

***SilverScript Employer PDP sponsored by Cleveland Clinic  
Retiree Plan (SilverScript)***

## **2026 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 08/21/2025. For more recent information or other questions, please contact Customer Care at 1-866-693-4617, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 26021

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

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

## 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:** Cleveland Clinic Retiree Plan 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 Cleveland Clinic Retiree Plan 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: [Caremark.com](https://www.caremark.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 the drug that is being changed. For more information, see the section below titled “How do I request an exception to the SilverScript's 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's formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 January 1, 2026. 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 on 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.*

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's 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.

Cleveland Clinic Retiree Plan 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's 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 level if this drug is not on the Specialty (High Cost) Tier. If approved, this would lower the amount you must pay for your drug.

Also, you may not ask us to provide a lower tier level of coverage for drugs that are in the Specialty (High Cost) Tier.

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

You or your prescriber should contact us to ask 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.

### **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).

### **Initial Coverage Stage Copayment/Coinsurance Levels**

#### **The plan has four Cost-Sharing Tiers**

Every drug on the plan's drug list is in one of four 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**

**Cost-Sharing Tier 4: Specialty (High Cost)**

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) | <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:<br/>Generic</b>               | 20% of total cost<br>Minimum \$5.00<br>Maximum \$75.00    | 20% of total cost<br>Minimum \$5.00<br>Maximum \$75.00 | 20% of total cost<br>Minimum \$5.00<br>Maximum \$75.00          |
| <b>Tier 2:<br/>Preferred Brand</b>       | 30% of total cost<br>Minimum \$5.00<br>Maximum \$75.00    | 30% of total cost<br>Minimum \$5.00<br>Maximum \$75.00 | 30% of total cost<br>Minimum \$5.00<br>Maximum \$75.00          |
| <b>Tier 3:<br/>Non-Preferred Brand</b>   | 50% of total cost                                         | 50% of total cost                                      | 50% of total cost                                               |
| <b>Tier 4:<br/>Specialty (High Cost)</b> | 20% of total cost<br>Maximum \$100.00                     | 20% of total cost<br>Maximum \$100.00                  | 20% of total cost<br>Maximum \$100.00                           |

For long term supply cost information, please refer to your *Evidence of Coverage*.

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

Costs shown in the table above reflect the additional coverage that may be provided by Cleveland Clinic Retiree Plan. Drugs that are part of your standard Medicare plan, but do not have additional coverage from Cleveland Clinic Retiree Plan would be covered under the 2026 Medicare Part D Defined Standard Benefit. Please visit

<https://q1medicare.com/PartD-The-2026-Medicare-Part-D-Outlook.php> for more information about the 2026 Medicare Part D Defined Standard Benefit drug costs.



## 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, 300mg                                                           | 1                          |        |
| <i>colchicine</i> TABS .6mg<br>QL (120 tabs / 30 days)                                         | 1                          | QL     |
| <i>colchicine w/ probenecid tab</i><br>0.5-500 mg                                              | 1                          |        |
| <i>probenecid</i> TABS 500mg                                                                   | 1                          |        |
| <b>MISCELLANEOUS</b>                                                                           |                            |        |
| <i>lidocaine hcl (local anesth.)</i><br>(generic of XYLOCAINE-MPF)<br>SOLN .5%, 1%, 1.5%       | 1                          | B/D    |
| <i>lidocaine hcl (local anesth.)</i><br>(generic of XYLOCAINE)<br>SOLN .5%, 1%, 2%             | 1                          | B/D    |
| <b>NSAIDS</b>                                                                                  |                            |        |
| <i>celecoxib</i> (generic of<br>CELEBREX) CAPS 50mg,<br>100mg, 200mg<br>QL (60 caps / 30 days) | 1                          | QL     |
| <i>celecoxib</i> (generic of<br>CELEBREX) CAPS 400mg<br>QL (30 caps / 30 days)                 | 1                          | QL     |
| <i>diclofenac potassium</i> TABS<br>50mg<br>QL (120 tabs / 30 days)                            | 1                          | QL     |
| <i>diclofenac sodium</i> TB24<br>100mg; TBEC 25mg, 50mg,<br>75mg                               | 1                          |        |
| <i>diflunisal</i> TABS 500mg                                                                   | 1                          |        |
| <i>etodolac</i> CAPS 200mg,<br>300mg; TABS 500mg; TB24<br>400mg, 500mg, 600mg                  | 1                          |        |
| <i>etodolac</i> (generic of LODINE)<br>TABS 400mg                                              | 1                          |        |
| <i>flurbiprofen</i> TABS 100mg                                                                 | 1                          |        |
| <i>ibu</i> TABS 400mg, 600mg,<br>800mg                                                         | 1                          |        |
| <i>ibuprofen</i> SUSP 100mg/5ml;<br>TABS 400mg, 600mg, 800mg                                   | 1                          |        |
| <i>meloxicam</i> TABS 7.5mg,<br>15mg                                                           | 1                          |        |
| <i>nabumetone</i> TABS 500mg,<br>750mg                                                         | 1                          |        |
| <i>naproxen</i> TABS 250mg,<br>375mg                                                           | 1                          |        |

| Drug Name                                                                                                                                              | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>naproxen</i> (generic of<br>NAPROSYN) TABS 500mg                                                                                                    | 1                          |           |
| <i>naproxen</i> (generic of EC-<br>NAPROSYN) TBEC 375mg<br>QL (120 tabs / 30 days)                                                                     | 1                          | QL        |
| <i>naproxen sodium</i> TABS<br>275mg                                                                                                                   | 1                          |           |
| <i>naproxen sodium</i> (generic of<br>ANAPROX DS) TABS 550mg                                                                                           | 1                          |           |
| <i>piroxicam</i> CAPS 10mg, 20mg                                                                                                                       | 1                          |           |
| <i>sulindac</i> TABS 150mg,<br>200mg                                                                                                                   | 1                          |           |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                                                                                  |                            |           |
| <i>fentanyl</i> PT72 12mcg/hr,<br>25mcg/hr, 37.5mcg/hr,<br>50mcg/hr, 62.5mcg/hr,<br>75mcg/hr, 87.5mcg/hr,<br>100mcg/hr<br>QL (10 patches / 30<br>days) | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> T24A<br>20mg, 30mg, 40mg, 60mg,<br>80mg<br>QL (30 tabs / 30 days)                                                        | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> T24A<br>100mg, 120mg<br>QL (30 tabs / 30 days)                                                                           | 4                          | NDS QL PA |
| <i>methadone hcl</i> SOLN<br>5mg/5ml, 10mg/5ml<br>QL (450 mL / 30 days)                                                                                | 1                          | QL PA     |
| <i>methadone hcl</i> TABS 5mg,<br>10mg<br>QL (90 tabs / 30 days)                                                                                       | 1                          | QL PA     |
| <i>methadone hydrochloride i</i><br>(generic of METHADOSE)<br>CONC 10mg/ml<br>QL (90 mL / 30 days)                                                     | 1                          | QL PA     |
| <i>morphine sulfate</i> (generic of<br>MS CONTIN) TBCR 15mg,<br>30mg, 60mg<br>QL (90 tabs / 30 days)                                                   | 1                          | QL PA     |
| <i>morphine sulfate</i> TBCR<br>100mg, 200mg<br>QL (90 tabs / 30 days)                                                                                 | 1                          | QL PA     |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                                                                                 |                            |           |
| <i>acetaminophen w/ codeine</i><br><i>soln</i> 120-12 mg/5ml<br>QL (2700 mL / 30 days)                                                                 | 1                          | QL        |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>acetaminophen w/ codeine tab 300-15 mg</i><br>QL (400 tabs / 30 days)                     | 1                          | QL     |
| <i>acetaminophen w/ codeine tab 300-30 mg</i><br>QL (360 tabs / 30 days)                     | 1                          | QL     |
| <i>acetaminophen w/ codeine tab 300-60 mg</i><br>QL (180 tabs / 30 days)                     | 1                          | QL     |
| <i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>                                              | 3                          |        |
| <i>endocet tab 2.5-325mg</i> (generic of PERCOCET)<br>QL (360 tabs / 30 days)                | 1                          | QL     |
| <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 tab 5-325 mg</i><br>QL (240 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 10-325 mg</i><br>QL (180 tabs / 30 days)                    | 1                          | QL     |
| <i>hydrocodone-ibuprofen tab 7.5-200 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     |
| <i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg<br>QL (180 tabs / 30 days) | 1                          | QL     |
| <i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>                                 | 3                          | B/D    |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i><br>QL (900 mL / 30 days)                          | 1                          | QL     |
| <i>morphine sulfate SOLN 100mg/5ml</i><br>QL (180 mL / 30 days)                                   | 1                          | QL     |
| <i>morphine sulfate TABS 15mg, 30mg</i><br>QL (180 tabs / 30 days)                                | 1                          | QL     |
| <i>oxycodone hcl CONC 100mg/5ml</i><br>QL (180 mL / 30 days)                                      | 1                          | QL     |
| <i>oxycodone hcl SOLN 5mg/5ml</i><br>QL (900 mL / 30 days)                                        | 1                          | QL     |
| <i>oxycodone hcl TABS 5mg, 10mg, 20mg</i><br>QL (180 tabs / 30 days)                              | 1                          | QL     |
| <i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg<br>QL (180 tabs / 30 days)           | 1                          | QL     |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCOCET)<br>QL (360 tabs / 30 days) | 1                          | QL     |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET)<br>QL (360 tabs / 30 days)   | 1                          | QL     |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET)<br>QL (240 tabs / 30 days) | 1                          | QL     |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET)<br>QL (180 tabs / 30 days)  | 1                          | QL     |
| <i>tramadol hcl TABS 50mg</i><br>QL (240 tabs / 30 days)                                          | 1                          | QL     |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i><br>QL (240 tabs / 30 days)                          | 1                          | QL     |
| <b>ANTI-INFECTIVES</b>                                                                            |                            |        |
| <b>ANTI-INFECTIVES - MISCELLANEOUS</b>                                                            |                            |        |
| <i>albendazole TABS 200mg</i><br>QL (672 tabs / year)                                             | 1                          | QL PA  |

| Drug Name                                                                                                    | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>amikacin sulfate</i> SOLN<br>1gm/4ml, 500mg/2ml                                                           | 1                          |           |
| ARIKAYCE SUSP<br>590mg/8.4ml                                                                                 | 4                          | NDS NM PA |
| <i>atovaquone</i> (generic of<br>MEPRON) SUSP 750mg/5ml<br>QL (300 mL / 30 days)                             | 1                          | QL PA     |
| <i>aztreonam</i> (generic of<br>AZACTAM) SOLR 1gm, 2gm                                                       | 1                          |           |
| CAYSTON SOLR 75mg                                                                                            | 4                          | NDS NM PA |
| <i>clindamycin hcl</i> (generic of<br>CLEOCIN) CAPS 75mg,<br>150mg, 300mg                                    | 1                          |           |
| <i>clindamycin palmitate<br/>hydrochloride</i> (generic of<br>CLEOCIN PEDIATRIC<br>GRANULE) SOLR 75mg/5ml    | 1                          |           |
| <i>clindamycin phosphate</i><br>(generic of CLEOCIN<br>PHOSPHATE) SOLN<br>300mg/2ml, 600mg/4ml,<br>900mg/6ml | 1                          |           |
| <i>clindamycin phosphate in d5w<br/>iv soln 300 mg/50ml</i>                                                  | 1                          |           |
| <i>clindamycin phosphate in d5w<br/>iv soln 600 mg/50ml</i>                                                  | 1                          |           |
| <i>clindamycin phosphate in d5w<br/>iv soln 900 mg/50ml</i>                                                  | 1                          |           |
| CLINDMYC/NAC INJ<br>300/50ML                                                                                 | 3                          |           |
| CLINDMYC/NAC INJ<br>600/50ML                                                                                 | 3                          |           |
| CLINDMYC/NAC INJ<br>900/50ML                                                                                 | 3                          |           |
| <i>colistimethate sodium</i> (generic<br>of COLY-MYCIN M) SOLR<br>150mg                                      | 1                          |           |
| <i>dapsone</i> TABS 25mg, 100mg                                                                              | 1                          |           |
| DAPTOMYCIN SOLR 350mg                                                                                        | 4                          | NDS       |
| <i>daptomycin</i> (generic of<br>DAPTOMYCIN) SOLR<br>350mg                                                   | 4                          | NDS       |
| <i>daptomycin</i> SOLR 500mg                                                                                 | 4                          | NDS       |
| EMVERM CHEW 100mg<br>QL (12 tabs / year)                                                                     | 4                          | NDS QL    |
| <i>ertapenem sodium</i> SOLR<br>1gm                                                                          | 1                          |           |

| Drug Name                                                                               | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fosfomycin tromethamine</i><br>PACK 3gm                                              | 1                          |        |
| <i>gentamicin in saline inj 0.8<br/>mg/ml</i>                                           | 1                          |        |
| <i>gentamicin in saline inj 1<br/>mg/ml</i>                                             | 1                          |        |
| <i>gentamicin in saline inj 1.2<br/>mg/ml</i>                                           | 1                          |        |
| <i>gentamicin in saline inj 1.6<br/>mg/ml</i>                                           | 1                          |        |
| <i>gentamicin in saline inj 2<br/>mg/ml</i>                                             | 1                          |        |
| <i>gentamicin sulfate</i> SOLN<br>10mg/ml, 40mg/ml                                      | 1                          |        |
| <i>imipenem-cilastatin<br/>intravenous for soln 250 mg</i>                              | 1                          |        |
| <i>imipenem-cilastatin<br/>intravenous for soln 500 mg<br/>(generic of PRIMAXIN IV)</i> | 1                          |        |
| IMPAVIDO CAPS 50mg                                                                      | 4                          | NDS PA |
| <i>ivermectin</i> (generic of<br>STROMECTOL) TABS 3mg<br>QL (20 tabs / 90 days)         | 1                          | QL PA  |
| <i>ivermectin</i> TABS 6mg<br>QL (10 tabs / 90 days)                                    | 1                          | QL PA  |
| <i>linezolid</i> (generic of ZYVOX)<br>SOLN 600mg/300ml                                 | 1                          |        |
| <i>linezolid</i> (generic of ZYVOX)<br>SUSR 100mg/5ml<br>QL (1800 mL / 30 days)         | 4                          | NDS QL |
| <i>linezolid</i> (generic of ZYVOX)<br>TABS 600mg<br>QL (60 tabs / 30 days)             | 1                          | QL     |
| LINEZOLID INJ 2MG/ML                                                                    | 3                          |        |
| <i>meropenem</i> SOLR 1gm,<br>500mg                                                     | 1                          |        |
| <i>meropenem</i> (generic of<br>MEROPENEM) SOLR 2gm                                     | 1                          |        |
| <i>methenamine hippurate</i><br>(generic of HIPREX) TABS<br>1gm                         | 1                          |        |
| <i>metronidazole</i> (generic of<br>METRONIDAZOLE) SOLN<br>500mg/100ml                  | 1                          |        |
| <i>metronidazole</i> TABS 250mg,<br>500mg                                               | 1                          |        |
| <i>neomycin sulfate</i> TABS<br>500mg                                                   | 1                          |        |

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>nitazoxanide</i> TABS 500mg<br>QL (6 tabs / 30 days)                             | 4                          | NDS QL    |
| <i>nitrofurantoin macrocrystal</i><br>(generic of MACRODANTIN)<br>CAPS 50mg, 100mg  | 2                          |           |
| <i>nitrofurantoin monohyd macro</i><br>(generic of MACROBID)<br>CAPS 100mg          | 2                          |           |
| <i>pentamidine isethionate inh</i><br>(generic of NEBUPENT)<br>SOLR 300mg           | 1                          | B/D       |
| <i>pentamidine isethionate inj</i><br>(generic of PENTAM 300)<br>SOLR 300mg         | 1                          |           |
| <i>polymyxin b sulfate</i> SOLR<br>500000unit                                       | 1                          |           |
| <i>praziquantel</i> TABS 600mg                                                      | 1                          |           |
| <i>pyrimethamine</i> (generic of<br>DARAPRIM) TABS 25mg<br>QL (90 tabs / 30 days)   | 4                          | NDS QL PA |
| <i>streptomycin sulfate</i> SOLR<br>1gm                                             | 4                          | NDS       |
| <i>sulfadiazine</i> TABS 500mg                                                      | 4                          | NDS       |
| <i>sulfamethoxazole-<br/>trimethoprim iv soln 400-80<br/>mg/5ml</i>                 | 1                          |           |
| <i>sulfamethoxazole-<br/>trimethoprim susp 200-40<br/>mg/5ml</i>                    | 1                          |           |
| <i>sulfamethoxazole-<br/>trimethoprim tab 400-80 mg</i><br>(generic of BACTRIM)     | 1                          |           |
| <i>sulfamethoxazole-<br/>trimethoprim tab 800-160 mg</i><br>(generic of BACTRIM DS) | 1                          |           |
| <i>tinidazole</i> TABS 250mg,<br>500mg                                              | 1                          |           |
| TOBI PODHALER CAPS<br>28mg                                                          | 4                          | NDS NM PA |
| <i>tobramycin</i> (generic of<br>KITABIS PAK) NEBU<br>300mg/5ml                     | 4                          | NDS NM PA |
| <i>tobramycin sulfate</i> SOLN<br>1.2gm/30ml, 10mg/ml,<br>40mg/ml, 80mg/2ml         | 1                          |           |
| <i>trimethoprim</i> TABS 100mg                                                      | 1                          |           |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits  |
|------------------------------------------------------------------------------------------|----------------------------|---------|
| <i>vancomycin hcl</i> (generic of<br>VANCOCIN) CAPS 125mg<br>QL (80 caps / 180 days)     | 1                          | QL      |
| <i>vancomycin hcl</i> (generic of<br>VANCOCIN) CAPS 250mg<br>QL (160 caps / 180<br>days) | 1                          | QL      |
| <i>vancomycin hcl</i> (generic of<br>VANCOMYCIN<br>HYDROCHLORIDE) SOLR<br>1.25gm, 750mg  | 1                          |         |
| <i>vancomycin hcl</i> SOLR 1gm,<br>1.5gm, 5gm, 10gm, 500mg                               | 1                          |         |
| VANCOMYCIN INJ 1 GM                                                                      | 3                          |         |
| VANCOMYCIN INJ 500MG                                                                     | 3                          |         |
| VANCOMYCIN INJ 750MG                                                                     | 3                          |         |
| <b>ANTIFUNGALS</b>                                                                       |                            |         |
| ABELCET SUSP 5mg/ml                                                                      | 3                          | B/D     |
| <i>amphotericin b</i> SOLR 50mg                                                          | 1                          | B/D     |
| <i>amphotericin b liposome</i><br>(generic of AMBISOME)<br>SUSR 50mg                     | 4                          | NDS B/D |
| <i>caspofungin acetate</i> SOLR<br>50mg                                                  | 1                          |         |
| <i>caspofungin acetate</i> (generic<br>of CANCIDAS) SOLR 70mg                            | 1                          |         |
| CRESEMBA CAPS 74.5mg,<br>186mg                                                           | 4                          | NDS PA  |
| <i>fluconazole</i> SUSR 10mg/ml;<br>TABS 50mg, 100mg, 200mg                              | 1                          |         |
| <i>fluconazole</i> (generic of<br>DIFLUCAN) SUSR 40mg/ml;<br>TABS 150mg                  | 1                          |         |
| <i>fluconazole in nacl 0.9% inj</i><br>200 mg/100ml                                      | 1                          |         |
| <i>fluconazole in nacl 0.9% inj</i><br>400 mg/200ml                                      | 1                          |         |
| <i>flucytosine</i> (generic of<br>ANCOBON) CAPS 250mg,<br>500mg                          | 4                          | NDS PA  |
| <i>griseofulvin microsize</i> SUSP<br>125mg/5ml; TABS 500mg                              | 1                          |         |
| <i>griseofulvin ultramicrosize</i><br>TABS 125mg, 250mg                                  | 1                          |         |
| <i>itraconazole</i> (generic of<br>SPORANOX) CAPS 100mg<br>QL (120 caps / 30 days)       | 1                          | QL      |
| <i>ketoconazole</i> TABS 200mg                                                           | 1                          | PA      |

| Drug Name                                                                                                          | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg                                                    | 1                          |           |
| <i>nystatin</i> TABS 500000unit                                                                                    | 1                          |           |
| <i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg<br>QL (93 tabs / 30 days)                                      | 4                          | NDS QL PA |
| <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     |
| <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)                                       | 4                          | 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                          |           |
| <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        |
| <b>ANTI-RETROVIRAL 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                                                                                                 | 4                          | NDS NM    |
| <i>atazanavir sulfate</i> CAPS 150mg                                                                               | 1                          | NM        |
| <i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg                                                   | 1                          | NM        |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------|----------------------------|-----------|
| <i>darunavir</i> (generic of PREZISTA) TABS 600mg<br>QL (60 tabs / 30 days) | 1                          | QL NM     |
| <i>darunavir</i> (generic of PREZISTA) TABS 800mg<br>QL (30 tabs / 30 days) | 1                          | QL NM     |
| EDURANT TABS 25mg                                                           | 4                          | NDS NM    |
| EDURANT PED TBSO 2.5mg                                                      | 4                          | 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                  | 4                          | NDS NM    |
| <i>fosamprenavir calcium</i> TABS 700mg                                     | 4                          | NDS NM    |
| INTELENCE TABS 25mg                                                         | 3                          | NM        |
| ISENTRESS CHEW 25mg                                                         | 3                          | NM        |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg                                | 4                          | NDS NM    |
| ISENTRESS HD TABS 600mg                                                     | 4                          | 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                   | 4                          | NDS NM    |
| <i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg                     | 1                          | NM        |
| NORVIR PACK 100mg                                                           | 3                          | NM        |
| PIFELTRO TABS 100mg                                                         | 4                          | NDS NM    |
| PREZISTA SUSP 100mg/ml<br>QL (400 mL / 30 days)                             | 4                          | NDS QL NM |
| PREZISTA TABS 75mg<br>QL (480 tabs / 30 days)                               | 3                          | QL NM     |
| PREZISTA TABS 150mg<br>QL (240 tabs / 30 days)                              | 4                          | NDS QL NM |
| REYATAZ PACK 50mg                                                           | 4                          | NDS NM    |
| <i>ritonavir</i> (generic of NORVIR) TABS 100mg                             | 1                          | NM        |
| RUKOBIA TB12 600mg                                                          | 4                          | NDS NM    |
| SELZENTRY SOLN 20mg/ml                                                      | 4                          | NDS NM    |
| SUNLENCA TABS 300mg; TBPK 300mg                                             | 4                          | NDS NM    |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg                    | 1                          | NM     |
| TIVICAY TABS 50mg                                                                      | 4                          | NDS NM |
| TIVICAY PD TBSO 5mg                                                                    | 4                          | NDS NM |
| TROGARZO SOLN 200mg/1.33ml                                                             | 4                          | NDS NM |
| TYBOST TABS 150mg                                                                      | 2                          | NM     |
| VIRACEPT TABS 250mg, 625mg                                                             | 4                          | NDS NM |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg                                          | 4                          | NDS NM |
| <i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml                      | 1                          | NM     |
| <i>zidovudine</i> TABS 300mg                                                           | 1                          | NM     |
| <b>ANTIRETROVIRAL COMBINATION AGENTS</b>                                               |                            |        |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                                      | 1                          | NM     |
| BIKTARVY TAB 30-120-15 MG                                                              | 4                          | NDS NM |
| BIKTARVY TAB 50-200-25 MG                                                              | 4                          | NDS NM |
| CIMDUO TAB 300-300                                                                     | 4                          | NDS NM |
| DELSTRIGO TAB                                                                          | 4                          | NDS NM |
| DESCOVY TAB 120-15MG                                                                   | 4                          | NDS NM |
| DESCOVY TAB 200/25MG                                                                   | 4                          | NDS NM |
| DOVATO TAB 50-300MG                                                                    | 4                          | NDS NM |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>                         | 1                          | NM     |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>                            | 4                          | NDS NM |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)         | 4                          | NDS NM |
| <i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i> (generic of COMPLERA) | 4                          | NDS NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) | 1                          | NM     |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) | 4                          | NDS NM |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) | 1                          | NM        |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) | 1                          | NM        |
| EVOTAZ TAB 300-150                                                                     | 4                          | NDS NM    |
| GENVOYA TAB                                                                            | 4                          | NDS NM    |
| JULUCA TAB 50-25MG                                                                     | 4                          | NDS NM    |
| KALETRA SOL                                                                            | 3                          | NM        |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                                            | 1                          | NM        |
| <i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)                          | 1                          | NM        |
| <i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)                          | 1                          | NM        |
| ODEFSEY TAB                                                                            | 4                          | NDS NM    |
| PREZCOBIX TAB 800-150                                                                  | 4                          | NDS NM    |
| STRIBILD TAB                                                                           | 4                          | NDS NM    |
| SYMTUZA TAB                                                                            | 4                          | NDS NM    |
| TRIUMEQ PD TAB                                                                         | 3                          | NM        |
| TRIUMEQ TAB                                                                            | 4                          | NDS NM    |
| <b>ANTITUBERCULAR AGENTS</b>                                                           |                            |           |
| <i>cycloserine</i> CAPS 250mg                                                          | 4                          | NDS       |
| <i>ethambutol hcl</i> TABS 100mg, 400mg                                                | 1                          |           |
| <i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg                                      | 1                          |           |
| PRIFTIN TABS 150mg                                                                     | 3                          |           |
| <i>pyrazinamide</i> TABS 500mg                                                         | 1                          |           |
| <i>rifabutin</i> CAPS 150mg                                                            | 1                          |           |
| <i>rifampin</i> CAPS 150mg, 300mg                                                      | 1                          |           |
| <i>rifampin</i> (generic of RIFADIN) SOLR 600mg                                        | 1                          |           |
| SIRTURO TABS 20mg, 100mg                                                               | 4                          | NDS NM PA |
| <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        |

