

Stanford Health Care Advantage  
2020 Formulary  
*List of Covered Drugs*



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

00020019, 17

*This formulary was updated on 08/01/2020. For more recent information or other questions, please contact Stanford Health Care Advantage Member Care Services, at 1-855-996-8422 or, for TTY users, 711, 8 am to 8 pm, seven days a week (except Thanksgiving and Christmas) from October 1 through March 31 and Monday through Friday (except holidays) from April 1 through September 30, or visit [StanfordHealthCareAdvantage.org](http://StanfordHealthCareAdvantage.org).*

**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 Stanford Health Care Advantage (HMO). When it refers to “plan” or “our plan,” it means Stanford Health Care Advantage Platinum or Stanford Health Care Advantage Gold.

This document includes a list of the drugs (formulary) for our plan which is current as of August 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

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## What is the Stanford Health Care Advantage (HMO) Formulary?

A formulary is a list of covered drugs selected by Stanford Health Care Advantage (HMO) 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. Stanford Health Care Advantage (HMO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Stanford Health Care Advantage (HMO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Stanford Health Care Advantage (HMO) Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at

the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Stanford Health Care Advantage (HMO) Formulary?”

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

The enclosed formulary is current as of 8/1/2020. To get updated information about the drugs covered by Stanford Health Care Advantage (HMO) please contact us. Our contact information appears on the front and back cover pages.

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

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

### **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 Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1 below. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Stanford Health Care Advantage (HMO) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Stanford Health Care Advantage (HMO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Stanford Health Care Advantage (HMO) before you fill your prescriptions. If you don't get approval, Stanford Health Care Advantage (HMO) may not cover the drug.
- **Quantity Limits:** For certain drugs, Stanford Health Care Advantage (HMO) limits the amount of the drug that Stanford Health Care Advantage (HMO) will cover. For example, Stanford Health Care Advantage (HMO) provides 30 per prescription for SILENOR. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Stanford Health Care Advantage (HMO) 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, Stanford Health Care Advantage (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Stanford Health Care Advantage (HMO) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Stanford Health Care Advantage (HMO) 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 Stanford Health Care Advantage (HMO) formulary?" on page VI for information about how to request an exception.

## What if my drug is not on the Formulary?

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

If you learn that Stanford Health Care Advantage (HMO) does not cover your drug, you have two options:

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

- You can ask Stanford Health Care Advantage (HMO) to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the Stanford Health Care Advantage (HMO) Formulary?**

You can ask Stanford Health Care Advantage (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

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

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

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

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

In circumstances where you are changing from one treatment setting to another, Stanford Health Care Advantage (HMO) will ensure a transition process for approving non-formulary Part D drugs. This process shall also apply to formulary Part D drugs that require prior authorization or step-therapy.

Examples of level of care changes include: you are discharged from a hospital to a home; you end your skilled nursing facility Medicare Part A stay and need to revert to your Part D plan formulary; you end a long-term care facility stay and return to the community; and, you are discharged from psychiatric hospitals with medication regimens that are highly individualized.

The pharmacy benefit manager for Stanford Health Care Advantage (HMO) will provide pharmacies with access to representatives of the plan who have the ability to override pharmacy claims processing issues. This access will allow pharmacies to obtain prescription claims overrides at the point-of-sale and ensure that members receive reliable access to medications.

## **For more information**

For more detailed information about your Stanford Health Care Advantage (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

## **Stanford Health Care Advantage (HMO)'s Formulary**

The formulary below provides coverage information about the drugs covered by Stanford Health Care Advantage (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.



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

The information in the Requirements/Limits column tells you if Stanford Health Care Advantage (HMO) has any special requirements for coverage of your drug.

The second column of the chart lists the drug tier. Every drug on the plan’s Drug List is in one of six cost-sharing tiers. The tables on the below provide an explanation of each tier.

### Network Retail Pharmacy Drug Tier Copayment Levels

| <b>Tier</b>                       | <b>Copay for up to a one-month supply</b>    | <b>Copay for up to a three-month supply</b> |
|-----------------------------------|--|---|
| Tier 1 (Preferred Generic)        | \$5  | \$15  |
| Tier 2 (NON-Preferred Generic)    | \$15   | \$45  |
| Tier 3 (Preferred Brand)          | \$47   | \$141                                       |
| Tier 4 (NON-Preferred Brand Name) | \$100  | \$300                                       |
| Tier 5 (Specialty)                | 33% of cost (Platinum)<br>28% of cost (Gold) | Not available                               |
| Tier 6 (Select Care)              | \$2  | \$6   |

### Network Mail Order Drug Tier Copayment Levels

| <b>Tier</b>                       | <b>Copay for up to a one-month supply</b>    | <b>Copay for up to a three-month supply</b> |
|-----------------------------------|--|---|
| Tier 1 (Preferred Generic)        | \$5  | \$10  |
| Tier 2 (NON-Preferred Generic)    | \$15   | \$30  |
| Tier 3 (Preferred Brand)          | \$47   | \$94  |
| Tier 4 (NON-Preferred Brand Name) | \$100  | \$200                                       |
| Tier 5 (Specialty)                | 33% of cost (Platinum)<br>28% of cost (Gold) | Not available                               |
| Tier 6 (Select Care)              | \$2  | \$4   |

The following Utilization Management abbreviations may be found within the body of this document

**COVERAGE NOTES ABBREVIATIONS**

| ABBREVIATION                               | DESCRIPTION  | EXPLANATION  |
|--|--|--|
| <b>Utilization Management Restrictions</b> |  |  |
| PA   | Prior Authorization Restriction                                    | You (or your physician) are required to get prior authorization from Stanford Health Care Advantage (HMO) before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.   |
| PA BvD                                     | Prior Authorization Restriction for Part B vs Part D Determination | This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from Stanford Health Care Advantage (HMO) to determine whether this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.              |
| PA-HRM                                     | Prior Authorization Restriction for High Risk Medications          | This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from Stanford Health Care Advantage (HMO) before filling your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug. |
| PA NSO                                     | Prior Authorization Restriction for New Starts Only                | If you are a new member or if you have not taken this drug previously, you (or your physician) are required to get prior authorization from Stanford Health Care Advantage (HMO) before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.  |
| QL   | Quantity Limit Restriction   | Stanford Health Care Advantage (HMO) limits the amount of this drug that is covered per prescription, or within a specific time frame.   |

| ABBREVIATION | DESCRIPTION              | EXPLANATION  |
|--------------|--------------------------|--|
| ST           | Step Therapy Restriction | Before Stanford Health Care Advantage (HMO) will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you. |

The following additional coverage note abbreviations may be found within the body of this document

**OTHER SPECIAL REQUIREMENTS FOR COVERAGE**

| ABBREVIATION                        | DESCRIPTION          | EXPLANATION  |
|-------------------------------------|----------------------|--|
| <b>Other Coverage Abbreviations</b> |                      |  |
| EX                                  | Excluded Part D Drug | This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving <i>Extra Help</i> to pay for your prescriptions, <i>Extra Help</i> is not available to help pay for this drug |
| LA                                  | Limited Access Drug  | This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1-855-996-8422, 8a.m. to 8p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. Please dial 711 for TTY services.   |
| GC                                  | Gap Coverage         | We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.  |
| NM                                  | Non-Mail Order Drug  | You may be able to receive greater than a 1-month supply of most of the drugs on your formulary via mail order at a reduced cost share. Drugs not available via your mail order benefit are noted with "NM" in the Requirements/Limits column of your formulary.   |

| ABBREVIATION | DESCRIPTION        | EXPLANATION   |
|--------------|--------------------|---|
| HI           | Home Infusion Drug | This prescription drug may be covered under our medical benefit. For more information, call Member Services at 1-855-996-8422, 8a.m. to 8p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. Please dial 711 for TTY services. |

