | NDS QL NM<br>PA |
| HUMIRA PEN KIT PS/UV<br>QL (3 pens / 28 days)                           | 3                          | NDS QL NM<br>PA |
| HUMIRA PEN-CD/UC/HS<br>START AJKT 80mg/0.8ml<br>QL (3 pens / 28 days)   | 3                          | NDS QL NM<br>PA |
| HUMIRA PEN-PEDIATRIC<br>UC S AJKT 80mg/0.8ml<br>QL (4 pens / 28 days)   | 3                          | NDS QL NM<br>PA |
| IDACIO (2 PEN) AJKT<br>40mg/0.8ml<br>QL (56 pens / 365 days)            | 3                          | NDS QL NM<br>PA |
| IDACIO (2 SYRINGE) PSKT<br>40mg/0.8ml<br>QL (56 syringes / 365<br>days) | 3                          | NDS QL NM<br>PA |

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| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------|----------------------------|-----------------|
| IDACIO CROHN INJ<br>DISEASE AJKT 40mg/0.8ml<br>QL (2 packs / year)        | 3                          | NDS QL NM<br>PA |
| IDACIO PLAQU INJ<br>PSORIASIS AJKT<br>40mg/0.8ml<br>QL (2 packs / year)   | 3                          | NDS QL NM<br>PA |
| NEMPLUVIO AUIJ 30mg<br>QL (2 pens / 28 days)                              | 3                          | NDS QL NM<br>PA |
| PYZCHIVA SOLN<br>130mg/26ml                                               | 3                          | NDS NM PA       |
| PYZCHIVA SOSY<br>45mg/0.5ml<br>QL (1 syringe / 28 days)                   | 2                          | QL NM PA        |
| PYZCHIVA SOSY 90mg/ml<br>QL (1 syringe / 28 days)                         | 3                          | NDS QL NM<br>PA |
| RENFLEXIS SOLR 100mg                                                      | 3                          | NDS NM PA       |
| RINVOQ TB24 15mg, 30mg<br>QL (30 tabs / 30 days)                          | 3                          | NDS QL NM<br>PA |
| RINVOQ TB24 45mg<br>QL (168 tabs / year)                                  | 3                          | NDS QL NM<br>PA |
| RINVOQ LQ SOLN 1mg/ml<br>QL (360 mL / 30 days)                            | 3                          | NDS QL NM<br>PA |
| SKYRIZI SOCT<br>180mg/1.2ml, 360mg/2.4ml<br>QL (1 cartridge / 56<br>days) | 3                          | NDS QL NM<br>PA |
| SKYRIZI SOLN 600mg/10ml                                                   | 3                          | NDS NM PA       |
| SKYRIZI SOSY 150mg/ml<br>QL (6 syringes / 365<br>days)                    | 3                          | NDS QL NM<br>PA |
| SKYRIZI PEN SOAJ<br>150mg/ml<br>QL (6 pens / 365 days)                    | 3                          | NDS QL NM<br>PA |
| SOTYKTU TABS 6mg<br>QL (30 tabs / 30 days)                                | 3                          | NDS QL NM<br>PA |
| SPEVIGO SOLN<br>450mg/7.5ml                                               | 3                          | NDS NM PA       |
| SPEVIGO SOSY 150mg/ml<br>QL (28 syringes / 365<br>days)                   | 3                          | NDS QL NM<br>PA |
| STELARA SOLN 45mg/0.5ml<br>QL (1 vial / 28 days)                          | 3                          | NDS QL NM<br>PA |
| STELARA SOLN<br>130mg/26ml                                                | 3                          | NDS NM PA       |
| STELARA SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)           | 3                          | NDS QL NM<br>PA |

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------|----------------------------|-----------------|
| TREMFYA SOAJ 100mg/ml<br>QL (1 pen / 28 days)                        | 3                          | NDS QL NM<br>PA |
| TREMFYA SOAJ 200mg/2ml<br>QL (2 pens / 28 days)                      | 3                          | NDS QL NM<br>PA |
| TREMFYA SOLN<br>200mg/20ml                                           | 3                          | NDS NM PA       |
| TREMFYA SOSY 100mg/ml<br>QL (1 syringe / 28 days)                    | 3                          | NDS QL NM<br>PA |
| TREMFYA SOSY 200mg/2ml<br>QL (2 syringes / 28<br>days)               | 3                          | NDS QL NM<br>PA |
| TREMFYA INDUCTION<br>PACK FO SOAJ 200mg/2ml<br>QL (2 pens / 28 days) | 3                          | NDS QL NM<br>PA |
| TYENNE SOAJ 162mg/0.9ml<br>QL (4 pens / 28 days)                     | 3                          | NDS QL NM<br>PA |
| TYENNE SOLN 80mg/4ml,<br>200mg/10ml, 400mg/20ml                      | 3                          | NDS NM PA       |
| TYENNE SOSY 162mg/0.9ml<br>QL (4 syringes / 28<br>days)              | 3                          | NDS QL NM<br>PA |
| VELSIPITY TABS 2mg<br>QL (30 tabs / 30 days)                         | 3                          | NDS QL NM<br>PA |
| XELJANZ SOLN 1mg/ml<br>QL (480 mL / 24 days)                         | 3                          | NDS QL NM<br>PA |
| XELJANZ TABS 5mg, 10mg<br>QL (60 tabs / 30 days)                     | 3                          | NDS QL NM<br>PA |
| XELJANZ XR TB24 11mg,<br>22mg<br>QL (30 tabs / 30 days)              | 3                          | NDS QL NM<br>PA |
| YESINTEK SOLN<br>45mg/0.5ml<br>QL (1 vial / 28 days)                 | 2                          | QL NM PA        |
| YESINTEK SOLN<br>130mg/26ml                                          | 2                          | NM PA           |
| YESINTEK SOSY<br>45mg/0.5ml<br>QL (1 syringe / 28 days)              | 2                          | QL NM PA        |
| YESINTEK SOSY 90mg/ml<br>QL (1 syringe / 28 days)                    | 3                          | NDS QL NM<br>PA |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC<br/>DRUGS (DMARDS)</b>           |                            |                 |
| hydroxychloroquine sulfate<br>TABS 100mg, 300mg, 400mg               | 1                          |                 |
| hydroxychloroquine sulfate<br>(generic of PLAQUENIL)<br>TABS 200mg   | 1                          |                 |
| JYLAMVO SOLN 2mg/ml                                                  | 3                          | B/D             |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits     |
|------------------------------------------------------------------------------------------|----------------------------|------------|
| <i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg<br>QL (30 tabs / 30 days)          | 1                          | QL         |
| <i>methotrexate sodium</i> TABS 2.5mg                                                    | 1                          |            |
| SOVUNA TABS 300mg                                                                        | 3                          |            |
| TREXALL TABS 5mg, 7.5mg, 10mg, 15mg                                                      | 3                          | B/D        |
| XATMEP SOLN 2.5mg/ml                                                                     | 3                          | B/D        |
| <b>IMMUNOGLOBULINS</b>                                                                   |                            |            |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml                                             | 3                          | NDS NM PA  |
| BIVIGAM SOLN 5gm/50ml, 10%                                                               | 3                          | NDS NM PA  |
| CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml             | 3                          | NDS NM PA  |
| CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml                            | 3                          | NDS NM PA  |
| CYTOGAM SOLN 50mg/ml                                                                     | 3                          | NDS B/D NM |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml                                    | 3                          | NDS NM PA  |
| GAMASTAN INJ                                                                             | 3                          | B/D NM     |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 3                          | NDS NM PA  |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm                                                 | 3                          | NDS NM PA  |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml                                 | 3                          | NDS NM PA  |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml       | 3                          | NDS NM PA  |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml        | 3                          | NDS NM PA  |
| HEPAGAM B SOLN 312unit/ml                                                                | 3                          | NDS B/D NM |