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       |
|---------------------------------------------------------------------------------------|----------------------------|--------------|
| BARACLUDE SOLN .05mg/ml                                                               | 4                          | NDS NM ST    |
| <i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg                                | 1                          | NM           |
| EPCLUSA PAK 150-37.5                                                                  | 4                          | NDS NM PA    |
| EPCLUSA PAK 200-50MG                                                                  | 4                          | NDS NM PA    |
| EPCLUSA TAB 200-50MG                                                                  | 4                          | NDS NM PA    |
| EPCLUSA TAB 400-100                                                                   | 4                          | NDS NM PA    |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg                                           | 1                          |              |
| <i>ganciclovir sodium</i> SOLR 500mg                                                  | 1                          | B/D          |
| <i>lamivudine (hbv)</i> TABS 100mg                                                    | 1                          | NM           |
| LIVTENCITY TABS 200mg QL (336 tabs / 28 days)                                         | 4                          | NDS QL NM PA |
| MAVYRET PAK 50-20MG                                                                   | 4                          | NDS NM PA    |
| MAVYRET TAB 100-40MG                                                                  | 4                          | NDS NM PA    |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)      | 1                          | QL           |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year) | 1                          | QL           |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)     | 1                          | QL           |
| PAXLOVID PAK QL (22 tabs / 90 days)                                                   | 1                          | QL           |
| PAXLOVID TAB 150-100 QL (40 tabs / 90 days)                                           | 1                          | QL           |
| PAXLOVID TAB 300-100 QL (60 tabs / 90 days)                                           | 1                          | QL           |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml                                             | 4                          | NDS NM PA    |
| PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)                                     | 4                          | NDS QL PA    |
| RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)                             | 2                          | QL           |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg                                 | 1                          | NM           |

| Drug Name                                                               | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------|----------------------------|-----------|
| <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             | 4                          | NDS       |
| <i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg               | 1                          |           |
| VOSEVI TAB                                                              | 4                          | NDS NM PA |
| <b>CEPHALOSPORINS</b>                                                   |                            |           |
| <i>cefaclor</i> CAPS 250mg, 500mg                                       | 1                          |           |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml                 | 1                          |           |
| CEFAZOLIN SOLR 2gm, 3gm                                                 | 3                          |           |
| CEFAZOLIN INJ 1GM/50ML                                                  | 3                          |           |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg                 | 1                          |           |
| CEFAZOLIN SOLN 2GM/100ML-4%                                             | 3                          |           |
| CEFAZOLIN/DEX SOL 1GM/50ML-4%                                           | 3                          |           |
| CEFAZOLIN/DEX SOL 2GM/50ML-3%                                           | 3                          |           |
| CEFAZOLIN/DEX SOL 3GM/50ML-2%                                           | 3                          |           |
| CEFAZOLIN/DEX SOL 3GM/150ML-4%                                          | 3                          |           |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml                   | 1                          |           |
| <i>cefepime hcl</i> SOLR 1gm, 2gm                                       | 1                          |           |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml                   | 1                          |           |
| <i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm            | 1                          |           |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm                             | 1                          |           |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1                          |           |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg           | 1                          |           |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm                                   | 1                          |           |

| Drug Name                                                                                           | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg                                         | 1                          |        |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg                                                          | 1                          |        |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg                                                          | 1                          |        |
| <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml                                      | 1                          |        |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                                                   | 1                          |        |
| TEFLARO SOLR 400mg, 600mg                                                                           | 4                          | NDS    |
| <b>ERYTHROMYCINS/MACROLIDES</b>                                                                     |                            |        |
| <i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg | 1                          |        |
| <i>azithromycin</i> TABS 600mg                                                                      | 1                          |        |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg                                  | 1                          |        |
| <i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg                                             | 1                          |        |
| DIFICID SUSR 40mg/ml; TABS 200mg                                                                    | 4                          | NDS    |
| e.e.s. 400 TABS 400mg                                                                               | 1                          |        |
| ERYTHROCIN                                                                                          | 3                          |        |
| LACTOBIONATE SOLR 500mg                                                                             |                            |        |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg                    | 1                          |        |
| <i>erythromycin ethylsuccinate</i> TABS 400mg                                                       | 1                          |        |
| <i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg                    | 1                          |        |
| <b>FLUOROQUINOLONES</b>                                                                             |                            |        |
| <i>ciprofloxacin</i> 200 mg/100ml in d5w                                                            | 1                          |        |
| <i>ciprofloxacin</i> 400 mg/200ml in d5w                                                            | 1                          |        |
| <i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg                                       | 1                          |        |

| Drug Name                                                                                                                   | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>ciprofloxacin hcl</i> TABS 750mg                                                                                         | 1                          |        |
| <i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg                                                                  | 1                          |        |
| <i>levofloxacin in d5w iv soln</i> 250 mg/50ml                                                                              | 1                          |        |
| <i>levofloxacin in d5w iv soln</i> 500 mg/100ml                                                                             | 1                          |        |
| <i>levofloxacin in d5w iv soln</i> 750 mg/150ml                                                                             | 1                          |        |
| <i>moxifloxacin hcl</i> TABS 400mg                                                                                          | 1                          |        |
| <i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj                                                            | 1                          |        |
| <b>PENICILLINS</b>                                                                                                          |                            |        |
| <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for susp</i> 200-28.5 mg/5ml                                                             | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for susp</i> 250-62.5 mg/5ml                                                             | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for susp</i> 400-57 mg/5ml                                                               | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for susp</i> 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)                               | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab</i> 250-125 mg                                                                       | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab</i> 500-125 mg                                                                       | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab</i> 875-125 mg                                                                       | 1                          |        |
| <i>ampicillin</i> CAPS 500mg                                                                                                | 1                          |        |
| <i>ampicillin &amp; sulbactam sodium for inj</i> 1.5 (1-0.5) gm (generic of UNASYN)                                         | 1                          |        |
| <i>ampicillin &amp; sulbactam sodium for inj</i> 3 (2-1) gm (generic of UNASYN)                                             | 1                          |        |
| <i>ampicillin &amp; sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm                                                         | 1                          |        |

| Drug Name                                                                                                         | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>ampicillin &amp; sulbactam sodium</i> 1<br><i>for iv soln 3 (2-1) gm</i>                                       |                            |        |
| <i>ampicillin &amp; sulbactam sodium</i> 1<br><i>for iv soln 15 (10-5) gm</i><br>(generic of UNASYN BULK<br>PACK) |                            |        |
| <i>ampicillin sodium</i> SOLR 1gm, 1<br>2gm, 10gm, 250mg, 500mg                                                   |                            |        |
| BICILLIN L-A SUSY 3<br>600000unit/ml,<br>1200000unit/2ml,<br>2400000unit/4ml                                      |                            |        |
| <i>dicloxacillin sodium</i> CAPS 1<br>250mg, 500mg                                                                |                            |        |
| <i>nafcillin sodium</i> SOLR 1gm, 1<br>2gm                                                                        |                            |        |
| <i>nafcillin sodium</i> SOLR 10gm 4<br>NDS                                                                        |                            |        |
| <i>oxacillin sodium</i> SOLR 1gm, 1<br>2gm, 10gm                                                                  |                            |        |
| <i>penicillin g potassium</i> SOLR 1<br>5000000unit, 20000000unit                                                 |                            |        |
| <i>penicillin g sodium</i> SOLR 1<br>5000000unit                                                                  |                            |        |
| <i>penicillin v potassium</i> SOLR 1<br>125mg/5ml, 250mg/5ml;<br>TABS 250mg, 500mg                                |                            |        |
| <i>pfizerpen</i> SOLR 5000000unit, 1<br>20000000unit                                                              |                            |        |
| <i>piperacillin sod-tazobactam na</i> 1<br><i>for inj 3.375 gm (3-0.375 gm)</i>                                   |                            |        |
| <i>piperacillin sod-tazobactam</i> 1<br><i>sod for inj 2.25 gm (2-0.25</i><br><i>gm)</i>                          |                            |        |
| <i>piperacillin sod-tazobactam</i> 1<br><i>sod for inj 4.5 gm (4-0.5 gm)</i>                                      |                            |        |
| <i>piperacillin sod-tazobactam</i> 1<br><i>sod for inj 13.5 gm (12-1.5</i><br><i>gm)</i>                          |                            |        |
| <i>piperacillin sod-tazobactam</i> 1<br><i>sod for inj 40.5 gm (36-4.5</i><br><i>gm)</i>                          |                            |        |
| <b>TETRACYCLINES</b>                                                                                              |                            |        |
| <i>doxy 100</i> SOLR 100mg 1                                                                                      |                            |        |
| <i>doxycycline (monohydrate)</i> 1<br>CAPS 50mg, 100mg; SUSR<br>25mg/5ml; TABS 50mg,<br>75mg, 100mg               |                            |        |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>doxycycline hyclate</i> CAPS 1<br>50mg, 100mg; SOLR 100mg;<br>TABS 20mg, 100mg                     |                            |        |
| <i>minocycline hcl</i> CAPS 50mg, 1<br>75mg, 100mg                                                    |                            |        |
| NUZYRA SOLR 100mg 4<br>NDS NM                                                                         |                            |        |
| NUZYRA TABS 150mg 4<br>QL (30 tabs / 14 days)<br>NDS QL NM                                            |                            |        |
| <i>tetracycline hcl</i> CAPS 250mg, 1<br>500mg                                                        |                            |        |
| <i>tigecycline</i> (generic of<br>TYGACIL) SOLR 50mg 1                                                |                            |        |
| <b>ANTINEOPLASTIC AGENTS</b>                                                                          |                            |        |
| <b>ALKYLATING AGENTS</b>                                                                              |                            |        |
| BENDAMUSTINE 4<br>HYDROCHLORID SOLN<br>100mg/4ml<br>NDS B/D NM                                        |                            |        |
| BENDEKA SOLN 100mg/4ml 4<br>NDS B/D NM                                                                |                            |        |
| <i>carboplatin</i> SOLN 50mg/5ml, 1<br>150mg/15ml, 450mg/45ml,<br>600mg/60ml<br>B/D                   |                            |        |
| <i>cisplatin</i> SOLN 50mg/50ml, 1<br>100mg/100ml, 200mg/200ml<br>B/D                                 |                            |        |
| <i>cyclophosphamide</i> CAPS 1<br>25mg, 50mg; SOLR 1gm,<br>500mg<br>B/D                               |                            |        |
| CYCLOPHOSPHAMIDE 4<br>SOLN 1gm/2ml, 2gm/4ml,<br>500mg/ml<br>NDS B/D NM                                |                            |        |
| CYCLOPHOSPHAMIDE 4<br>SOLN 1gm/5ml, 500mg/2.5ml,<br>500mg/5ml, 1000mg/10ml,<br>2000mg/20ml<br>NDS B/D |                            |        |
| <i>cyclophosphamide</i> SOLR 4<br>2gm<br>NDS B/D                                                      |                            |        |
| CYCLOPHOSPHAMIDE 3<br>TABS 25mg, 50mg<br>B/D                                                          |                            |        |
| CYCLOPHOSPHAMIDE 4<br>MONOHYDR SOLN<br>2gm/10ml<br>NDS B/D                                            |                            |        |
| FRINDOVYX SOLN 1gm/2ml, 4<br>2gm/4ml, 500mg/ml<br>NDS B/D NM                                          |                            |        |
| GLEOSTINE CAPS 10mg, 3<br>40mg<br>NM                                                                  |                            |        |
| GLEOSTINE CAPS 100mg 4<br>NDS NM                                                                      |                            |        |
| LEUKERAN TABS 2mg 4<br>NDS PA                                                                         |                            |        |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 1<br>100mg/20ml, 200mg/40ml<br>B/D                                 |                            |        |

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>oxaliplatin</i> SOLR 50mg, 100mg                                                                     | 4                          | NDS B/D      |
| VIVIMUSTA SOLN 100mg/4ml                                                                                | 4                          | NDS B/D NM   |
| <b>ANTIMETABOLITES</b>                                                                                  |                            |              |
| <i>azacitidine</i> (generic of VIDAZA) SUSR 100mg                                                       | 4                          | NDS B/D NM   |
| <i>cytarabine</i> SOLN 20mg/ml                                                                          | 1                          | B/D          |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml                                    | 1                          | B/D          |
| <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          |
| INQOVI TAB 35-100MG QL (5 tabs / 28 days)                                                               | 4                          | NDS QL NM PA |
| LONSURF TAB 15-6.14 QL (100 tabs / 28 days)                                                             | 4                          | NDS QL NM PA |
| LONSURF TAB 20-8.19 QL (80 tabs / 28 days)                                                              | 4                          | NDS QL NM PA |
| <i>mercaptopurine</i> (generic of PURIXAN) SUSP 2000mg/100ml                                            | 4                          | 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)                                                         | 4                          | NDS QL NM PA |
| <i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg                                        | 4                          | NDS B/D      |
| <i>pemetrexed disodium</i> SOLR 750mg, 1000mg                                                           | 4                          | NDS B/D      |
| TABLOID TABS 40mg                                                                                       | 4                          | NDS PA       |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                                                   |                            |              |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)                       | 4                          | NDS QL NM PA |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)                        | 4                          | NDS QL NM PA |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------|----------------------------|--------------|
| <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)                             | 4                          | NDS QL NM PA |
| AKEEGA TAB 100/500 QL (60 tabs / 30 days)                              | 4                          | 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                                  | 3                          | NM PA        |
| ERLEADA TABS 60mg QL (120 tabs / 30 days)                              | 4                          | NDS QL NM PA |
| ERLEADA TABS 240mg QL (30 tabs / 30 days)                              | 4                          | NDS QL NM PA |
| EULEXIN CAPS 125mg                                                     | 4                          | NDS          |
| <i>exemestane</i> (generic of AROMASIN) TABS 25mg                      | 1                          |              |
| FIRMAGON SOLR 80mg                                                     | 3                          | NM PA        |
| FIRMAGON SOLR 120mg/vial                                               | 4                          | NDS NM PA    |
| <i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml                | 4                          | NDS B/D      |
| <i>letrozole</i> (generic of FEMARA) TABS 2.5mg                        | 1                          |              |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml                                | 1                          | NM PA        |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg                                      | 4                          | NDS NM PA    |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg                                     | 4                          | NDS NM PA    |
| LYSODREN TABS 500mg                                                    | 4                          | NDS NM       |
| <i>megestrol acetate</i> TABS 20mg, 40mg                               | 2                          |              |
| <i>nilutamide</i> (generic of NILANDRON) TABS 150mg                    | 4                          | NDS          |
| NUBEQA TABS 300mg QL (120 tabs / 30 days)                              | 4                          | NDS QL NM PA |
| ORGOVYX TABS 120mg                                                     | 4                          | NDS NM PA    |
| ORSERDU TABS 86mg QL (90 tabs / 30 days)                               | 4                          | NDS QL NM PA |
| ORSERDU TABS 345mg QL (30 tabs / 30 days)                              | 4                          | NDS QL NM PA |
| SOLTAMOX SOLN 10mg/5ml                                                 | 4                          | NDS          |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>tamoxifen citrate</i> TABS 10mg, 20mg                                          | 1                          |                 |
| <i>toremifene citrate</i> (generic of FARESTON) TABS 60mg                         | 1                          | PA              |
| XTANDI CAPS 40mg<br>QL (120 caps / 30 days)                                       | 4                          | NDS QL NM<br>PA |
| XTANDI TABS 40mg<br>QL (120 tabs / 30 days)                                       | 4                          | NDS QL NM<br>PA |
| XTANDI TABS 80mg<br>QL (60 tabs / 30 days)                                        | 4                          | NDS QL NM<br>PA |
| YONSA TABS 125mg<br>QL (120 tabs / 30 days)                                       | 4                          | NDS QL NM<br>PA |
| <b>IMMUNOMODULATORS</b>                                                           |                            |                 |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg<br>QL (28 caps / 28 days)         | 4                          | NDS QL NM<br>PA |
| <i>lenalidomide</i> CAPS 20mg, 25mg<br>QL (21 caps / 28 days)                     | 4                          | NDS QL NM<br>PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg<br>QL (21 caps / 28 days)                        | 4                          | NDS QL NM<br>PA |
| THALOMID CAPS 50mg<br>QL (84 caps / 28 days)                                      | 4                          | NDS QL NM<br>PA |
| THALOMID CAPS 100mg<br>QL (112 caps / 28 days)                                    | 4                          | NDS QL NM<br>PA |
| <b>MISCELLANEOUS</b>                                                              |                            |                 |
| BESREMI SOSY 500mcg/ml<br>QL (2 syringes / 28 days)                               | 4                          | NDS QL NM<br>PA |
| <i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg<br>QL (300 caps / 30 days)     | 4                          | NDS QL NM<br>PA |
| <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                   | 4                          | NDS B/D         |
| <i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg                                 | 1                          |                 |
| <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             |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| IWILFIN TABS 192mg<br>QL (240 tabs / 30 days)                                                         | 4                          | NDS QL NM<br>PA |
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg                      | 1                          | B/D             |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg                                                  | 1                          |                 |
| MATULANE CAPS 50mg                                                                                    | 4                          | NDS NM          |
| <i>mesna</i> (generic of MESNEX) TABS 400mg                                                           | 4                          | NDS             |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg                                                             | 4                          | NDS             |
| WELIREG TABS 40mg<br>QL (90 tabs / 30 days)                                                           | 4                          | NDS QL NM<br>PA |
| <b>MITOTIC INHIBITORS</b>                                                                             |                            |                 |
| <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                               | 4                          | NDS B/D         |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 4                          | NDS B/D         |
| DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml                                                           | 4                          | NDS B/D NM      |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml                                                 | 1                          | B/D             |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml                                       | 1                          | B/D             |
| <i>paclitaxel inj 100mg</i> (generic of ABRAXANE)                                                     | 4                          | NDS B/D NM      |
| <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<br>QL (240 caps / 30 days)                                                        | 4                          | NDS QL NM<br>PA |
| ALUNBRIG TABS 30mg<br>QL (120 tabs / 30 days)                                                         | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------|----------------------------|-----------------|
| ALUNBRIG TABS 90mg,<br>180mg<br>QL (30 tabs / 30 days)                    | 4                          | NDS QL NM<br>PA |
| ALUNBRIG PAK<br>QL (30 tabs / 30 days)                                    | 4                          | NDS QL NM<br>PA |
| AUGTYRO CAPS 40mg<br>QL (240 caps / 30 days)                              | 4                          | NDS QL NM<br>PA |
| AUGTYRO CAPS 160mg<br>QL (60 caps / 30 days)                              | 4                          | NDS QL NM<br>PA |
| AVMAPKI PAK FAKZYNJA<br>QL (1 pack / 28 days)                             | 4                          | NDS QL NM<br>PA |
| AYVAKIT TABS 25mg, 50mg,<br>100mg, 200mg, 300mg<br>QL (30 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| BALVERSA TABS 3mg<br>QL (84 tabs / 28 days)                               | 4                          | NDS QL NM<br>PA |
| BALVERSA TABS 4mg<br>QL (56 tabs / 28 days)                               | 4                          | NDS QL NM<br>PA |
| BALVERSA TABS 5mg<br>QL (28 tabs / 28 days)                               | 4                          | NDS QL NM<br>PA |
| BORTEZOMIB SOLR 1mg,<br>2.5mg                                             | 3                          | NM PA           |
| <i>bortezomib</i> (generic of<br>VELCADE) SOLR 3.5mg                      | 4                          | NDS NM PA       |
| BOSULIF CAPS 50mg<br>QL (30 caps / 30 days)                               | 4                          | NDS QL NM<br>PA |
| BOSULIF CAPS 100mg<br>QL (300 caps / 30 days)                             | 4                          | NDS QL NM<br>PA |
| BOSULIF TABS 100mg<br>QL (180 tabs / 30 days)                             | 4                          | NDS QL NM<br>PA |
| BOSULIF TABS 400mg,<br>500mg<br>QL (30 tabs / 30 days)                    | 4                          | NDS QL NM<br>PA |
| BRAFTOVI CAPS 75mg<br>QL (180 caps / 30 days)                             | 4                          | NDS QL NM<br>PA |
| BRUKINSA CAPS 80mg<br>QL (120 caps / 30 days)                             | 4                          | NDS QL NM<br>PA |
| CABOMETYX TABS 20mg,<br>40mg, 60mg<br>QL (30 tabs / 30 days)              | 4                          | NDS QL NM<br>PA |
| CALQUENCE TABS 100mg<br>QL (60 tabs / 30 days)                            | 4                          | NDS QL NM<br>PA |
| CAPRELSA TABS 100mg<br>QL (60 tabs / 30 days)                             | 4                          | NDS QL NM<br>PA |
| CAPRELSA TABS 300mg<br>QL (30 tabs / 30 days)                             | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| COMETRIQ (60MG DOSE)<br>KIT 20mg<br>QL (84 caps / 28 days)                                                | 4                          | NDS QL NM<br>PA |
| COMETRIQ KIT 100MG<br>QL (56 caps / 28 days)                                                              | 4                          | NDS QL NM<br>PA |
| COMETRIQ KIT 140MG<br>QL (112 caps / 28 days)                                                             | 4                          | NDS QL NM<br>PA |
| COPIKTRA CAPS 15mg,<br>25mg<br>QL (56 caps / 28 days)                                                     | 4                          | NDS QL NM<br>PA |
| COTELLIC TABS 20mg<br>QL (63 tabs / 28 days)                                                              | 4                          | NDS QL NM<br>PA |
| DANZITEN TABS 71mg,<br>95mg<br>QL (112 tabs / 28 days)                                                    | 4                          | NDS QL NM<br>PA |
| <i>dasatinib</i> (generic of<br>SPRYCEL) TABS 20mg<br>QL (90 tabs / 30 days)                              | 4                          | 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) | 4                          | NDS QL NM<br>PA |
| DAURISMO TABS 25mg<br>QL (60 tabs / 30 days)                                                              | 4                          | NDS QL NM<br>PA |
| DAURISMO TABS 100mg<br>QL (30 tabs / 30 days)                                                             | 4                          | NDS QL NM<br>PA |
| ERIVEDGE CAPS 150mg<br>QL (30 caps / 30 days)                                                             | 4                          | NDS QL NM<br>PA |
| <i>erlotinib hcl</i> TABS 25mg<br>QL (90 tabs / 30 days)                                                  | 4                          | NDS QL NM<br>PA |
| <i>erlotinib hcl</i> (generic of<br>TARCEVA) TABS 100mg<br>QL (30 tabs / 30 days)                         | 4                          | NDS QL NM<br>PA |
| <i>erlotinib hcl</i> TABS 150mg<br>QL (30 tabs / 30 days)                                                 | 4                          | 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)      | 4                          | NDS QL NM<br>PA |
| <i>everolimus</i> (generic of<br>AFINITOR DISPERZ) TBSO<br>2mg, 5mg<br>QL (60 tabs / 30 days)             | 4                          | NDS QL NM<br>PA |
| <i>everolimus</i> (generic of<br>AFINITOR DISPERZ) TBSO<br>3mg<br>QL (90 tabs / 30 days)                  | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------|----------------------------|-----------------|
| FOTIVDA CAPS .89mg,<br>1.34mg<br>QL (21 caps / 28 days)                               | 4                          | NDS QL NM<br>PA |
| FRUZAQLA CAPS 1mg<br>QL (84 caps / 28 days)                                           | 4                          | NDS QL NM<br>PA |
| FRUZAQLA CAPS 5mg<br>QL (21 caps / 28 days)                                           | 4                          | NDS QL NM<br>PA |
| GAVRETO CAPS 100mg<br>QL (120 caps / 30 days)                                         | 4                          | NDS QL NM<br>PA |
| <i>gefitinib</i> (generic of IRESSA)<br>TABS 250mg<br>QL (60 tabs / 30 days)          | 4                          | NDS QL NM<br>PA |
| GILOTRIF TABS 20mg,<br>30mg, 40mg<br>QL (30 tabs / 30 days)                           | 4                          | NDS QL NM<br>PA |
| GOMEKLI CAPS 1mg<br>QL (168 caps / 28 days)                                           | 4                          | NDS QL NM<br>PA |
| GOMEKLI CAPS 2mg<br>QL (84 caps / 28 days)                                            | 4                          | NDS QL NM<br>PA |
| GOMEKLI TBSO 1mg<br>QL (168 tabs / 28 days)                                           | 4                          | NDS QL NM<br>PA |
| HERCEP HYLEC SOL 60-<br>10000                                                         | 4                          | NDS NM PA       |
| HERCEPTIN SOLR 150mg                                                                  | 4                          | NDS NM PA       |
| HERZUMA SOLR 150mg,<br>420mg                                                          | 4                          | NDS NM PA       |
| IBRANCE CAPS 75mg,<br>100mg, 125mg<br>QL (21 caps / 28 days)                          | 4                          | NDS QL NM<br>PA |
| IBRANCE TABS 75mg,<br>100mg, 125mg<br>QL (21 tabs / 28 days)                          | 4                          | NDS QL NM<br>PA |
| ICLUSIG TABS 10mg, 15mg,<br>30mg, 45mg<br>QL (30 tabs / 30 days)                      | 4                          | NDS QL NM<br>PA |
| IDHIFA TABS 50mg, 100mg<br>QL (30 tabs / 30 days)                                     | 4                          | NDS QL NM<br>PA |
| <i>imatinib mesylate</i> (generic of<br>GLEEVEC) TABS 100mg<br>QL (90 tabs / 30 days) | 1                          | QL NM PA        |
| <i>imatinib mesylate</i> (generic of<br>GLEEVEC) TABS 400mg<br>QL (60 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| IMBRUVICA CAPS 70mg<br>QL (30 caps / 30 days)                                         | 4                          | NDS QL NM<br>PA |
| IMBRUVICA CAPS 140mg<br>QL (120 caps / 30 days)                                       | 4                          | NDS QL NM<br>PA |