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| Drug Name   | Drug Tier | Requirements/Limits                   |
|---|-----------|---------------------------------------|
| <b>Analgesics</b>   |           |                                       |
| <b>Analgesics, Miscellaneous</b>  |           |                                       |
| <i>acetaminophen-codeine oral solution</i><br>120-12 mg/5 ml  | 1         | GC; NDS; NM; QL<br>(4500 per 30 days) |
| <i>acetaminophen-codeine oral tablet</i><br>300-15 mg   | 2         | NDS; NM; QL (360 per<br>30 days)      |
| <i>acetaminophen-codeine oral tablet</i> (Tylenol-Codeine #3)<br>300-30 mg  | 2         | NDS; NM; QL (360 per<br>30 days)      |
| <i>acetaminophen-codeine oral tablet</i><br>300-60 mg   | 2         | NDS; NM; QL (180 per<br>30 days)      |
| <i>buprenorphine hcl injection solution</i> (Buprenex)<br>0.3 mg/ml   | 2         |                                       |
| <i>buprenorphine hcl injection syringe</i><br>0.3 mg/ml   | 2         |                                       |
| <i>butalbital-acetaminophen-caff oral</i> (Esgic)<br><i>tablet 50-325-40 mg</i>   | 2         | QL (180 per 30 days)                  |
| <i>butalbital-aspirin-caffeine oral</i> (Fiorinal)<br><i>capsule 50-325-40 mg</i>   | 2         | QL (180 per 30 days)                  |
| <i>butalbital-aspirin-caffeine oral</i><br><i>tablet 50-325-40 mg</i>   | 2         | QL (180 per 30 days)                  |
| <i>codeine sulfate oral tablet 15 mg, 30</i><br><i>mg, 60 mg</i>  | 2         | NDS; NM; QL (180 per<br>30 days)      |
| <i>endocet oral tablet 10-325 mg</i>  | 2         | NDS; NM; QL (180 per<br>30 days)      |
| <i>endocet oral tablet 2.5-325 mg, 5-</i><br><i>325 mg</i>  | 2         | NDS; NM; QL (360 per<br>30 days)      |
| <i>endocet oral tablet 7.5-325 mg</i>   | 2         | NDS; NM; QL (240 per<br>30 days)      |
| <i>fentanyl citrate buccal lozenge on a</i> (Actiq)<br><i>handle 1,200 mcg, 1,600 mcg, 200</i><br><i>mcg, 400 mcg, 600 mcg, 800 mcg</i> | 5         | PA; NM; NDS; QL<br>(120 per 30 days)  |
| <i>fentanyl transdermal patch 72 hour</i> (Duragesic)<br><i>100 mcg/1hr, 12 mcg/1hr, 25 mcg/1hr,</i><br><i>50 mcg/1hr, 75 mcg/1hr</i>   | 2         | NDS; NM; QL (10 per<br>30 days)       |
| <i>hydrocodone-acetaminophen oral</i><br><i>solution 7.5-325 mg/15 ml</i>   | 2         | NDS; NM; QL (2700<br>per 30 days)     |
| <i>hydrocodone-acetaminophen oral</i> (Lorcet HD)<br><i>tablet 10-325 mg</i>  | 2         | NDS; NM; QL (180 per<br>30 days)      |
| <i>hydrocodone-acetaminophen oral</i><br><i>tablet 2.5-325 mg</i>   | 2         | NDS; NM; QL (240 per<br>30 days)      |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone)) | 2                | NDS; NM; QL (240 per 30 days)    |
| <i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Norco)              | 2                | NDS; NM; QL (180 per 30 days)    |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>                          | 2                | NDS; NM; QL (150 per 30 days)    |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>     | 2                |                                  |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)                          | 2                | NDS; NM; QL (1200 per 30 days)   |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)                 | 2                | NDS; NM; QL (180 per 30 days)    |
| LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY | 5                | PA; NM; NDS; QL (30 per 30 days) |
| <i>lorcet (hydrocodone) oral tablet 5-325 mg</i>                             | 2                | NDS; NM; QL (240 per 30 days)    |
| <i>lorcet hd oral tablet 10-325 mg</i>                                       | 2                | NDS; NM; QL (180 per 30 days)    |
| <i>lorcet plus oral tablet 7.5-325 mg</i>                                    | 2                | NDS; NM; QL (180 per 30 days)    |
| <i>methadone injection solution 10 mg/ml</i>                                 | 2                |                                  |
| <i>methadone oral solution 10 mg/5 ml</i>                                    | 2                | NDS; NM; QL (600 per 30 days)    |
| <i>methadone oral solution 5 mg/5 ml</i>                                     | 2                | NDS; NM; QL (1200 per 30 days)   |
| <i>methadone oral tablet 10 mg</i> (Dolophine)                               | 2                | NDS; NM; QL (120 per 30 days)    |
| <i>methadone oral tablet 5 mg</i> (Dolophine)                                | 2                | NDS; NM; QL (180 per 30 days)    |
| <i>methadose oral tablet, soluble 40 mg</i>                                  | 2                | NDS; NM; QL (30 per 30 days)     |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>             | 2                | NDS; NM; QL (180 per 30 days)    |
| MORPHINE INJECTION SYRINGE 10 MG/ML  | 4                |                                  |
| <i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>              | 2                |                                  |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--|------------------|-------------------------------|
| <i>morphine oral solution 10 mg/5 ml</i>   | 2                | NDS; NM; QL (700 per 30 days) |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>   | 2                | NDS; NM; QL (300 per 30 days) |
| MORPHINE ORAL TABLET 15 MG   | 4                | NDS; NM; QL (180 per 30 days) |
| MORPHINE ORAL TABLET 30 MG   | 4                | NDS; NM; QL (120 per 30 days) |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)                                       | 2                | NDS; NM; QL (60 per 30 days)  |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)  | 2                | NDS; NM; QL (90 per 30 days)  |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG                                  | 3                | NDS; NM; QL (60 per 30 days)  |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG   | 3                | NDS; NM; QL (181 per 30 days) |
| <i>oxycodone oral solution 5 mg/5 ml</i>   | 2                | NDS; QL (1300 per 30 days)    |
| <i>oxycodone oral tablet 10 mg</i>   | 2                | NDS; NM; QL (180 per 30 days) |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)   | 2                | NDS; NM; QL (120 per 30 days) |
| <i>oxycodone oral tablet 20 mg</i>   | 2                | NDS; NM; QL (120 per 30 days) |
| <i>oxycodone oral tablet 5 mg</i> (Roxicodone)   | 2                | NDS; NM; QL (180 per 30 days) |
| <i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin) | 3                | NDS; NM; QL (60 per 30 days)  |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)   | 2                | NDS; NM; QL (180 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)  | 2                | NDS; NM; QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)  | 2                | NDS; NM; QL (240 per 30 days) |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>   | 2                | NDS; NM; QL (360 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name   | Drug Tier | Requirements/Limits                  |
|---|-----------|--------------------------------------|
| OXYCONTIN ORAL<br>TABLET,ORAL<br>ONLY,EXT.REL.12 HR 10 MG,<br>15 MG, 20 MG, 30 MG, 40 MG,<br>60 MG, 80 MG | 3         | NDS; NM; QL (60 per<br>30 days)      |
| <i>tramadol oral tablet 50 mg</i> (Ultram)  | 1         | GC; NDS; NM; QL<br>(240 per 30 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)  | 2         | NDS; NM; QL (300 per<br>30 days)     |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT<br>CRUSH) 13.5 MG, 18 MG, 9 MG                                 | 3         | NDS; NM; QL (60 per<br>30 days)      |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT<br>CRUSH) 27 MG  | 3         | NDS; NM; QL (120 per<br>30 days)     |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT<br>CRUSH) 36 MG  | 3         | NDS; NM; QL (240 per<br>30 days)     |
| <b>Nonsteroidal Anti-Inflammatory Agents</b>  |           |                                      |
| CALDOLOR INTRAVENOUS<br>RECON SOLN 800 MG/8 ML<br>(100 MG/ML)   | 4         |                                      |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex)  | 2         | QL (60 per 30 days)                  |
| <i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)                                     | 2         | PA                                   |
| <i>diclofenac potassium oral tablet 50 mg</i>   | 2         |                                      |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)                          | 2         |                                      |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>                         | 2         |                                      |
| <i>diclofenac sodium topical drops 1.5 %</i>  | 2         | QL (300 per 30 days)                 |
| <i>diclofenac sodium topical gel 1 %</i> (Voltaren)   | 2         |                                      |
| <i>diclofenac sodium topical gel 3 %</i> (Solaraze)   | 2         | PA; QL (100 per 28<br>days)          |
| <i>etodolac oral capsule 200 mg, 300 mg</i>   | 2         |                                      |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>etodolac oral tablet 400 mg</i> (Lodine)  | 2                |                                   |
| <i>etodolac oral tablet 500 mg</i>   | 2                |                                   |
| <i>flurbiprofen oral tablet 100 mg, 50 mg</i>  | 2                |                                   |
| <i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>  | 1                | GC                                |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)  | 2                |                                   |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)  | 1                | GC                                |
| <i>indomethacin oral capsule 25 mg</i>   | 1                | GC; QL (240 per 30 days)          |
| <i>indomethacin oral capsule 50 mg</i>   | 1                | GC; QL (120 per 30 days)          |
| <i>ketorolac oral tablet 10 mg</i>   | 2                | QL (20 per 30 days)               |
| <i>mefenamic acid oral capsule 250 mg</i>  | 2                |                                   |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)   | 1                | GC                                |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>   | 2                |                                   |
| <i>naproxen oral tablet 250 mg, 375 mg</i>   | 1                | GC                                |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn)  | 1                | GC                                |