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml                | 3                          | NDS NM PA       |
| HYQVIA INJ 2.5-200                                                                                               | 3                          | NDS NM PA       |
| HYQVIA INJ 5-400                                                                                                 | 3                          | NDS NM PA       |
| HYQVIA INJ 10-800                                                                                                | 3                          | NDS NM PA       |
| HYQVIA INJ 20-1600                                                                                               | 3                          | NDS NM PA       |
| HYQVIA INJ 30-2400                                                                                               | 3                          | NDS NM PA       |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 3                          | NDS NM PA       |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml                                  | 3                          | NDS NM PA       |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml                                                       | 3                          | NDS NM PA       |
| XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml                                                              | 3                          | NDS NM PA       |
| <b>IMMUNOMODULATORS</b>                                                                                          |                            |                 |
| ACTIMMUNE SOLN 100mcg/0.5ml                                                                                      | 3                          | NDS NM PA       |
| ARCALYST SOLR 220mg                                                                                              | 3                          | NDS NM PA       |
| GRASSTK SUBL 2800bau                                                                                             | 3                          | PA              |
| ILARIS SOLN 150mg/ml                                                                                             | 3                          | NDS NM PA       |
| JOENJA TABS 70mg<br>QL (60 tabs / 30 days)                                                                       | 3                          | NDS QL NM<br>PA |
| ODACTRA SUB                                                                                                      | 3                          | PA              |
| PALFORZIA CAP ESCALAT                                                                                            | 3                          | NDS NM PA       |
| PALFORZIA CAP LEVEL 3                                                                                            | 3                          | NDS NM PA       |
| PALFORZIA CAP LEVEL 7                                                                                            | 3                          | NDS NM PA       |
| PALFORZIA CAP LEVEL 8                                                                                            | 3                          | NDS NM PA       |
| PALFORZIA CAP LEVEL 10                                                                                           | 3                          | NDS NM PA       |
| PALFORZIA LEVEL 1 CSPK 1mg                                                                                       | 3                          | NDS NM PA       |
| PALFORZIA LEVEL 2 CSPK 1mg                                                                                       | 3                          | NDS NM PA       |
| PALFORZIA LEVEL 4 CSPK 20mg                                                                                      | 3                          | NDS NM PA       |
| PALFORZIA LEVEL 5 CSPK 20mg                                                                                      | 3                          | NDS NM PA       |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------------------|----------------------------|--------------|
| PALFORZIA LEVEL 6 CSPK 20mg                                                                   | 3                          | NDS NM PA    |
| PALFORZIA LEVEL 9 CSPK 100mg                                                                  | 3                          | NDS NM PA    |
| PALFORZIA LEVEL 11 (MAINT PACK 300mg)                                                         | 3                          | NDS NM PA    |
| PALFORZIA LEVEL 11 (TITRA PACK 300mg)                                                         | 3                          | NDS NM PA    |
| RAGWITEK SUBL 12amba1-u                                                                       | 3                          | PA           |
| RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml                                      | 3                          | NDS NM PA    |
| VYVGART SOLN 400mg/20ml                                                                       | 3                          | NDS NM PA    |
| VYVGART INJ HYTRULO                                                                           | 3                          | NDS NM PA    |
| <b>IMMUNOSUPPRESSANTS</b>                                                                     |                            |              |
| ASTAGRAF XL CP24 5mg                                                                          | 3                          | NDS B/D NM   |
| ASTAGRAF XL CP24 .5mg, 1mg                                                                    | 3                          | B/D NM       |
| ATGAM SOLN 50mg/ml                                                                            | 3                          | NDS B/D      |
| azasan TABS 75mg, 100mg                                                                       | 1                          | B/D          |
| azathioprine (generic of IMURAN) TABS 50mg                                                    | 1                          | B/D          |
| azathioprine TABS 75mg, 100mg                                                                 | 1                          | B/D          |
| BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml<br>QL (8 syringes / 28 days)                            | 3                          | NDS QL NM PA |
| BENLYSTA SOLR 120mg, 400mg                                                                    | 3                          | NDS NM PA    |
| cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg                                         | 1                          | B/D NM       |
| cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml | 1                          | B/D NM       |
| cyclosporine modified (for microemulsion) CAPS 50mg                                           | 1                          | B/D NM       |
| ENVARUSUS XR TB24 4mg                                                                         | 3                          | NDS B/D NM   |
| ENVARUSUS XR TB24 .75mg, 1mg                                                                  | 3                          | B/D NM       |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------|----------------------------|--------------|
| everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg | 3                          | NDS B/D NM   |
| engraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml                        | 1                          | B/D NM       |
| LUPKYNIS CAPS 7.9mg                                                               | 3                          | NDS NM PA    |
| mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg                | 1                          | B/D NM       |
| mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml                         | 3                          | NDS B/D NM   |
| mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg                      | 1                          | B/D NM       |
| MYHIBBIN SUSP 200mg/ml                                                            | 3                          | NDS B/D NM   |
| NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml                                             | 3                          | NDS NM PA    |
| NULOJIX SOLR 250mg                                                                | 3                          | NDS B/D NM   |
| PROGRAF PACK .2mg, 1mg                                                            | 3                          | B/D NM       |
| REZUROCK TABS 200mg QL (30 tabs / 30 days)                                        | 3                          | NDS QL NM PA |
| SAPHNELO SOLN 300mg/2ml                                                           | 3                          | NDS NM PA    |
| sirolimus SOLN 1mg/ml                                                             | 3                          | NDS B/D NM   |
| sirolimus TABS .5mg, 1mg, 2mg                                                     | 1                          | B/D NM       |
| tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg                               | 1                          | B/D NM       |
| <b>VACCINES</b>                                                                   |                            |              |
| ABRYSVO SOLR 120mcg/0.5ml                                                         | 1                          |              |
| ACTHIB INJ                                                                        | 1                          |              |
| ADACEL INJ                                                                        | 1                          |              |
| AREXVY SUSR 120mcg/0.5ml                                                          | 1                          |              |
| BCG VACCINE SOLR 50mg                                                             | 1                          |              |
| BEXSERO SUSY .5ml                                                                 | 1                          |              |
| BOOSTRIX INJ                                                                      | 1                          |              |
| DAPTACEL INJ                                                                      | 1                          |              |
| DENG VAXIA SUS                                                                    | 1                          |              |
| DIP/TET PED INJ 25-5LFU                                                           | 1                          | B/D          |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------|----------------------------|--------|
| ENGERIX-B SUSP<br>20mcg/ml; SUSY<br>10mcg/0.5ml, 20mcg/ml                             | 1                          | B/D    |
| GARDASIL 9 SUSP .5ml;<br>SUSY .5ml                                                    | 1                          |        |
| HAVRIX SUSP 1440elu/ml;<br>SUSY 720elu/0.5ml                                          | 1                          |        |
| HEPLISAV-B SOSY<br>20mcg/0.5ml                                                        | 1                          | B/D    |
| HIBERIX SOLR 10mcg                                                                    | 1                          |        |
| IMOVAX RABIES (H.D.C.V.)<br>SUSR 2.5unit/ml                                           | 1                          | B/D    |
| INFANRIX INJ                                                                          | 1                          |        |
| IPOL INJ INACTIVE                                                                     | 1                          |        |
| IXCHIQ INJ                                                                            | 1                          |        |
| IXIARO INJ                                                                            | 1                          |        |
| JYNNEOS SUSP .5ml                                                                     | 1                          | B/D    |
| KINRIX INJ                                                                            | 1                          |        |
| M-M-R II INJ                                                                          | 1                          |        |
| MENACTRA INJ                                                                          | 1                          |        |
| MENQUADFI SOLN .5ml                                                                   | 1                          |        |
| MENVEO INJ                                                                            | 1                          |        |
| MENVEO SOL                                                                            | 1                          |        |
| MRESVIA SUSY<br>50mcg/0.5ml                                                           | 1                          |        |
| PEDIARIX INJ 0.5ML                                                                    | 1                          |        |
| PEDVAX HIB SUSP<br>7.5mcg/0.5ml                                                       | 1                          |        |
| PENBRAYA INJ                                                                          | 1                          |        |
| PENTACEL INJ                                                                          | 1                          |        |
| PRIORIX INJ                                                                           | 1                          |        |
| PROQUAD INJ                                                                           | 1                          |        |
| QUADRACEL INJ 0.5ML                                                                   | 1                          |        |
| RABAVERT INJ                                                                          | 1                          | B/D    |
| RECOMBIVAX HB SUSP<br>5mcg/0.5ml, 10mcg/ml,<br>40mcg/ml; SUSY 5mcg/0.5ml,<br>10mcg/ml | 1                          | B/D    |
| ROTARIX SUS                                                                           | 1                          |        |
| ROTATEQ SOL                                                                           | 1                          |        |
| SHINGRIX SUSR<br>50mcg/0.5ml<br>QL (2 vials per lifetime)                             | 1                          | QL     |
| TENIVAC INJ 5-2LF                                                                     | 1                          | B/D    |
| TICOVAC SUSY<br>1.2mcg/0.25ml, 2.4mcg/0.5ml                                           | 1                          |        |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------|----------------------------|--------|
| TRUMENBA SUSY .5ml                                                                               | 1                          |        |
| TWINRIX INJ                                                                                      | 1                          |        |
| TYPHIM VI SOLN<br>25mcg/0.5ml; SOSY<br>25mcg/0.5ml                                               | 1                          |        |
| VAQTA SUSP 25unit/0.5ml,<br>50unit/ml                                                            | 1                          |        |
| VARIVAX SUSR<br>1350pfu/0.5ml                                                                    | 1                          |        |
| VAXCHORA SUS                                                                                     | 1                          |        |
| VIMKUNYA SUSY<br>40mcg/0.8ml                                                                     | 1                          |        |
| VIVOTIF CAP EC                                                                                   | 1                          |        |
| YF-VAX INJ                                                                                       | 1                          |        |
| <b>NUTRITIONAL/SUPPLEMENTS<br/>ELECTROLYTES/MINERALS,<br/>INJECTABLE</b>                         |                            |        |
| D2.5W/NACL INJ 0.45%                                                                             | 3                          |        |
| D5W/LYTES INJ #48                                                                                | 3                          |        |
| D10W/NACL INJ 0.2%                                                                               | 2                          |        |
| <i>dextrose 2.5% w/ sodium<br/>chloride 0.45% (generic of<br/>DEXTROSE 2.5%/SODIUM<br/>CHLO)</i> | 1                          |        |
| <i>dextrose 5% in lactated<br/>ringers</i>                                                       | 1                          |        |
| <i>dextrose 5% w/ sodium<br/>chloride 0.2%</i>                                                   | 1                          |        |
| <i>dextrose 5% w/ sodium<br/>chloride 0.3% (generic of<br/>DEXTROSE 5%/SODIUM<br/>CHLORI)</i>    | 1                          |        |
| <i>dextrose 5% w/ sodium<br/>chloride 0.9%</i>                                                   | 1                          |        |
| <i>dextrose 5% w/ sodium<br/>chloride 0.45%</i>                                                  | 1                          |        |
| <i>dextrose 5% w/ sodium<br/>chloride 0.225% (generic of<br/>DEXTROSE/SODIUM<br/>CHLORIDE)</i>   | 1                          |        |
| <i>dextrose 10% w/ sodium<br/>chloride 0.45%</i>                                                 | 1                          |        |
| ISOLYTE-P INJ /D5W                                                                               | 3                          |        |
| ISOLYTE-S INJ                                                                                    | 3                          |        |
| ISOLYTE-S INJ PH 7.4                                                                             | 3                          |        |
| <i>kcl 10 meq/l (0.075%) in<br/>dextrose 5% &amp; nacl 0.45% inj</i>                             | 1                          |        |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                                                           | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>                                                      | 1                                 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>                                                      | 1                                 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>                                                     | 1                                 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>                                 | 1                                 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>                                | 1                                 |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>                                                                      | 1                                 |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>                                                    | 1                                 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>                   | 1                                 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>                                                      | 1                                 |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>                                  | 1                                 |
| KCL/D5W/LACT INJ 20MEQ/L                                                                                            | 3                                 |
| KCL/D5W/NACL INJ 0.3/0.9%                                                                                           | 3                                 |
| <i>lactated ringer's solution</i>                                                                                   | 1                                 |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml                                       | 2                                 |
| <i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i> | 2                                 |
| <i>magnesium sulfate SOLN 50%</i>                                                                                   | 2                                 |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>                    | 2                                 |

| Drug Name                                                                                                                    | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>multiple electrolytes ph 5.5</i>                                                                                          | 1                                 |
| <i>multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)</i>                                                               | 1                                 |
| POT CHL 20MEQ/L IN NACL 0.9% INJ                                                                                             | 3                                 |
| POT CHL 20MEQ/L IN NACL 0.45% INJ                                                                                            | 3                                 |
| POT CHL 40MEQ/L IN NACL 0.9% INJ                                                                                             | 3                                 |
| <i>potassium chloride SOLN 2meq/ml</i>                                                                                       | 1                                 |
| <i>potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i> | 1                                 |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>                                                                | 1                                 |
| <i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>                                                                     | 1                                 |
| TPN ELECTROL INJ                                                                                                             | 3 B/D                             |
| <b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>                                                                                  |                                   |
| <i>klor-con PACK 20meq</i>                                                                                                   | 1                                 |
| <i>klor-con 8 TBCR 8meq</i>                                                                                                  | 1                                 |
| <i>klor-con 10 TBCR 10meq</i>                                                                                                | 1                                 |
| <i>klor-con m10 TBCR 10meq</i>                                                                                               | 1                                 |
| <i>klor-con m15 TBCR 15meq</i>                                                                                               | 1                                 |
| <i>klor-con m20 TBCR 20meq</i>                                                                                               | 1                                 |
| M-NATAL PLUS TAB                                                                                                             | 2                                 |
| POKONZA PACK 10meq                                                                                                           | 3                                 |
| <i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq</i>                        | 1                                 |
| <i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>                                             | 1                                 |
| PRENATAL TAB 27-1MG                                                                                                          | 2                                 |
| PRENATAL TAB PLUS                                                                                                            | 2                                 |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>                                                                     | 1                                 |
| WESTAB PLUS TAB 27-1MG                                                                                                       | 2                                 |
| <b>IV NUTRITION</b>                                                                                                          |                                   |
| CLINIMIX E INJ 2.75/D5W                                                                                                      | 3 B/D                             |
| CLINIMIX E INJ 4.25/D5W                                                                                                      | 3 B/D                             |

| Drug Name                                 | Drug Requirements/<br>Tier | Limits  |
|-------------------------------------------|----------------------------|---------|
| CLINIMIX E INJ 4.25/D10                   | 3                          | B/D     |
| CLINIMIX E INJ 5%/D15W                    | 3                          | B/D     |
| CLINIMIX E INJ 5%/D20W                    | 3                          | B/D     |
| CLINIMIX E INJ 8/10                       | 3                          | B/D     |
| CLINIMIX E INJ 8/14                       | 3                          | B/D     |
| CLINIMIX INJ 4.25/D5W                     | 3                          | B/D     |
| CLINIMIX INJ 4.25/D10                     | 3                          | B/D     |
| CLINIMIX INJ 5%/D15W                      | 3                          | B/D     |
| CLINIMIX INJ 5%/D20W                      | 3                          | B/D     |
| CLINIMIX INJ 6/5                          | 3                          | B/D     |
| CLINIMIX INJ 8/10                         | 3                          | B/D     |
| CLINIMIX INJ 8/14                         | 3                          | B/D     |
| <i>clinisol sf 15%</i>                    | 1                          | B/D     |
| CLINOLIPID EMU 20%                        | 3                          | B/D     |
| <i>dextrose SOLN 5%, 10%</i>              | 1                          |         |
| <i>dextrose SOLN 50%, 70%</i>             | 1                          | B/D     |
| INTRALIPID EMUL<br>20gm/100ml, 30gm/100ml | 3                          | B/D     |
| KABIVEN EMU                               | 3                          | NDS B/D |
| NUTRILIPID EMUL<br>20gm/100ml             | 3                          | B/D     |
| <i>plenamine</i>                          | 1                          | B/D     |
| PREMASOL SOL 10%                          | 3                          | NDS B/D |
| PROSOL INJ 20%                            | 3                          | B/D     |
| SMOFLIPID EMU                             | 3                          | B/D     |
| TRAVASOL INJ 10%                          | 3                          | B/D     |
| TROPHAMINE INJ 10%                        | 3                          | B/D     |
| <b>OPHTHALMIC</b>                         |                            |         |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>   |                            |         |
| <i>bacitracin-polymyxin-</i>              | 1                          |         |
| <i>neomycin-hc ophth oint 1%</i>          |                            |         |
| <i>neo-polycin hc ophth oint 1%</i>       | 1                          |         |
| <i>neomycin-polymyxin-</i>                | 1                          |         |
| <i>dexamethasone ophth oint</i>           |                            |         |
| <i>0.1% (generic of MAXITROL)</i>         |                            |         |
| <i>neomycin-polymyxin-</i>                | 1                          |         |
| <i>dexamethasone ophth susp</i>           |                            |         |
| <i>0.1% (generic of MAXITROL)</i>         |                            |         |
| <i>neomycin-polymyxin-hc ophth</i>        | 1                          |         |
| <i>susp</i>                               |                            |         |
| <i>sulfacetamide sodium-</i>              | 1                          |         |
| <i>prednisolone ophth soln 10-</i>        |                            |         |
| <i>0.23(0.25)%</i>                        |                            |         |
| TOBRADEX OIN 0.3-0.1%                     | 2                          |         |
| TOBRADEX ST SUS 0.3-0.05                  | 3                          |         |
| <i>tobramycin-dexamethasone</i>           | 1                          |         |
| <i>ophth susp 0.3-0.1%</i>                |                            |         |