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------|----------------------------|-----------------|
| IMBRUVICA SUSP 70mg/ml<br>QL (216 mL / 27 days)                      | 4                          | NDS QL NM<br>PA |
| IMBRUVICA TABS 140mg,<br>280mg, 420mg<br>QL (30 tabs / 30 days)      | 4                          | NDS QL NM<br>PA |
| IMKELDI SOLN 80mg/ml<br>QL (280 mL / 28 days)                        | 4                          | NDS QL NM<br>PA |
| INLYTA TABS 1mg<br>QL (180 tabs / 30 days)                           | 4                          | NDS QL NM<br>PA |
| INLYTA TABS 5mg<br>QL (120 tabs / 30 days)                           | 4                          | NDS QL NM<br>PA |
| INREBIC CAPS 100mg<br>QL (120 caps / 30 days)                        | 4                          | NDS QL NM<br>PA |
| ITOVEBI TABS 3mg<br>QL (56 tabs / 28 days)                           | 4                          | NDS QL NM<br>PA |
| ITOVEBI TABS 9mg<br>QL (28 tabs / 28 days)                           | 4                          | NDS QL NM<br>PA |
| JAKAFI TABS 5mg, 10mg,<br>15mg, 20mg, 25mg<br>QL (60 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| JAYPIRCA TABS 50mg<br>QL (30 tabs / 30 days)                         | 4                          | NDS QL NM<br>PA |
| JAYPIRCA TABS 100mg<br>QL (60 tabs / 30 days)                        | 4                          | NDS QL NM<br>PA |
| KADCYLA SOLR 100mg,<br>160mg                                         | 4                          | NDS B/D NM      |
| KANJINTI SOLR 150mg,<br>420mg                                        | 4                          | NDS NM PA       |
| KEYTRUDA SOLN<br>100mg/4ml                                           | 4                          | NDS NM PA       |
| KISQALI 200 DOSE TBPK<br>200mg<br>QL (21 tabs / 28 days)             | 4                          | NDS QL NM<br>PA |
| KISQALI 400 DOSE TBPK<br>200mg<br>QL (42 tabs / 28 days)             | 4                          | NDS QL NM<br>PA |
| KISQALI 400 PAK FEMARA<br>QL (70 tabs / 28 days)                     | 4                          | NDS QL NM<br>PA |
| KISQALI 600 DOSE TBPK<br>200mg<br>QL (63 tabs / 28 days)             | 4                          | NDS QL NM<br>PA |
| KISQALI 600 PAK FEMARA<br>QL (91 tabs / 28 days)                     | 4                          | NDS QL NM<br>PA |
| KOSELUGO CAPS 10mg<br>QL (240 caps / 30 days)                        | 4                          | NDS QL NM<br>PA |
| KOSELUGO CAPS 25mg<br>QL (120 caps / 30 days)                        | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------|----------------------------|-----------------|
| KRAZATI TABS 200mg<br>QL (180 tabs / 30 days)                                            | 4                          | NDS QL NM<br>PA |
| <i>lapatinib ditosylate</i> (generic of<br>TYKERB) TABS 250mg<br>QL (180 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| LAZCLUZE TABS 80mg<br>QL (60 tabs / 30 days)                                             | 4                          | NDS QL NM<br>PA |
| LAZCLUZE TABS 240mg<br>QL (30 tabs / 30 days)                                            | 4                          | NDS QL NM<br>PA |
| LENVIMA 4 MG DAILY DOSE<br>CPPK 4mg<br>QL (30 caps / 30 days)                            | 4                          | NDS QL NM<br>PA |
| LENVIMA 8 MG DAILY DOSE<br>CPPK 4mg<br>QL (60 caps / 30 days)                            | 4                          | NDS QL NM<br>PA |
| LENVIMA 10 MG DAILY<br>DOSE CPPK 10mg<br>QL (30 caps / 30 days)                          | 4                          | NDS QL NM<br>PA |
| LENVIMA 12MG DAILY<br>DOSE CPPK 4mg<br>QL (90 caps / 30 days)                            | 4                          | NDS QL NM<br>PA |
| LENVIMA 20 MG DAILY<br>DOSE CPPK 10mg<br>QL (60 caps / 30 days)                          | 4                          | NDS QL NM<br>PA |
| LENVIMA CAP 14 MG<br>QL (60 caps / 30 days)                                              | 4                          | NDS QL NM<br>PA |
| LENVIMA CAP 18 MG<br>QL (90 caps / 30 days)                                              | 4                          | NDS QL NM<br>PA |
| LENVIMA CAP 24 MG<br>QL (90 caps / 30 days)                                              | 4                          | NDS QL NM<br>PA |
| LORBRENA TABS 25mg<br>QL (90 tabs / 30 days)                                             | 4                          | NDS QL NM<br>PA |
| LORBRENA TABS 100mg<br>QL (30 tabs / 30 days)                                            | 4                          | NDS QL NM<br>PA |
| LUMAKRAS TABS 120mg<br>QL (240 tabs / 30 days)                                           | 4                          | NDS QL NM<br>PA |
| LUMAKRAS TABS 240mg<br>QL (120 tabs / 30 days)                                           | 4                          | NDS QL NM<br>PA |
| LUMAKRAS TABS 320mg<br>QL (90 tabs / 30 days)                                            | 4                          | NDS QL NM<br>PA |
| LYNPARZA TABS 100mg,<br>150mg<br>QL (120 tabs / 30 days)                                 | 4                          | NDS QL NM<br>PA |
| LYTGOBI (12 MG DAILY<br>DOSE) TBPK 4mg<br>QL (84 tabs / 28 days)                         | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------------------|----------------------------|-----------------|
| LYTGOBI (16 MG DAILY<br>DOSE) TBPK 4mg<br>QL (112 tabs / 28 days)                            | 4                          | NDS QL NM<br>PA |
| LYTGOBI (20 MG DAILY<br>DOSE) TBPK 4mg<br>QL (140 tabs / 28 days)                            | 4                          | NDS QL NM<br>PA |
| MEKINIST SOLR .05mg/ml<br>QL (1260 mL / 30 days)                                             | 4                          | NDS QL NM<br>PA |
| MEKINIST TABS 2mg<br>QL (30 tabs / 30 days)                                                  | 4                          | NDS QL NM<br>PA |
| MEKINIST TABS .5mg<br>QL (90 tabs / 30 days)                                                 | 4                          | NDS QL NM<br>PA |
| MEKTOVI TABS 15mg<br>QL (180 tabs / 30 days)                                                 | 4                          | NDS QL NM<br>PA |
| MONJUVI SOLR 200mg                                                                           | 4                          | NDS NM PA       |
| NERLYNX TABS 40mg<br>QL (180 tabs / 30 days)                                                 | 4                          | NDS QL NM<br>PA |
| <i>nilotinib hcl</i> CAPS 50mg<br>QL (120 caps / 30 days)                                    | 4                          | NDS QL NM<br>PA |
| <i>nilotinib hcl</i> (generic of<br>TASIGNA) CAPS 150mg,<br>200mg<br>QL (112 caps / 28 days) | 4                          | NDS QL NM<br>PA |
| NINLARO CAPS 2.3mg,<br>3mg, 4mg<br>QL (3 caps / 28 days)                                     | 4                          | NDS QL NM<br>PA |
| ODOMZO CAPS 200mg<br>QL (30 caps / 30 days)                                                  | 4                          | NDS QL NM<br>PA |
| OGIVRI SOLR 150mg,<br>420mg                                                                  | 4                          | NDS NM PA       |
| OGSIVEO TABS 50mg<br>QL (180 tabs / 30 days)                                                 | 4                          | NDS QL NM<br>PA |
| OGSIVEO TABS 100mg,<br>150mg<br>QL (56 tabs / 28 days)                                       | 4                          | NDS QL NM<br>PA |
| OJEMDA SUSR 25mg/ml<br>QL (96 mL / 28 days)                                                  | 4                          | NDS QL NM<br>PA |
| OJEMDA TABS 100mg<br>QL (24 tabs / 28 days)                                                  | 4                          | NDS QL NM<br>PA |
| OJJAARA TABS 100mg,<br>150mg, 200mg<br>QL (30 tabs / 30 days)                                | 4                          | NDS QL NM<br>PA |
| ONTRUZANT SOLR 150mg,<br>420mg                                                               | 4                          | NDS NM PA       |
| <i>pazopanib hcl</i> (generic of<br>VOTRIENT) TABS 200mg<br>QL (120 tabs / 30 days)          | 4                          | NDS QL NM<br>PA |



| Drug Name                                                       | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------|----------------------------|-----------------|
| PEMAZYRE TABS 4.5mg,<br>9mg, 13.5mg<br>QL (28 tabs / 28 days)   | 4                          | NDS QL NM<br>PA |
| PHESGO SOL                                                      | 4                          | NDS NM PA       |
| PIQRAY 200MG DAILY<br>DOSE TBPK 200mg<br>QL (28 tabs / 28 days) | 4                          | NDS QL NM<br>PA |
| PIQRAY 250MG TAB DOSE<br>QL (56 tabs / 28 days)                 | 4                          | NDS QL NM<br>PA |
| PIQRAY 300MG DAILY<br>DOSE TBPK 150mg<br>QL (56 tabs / 28 days) | 4                          | NDS QL NM<br>PA |
| QINLOCK TABS 50mg<br>QL (90 tabs / 30 days)                     | 4                          | NDS QL NM<br>PA |
| RETEVMO TABS 40mg<br>QL (90 tabs / 30 days)                     | 4                          | NDS QL NM<br>PA |
| RETEVMO TABS 80mg<br>QL (120 tabs / 30 days)                    | 4                          | NDS QL NM<br>PA |
| RETEVMO TABS 120mg,<br>160mg<br>QL (60 tabs / 30 days)          | 4                          | NDS QL NM<br>PA |
| REVUFORJ TABS 25mg<br>QL (240 tabs / 30 days)                   | 4                          | NDS QL NM<br>PA |
| REVUFORJ TABS 110mg<br>QL (120 tabs / 30 days)                  | 4                          | NDS QL NM<br>PA |
| REVUFORJ TABS 160mg<br>QL (60 tabs / 30 days)                   | 4                          | NDS QL NM<br>PA |
| REZLIDHIA CAPS 150mg<br>QL (60 caps / 30 days)                  | 4                          | NDS QL NM<br>PA |
| ROMVIMZA CAPS 14mg,<br>20mg, 30mg<br>QL (8 caps / 28 days)      | 4                          | NDS QL NM<br>PA |
| ROZLYTREK CAPS 100mg<br>QL (180 caps / 30 days)                 | 4                          | NDS QL NM<br>PA |
| ROZLYTREK CAPS 200mg<br>QL (90 caps / 30 days)                  | 4                          | NDS QL NM<br>PA |
| ROZLYTREK PACK 50mg<br>QL (336 packets / 28<br>days)            | 4                          | NDS QL NM<br>PA |
| RUBRACA TABS 200mg,<br>250mg, 300mg<br>QL (120 tabs / 30 days)  | 4                          | NDS QL NM<br>PA |
| RYDAPT CAPS 25mg<br>QL (224 caps / 28 days)                     | 4                          | NDS QL NM<br>PA |
| SCSEMBLIX TABS 20mg<br>QL (60 tabs / 30 days)                   | 4                          | NDS QL NM<br>PA |
| SCSEMBLIX TABS 40mg<br>QL (300 tabs / 30 days)                  | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| SCSEMBLIX TABS 100mg<br>QL (120 tabs / 30 days)                                                             | 4                          | NDS QL NM<br>PA |
| <i>sorafenib tosylate</i> (generic of<br>NEXAVAR) TABS 200mg<br>QL (120 tabs / 30 days)                     | 4                          | NDS QL NM<br>PA |
| STIVARGA TABS 40mg<br>QL (84 tabs / 28 days)                                                                | 4                          | 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) | 4                          | NDS QL NM<br>PA |
| TABRECTA TABS 150mg,<br>200mg<br>QL (112 tabs / 28 days)                                                    | 4                          | NDS QL NM<br>PA |
| TAFINLAR CAPS 50mg,<br>75mg<br>QL (120 caps / 30 days)                                                      | 4                          | NDS QL NM<br>PA |
| TAFINLAR TBSO 10mg<br>QL (840 tabs / 28 days)                                                               | 4                          | NDS QL NM<br>PA |
| TAGRISO TABS 40mg,<br>80mg<br>QL (30 tabs / 30 days)                                                        | 4                          | NDS QL NM<br>PA |
| TALZENNA CAPS .1mg,<br>.35mg, .5mg, .75mg, 1mg<br>QL (30 caps / 30 days)                                    | 4                          | NDS QL NM<br>PA |
| TALZENNA CAPS .25mg<br>QL (90 caps / 30 days)                                                               | 4                          | NDS QL NM<br>PA |
| TAZVERIK TABS 200mg<br>QL (240 tabs / 30 days)                                                              | 4                          | NDS QL NM<br>PA |
| TECENTRIQ SOLN<br>840mg/14ml, 1200mg/20ml                                                                   | 4                          | NDS NM PA       |
| TECENTRIQ INJ HYBREZA<br>QL (1 vial / 21 days)                                                              | 4                          | NDS QL NM<br>PA |
| TEPMETKO TABS 225mg<br>QL (60 tabs / 30 days)                                                               | 4                          | NDS QL NM<br>PA |
| TIBSOVO TABS 250mg<br>QL (60 tabs / 30 days)                                                                | 4                          | NDS QL NM<br>PA |
| <i>torpenz</i> (generic of<br>AFINITOR) TABS 2.5mg,<br>5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days)           | 4                          | NDS QL NM<br>PA |
| TRAZIMERA SOLR 150mg,<br>420mg                                                                              | 4                          | NDS NM PA       |
| TRUQAP TABS 160mg,<br>200mg<br>QL (64 tabs / 28 days)                                                       | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------|----------------------------|-----------------|
| TRUQAP TBPK 160mg,<br>200mg<br>QL (4 packs / 28 days)                    | 4                          | NDS QL NM<br>PA |
| TRUXIMA SOLN<br>100mg/10ml, 500mg/50ml                                   | 4                          | NDS NM PA       |
| TUKYSA TABS 50mg,<br>150mg<br>QL (120 tabs / 30 days)                    | 4                          | NDS QL NM<br>PA |
| TURALIO CAPS 125mg<br>QL (120 caps / 30 days)                            | 4                          | NDS QL NM<br>PA |
| VANFLYTA TABS 17.7mg,<br>26.5mg<br>QL (56 tabs / 28 days)                | 4                          | NDS QL NM<br>PA |
| VENCLEXTA TABS 10mg<br>QL (112 tabs / 28 days)                           | 2                          | QL NM PA        |
| VENCLEXTA TABS 50mg<br>QL (112 tabs / 28 days)                           | 4                          | NDS QL NM<br>PA |
| VENCLEXTA TABS 100mg<br>QL (180 tabs / 30 days)                          | 4                          | NDS QL NM<br>PA |
| VENCLEXTA TAB START PK<br>QL (42 tabs / 28 days)                         | 4                          | NDS QL NM<br>PA |
| VERZENIO TABS 50mg,<br>100mg, 150mg, 200mg<br>QL (56 tabs / 28 days)     | 4                          | NDS QL NM<br>PA |
| VITRAKVI CAPS 25mg<br>QL (180 caps / 30 days)                            | 4                          | NDS QL NM<br>PA |
| VITRAKVI CAPS 100mg<br>QL (60 caps / 30 days)                            | 4                          | NDS QL NM<br>PA |
| VITRAKVI SOLN 20mg/ml<br>QL (300 mL / 30 days)                           | 4                          | NDS QL NM<br>PA |
| VIZIMPRO TABS 15mg,<br>30mg, 45mg<br>QL (30 tabs / 30 days)              | 4                          | NDS QL NM<br>PA |
| VONJO CAPS 100mg<br>QL (120 caps / 30 days)                              | 4                          | NDS QL NM<br>PA |
| VORANIGO TABS 10mg<br>QL (60 tabs / 30 days)                             | 4                          | NDS QL NM<br>PA |
| VORANIGO TABS 40mg<br>QL (30 tabs / 30 days)                             | 4                          | NDS QL NM<br>PA |
| XALKORI CAPS 200mg,<br>250mg; CPSP 20mg, 50mg<br>QL (120 caps / 30 days) | 4                          | NDS QL NM<br>PA |
| XALKORI CPSP 150mg<br>QL (180 caps / 30 days)                            | 4                          | NDS QL NM<br>PA |
| XOSPATA TABS 40mg<br>QL (90 tabs / 30 days)                              | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| XPOVIO PAK (40 MG ONCE<br>WEEKLY) TBPK 10mg<br>QL (16 tabs / 28 days)                                       | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (40 MG ONCE<br>WEEKLY) TBPK 40mg<br>QL (4 tabs / 28 days)                                        | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (40 MG TWICE<br>WEEKLY) TBPK 40mg<br>QL (8 tabs / 28 days)                                       | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (60 MG ONCE<br>WEEKLY) TBPK 60mg<br>QL (4 tabs / 28 days)                                        | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (60 MG TWICE<br>WEEKLY) TBPK 20mg<br>QL (24 tabs / 28 days)                                      | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (80 MG ONCE<br>WEEKLY) TBPK 40mg<br>QL (8 tabs / 28 days)                                        | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (80 MG TWICE<br>WEEKLY) TBPK 20mg<br>QL (32 tabs / 28 days)                                      | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (100 MG ONCE<br>WEEKLY) TBPK 50mg<br>QL (8 tabs / 28 days)                                       | 4                          | NDS QL NM<br>PA |
| ZEJULA TABS 100mg,<br>200mg, 300mg<br>QL (30 tabs / 30 days)                                                | 4                          | NDS QL NM<br>PA |
| ZELBORAF TABS 240mg<br>QL (240 tabs / 30 days)                                                              | 4                          | NDS QL NM<br>PA |
| ZIRABEV SOLN 100mg/4ml,<br>400mg/16ml                                                                       | 4                          | NDS NM PA       |
| ZOLINZA CAPS 100mg<br>QL (120 caps / 30 days)                                                               | 4                          | NDS QL NM<br>PA |
| ZYDELIG TABS 100mg,<br>150mg<br>QL (60 tabs / 30 days)                                                      | 4                          | NDS QL NM<br>PA |
| ZYKADIA TABS 150mg<br>QL (84 tabs / 28 days)                                                                | 4                          | NDS QL NM<br>PA |
| <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              |

| Drug Name                                                                                                    | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <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     |
| <i>amlodipine besylate-<br/>benazepril hcl cap 10-20 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days) | 1                          | QL     |
| <i>amlodipine besylate-<br/>benazepril hcl cap 10-40 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days) | 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                          |        |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------|----------------------------|--------|
| <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                          |        |
| <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                          |        |
| <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/>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>quinapril hcl (generic of<br/>ACCUPRIL) TABS 5mg,<br/>10mg, 20mg, 40mg</i>              | 1                          |        |
| <i>ramipril CAPS 1.25mg, 5mg,<br/>10mg</i>                                                 | 1                          |        |
| <i>ramipril (generic of ALTACE)<br/>CAPS 2.5mg</i>                                         | 1                          |        |
| <i>trandolapril TABS 1mg, 2mg,<br/>4mg</i>                                                 | 1                          |        |
| <b>ALDOSTERONE RECEPTOR<br/>ANTAGONISTS</b>                                                |                            |        |
| <i>eplerenone (generic of<br/>INSPIRA) TABS 25mg, 50mg</i>                                 | 1                          |        |

| Drug Name                                                                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| KERENDIA TABS 10mg, 20mg<br>QL (30 tabs / 30 days)                                                                            | 2                          | QL     |
| <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                          |        |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>                                                                        |                            |        |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)<br>QL (30 tabs / 30 days)                              | 1                          | QL     |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)<br>QL (30 tabs / 30 days)                              | 1                          | QL     |

| Drug Name                                                                                                         | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)<br>QL (30 tabs / 30 days)                 | 1                          | QL     |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)<br>QL (30 tabs / 30 days)                 | 1                          | QL     |
| 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                          |        |
| <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     |

| Drug Name                                                                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <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>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     |