| <i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)  | 2                |                                   |
| <b>PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)</b>   | 5                | PA; NM; NDS; QL (224 per 28 days) |
| <i>sulindac oral tablet 150 mg, 200 mg</i>   | 2                |                                   |
| <b>VOLTAREN TOPICAL GEL 1 %</b>  | 2                |                                   |
| <b>Anesthetics</b>   |                  |                                   |
| <b>Local Anesthetics</b>   |                  |                                   |
| <i>glydo mucous membrane jelly in applicator 2 %</i>   | 2                | QL (30 per 30 days)               |
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF) | 1                | GC                                |
| <i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>  | 1                | GC                                |
| <i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i> (Xylocaine (Cardiac) (PF))                                       | 1                | GC                                |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>lidocaine hcl injection solution 10 mg/ml (1%), 20 mg/ml (2%), 5 mg/ml (0.5%)</i> (Xylocaine) | 1                | GC                         |
| <i>lidocaine hcl mucous membrane jelly 2%</i>  | 2                | QL (30 per 30 days)        |
| <i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>                                      | 2                |                            |
| <i>lidocaine topical adhesive patch, medicated 5%</i> (Lidoderm)                                 | 2                | PA; QL (90 per 30 days)    |
| <i>lidocaine topical ointment 5%</i>   | 2                | PA; QL (90 per 30 days)    |
| <i>lidocaine viscous mucous membrane solution 2%</i>   | 2                |                            |
| <i>lidocaine-prilocaine topical cream 2.5-2.5%</i>   | 2                | PA; QL (30 per 30 days)    |
| PRILOVIXIL TOPICAL KIT 2.5-2.5%  | 2                | PA; QL (30 per 30 days)    |
| ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8%  | 3                | PA; QL (90 per 30 days)    |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>   |                  |                            |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>   |                  |                            |
| <i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>                                   | 2                |                            |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>  | 2                | QL (90 per 30 days)        |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i> (Suboxone)                         | 2                | QL (60 per 30 days)        |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i> (Suboxone)                        | 2                | QL (30 per 30 days)        |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>                                 | 2                | QL (90 per 30 days)        |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>                   | 2                |                            |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG  | 3                | QL (336 per 365 days)      |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG   | 3                | QL (336 per 365 days)      |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| CHANTIX STARTING MONTH<br>BOX ORAL TABLETS,DOSE<br>PACK 0.5 MG (11)- 1 MG (42)                    | 3                |                                   |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)   | 2                |                                   |
| LUCEMYRA ORAL TABLET<br>0.18 MG   | 5                | NM; NDS; QL (228 per 14 days)     |
| <i>naloxone injection solution 0.4 mg/ml</i>  | 2                |                                   |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>  | 2                |                                   |
| <i>naltrexone oral tablet 50 mg</i>   | 2                |                                   |
| NARCAN NASAL<br>SPRAY, NON-AEROSOL 4<br>MG/ACTUATION  | 3                | QL (4 per 30 days)                |
| NICOTROL INHALATION<br>CARTRIDGE 10 MG  | 4                | QL (1008 per 90 days)             |
| SUBLOCADE<br>SUBCUTANEOUS SOLUTION,<br>EXTENDED REL SYRINGE 100<br>MG/0.5 ML, 300 MG/1.5 ML       | 5                | NM; NDS                           |
| ZUBSOLV SUBLINGUAL<br>TABLET 0.7-0.18 MG, 1.4-0.36<br>MG, 11.4-2.9 MG, 2.9-0.71 MG,<br>5.7-1.4 MG | 3                | QL (30 per 30 days)               |
| ZUBSOLV SUBLINGUAL<br>TABLET 8.6-2.1 MG   | 3                | QL (60 per 30 days)               |
| <b>Antianxiety Agents</b>   |                  |                                   |
| <b>Benzodiazepines</b>  |                  |                                   |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)                                       | 1                | GC; NDS; NM; QL (120 per 30 days) |
| <i>alprazolam oral tablet 2 mg</i> (Xanax)  | 1                | GC; NDS; NM; QL (150 per 30 days) |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                                    | 2                |                                   |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                                       | 1                | GC; NDS; NM; QL (120 per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)   | 1                | GC; NDS; NM; QL (90 per 30 days)  |
| <i>clonazepam oral tablet 2 mg</i> (Klonopin)   | 1                | GC; NDS; NM; QL (300 per 30 days) |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>            | 2                | NDS; NM; QL (90 per 30 days)      |
| <i>clonazepam oral tablet, disintegrating 2 mg</i>                                       | 2                | NDS; NM; QL (300 per 30 days)     |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>                                | 2                | NDS; NM; QL (180 per 30 days)     |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)                       | 2                | NDS; NM; QL (180 per 30 days)     |
| <i>diazepam 5 mg/ml oral conc 5 mg/ml</i>  | 2                | NDS; NM; QL (1200 per 30 days)    |
| <i>diazepam injection solution 5 mg/ml</i>   | 2                | QL (10 per 28 days)               |
| <i>diazepam injection syringe 5 mg/ml</i>  | 2                | QL (10 per 28 days)               |
| <i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)                             | 2                | NDS; NM; QL (1200 per 30 days)    |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>  | 2                | NDS; NM; QL (1200 per 30 days)    |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)                                   | 1                | GC; NDS; NM; QL (120 per 30 days) |
| <i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)                            | 1                | GC; QL (2 per 30 days)            |
| <i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>                                      | 2                | QL (2 per 30 days)                |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)                                       | 1                | GC; NDS; NM; QL (90 per 30 days)  |
| <i>lorazepam oral tablet 2 mg</i> (Ativan)   | 1                | GC; NDS; NM; QL (150 per 30 days) |
| <i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)                                    | 1                | GC; NDS; NM; QL (30 per 30 days)  |
| <b>Antibacterials</b>  |                  |                                   |
| <b>Aminoglycosides</b>   |                  |                                   |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML                                 | 5                | PA BvD; NM; NDS                   |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>                                | 2                |                                   |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>                       | 2                |                                   |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i> | 2                |                                   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| <i>neomycin oral tablet 500 mg</i>  | 1                | GC                            |
| <i>streptomycin intramuscular recon soln 1 gram</i>   | 2                |                               |
| <b>TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG</b>                                | 5                | NM; NDS; QL (224 per 28 days) |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)         | 5                | PA BvD; NM; NDS               |
| <i>tobramycin sulfate injection solution 40 mg/ml</i>   | 2                |                               |
| <b>Antibacterials, Miscellaneous</b>  |                  |                               |
| <i>baciim intramuscular recon soln 50,000 unit</i>  | 2                |                               |
| <i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>                                | 2                |                               |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)                           | 1                | GC                            |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> | 2                |                               |
| <i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>                                | 2                |                               |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)                               | 2                |                               |
| <i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin)                           | 2                |                               |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)         | 5                | PA BvD; NM; NDS               |
| <i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)   | 5                | NM; NDS                       |
| <b>FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML</b>   | 4                |                               |
| <i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>  | 5                | NM; NDS                       |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)                       | 5                | NM; NDS                       |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)                           | 5                | NM; NDS                       |