| Drug Name                            | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------|----------------------------|-----------|
| ZYLET SUS 0.5-0.3%                   | 2                          |           |
| <b>ANTI-INFECTIVES</b>               |                            |           |
| AZASITE SOLN 1%                      | 3                          |           |
| <i>bacitracin (ophthalmic) OINT</i>  | 1                          |           |
| <i>500unit/gm</i>                    |                            |           |
| <i>bacitracin-polymyxin b ophth</i>  | 1                          |           |
| <i>oint</i>                          |                            |           |
| BESIVANCE SUSP .6%                   | 2                          |           |
| CILOXAN OINT .3%                     | 2                          |           |
| <i>ciprofloxacin hcl (ophth)</i>     | 1                          |           |
| <i>SOLN .3%</i>                      |                            |           |
| <i>erythromycin (ophth) OINT</i>     | 1                          |           |
| <i>5mg/gm</i>                        |                            |           |
| <i>gatifloxacin (ophth) SOLN</i>     | 1                          |           |
| <i>.5%</i>                           |                            |           |
| <i>gentamicin sulfate (ophth)</i>    | 1                          |           |
| <i>SOLN .3%</i>                      |                            |           |
| <i>levofloxacin (ophth) SOLN</i>     | 1                          |           |
| <i>.5%, 1.5%</i>                     |                            |           |
| <i>moxifloxacin hcl (ophth)</i>      | 1                          | QL        |
| <i>SOLN .5%</i>                      |                            |           |
| <i>QL (12 mL / 30 days)</i>          |                            |           |
| <i>moxifloxacin hcl (ophth)</i>      | 1                          | QL        |
| <i>(generic of VIGAMOX) SOLN</i>     |                            |           |
| <i>.5%</i>                           |                            |           |
| <i>QL (12 mL / 30 days)</i>          |                            |           |
| NATACYN SUSP 5%                      | 3                          |           |
| <i>neo-polycin 5(3.5)mg-400unt-</i>  | 1                          |           |
| <i>10000unt op oin</i>               |                            |           |
| <i>neomycin-bacitrac zn-polymyx</i>  | 1                          |           |
| <i>5(3.5)mg-400unt-10000unt op</i>   |                            |           |
| <i>oin</i>                           |                            |           |
| <i>neomycin-polymy-gramicid op</i>   | 1                          |           |
| <i>sol 1.75-10000-0.025mg-unt-</i>   |                            |           |
| <i>mg/ml</i>                         |                            |           |
| <i>ofloxacin (ophth) (generic of</i> | 1                          |           |
| <i>OCUFLOX) SOLN .3%</i>             |                            |           |
| <i>polycin ophth oint</i>            | 1                          |           |
| <i>polymyxin b-trimethoprim</i>      | 1                          |           |
| <i>ophth soln 10000 unit/ml-0.1%</i> |                            |           |
| <i>sulfacetamide sodium (ophth)</i>  | 1                          |           |
| <i>OINT 10%; SOLN 10%</i>            |                            |           |
| <i>tobramycin (ophth) SOLN</i>       | 1                          |           |
| <i>.3%</i>                           |                            |           |
| TOBREX OINT .3%                      | 3                          |           |
| trifluridine SOLN 1%                 | 1                          |           |
| XDEMVIY SOLN .25%                    | 3                          | NDS NM PA |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



| Drug Name                                                                    | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------------|-----------------------------------|
| ZIRGAN GEL .15%                                                              | 3                                 |
| <b>ANTI-INFLAMMATORIES</b>                                                   |                                   |
| ACUVAIL SOLN .45%                                                            | 3                                 |
| <i>bromfenac sodium (ophth)</i><br>(generic of PROLENSA)<br>SOLN .07%        | 1                                 |
| <i>bromfenac sodium (ophth)</i><br>SOLN .09%                                 | 1                                 |
| <i>bromfenac sodium (ophth)</i><br>(generic of BROMSITE)<br>SOLN .075%       | 1                                 |
| <i>dexamethasone sodium<br/>phosphate (ophth)</i> SOLN .1%                   | 1                                 |
| <i>diclofenac sodium (ophth)</i><br>SOLN .1%                                 | 1                                 |
| <i>difluprednate</i> (generic of<br>DUREZOL) EMUL .05%                       | 1                                 |
| FLAREX SUSP .1%                                                              | 3                                 |
| <i>fluorometholone (ophth)</i><br>(generic of FML LIQUIFILM)<br>SUSP .1%     | 1                                 |
| <i>flurbiprofen sodium</i> SOLN<br>.03%                                      | 1                                 |
| FML FORTE SUSP .25%                                                          | 3                                 |
| ILEVRO SUSP .3%                                                              | 3                                 |
| INVELTYS SUSP 1%                                                             | 3                                 |
| <i>ketorolac tromethamine<br/>(ophth)</i> (generic of ACULAR<br>LS) SOLN .4% | 1                                 |
| <i>ketorolac tromethamine<br/>(ophth)</i> (generic of ACULAR)<br>SOLN .5%    | 1                                 |
| LOTEMAX OINT .5%                                                             | 2                                 |
| LOTEMAX SM GEL .38%                                                          | 2                                 |
| <i>loteprednol etabonate</i><br>(generic of LOTEMAX) GEL<br>.5%; SUSP .5%    | 1                                 |
| <i>loteprednol etabonate</i><br>(generic of ALREX) SUSP<br>.2%               | 1                                 |
| MAXIDEX SUSP .1%                                                             | 3                                 |
| NEVANAC SUSP .1%                                                             | 3                                 |
| PRED MILD SUSP .12%                                                          | 3                                 |
| <i>prednisolone acetate (ophth)</i><br>(generic of PRED FORTE)<br>SUSP 1%    | 1                                 |

| Drug Name                                                                                    | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------|-----------------------------------|
| PREDNISOLONE SODIUM<br>PHOSP SOLN 1%                                                         | 2                                 |
| TRIESENCE SUSP 40mg/ml                                                                       | 3 PA                              |
| XIPERE SUSP 40mg/ml                                                                          | 3 NM PA                           |
| YUTIQ IMPL .18mg                                                                             | 3 NDS NM                          |
| <b>ANTIALLERGICS</b>                                                                         |                                   |
| <i>azelastine hcl (ophth)</i> SOLN<br>.05%                                                   | 1                                 |
| <i>bepotastine besilate</i> (generic<br>of BEPREVE) SOLN 1.5%                                | 1                                 |
| <i>cromolyn sodium (ophth)</i><br>SOLN 4%                                                    | 1                                 |
| <i>epinastine hcl (ophth)</i> SOLN<br>.05%                                                   | 1                                 |
| ZERVIAE SOLN .24%                                                                            | 3                                 |
| <b>ANTIGLAUCOMA</b>                                                                          |                                   |
| <i>betaxolol hcl (ophth)</i> SOLN<br>.5%                                                     | 1                                 |
| BETIMOL SOLN .5%                                                                             | 3                                 |
| BETOPTIC-S SUSP .25%                                                                         | 3                                 |
| <i>brimonidine tartrate</i> (generic<br>of ALPHAGAN P) SOLN .1%,<br>.15%                     | 1                                 |
| <i>brimonidine tartrate</i> SOLN<br>.2%                                                      | 1                                 |
| <i>brimonidine tartrate-timolol<br/>maleate ophth soln 0.2-0.5%</i><br>(generic of COMBIGAN) | 1                                 |
| <i>brinzolamide</i> (generic of<br>AZOPT) SUSP 1%                                            | 1                                 |
| <i>carteolol hcl (ophth)</i> SOLN<br>1%                                                      | 1                                 |
| COMBIGAN SOL 0.2/0.5%                                                                        | 2                                 |
| <i>dorzolamide hcl</i> SOLN 2%                                                               | 1                                 |
| <i>dorzolamide hcl-timolol<br/>maleate ophth soln 2-0.5%</i><br>(generic of COSOPT)          | 1                                 |
| <i>dorzolamide hcl-timolol<br/>maleate pf ophth soln 2-0.5%</i><br>(generic of COSOPT PF)    | 1                                 |
| IYUZEH SOLN .005%                                                                            | 3 ST                              |
| <i>latanoprost</i> (generic of<br>XALATAN) SOLN .005%                                        | 1                                 |
| <i>levobunolol hcl</i> SOLN .5%                                                              | 1                                 |
| LUMIGAN SOLN .01%                                                                            | 2                                 |
| PHOSPHOLINE IODIDE<br>SOLR .125%                                                             | 3 NDS NM                          |

| Drug Name                                                                      | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------------|-----------------------------------|
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4%                                         | 1                                 |
| RHOPRESSA SOLN .02%                                                            | 2                                 |
| ROCKLATAN DRO                                                                  | 2                                 |
| SIMBRINZA SUS 1-0.2%                                                           | 3                                 |
| <i>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%               | 1                                 |
| <i>timolol maleate (ophth)</i> SOLG 1 .25%, .5%; SOLN .25%, .5%                | 1                                 |
| <i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%        | 1                                 |
| <i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5% | 1                                 |
| <i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%                           | 1                                 |
| VYZULTA SOLN .024%                                                             | 3                                 |
| <b>MISCELLANEOUS</b>                                                           |                                   |
| ATROPINE SULFATE SOLN 1%                                                       | 2                                 |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1%                                   | 1                                 |
| BEOVU SOSY 6mg/0.05ml                                                          | 3 NDS NM PA                       |
| BYOOVIZ SOLN .5mg/0.05ml                                                       | 3 NDS NM PA                       |
| CIMERLI SOLN .3mg/0.05ml                                                       | 3 NM PA                           |
| CIMERLI SOLN .5mg/0.05ml                                                       | 3 NDS NM PA                       |
| CYSTADROPS SOLN .37%                                                           | 3 NDS NM PA                       |
| CYSTARAN SOLN .44%                                                             | 3 NDS NM PA                       |
| EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml                                         | 3 NDS NM PA                       |
| EYLEA HD SOLN 8mg/0.07ml                                                       | 3 NDS NM PA                       |
| EYSUVIS SUSP .25%                                                              | 3                                 |
| IZERVAY SOLN 2mg/0.1ml                                                         | 3 NDS NM PA                       |
| LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml                                         | 3 NDS NM PA                       |
| MIEBO SOLN 1.338gm/ml                                                          | 2                                 |
| OXERVATE SOLN .002% QL (112 mL / year)                                         | 3 NDS QL NM PA                    |
| PAVBLU SOSY 2mg/0.05ml                                                         | 3 NDS NM PA                       |
| <i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%                          | 1                                 |
| RESTASIS EMUL .05%                                                             | 2                                 |
| RESTASIS MULTIDOSE EMUL .05%                                                   | 2                                 |

| Drug Name                                                              | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------|-----------------------------------|
| SUSVIMO SOLN 10mg/0.1ml                                                | 3 NDS NM PA                       |
| SYFOVRE SOLN 15mg/0.1ml                                                | 3 NDS NM PA                       |
| VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml                               | 3 NDS NM PA                       |
| XIIDRA SOLN 5%                                                         | 2                                 |
| <b>OTIC</b>                                                            |                                   |
| <b>OTIC AGENTS</b>                                                     |                                   |
| <i>acetic acid (otic)</i> SOLN 2%                                      | 1                                 |
| CIPRO HC SUS OTIC                                                      | 3                                 |
| <i>ciprofloxacin hcl (otic)</i> (generic of CETRAXAL) SOLN .2%         | 1                                 |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>                  | 1                                 |
| CORTISPORIN SUS -TC OTIC                                               | 3                                 |
| <i>flac</i> (generic of DERMOTIC) OIL .01%                             | 1                                 |
| <i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%    | 1                                 |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i>                    | 1                                 |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                              | 1                                 |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>      | 1                                 |
| <i>ofloxacin (otic)</i> SOLN .3%                                       | 1                                 |
| <b>RESPIRATORY</b>                                                     |                                   |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                       |                                   |
| ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)                    | 2 QL                              |
| BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)                          | 2 QL                              |
| BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)                       | 2 QL                              |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days) | 2 QL                              |
| COMBIVENT AER 20-100 QL (2 inhalers / 30 days)                         | 3 QL                              |