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <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     |
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg<br>QL (30 tabs / 30 days)                | 1                          | QL     |
| <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                          |        |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <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                          |        |
| MULTAQ TABS 400mg<br>QL (60 tabs / 30 days)                                                            | 3                          | QL     |
| <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                          |        |
| <b>ANTIPEMICS, FIBRATES</b>                                                                            |                            |        |
| <i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg                                                | 1                          |        |
| <i>fenofibrate</i> TABS 54mg, 160mg                                                                    | 1                          |        |
| <i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg                                                  | 1                          |        |
| <i>gemfibrozil</i> (generic of LOPID) TABS 600mg                                                       | 1                          |        |
| <b>ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                                                        |                            |        |
| <i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg<br>QL (60 tabs / 30 days)                                      | 1                          | QL     |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days)                        | 1                          | QL     |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <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     |
| <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                          |        |
| <i>ezetimibe</i> (generic of ZETIA) TABS 10mg<br>QL (30 tabs / 30 days)                               | 1                          | QL     |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN)<br>QL (30 tabs / 30 days)              | 1                          | QL     |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN)<br>QL (30 tabs / 30 days)              | 1                          | QL     |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN)<br>QL (30 tabs / 30 days)              | 1                          | QL     |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)<br>QL (30 tabs / 30 days)              | 1                          | QL     |
| NEXLETOL TABS 180mg<br>QL (30 tabs / 30 days)                                                         | 2                          | QL     |
| NEXLIZET TAB 180/10MG<br>QL (30 tabs / 30 days)                                                       | 2                          | QL     |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------------------------------|----------------------------|----------|
| <i>niacin (antihyperlipidemic)</i><br>TBCR 500mg, 750mg,<br>1000mg<br>QL (60 tabs / 30 days) | 1                          | QL       |
| <i>omega-3-acid ethyl esters cap</i><br><i>1 gm</i> (generic of LOVAZA)                      | 1                          | PA       |
| <i>prevalite</i> PACK 4gm                                                                    | 1                          |          |
| <i>prevalite</i> (generic of<br>QUESTRAN LIGHT) POWD<br>4gm/dose                             | 1                          |          |
| REPATHA SOSY 140mg/ml<br>QL (6 syringes / 28<br>days)                                        | 2                          | QL NM PA |
| REPATHA SURECLICK<br>SOAJ 140mg/ml<br>QL (6 autoinjectors / 28<br>days)                      | 2                          | QL NM PA |
| VASCEPA CAPS .5gm, 1gm                                                                       | 2                          |          |
| <b>BETA-BLOCKER/DIURETIC<br/>COMBINATIONS</b>                                                |                            |          |
| <i>atenolol &amp; chlorthalidone tab</i><br><i>50-25 mg</i> (generic of<br>TENORETIC 50)     | 1                          |          |
| <i>atenolol &amp; chlorthalidone tab</i><br><i>100-25 mg</i> (generic of<br>TENORETIC 100)   | 1                          |          |
| <i>bisoprolol &amp;</i><br><i>hydrochlorothiazide tab 2.5-</i><br><i>6.25 mg</i>             | 1                          |          |
| <i>bisoprolol &amp;</i><br><i>hydrochlorothiazide tab 5-6.25</i><br><i>mg</i>                | 1                          |          |
| <i>bisoprolol &amp;</i><br><i>hydrochlorothiazide tab 10-</i><br><i>6.25 mg</i>              | 1                          |          |
| <i>metoprolol &amp;</i><br><i>hydrochlorothiazide tab 50-25</i><br><i>mg</i>                 | 1                          |          |
| <i>metoprolol &amp;</i><br><i>hydrochlorothiazide tab 100-</i><br><i>25 mg</i>               | 1                          |          |
| <i>metoprolol &amp;</i><br><i>hydrochlorothiazide tab 100-</i><br><i>50 mg</i>               | 1                          |          |
| <b>BETA-BLOCKERS</b>                                                                         |                            |          |
| <i>acebutolol hcl</i> CAPS 200mg,<br>400mg                                                   | 1                          |          |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>atenolol</i> (generic of<br>TENORMIN) TABS 25mg,<br>50mg, 100mg                               | 1                          |        |
| <i>bisoprolol fumarate</i> TABS<br>5mg, 10mg                                                     | 1                          |        |
| <i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg,<br>12.5mg, 25mg                       | 1                          |        |
| <i>labetalol hcl</i> TABS 100mg,<br>200mg, 300mg                                                 | 1                          |        |
| <i>metoprolol succinate</i> (generic<br>of TOPROL XL) TB24 25mg,<br>50mg, 100mg, 200mg           | 1                          |        |
| <i>metoprolol tartrate</i> SOLN<br>5mg/5ml; TABS 25mg                                            | 1                          |        |
| <i>metoprolol tartrate</i> (generic of<br>LOPRESSOR) TABS 50mg,<br>100mg                         | 1                          |        |
| <i>nadolol</i> TABS 20mg, 40mg,<br>80mg                                                          | 1                          |        |
| <i>nebivolol hcl</i> (generic of<br>BYSTOLIC) TABS 2.5mg,<br>5mg, 10mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>nebivolol hcl</i> (generic of<br>BYSTOLIC) TABS 20mg<br>QL (60 tabs / 30 days)                | 1                          | QL     |
| <i>pindolol</i> TABS 5mg, 10mg                                                                   | 1                          |        |
| <i>propranolol hcl</i> (generic of<br>INDERAL LA) CP24 60mg,<br>80mg, 120mg, 160mg               | 1                          |        |
| <i>propranolol hcl</i> SOLN<br>20mg/5ml, 40mg/5ml; TABS<br>10mg, 20mg, 40mg, 60mg,<br>80mg       | 1                          |        |
| <i>timolol maleate</i> TABS 5mg,<br>10mg, 20mg                                                   | 1                          |        |
| <b>CALCIUM CHANNEL BLOCKERS</b>                                                                  |                            |        |
| <i>amlodipine besylate</i> (generic<br>of NORVASC) TABS 2.5mg,<br>5mg, 10mg                      | 1                          |        |
| <i>cartia xt</i> (generic of<br>CARDIZEM CD) CP24<br>120mg, 180mg, 240mg,<br>300mg               | 1                          |        |
| <i>dilt-xr</i> CP24 120mg, 180mg,<br>240mg                                                       | 1                          |        |

| Drug Name                                                                                                             | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <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 coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg                     | 1                                 |
| <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>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>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                                   | 1                                 |
| <i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1                                 |
| <i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg                                                    | 1                                 |
| <b>DIURETICS</b>                                                                                                      |                                   |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg                                                                    | 1                                 |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>                                                                | 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                                 |

| Drug Name                                                                                   | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------|-----------------------------------|
| <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                                 |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg                             | 1                                 |
| <i>indapamide</i> TABS 1.25mg, 2.5mg                                                        | 1                                 |
| <i>methazolamide</i> TABS 25mg, 50mg                                                        | 1                                 |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg                                                     | 1                                 |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>                                | 1                                 |
| <i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg                                                | 1                                 |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>                                 | 1                                 |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>                                 | 1                                 |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>                                   | 1                                 |
| <b>MISCELLANEOUS</b>                                                                        |                                   |
| <i>aliskiren fumarate</i> (generic of TEKTRONA) TABS 150mg, 300mg<br>QL (30 tabs / 30 days) | 1 QL                              |
| <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 hcl</i> TABS .1mg, .2mg, .3mg                                                  | 1                                 |
| <i>CORLANOR</i> SOLN 5mg/5ml<br>QL (450 mL / 30 days)                                       | 3 QL                              |
| <i>digoxin</i> SOLN .05mg/ml                                                                | 1                                 |



| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml                                     | 1                          |              |
| <i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg<br>QL (30 tabs / 30 days)     | 1                          | QL           |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 100mg<br>QL (90 caps / 30 days)           | 1                          | QL NM PA     |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg<br>QL (180 caps / 30 days)   | 4                          | NDS QL NM PA |
| <i>epinephrine</i> ( <i>anaphylaxis</i> ) SOLN 1mg/ml                                 | 1                          |              |
| <i>guanfacine hcl</i> TABS 1mg, 2mg<br>PA applies if 65 years and older               | 2                          | PA           |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg                     | 1                          |              |
| <i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg<br>QL (60 tabs / 30 days) | 1                          | QL           |
| <i>metirosine</i> (generic of DEMSER) CAPS 250mg                                      | 4                          | NDS NM PA    |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg                                            | 1                          |              |
| <i>minoxidil</i> TABS 2.5mg, 10mg                                                     | 1                          |              |
| <i>ranolazine</i> TB12 500mg, 1000mg                                                  | 1                          |              |
| VERQUVO TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days)                               | 2                          | QL PA        |
| <b>NITRATES</b>                                                                       |                            |              |
| <i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg                   | 1                          |              |
| <i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg                                     | 1                          |              |
| <i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg                                  | 1                          |              |
| NITRO-BID OINT 2%                                                                     | 2                          |              |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr                          | 1                          |              |

| Drug Name                                                                                                             | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <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<br>QL (90 tabs / 30 days)                                                   | 4                          | NDS QL NM PA |
| <i>alyq</i> (generic of ADCIRCA) TABS 20mg<br>QL (60 tabs / 30 days)                                                  | 4                          | NDS QL NM PA |
| <i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                     | 4                          | NDS QL NM PA |
| <i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg<br>QL (60 tabs / 30 days)                                    | 4                          | NDS QL NM PA |
| OPSUMIT TABS 10mg<br>QL (30 tabs / 30 days)                                                                           | 4                          | NDS QL NM PA |
| <i>sildenafil citrate</i> ( <i>pulmonary hypertension</i> ) (generic of REVATIO) TABS 20mg<br>QL (360 tabs / 30 days) | 1                          | QL NM PA     |
| <i>tadalafil</i> ( <i>pulmonary hypertension</i> ) (generic of ADCIRCA) TABS 20mg<br>QL (60 tabs / 30 days)           | 1                          | QL NM PA     |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml                                                 | 4                          | NDS NM PA    |
| UPTRAVI TABS 200mcg<br>QL (140 tabs / 28 days)                                                                        | 4                          | NDS QL NM PA |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg<br>QL (60 tabs / 30 days)                     | 4                          | NDS QL NM PA |
| UPTRAVI PACK TAB 200/800<br>QL (1 pack / 28 days)                                                                     | 4                          | NDS QL NM PA |
| WINREVAIR KIT 45mg, 60mg<br>QL (2 vials / 21 days)                                                                    | 4                          | NDS QL NM PA |
| WINREVAIR INJ 45MG<br>QL (2 vials / 21 days)                                                                          | 4                          | NDS QL NM PA |
| WINREVAIR INJ 60MG<br>QL (2 vials / 21 days)                                                                          | 4                          | NDS QL NM PA |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg<br>QL (140 caps / 28 days)                                                      | 4                          | NDS QL NM PA |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| YUTREPIA CAPS 106mcg<br>QL (224 caps / 28 days)                                                  | 4                          | NDS QL NM<br>PA |
| <b>CENTRAL NERVOUS SYSTEM<br/>ANTIANXIETY</b>                                                    |                            |                 |
| <i>alprazolam</i> (generic of<br>XANAX) TABS .25mg, .5mg,<br>1mg, 2mg<br>QL (150 tabs / 30 days) | 1                          | QL              |
| <i>buspirone hcl</i> TABS 5mg,<br>7.5mg, 10mg, 15mg, 30mg                                        | 1                          |                 |
| <i>fluvoxamine maleate</i> TABS<br>25mg, 50mg, 100mg                                             | 1                          |                 |
| <i>lorazepam</i> CONC 2mg/ml<br>QL (150 mL / 30 days)                                            | 1                          | QL              |
| <i>lorazepam</i> (generic of<br>ATIVAN) SOLN 4mg/ml,<br>20mg/10ml                                | 1                          |                 |
| <i>lorazepam</i> (generic of<br>ATIVAN) TABS .5mg, 1mg,<br>2mg<br>QL (150 tabs / 30 days)        | 1                          | QL              |
| <i>lorazepam intensol</i> CONC<br>2mg/ml<br>QL (150 mL / 30 days)                                | 1                          | QL              |
| <b>ANTIDEMENTIA</b>                                                                              |                            |                 |
| <i>donepezil hydrochloride</i><br>(generic of ARICEPT) TABS<br>5mg<br>QL (30 tabs / 30 days)     | 1                          | QL              |
| <i>donepezil hydrochloride</i><br>(generic of ARICEPT) TABS<br>10mg                              | 1                          |                 |
| <i>donepezil hydrochloride</i><br>TBDP 5mg<br>QL (30 tabs / 30 days)                             | 1                          | QL              |
| <i>donepezil hydrochloride</i><br>TBDP 10mg                                                      | 1                          |                 |
| <i>galantamine hydrobromide</i><br>CP24 8mg, 16mg, 24mg<br>QL (30 caps / 30 days)                | 1                          | QL              |
| <i>galantamine hydrobromide</i><br>SOLN 4mg/ml<br>QL (200 mL / 30 days)                          | 1                          | QL              |
| <i>galantamine hydrobromide</i><br>TABS 4mg, 8mg, 12mg<br>QL (60 tabs / 30 days)                 | 1                          | QL              |

| Drug Name                                                                                                                   | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>memantine hcl</i> CP24 7mg,<br>14mg, 21mg, 28mg; SOLN<br>2mg/ml; TABS 5mg, 10mg<br>PA applies if 29 years and<br>younger | 1                          | PA     |
| <i>memantine hcl-donepezil hcl</i><br>cap er 24hr 14-10 mg (generic<br>of NAMZARIC)                                         | 1                          |        |
| <i>memantine hcl-donepezil hcl</i><br>cap er 24hr 21-10 mg (generic<br>of NAMZARIC)                                         | 1                          |        |
| <i>memantine hcl-donepezil hcl</i><br>cap er 24hr 28-10 mg (generic<br>of NAMZARIC)                                         | 1                          |        |
| NAMZARIC CAP 7-10MG                                                                                                         | 3                          |        |
| <i>rivastigmine</i> (generic of<br>EXELON) PT24 4.6mg/24hr,<br>9.5mg/24hr, 13.3mg/24hr<br>QL (30 patches / 30<br>days)      | 1                          | QL     |
| <i>rivastigmine tartrate</i> CAPS<br>1.5mg, 3mg, 4.5mg, 6mg<br>QL (60 caps / 30 days)                                       | 1                          | QL     |
| <b>ANTIDEPRESSANTS</b>                                                                                                      |                            |        |
| <i>amitriptyline hcl</i> TABS 10mg,<br>25mg, 50mg, 75mg, 100mg,<br>150mg<br>PA applies if 65 years and<br>older             | 2                          | PA     |
| <i>amoxapine</i> TABS 25mg,<br>50mg, 100mg, 150mg<br>PA applies if 65 years and<br>older                                    | 2                          | PA     |
| AUVELITY TAB 45-105MG<br>QL (60 tabs / 30 days)                                                                             | 3                          | QL PA  |
| <i>bupropion hcl</i> TABS 75mg,<br>100mg                                                                                    | 1                          |        |
| <i>bupropion hcl</i> (generic of<br>WELLBUTRIN SR) TB12<br>100mg, 150mg, 200mg<br>QL (60 tabs / 30 days)                    | 1                          | QL     |
| <i>bupropion hcl</i> (generic of<br>WELLBUTRIN XL) TB24<br>150mg<br>QL (60 tabs / 30 days)                                  | 1                          | QL     |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <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                          |           |
| <i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg                                           | 3                          | PA        |
| <i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg<br>PA applies if 65 years and older              | 3                          | PA        |
| <i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg<br>PA applies if 65 years and older                       | 3                          | PA        |
| <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<br>PA applies if 65 years and older | 2                          | PA        |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg<br>QL (60 caps / 30 days)                                        | 3                          | QL PA     |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg<br>QL (60 caps / 30 days)                                          | 1                          | QL        |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr<br>QL (30 patches / 30 days)                                          | 4                          | 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     |

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| 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>imipramine hcl</i> TABS 10mg, 25mg, 50mg<br>PA applies if 65 years and older                          | 1                          | PA     |
| 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)<br>PA applies if 65 years and older         | 3                          | QL PA  |
| <i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg<br>PA applies if 65 years and older | 1                          | 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  |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg             | 1                          |              |
| <i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg                              | 1                          |              |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg                                               | 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)                                         | 4                          | NDS QL NM PA |
| ZURZUVAE CAPS 30mg<br>QL (14 caps / 14 days)                                               | 4                          | 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                          |              |
| <i>benztropine mesylate</i> SOLN 1mg/ml                                                    | 1                          |              |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg<br>PA applies if 65 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                          |              |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>carb/levo orally disintegrating tab 25-100mg</i>                                      | 1                          |              |
| <i>carb/levo orally disintegrating tab 25-250mg</i>                                      | 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                          |              |
| <i>entacapone</i> TABS 200mg                                                             | 1                          |              |
| INBRIJA CAPS 42mg<br>QL (300 caps / 30 days)                                             | 4                          | NDS QL NM PA |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg           | 1                          |              |
| <i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg<br>QL (30 tabs / 30 days) | 1                          | QL           |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg                | 1                          |              |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg                                                 | 1                          |              |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml                                                                       | 2                          |        |
| <i>trihexyphenidyl hcl</i> TABS 2mg, 5mg                                                                      | 1                          |        |
| <b>ANTIPSYCHOTICS</b>                                                                                         |                            |        |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml<br>QL (1 syringe / 56 days)                                   | 4                          | NDS QL |
| ABILIFY MAINTENA PRSY 300mg, 400mg<br>QL (1 syringe / 28 days)                                                | 4                          | NDS QL |
| ABILIFY MAINTENA SRER 300mg, 400mg<br>QL (1 injection / 28 days)                                              | 4                          | NDS QL |
| <i>aripiprazole</i> SOLN 1mg/ml<br>QL (900 mL / 30 days)                                                      | 1                          | QL     |
| <i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days)      | 1                          | QL     |
| <i>aripiprazole</i> TBDP 10mg, 15mg<br>QL (60 tabs / 30 days)                                                 | 1                          | QL ST  |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml<br>QL (1 syringe / 28 days)                               | 4                          | NDS QL |
| ARISTADA PRSY 1064mg/3.9ml<br>QL (1 syringe / 56 days)                                                        | 4                          | NDS QL |
| ARISTADA INITIO PRSY 675mg/2.4ml                                                                              | 4                          | NDS    |
| <i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days)                 | 1                          | QL     |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg<br>QL (30 caps / 30 days)                                                     | 4                          | NDS QL |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1                          |        |
| <i>clozapine</i> (generic of CLOZARIL) TABS 25mg                                                              | 1                          |        |
| <i>clozapine</i> TABS 50mg                                                                                    | 1                          |        |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>clozapine</i> (generic of 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, 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)                                                  | 4                          | NDS QL PA |
| COBENFY CAP 100-20MG<br>QL (60 caps / 30 days)                                                 | 4                          | NDS QL PA |
| COBENFY CAP 125-30MG<br>QL (60 caps / 30 days)                                                 | 4                          | NDS QL PA |
| COBENFY STRT CAP PACK<br>QL (2 packs / year)                                                   | 4                          | NDS QL PA |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days)                      | 4                          | 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> SOLN 25mg/ml                                                     | 1                          |           |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 1                          |           |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg                                        | 1                          |           |
| <i>haloperidol decanoate</i> SOLN 50mg/ml                                                      | 1                          |           |
| <i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml                   | 1                          |           |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml                                            | 1                          |           |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml<br>QL (1 injection / 180 days)                    | 4                          | NDS QL    |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| INVEGA SUSTENNA SUSY 39mg/0.25ml<br>QL (1 syringe / 28 days)                                          | 3                          | QL           |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml<br>QL (1 syringe / 28 days)      | 4                          | NDS QL       |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml<br>QL (1 syringe / 90 days) | 4                          | NDS QL       |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg                                                  | 1                          |              |
| <i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg<br>QL (30 tabs / 30 days)      | 1                          | QL           |
| <i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg<br>QL (60 tabs / 30 days)                         | 1                          | QL           |
| LYBALVI TAB 5-10MG<br>QL (30 tabs / 30 days)                                                          | 4                          | NDS QL       |
| LYBALVI TAB 10-10MG<br>QL (30 tabs / 30 days)                                                         | 4                          | NDS QL       |
| LYBALVI TAB 15-10MG<br>QL (30 tabs / 30 days)                                                         | 4                          | NDS QL       |
| LYBALVI TAB 20-10MG<br>QL (30 tabs / 30 days)                                                         | 4                          | NDS QL       |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg                                                             | 1                          |              |
| NUPLAZID CAPS 34mg<br>QL (30 caps / 30 days)                                                          | 4                          | NDS QL NM PA |
| NUPLAZID TABS 10mg<br>QL (30 tabs / 30 days)                                                          | 4                          | NDS QL NM PA |
| <i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg<br>QL (3 vials / 1 day)                              | 1                          | QL           |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg<br>QL (60 tabs / 30 days)                      | 1                          | QL           |
| <i>olanzapine</i> TABS 7.5mg, 15mg<br>QL (30 tabs / 30 days)                                          | 1                          | QL           |
| <i>olanzapine</i> TABS 10mg<br>QL (60 tabs / 30 days)                                                 | 1                          | QL           |