| <i>linezolid oral tablet 600 mg</i> (Zyvox)   | 2                |                               |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| <i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)                                      | 2                |                                 |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)        | 2                |                                 |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)                                      | 1                | GC                              |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)           | 2                | QL (120 per 30 days)            |
| <i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> (Macrobid)                          | 2                | QL (60 per 30 days)             |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i>                                  | 2                |                                 |
| <b>SYNERCID INTRAVENOUS RECON SOLN 500 MG</b>   | 5                | NM; NDS                         |
| <i>trimethoprim oral tablet 100 mg</i>  | 1                | GC                              |
| <i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i> | 2                |                                 |
| <i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)                                      | 2                |                                 |
| <b>XIFAXAN ORAL TABLET 200 MG</b>   | 5                | PA; NM; NDS; QL (9 per 30 days) |
| <b>XIFAXAN ORAL TABLET 550 MG</b>   | 5                | PA; NM; NDS                     |
| <b>Cephalosporins</b>   |                  |                                 |
| <i>cefactor oral capsule 250 mg, 500 mg</i>   | 2                |                                 |
| <i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>      | 2                |                                 |
| <i>cefadroxil oral capsule 500 mg</i>   | 2                |                                 |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>                 | 2                |                                 |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>                                 | 2                |                                 |
| <i>cefdinir oral capsule 300 mg</i>   | 2                |                                 |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>                   | 2                |                                 |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>cefditoren pivoxil oral tablet 200 mg</i>                                    | 4                |                            |
| <i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)                       | 4                |                            |
| <i>cefepime injection recon soln 1 gram, 2 gram</i> (Maxipime)                  | 2                |                            |
| <i>cefixime oral capsule 400 mg</i> (Suprax)                                    | 2                |                            |
| <i>cefotaxime injection recon soln 1 gram</i>                                   | 2                |                            |
| <i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>                 | 2                |                            |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>   | 2                |                            |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>                                   | 2                |                            |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>    | 2                |                            |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                     | 2                |                            |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)        | 2                |                            |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | 2                |                            |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                             | 2                |                            |
| <i>cefuroxime sodium injection recon soln 750 mg</i>                            | 2                |                            |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>              | 2                |                            |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> (Keflex)                          | 1                | GC                         |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>   | 2                |                            |
| <b>TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG</b>                            | 5                | NM; NDS                    |
| <b>Macrolides</b>   |                  |                            |
| <i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)                   | 2                |                            |
| <i>azithromycin oral packet 1 gram</i> (Zithromax)                              | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)         | 2                |                                  |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>                            | 1                | GC                               |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)  | 1                | GC                               |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>                   | 2                |                                  |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>  | 2                |                                  |
| <b>DIFICID ORAL TABLET 200 MG</b>   | 5                | ST; NM; NDS; QL (20 per 10 days) |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules) | 2                |                                  |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)      | 2                |                                  |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>  | 2                |                                  |
| <b>Miscellaneous B-Lactam Antibiotics</b>   |                  |                                  |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)                                      | 2                |                                  |
| <b>CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML</b>  | 5                | PA; NM; LA; NDS                  |
| <i>ertapenem injection recon soln 1 gram</i> (Invanz)   | 2                |                                  |
| <i>imipenem-cilastatin intravenous recon soln 250 mg</i>  | 2                |                                  |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)                              | 2                |                                  |
| <i>meropenem intravenous recon soln 1 gram</i> (Merrem)   | 2                |                                  |
| <i>meropenem intravenous recon soln 500 mg</i> (Merrem)   | 2                |                                  |
| <i>meropenem-0.9% nacl 500 mg/50 500 mg/50 ml</i>   | 2                |                                  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>Penicillins</b>   |                  |                            |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>   | 1                | GC                         |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>         | 1                | GC                         |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>  | 1                | GC                         |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>  | 1                | GC                         |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>           | 2                |                            |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)        | 2                |                            |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)                                | 1                | GC                         |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                                  | 2                |                            |
| <i>ampicillin oral capsule 250 mg, 500 mg</i>  | 2                |                            |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>                    | 2                |                            |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)                              | 2                |                            |
| <b>BICILLIN L-A</b><br><b>INTRAMUSCULAR SYRINGE</b><br>1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 4                |                            |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>   | 2                |                            |
| <i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i>  | 2                |                            |
| <i>nafcillin injection recon soln 1 gram</i>   | 2                |                            |
| <i>nafcillin injection recon soln 10 gram</i>  | 5                | NM; NDS                    |
| <i>nafcillin injection recon soln 2 gram</i>   | 2                |                            |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|--|------------------|-------------------------------------|
| <i>penicillin g potassium injection recon (Pfizerpen-G)<br/>soln 20 million unit</i>                             | 2                |                                     |
| <i>penicillin g procaine intramuscular<br/>syringe 1.2 million unit/2 ml,<br/>600,000 unit/ml</i>                | 2                |                                     |
| <i>penicillin v potassium oral recon soln<br/>125 mg/5 ml, 250 mg/5 ml</i>                                       | 2                |                                     |
| <i>penicillin v potassium oral tablet 250<br/>mg, 500 mg</i>   | 1                | GC                                  |
| <i>pfizerpen-g injection recon soln 20<br/>million unit</i>  | 2                |                                     |
| <i>piperacillin-tazobactam intravenous (Zosyn)<br/>recon soln 2.25 gram, 3.375 gram,<br/>4.5 gram, 40.5 gram</i> | 2                | PA BvD                              |
| <b>Quinolones</b>  |                  |                                     |
| <b>BAXDELA ORAL TABLET 450<br/>MG</b>  | 5                | PA; NM; NDS; QL (28<br>per 14 days) |
| <i>ciprofloxacin hcl oral tablet 250 mg, (Cipro)<br/>500 mg</i>  | 1                | GC                                  |
| <i>ciprofloxacin hcl oral tablet 750 mg</i>  | 1                | GC                                  |
| <i>ciprofloxacin in 5 % dextrose<br/>intravenous piggyback 200 mg/100<br/>ml, 400 mg/200 ml</i>                  | 2                |                                     |