| Drug Name                                                                                                         | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>                                                          | 1                          | B/D    |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG<br>QL (60 blisters / 30 days)                                                 | 2                          | QL     |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG<br>QL (60 blisters / 30 days)                                                 | 2                          | QL     |
| <b>ANTICHOLINERGICS</b>                                                                                           |                            |        |
| ATROVENT HFA AERS 17mcg/act<br>QL (2 inhalers / 30 days)                                                          | 3                          | QL     |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh<br>QL (30 blisters / 30 days)                                                    | 2                          | QL     |
| <i>ipratropium bromide SOLN .02%</i>                                                                              | 1                          | B/D    |
| <i>ipratropium bromide (nasal) SOLN .03%, .06%</i>                                                                | 1                          |        |
| SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act<br>QL (1 inhaler / 30 days)                                         | 3                          | QL     |
| <i>tiotropium bromide monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg<br>QL (30 caps / 30 days)        | 1                          | QL     |
| <b>ANTI-HISTAMINE COMBINATIONS</b>                                                                                |                            |        |
| <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> (generic of DYMISTA)<br>QL (1 bottle / 30 days) | 1                          | QL     |
| CLARINEX-D TAB 2.5-120                                                                                            | 3                          |        |
| <i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i><br>PA applies if 70 years and older                   | 2                          | PA     |
| RYALTRIS SPR 665-25<br>QL (29 gm / 30 days)                                                                       | 3                          | QL     |
| <b>ANTI-HISTAMINES</b>                                                                                            |                            |        |
| <i>azelastine hcl SOLN .1%</i>                                                                                    | 1                          |        |

| Drug Name                                                                                                                                | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg<br>PA applies if 70 years and older                                                  | 2                          | PA        |
| <i>cetirizine hcl</i> SOLN 5mg/5ml<br>QL (300 mL / 30 days)                                                                              | 1                          | QL        |
| <i>clemastine fumarate</i> TABS 2.68mg<br>PA applies if 70 years and older                                                               | 2                          | PA        |
| <i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year            | 2                          | PA        |
| <i>desloratadine</i> (generic of CLARINEX) TABS 5mg<br>QL (30 tabs / 30 days)                                                            | 1                          | QL        |
| <i>desloratadine</i> TBDP 2.5mg, 5mg<br>QL (30 tabs / 30 days)                                                                           | 1                          | QL        |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml                                                                                                  | 1                          |           |
| <i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml<br>PA applies if 70 years and older                                                         | 3                          | PA        |
| <i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year | 2                          | PA        |
| <i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg<br>PA applies if 70 years and older after a 30 day supply in a calendar year           | 2                          | PA        |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml<br>QL (300 mL / 30 days)                                                            | 1                          | QL        |
| <i>levocetirizine dihydrochloride</i> TABS 5mg<br>QL (30 tabs / 30 days)                                                                 | 1                          | QL        |
| <i>olopatadine hcl (nasal) SOLN .6%</i>                                                                                                  | 1                          |           |
| QUZYTIR SOLN 10mg/ml<br>QL (30 mL / 30 days)                                                                                             | 3                          | NDS QL PA |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>BETA AGONISTS</b>                                                                                   |                            |        |
| <i>albuterol sulfate</i> AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proair HFA)    | 1                          | QL     |
| <i>albuterol sulfate</i> AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proventil HFA) | 1                          | QL     |
| <i>albuterol sulfate</i> AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Ventolin HFA)  | 1                          | QL     |
| <i>albuterol sulfate</i> NEBU<br>.083%, .63mg/3ml,<br>1.25mg/3ml, 2.5mg/0.5ml                          | 1                          | B/D    |
| <i>albuterol sulfate</i> SYRP<br>2mg/5ml; TABS 2mg, 4mg                                                | 1                          |        |
| <i>arformoterol tartrate</i> (generic<br>of BROVANA) NEBU<br>15mcg/2ml                                 | 1                          | B/D    |
| <i>formoterol fumarate</i> (generic<br>of PERFOROMIST) NEBU<br>20mcg/2ml                               | 1                          | B/D    |
| <i>levalbuterol hcl</i> NEBU<br>.31mg/3ml, .63mg/3ml,<br>1.25mg/0.5ml, 1.25mg/3ml                      | 1                          | B/D    |
| <i>levalbuterol tartrate</i> AERO<br>45mcg/act<br>QL (2 inhalers / 30 days)                            | 1                          | QL ST  |
| SEREVENT DISKUS AEPB<br>50mcg/dose<br>QL (60 inhalations / 30<br>days)                                 | 2                          | QL     |
| STRIVERDI RESPIMAT<br>AERS 2.5mcg/act<br>QL (1 inhaler / 30 days)                                      | 3                          | QL     |
| <i>terbutaline sulfate</i> SOLN<br>1mg/ml; TABS 2.5mg, 5mg                                             | 1                          |        |
| VENTOLIN HFA AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)                                           | 2                          | QL     |
| VENTOLIN HFA<br>(INSTITUTIONAL PACK)<br>AERS 108mcg/act<br>QL (6 inhalers / 30 days)                   | 2                          | QL     |

| Drug Name                                                                                                    | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <b>LEUKOTRIENE MODULATORS</b>                                                                                |                            |                 |
| <i>montelukast sodium</i> (generic<br>of SINGULAIR) CHEW 4mg,<br>5mg; PACK 4mg; TABS 10mg                    | 1                          |                 |
| <i>zafirlukast</i> (generic of<br>ACCOLATE) TABS 10mg,<br>20mg                                               | 1                          |                 |
| <b>MISCELLANEOUS</b>                                                                                         |                            |                 |
| <i>acetylcysteine</i> SOLN 10%,<br>20%                                                                       | 1                          | B/D             |
| ALYFTREK TAB 4-20-50<br>QL (84 tabs / 28 days)                                                               | 3                          | NDS QL NM<br>PA |
| ALYFTREK TAB 10-50-125<br>QL (56 tabs / 28 days)                                                             | 3                          | NDS QL NM<br>PA |
| ARALAST NP SOLR 500mg,<br>1000mg                                                                             | 3                          | NDS NM PA       |
| BRONCHITOL CAPS 40mg<br>QL (560 caps / 28 days)                                                              | 3                          | NDS QL NM<br>PA |
| <i>cromolyn sodium</i> NEBU<br>20mg/2ml                                                                      | 1                          | B/D             |
| <i>elixophyllin</i> ELIX 80mg/15ml                                                                           | 3                          | NDS             |
| <i>epinephrine (anaphylaxis)</i><br>(generic of EPIPEN 2-PAK)<br>SOAJ .3mg/0.3ml<br>(generic of EpiPen)      | 1                          |                 |
| <i>epinephrine (anaphylaxis)</i><br>(generic of EPIPEN-JR 2-<br>PAK) SOAJ .15mg/0.3ml<br>(generic of EpiPen) | 1                          |                 |
| <i>epinephrine (anaphylaxis)</i><br>SOAJ .15mg/0.15ml,<br>.3mg/0.3ml<br>(generic of Adrenaclick)             | 1                          |                 |
| FASENRA SOSY<br>10mg/0.5ml, 30mg/ml<br>QL (1 syringe / 28 days)                                              | 3                          | NDS QL NM<br>PA |
| FASENRA PEN SOAJ<br>30mg/ml<br>QL (1 pen / 28 days)                                                          | 3                          | NDS QL NM<br>PA |
| GLASSIA SOLN 4gm/200ml,<br>5gm/250ml, 1000mg/50ml                                                            | 3                          | NDS NM PA       |
| KALYDECO PACK 5.8mg,<br>13.4mg, 25mg, 50mg, 75mg<br>QL (56 packets / 28<br>days)                             | 3                          | NDS QL NM<br>PA |
| KALYDECO TABS 150mg<br>QL (60 tabs / 30 days)                                                                | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------|----------------------------|-----------------|
| OFEV CAPS 100mg, 150mg<br>QL (60 caps / 30 days)                                  | 3                          | NDS QL NM<br>PA |
| OHTUVAYRE SUSP<br>3mg/2.5ml                                                       | 3                          | NDS NM PA       |
| ORKAMBI GRA 75-94MG<br>QL (56 packets / 28<br>days)                               | 3                          | NDS QL NM<br>PA |
| ORKAMBI GRA 100-125<br>QL (56 packets / 28<br>days)                               | 3                          | NDS QL NM<br>PA |
| ORKAMBI GRA 150-188<br>QL (56 packets / 28<br>days)                               | 3                          | NDS QL NM<br>PA |
| ORKAMBI TAB 100-125<br>QL (112 tabs / 28 days)                                    | 3                          | NDS QL NM<br>PA |
| ORKAMBI TAB 200-125<br>QL (112 tabs / 28 days)                                    | 3                          | NDS QL NM<br>PA |
| <i>pirfenidone</i> (generic of<br>ESBRIET) CAPS 267mg<br>QL (270 caps / 30 days)  | 3                          | NDS QL NM<br>PA |
| <i>pirfenidone</i> (generic of<br>ESBRIET) TABS 267mg<br>QL (270 tabs / 30 days)  | 3                          | NDS QL NM<br>PA |
| <i>pirfenidone</i> TABS 534mg<br>QL (90 tabs / 30 days)                           | 3                          | NDS QL NM<br>PA |
| <i>pirfenidone</i> (generic of<br>ESBRIET) TABS 801mg<br>QL (90 tabs / 30 days)   | 3                          | NDS QL NM<br>PA |
| PROLASTIN-C SOLN<br>1000mg/20ml                                                   | 3                          | NDS NM PA       |
| PULMOZYME SOLN<br>2.5mg/2.5ml                                                     | 3                          | NDS NM PA       |
| <i>roflumilast</i> (generic of<br>DALIRESP) TABS 250mcg<br>QL (56 tabs / year)    | 1                          | QL              |
| <i>roflumilast</i> (generic of<br>DALIRESP) TABS 500mcg<br>QL (30 tabs / 30 days) | 1                          | QL              |
| SYMDEKO TAB 50-75MG<br>QL (56 tabs / 28 days)                                     | 3                          | NDS QL NM<br>PA |
| SYMDEKO TAB 100-150<br>QL (56 tabs / 28 days)                                     | 3                          | NDS QL NM<br>PA |
| THEO-24 CP24 100mg,<br>200mg, 300mg, 400mg                                        | 3                          |                 |

| Drug Name                                                                                                          | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>theophylline</i> ELIX<br>80mg/15ml; SOLN<br>80mg/15ml; TB12 100mg,<br>200mg, 300mg, 450mg; TB24<br>400mg, 600mg | 1                          |                 |
| TRIKAFTA PAK 59.5MG<br>QL (56 packs / 28 days)                                                                     | 3                          | NDS QL NM<br>PA |
| TRIKAFTA PAK 75MG<br>QL (56 packs / 28 days)                                                                       | 3                          | NDS QL NM<br>PA |
| TRIKAFTA TAB 50-25-<br>37.5MG & 75MG<br>QL (84 tabs / 28 days)                                                     | 3                          | NDS QL NM<br>PA |
| TRIKAFTA TAB 100-50-75MG<br>& 150MG<br>QL (84 tabs / 28 days)                                                      | 3                          | NDS QL NM<br>PA |
| XOLAIR SOAJ 75mg/0.5ml,<br>300mg/2ml<br>QL (4 pens / 28 days)                                                      | 3                          | NDS QL NM<br>PA |
| XOLAIR SOAJ 150mg/ml<br>QL (8 pens / 28 days)                                                                      | 3                          | NDS QL NM<br>PA |
| XOLAIR SOLR 150mg<br>QL (8 vials / 28 days)                                                                        | 3                          | NDS QL NM<br>PA |
| XOLAIR SOSY 75mg/0.5ml,<br>300mg/2ml<br>QL (4 syringes / 28<br>days)                                               | 3                          | NDS QL NM<br>PA |
| XOLAIR SOSY 150mg/ml<br>QL (8 syringes / 28<br>days)                                                               | 3                          | NDS QL NM<br>PA |
| ZEMAIRA SOLR 1000mg,<br>4000mg, 5000mg                                                                             | 3                          | NDS NM PA       |
| <b>NASAL STEROIDS</b>                                                                                              |                            |                 |
| <i>flunisolide (nasal)</i> SOLN<br>.025%<br>QL (3 bottles / 30 days)                                               | 1                          | QL              |
| <i>fluticasone propionate (nasal)</i><br>SUSP 50mcg/act<br>QL (1 bottle / 30 days)                                 | 1                          | QL              |
| <i>mometasone furoate (nasal)</i><br>SUSP 50mcg/act<br>QL (2 inhalers / 30 days)                                   | 1                          | QL              |
| OMNARIS SUSP 50mcg/act<br>QL (1 inhaler / 30 days)                                                                 | 3                          | QL ST           |
| QNASL AERS 80mcg/act<br>QL (1 inhaler / 30 days)                                                                   | 3                          | QL ST           |
| QNASL CHILDRENS AERS<br>40mcg/act<br>QL (1 inhaler / 30 days)                                                      | 3                          | QL ST           |