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

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| REXULTI TABS .25mg, .5mg, 1mg, 2mg<br>QL (60 tabs / 30 days)                                                   | 4                          | 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        |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg<br>QL (2 injections / 28 days) | 4                          | NDS QL    |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr<br>QL (30 patches / 30 days)                                   | 4                          | 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                          |           |
| VERSACLOZ SUSP 50mg/ml<br>QL (600 mL / 30 days)                                                                | 4                          | NDS QL PA |
| VRAYLAR CAPS 1.5mg<br>QL (60 caps / 30 days)                                                                   | 4                          | NDS QL    |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg<br>QL (30 caps / 30 days)                                                         | 4                          | NDS QL    |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <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)                                               | 4                          | NDS QL    |
| APTIOM TABS 600mg, 800mg<br>QL (60 tabs / 30 days)                                               | 4                          | NDS QL    |
| BRIVIACT SOLN 10mg/ml<br>QL (600 mL / 30 days)                                                   | 4                          | NDS QL PA |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg<br>QL (60 tabs / 30 days)                            | 4                          | 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        |

| Drug Name                                                                                                                                             | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <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)                                                                                                        | 4                          | NDS QL NM PA |
| DIACOMIT CAPS 500mg<br>QL (180 caps / 30 days)                                                                                                        | 4                          | NDS QL NM PA |
| DIACOMIT PACK 250mg<br>QL (360 packets / 30 days)                                                                                                     | 4                          | NDS QL NM PA |
| DIACOMIT PACK 500mg<br>QL (180 packets / 30 days)                                                                                                     | 4                          | 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                          |              |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg                        | 1                          |              |
| EPIDIOLEX SOLN 100mg/ml<br>QL (600 mL / 30 days)                                               | 4                          | 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        |
| <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)                                                | 4                          | NDS QL NM PA |
| FYCOMPA SUSP .5mg/ml<br>QL (680 mL / 28 days)                                                  | 4                          | 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)                               | 4                          | 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           |



| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <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     |
| <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     |
| <i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 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>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                          |        |

| Drug Name                                                                                                                                        | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <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                          |           |
| NAYZILAM SOLN 5mg/0.1ml<br>QL (10 nasal units / 30 days)                                                                                         | 3                          | QL        |
| <i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg                                                             | 1                          |           |
| <i>perampanel</i> (generic of FYCOMPA) TABS 2mg<br>QL (60 tabs / 30 days)                                                                        | 1                          | QL PA     |
| <i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (30 tabs / 30 days)                                                  | 4                          | NDS QL PA |
| <i>phenobarbital</i> ELIX 20mg/5ml<br>QL (1500 mL / 30 days)<br>PA applies if 65 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 65 years and older | 2                          | QL PA     |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml<br>PA applies if 65 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                          |           |

| Drug Name                                                                                                                                | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <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)<br>PA applies if 65 years and older | 1                          | QL PA     |
| <i>pregabalin</i> (generic of LYRICA) CAPS 200mg<br>QL (90 caps / 30 days)<br>PA applies if 65 years and older                           | 1                          | QL PA     |
| <i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older                    | 1                          | QL PA     |
| <i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older                          | 1                          | QL PA     |
| <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)                                                             | 4                          | 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)                                                              | 4                          | 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        |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------|----------------------------|--------------|
| <i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg          | 1                          |              |
| SYMPAZAN FILM 5mg, 10mg, 20mg<br>QL (60 films / 30 days)                       | 4                          | 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        |
| <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 / 30 days)            | 3                          | QL           |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml<br>QL (10 blister packs / 30 days)          | 3                          | QL           |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml<br>QL (10 blister packs / 30 days)         | 3                          | QL           |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml<br>QL (10 blister packs / 30 days)          | 3                          | QL           |
| <i>vigabatrin</i> (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30 days) | 4                          | NDS QL NM PA |
| <i>vigabatrin</i> (generic of SABRIL) TABS 500mg<br>QL (180 tabs / 30 days)    | 4                          | NDS QL NM PA |
| <i>vigadrone</i> (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30 days)  | 4                          | NDS QL NM PA |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>vigadrone</i> (generic of SABRIL) TABS 500mg<br>QL (180 tabs / 30 days)                                | 4                          | NDS QL NM<br>PA |
| VIGAFYDE SOLN 100mg/ml<br>QL (900 mL / 30 days)                                                           | 4                          | NDS QL NM<br>PA |
| <i>vigpoder</i> (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30 days)                              | 4                          | NDS QL NM<br>PA |
| XCOPRI TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)                                                   | 4                          | NDS QL          |
| XCOPRI TABS 150mg, 200mg<br>QL (60 tabs / 30 days)                                                        | 4                          | NDS QL          |
| XCOPRI PAK 12.5-25<br>QL (28 tabs / 28 days)                                                              | 3                          | QL              |
| XCOPRI PAK 50-100MG<br>QL (28 tabs / 28 days)                                                             | 4                          | NDS QL          |
| XCOPRI PAK 100-150<br>QL (56 tabs / 28 days)                                                              | 4                          | NDS QL          |
| XCOPRI PAK 150-200MG (MAINTENANCE)<br>QL (56 tabs / 28 days)                                              | 4                          | NDS QL          |
| XCOPRI PAK 150-200MG (TITRATION)<br>QL (28 tabs / 28 days)                                                | 4                          | NDS QL          |
| ZONISADE SUSP 100mg/5ml<br>QL (900 mL / 30 days)                                                          | 4                          | NDS QL PA       |
| <i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg                                                  | 1                          |                 |
| <i>zonisamide</i> CAPS 50mg                                                                               | 1                          |                 |
| ZTALMY SUSP 50mg/ml<br>QL (1100 mL / 30 days)                                                             | 4                          | NDS QL NM<br>PA |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>                                                           |                            |                 |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR)<br>QL (30 caps / 30 days)  | 1                          | QL PA           |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR)<br>QL (30 caps / 30 days) | 1                          | QL PA           |

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

| Drug Name                                                                                                                          | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <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     |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days)                                      | 1                          | QL PA  |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg<br>QL (60 tabs / 30 days)                                             | 1                          | QL PA  |
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 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 65 years and older           | 2                          | QL PA  |
| <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> TBCR 10mg, 20mg<br>QL (90 tabs / 30 days)                                                               | 1                          | QL PA  |
| <b>HYPNOTICS</b>                                                                                                                   |                            |        |
| DAYVIGO TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                                                                   | 2                          | QL     |

| Drug Name                                                                                                                                                          | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg<br>QL (30 tabs / 30 days)                                                                            | 1                          | QL           |
| <i>ramelteon</i> (generic of ROZEREM) TABS 8mg<br>QL (30 tabs / 30 days)                                                                                           | 1                          | QL           |
| <i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg<br>QL (30 caps / 30 days)                                                                                        | 4                          | NDS QL NM PA |
| <i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older                                              | 1                          | QL PA        |
| <i>temazepam</i> (generic of RESTORIL) CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older                                                     | 1                          | QL PA        |
| <i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg<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        |
| <b>MIGRAINE</b>                                                                                                                                                    |                            |              |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml<br>QL (1 pen / 30 days)                                                                                                             | 2                          | QL NM PA     |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml<br>QL (8 mL / 30 days)                                                                                               | 4                          | NDS QL PA    |
| EMGALITY SOAJ 120mg/ml<br>QL (2 pens / 30 days)                                                                                                                    | 2                          | QL NM PA     |
| EMGALITY SOSY 100mg/ml<br>QL (3 syringes / 30 days)                                                                                                                | 2                          | QL NM PA     |
| EMGALITY SOSY 120mg/ml<br>QL (2 syringes / 30 days)                                                                                                                | 2                          | QL NM PA     |
| <i>ergotamine w/ caffeine tab</i> 1-100 mg<br>QL (40 tabs / 28 days)                                                                                               | 1                          | QL PA        |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg<br>QL (12 tabs / 30 days)                                                                                                   | 1                          | QL           |
| NURTEC TBDP 75mg<br>QL (16 tabs / 30 days)                                                                                                                         | 2                          | QL 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       |
|------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| QULIPTA TABS 10mg, 30mg, 60mg<br>QL (30 tabs / 30 days)                                                          | 2                          | QL PA        |
| <i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg<br>QL (18 tabs / 30 days)                                         | 1                          | QL           |
| <i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg<br>QL (18 tabs / 30 days)                              | 1                          | QL           |
| <i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 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 4mg/0.5ml; SOCT 4mg/0.5ml<br>QL (18 injections / 30 days)                      | 1                          | QL           |
| <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml<br>QL (12 injections / 30 days) | 1                          | QL           |
| <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml<br>QL (12 injections / 30 days) | 1                          | QL           |
| <i>sumatriptan succinate</i> SOLN 6mg/0.5ml<br>QL (12 injections / 30 days)                                      | 1                          | QL           |
| <i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg<br>QL (12 tabs / 30 days)               | 1                          | QL           |
| UBRELVY TABS 50mg, 100mg<br>QL (16 tabs / 30 days)                                                               | 2                          | QL PA        |
| <b>MISCELLANEOUS</b>                                                                                             |                            |              |
| AUSTEDO TABS 6mg<br>QL (60 tabs / 30 days)                                                                       | 4                          | NDS QL NM PA |
| AUSTEDO TABS 9mg, 12mg<br>QL (120 tabs / 30 days)                                                                | 4                          | NDS QL NM PA |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------|----------------------------|--------------|
| AUSTEDO XR TB24 6mg<br>QL (90 tabs / 30 days)                                    | 4                          | NDS QL NM PA |
| AUSTEDO XR TB24 12mg<br>QL (120 tabs / 30 days)                                  | 4                          | NDS QL NM PA |
| AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg<br>QL (30 tabs / 30 days)           | 4                          | NDS QL NM PA |
| AUSTEDO XR TB24 24mg<br>QL (60 tabs / 30 days)                                   | 4                          | NDS QL NM PA |
| AUSTEDO XR TAB TITR KIT<br>QL (2 packs / year)                                   | 4                          | NDS QL NM PA |
| <i>lithium</i> SOLN 8meq/5ml                                                     | 1                          |              |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg        | 1                          |              |
| <i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg                        | 1                          |              |
| NUEDEXTA CAP 20-10MG<br>QL (60 caps / 30 days)                                   | 4                          | NDS QL PA    |
| <i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg                    | 1                          |              |
| <i>riluzole</i> TABS 50mg                                                        | 1                          |              |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg<br>QL (90 tabs / 30 days) | 1                          | QL NM PA     |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg<br>QL (120 tabs / 30 days)  | 4                          | NDS QL NM PA |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                                 |                            |              |
| BAFIERTAM CPDR 95mg<br>QL (120 caps / 30 days)                                   | 4                          | NDS QL NM PA |
| BETASERON KIT .3mg<br>QL (14 kits / 28 days)                                     | 4                          | NDS QL NM PA |
| COPAXONE SOSY 20mg/ml<br>QL (30 syringes / 30 days)                              | 4                          | NDS QL NM PA |
| COPAXONE SOSY 40mg/ml<br>QL (12 syringes / 28 days)                              | 4                          | NDS QL NM PA |
| <i>dalfampridine</i> (generic of AMPYRA) TB12 10mg<br>QL (60 tabs / 30 days)     | 1                          | QL NM PA     |
| <i>ingolimod hcl</i> (generic of GILENYA) CAPS .5mg<br>QL (30 caps / 30 days)    | 4                          | NDS QL NM PA |

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml<br>QL (30 syringes / 30 days)              | 4                          | NDS QL NM<br>PA |
| <i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml<br>QL (12 syringes / 28 days)              | 4                          | NDS QL NM<br>PA |
| <i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml<br>QL (30 syringes / 30 days)                         | 4                          | NDS QL NM<br>PA |
| <i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml<br>QL (12 syringes / 28 days)                         | 4                          | NDS QL NM<br>PA |
| KESIMPTA SOAJ 20mg/0.4ml<br>QL (16 pens / 365 days)                                                     | 4                          | NDS QL NM<br>PA |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                                                   |                            |                 |
| <i>baclofen</i> TABS 5mg<br>QL (90 tabs / 30 days)                                                      | 1                          | QL              |
| <i>baclofen</i> TABS 10mg, 20mg                                                                         | 1                          |                 |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and older | 2                          | QL PA           |
| <i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg                                                | 1                          |                 |
| <i>dantrolene sodium</i> CAPS 50mg, 100mg                                                               | 1                          |                 |
| <i>tizanidine hcl</i> TABS 2mg                                                                          | 1                          |                 |
| <i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg                                                    | 1                          |                 |
| <b>NARCOLEPSY/CATAPLEXY</b>                                                                             |                            |                 |
| <i>armodafinil</i> (generic of NUVIGIL) TABS 50mg<br>QL (60 tabs / 30 days)                             | 1                          | QL PA           |
| <i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg<br>QL (30 tabs / 30 days)              | 1                          | QL PA           |
| <i>modafinil</i> (generic of PROVIGIL) TABS 100mg<br>QL (30 tabs / 30 days)                             | 1                          | QL PA           |

| Drug Name                                                                                                             | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>modafinil</i> (generic of PROVIGIL) TABS 200mg<br>QL (60 tabs / 30 days)                                           | 1                          | QL PA           |
| SODIUM OXYBATE SOLN 500mg/ml<br>QL (540 mL / 30 days)                                                                 | 4                          | NDS QL NM<br>PA |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                                                                         |                            |                 |
| <i>acamprosate calcium</i> TBEC 333mg                                                                                 | 1                          |                 |
| <i>buprenorphine hcl</i> SUBL 2mg<br>QL (180 tabs / 30 days)                                                          | 1                          | QL              |
| <i>buprenorphine hcl</i> SUBL 8mg<br>QL (120 tabs / 30 days)                                                          | 1                          | QL              |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (180 films / 30 days) | 1                          | QL              |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (90 films / 30 days)    | 1                          | QL              |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (120 films / 30 days)   | 1                          | QL              |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (90 films / 30 days)   | 1                          | QL              |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i><br>QL (180 tabs / 30 days)                         | 1                          | QL              |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i><br>QL (120 tabs / 30 days)                           | 1                          | QL              |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg<br>QL (60 tabs / 30 days)                                         | 1                          | QL              |
| <i>disulfiram</i> TABS 250mg, 500mg                                                                                   | 1                          |                 |
| KLOXXADO LIQD 8mg/0.1ml                                                                                               | 2                          |                 |
| <i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml                       | 1                          |                 |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>naltrexone hcl</i> TABS 50mg                                                               | 1                          |        |
| NICOTROL NS SOLN 10mg/ml                                                                      | 3                          |        |
| <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                                                                           | 4                          | NDS NM |
| <b>ENDOCRINE AND METABOLIC ANDROGENS</b>                                                      |                            |        |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg                                                        | 1                          | PA     |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml                                              | 1                          | PA     |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm<br>QL (300 gm / 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  |
| <b>ANTIDIABETICS</b>                                                                          |                            |        |
| <i>acarbose</i> TABS 25mg, 50mg, 100mg                                                        | 1                          |        |
| <i>dapagliflozin propanediol</i> TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                     | 2                          | QL     |
| 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     |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------|----------------------------|--------|
| <i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg<br>QL (60 tabs / 30 days) | 1                          | QL     |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i><br>QL (240 tabs / 30 days)       | 1                          | QL     |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i><br>QL (120 tabs / 30 days)       | 1                          | QL     |
| <i>glipizide-metformin hcl tab 5-500 mg</i><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 ST  |
| 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     |
| <i>metformin hcl</i> TABS 500mg<br>QL (150 tabs / 30 days)                     | 1                          | QL     |

| Drug Name                                                                                                                 | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <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     |
| MOUNJARO SOAJ<br>2.5mg/0.5ml, 5mg/0.5ml,<br>7.5mg/0.5ml, 10mg/0.5ml,<br>12.5mg/0.5ml, 15mg/0.5ml<br>QL (4 pens / 28 days) | 2                          | QL PA  |
| <i>nateglinide</i> TABS 60mg,<br>120mg<br>QL (90 tabs / 30 days)                                                          | 1                          | QL     |
| OZEMPIC (0.25 OR<br>0.5MG/DOSE) SOPN<br>2mg/3ml<br>QL (1 pen / 28 days)                                                   | 2                          | QL PA  |
| OZEMPIC (1MG/DOSE)<br>SOPN 4mg/3ml<br>QL (1 pen / 28 days)                                                                | 2                          | QL PA  |
| OZEMPIC (2MG/DOSE)<br>SOPN 8mg/3ml<br>QL (1 pen / 28 days)                                                                | 2                          | QL PA  |
| <i>pioglitazone hcl</i> (generic of<br>ACTOS) TABS 15mg, 30mg,<br>45mg<br>QL (30 tabs / 30 days)                          | 1                          | QL     |
| <i>pioglitazone hcl-metformin hcl</i><br>tab 15-500 mg<br>QL (90 tabs / 30 days)                                          | 1                          | QL     |
| <i>pioglitazone hcl-metformin hcl</i><br>tab 15-850 mg (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  |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------|----------------------------|--------|
| TRADJENTA TABS 5mg<br>QL (30 tabs / 30 days)                                                   | 2                          | QL     |
| TRIJARDY XR TAB ER 24HR<br>5-2.5-1000MG<br>QL (60 tabs / 30 days)                              | 2                          | QL     |
| TRIJARDY XR TAB ER 24HR<br>10-5-1000MG<br>QL (30 tabs / 30 days)                               | 2                          | QL     |
| TRIJARDY XR TAB ER 24HR<br>12.5-2.5-1000MG<br>QL (60 tabs / 30 days)                           | 2                          | QL     |
| TRIJARDY XR TAB ER 24HR<br>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  |
| 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                          | B/D    |
| ADMELOG SOLOSTAR<br>SOPN 100unit/ml                                                            | 2                          |        |
| ALCOHOL SWABS:<br>EMBECTA-BD/MHC/RUGBY                                                         | 2                          | PA     |
| CEQUR SIMPL KIT PATCH<br>2U (3-DAY)<br>QL (10 patches / 30<br>days)                            | 3                          | QL PA  |
| CEQUR SIMPL KIT PATCH<br>2U (4-DAY)<br>QL (8 patches / 24 days)                                | 3                          | QL PA  |
| CEQUR SIMPL MIS<br>INSERTER<br>QL (2 inserters / year)                                         | 3                          | QL PA  |
| FIASP SOLN 100unit/ml                                                                          | 2                          | B/D    |
| FIASP FLEXTOUCH SOPN<br>100unit/ml                                                             | 2                          |        |



| 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 2" X 2"                                                    | 2                          | PA      |
| HUMULIN R U-500<br>(CONCENTR SOLN<br>500unit/ml                       | 4                          | NDS B/D |
| HUMULIN R U-500 KWIKPEN<br>SOPN 500unit/ml                            | 4                          | NDS     |
| INSULIN PEN NEEDLES:<br>EMBECTA-BD                                    | 2                          | PA      |
| INSULIN SAFETY NEEDLES:<br>EMBECTA-BD                                 | 2                          | PA      |
| INSULIN SYRINGES:<br>EMBECTA-BD                                       | 2                          | PA      |
| LANTUS SOLN 100unit/ml                                                | 2                          |         |
| LANTUS SOLOSTAR SOPN<br>100unit/ml                                    | 2                          |         |
| 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                          | B/D     |
| NOVOLIN R FLEXPEN<br>SOPN 100unit/ml<br>(brand RELION not<br>covered) | 2                          |         |
| NOVOLOG SOLN 100unit/ml                                               | 2                          | B/D     |
| NOVOLOG FLEXPEN SOPN<br>100unit/ml                                    | 2                          |         |
| NOVOLOG FLEXPEN<br>RELION SOPN 100unit/ml                             | 2                          |         |

| Drug Name                                                   | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------|----------------------------|-----------------|
| NOVOLOG MIX INJ 70/30<br>(brand RELION not<br>covered)      | 2                          |                 |
| NOVOLOG MIX INJ<br>FLEXPEN<br>(brand RELION not<br>covered) | 2                          |                 |
| NOVOLOG PENFILL SOCT<br>100unit/ml                          | 2                          |                 |
| NOVOLOG RELION SOLN<br>100unit/ml                           | 2                          | B/D             |
| 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 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           |
| SOLQUA 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                          |                 |
| XULTOPHY INJ 100/3.6<br>QL (5 pens / 30 days)               | 2                          | QL              |
| <b>CALCIUM REGULATORS</b>                                   |                            |                 |
| <i>alendronate sodium</i> TABS<br>10mg, 35mg                | 1                          |                 |
| <i>alendronate sodium</i> (generic<br>of FOSAMAX) TABS 70mg | 1                          |                 |
| BONSITY SOPN<br>560mcg/2.24ml<br>QL (1 pen / 28 days)       | 4                          | NDS QL NM<br>PA |
| <i>calcitonin (salmon) spray</i><br>SOLN 200unit/act        | 1                          | B/D             |
| <i>ibandronate sodium</i> TABS<br>150mg                     | 1                          | B/D             |