| <i>ciprofloxacin oral (Cipro)<br/>suspension,microcapsule recon 250<br/>mg/5 ml, 500 mg/5 ml</i>                 | 2                |                                     |
| <i>levofloxacin in d5w intravenous<br/>piggyback 250 mg/50 ml, 500<br/>mg/100 ml, 750 mg/150 ml</i>              | 2                |                                     |
| <i>levofloxacin intravenous solution 25<br/>mg/ml</i>  | 2                |                                     |
| <i>levofloxacin oral solution 250 mg/10<br/>ml</i>   | 2                |                                     |
| <i>levofloxacin oral tablet 250 mg</i>   | 1                | GC                                  |
| <i>levofloxacin oral tablet 500 mg, 750 (Levaquin)<br/>mg</i>  | 1                | GC                                  |
| <i>moxifloxacin oral tablet 400 mg</i>   | 2                |                                     |
| <b>Sulfonamides</b>  |                  |                                     |
| <i>sulfadiazine oral tablet 500 mg</i>   | 2                |                                     |
| <i>sulfamethoxazole-trimethoprim<br/>intravenous solution 400-80 mg/5 ml</i>                                     | 2                |                                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)           | 2                |                            |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)                      | 1                | GC                         |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)                  | 1                | GC                         |
| <i>sulfatrim oral suspension 200-40 mg/5 ml</i>   | 4                |                            |
| <b>Tetracyclines</b>  |                  |                            |
| <i>doxy-100 intravenous recon soln 100 mg</i>   | 2                |                            |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)                       | 2                |                            |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)                          | 2                |                            |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                                      | 2                |                            |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)                         | 2                |                            |
| <i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)                               | 2                |                            |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin) | 2                |                            |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)                               | 2                |                            |
| <i>doxycycline monohydrate oral tablet 50 mg</i>  | 2                |                            |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                                      | 2                |                            |
| <i>mondoxyne nl oral capsule 100 mg, 50 mg</i>  | 2                |                            |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>   | 2                |                            |
| <i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)                                 | 5                | NM; NDS                    |
| <b>Anticancer Agents</b>  |                  |                            |
| <b>Anticancer Agents</b>  |                  |                            |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG                                 | 5                | NM; NDS                    |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--|------------------|---------------------------------------|
| ADCETRIS INTRAVENOUS RECON SOLN 50 MG  | 5                | PA NSO; NM; NDS                       |
| <i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | 2                | PA BvD                                |
| <i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>                     | 2                | PA BvD                                |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG                         | 5                | PA NSO; NM; NDS; QL (112 per 28 days) |
| AFINITOR ORAL TABLET 10 MG   | 5                | PA NSO; NM; NDS; QL (56 per 28 days)  |
| AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG  | 5                | PA NSO; NM; NDS; QL (28 per 28 days)  |
| ALECENSA ORAL CAPSULE 150 MG   | 5                | PA NSO; NM; NDS; QL (240 per 30 days) |
| ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG   | 5                | NM; NDS                               |
| ALIQOPA INTRAVENOUS RECON SOLN 60 MG   | 5                | PA NSO; NM; NDS; QL (3 per 28 days)   |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG   | 5                | PA NSO; NM; NDS; QL (30 per 30 days)  |
| ALUNBRIG ORAL TABLET 30 MG   | 5                | PA NSO; NM; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)                               | 5                | PA NSO; NM; NDS                       |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex)                                       | 1                | GC                                    |
| <i>arsenic trioxide intravenous solution 1 mg/ml</i>                                 | 5                | NM; NDS                               |
| <i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)                      | 5                | NM; NDS                               |
| AVASTIN INTRAVENOUS SOLUTION 25 MG/ML  | 5                | PA NSO; NM; NDS                       |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG   | 5                | PA NSO; NM; NDS; QL (30 per 30 days)  |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza)                              | 5                | NM; NDS                               |
| BALVERSA ORAL TABLET 3 MG  | 5                | PA NSO; NM; NDS; QL (84 per 28 days)  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| BALVERSA ORAL TABLET 4 MG                                   | 5                | PA NSO; NM; NDS; QL (56 per 28 days)  |
| BALVERSA ORAL TABLET 5 MG                                   | 5                | PA NSO; NM; NDS; QL (28 per 28 days)  |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML                      | 5                | PA NSO; NM; NDS                       |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG                      | 5                | PA NSO; NM; NDS                       |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML                       | 5                | PA NSO; NM; NDS                       |
| BESPONSА INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) | 5                | PA NSO; NM; NDS                       |
| <i>bexarotene oral capsule 75 mg</i> (Targretin)            | 5                | PA NSO; NM; NDS; QL (420 per 30 days) |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex)             | 2                |                                       |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i>      | 2                |                                       |
| BLINCYTO INTRAVENOUS KIT 35 MCG                             | 5                | PA NSO; NM; NDS                       |
| BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG                    | 5                | PA NSO; NM; NDS                       |
| BOSULIF ORAL TABLET 100 MG                                  | 5                | PA NSO; NM; NDS; QL (90 per 30 days)  |
| BOSULIF ORAL TABLET 400 MG, 500 MG                          | 5                | PA NSO; NM; NDS; QL (30 per 30 days)  |
| BRAFTOVI ORAL CAPSULE 50 MG                                 | 5                | NM; NDS; QL (120 per 30 days)         |
| BRAFTOVI ORAL CAPSULE 75 MG                                 | 5                | PA NSO; NM; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG                                 | 5                | PA NSO; NM; NDS                       |
| CABOMETYX ORAL TABLET 20 MG, 60 MG                          | 5                | PA NSO; NM; NDS; QL (30 per 30 days)  |
| CABOMETYX ORAL TABLET 40 MG                                 | 5                | PA NSO; NM; NDS; QL (60 per 30 days)  |
| CALQUENCE ORAL CAPSULE 100 MG                               | 5                | PA NSO; NM; NDS; QL (60 per 30 days)  |
| CAPRELSA ORAL TABLET 100 MG                                 | 5                | PA NSO; NM; NDS; QL (60 per 30 days)  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---|------------------|--|
| CAPRELSA ORAL TABLET 300 MG   | 5                | PA NSO; NM; NDS; QL (30 per 30 days)     |
| <i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)  | 5                | NM; NDS                                  |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | 5                | PA NSO; NM; NDS; QL (112 per 28 days)    |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG  | 5                | PA NSO; NM; NDS; QL (56 per 28 days)     |
| COTELLIC ORAL TABLET 20 MG  | 5                | PA NSO; NM; LA; NDS; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>   | 5                | PA BvD; NM; NDS                          |
| CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG  | 2                | PA BvD; ST                               |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML   | 5                | PA NSO; NM; NDS                          |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML  | 5                | PA NSO; NM; LA; NDS                      |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML  | 5                | PA NSO; NM; LA; NDS                      |
| DAURISMO ORAL TABLET 100 MG   | 5                | PA NSO; NM; NDS; QL (30 per 30 days)     |
| DAURISMO ORAL TABLET 25 MG  | 5                | PA NSO; NM; NDS; QL (60 per 30 days)     |
| <i>decitabine intravenous recon soln 50 mg</i> (Dacogen)  | 5                | NM; NDS                                  |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)            | 2                | PA BvD                                   |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)                                      | 5                | PA BvD; NM; NDS                          |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG  | 4                |  |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG  | 4                |  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|--|------------------|--|
| ELIGARD (4 MONTH)<br>SUBCUTANEOUS SYRINGE 30<br>MG   | 4                |  |