| Drug Name                                                                                                                         | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| XHANCE EXHU 93mcg/act<br>QL (32 mL / 30 days)                                                                                     | 3                          | QL PA  |
| <b>STEROID INHALANTS</b>                                                                                                          |                            |        |
| ALVESCO AERS 80mcg/act<br>QL (3 inhalers / 30 days)                                                                               | 3                          | QL     |
| ALVESCO AERS 160mcg/act<br>QL (2 inhalers / 30 days)                                                                              | 3                          | QL     |
| ARNUITY ELLIPTA AEPB<br>50mcg/act, 100mcg/act,<br>200mcg/act<br>QL (30 inhalations / 30<br>days)                                  | 2                          | QL     |
| <i>budesonide (inhalation)</i><br>(generic of PULMICORT)<br>SUSP .25mg/2ml, .5mg/2ml,<br>1mg/2ml                                  | 1                          | B/D    |
| <b>STEROID/BETA-AGONIST<br/>COMBINATIONS</b>                                                                                      |                            |        |
| ADVAIR HFA AER 45/21<br>QL (1 inhaler / 30 days)                                                                                  | 2                          | QL     |
| ADVAIR HFA AER 115/21<br>QL (1 inhaler / 30 days)                                                                                 | 2                          | QL     |
| ADVAIR HFA AER 230/21<br>QL (1 inhaler / 30 days)                                                                                 | 2                          | QL     |
| AIRSUPRA AER 90-80MCG<br>QL (3 inhalers / 30 days)                                                                                | 2                          | QL     |
| BREO ELLIPTA INH 50-<br>25MCG<br>QL (60 blisters / 30<br>days)                                                                    | 2                          | QL     |
| BREO ELLIPTA INH 100-25<br>QL (60 blisters / 30<br>days)                                                                          | 2                          | QL     |
| BREO ELLIPTA INH 200-25<br>QL (60 blisters / 30<br>days)                                                                          | 2                          | QL     |
| <i>breynd</i> (generic of<br>SYMBICORT)<br>QL (3 inhalers / 30 days)                                                              | 1                          | QL     |
| <i>budesonide-formoterol<br/>fumarate dihyd aerosol 80-4.5<br/>mcg/act</i> (generic of<br>SYMBICORT)<br>QL (3 inhalers / 30 days) | 1                          | QL     |

| Drug Name                                                                                                                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>budesonide-formoterol<br/>fumarate dihyd aerosol 160-<br/>4.5 mcg/act</i> (generic of<br>SYMBICORT)<br>QL (3 inhalers / 30 days)                                 | 1                          | QL     |
| DULERA AER 50-5MCG<br>QL (3 inhalers / 30 days)                                                                                                                     | 3                          | QL     |
| DULERA AER 100-5MCG<br>QL (3 inhalers / 30 days)                                                                                                                    | 3                          | QL     |
| DULERA AER 200-5MCG<br>QL (3 inhalers / 30 days)                                                                                                                    | 3                          | QL     |
| <i>fluticasone-salmeterol aer<br/>powder ba 100-50 mcg/act</i><br>(generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30<br>days)<br>(generic PRASCO not<br>covered) | 1                          | QL     |
| <i>fluticasone-salmeterol aer<br/>powder ba 250-50 mcg/act</i><br>(generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30<br>days)<br>(generic PRASCO not<br>covered) | 1                          | QL     |
| <i>fluticasone-salmeterol aer<br/>powder ba 500-50 mcg/act</i><br>(generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30<br>days)<br>(generic PRASCO not<br>covered) | 1                          | QL     |
| <i>wixela inhub</i> (generic of<br>ADVAIR DISKUS)<br>QL (60 inhalations / 30<br>days)                                                                               | 1                          | QL     |
| <b>TOPICAL<br/>DERMATOLOGY, ACNE</b>                                                                                                                                |                            |        |
| ABSORICA LD CAPS 8mg,<br>16mg, 24mg, 32mg                                                                                                                           | 3                          | NDS PA |
| accutane CAPS 10mg, 20mg,<br>30mg, 40mg                                                                                                                             | 1                          | PA     |
| <i>adapalene</i> (generic of<br>DIFFERIN) CREA .1%; GEL<br>.3%<br>QL (45 gm / 30 days)                                                                              | 1                          | QL PA  |
| ADAPALENE SOLN .1%<br>QL (120 mL / 30 days)                                                                                                                         | 3                          | QL PA  |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)<br>QL (45 gm / 30 days)       | 1                          | QL PA     |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE)<br>QL (60 gm / 30 days) | 1                          | QL PA     |
| AKLIEF CREA .005%<br>QL (45 gm / 30 days)                                                        | 3                          | QL PA     |
| ALTRENO LOTN .05%<br>QL (45 gm / 30 days)                                                        | 3                          | QL PA     |
| <i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg                                                     | 1                          | PA        |
| AMZEEQ FOAM 4%<br>QL (30 gm / 30 days)                                                           | 3                          | QL PA     |
| ARAZLO LOTN .045%<br>QL (45 gm / 30 days)                                                        | 3                          | QL PA     |
| AZELEX CREA 20%<br>QL (50 gm / 30 days)                                                          | 3                          | QL PA     |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN)<br>QL (46.6 gm / 30 days)  | 1                          | QL        |
| CABTREO GEL<br>QL (50 gm / 30 days)                                                              | 3                          | NDS QL PA |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg                                                      | 1                          | PA        |
| <i>clindacin</i> FOAM 1%<br>QL (100 gm / 30 days)                                                | 1                          | QL        |
| <i>clindacin etz pledgets</i> SWAB 1%<br>QL (69 pledgets / 30 days)                              | 1                          | QL        |
| <i>clindacin-p</i> SWAB 1%<br>QL (69 pledgets / 30 days)                                         | 1                          | QL        |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i><br>QL (45 gm / 30 days)       | 1                          | QL        |
| <i>clindamycin phosphate (topical)</i> FOAM 1%<br>QL (100 gm / 30 days)                          | 1                          | QL        |
| <i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1%<br>QL (75 mL / 30 days)     | 1                          | QL        |

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1%<br>QL (60 mL / 30 days)            | 1                          | QL     |
| <i>clindamycin phosphate (topical)</i> SOLN 1%<br>QL (60 mL / 30 days)                                   | 1                          | QL     |
| <i>clindamycin phosphate (topical)</i> SWAB 1%<br>QL (69 pledgets / 30 days)                             | 1                          | QL     |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i><br>QL (50 gm / 30 days)                           | 1                          | QL     |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA)<br>QL (50 gm / 30 days)   | 1                          | QL     |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON)<br>QL (50 gm / 30 days) | 1                          | QL     |
| <i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i><br>QL (60 gm / 30 days)                            | 1                          | QL PA  |
| <i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5%<br>QL (90 gm / 30 days)                        | 1                          | QL     |
| DIFFERIN LOTN .1%<br>QL (118 mL / 30 days)                                                               | 3                          | QL PA  |
| EPSOLAY CREA 5%<br>QL (30 gm / 30 days)                                                                  | 3                          | QL PA  |
| ery PADS 2%<br>QL (60 pledgets / 30 days)                                                                | 1                          | QL     |
| <i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2%<br>QL (60 gm / 30 days)                        | 1                          | QL     |
| <i>erythromycin (acne aid)</i> SOLN 2%<br>QL (60 mL / 30 days)                                           | 1                          | QL     |
| FABIOR FOAM .1%<br>QL (100 gm / 30 days)                                                                 | 3                          | QL PA  |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg                                                          | 1                          | PA     |
| <i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg                                                | 3                          | NDS PA |

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>neuac gel</i> 1.2-5%<br>QL (45 gm / 30 days)                                                            | 1                          | QL     |
| RETIN-A MICRO GEL .06%<br>QL (50 gm / 30 days)                                                             | 3                          | QL PA  |
| <i>sulfacetamide sodium (acne)</i><br>(generic of KLARON) LOTN<br>10%<br>QL (118 mL / 30 days)             | 1                          | QL     |
| TAZAROTENE FOAM .1%<br>QL (100 gm / 30 days)                                                               | 3                          | QL PA  |
| <i>tretinoin</i> (generic of RETIN-A)<br>CREA .025%, .05%, .1%;<br>GEL .01%, .025%<br>QL (45 gm / 30 days) | 1                          | QL PA  |
| <i>tretinoin</i> (generic of ATRALIN)<br>GEL .05%<br>QL (45 gm / 30 days)                                  | 1                          | QL PA  |
| <i>tretinoin microsphere</i> GEL<br>.04%, .1%<br>QL (50 gm / 30 days)                                      | 1                          | QL PA  |
| <i>tretinoin microsphere</i> (generic<br>of RETIN-A MICRO PUMP)<br>GEL .08%<br>QL (50 gm / 30 days)        | 1                          | QL PA  |
| <i>twice-daily clindamycin</i><br><i>phosphate (topical)</i> GEL 1%<br>QL (75 gm / 30 days)                | 1                          | QL     |
| TWYNEO CRE 0.1-3%<br>QL (30 gm / 30 days)                                                                  | 3                          | QL PA  |
| WINLEVI CREA 1%<br>QL (60 gm / 30 days)                                                                    | 3                          | QL PA  |
| <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg                                                                | 1                          | PA     |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                                                            |                            |        |
| <i>gentamicin sulfate (topical)</i><br>CREA .1%; OINT .1%<br>QL (30 gm / 30 days)                          | 1                          | QL     |
| <i>mupirocin</i> OINT 2%<br>QL (220 gm / 30 days)                                                          | 1                          | QL     |
| <i>silver sulfadiazine</i> (generic of<br>SILVADENE) CREA 1%                                               | 1                          |        |
| <i>ssd</i> (generic of SILVADENE)<br>CREA 1%                                                               | 1                          |        |
| SULFAMYLON CREA<br>85mg/gm<br>QL (453.6 gm / 30 days)                                                      | 3                          | QL     |

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                                                         |                            |        |
| <i>ciclopirox</i> GEL .77%<br>QL (100 gm / 30 days)                                                     | 1                          | QL     |
| <i>ciclopirox</i> SHAM 1%<br>QL (120 mL / 30 days)                                                      | 1                          | QL     |
| <i>ciclopirox olamine</i> CREA<br>.77%<br>QL (90 gm / 30 days)                                          | 1                          | QL     |
| <i>ciclopirox olamine</i> SUSP<br>.77%<br>QL (60 mL / 30 days)                                          | 1                          | QL     |
| <i>clotrimazole (topical)</i> CREA<br>1%<br>QL (45 gm / 30 days)                                        | 1                          | QL     |
| <i>clotrimazole (topical)</i> SOLN<br>1%<br>QL (60 mL / 30 days)                                        | 1                          | QL     |
| <i>clotrimazole w/</i><br><i>betamethasone cream</i> 1-<br>0.05%<br>QL (45 gm / 30 days)                | 1                          | QL     |
| <i>econazole nitrate</i> CREA 1%<br>QL (85 gm / 30 days)                                                | 1                          | QL     |
| JUBLIA SOLN 10%<br>QL (8 mL / 30 days)                                                                  | 3                          | NDS QL |
| <i>ketoconazole (topical)</i> CREA<br>2%<br>QL (60 gm / 30 days)                                        | 1                          | QL     |
| <i>ketoconazole (topical)</i> SHAM<br>2%<br>QL (120 mL / 30 days)                                       | 1                          | QL     |
| <i>klayesta</i> POWD<br>100000unit/gm<br>QL (60 gm / 30 days)                                           | 1                          | QL     |
| <i>miconazole-zinc oxide-white</i><br><i>petrolatum oint</i> 0.25-15-<br>81.35%<br>QL (50 gm / 30 days) | 1                          | QL PA  |
| <i>naftifine hcl</i> CREA 1%<br>QL (90 gm / 30 days)                                                    | 1                          | QL     |
| <i>naftifine hcl</i> CREA 2%<br>QL (60 gm / 30 days)                                                    | 1                          | QL     |
| <i>naftifine hcl</i> (generic of<br>NAFTIN) GEL 2%<br>QL (60 gm / 30 days)                              | 1                          | QL     |
| <i>nyamyc</i> POWD<br>100000unit/gm<br>QL (60 gm / 30 days)                                             | 1                          | QL     |



| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm<br>QL (30 gm / 30 days) | 1                          | QL        |
| <i>nystatin (topical)</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                     | 1                          | QL        |
| <i>nystop</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                                 | 1                          | QL        |
| OXISTAT LOTN 1%<br>QL (60 mL / 30 days)                                                  | 3                          | QL PA     |
| <i>selenium sulfide</i> LOTN 2.5%<br>QL (60 gm / 30 days)                                | 1                          |           |
| ZORYVE FOAM .3%<br>QL (60 gm / 30 days)                                                  | 3                          | QL PA     |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                                                       |                            |           |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg                                                 | 1                          | PA        |
| <i>calcipotriene</i> CREA .005%; OINT .005%<br>QL (120 gm / 30 days)                     | 1                          | QL PA     |
| CALCIPOTRIENE FOAM .005%<br>QL (120 gm / 30 days)                                        | 3                          | NDS QL PA |
| <i>calcipotriene</i> SOLN .005%<br>QL (120 mL / 30 days)                                 | 1                          | QL PA     |
| <i>calcitrene</i> OINT .005%<br>QL (120 gm / 30 days)                                    | 1                          | QL PA     |
| ENSTILAR AER<br>QL (120 gm / 30 days)                                                    | 3                          | NDS QL PA |
| <i>methoxsalen rapid</i> CAPS 10mg                                                       | 3                          | NDS       |
| SORILUX FOAM .005%<br>QL (120 gm / 30 days)                                              | 3                          | NDS QL PA |
| <i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1%<br>QL (60 gm / 30 days)            | 1                          | QL PA     |
| <i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1%<br>QL (100 gm / 30 days)            | 1                          | QL PA     |
| TAZORAC CREA .05%<br>QL (60 gm / 30 days)                                                | 3                          | QL PA     |
| VTAMA CREA 1%<br>QL (60 gm / 30 days)                                                    | 3                          | NDS QL PA |
| ZORYVE CREA .3%<br>QL (60 gm / 30 days)                                                  | 3                          | QL PA     |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                                                      |                            |           |
| <i>ala-cort</i> CREA 1%                                                                  | 1                          |           |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>ala-scalp</i> LOTN 2%<br>QL (60 mL / 30 days)                                                      | 1                          | QL     |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05%<br>QL (60 gm / 30 days)                        | 1                          | QL     |
| <i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%<br>QL (120 gm / 30 days)             | 1                          | QL     |
| <i>betamethasone dipropionate (topical)</i> LOTN .05%<br>QL (120 mL / 30 days)                        | 1                          | QL     |
| <i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%<br>QL (120 gm / 30 days)              | 1                          | QL     |
| <i>betamethasone dipropionate augmented</i> LOTN .05%<br>QL (120 mL / 30 days)                        | 1                          | QL     |
| <i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05%<br>QL (120 gm / 30 days) | 1                          | QL     |
| <i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1%<br>QL (120 gm / 30 days)                  | 1                          | QL     |
| <i>betamethasone valerate</i> LOTN .1%<br>QL (120 mL / 30 days)                                       | 1                          | QL     |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%<br>QL (60 gm / 30 days)                   | 1                          | QL     |
| <i>clobetasol propionate</i> FOAM .05%<br>QL (100 gm / 30 days)                                       | 1                          | QL     |
| <i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%<br>QL (125 mL / 30 days)                   | 1                          | QL     |
| <i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05%<br>QL (118 mL / 30 days)        | 1                          | QL     |
| <i>clobetasol propionate</i> SOLN .05%<br>QL (50 mL / 30 days)                                        | 1                          | QL     |
| <i>clobetasol propionate e</i> CREA .05%<br>QL (60 gm / 30 days)                                      | 1                          | QL     |

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>clobetasol propionate emulsion</i> FOAM .05%<br>QL (100 gm / 30 days)                                | 1                          | QL        |
| <i>clodan</i> (generic of CLOBEX) SHAM .05%<br>QL (118 mL / 30 days)                                    | 1                          | QL        |
| <i>desonide</i> (generic of DESOWEN) CREA .05%<br>QL (60 gm / 30 days)                                  | 1                          | QL        |
| <i>desonide</i> LOTN .05%<br>QL (118 mL / 30 days)                                                      | 1                          | QL        |
| <i>desonide</i> OINT .05%<br>QL (60 gm / 30 days)                                                       | 1                          | QL        |
| <i>desoximetasone</i> (generic of TOPICORT) LIQD .25%<br>QL (100 mL / 30 days)                          | 1                          | QL        |
| DUOBRII LOT<br>QL (200 gm / 28 days)                                                                    | 3                          | NDS QL PA |
| EPIFOAM AER 1%                                                                                          | 3                          |           |
| <i>fluocinolone acetonide</i> CREA .01%<br>QL (60 gm / 30 days)                                         | 1                          | QL        |
| <i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%<br>QL (120 gm / 30 days)      | 1                          | QL        |
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01%<br>QL (118.28 mL / 30 days)  | 1                          | QL        |
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01%<br>QL (118.28 mL / 30 days) | 1                          | QL        |
| <i>fluocinolone acetonide</i> SOLN .01%<br>QL (60 mL / 30 days)                                         | 1                          | QL        |
| <i>fluocinonide</i> CREA .05%<br>QL (120 gm / 30 days)                                                  | 1                          | QL        |
| <i>fluocinonide</i> GEL .05%; OINT .05%<br>QL (60 gm / 30 days)                                         | 1                          | QL        |
| <i>fluocinonide</i> SOLN .05%<br>QL (60 mL / 30 days)                                                   | 1                          | QL        |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fluocinonide emulsified base</i> CREA .05%<br>QL (120 gm / 30 days)                 | 1                          | QL     |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%                                    | 1                          |        |
| <i>fluticasone propionate</i> LOTN .05%<br>QL (120 mL / 30 days)                       | 1                          | QL     |
| <i>halobetasol propionate</i> CREA .05%; OINT .05%<br>QL (50 gm / 30 days)             | 1                          | QL     |
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%                    | 1                          |        |
| <i>hydrocortisone (topical)</i> LOTN 2%<br>QL (60 mL / 30 days)                        | 1                          | QL     |
| <i>hydrocortisone (topical)</i> OINT 1%<br>QL (30 gm / 30 days)                        | 1                          | QL     |
| <i>hydrocortisone butyrate</i> SOLN .1%<br>QL (60 mL / 30 days)                        | 1                          | QL     |
| <i>hydrocortisone valerate</i> CREA .2%<br>QL (60 gm / 30 days)                        | 1                          | QL     |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%                                 | 1                          |        |
| <i>tovet</i> FOAM .05%<br>QL (100 gm / 30 days)                                        | 1                          | QL     |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%<br>QL (454 gm / 30 days) | 1                          | QL     |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%         | 1                          |        |
| <i>triderm</i> CREA .5%<br>QL (454 gm / 30 days)                                       | 1                          | QL     |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                                  |                            |        |
| DYCLOPRO SOLN .5%                                                                      | 3                          |        |
| <i>glydo</i> PRSY 2%<br>QL (60 mL / 30 days)                                           | 1                          | QL PA  |
| <i>lidocaine</i> OINT 5%<br>QL (50 gm / 30 days)                                       | 1                          | QL PA  |
| <i>lidocaine</i> (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day)               | 1                          | QL PA  |

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>lidocaine hcl</i> SOLN 4%<br>QL (50 mL / 30 days)                                        | 1                          | QL PA        |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5%<br>QL (30 gm / 30 days)                          | 1                          | B/D QL       |
| <i>lidocan</i> (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day)                      | 1                          | QL PA        |
| QUTENZA KIT 8% 1-PCH<br>QL (4 patches / 90 days)                                            | 3                          | NDS QL NM PA |
| QUTENZA KIT 8% 2-PCH<br>QL (4 patches / 90 days)                                            | 3                          | NDS QL NM PA |
| QUTENZA KIT 8% 4-PCH<br>QL (4 patches / 90 days)                                            | 3                          | NDS QL NM PA |
| <i>tridacaine ii</i> (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day)                | 1                          | QL PA        |
| ZTLIDO PTCH 1.8%<br>QL (3 patches / 1 day)                                                  | 3                          | QL PA        |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>                                  |                            |              |
| <i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5%<br>QL (30 gm / 30 days)               | 1                          | QL           |
| <i>azelaic acid</i> (generic of FINACEA) GEL 15%<br>QL (50 gm / 30 days)                    | 1                          | QL           |
| <i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%<br>QL (60 gm / 30 days)           | 3                          | NDS QL NM PA |
| <i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33%<br>QL (30 gm / 30 days) | 1                          | QL PA        |
| CORTIFOAM FOAM 10%                                                                          | 3                          |              |
| <i>diclofenac sodium (actinic keratoses)</i> GEL 3%<br>QL (100 gm / 30 days)                | 1                          | QL PA        |
| <i>diclofenac sodium (topical)</i> SOLN 1.5%<br>QL (300 mL / 28 days)                       | 1                          | QL           |
| <i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg                                  | 1                          |              |
| FINACEA FOAM 15%<br>QL (50 gm / 30 days)                                                    | 3                          | QL PA        |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>fluorouracil (topical)</i> CREA 5%<br>QL (40 gm / 30 days)                                             | 1                          | QL           |
| <i>fluorouracil (topical)</i> SOLN 2%, 5%<br>QL (10 mL / 30 days)                                         | 1                          | QL           |
| <i>hydrocortisone (rectal)</i> CREA 1%<br><i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5% | 1                          |              |
| HYFTOR GEL .2%<br>QL (20 gm / 25 days)                                                                    | 3                          | NDS QL NM PA |
| <i>imiquimod</i> CREA 5%<br>QL (24 packets / 30 days)                                                     | 1                          | QL           |
| KLISYRI OINT 1%<br>QL (5 packets / 30 days)                                                               | 3                          | NDS QL PA    |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%                                                  | 1                          |              |
| <i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%<br>QL (45 gm / 30 days)                  | 1                          | QL           |
| <i>metronidazole (topical)</i> GEL .75%<br>QL (45 gm / 30 days)                                           | 1                          | QL           |
| <i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%<br>QL (59 mL / 30 days)                 | 1                          | QL           |
| <i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4%<br>QL (30 gm / 30 days)                    | 1                          | QL           |
| NORITATE CREA 1%<br>QL (60 gm / 30 days)                                                                  | 3                          | NDS QL PA    |
| OPZELURA CREA 1.5%<br>QL (240 gm / 28 days)                                                               | 3                          | NDS QL PA    |
| PANRETIN GEL .1%<br>QL (60 gm / 30 days)                                                                  | 3                          | NDS QL PA    |
| <i>penciclovir</i> (generic of DENAVIR) CREA 1%<br>QL (5 gm / 30 days)                                    | 1                          | QL           |
| <i>pimecrolimus</i> (generic of ELIDEL) CREA 1%<br>QL (100 gm / 30 days)                                  | 1                          | QL PA        |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------|----------------------------|--------------|
| <i>podofilox</i> (generic of CONDYLOX) GEL .5%<br>QL (7 gm / 28 days)  | 1                          | QL           |
| <i>podofilox</i> SOLN .5%<br>QL (7 mL / 28 days)                       | 1                          | QL           |
| <i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%                  | 1                          |              |
| <i>proctocort</i> CREA 1%                                              | 1                          |              |
| PROCTOFOAM AER HC 1%                                                   | 3                          |              |
| <i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%                   | 1                          |              |
| <i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%                  | 1                          |              |
| RHOFADE CREA 1%<br>QL (30 gm / 30 days)                                | 3                          | QL           |
| <i>tacrolimus (topical)</i> OINT .03%, .1%<br>QL (100 gm / 30 days)    | 1                          | QL PA        |
| VALCHLOR GEL .016%<br>QL (60 gm / 30 days)                             | 3                          | NDS QL NM PA |
| XERESE CRE 5-1%<br>QL (5 gm / 30 days)                                 | 3                          | NDS QL       |
| YCANTH SOLN .7%                                                        | 3                          | NM PA        |
| ZELSUVMI GEL 10.3%                                                     | 3                          | NDS PA       |
| ZILXI FOAM 1.5%<br>QL (30 gm / 30 days)                                | 3                          | QL PA        |
| ZORYVE CREA .15%<br>QL (60 gm / 30 days)                               | 3                          | QL PA        |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>                         |                            |              |
| <i>crotan</i> LOTN 10%<br>QL (454 gm / 30 days)                        | 3                          | NDS QL PA    |
| <i>malathion</i> LOTN .5%<br>QL (59 mL / 30 days)                      | 1                          | QL           |
| <i>permethrin</i> (generic of ELIMITE) CREA 5%<br>QL (60 gm / 30 days) | 1                          | QL           |
| <i>pruradik</i> LOTN 10%<br>QL (454 gm / 30 days)                      | 3                          | NDS QL PA    |
| <i>spinosad</i> SUSP .9%                                               | 1                          |              |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                                  |                            |              |
| REGRANEX GEL .01%<br>QL (30 gm / 30 days)                              | 3                          | NDS QL PA    |
| SANTYL OINT 250unit/gm<br>QL (180 gm / 30 days)                        | 3                          | QL           |
| <i>sodium chloride (gu irrigant)</i> SOLN .9%                          | 1                          |              |

| Drug Name                                                                    | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------|----------------------------|--------|
| <i>water for irrigation, sterile irrigation soln</i>                         | 1                          |        |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                                            |                            |        |
| <i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg                          | 1                          |        |
| <i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12% | 1                          |        |
| <i>clotrimazole</i> TROC 10mg<br>QL (150 lozenges / 30 days)                 | 1                          | QL     |
| <i>kourzeq</i> PSTE .1%                                                      | 1                          |        |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2%                                  | 1                          |        |
| <i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml      | 1                          |        |
| <i>periogard</i> (generic of PERIDEX) SOLN .12%                              | 1                          |        |
| <i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg           | 1                          |        |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1%                              | 1                          |        |