| Drug Name                                                                    | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------|----------------------------|--------------|
| PAMIDRONATE DISODIUM SOLN 6mg/ml                                             | 2                          | B/D          |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml                        | 1                          | B/D          |
| PROLIA SOSY 60mg/ml<br>QL (1 syringe / 180 days)                             | 3                          | QL NM        |
| TERIPARATIDE SOPN 560mcg/2.24ml<br>QL (1 pen / 28 days)<br>(ALVOGEN product) | 4                          | NDS QL NM PA |
| WYOST SOLN 120mg/1.7ml                                                       | 4                          | NDS NM PA    |
| <i>zoledronic acid</i> CONC 4mg/5ml                                          | 1                          | B/D NM       |
| <i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml                   | 1                          | B/D NM       |
| <b>CHELATING AGENTS</b>                                                      |                            |              |
| CHEMET CAPS 100mg                                                            | 4                          | NDS          |
| <i>deferasirox</i> (generic of JADENU) TABS 90mg                             | 1                          | NM PA        |
| <i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg                     | 3                          | NM PA        |
| <i>deferasirox</i> (generic of EXJADE) TBSO 125mg                            | 1                          | NM PA        |
| <i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg                     | 4                          | NDS NM PA    |
| <i>kionex</i> SUSP 15gm/60ml                                                 | 1                          |              |
| LOKELMA PACK 5gm, 10gm                                                       | 2                          |              |
| <i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg                 | 4                          | NDS NM       |
| <i>sodium polystyrene sulfonate powder</i>                                   | 1                          |              |
| <i>sps</i> SUSP 15gm/60ml                                                    | 1                          |              |
| <i>sps rectal</i> SUSP 15gm/60ml                                             | 1                          |              |
| <i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg                         | 4                          | NDS NM PA    |
| <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>apri</i>                                                                  | 1                          |              |
| <i>aranelle</i>                                                              | 1                          |              |
| <i>aubra eq</i>                                                              | 1                          |              |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>aurovela 1/20</i>                                                                   | 1                          |        |
| <i>aurovela fe 1.5/30</i>                                                              | 1                          |        |
| <i>aurovela fe 1/20</i>                                                                | 1                          |        |
| <i>aviane</i>                                                                          | 1                          |        |
| <i>ayuna</i>                                                                           | 1                          |        |
| <i>azurette</i>                                                                        | 1                          |        |
| <i>balziva</i>                                                                         | 1                          |        |
| <i>blisovi fe 1.5/30</i>                                                               | 1                          |        |
| <i>briellyn</i>                                                                        | 1                          |        |
| <i>camila</i> TABS .35mg                                                               | 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>deblitane</i> TABS .35mg                                                            | 1                          |        |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml                                                | 2                          |        |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>                | 1                          |        |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)                   | 1                          |        |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)             | 1                          |        |
| <i>elinest</i>                                                                         | 1                          |        |
| <i>eluryng</i> (generic of NUVARING)                                                   | 1                          |        |
| <i>emzakh</i> TABS .35mg                                                               | 1                          |        |
| <i>enilloring</i> (generic of NUVARING)                                                | 1                          |        |
| <i>enskyce</i>                                                                         | 1                          |        |
| <i>errin</i> TABS .35mg                                                                | 1                          |        |
| <i>estarylla</i>                                                                       | 1                          |        |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING) | 1                          |        |
| <i>falmina</i>                                                                         | 1                          |        |
| <i>feirza 1.5/30</i>                                                                   | 1                          |        |
| <i>feirza 1/20</i>                                                                     | 1                          |        |
| <i>hailey 1.5/30</i>                                                                   | 1                          |        |
| <i>haloette</i> (generic of NUVARING)                                                  | 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 |
|---------------------------------------------------------------------|----------------------------|--------|
| heather TABS .35mg                                                  | 1                          |        |
| iclevia                                                             | 1                          |        |
| incassia TABS .35mg                                                 | 1                          |        |
| introvale                                                           | 1                          |        |
| isibloom                                                            | 1                          |        |
| jasmiel (generic of YAZ)                                            | 1                          |        |
| jolessa                                                             | 1                          |        |
| juleber                                                             | 1                          |        |
| junel 1.5/30                                                        | 1                          |        |
| junel 1/20                                                          | 1                          |        |
| junel fe 1.5/30                                                     | 1                          |        |
| junel fe 1/20                                                       | 1                          |        |
| kariva                                                              | 1                          |        |
| kelnor 1/35                                                         | 1                          |        |
| kelnor 1/50                                                         | 1                          |        |
| kurvelo                                                             | 1                          |        |
| larin 1.5/30                                                        | 1                          |        |
| larin 1/20                                                          | 1                          |        |
| larin fe 1.5/30                                                     | 1                          |        |
| larin fe 1/20                                                       | 1                          |        |
| lessina                                                             | 1                          |        |
| levonest                                                            | 1                          |        |
| levonorgestrel & ethinyl<br>estradiol (91-day) tab 0.15-<br>0.03 mg | 1                          |        |
| levonorgestrel & ethinyl<br>estradiol tab 0.1 mg-20 mcg             | 1                          |        |
| levonorgestrel-eth estra tab<br>0.05-30/0.075-40/0.125-<br>30mg-mcg | 1                          |        |
| levora 0.15/30-28                                                   | 1                          |        |
| LILETTA IUD 20.1mcg/day                                             | 2                          | NM     |
| loestrin 1.5/30-21                                                  | 1                          |        |
| loestrin 1/20-21                                                    | 1                          |        |
| loestrin fe 1.5/30                                                  | 1                          |        |
| loestrin fe 1/20                                                    | 1                          |        |
| loryna (generic of YAZ)                                             | 1                          |        |
| low-ogestrel                                                        | 1                          |        |
| lutra                                                               | 1                          |        |
| lyleq TABS .35mg                                                    | 1                          |        |
| lyza TABS .35mg                                                     | 1                          |        |
| marlissa                                                            | 1                          |        |

| Drug Name                                                                                                                   | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| medroxyprogesterone acetate<br>(contraceptive) (generic of<br>DEPO-PROVERA<br>CONTRACEPTIV) SUSP<br>150mg/ml; SUSY 150mg/ml | 1                          |        |
| meleya TABS .35mg                                                                                                           | 1                          |        |
| microgestin 1.5/30                                                                                                          | 1                          |        |
| microgestin 1/20                                                                                                            | 1                          |        |
| microgestin fe 1.5/30                                                                                                       | 1                          |        |
| microgestin fe 1/20                                                                                                         | 1                          |        |
| mili                                                                                                                        | 1                          |        |
| mono-linyah                                                                                                                 | 1                          |        |
| necon 0.5/35-28                                                                                                             | 1                          |        |
| NEXPLANON IMPL 68mg                                                                                                         | 2                          | NM     |
| nikki (generic of YAZ)                                                                                                      | 1                          |        |
| nora-be TABS .35mg                                                                                                          | 1                          |        |
| norelgestromin-ethinyl<br>estradiol td ptwk 150-35<br>mcg/24hr                                                              | 1                          |        |
| norethindrone (contraceptive)<br>TABS .35mg                                                                                 | 1                          |        |
| norethindrone ace & ethinyl<br>estradiol tab 1 mg-20 mcg                                                                    | 1                          |        |
| norethindrone ace & ethinyl<br>estradiol tab 1.5 mg-30 mcg                                                                  | 1                          |        |
| norgestimate & ethinyl<br>estradiol tab 0.25 mg-35 mcg                                                                      | 1                          |        |
| norgestimate-eth estrad tab<br>0.18-25/0.215-25/0.25-25 mg-<br>mcg                                                          | 1                          |        |
| norgestimate-eth estrad tab<br>0.18-35/0.215-35/0.25-35 mg-<br>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                          |        |
| philith                                                                                                                     | 1                          |        |
| pimtrea                                                                                                                     | 1                          |        |
| portia-28                                                                                                                   | 1                          |        |
| reclipsen                                                                                                                   | 1                          |        |

| Drug Name                                                                                               | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>setlakin</i>                                                                                         | 1                                 |
| <i>sharobel</i> TABS .35mg                                                                              | 1                                 |
| <i>simliya</i>                                                                                          | 1                                 |
| <i>sprintec</i> 28                                                                                      | 1                                 |
| <i>sronyx</i>                                                                                           | 1                                 |
| <i>syeda</i> (generic of YASMIN 28)                                                                     | 1                                 |
| <i>tarina fe</i> 1/20 eq                                                                                | 1                                 |
| <i>tilia fe</i>                                                                                         | 1                                 |
| <i>tri-estarylla</i>                                                                                    | 1                                 |
| <i>tri-legest fe</i>                                                                                    | 1                                 |
| <i>tri-linyah</i>                                                                                       | 1                                 |
| <i>tri-lo-estarylla</i>                                                                                 | 1                                 |
| <i>tri-lo-marzia</i>                                                                                    | 1                                 |
| <i>tri-lo-mili</i>                                                                                      | 1                                 |
| <i>tri-lo-sprintec</i>                                                                                  | 1                                 |
| <i>tri-mili</i>                                                                                         | 1                                 |
| <i>tri-sprintec</i>                                                                                     | 1                                 |
| <i>tri-vylibra</i>                                                                                      | 1                                 |
| <i>tri-vylibra lo</i>                                                                                   | 1                                 |
| <i>turqoz</i>                                                                                           | 1                                 |
| <i>valtya</i> 1/50                                                                                      | 1                                 |
| <i>velivet</i>                                                                                          | 1                                 |
| <i>vestura</i> (generic of YAZ)                                                                         | 1                                 |
| <i>vienva</i>                                                                                           | 1                                 |
| <i>viorele</i>                                                                                          | 1                                 |
| <i>vyfemla</i>                                                                                          | 1                                 |
| <i>vylibra</i>                                                                                          | 1                                 |
| <i>wera</i>                                                                                             | 1                                 |
| <i>xarah fe</i>                                                                                         | 1                                 |
| <i>xulane</i>                                                                                           | 1                                 |
| <i>zafemy</i>                                                                                           | 1                                 |
| <i>zovia</i> 1/35                                                                                       | 1                                 |
| <i>zumandimine</i> (generic of YASMIN 28)                                                               | 1                                 |
| <b>ESTROGENS</b>                                                                                        |                                   |
| <i>abigale</i> (generic of ACTIVELLA)                                                                   | 2                                 |
| <i>abigale lo</i>                                                                                       | 2                                 |
| <i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2                                 |

| Drug Name                                                                                                            | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <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</i> 0.5-0.1 mg                                                          | 2                                 |
| <i>estradiol &amp; norethindrone acetate tab</i> 1-0.5 mg (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                                 |
| <i>fyavolv tab</i> 0.5mg-2.5mcg                                                                                      | 2                                 |
| <i>fyavolv tab</i> 1mg-5mcg                                                                                          | 2                                 |
| <i>jinteli</i>                                                                                                       | 2                                 |
| <i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr              | 2                                 |
| <i>mimvey</i> (generic of ACTIVELLA)                                                                                 | 2                                 |
| <i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg                                                    | 2                                 |
| <i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg                                                        | 2                                 |
| <i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg                                                                       | 1                                 |
| <b>GLUCOCORTICOIDS</b>                                                                                               |                                   |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg                       | 1                                 |

| Drug Name                                                                                                          | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| DEXAMETHASONE<br>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                          |        |
| <i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg                                                     | 1                          |        |
| <i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg                                            | 1                          |        |
| <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    |
| <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 250mg, 500mg, 1000mg                                                                              | 3                          |        |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>GLUCOSE ELEVATING AGENTS</b>                                                       |                            |           |
| <i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml                                  | 4                          | NDS       |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml                                            | 2                          |           |
| <b>MISCELLANEOUS</b>                                                                  |                            |           |
| ALDURAZIME SOLN 2.9mg/5ml                                                             | 4                          | NDS NM PA |
| <i>betaine powder for oral solution</i> (generic of CYSTADANE)                        | 4                          | NDS NM    |
| <i>cabergoline</i> TABS .5mg                                                          | 1                          |           |
| <i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg                                | 4                          | NDS NM PA |
| CERDELGA CAPS 84mg                                                                    | 4                          | NDS NM PA |
| CEREZYME SOLR 400unit                                                                 | 4                          | NDS NM PA |
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg<br>QL (60 tabs / 30 days) | 1                          | B/D QL NM |
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg<br>QL (120 tabs / 30 days)      | 1                          | B/D QL NM |
| CYSTAGON CAPS 50mg, 150mg                                                             | 3                          | NM PA     |
| <i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml                           | 4                          | 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                          |           |
| FABRAZYME SOLR 5mg, 35mg                                                              | 4                          | NDS NM PA |
| GENOTROPIN CART 5mg, 12mg                                                             | 4                          | NDS NM PA |
| GENOTROPIN MINISQUICK PRSY .2mg                                                       | 2                          | NM PA     |
| GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg     | 4                          | NDS NM PA |
| INCRELEX SOLN 40mg/4ml                                                                | 4                          | NDS NM PA |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg                           | 4                          | NDS NM PA    |
| JYNARQUE TABS 15mg, 30mg                                                                   | 4                          | NDS NM PA    |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml                                                 | 4                          | NDS NM PA    |
| <i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg | 1                          | B/D          |
| LUMIZYME SOLR 50mg                                                                         | 4                          | NDS NM PA    |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg                                         | 4                          | NDS NM PA    |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg                                                | 4                          | NDS NM PA    |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg                                                         | 4                          | NDS NM PA    |
| <i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg                         | 4                          | NDS NM PA    |
| NAGLAZYME SOLN 1mg/ml                                                                      | 4                          | NDS NM PA    |
| <i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg                           | 4                          | NDS NM PA    |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml                | 1                          | NM PA        |
| <i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml                         | 1                          | NM PA        |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml                          | 4                          | NDS NM PA    |
| <i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml                                  | 4                          | NDS NM PA    |
| <i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg                                        | 1                          |              |
| REVCovi SOLN 2.4mg/1.5ml                                                                   | 4                          | NDS NM PA    |
| REZDIFFRA TABS 60mg, 80mg, 100mg<br>QL (30 tabs / 30 days)                                 | 4                          | NDS QL NM PA |
| <i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg        | 4                          | NDS NM PA    |

| Drug Name                                                                                                                                          | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml                                                                                                            | 4                          | NDS NM PA |
| <i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg                                                                        | 4                          | NDS NM PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml                                                                                                       | 4                          | NDS NM PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg                                                                                                         | 4                          | NDS NM PA |
| SYNAREL SOLN 2mg/ml                                                                                                                                | 4                          | NDS PA    |
| <i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg                                                                                                   | 4                          | NDS NM PA |
| <i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>                                                                                                   | 4                          | NDS NM PA |
| <i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>                                                                                                   | 4                          | NDS NM PA |
| <i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>                                                                                                   | 4                          | NDS NM PA |
| <i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>                                                                                                   | 4                          | NDS NM PA |
| <b>PROGESTINS</b>                                                                                                                                  |                            |           |
| <i>gallifrey</i> TABS 5mg                                                                                                                          | 1                          |           |
| <i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg                                                                      | 1                          |           |
| <i>megestrol acetate</i> SUSP 40mg/ml                                                                                                              | 2                          |           |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml                                                                                                 | 3                          | PA        |
| <i>norethindrone acetate</i> TABS 5mg                                                                                                              | 1                          |           |
| <i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg                                                                                      | 1                          |           |
| <b>THYROID AGENTS</b>                                                                                                                              |                            |           |
| <i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg               | 1                          |           |
| <i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1                          |           |

| Drug Name                                                                                                                               | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg           | 1                          |        |
| <i>lithyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg                                                                  | 1                          |        |
| <i>methimazole</i> TABS 5mg, 10mg                                                                                                       | 1                          |        |
| <i>propylthiouracil</i> TABS 50mg                                                                                                       | 1                          |        |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg                               | 3                          |        |
| <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>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg                                                                                | 1                          | B/D    |
| <i>paricalcitol</i> CAPS 4mcg                                                                                                           | 1                          | B/D    |
| <b>GASTROINTESTINAL ANTIEMETICS</b>                                                                                                     |                            |        |
| <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    |
| <i>compro</i> SUPP 25mg                                                                                                                 | 1                          |        |
| <i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg<br>QL (60 caps / 30 days)                                                             | 1                          | B/D QL |
| <i>dronabinol</i> CAPS 5mg, 10mg<br>QL (60 caps / 30 days)                                                                              | 1                          | B/D QL |

| Drug Name                                                                                                                                         | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <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<br>PA applies if 65 years and older after a 30 day supply in a calendar year                               | 1                          | PA     |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml                                                                                                    | 1                          |        |
| <i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg                                                                                      | 1                          |        |
| <i>ondansetron</i> TBDP 4mg, 8mg                                                                                                                  | 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>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 65 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 65 years and older after a 30 day supply in a calendar year | 2                          | PA     |
| <i>scopolamine</i> PT72 1mg/3days<br>QL (10 patches / 30 days)                                                                                    | 3                          | QL     |
| <b>ANTISPASMODICS</b>                                                                                                                             |                            |        |
| <i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg<br>PA applies if 65 years and older                                                                   | 2                          | PA     |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>dicyclomine hcl</i> SOLN 10mg/5ml<br>PA applies if 65 years and older               | 3                          | PA        |
| <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        |
| <b>H2-RECEPTOR ANTAGONISTS</b>                                                         |                            |           |
| <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        |
| <i>budesonide</i> (generic of UCERIS) TB24 9mg<br>QL (30 tabs / 30 days)               | 4                          | NDS QL PA |
| <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> CPDR 400mg<br>QL (180 caps / 30 days)                                | 1                          | QL        |
| <i>mesalamine</i> ENEM 4gm<br>QL (1680 mL / 28 days)                                   | 1                          | QL        |
| <i>mesalamine</i> (generic of CANASA) SUPP 1000mg<br>QL (30 suppositories / 30 days)   | 1                          | QL        |
| <i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm<br>QL (120 tabs / 30 days)            | 1                          | QL        |
| <i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm<br>QL (28 bottles / 28 days) | 1                          | QL        |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg                                                | 1                          |           |
| <i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg                                        | 1                          |           |
| <b>LAXATIVES</b>                                                                                       |                            |           |
| <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 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 (encephalopathy)</i> SOLN 10gm/15ml                                                       | 1                          |           |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm (generic of GOLYTELY)                    | 1                          |           |
| <i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm                                                    | 1                          |           |
| PLENVU SOL                                                                                             | 3                          |           |
| <i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT) | 1                          |           |
| <b>MISCELLANEOUS</b>                                                                                   |                            |           |
| <i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg<br>QL (60 tabs / 30 days)                          | 4                          | NDS QL PA |
| <i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg<br>QL (60 tabs / 30 days)                         | 1                          | QL PA     |
| CREON CAP 3000UNIT                                                                                     | 2                          |           |
| CREON CAP 6000UNIT                                                                                     | 2                          |           |
| CREON CAP 12000UNIT                                                                                    | 2                          |           |
| CREON CAP 24000UNIT                                                                                    | 2                          |           |
| CREON CAP 36000UNIT                                                                                    | 2                          |           |
| <i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml                           | 1                          |           |
| <i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)                                 | 3                          |           |
| GATTEX KIT 5mg                                                                                         | 4                          | NDS NM PA |



| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------------------------------|----------------------------|--------------|
| LINZESS CAPS 72mcg, 145mcg, 290mcg<br>QL (30 caps / 30 days)                                | 2                          | QL           |
| <i>loperamide hcl</i> CAPS 2mg                                                              | 1                          |              |
| <i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg                                 | 1                          |              |
| MOVANTI <sup>®</sup> TABS 12.5mg, 25mg<br>QL (30 tabs / 30 days)                            | 2                          | QL           |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml<br>QL (28 syringes / 28 days)                           | 4                          | NDS QL PA    |
| RELISTOR SOLN 12mg/0.6ml<br>QL (28 vials / 28 days)                                         | 4                          | NDS QL PA    |
| <i>sucralfate</i> (generic of CARAFATE) TABS 1gm                                            | 1                          |              |
| <i>ursodiol</i> CAPS 300mg; TABS 250mg                                                      | 1                          |              |
| <i>ursodiol</i> (generic of URSO FORTE) TABS 500mg                                          | 1                          |              |
| VOQUEZNA PAK DUAL PAK<br>QL (2 kits / year)                                                 | 2                          | QL PA        |
| VOQUEZNA PAK TRIP PK<br>QL (2 kits / year)                                                  | 2                          | QL PA        |
| VOWST CAP<br>QL (12 caps / 30 days)                                                         | 4                          | NDS QL NM PA |
| XERMELO TABS 250mg<br>QL (84 tabs / 28 days)                                                | 4                          | NDS QL NM PA |
| XIFAXAN TABS 550mg                                                                          | 4                          | NDS PA       |
| ZENPEP CAP 3000UNIT                                                                         | 3                          |              |
| ZENPEP CAP 5000UNIT                                                                         | 3                          |              |
| ZENPEP CAP 10000UNIT                                                                        | 3                          |              |
| ZENPEP CAP 15000UNIT                                                                        | 3                          |              |
| ZENPEP CAP 20000UNIT                                                                        | 3                          |              |
| ZENPEP CAP 25000UNIT                                                                        | 3                          |              |
| ZENPEP CAP 40000UNIT                                                                        | 3                          |              |
| ZENPEP CAP 60000UNIT                                                                        | 3                          |              |
| <b>PROTON PUMP INHIBITORS</b>                                                               |                            |              |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg<br>QL (30 caps / 30 days) | 1                          | QL ST        |
| <i>lansoprazole</i> CPDR 15mg<br>QL (60 caps / 30 days)                                     | 1                          | QL           |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>lansoprazole</i> (generic of PREVACID) CPDR 30mg<br>QL (60 caps / 30 days)                 | 1                          | QL     |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg                                                       | 1                          |        |
| <i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg                   | 1                          |        |
| <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     |
| <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     |
| <i>finasteride</i> (generic of PROSCAR) TABS 5mg<br>QL (30 tabs / 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     |
| <b>MISCELLANEOUS</b>                                                                          |                            |        |
| <i>acetic acid</i> SOLN .25%                                                                  | 1                          |        |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg                                        | 1                          |        |
| <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq                    | 1                          |        |
| <i>potassium citrate (alkalinizer)</i> TBCR 540mg                                             | 1                          |        |
| <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg                   | 1                          |        |
| <b>URINARY ANTISPASMODICS</b>                                                                 |                            |        |
| GEMTESA TABS 75mg<br>QL (30 tabs / 30 days)                                                   | 3                          | QL     |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml<br>QL (600 mL / 30 days)                              | 1                          | QL     |
| <i>oxybutynin chloride</i> TABS 5mg<br>QL (120 tabs / 30 days)                                | 1                          | QL     |