| ELIGARD (6 MONTH)<br>SUBCUTANEOUS SYRINGE 45<br>MG   | 4                |  |
| ELIGARD SUBCUTANEOUS<br>SYRINGE 7.5 MG (1 MONTH)   | 4                |  |
| EMCYT ORAL CAPSULE 140<br>MG   | 5                | NM; NDS                                  |
| EMPLICITI INTRAVENOUS<br>RECON SOLN 300 MG, 400 MG   | 5                | PA NSO; NM; NDS                          |
| ENHERTU INTRAVENOUS<br>RECON SOLN 100 MG   | 5                | PA NSO; NM; NDS                          |
| ERIVEDGE ORAL CAPSULE<br>150 MG  | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| ERLEADA ORAL TABLET 60<br>MG   | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)   | 5                | PA NSO; NM; NDS;<br>QL (60 per 30 days)  |
| <i>erlotinib oral tablet 150 mg</i> (Tarceva)  | 5                | PA NSO; NM; NDS;<br>QL (90 per 30 days)  |
| ETOPOPHOS INTRAVENOUS<br>RECON SOLN 100 MG   | 4                |  |
| <i>etoposide intravenous solution 20</i> (Toposar)<br><i>mg/ml</i>                                     | 2                |  |
| <i>exemestane oral tablet 25 mg</i> (Aromasin)   | 2                |  |
| FARYDAK ORAL CAPSULE 10<br>MG, 15 MG, 20 MG  | 5                | PA NSO; NM; NDS                          |
| <i>floxuridine injection recon soln 0.5</i><br><i>gram</i>   | 2                | PA BvD                                   |
| <i>fluorouracil intravenous solution 1</i><br><i>gram/20 ml, 5 gram/100 ml, 500</i><br><i>mg/10 ml</i> | 2                | PA BvD                                   |
| <i>flutamide oral capsule 125 mg</i>   | 2                |  |
| <i>fulvestrant intramuscular syringe</i> (Faslodex)<br><i>250 mg/5 ml</i>                              | 5                | NM; NDS                                  |
| GAZYVA INTRAVENOUS<br>SOLUTION 1,000 MG/40 ML  | 5                | PA NSO; NM; NDS                          |
| GILOTRIF ORAL TABLET 20<br>MG, 30 MG, 40 MG  | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---|------------------|--|
| GLEOSTINE ORAL CAPSULE<br>10 MG, 40 MG, 5 MG                          | 4                |  |
| GLEOSTINE ORAL CAPSULE<br>100 MG                                      | 5                | NM; NDS                                  |
| HERCEPTIN HYLECTA<br>SUBCUTANEOUS SOLUTION<br>600 MG-10,000 UNIT/5 ML | 5                | PA NSO; NM; NDS;<br>QL (5 per 21 days)   |
| HERCEPTIN INTRAVENOUS<br>RECON SOLN 150 MG, 440 MG                    | 5                | PA NSO; NM; NDS                          |
| HERZUMA INTRAVENOUS<br>RECON SOLN 150 MG, 420 MG                      | 5                | PA NSO; NM; NDS                          |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea)                       | 2                |  |
| IBRANCE ORAL CAPSULE 100<br>MG, 125 MG, 75 MG                         | 5                | PA NSO; NM; NDS;<br>QL (21 per 28 days)  |
| IBRANCE ORAL TABLET 100<br>MG, 125 MG, 75 MG                          | 5                | PA NSO; NM; NDS;<br>QL (21 per 28 days)  |
| ICLUSIG ORAL TABLET 15<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (60 per 30 days)  |
| ICLUSIG ORAL TABLET 45<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| IDHIFA ORAL TABLET 100<br>MG, 50 MG                                   | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| <i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)                | 2                |  |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>     | 2                |  |
| <i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i>      | 2                |  |
| <i>imatinib oral tablet 100 mg</i> (Gleevec)                          | 2                | PA NSO; QL (90 per 30 days)              |
| <i>imatinib oral tablet 400 mg</i> (Gleevec)                          | 2                | PA NSO; QL (60 per 30 days)              |
| IMBRUVICA ORAL CAPSULE<br>140 MG                                      | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE<br>70 MG                                       | 5                | PA NSO; NM; NDS;<br>QL (28 per 28 days)  |
| IMBRUVICA ORAL TABLET<br>140 MG, 280 MG, 420 MG, 560<br>MG            | 5                | PA NSO; NM; NDS;<br>QL (28 per 28 days)  |
| IMFINZI INTRAVENOUS<br>SOLUTION 50 MG/ML                              | 5                | PA NSO; NM; NDS                          |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|--|------------------|--|
| IMLYGIC INJECTION<br>SUSPENSION 10EXP6 (1<br>MILLION) PFU/ML           | 5                | PA NSO; NM; NDS;<br>QL (4 per 365 days)  |
| IMLYGIC INJECTION<br>SUSPENSION 10EXP8 (100<br>MILLION) PFU/ML         | 5                | PA NSO; NM; NDS;<br>QL (8 per 28 days)   |
| INLYTA ORAL TABLET 1 MG  | 5                | PA NSO; NM; NDS;<br>QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG  | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |
| INREBIC ORAL CAPSULE 100<br>MG   | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |
| IRESSA ORAL TABLET 250 MG  | 5                | PA NSO; NM; NDS;<br>QL (60 per 30 days)  |
| IXEMPRA INTRAVENOUS<br>RECON SOLN 15 MG, 45 MG                         | 5                | NM; NDS                                  |
| JAKAFI ORAL TABLET 10 MG,<br>15 MG, 20 MG, 25 MG, 5 MG                 | 5                | PA NSO; NM; NDS;<br>QL (60 per 30 days)  |
| KANJINTI INTRAVENOUS<br>RECON SOLN 150 MG, 420 MG                      | 5                | PA NSO; NM; NDS                          |
| KEYTRUDA INTRAVENOUS<br>SOLUTION 25 MG/ML                              | 5                | PA NSO; NM; NDS;<br>QL (8 per 21 days)   |
| KISQALI FEMARA CO-PACK<br>ORAL TABLET 200<br>MG/DAY(200 MG X 1)-2.5 MG | 5                | PA NSO; NM; NDS;<br>QL (49 per 28 days)  |
| KISQALI FEMARA CO-PACK<br>ORAL TABLET 400<br>MG/DAY(200 MG X 2)-2.5 MG | 5                | PA NSO; NM; NDS;<br>QL (70 per 28 days)  |
| KISQALI FEMARA CO-PACK<br>ORAL TABLET 600<br>MG/DAY(200 MG X 3)-2.5 MG | 5                | PA NSO; NM; NDS;<br>QL (91 per 28 days)  |
| KISQALI ORAL TABLET 200<br>MG/DAY (200 MG X 1)                         | 5                | PA NSO; NM; NDS;<br>QL (21 per 28 days)  |
| KISQALI ORAL TABLET 400<br>MG/DAY (200 MG X 2)                         | 5                | PA NSO; NM; NDS;<br>QL (42 per 28 days)  |
| KISQALI ORAL TABLET 600<br>MG/DAY (200 MG X 3)                         | 5                | PA NSO; NM; NDS;<br>QL (63 per 28 days)  |
| KOSELUGO ORAL CAPSULE<br>10 MG   | 5                | PA NSO; NM; NDS;<br>QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE<br>25 MG   | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG   | 5                | PA NSO; NM; NDS                       |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 5                | PA NSO; NM; NDS                       |
| <i>letrozole oral tablet 2.5 mg</i> (Femara)  | 2                |                                       |
| LEUKERAN ORAL TABLET 2 MG   | 4                |                                       |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>  | 2                |                                       |
| LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML   | 5                | PA NSO; NM; NDS; QL (7 per 21 days)   |
| LONSURF ORAL TABLET 15-6.14 MG  | 5                | PA NSO; NM; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG  | 5                | PA NSO; NM; NDS; QL (80 per 28 days)  |
| LORBRENA ORAL TABLET 100 MG   | 5                | PA NSO; NM; NDS; QL (30 per 30 days)  |
| LORBRENA ORAL TABLET 25 MG  | 5                | PA NSO; NM; NDS; QL (90 per 30 days)  |
| LUMOXITI INTRAVENOUS RECON SOLN 1 MG  | 5                | PA NSO; NM; NDS                       |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG  | 5                | NM; NDS                               |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG  | 5                | NM; NDS                               |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG  | 5                | NM; NDS                               |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG  | 5                | NM; NDS                               |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---|------------------|--|
| LYNPARZA ORAL TABLET<br>100 MG, 150 MG                              | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |
| LYSODREN ORAL TABLET<br>500 MG                                      | 5                | NM; NDS                                  |
| MATULANE ORAL CAPSULE<br>50 MG                                      | 5                | NM; NDS                                  |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                           | 2                |  |
| MEKINIST ORAL TABLET 0.5<br>MG                                      | 5                | PA NSO; NM; NDS;<br>QL (90 per 30 days)  |
| MEKINIST ORAL TABLET 2<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| MEKTOVI ORAL TABLET 15<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (180 per 30 days) |
| <i>mercaptopurine oral tablet 50 mg</i>                             | 2                |  |
| <i>methotrexate sodium (pf) injection<br/>recon soln 1 gram</i>     | 2                | PA BvD                                   |
| <i>methotrexate sodium (pf) injection<br/>solution 25 mg/ml</i>     | 2                | PA BvD                                   |
| <i>methotrexate sodium injection<br/>solution 25 mg/ml</i>          | 2                | PA BvD                                   |
| <i>methotrexate sodium oral tablet 2.5<br/>mg</i>                   | 2                | PA BvD; ST                               |
| <i>mitoxantrone intravenous<br/>concentrate 2 mg/ml</i>             | 2                |  |
| MYLOTARG INTRAVENOUS<br>RECON SOLN 4.5 MG (1<br>MG/ML INITIAL CONC) | 5                | PA NSO; NM; NDS                          |
| NERLYNX ORAL TABLET 40<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (180 per 30 days) |
| NEXAVAR ORAL TABLET 200<br>MG                                       | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron)                    | 5                | NM; NDS                                  |
| NINLARO ORAL CAPSULE 2.3<br>MG, 3 MG, 4 MG                          | 5                | PA NSO; NM; NDS;<br>QL (3 per 28 days)   |
| NUBEQA ORAL TABLET 300<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200<br>MG                                       | 5                | PA NSO; NM; LA;<br>NDS                   |
| OGIVRI INTRAVENOUS<br>RECON SOLN 150 MG, 420 MG                     | 5                | PA NSO; NM; NDS                          |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---|------------------|--|