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| <i>bromocriptine mesylate</i> ...35  | <i>buspirone hcl</i> .....32       | <i>camrese</i> .....57               |
| BROMSITE                             | <i>butorphanol tartrate</i> .....2 | <i>camrese lo</i> .....57            |
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| ( <i>ophth</i> ).....80              | see <i>buprenorphine</i> .....2    | CANASA                               |
| BRONCHITOL.....83                    | BYLVAY.....67                      | see <i>mesalamine</i> .....67        |
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| BRUKINSA.....16                      | see <i>nebivolol hcl</i> .....28   | <i>candesartan cilexetil</i> .....25 |
| <i>budesonide</i> .....66            | <b>C</b>                           | <i>candesartan cilexetil-</i>        |
| <i>budesonide (inhalation)</i> ...85 | <i>cabergoline</i> .....61         | <i>hydrochlorothiazide tab</i>       |
| <i>budesonide (intrarectal)</i> ..66 | CABLIVI.....71                     | <i>16-12.5 mg</i> .....24            |
| <i>budesonide-formoterol</i>         | CABOMETYX.....16                   | <i>candesartan cilexetil-</i>        |
| <i>fumarate dihyd aerosol</i>        | CABTREO GEL.....86                 | <i>hydrochlorothiazide tab</i>       |
| <i>160-4.5 mcg/act</i> .....85       | CADUET                             | <i>32-12.5 mg</i> .....24            |
| <i>budesonide-formoterol</i>         | see <i>amlodipine besylate-</i>    | <i>candesartan cilexetil-</i>        |
| <i>fumarate dihyd aerosol</i>        | <i>atorvastatin calcium</i>        | <i>hydrochlorothiazide tab</i>       |
| <i>80-4.5 mcg/act</i> .....85        | <i>tab 10-10 mg</i> .....29        | <i>32-25 mg</i> .....24              |
| <i>bumetanide</i> .....29            | see <i>amlodipine besylate-</i>    | CAPLYTA.....36                       |
| BUMEX                                | <i>atorvastatin calcium</i>        | CAPRELSA.....16                      |
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| BUPHENYL                             | see <i>amlodipine besylate-</i>    | <i>captopril &amp;</i>               |
| see <i>sodium</i>                    | <i>atorvastatin calcium</i>        | <i>hydrochlorothiazide tab</i>       |
| <i>phenylbutyrate</i> .....63        | <i>tab 10-40 mg</i> .....30        | <i>25-15 mg</i> .....22              |
| <i>buprenorphine</i> .....2          | see <i>amlodipine besylate-</i>    | <i>captopril &amp;</i>               |
| <i>buprenorphine hcl</i> .....51     | <i>atorvastatin calcium</i>        | <i>hydrochlorothiazide tab</i>       |
| <i>buprenorphine hcl-</i>            | <i>tab 10-80 mg</i> .....30        | <i>25-25 mg</i> .....22              |
| <i>naloxone hcl sl film 12-3</i>     | see <i>amlodipine besylate-</i>    | <i>captopril &amp;</i>               |
| <i>mg (base equiv)</i> .....51       | <i>atorvastatin calcium</i>        | <i>hydrochlorothiazide tab</i>       |
| <i>buprenorphine hcl-</i>            | <i>tab 5-10 mg</i> .....29         | <i>50-15 mg</i> .....22              |
| <i>naloxone hcl sl film 2-0.5</i>    | see <i>amlodipine besylate-</i>    |                                      |
| <i>mg (base equiv)</i> .....51       | <i>atorvastatin calcium</i>        |                                      |
|                                      | <i>tab 5-20 mg</i> .....29         |                                      |

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| <i>captopril &amp; hydrochlorothiazide tab</i> | <i>carbinoxamine maleate</i> ...82   | CEFAZOLIN/DEX SOL                   |
| 50-25 mg .....22                               | <i>carboplatin</i> .....12           | 3GM/50ML-2% .....10                 |
| CARAFATE                                       | CARDIZEM                             | CEFAZOLIN INJ                       |
| see <i>sucralfate</i> .....68                  | see <i>diltiazem hcl</i> .....28     | 1GM/50ML .....10                    |
| <i>carb/levo orally</i>                        | CARDIZEM CD                          | <i>cefazolin sodium</i> .....10     |
| <i>disintegrating tab 10-</i>                  | see <i>cartia xt</i> .....28         | CEFAZOLIN SOLN                      |
| 100mg .....35                                  | see <i>diltiazem hcl coated</i>      | 2GM/100ML-4% .....10                |
| <i>carb/levo orally</i>                        | <i>beads</i> .....28                 | <i>cefdinir</i> .....10             |
| <i>disintegrating tab 25-</i>                  | CARDIZEM LA                          | CEFEPIME .....10                    |
| 100mg .....35                                  | see <i>diltiazem hcl</i> .....28     | CEFEPIME/DEX INJ 1GM                |
| <i>carb/levo orally</i>                        | see <i>matzim la</i> .....28         | .....10                             |
| <i>disintegrating tab 25-</i>                  | CARDURA                              | CEFEPIME/DEX INJ 2GM                |
| 250mg .....35                                  | see <i>doxazosin mesylate</i>        | .....10                             |
| CARBAGLU                                       | .....23                              | <i>cefepime hcl</i> .....10         |
| see <i>carglumic acid</i> .....61              | CARDURA XL .....69                   | <i>cefixime</i> .....10             |
| <i>carbamazepine</i> .....39                   | <i>carglumic acid</i> .....61        | CEFOTAN                             |
| CARBATROL                                      | <i>carisoprodol</i> .....50          | see <i>cefotetan disodium</i>       |
| see <i>carbamazepine</i> .....39               | CARNITOR                             | .....10                             |
| <i>carbidopa</i> .....35                       | see <i>levocarnitine</i>             | <i>cefotetan disodium</i> .....10   |
| <i>carbidopa &amp; levodopa tab</i>            | ( <i>metabolic modifiers</i> )       | CEFOXITIN INJ 1GM .....10           |
| 10-100 mg .....35                              | .....62                              | CEFOXITIN INJ 2GM .....10           |
| <i>carbidopa &amp; levodopa tab</i>            | CAROSPIR                             | <i>cefoxitin sodium</i> .....10     |
| 25-100 mg .....35                              | see <i>spironolactone</i> .....23    | <i>cefpodoxime proxetil</i> .....10 |
| <i>carbidopa &amp; levodopa tab</i>            | <i>carteolol hcl (ophth)</i> .....80 | <i>cefprozil</i> .....10            |
| 25-250 mg .....35                              | <i>cartia xt</i> .....28             | <i>ceftazidime</i> .....10          |
| <i>carbidopa &amp; levodopa tab</i>            | <i>carvedilol</i> .....27            | <i>ceftriaxone sodium</i> .....10   |
| <i>er 25-100 mg</i> .....35                    | <i>carvedilol phosphate</i> .....27  | <i>cefuroxime axetil</i> .....10    |
| <i>carbidopa &amp; levodopa tab</i>            | CASODEX                              | <i>cefuroxime sodium</i> .....10    |
| <i>er 50-200 mg</i> .....35                    | see <i>bicalutamide</i> .....13      | CELEBREX                            |
| <i>carbidopa-levodopa-</i>                     | <i>caspofungin acetate</i> .....6    | see <i>celecoxib</i> .....1         |
| <i>entacapone tabs 12.5-</i>                   | CATAPRES-TTS-1                       | <i>celecoxib</i> .....1             |
| 50-200 mg .....35                              | see <i>clonidine</i> .....30         | CELESTONE SOLUSPAN                  |
| <i>carbidopa-levodopa-</i>                     | CATAPRES-TTS-2                       | see <i>betamethasone sod</i>        |
| <i>entacapone tabs 18.75-</i>                  | see <i>clonidine</i> .....30         | <i>phosphate &amp; acetate</i>      |
| 75-200 mg .....35                              | CATAPRES-TTS-3                       | <i>inj susp 6 (3-3) mg/ml</i>       |
| <i>carbidopa-levodopa-</i>                     | see <i>clonidine</i> .....30         | .....60                             |
| <i>entacapone tabs 25-100-</i>                 | CAYSTON .....4                       | CELEXA                              |
| 200 mg .....35                                 | <i>cefaclor</i> .....9               | see <i>citalopram</i>               |
| <i>carbidopa-levodopa-</i>                     | CEFACLOR ER .....10                  | <i>hydrobromide</i> .....33         |
| <i>entacapone tabs 31.25-</i>                  | <i>cefadroxil</i> .....10            | CELLCEPT                            |
| 125-200 mg .....35                             | CEFAZOLIN .....10                    | see <i>mycophenolate</i>            |
| <i>carbidopa-levodopa-</i>                     | CEFAZOLIN/DEX SOL                    | <i>mofetil</i> .....76              |
| <i>entacapone tabs 37.5-</i>                   | 1GM/50ML-4% .....10                  | CELONTIN                            |
| 150-200 mg .....35                             | CEFAZOLIN/DEX SOL                    | see <i>methsuximide</i> .....41     |
| <i>carbidopa-levodopa-</i>                     | 2GM/50ML-3% .....10                  | <i>cephalexin</i> .....10           |
| <i>entacapone tabs 50-200-</i>                 | CEFAZOLIN/DEX SOL                    | CEQUR SIMPL KIT PATCH               |
| 200 mg .....35                                 | 3GM/150ML-4% .....10                 | 2U (3-DAY) .....54                  |