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>oxybutynin chloride</i> TB24 5mg<br>QL (30 tabs / 30 days)                                        | 1                          | QL     |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg<br>QL (60 tabs / 30 days)                                 | 1                          | QL     |
| <i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg<br>QL (30 tabs / 30 days)          | 1                          | QL     |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg<br>QL (30 caps / 30 days)                                  | 1                          | QL     |
| <i>tolterodine tartrate</i> TABS 1mg<br>QL (60 tabs / 30 days)                                       | 1                          | QL     |
| <i>tolterodine tartrate</i> (generic of DETROL) TABS 2mg<br>QL (60 tabs / 30 days)                   | 1                          | QL     |
| <i>tropium chloride</i> TABS 20mg<br>QL (60 tabs / 30 days)                                          | 1                          | QL     |
| <b>VAGINAL ANTI-INFECTIVES</b>                                                                       |                            |        |
| <i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%                                    | 1                          |        |
| <i>metronidazole vaginal</i> GEL .75%                                                                | 1                          |        |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg                                                  | 1                          |        |
| <b>HEMATOLOGIC ANTICOAGULANTS</b>                                                                    |                            |        |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg<br>QL (60 caps / 30 days) | 1                          | QL     |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 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 TBPK 5mg<br>QL (74 tabs / 30 days)                                              | 2                          | QL     |

| Drug Name                                                                                                                                          | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 1                          |              |
| <i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml                                                                                   | 1                          |              |
| <i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml                                                            | 4                          | NDS          |
| HEP SOD/NACL INJ 25000UNT                                                                                                                          | 2                          |              |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml                                                          | 1                          | B/D          |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                                                                              | 1                          |              |
| <i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                       | 1                          | QL           |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 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, 15mg, 20mg<br>QL (30 tabs / 30 days)                                                                                            | 2                          | QL           |
| XARELTO STAR TAB 15/20MG<br>QL (51 tabs / 30 days)                                                                                                 | 2                          | QL           |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                                                                                |                            |              |
| FULPHILA SOSY 6mg/0.6ml<br>QL (2 syringes / 28 days)                                                                                               | 4                          | NDS QL NM PA |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml                                                                                   | 2                          | NM PA        |
| PROCRIT SOLN 20000unit/ml, 40000unit/ml                                                                                                            | 4                          | NDS NM PA    |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| ZARXIO SOSY<br>300mcg/0.5ml, 480mcg/0.8ml                                                      | 4                          | NDS NM PA       |
| <b>MISCELLANEOUS</b>                                                                           |                            |                 |
| ALVAIZ TABS 9mg, 54mg<br>QL (60 tabs / 30 days)                                                | 4                          | NDS QL NM<br>PA |
| ALVAIZ TABS 18mg, 36mg<br>QL (90 tabs / 30 days)                                               | 4                          | NDS QL NM<br>PA |
| <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)                                                | 4                          | NDS QL NM<br>PA |
| <i>cilostazol</i> TABS 50mg,<br>100mg                                                          | 1                          |                 |
| DOPTELET TABS 20mg                                                                             | 4                          | NDS NM PA       |
| HAEGARDA SOLR 2000unit<br>QL (30 vials / 30 days)                                              | 4                          | NDS QL NM<br>PA |
| HAEGARDA SOLR 3000unit<br>QL (20 vials / 30 days)                                              | 4                          | NDS QL NM<br>PA |
| <i>icatibant acetate</i> (generic of<br>FIRAZYR) SOSY 30mg/3ml<br>QL (9 syringes / 30<br>days) | 4                          | NDS QL NM<br>PA |
| <i>l-glutamine (sickle cell)</i><br>(generic of ENDARI) PACK<br>5gm                            | 4                          | NDS NM PA       |
| <i>pentoxifylline</i> TBCR 400mg                                                               | 1                          |                 |
| <i>sajazir</i> (generic of FIRAZYR)<br>SOSY 30mg/3ml<br>QL (9 syringes / 30<br>days)           | 4                          | NDS QL NM<br>PA |
| SIKLOS TABS 100mg                                                                              | 3                          |                 |
| SIKLOS TABS 1000mg                                                                             | 4                          | NDS             |
| TAVNEOS CAPS 10mg<br>QL (180 caps / 30 days)                                                   | 4                          | 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                          |                 |
| <b>PLATELET AGGREGATION INHIBITORS</b>                                                         |                            |                 |
| <i>aspirin-dipyridamole cap er</i><br>12hr 25-200 mg                                           | 1                          |                 |
| <i>clopidogrel bisulfate</i> (generic<br>of PLAVIX) TABS 75mg                                  | 1                          |                 |
| <i>dipyridamole</i> TABS 25mg,<br>50mg, 75mg<br>PA applies if 65 years and<br>older            | 2                          | PA              |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>prasugrel hcl</i> (generic of<br>EFFIENT) TABS 5mg, 10mg                              | 1                          |                 |
| <i>ticagrelor</i> (generic of<br>BRILINTA) TABS 60mg,<br>90mg                            | 1                          |                 |
| <b>IMMUNOLOGIC AGENTS</b>                                                                |                            |                 |
| <b>AUTOIMMUNE AGENTS</b>                                                                 |                            |                 |
| BIMZELX SOAJ 160mg/ml,<br>320mg/2ml<br>QL (2 pens / 28 days)                             | 4                          | NDS QL NM<br>PA |
| BIMZELX SOSY 160mg/ml,<br>320mg/2ml<br>QL (2 syringes / 28<br>days)                      | 4                          | NDS QL NM<br>PA |
| DUPIXENT SOAJ<br>200mg/1.14ml, 300mg/2ml<br>QL (4 pens / 28 days)                        | 4                          | NDS QL NM<br>PA |
| DUPIXENT SOSY<br>200mg/1.14ml, 300mg/2ml<br>QL (4 syringes / 28<br>days)                 | 4                          | NDS QL NM<br>PA |
| ENBREL SOLN 25mg/0.5ml<br>QL (16 vials / 28 days)                                        | 4                          | NDS QL NM<br>PA |
| ENBREL SOSY 25mg/0.5ml<br>QL (16 syringes / 28<br>days)                                  | 4                          | NDS QL NM<br>PA |
| ENBREL SOSY 50mg/ml<br>QL (8 syringes / 28<br>days)                                      | 4                          | NDS QL NM<br>PA |
| ENBREL MINI SOCT<br>50mg/ml<br>QL (8 cartridges / 28<br>days)                            | 4                          | NDS QL NM<br>PA |
| ENBREL SURECLICK SOAJ<br>50mg/ml<br>QL (8 pens / 28 days)                                | 4                          | NDS QL NM<br>PA |
| HADLIMA SOSY<br>40mg/0.4ml, 40mg/0.8ml<br>QL (6 syringes / 28<br>days)                   | 4                          | NDS QL NM<br>PA |
| HADLIMA PUSHTOUCH<br>SOAJ 40mg/0.4ml,<br>40mg/0.8ml<br>QL (6 autoinjectors / 28<br>days) | 4                          | NDS QL NM<br>PA |
| HUMIRA PSKT 10mg/0.1ml<br>QL (2 syringes / 28<br>days)                                   | 4                          | 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          |
|---------------------------------------------------------------------------|----------------------------|-----------------|
| HUMIRA PSKT 20mg/0.2ml<br>QL (4 syringes / 28<br>days)                    | 4                          | NDS QL NM<br>PA |
| HUMIRA PSKT 40mg/0.4ml,<br>40mg/0.8ml<br>QL (6 syringes / 28<br>days)     | 4                          | NDS QL NM<br>PA |
| HUMIRA PEN AJKT<br>40mg/0.4ml, 40mg/0.8ml<br>QL (6 pens / 28 days)        | 4                          | NDS QL NM<br>PA |
| HUMIRA PEN AJKT<br>80mg/0.8ml<br>QL (4 pens / 28 days)                    | 4                          | NDS QL NM<br>PA |
| HUMIRA PEN KIT PS/UV<br>QL (3 pens / 28 days)                             | 4                          | NDS QL NM<br>PA |
| HUMIRA PEN-CD/UC/HS<br>START AJKT 80mg/0.8ml<br>QL (3 pens / 28 days)     | 4                          | NDS QL NM<br>PA |
| INFLIXIMAB SOLR 100mg                                                     | 4                          | NDS NM PA       |
| KINERET SOSY<br>100mg/0.67ml<br>QL (28 syringes / 28<br>days)             | 4                          | NDS QL NM<br>PA |
| PYZCHIVA SOLN<br>130mg/26ml                                               | 4                          | 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)                         | 4                          | NDS QL NM<br>PA |
| REMICADE SOLR 100mg                                                       | 4                          | NDS NM PA       |
| RENFLEXIS SOLR 100mg                                                      | 4                          | NDS NM PA       |
| RINVOQ TB24 15mg, 30mg<br>QL (30 tabs / 30 days)                          | 4                          | NDS QL NM<br>PA |
| RINVOQ TB24 45mg<br>QL (168 tabs / year)                                  | 4                          | NDS QL NM<br>PA |
| RINVOQ LQ SOLN 1mg/ml<br>QL (360 mL / 30 days)                            | 4                          | NDS QL NM<br>PA |
| SKYRIZI SOCT<br>180mg/1.2ml, 360mg/2.4ml<br>QL (1 cartridge / 56<br>days) | 4                          | NDS QL NM<br>PA |
| SKYRIZI SOLN 600mg/10ml                                                   | 4                          | NDS NM PA       |
| SKYRIZI SOSY 150mg/ml<br>QL (6 syringes / 365<br>days)                    | 4                          | NDS QL NM<br>PA |

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------|----------------------------|-----------------|
| SKYRIZI PEN SOAJ<br>150mg/ml<br>QL (6 pens / 365 days)               | 4                          | NDS QL NM<br>PA |
| SOTYKTU TABS 6mg<br>QL (30 tabs / 30 days)                           | 4                          | NDS QL NM<br>PA |
| STELARA SOLN 45mg/0.5ml<br>QL (1 vial / 28 days)                     | 4                          | NDS QL NM<br>PA |
| STELARA SOLN<br>130mg/26ml                                           | 4                          | NDS NM PA       |
| STELARA SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)      | 4                          | NDS QL NM<br>PA |
| TREMFYA SOAJ 100mg/ml<br>QL (1 pen / 28 days)                        | 4                          | NDS QL NM<br>PA |
| TREMFYA SOAJ 200mg/2ml<br>QL (2 pens / 28 days)                      | 4                          | NDS QL NM<br>PA |
| TREMFYA SOLN<br>200mg/20ml                                           | 4                          | NDS NM PA       |
| TREMFYA SOSY 100mg/ml<br>QL (1 syringe / 28 days)                    | 4                          | NDS QL NM<br>PA |
| TREMFYA SOSY 200mg/2ml<br>QL (2 syringes / 28<br>days)               | 4                          | NDS QL NM<br>PA |
| TREMFYA INDUCTION<br>PACK FO SOAJ 200mg/2ml<br>QL (2 pens / 28 days) | 4                          | NDS QL NM<br>PA |
| TYENNE SOAJ 162mg/0.9ml<br>QL (4 pens / 28 days)                     | 4                          | NDS QL NM<br>PA |
| TYENNE SOLN 80mg/4ml,<br>200mg/10ml, 400mg/20ml                      | 4                          | NDS NM PA       |
| TYENNE SOSY 162mg/0.9ml<br>QL (4 syringes / 28<br>days)              | 4                          | NDS QL NM<br>PA |
| USTEKINUMAB SOLN<br>45mg/0.5ml<br>QL (1 vial / 28 days)              | 4                          | NDS QL NM<br>PA |
| USTEKINUMAB SOLN<br>130mg/26ml                                       | 4                          | NDS NM PA       |
| USTEKINUMAB SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)  | 4                          | NDS QL NM<br>PA |
| VELSIPITY TABS 2mg<br>QL (30 tabs / 30 days)                         | 4                          | NDS QL NM<br>PA |
| XELJANZ SOLN 1mg/ml<br>QL (480 mL / 24 days)                         | 4                          | NDS QL NM<br>PA |
| XELJANZ TABS 5mg, 10mg<br>QL (60 tabs / 30 days)                     | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| XELJANZ XR TB24 11mg,<br>22mg<br>QL (30 tabs / 30 days)                                           | 4                          | 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)                                                 | 4                          | NDS QL NM<br>PA |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC<br/>DRUGS (DMARDS)</b>                                        |                            |                 |
| <i>hydroxychloroquine sulfate</i><br>(generic of PLAQUENIL)<br>TABS 200mg                         | 1                          |                 |
| JYLAMVO SOLN 2mg/ml                                                                               | 3                          | B/D             |
| <i>leflunomide</i> (generic of<br>ARAVA) TABS 10mg, 20mg<br>QL (30 tabs / 30 days)                | 1                          | QL              |
| <i>methotrexate sodium</i> TABS<br>2.5mg                                                          | 1                          |                 |
| XATMEP SOLN 2.5mg/ml                                                                              | 3                          | B/D             |
| <b>IMMUNOGLOBULINS</b>                                                                            |                            |                 |
| ALYGLO SOLN 5gm/50ml,<br>10gm/100ml, 20gm/200ml                                                   | 4                          | NDS NM PA       |
| BIVIGAM SOLN 5gm/50ml,<br>10%                                                                     | 4                          | NDS NM PA       |
| FLEBOGAMMA DIF SOLN<br>5gm/100ml, 10gm/200ml,<br>20gm/400ml                                       | 4                          | NDS NM PA       |
| GAMASTAN INJ                                                                                      | 3                          | B/D NM          |
| GAMMAGARD LIQUID<br>SOLN 1gm/10ml, 2.5gm/25ml,<br>5gm/50ml, 10gm/100ml,<br>20gm/200ml, 30gm/300ml | 4                          | NDS NM PA       |
| GAMMAGARD S/D IGA LESS<br>TH SOLR 5gm, 10gm                                                       | 4                          | NDS NM PA       |
| GAMMAKED SOLN<br>1gm/10ml, 5gm/50ml,<br>10gm/100ml, 20gm/200ml                                    | 4                          | NDS NM PA       |
| GAMMAPLEX SOLN<br>5gm/100ml, 5gm/50ml,<br>10gm/100ml, 10gm/200ml,<br>20gm/200ml, 20gm/400ml       | 4                          | NDS NM PA       |

| Drug Name                                                                                                                    | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| GAMUNEX-C SOLN<br>1gm/10ml, 2.5gm/25ml,<br>5gm/50ml, 10gm/100ml,<br>20gm/200ml, 40gm/400ml                                   | 4                          | NDS NM PA       |
| OCTAGAM SOLN 1gm/20ml,<br>2gm/20ml, 2.5gm/50ml,<br>5gm/100ml, 5gm/50ml,<br>10gm/100ml, 10gm/200ml,<br>20gm/200ml, 30gm/300ml | 4                          | NDS NM PA       |
| PANZYGA SOLN 1gm/10ml,<br>2.5gm/25ml, 5gm/50ml,<br>10gm/100ml, 20gm/200ml,<br>30gm/300ml                                     | 4                          | NDS NM PA       |
| PRIVIGEN SOLN 5gm/50ml,<br>10gm/100ml, 20gm/200ml,<br>40gm/400ml                                                             | 4                          | NDS NM PA       |
| <b>IMMUNOMODULATORS</b>                                                                                                      |                            |                 |
| ACTIMMUNE SOLN<br>100mcg/0.5ml                                                                                               | 4                          | NDS NM PA       |
| ARCALYST SOLR 220mg                                                                                                          | 4                          | NDS NM PA       |
| <b>IMMUNOSUPPRESSANTS</b>                                                                                                    |                            |                 |
| ASTAGRAF XL CP24 5mg                                                                                                         | 4                          | NDS B/D NM      |
| ASTAGRAF XL CP24 .5mg,<br>1mg                                                                                                | 3                          | B/D NM          |
| <i>azathioprine</i> (generic of<br>IMURAN) TABS 50mg                                                                         | 1                          | B/D             |
| BENLYSTA SOAJ 200mg/ml<br>QL (8 pens / 28 days)                                                                              | 4                          | NDS QL NM<br>PA |
| BENLYSTA SOLR 120mg,<br>400mg                                                                                                | 4                          | NDS NM PA       |
| BENLYSTA SOSY 200mg/ml<br>QL (8 syringes / 28<br>days)                                                                       | 4                          | NDS QL NM<br>PA |
| <i>cyclosporine</i> (generic of<br>SANDIMMUNE) CAPS 25mg,<br>100mg                                                           | 1                          | B/D NM          |
| <i>cyclosporine modified (for<br/>microemulsion)</i> (generic of<br>NEORAL) CAPS 25mg,<br>100mg; SOLN 100mg/ml               | 1                          | B/D NM          |
| <i>cyclosporine modified (for<br/>microemulsion)</i> CAPS 50mg                                                               | 1                          | B/D NM          |
| <i>everolimus</i><br>(immunosuppressant)<br>(generic of ZORTRESS)<br>TABS .5mg, .75mg, 1mg                                   | 4                          | NDS B/D NM      |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>everolimus</i><br>(immunosuppressant)<br>(generic of ZORTRESS)<br>TABS .25mg | 1                          | B/D NM          |
| <i>gengraf</i> (generic of NEORAL)<br>CAPS 25mg, 100mg                          | 1                          | B/D NM          |
| <i>mycophenolate mofetil</i><br>(generic of CELLCEPT)<br>CAPS 250mg; TABS 500mg | 1                          | B/D NM          |
| <i>mycophenolate mofetil</i><br>(generic of CELLCEPT)<br>SUSR 200mg/ml          | 4                          | NDS B/D NM      |
| <i>mycophenolate sodium</i><br>(generic of MYFORTIC)<br>TBEC 180mg, 360mg       | 1                          | B/D NM          |
| NULOJIX SOLR 250mg                                                              | 4                          | NDS B/D NM      |
| PROGRAF PACK .2mg, 1mg                                                          | 3                          | B/D NM          |
| REZUROCK TABS 200mg<br>QL (30 tabs / 30 days)                                   | 4                          | NDS QL NM<br>PA |
| <i>sirolimus</i> SOLN 1mg/ml;<br>TABS .5mg, 1mg, 2mg                            | 1                          | B/D NM          |
| <i>tacrolimus</i> (generic of<br>PROGRAF) CAPS .5mg,<br>1mg, 5mg                | 1                          | B/D NM          |
| <b>VACCINES</b>                                                                 |                            |                 |
| ABRYSVO SOLR<br>120mcg/0.5ml                                                    | 1                          | PA              |
| ACTHIB INJ                                                                      | 1                          |                 |
| ADACEL INJ                                                                      | 1                          |                 |
| AREXVY SUSR<br>120mcg/0.5ml                                                     | 1                          | PA              |
| BCG VACCINE SOLR 50mg                                                           | 1                          |                 |
| BEXSERO SUSY .5ml                                                               | 1                          |                 |
| BOOSTRIX INJ                                                                    | 1                          |                 |
| DAPTACEL INJ                                                                    | 1                          |                 |
| DENG VAXIA SUS                                                                  | 1                          |                 |
| 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                          |                 |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------|----------------------------|--------|
| IMOVAX RABIES (H.D.C.V.)<br>SUSR 2.5unit/ml                                           | 1                          | B/D    |
| INFANRIX INJ                                                                          | 1                          |        |
| I POL INJ INACTIVE                                                                    | 1                          |        |
| IXCHIQ INJ                                                                            | 1                          |        |
| IXIARO INJ                                                                            | 1                          |        |
| JYNNEOS SUSP .5ml                                                                     | 1                          | B/D    |
| KINRIX INJ                                                                            | 1                          |        |
| M-M-R II INJ                                                                          | 1                          |        |
| MENQUADFI SOLN .5ml                                                                   | 1                          |        |
| MENVEO INJ                                                                            | 1                          |        |
| MENVEO SOL                                                                            | 1                          |        |
| MRESVIA SUSY<br>50mcg/0.5ml                                                           | 1                          | PA     |
| 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                          |        |
| 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                          |        |

| Drug Name                                                                              | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------|-----------------------------------|
| 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                                 |
| D10W/NACL INJ 0.2%                                                                     | 2                                 |
| dextrose 2.5% w/ sodium<br>chloride 0.45% (generic of<br>DEXTROSE 2.5%/SODIUM<br>CHLO) | 1                                 |
| dextrose 5% in lactated<br>ringers                                                     | 1                                 |
| dextrose 5% w/ sodium<br>chloride 0.2%                                                 | 1                                 |
| dextrose 5% w/ sodium<br>chloride 0.3% (generic of<br>DEXTROSE 5%/SODIUM<br>CHLORI)    | 1                                 |
| dextrose 5% w/ sodium<br>chloride 0.9%                                                 | 1                                 |
| dextrose 5% w/ sodium<br>chloride 0.45%                                                | 1                                 |
| dextrose 5% w/ sodium<br>chloride 0.225% (generic of<br>DEXTROSE/SODIUM<br>CHLORIDE)   | 1                                 |
| dextrose 10% w/ sodium<br>chloride 0.45%                                               | 1                                 |
| ISOLYTE-P INJ /D5W                                                                     | 3                                 |
| ISOLYTE-S INJ PH 7.4                                                                   | 3                                 |
| kcl 10 meq/l (0.075%) in<br>dextrose 5% & nacl 0.45% inj                               | 1                                 |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.2% inj                                 | 1                                 |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.9% inj                                 | 1                                 |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.45% inj                                | 1                                 |
| kcl 20 meq/l (0.15%) in nacl<br>0.9% inj (generic of<br>POTASSIUM<br>CHLORIDE/SODIUM)  | 1                                 |

| Drug Name                                                                                                                | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| kcl 20 meq/l (0.15%) in nacl<br>0.45% inj (generic of<br>POTASSIUM<br>CHLORIDE/SODIUM)                                   | 1                                 |
| kcl 20 meq/l (0.149%) in nacl<br>0.45% inj                                                                               | 1                                 |
| kcl 30 meq/l (0.224%) in<br>dextrose 5% & nacl 0.45% inj                                                                 | 1                                 |
| kcl 40 meq/l (0.3%) in<br>dextrose 5% & nacl 0.9% inj<br>(generic of KCL<br>0.3%/D5W/NACL 0.9%)                          | 1                                 |
| kcl 40 meq/l (0.3%) in<br>dextrose 5% & nacl 0.45% inj                                                                   | 1                                 |
| kcl 40 meq/l (0.3%) in nacl<br>0.9% inj (generic of<br>POTASSIUM<br>CHLORIDE/SODIUM)                                     | 1                                 |
| KCL/D5W/NACL INJ 0.3/0.9%                                                                                                | 3                                 |
| lactated ringer's solution                                                                                               | 1                                 |
| MAGNESIUM SULFATE<br>SOLN 2gm/50ml, 4gm/100ml,<br>4gm/50ml, 20gm/500ml,<br>40gm/1000ml                                   | 2                                 |
| magnesium sulfate (generic of<br>MAGNESIUM SULFATE)<br>SOLN 2gm/50ml, 4gm/100ml,<br>4gm/50ml, 20gm/500ml,<br>40gm/1000ml | 2                                 |
| magnesium sulfate SOLN<br>50%                                                                                            | 2                                 |
| magnesium sulfate in<br>dextrose 5% iv soln 1<br>gm/100ml (generic of<br>MAGNESIUM SULFATE IN<br>D5W)                    | 2                                 |
| multiple electrolytes ph 5.5<br>(generic of PLASMA-LYTE A)                                                               | 1                                 |
| POT CHL 20MEQ/L IN NACL<br>0.9% INJ                                                                                      | 3                                 |
| POT CHL 20MEQ/L IN NACL<br>0.45% INJ                                                                                     | 3                                 |
| POT CHL 40MEQ/L IN NACL<br>0.9% INJ                                                                                      | 3                                 |
| potassium chloride SOLN<br>2meq/ml                                                                                       | 1                                 |

| Drug Name                                                                                                                    | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 1                          |        |
| <i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj                                                                | 1                          |        |
| <i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%                                                                     | 1                          |        |
| TPN ELECTROL INJ                                                                                                             | 3                          | B/D    |
| <b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>                                                                                  |                            |        |
| <i>klor-con</i> PACK 20meq                                                                                                   | 1                          |        |
| <i>klor-con</i> 8 TBCR 8meq                                                                                                  | 1                          |        |
| <i>klor-con</i> 10 TBCR 10meq                                                                                                | 1                          |        |
| <i>klor-con</i> m10 TBCR 10meq                                                                                               | 1                          |        |
| <i>klor-con</i> m15 TBCR 15meq                                                                                               | 1                          |        |
| <i>klor-con</i> m20 TBCR 20meq                                                                                               | 1                          |        |
| M-NATAL PLUS TAB                                                                                                             | 2                          |        |
| <i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq                               | 1                          |        |
| <i>potassium chloride microencapsulated crystals</i> er TBCR 10meq, 15meq, 20meq                                             | 1                          |        |
| PRENATAL TAB 27-1MG                                                                                                          | 2                          |        |
| PRENATAL TAB PLUS                                                                                                            | 2                          |        |
| <i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln                                                                     | 1                          |        |
| WESTAB PLUS TAB 27-1MG                                                                                                       | 2                          |        |
| <b>IV NUTRITION</b>                                                                                                          |                            |        |
| 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</i> sf 15%                                                                                                       | 1                          | B/D    |
| CLINOLIPID EMU 20%                                                                                                           | 3                          | B/D    |
| <i>dextrose</i> SOLN 5%, 10%                                                                                                 | 1                          |        |
| <i>dextrose</i> SOLN 50%, 70%                                                                                                | 1                          | B/D    |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml                                                                                       | 3                          | B/D    |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits  |
|-------------------------------------------------------------------------------|----------------------------|---------|
| NUTRILIPID EMUL 20gm/100ml                                                    | 3                          | B/D     |
| <i>plenamine</i>                                                              | 1                          | B/D     |
| PREMASOL SOL 10%                                                              | 4                          | NDS B/D |
| PROSOL INJ 20%                                                                | 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-neomycin-hc</i> ophth oint 1%                         | 1                          |         |
| <i>neo-polycin</i> hc ophth oint 1%                                           | 1                          |         |
| <i>neomycin-polymyxin-dexamethasone</i> ophth oint 0.1% (generic of MAXITROL) | 1                          |         |
| <i>neomycin-polymyxin-dexamethasone</i> ophth susp 0.1% (generic of MAXITROL) | 1                          |         |
| <i>neomycin-polymyxin-hc</i> ophth susp                                       | 1                          |         |
| <i>sulfacetamide sodium-prednisolone</i> ophth soln 10-0.23(0.25)%            | 1                          |         |
| TOBRADEX OIN 0.3-0.1%                                                         | 2                          |         |
| <i>tobramycin-dexamethasone</i> ophth susp 0.3-0.1%                           | 1                          |         |
| ZYLET SUS 0.5-0.3%                                                            | 2                          |         |
| <b>ANTI-INFECTIVES</b>                                                        |                            |         |
| <i>bacitracin</i> (ophthalmic) OINT 500unit/gm                                | 1                          |         |
| <i>bacitracin-polymyxin</i> b ophth oint                                      | 1                          |         |
| BESIVANCE SUSP .6%                                                            | 2                          |         |
| CILOXAN OINT .3%                                                              | 2                          |         |
| <i>ciprofloxacin</i> hcl (ophth) SOLN .3%                                     | 1                          |         |
| <i>erythromycin</i> (ophth) OINT 5mg/gm                                       | 1                          |         |
| <i>gatifloxacin</i> (ophth) SOLN .5%                                          | 1                          |         |
| <i>gentamicin</i> sulfate (ophth) SOLN .3%                                    | 1                          |         |
| <i>moxifloxacin</i> hcl (ophth) (generic of VIGAMOX) SOLN .5%                 | 1                          | QL      |
| QL (12 mL / 30 days)                                                          |                            |         |
| NATACYN SUSP 5%                                                               | 3                          |         |



| Drug Name                                                      | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------|----------------------------|-----------|
| neo-polycin 5(3.5)mg-400unt-10000unt op oin                    | 1                          |           |
| neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin   | 1                          |           |
| neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml   | 1                          |           |
| ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%                | 1                          |           |
| polycin ophth oint                                             | 1                          |           |
| polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%         | 1                          |           |
| sulfacetamide sodium (ophth) OINT 10%; SOLN 10%                | 1                          |           |
| tobramycin (ophth) SOLN .3%                                    | 1                          |           |
| trifluridine SOLN 1%                                           | 1                          |           |
| XDEMVI SOLN .25%                                               | 4                          | NDS NM PA |
| ZIRGAN GEL .15%                                                | 3                          |           |
| <b>ANTI-INFLAMMATORIES</b>                                     |                            |           |
| dexamethasone sodium phosphate (ophth) SOLN .1%                | 1                          |           |
| diclofenac sodium (ophth) SOLN .1%                             | 1                          |           |
| fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%    | 1                          |           |
| flurbiprofen sodium SOLN .03%                                  | 1                          |           |
| ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4% | 1                          |           |
| ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%    | 1                          |           |
| LOTEMAX OINT .5%                                               | 2                          |           |
| prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%   | 1                          |           |
| PREDNISOLONE SODIUM PHOSP SOLN 1%                              | 2                          |           |
| <b>ANTIALLERGICS</b>                                           |                            |           |
| azelastine hcl (ophth) SOLN .05%                               | 1                          |           |
| cromolyn sodium (ophth) SOLN 4%                                | 1                          |           |