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML                                     | 5                | PA NSO; NM; NDS                          |
| ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML                                    | 5                | NM; NDS                                  |
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG                             | 5                | PA NSO; NM; NDS                          |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML          | 5                | PA NSO; NM; NDS                          |
| PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG                                  | 5                | PA NSO; NM; NDS                          |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG                                  | 5                | PA NSO; NM; NDS; QL (14 per 21 days)     |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)                                  | 5                | PA NSO; NM; NDS; QL (28 per 28 days)     |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 5                | PA NSO; NM; NDS; QL (56 per 28 days)     |
| POLIVY INTRAVENOUS RECON SOLN 140 MG  | 5                | PA NSO; NM; NDS                          |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG                                | 5                | PA NSO; NM; NDS; QL (21 per 28 days)     |
| PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)                      | 5                | PA NSO; NM; NDS; QL (100 per 21 days)    |
| PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT                            | 5                | NM; NDS                                  |
| PURIXAN ORAL SUSPENSION 20 MG/ML  | 5                | NM; NDS                                  |
| QINLOCK ORAL TABLET 50 MG   | 5                | PA NSO; NM; NDS; QL (90 per 30 days)     |
| RETEVMO ORAL CAPSULE 40 MG  | 5                | PA NSO; NM; NDS; QL (180 per 30 days)    |
| RETEVMO ORAL CAPSULE 80 MG  | 5                | PA NSO; NM; NDS; QL (120 per 30 days)    |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG              | 5                | PA NSO; NM; LA; NDS; QL (28 per 28 days) |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|--|------------------|--|
| RITUXAN HYCELA<br>SUBCUTANEOUS SOLUTION<br>1400 MG/11.7 ML (120 MG/ML),<br>1600 MG/13.4 ML (120 MG/ML) | 5                | PA NSO; NM; NDS                          |
| RITUXAN INTRAVENOUS<br>CONCENTRATE 10 MG/ML  | 5                | PA NSO; NM; NDS                          |
| ROZLYTREK ORAL CAPSULE<br>100 MG   | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| ROZLYTREK ORAL CAPSULE<br>200 MG   | 5                | PA NSO; NM; NDS;<br>QL (90 per 30 days)  |
| RUBRACA ORAL TABLET 200<br>MG, 250 MG, 300 MG  | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |
| RUXIENCE INTRAVENOUS<br>CONCENTRATE 10 MG/ML   | 5                | PA NSO; NM; NDS                          |
| RYDAPT ORAL CAPSULE 25<br>MG   | 5                | PA NSO; NM; NDS;<br>QL (224 per 28 days) |
| SARCLISA INTRAVENOUS<br>SOLUTION 20 MG/ML  | 5                | PA NSO; NM; NDS                          |
| SOLTAMOX ORAL SOLUTION<br>20 MG/10 ML  | 5                | NM; NDS                                  |
| SPRYCEL ORAL TABLET 100<br>MG, 140 MG, 50 MG, 70 MG, 80<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| SPRYCEL ORAL TABLET 20<br>MG   | 5                | PA NSO; NM; NDS;<br>QL (90 per 30 days)  |
| STIVARGA ORAL TABLET 40<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (84 per 28 days)  |
| SUTENT ORAL CAPSULE 12.5<br>MG, 25 MG, 37.5 MG, 50 MG  | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| SYLVANT INTRAVENOUS<br>RECON SOLN 100 MG, 400 MG   | 5                | PA NSO; NM; NDS                          |
| SYNRIBO SUBCUTANEOUS<br>RECON SOLN 3.5 MG  | 5                | PA NSO; NM; NDS                          |
| TABLOID ORAL TABLET 40<br>MG   | 4                |  |
| TABRECTA ORAL TABLET 150<br>MG, 200 MG   | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |
| TAFINLAR ORAL CAPSULE 50<br>MG, 75 MG  | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---|------------------|--|
| TAGRISSE ORAL TABLET 40 MG, 80 MG   | 5                | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| TALZENNA ORAL CAPSULE 0.25 MG   | 5                | PA NSO; NM; NDS; QL (90 per 30 days)     |
| TALZENNA ORAL CAPSULE 1 MG  | 5                | PA NSO; NM; NDS; QL (30 per 30 days)     |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>   | 2                |  |
| TARGRETIN TOPICAL GEL 1 %   | 5                | PA NSO; NM; NDS; QL (60 per 28 days)     |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG   | 5                | PA NSO; NM; NDS; QL (112 per 28 days)    |
| TASIGNA ORAL CAPSULE 50 MG  | 5                | PA NSO; NM; NDS; QL (120 per 30 days)    |
| TAZVERIK ORAL TABLET 200 MG   | 5                | PA NSO; NM; NDS; QL (240 per 30 days)    |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) | 5                | PA NSO; NM; NDS                          |
| TEMODAR INTRAVENOUS RECON SOLN 100 MG   | 5                | PA NSO; NM; NDS                          |
| <i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)                     | 5                | NM; NDS                                  |
| TIBSOVO ORAL TABLET 250 MG  | 5                | PA NSO; NM; NDS; QL (60 per 30 days)     |
| <i>toposar intravenous solution 20 mg/ml</i>                                      | 2                |  |
| <i>toremifene oral tablet 60 mg</i> (Fareston)                                    | 5                | NM; NDS                                  |
| TRAZIMERA INTRAVENOUS RECON SOLN 420 MG   | 5                | PA NSO; NM; NDS                          |
| TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG                                      | 5                | PA NSO; NM; NDS                          |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG                     | 5                | NM; NDS; QL (1 per 84 days)              |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG                      | 5                | NM; NDS; QL (1 per 168 days)             |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                   |
|--|------------------|--|
| TRELSTAR<br>INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 3.75 MG    | 5                | NM; NDS; QL (1 per 28 days)                  |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                     | 5                | NM; NDS                                      |
| TRODELVY INTRAVENOUS<br>RECON SOLN 180 MG                                | 5                | PA NSO; NM; NDS                              |
| TRUXIMA INTRAVENOUS<br>CONCENTRATE 10 MG/ML                              | 5                | PA NSO; NM; NDS                              |
| TUKYSA ORAL TABLET 150<br>MG   | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days)     |
| TUKYSA ORAL TABLET 50<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (360 per 30 days)     |
| TURALIO ORAL CAPSULE 200<br>MG   | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days)     |
| TYKERB ORAL TABLET 250<br>MG   | 5                | PA NSO; NM; NDS                              |
| UNITUXIN INTRAVENOUS<br>SOLUTION 3.5 MG/ML                               | 5                | PA NSO; NM; NDS                              |
| <i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)               | 5                | NM; NDS                                      |
| VELCADE INJECTION RECON<br>SOLN 3.5 MG                                   | 5                | PA NSO; NM; NDS                              |
| VENCLEXTA ORAL TABLET<br>10 MG   | 3                | PA NSO; LA; QL (60 per 30 days)              |
| VENCLEXTA ORAL TABLET<br>100 MG  | 5                | PA NSO; NM; LA;<br>NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET<br>50 MG   | 3                | PA NSO; LA; QL (30 per 30 days)              |
| VENCLEXTA STARTING<br>PACK ORAL TABLETS,DOSE<br>PACK 10 MG-50 MG- 100 MG | 5                | PA NSO; NM; LA;<br>NDS                       |
| VERZENIO ORAL TABLET 100<br>MG, 150 MG, 200 MG, 50 MG                    | 5                | PA NSO; NM; NDS;<br>QL (56 per 28 days)      |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine) | 2                |  |
| VITRAKVI ORAL CAPSULE<br>100 MG  | 5                | PA NSO; NM; NDS;<br>QL (60 per 30 days)      |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| VITRAKVI ORAL CAPSULE 25 MG   | 5                | PA NSO; NM; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML   | 5                | PA NSO; NM; NDS; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                                  | 5                | PA NSO; NM; NDS; QL (30 per 30 days)  |
| VOTRIENT ORAL TABLET 200 MG   | 5                | PA NSO; NM; NDS; QL (120 per 30 days) |
| VYXEOS INTRAVENOUS RECON SOLN 44-100 MG                                   | 5                | PA BvD; NM; NDS                       |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                       | 5                | PA NSO; NM; NDS; QL (60 per 30 days)  |
| XATMEP ORAL SOLUTION 2.5 MG/ML  | 4                | PA BvD; ST                            |
| XOSPATA ORAL TABLET 40 MG   | 5                | PA NSO; NM; NDS; QL (90 per 30 days)  |
| XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)                                | 5                | PA NSO; NM; NDS; QL (20 per 28 days)  |
| XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)                                 | 5                | PA NSO; NM; NDS; QL (12 per 28 days)  |
| XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)                                 | 5                | PA NSO; NM; NDS; QL (16 per 28 days)  |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)                          | 5                | PA NSO; NM; NDS; QL (32 per 28 days)  |
| XTANDI ORAL CAPSULE 40 MG   | 5                | PA NSO; NM; NDS; QL (120 per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | 5                | PA NSO; NM; NDS                       |
| YONDELIS INTRAVENOUS RECON SOLN 1 MG                                      | 5                | PA NSO; NM; NDS                       |
| YONSA ORAL TABLET 125 MG  | 5                | PA NSO; NM; NDS; QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG  | 5                | PA NSO; NM; NDS; QL (90 per 30 days)  |
| ZELBORAF ORAL TABLET 240 MG   | 5                | PA NSO; NM; NDS; QL (240 per 30 days) |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML                                     | 5                | PA NSO; NM; NDS                       |