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| CEQUR SIMPL KIT PATCH<br>2U (4-DAY).....54                  | <i>ciprofloxacin-<br/>dexamethasone otic susp<br/>0.3-0.1% .....81</i>                        | <i>clindamycin phosphate<br/>(topical).....86</i>                                  |
| CEQUR SIMPL MIS<br>INSERTER .....54                         | <i>ciprofloxacin hcl .....11</i>                                                              | <i>clindamycin phosphate-<br/>benzoyl peroxide gel 1.2-<br/>2.5% .....86</i>       |
| CERDELGA .....61                                            | <i>ciprofloxacin hcl (ophth) ..79</i>                                                         | <i>clindamycin phosphate-<br/>benzoyl peroxide gel 1.2-<br/>3.75% .....86</i>      |
| CEREZYME .....61                                            | <i>ciprofloxacin hcl (otic) ....81</i>                                                        | <i>clindamycin phosphate-<br/>benzoyl peroxide gel 1-<br/>5% .....86</i>           |
| <i>cetirizine hcl .....82</i>                               | CIPRO HC SUS OTIC ....81                                                                      | <i>clindamycin phosphate in<br/>d5w iv soln 300 mg/50ml<br/>.....4</i>             |
| CETRAXAL<br>see <i>ciprofloxacin hcl<br/>(otic) .....81</i> | <i>cisplatin .....12</i>                                                                      | <i>clindamycin phosphate in<br/>d5w iv soln 600 mg/50ml<br/>.....4</i>             |
| <i>cevimeline hcl .....91</i>                               | <i>citalopram hydrobromide 33</i>                                                             | <i>clindamycin phosphate in<br/>d5w iv soln 900 mg/50ml<br/>.....4</i>             |
| <i>chateal eq .....57</i>                                   | <i>claravis .....86</i>                                                                       | <i>clindamycin phosphate-<br/>tretinoin gel 1.2-0.025%<br/>.....86</i>             |
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| <i>chlordiazepoxide hcl .....32</i>                         | CLARINEX-D TAB 2.5-120<br>.....82                                                             | <i>clindamycin phosph-<br/>benzoyl peroxide (refrig)<br/>gel 1.2 (1)-5%.....86</i> |
| <i>chlorhexidine gluconate<br/>(mouth-throat).....91</i>    | <i>clarithromycin .....10</i>                                                                 | CLINDESSE .....70                                                                  |
| <i>chloroquine phosphate.....7</i>                          | <i>clemastine fumarate .....82</i>                                                            | CLINDMYC/NAC INJ<br>300/50ML .....4                                                |
| <i>chlorpromazine hcl .....36</i>                           | CLENPIQ SOL 10 MG-3.5<br>GM-12 GM/175ML.....67                                                | CLINDMYC/NAC INJ<br>600/50ML .....4                                                |
| <i>chlorthalidone .....29</i>                               | CLEOCIN .....70                                                                               | CLINDMYC/NAC INJ<br>900/50ML .....4                                                |
| CHOLBAM .....67                                             | see <i>clindamycin hcl .....4</i>                                                             | CLINIMIX E INJ 2.75/D5W<br>.....78                                                 |
| <i>cholestyramine .....26</i>                               | see <i>clindamycin<br/>phosphate vaginal ....70</i>                                           | CLINIMIX E INJ 4.25/D10<br>.....79                                                 |
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| 40-25 mg .....                                      | .....                              | <i>oxcarbazepine</i> .....        | 41   |
| <i>olopatadine hcl (nasal)</i> ....                 | ONFI                               | OXERVATE .....                    | 81   |
| OLPRUVA .....                                       | see <i>clobazam</i> .....          | OXISTAT .....                     | 88   |
| <i>omega-3-acid ethyl esters</i>                    | ONGENTYS .....                     | OXLUMO .....                      | 69   |
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| <i>omeprazole</i> .....                             | ONTRUZANT .....                    | see <i>oxcarbazepine</i> .....    | 41   |
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| OMNIPOD 5 DX KIT INT                                | OPDIVO .....                       | <i>oxycodone hcl</i> .....        | 3, 4 |
| G7G6 .....                                          | OPDIVO INJ QVANTIG ..              | <i>oxycodone w/</i>               |      |
| OMNIPOD 5 DX MIS POD                                | OPDUALAG SOL .....                 | <i>acetaminophen soln 5-</i>      |      |
| G7G6 .....                                          | OPFOLDA .....                      | 325 mg/5ml .....                  | 4    |
| OMNIPOD 5 G7 KIT                                    | OPIPZA .....                       | <i>oxycodone w/</i>               |      |
| INTRO .....                                         | OPSUMIT .....                      | <i>acetaminophen tab 10-</i>      |      |
| OMNIPOD 5 G7 MIS PODS                               | OPVEE .....                        | 325 mg .....                      | 4    |
| .....                                               | OPZELURA .....                     | <i>oxycodone w/</i>               |      |
| OMNIPOD 5 L2 KIT INTRO                              | ORACEA                             | <i>acetaminophen tab 2.5-</i>     |      |
| G6 .....                                            | see <i>doxycycline</i>             | 325 mg .....                      | 4    |
| OMNIPOD 5 L2 MIS PODS                               | ( <i>rosacea</i> ) .....           | <i>oxycodone w/</i>               |      |
| G6 .....                                            | ORBACTIV .....                     | <i>acetaminophen tab 5-325</i>    |      |
| OMNIPOD DASH KIT                                    | ORENITRAM .....                    | mg .....                          | 4    |
| INTRO .....                                         | ORENITRAM TAB MONTH                | <i>oxycodone w/</i>               |      |
| OMNIPOD DASH MIS                                    | 1 .....                            | <i>acetaminophen tab 7.5-</i>     |      |
| PODS .....                                          | ORENITRAM TAB MONTH                | 325 mg .....                      | 4    |
| OMNIPOD GO KIT                                      | 2 .....                            | <i>oxymorphone hcl</i> .....      | 4    |
| 10UNT/DY .....                                      | 3 .....                            | OXYTROL .....                     | 70   |
| OMNIPOD GO KIT                                      | ORENITRAM TAB MONTH                | OZEMPIC (0.25 OR                  |      |
| 15UNT/DY .....                                      | ORFADIN .....                      | 0.5MG/DOSE) .....                 | 53   |
| OMNIPOD GO KIT                                      | see <i>nitisinone</i> .....        | OZEMPIC (0.25 OR 0.5              |      |
| 20UNT/DY .....                                      | ORGOVYX .....                      | MG/DOSE) .....                    | 53   |
| OMNIPOD GO KIT                                      | ORIAHNN CAP .....                  | OZEMPIC (1MG/DOSE) ..             | 53   |
| 25UNT/DY .....                                      | ORILISSA .....                     | OZEMPIC (2MG/DOSE) ..             | 53   |
| OMNIPOD GO KIT                                      | ORKAMBI GRA 100-125                | OZOBAX DS                         |      |
| 30UNT/DY .....                                      | 84                                 | see <i>baclofen</i> .....         | 50   |
| OMNIPOD GO KIT                                      | ORKAMBI GRA 150-188                | <b>P</b>                          |      |
| 35UNT/DY .....                                      | 84                                 | <i>pacerone</i> .....             | 26   |
| OMNIPOD GO KIT                                      | ORKAMBI GRA 75-94MG                | <i>paclitaxel</i> .....           | 15   |
| 40UNT/DY .....                                      | 84                                 | <i>paclitaxel inj 100mg</i> ..... | 15   |
| OMNIPOD MIS CLASSIC                                 | ORKAMBI TAB 100-125                | PACLITAXEL INJ 100MG              |      |
| .....                                               | 84                                 | .....                             | 15   |
| OMNITROPE .....                                     | ORKAMBI TAB 200-125                | PADCEV .....                      | 19   |
| ONCASPAR .....                                      | 84                                 | PALFORZIA CAP                     |      |
| <i>ondansetron</i> .....                            | ORLADEYO .....                     | ESCALAT .....                     | 75   |
| <i>ondansetron hcl</i> .....                        | 72                                 | PALFORZIA CAP LEVEL               |      |
| ONEXTON                                             | <i>ormarvi</i> .....               | 10 .....                          | 75   |
| see <i>clindamycin</i>                              | <i>orquidea</i> .....              | PALFORZIA CAP LEVEL 3             |      |
| <i>phosphate-benzoyl</i>                            | ORSERDU .....                      | .....                             | 75   |
|                                                     | <i>oseltamivir phosphate</i> ..... |                                   |      |
|                                                     | OXACILLIN INJ 2GM .....            |                                   |      |
|                                                     | <i>oxacillin sodium</i> .....      |                                   |      |
|                                                     | <i>oxaliplatin</i> .....           |                                   |      |
|                                                     | <i>oxaprozin</i> .....             |                                   |      |
|                                                     | OXAYDO .....                       |                                   |      |



|                                      |                                       |                                     |
|--------------------------------------|---------------------------------------|-------------------------------------|
| PALFORZIA CAP LEVEL 7                | see <i>bromocriptine</i>              | <i>pentamidine isethionate inh</i>  |
| .....75                              | <i>mesylate</i> .....35               | .....5                              |
| PALFORZIA CAP LEVEL 8                | PARNATE                               | <i>pentamidine isethionate inj</i>  |
| .....75                              | see <i>tranylcypromine</i>            | .....5                              |
| PALFORZIA LEVEL 1.....75             | <i>sulfate</i> .....34                | PENTASA.....67                      |
| PALFORZIA LEVEL 11                   | <i>paroxetine hcl</i> .....34         | <i>pentoxifylline</i> .....72       |
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| PALFORZIA LEVEL 5.....75             | PAXLOVID PAK.....9                    | <i>325mg</i> .....3                 |
| PALFORZIA LEVEL 6.....76             | PAXLOVID TAB 150-100..9               | see <i>endocet tab 2.5-</i>         |
| PALFORZIA LEVEL 9.....76             | PAXLOVID TAB 300-100..9               | <i>325mg</i> .....2                 |
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| PALONOSETRON                         | see <i>prednisolone sodium</i>        | see <i>endocet tab 7.5-</i>         |
| HYDROCHLORID .....65                 | <i>phosphate</i> .....61              | <i>325mg</i> .....3                 |
| PALYNZIQ .....63                     | PEDIARIX INJ 0.5ML.....77             | see <i>oxycodone w/</i>             |
| PAMELOR                              | PEDVAX HIB .....77                    | <i>acetaminophen tab 10-</i>        |
| see <i>nortriptyline hcl</i> .....34 | <i>peg-3350/electrolytes/asc</i>      | <i>325 mg</i> .....4                |
| <i>pamidronate disodium</i> .....56  | .....67                               | see <i>oxycodone w/</i>             |
| PAMIDRONATE                          | <i>peg 3350-kcl-na bicarb-</i>        | <i>acetaminophen tab</i>            |
| DISODIUM .....56                     | <i>nacl-na sulfate for soln</i>       | <i>2.5-325 mg</i> .....4            |
| PANCREAZE CAP                        | <i>236 gm</i> .....67                 | see <i>oxycodone w/</i>             |
| 10500UNT .....68                     | <i>peg 3350-kcl-sod bicarb-</i>       | <i>acetaminophen tab 5-</i>         |
| PANCREAZE CAP                        | <i>nacl for soln 420 gm</i> ...67     | <i>325 mg</i> .....4                |
| 16800UNT .....68                     | PEGASYS.....9                         | see <i>oxycodone w/</i>             |
| PANCREAZE CAP                        | PEMAZYRE .....19                      | <i>acetaminophen tab</i>            |
| 21000UNT .....68                     | PEMETREXED .....13                    | <i>7.5-325 mg</i> .....4            |
| PANCREAZE CAP                        | <i>pemetrexed disodium</i> .....13    | PERFOROMIST                         |
| 2600UNIT .....68                     | PEMRYDI RTU .....13                   | see <i>formoterol fumarate</i>      |
| PANCREAZE CAP 37000                  | PENBRAYA INJ .....77                  | .....83                             |
| .....68                              | <i>penciclovir</i> .....90            | PERIDEX                             |
| PANCREAZE CAP                        | PEN GK/DEXTR INJ                      | see <i>chlorhexidine</i>            |
| 4200UNIT .....68                     | 20000/ML .....11                      | <i>gluconate (mouth-</i>            |
| PANRETIN.....90                      | PEN GK/DEXTR INJ                      | <i>throat)</i> .....91              |
| PANTOPR/NACL SOL                     | 40000/ML .....12                      | see <i>periogard</i> .....91        |
| 40MG/100.....69                      | PEN GK/DEXTR INJ                      | <i>perindopril erbumine</i> .....22 |
| PANTOPR/NACL SOL                     | 60000/ML .....12                      | <i>periogard</i> .....91            |
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| <i>pantoprazole sodium</i> .....69   | <i>penicillin g potassium</i> .....12 | <i>permethrin</i> .....91           |
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| 40/50ML .....69                      | <i>penicillin v potassium</i> .....12 | <i>perphenazine-amitriptyline</i>   |
| PANZYGA.....75                       | PENTACEL INJ.....77                   | <i>tab 2-10 mg</i> .....34          |
| <i>paricalcitol</i> .....65          | PENTAM 300                            | <i>perphenazine-amitriptyline</i>   |
| PARLODEL                             | see <i>pentamidine</i>                | <i>tab 2-25 mg</i> .....34          |
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| <i>perphenazine-amitriptyline</i><br>tab 4-10 mg .....34              | <i>piperacillin sod-tazobactam</i><br>na for inj 3.375 gm (3-<br>0.375 gm) .....12 | <i>polymyxin b-trimethoprim</i><br>ophth soln 10000 unit/ml-<br>0.1% .....79                        |
| <i>perphenazine-amitriptyline</i><br>tab 4-25 mg .....34              | <i>piperacillin sod-tazobactam</i><br>sod for inj 13.5 gm (12-<br>1.5 gm) .....12  | POMALYST .....14                                                                                    |
| <i>perphenazine-amitriptyline</i><br>tab 4-50 mg .....34              | <i>piperacillin sod-tazobactam</i><br>sod for inj 2.25 gm (2-<br>0.25 gm) .....12  | POMBILITI .....63                                                                                   |
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| PERTZYE CAP 16000U .68                                                | <i>piperacillin sod-tazobactam</i><br>sod for inj 40.5 gm (36-<br>4.5 gm) .....12  | PONVORY TAB STARTER<br>.....50                                                                      |
| PERTZYE CAP 24000U .68                                                | PIQRAY 200MG DAILY<br>DOSE .....19                                                 | <i>portia-28</i> .....59                                                                            |
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| <i>phenobarbital sodium</i> .....41                                   | PLAVIX<br>see <i>clopidogrel bisulfate</i><br>.....72                              | <i>potassium chloride 20</i><br><i>meq/l (0.15%) in</i><br><i>dextrose 5% inj</i> .....78           |
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See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

This formulary was updated on 08/26/2025. For more recent information or other questions, please contact Customer Care at 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711.

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08/26/2025