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------|----------------------------|-----------|
| ZERVIAE SOLN .24%                                                     | 3                          |           |
| <b>ANTIGLAUCOMA</b>                                                   |                            |           |
| betaxolol hcl (ophth) SOLN .5%                                        | 1                          |           |
| brimonidine tartrate SOLN .2%                                         | 1                          |           |
| brinzolamide (generic of AZOPT) SUSP 1%                               | 1                          | ST        |
| carteolol hcl (ophth) SOLN 1%                                         | 1                          |           |
| COMBIGAN SOL 0.2/0.5%                                                 | 2                          |           |
| dorzolamide hcl SOLN 2%                                               | 1                          |           |
| dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT) | 1                          |           |
| latanoprost (generic of XALATAN) SOLN .005%                           | 1                          |           |
| levobunolol hcl SOLN .5%                                              | 1                          |           |
| LUMIGAN SOLN .01%                                                     | 2                          |           |
| pilocarpine hcl SOLN 1%, 2%, 4%                                       | 1                          |           |
| RHOPRESSA SOLN .02%                                                   | 3                          |           |
| ROCKLATAN DRO                                                         | 3                          |           |
| SIMBRINZA SUS 1-0.2%                                                  | 3                          |           |
| timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%                | 1                          |           |
| VYZULTA SOLN .024%                                                    | 3                          |           |
| <b>MISCELLANEOUS</b>                                                  |                            |           |
| ATROPINE SULFATE SOLN 1%                                              | 2                          |           |
| atropine sulfate (ophthalmic) SOLN 1%                                 | 1                          |           |
| CYSTADROPS SOLN .37%                                                  | 4                          | NDS NM PA |
| CYSTARAN SOLN .44%                                                    | 4                          | NDS NM PA |
| EYSUVIS SUSP .25%                                                     | 3                          |           |
| MIEBO SOLN 1.338gm/ml                                                 | 2                          |           |
| proparacaine hcl (generic of ALCAINE) SOLN .5%                        | 1                          |           |
| RESTASIS EMUL .05%                                                    | 2                          |           |
| RESTASIS MULTIDOSE EMUL .05%                                          | 2                          |           |
| XIIDRA SOLN 5%                                                        | 2                          |           |
| <b>OTIC</b>                                                           |                            |           |
| <b>OTIC AGENTS</b>                                                    |                            |           |
| acetic acid (otic) SOLN 2%                                            | 1                          |           |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------|----------------------------|--------|
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>                  | 1                          |        |
| <i>flac</i> (generic of DERMOTIC) OIL .01%                             | 1                          |        |
| <i>fluocinolone acetonide</i> (otic) (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</i> (otic) SOLN .3%                                       | 1                          |        |
| <b>RESPIRATORY<br/>ANTICHOLINERGIC/BETA AGONIST<br/>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     |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>               | 1                          | B/D    |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)         | 2                          | QL     |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)         | 2                          | QL     |
| <b>ANTICHOLINERGICS</b>                                                |                            |        |
| ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)                  | 3                          | QL     |

| Drug Name                                                                                                                             | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)                                                                           | 2                          | QL     |
| <i>ipratropium bromide</i> SOLN .02%                                                                                                  | 1                          | B/D    |
| <i>ipratropium bromide</i> (nasal) SOLN .03%, .06%                                                                                    | 1                          |        |
| SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)                                                                            | 3                          | QL     |
| <b>ANTI-HISTAMINES</b>                                                                                                                |                            |        |
| <i>azelastine hcl</i> SOLN .1%                                                                                                        | 1                          |        |
| <i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)                                                                              | 1                          | QL     |
| <i>cypheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year              | 2                          | PA     |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml                                                                                               | 1                          |        |
| <i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older                                                         | 3                          | PA     |
| <i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year | 2                          | PA     |
| <i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year                  | 2                          | PA     |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)                                                            | 1                          | QL     |
| <i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)                                                                 | 1                          | QL     |
| <b>BETA AGONISTS</b>                                                                                                                  |                            |        |
| <i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)                                            | 1                          | QL     |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <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>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              |
| <i>terbutaline sulfate</i> TABS<br>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              |
| <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)                                                         | 4                          | NDS QL NM<br>PA |
| ALYFTREK TAB 10-50-125<br>QL (56 tabs / 28 days)                                                       | 4                          | NDS QL NM<br>PA |
| ARALAST NP SOLR 500mg,<br>1000mg                                                                       | 4                          | NDS NM PA       |
| <i>cromolyn sodium</i> NEBU<br>20mg/2ml                                                                | 1                          | B/D             |

| Drug Name                                                                                                    | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <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)                                              | 4                          | NDS QL NM<br>PA |
| FASENRA PEN SOAJ<br>30mg/ml<br>QL (1 pen / 28 days)                                                          | 4                          | NDS QL NM<br>PA |
| KALYDECO PACK 5.8mg,<br>13.4mg, 25mg, 50mg, 75mg<br>QL (56 packets / 28<br>days)                             | 4                          | NDS QL NM<br>PA |
| KALYDECO TABS 150mg<br>QL (60 tabs / 30 days)                                                                | 4                          | NDS QL NM<br>PA |
| OFEV CAPS 100mg, 150mg<br>QL (60 caps / 30 days)                                                             | 4                          | NDS QL NM<br>PA |
| ORKAMBI GRA 75-94MG<br>QL (56 packets / 28<br>days)                                                          | 4                          | NDS QL NM<br>PA |
| ORKAMBI GRA 100-125<br>QL (56 packets / 28<br>days)                                                          | 4                          | NDS QL NM<br>PA |
| ORKAMBI GRA 150-188<br>QL (56 packets / 28<br>days)                                                          | 4                          | NDS QL NM<br>PA |
| ORKAMBI TAB 100-125<br>QL (112 tabs / 28 days)                                                               | 4                          | NDS QL NM<br>PA |
| ORKAMBI TAB 200-125<br>QL (112 tabs / 28 days)                                                               | 4                          | NDS QL NM<br>PA |
| <i>pirfenidone</i> (generic of<br>ESBRIET) CAPS 267mg<br>QL (270 caps / 30 days)                             | 4                          | NDS QL NM<br>PA |
| <i>pirfenidone</i> (generic of<br>ESBRIET) TABS 267mg<br>QL (270 tabs / 30 days)                             | 4                          | NDS QL NM<br>PA |
| <i>pirfenidone</i> TABS 534mg<br>QL (90 tabs / 30 days)                                                      | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>pirfenidone</i> (generic of ESBRIET) TABS 801mg<br>QL (90 tabs / 30 days)                           | 4                          | NDS QL NM PA |
| PROLASTIN-C SOLN 1000mg/20ml                                                                           | 4                          | NDS NM PA    |
| PULMOZYME SOLN 2.5mg/2.5ml                                                                             | 4                          | NDS NM PA    |
| <i>roflumilast</i> (generic of DALIRESP) TABS 250mcg<br>QL (56 tabs / year)                            | 1                          | QL           |
| <i>roflumilast</i> (generic of DALIRESP) TABS 500mcg<br>QL (30 tabs / 30 days)                         | 1                          | QL           |
| SYMDEKO TAB 50-75MG<br>QL (56 tabs / 28 days)                                                          | 4                          | NDS QL NM PA |
| SYMDEKO TAB 100-150<br>QL (56 tabs / 28 days)                                                          | 4                          | NDS QL NM PA |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg | 1                          |              |
| TRIKAFTA PAK 59.5MG<br>QL (56 packs / 28 days)                                                         | 4                          | NDS QL NM PA |
| TRIKAFTA PAK 75MG<br>QL (56 packs / 28 days)                                                           | 4                          | NDS QL NM PA |
| TRIKAFTA TAB 50-25-37.5MG & 75MG<br>QL (84 tabs / 28 days)                                             | 4                          | NDS QL NM PA |
| TRIKAFTA TAB 100-50-75MG & 150MG<br>QL (84 tabs / 28 days)                                             | 4                          | NDS QL NM PA |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml<br>QL (4 pens / 28 days)                                             | 4                          | NDS QL NM PA |
| XOLAIR SOAJ 150mg/ml<br>QL (8 pens / 28 days)                                                          | 4                          | NDS QL NM PA |
| XOLAIR SOLR 150mg<br>QL (8 vials / 28 days)                                                            | 4                          | NDS QL NM PA |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml<br>QL (4 syringes / 28 days)                                         | 4                          | NDS QL NM PA |
| XOLAIR SOSY 150mg/ml<br>QL (8 syringes / 28 days)                                                      | 4                          | NDS QL NM PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg                                                                    | 4                          | NDS NM PA    |

| Drug Name                                                                               | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------|----------------------------|--------|
| <b>NASAL STEROIDS</b>                                                                   |                            |        |
| <i>flunisolide</i> (nasal) SOLN .025%<br>QL (3 bottles / 30 days)                       | 1                          | QL     |
| <i>fluticasone propionate</i> (nasal) SUSP 50mcg/act<br>QL (1 bottle / 30 days)         | 1                          | QL     |
| XHANCE EXHU 93mcg/act<br>QL (32 mL / 30 days)                                           | 3                          | QL PA  |
| <b>STERIOD 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 50mcg/act, 100mcg/act, 200mcg/act<br>QL (30 inhalations / 30 days) | 2                          | QL     |
| <i>budesonide</i> (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml          | 1                          | B/D    |
| <b>STERIOD/BETA-AGONIST 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 50-25MCG<br>QL (60 blisters / 30 days)                                 | 2                          | QL     |
| BREO ELLIPTA INH 100-25<br>QL (60 blisters / 30 days)                                   | 2                          | QL     |
| BREO ELLIPTA INH 200-25<br>QL (60 blisters / 30 days)                                   | 2                          | QL     |
| <i>breynga</i> (generic of SYMBICORT)<br>QL (3 inhalers / 30 days)                      | 1                          | QL     |

| Drug Name                                                                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT)<br>QL (3 inhalers / 30 days)                                 | 1                          | QL     |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> (generic of 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 powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days)<br>(generic PRASCO not covered) | 1                          | QL     |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days)<br>(generic PRASCO not covered) | 1                          | QL     |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days)<br>(generic PRASCO not covered) | 1                          | QL     |
| <i>wixela inhub</i> (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days)                                                                        | 1                          | QL     |
| <b>TOPICAL<br/>DERMATOLOGY, ACNE</b>                                                                                                                   |                            |        |
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg                                                                                                            | 1                          | PA     |
| <i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg                                                                                                           | 1                          | PA     |

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN)<br>QL (46.6 gm / 30 days)         | 1                          | QL     |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg                                                             | 1                          | PA     |
| <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> (generic of CLINDAGEL) GEL 1%<br>QL (75 mL / 30 days)            | 1                          | QL PA  |
| <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>ery PADS 2%</i><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     |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg                                                         | 1                          | PA     |
| <i>neuac</i><br>QL (45 gm / 30 days)                                                                    | 1                          | QL     |
| <i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10%<br>QL (118 mL / 30 days)                | 1                          | QL     |
| <i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%;<br>GEL .01%, .025%<br>QL (45 gm / 30 days) | 1                          | QL PA  |
| <i>twice-daily clindamycin phosphate (topical)</i> GEL 1%<br>QL (60 gm / 30 days)                       | 1                          | QL     |
| <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg                                                             | 1                          | PA     |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------|----------------------------|--------|
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                                |                            |        |
| <i>gentamicin sulfate (topical)</i> 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 SILVADENE) CREA 1%                      | 1                          |        |
| <i>ssd</i> (generic of SILVADENE) CREA 1%                                      | 1                          |        |
| SULFAMYLON CREA 85mg/gm<br>QL (453.6 gm / 30 days)                             | 3                          | QL     |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                                |                            |        |
| <i>ciclopirox</i> SHAM 1%<br>QL (120 mL / 30 days)                             | 1                          | QL     |
| <i>ciclopirox olamine</i> CREA .77%<br>QL (90 gm / 30 days)                    | 1                          | QL     |
| <i>ciclopirox olamine</i> SUSP .77%<br>QL (60 mL / 30 days)                    | 1                          | QL     |
| <i>clotrimazole (topical)</i> CREA 1%<br>QL (45 gm / 30 days)                  | 1                          | QL     |
| <i>clotrimazole (topical)</i> SOLN 1%<br>QL (60 mL / 30 days)                  | 1                          | QL     |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i><br>QL (45 gm / 30 days)     | 1                          | QL     |
| <i>econazole nitrate</i> CREA 1%<br>QL (85 gm / 30 days)                       | 1                          | QL     |
| <i>ketoconazole (topical)</i> CREA 2%<br>QL (60 gm / 30 days)                  | 1                          | QL     |
| <i>ketoconazole (topical)</i> SHAM 2%<br>QL (120 mL / 30 days)                 | 1                          | QL     |
| <i>klayesta</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                     | 1                          | QL     |
| <i>nyamyc</i> POWD 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        |
| <i>selenium sulfide</i> LOTN 2.5%                                                                     | 1                          |           |
| <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     |
| <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)                                                                 | 4                          | NDS QL PA |
| <i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1%<br>QL (60 gm / 30 days)                         | 1                          | QL PA     |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                                                                   |                            |           |
| <i>ala-cort</i> CREA 1%                                                                               | 1                          |           |
| <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        |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>betamethasone valerate</i><br>CREA .1%; OINT .1%<br>QL (120 gm / 30 days)                          | 1                          | QL     |
| <i>betamethasone valerate</i><br>LOTN .1%<br>QL (120 mL / 30 days)                                    | 1                          | QL     |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%<br>QL (120 gm / 30 days)                  | 1                          | QL     |
| <i>clobetasol propionate</i> (generic of CLOBEX) SHAM .05%<br>QL (236 mL / 30 days)                   | 1                          | QL     |
| <i>clobetasol propionate</i> SOLN .05%<br>QL (100 mL / 30 days)                                       | 1                          | QL     |
| <i>clobetasol propionate e</i> CREA .05%<br>QL (120 gm / 30 days)                                     | 1                          | QL     |
| <i>clodan</i> (generic of CLOBEX) SHAM .05%<br>QL (236 mL / 30 days)                                  | 1                          | QL     |
| <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-SMOOTH/FS BODY) OIL .01%<br>QL (118.28 mL / 30 days)  | 1                          | QL     |
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/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> (generic of VANOS) CREA .1%<br>QL (120 gm / 30 days)                              | 1                          | QL     |
| <i>fluocinonide</i> CREA .05%<br>QL (120 gm / 30 days)                                                | 1                          | QL     |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <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     |
| <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>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> OINT 1%<br>QL (30 gm / 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>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5%<br>QL (454 gm / 30 days) | 1                          | QL     |
| <i>triamcinolone acetonide</i> (topical) 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>                                                  |                            |        |
| <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  |
| <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 |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>lidocan</i> (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day)                                    | 1                          | QL PA        |
| <i>tridacaine ii</i> (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day)                              | 1                          | QL PA        |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>                                                |                            |              |
| <i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%<br>QL (60 gm / 30 days)                         | 4                          | NDS QL NM PA |
| <i>diclofenac sodium (topical)</i> SOLN 1.5%<br>QL (300 mL / 28 days)                                     | 1                          | QL           |
| EUCRISA OINT 2%<br>QL (120 gm / 30 days)                                                                  | 3                          | QL PA        |
| <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                          |              |
| <i>imiquimod</i> CREA 5%<br>QL (24 packets / 30 days)                                                     | 1                          | QL           |
| <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           |

| Drug Name                                                                                                                                    | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| PANRETIN GEL .1%<br>QL (60 gm / 30 days)                                                                                                     | 4                          | NDS QL PA    |
| <i>pimecrolimus</i> (generic of ELIDEL) CREA 1%<br>QL (100 gm / 30 days)                                                                     | 1                          | QL PA        |
| <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%<br><i>proctocort</i> CREA 1%                                                           | 1                          |              |
| <i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%<br><i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%                                | 1                          |              |
| <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)                                                                                                   | 4                          | NDS QL NM PA |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>                                                                                               |                            |              |
| <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           |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                                                                                                        |                            |              |
| REGRANEX GEL .01%<br>QL (30 gm / 30 days)                                                                                                    | 4                          | NDS QL PA    |
| SANTYL OINT 250unit/gm<br>QL (180 gm / 30 days)                                                                                              | 3                          | QL PA        |
| <i>sodium chloride (gu irrigant)</i> SOLN .9%<br><i>water for irrigation, sterile irrigation soln</i>                                        | 1                          |              |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                                                                                                            |                            |              |
| <i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%<br><i>clotrimazole</i> TROC 10mg<br>QL (150 lozenges / 30 days) | 1                          | QL           |
| <i>kourzeq</i> PSTE .1%<br><i>lidocaine hcl (mouth-throat)</i> SOLN 2%                                                                       | 1                          |              |
| <i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml                                                                      | 1                          |              |



| Drug Name                                                          | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------|-----------------------------------|
| <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>0.9% inj</i> .....               | 53 | KISQALI 400 DOSE .....              | 13 | LAMICTAL XR                             |    |
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| <i>dextrose 5% &amp; nacl</i>       |    | FEMARA .....                        | 13 | <i>lamivudine</i> .....                 | 5  |
| <i>0.45% inj</i> .....              | 53 | KISQALI 600 DOSE .....              | 13 | <i>lamivudine (hbv)</i> .....           | 7  |
| <i>kcl 20 meq/l (0.149%) in</i>     |    | KISQALI 600 PAK                     |    | <i>lamivudine-zidovudine tab</i>        |    |
| <i>nacl 0.45% inj</i> .....         | 53 | FEMARA .....                        | 13 | <i>150-300 mg</i> .....                 | 6  |
| <i>kcl 20 meq/l (0.15%) in</i>      |    | KITABIS PAK                         |    | <i>lamotrigine</i> .....                | 31 |
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| <i>kcl 20 meq/l (0.15%) in nacl</i> |    | <i>klor-con 10</i> .....            | 54 | <i>larin 1.5/30</i> .....               | 41 |
| <i>0.45% inj</i> .....              | 53 | <i>klor-con 8</i> .....             | 54 | <i>larin fe 1/20</i> .....              | 41 |
| <i>kcl 20 meq/l (0.15%) in nacl</i> |    | <i>klor-con m10</i> .....           | 54 | <i>larin fe 1.5/30</i> .....            | 41 |
| <i>0.9% inj</i> .....               | 53 | <i>klor-con m15</i> .....           | 54 | LASIX                                   |    |
| <i>kcl 30 meq/l (0.224%) in</i>     |    | <i>klor-con m20</i> .....           | 54 | <i>see furosemide</i> .....             | 22 |
| <i>dextrose 5% &amp; nacl</i>       |    | KLOXXADO .....                      | 36 | <i>latanoprost</i> .....                | 55 |
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| <i>dextrose 5% &amp; nacl</i>       |    | <i>(hyperglycemia)</i> .....        | 44 | LAZCLUZE .....                          | 14 |
| <i>0.45% inj</i> .....              | 53 | KOSELUGO .....                      | 13 | <i>leflunomide</i> .....                | 51 |
| <i>kcl 40 meq/l (0.3%) in</i>       |    | <i>kourzeq</i> .....                | 62 | <i>lenalidomide</i> .....               | 11 |
| <i>dextrose 5% &amp; nacl 0.9%</i>  |    | KRAZATI .....                       | 14 | LENVIMA 10 MG DAILY                     |    |
| <i>inj</i> .....                    | 53 | <i>kurvelo</i> .....                | 41 | DOSE .....                              | 14 |
| <i>kcl 40 meq/l (0.3%) in nacl</i>  |    | KUVAN                               |    | LENVIMA 12MG DAILY                      |    |
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| LENVIMA 4 MG DAILY<br>DOSE .....14                                                                        | levofloxacin in d5w iv soln<br>750 mg/150ml.....8                           | lisinopril &<br>hydrochlorothiazide tab<br>20-12.5 mg .....17          |
| LENVIMA 8 MG DAILY<br>DOSE .....14                                                                        | levonest.....41                                                             | lisinopril &<br>hydrochlorothiazide tab<br>20-25 mg .....17            |
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| LUMIGAN .....                                           | 55 | 1 gm/100ml .....                                    | 53 | meloxicam .....                                        |                  | 1      |
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| LUPRON DEPOT (3-MONTH) .....                            | 10 | 250-100 mg .....                                    | 5  |                                                        |                  |        |

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| <i>memantine hcl-donepezil</i><br><i>hcl cap er 24hr 14-10 mg</i><br>.....24 | <i>metoprolol &amp;</i><br><i>hydrochlorothiazide tab</i><br><i>100-25 mg</i> .....21 | MONJUVI.....14                                                                                       |
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