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| Drug Name   | Drug Tier | Requirements/Limits                   |
|---|-----------|---------------------------------------|
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG  | 4         | QL (1 per 84 days)                    |
| ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG   | 4         | QL (1 per 28 days)                    |
| ZOLINZA ORAL CAPSULE 100 MG   | 5         | NM; NDS                               |
| ZYDELIG ORAL TABLET 100 MG, 150 MG  | 5         | PA NSO; NM; NDS; QL (60 per 30 days)  |
| ZYKADIA ORAL CAPSULE 150 MG   | 5         | PA NSO; NM; NDS; QL (90 per 30 days)  |
| ZYKADIA ORAL TABLET 150 MG  | 5         | PA NSO; NM; NDS; QL (84 per 28 days)  |
| ZYTIGA ORAL TABLET 250 MG, 500 MG   | 5         | PA NSO; NM; NDS; QL (120 per 30 days) |
| <b>Anticholinergic Agents</b>   |           |                                       |
| <b>Antimuscarinics/Antispasmodics</b>   |           |                                       |
| <i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>                                   | 4         |                                       |
| <b>Anticonvulsants</b>  |           |                                       |
| <b>Anticonvulsants</b>  |           |                                       |
| APTIOM ORAL TABLET 200 MG, 400 MG   | 5         | ST; NM; NDS; QL (30 per 30 days)      |
| APTIOM ORAL TABLET 600 MG, 800 MG   | 5         | ST; NM; NDS; QL (60 per 30 days)      |
| BANZEL ORAL SUSPENSION 40 MG/ML   | 5         | ST; NM; NDS                           |
| BANZEL ORAL TABLET 200 MG, 400 MG   | 5         | ST; NM; NDS                           |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML  | 4         | QL (80 per 30 days)                   |
| BRIVIACT ORAL SOLUTION 10 MG/ML   | 5         | NM; NDS; QL (600 per 30 days)         |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                                   | 5         | NM; NDS; QL (60 per 30 days)          |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol) | 2         |                                       |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)                               | 2         |                                       |
| <i>carbamazepine oral tablet 200 mg</i> (Epitol)  | 2         |                                       |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR) | 2                |                                  |
| <i>carbamazepine oral tablet, chewable 100 mg</i>  | 2                |                                  |
| CELONTIN ORAL CAPSULE 300 MG   | 4                |                                  |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)   | 2                | PA NSO; QL (480 per 30 days)     |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)  | 2                | PA NSO; QL (60 per 30 days)      |
| DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG                                   | 4                |                                  |
| DIASTAT RECTAL KIT 2.5 MG  | 4                |                                  |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)                 | 4                |                                  |
| <i>diazepam rectal kit 2.5 mg</i> (Diastat)  | 4                |                                  |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)             | 2                |                                  |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)            | 2                |                                  |
| <i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)     | 2                |                                  |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML  | 5                | PA NSO; NM; NDS                  |
| <i>epitol oral tablet 200 mg</i>   | 2                |                                  |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin)   | 2                |                                  |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)                                     | 2                |                                  |
| <i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)                                      | 2                |                                  |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)                                       | 2                |                                  |
| <i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx)           | 2                |                                  |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML  | 4                | ST; QL (720 per 30 days)         |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG   | 5                | ST; NM; NDS; QL (30 per 30 days) |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| FYCOMPA ORAL TABLET 2 MG   | 4                | ST; QL (30 per 30 days)          |
| FYCOMPA ORAL TABLET 4 MG, 6 MG   | 5                | ST; NM; NDS; QL (60 per 30 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)  | 1                | GC; QL (360 per 30 days)         |
| <i>gabapentin oral capsule 400 mg</i> (Neurontin)  | 1                | GC; QL (270 per 30 days)         |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)  | 2                | QL (2160 per 30 days)            |
| <i>gabapentin oral tablet 600 mg</i> (Neurontin)   | 2                | QL (180 per 30 days)             |
| <i>gabapentin oral tablet 800 mg</i> (Neurontin)   | 2                | QL (120 per 30 days)             |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)                         | 1                | GC                               |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)                      | 2                |                                  |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)                                   | 2                |                                  |
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra)  | 2                |                                  |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)                       | 2                |                                  |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)               | 2                |                                  |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)  | 4                | QL (10 per 30 days)              |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)                          | 2                |                                  |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)                              | 2                |                                  |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG                            | 4                | ST                               |
| PEGANONE ORAL TABLET 250 MG  | 4                |                                  |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>  | 2                |                                  |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2                |                                  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| <i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)   | 2                |                                       |
| <i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)                                    | 2                |                                       |
| <i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)                            | 2                |                                       |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)                             | 2                |                                       |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i>   | 2                |                                       |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i>  | 2                |                                       |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica) | 2                | QL (90 per 30 days)                   |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica)   | 2                | QL (900 per 30 days)                  |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)   | 2                |                                       |
| SABRIL ORAL TABLET 500 MG   | 5                | PA NSO; NM; NDS; QL (180 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG   | 4                | ST; QL (60 per 30 days)               |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG   | 4                | ST; QL (120 per 30 days)              |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>  | 1                | GC                                    |
| SYMPAZAN ORAL FILM 10 MG, 20 MG   | 5                | PA NSO; NM; NDS; QL (60 per 30 days)  |
| SYMPAZAN ORAL FILM 5 MG   | 4                | PA NSO; QL (60 per 30 days)           |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)                                    | 2                |                                       |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)                                     | 2                |                                       |
| <i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)  | 4                |                                       |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)                                | 1                | GC                                    |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>                                | 2                |                                       |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---|------------------|--|
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>   | 2                |  |
| <i>valproic acid oral capsule 250 mg</i>  | 2                |  |
| VALTOCO NASAL<br>SPRAY, NON-AEROSOL 10<br>MG/SPRAY (0.1 ML), 15 MG/2<br>SPRAY (7.5/0.1ML X 2), 20 MG/2<br>SPRAY (10MG/0.1ML X2), 5<br>MG/SPRAY (0.1 ML) | 4                |  |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)  | 5                | PA NSO; NM; NDS;<br>QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Sabril)   | 5                | PA NSO; NM; NDS;<br>QL (180 per 30 days) |
| <i>vigadrone oral powder in packet 500 mg</i>   | 5                | PA NSO; NM; NDS;<br>QL (180 per 30 days) |
| VIMPAT INTRAVENOUS<br>SOLUTION 200 MG/20 ML   | 3                | QL (200 per 5 days)                      |
| VIMPAT ORAL SOLUTION 10<br>MG/ML  | 3                | QL (1200 per 30 days)                    |
| VIMPAT ORAL TABLET 100<br>MG, 150 MG, 200 MG, 50 MG   | 3                | QL (60 per 30 days)                      |
| XCOPRI MAINTENANCE<br>PACK ORAL TABLET 250<br>MG/DAY (200 MG X1-50 MG<br>X1), 350 MG/DAY (200 MG X1-<br>150MG X1)                                       | 5                | PA NSO; NM; NDS;<br>QL (56 per 28 days)  |
| XCOPRI ORAL TABLET 100<br>MG, 150 MG, 50 MG   | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| XCOPRI ORAL TABLET 200<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (60 per 30 days)  |
| XCOPRI TITRATION PACK<br>ORAL TABLETS, DOSE PACK<br>12.5 MG (14)- 25 MG (14)  | 4                | PA NSO                                   |
| XCOPRI TITRATION PACK<br>ORAL TABLETS, DOSE PACK<br>150 MG (14)- 200 MG (14), 50 MG<br>(14)- 100 MG (14)  | 5                | PA NSO; NM; NDS                          |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)   | 2                |  |
| <i>zonisamide oral capsule 50 mg</i>  | 2                |  |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name  | Drug Tier | Requirements/Limits     |
|--|-----------|-------------------------|
| <b>Antidementia Agents</b>   |           |                         |
| <b>Antidementia Agents</b>   |           |                         |
| <i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)   | 1         | GC; QL (30 per 30 days) |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>   | 2         | QL (30 per 30 days)     |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)           | 2         | QL (30 per 30 days)     |
| <i>galantamine oral solution 4 mg/ml</i>   | 2         | QL (200 per 30 days)    |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)  | 2         | QL (60 per 30 days)     |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)            | 2         | QL (30 per 30 days)     |
| <i>memantine oral solution 2 mg/ml</i>   | 2         | QL (360 per 30 days)    |
| <i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)   | 2         | QL (60 per 30 days)     |
| NAMZARIC ORAL<br>CAP, SPRINKLE, ER 24HR<br>DOSE PACK 7/14/21/28 MG-10<br>MG                        | 3         |                         |
| NAMZARIC ORAL<br>CAPSULE, SPRINKLE, ER 24HR<br>14-10 MG, 21-10 MG, 28-10 MG,<br>7-10 MG            | 3         | QL (30 per 30 days)     |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                               | 2         | QL (60 per 30 days)     |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon) | 2         | QL (30 per 30 days)     |
| <b>Antidepressants</b>   |           |                         |
| <b>Antidepressants</b>   |           |                         |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                        | 2         |                         |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>  | 2         |                         |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>   | 2         |                         |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)             | 2         |                         |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)    | 2         |                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <i>citalopram oral solution 10 mg/5 ml</i>  | 2                | QL (600 per 30 days)         |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)  | 1                | GC; QL (30 per 30 days)      |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)                                  | 2                |                              |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)   | 2                |                              |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                                       | 2                |                              |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | 2                | QL (30 per 30 days)          |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                            | 2                |                              |
| <i>doxepin oral concentrate 10 mg/ml</i>  | 1                | GC                           |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG                          | 4                | ST; QL (60 per 30 days)      |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG  | 4                | ST; QL (30 per 30 days)      |
| <i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)            | 2                | QL (60 per 30 days)          |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                               | 5                | NM; NDS; QL (30 per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>   | 2                |                              |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)                              | 1                | GC                           |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)                                | 4                | ST                           |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG                          | 4                | ST; QL (30 per 30 days)      |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)                                       | 1                | GC                           |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                                      | 2                |                            |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>                                       | 2                |                            |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                     | 2                |                            |
| <i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>  | 2                |                            |
| <b>MARPLAN ORAL TABLET 10 MG</b>  | 4                |                            |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)                                     | 2                |                            |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i>  | 2                |                            |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)       | 2                |                            |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                       | 2                |                            |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)                    | 1                | GC                         |
| <i>nortriptyline oral solution 10 mg/5 ml</i>   | 2                |                            |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)                      | 1                | GC                         |
| <b>PAXIL ORAL SUSPENSION 10 MG/5 ML</b>   | 4                |                            |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 2                |                            |
| <i>phenelzine oral tablet 15 mg</i> (Nardil)  | 2                |                            |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>  | 2                |                            |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)                                      | 2                |                            |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)                               | 1                | GC                         |
| <b>SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)</b>             | 5                | PA NSO; NM; NDS            |
| <i>tranlycypromine oral tablet 10 mg</i> (Parnate)  | 2                |                            |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>  | 1                | GC                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>trazodone oral tablet 300 mg</i>   | 2                |                            |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>   | 2                |                            |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG   | 3                | QL (30 per 30 days)        |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)                        | 2                | QL (30 per 30 days)        |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)                | 2                | QL (90 per 30 days)        |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                               | 2                |                            |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG   | 3                | QL (30 per 30 days)        |
| VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)   | 3                |                            |
| ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML   | 5                | NM; NDS                    |
| <b>Antidiabetic Agents</b>  |                  |                            |
| <b>Antidiabetic Agents, Miscellaneous</b>   |                  |                            |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)  | 2                | QL (90 per 30 days)        |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG   | 3                | ST; QL (30 per 30 days)    |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG                                       | 3                | ST; QL (60 per 30 days)    |
| INVOKAMET ORAL TABLET 50-500 MG   | 3                | ST; QL (120 per 30 days)   |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | 3                | ST; QL (60 per 30 days)    |
| INVOKANA ORAL TABLET 100 MG   | 3                | ST; QL (60 per 30 days)    |
| INVOKANA ORAL TABLET 300 MG   | 3                | ST; QL (30 per 30 days)    |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG  | 3                | QL (60 per 30 days)        |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG                                  | 3                | QL (30 per 30 days)               |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG                        | 3                | QL (60 per 30 days)               |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG  | 3                | QL (30 per 30 days)               |
| JARDIANCE ORAL TABLET 10 MG, 25 MG  | 3                | ST; QL (30 per 30 days)           |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG                               | 4                | ST; QL (60 per 30 days)           |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG                            | 4                | ST; QL (60 per 30 days)           |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG                              | 4                | ST; QL (30 per 30 days)           |
| KORLYM ORAL TABLET 300 MG   | 5                | PA; NM; NDS; QL (112 per 28 days) |
| <i>metformin oral tablet 1,000 mg</i> (Glucophage)  | 6                | GC; QL (75 per 30 days)           |
| <i>metformin oral tablet 500 mg</i> (Glucophage)  | 6                | GC; QL (150 per 30 days)          |
| <i>metformin oral tablet 850 mg</i> (Glucophage)  | 6                | GC; QL (90 per 30 days)           |
| <i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)                | 6                | GC; QL (120 per 30 days)          |
| <i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)                | 6                | GC; QL (60 per 30 days)           |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML) | 3                | QL (3 per 28 days)                |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)                               | 6                | GC; QL (30 per 30 days)           |
| <i>repaglinide oral tablet 0.5 mg</i>   | 2                | QL (120 per 30 days)              |
| <i>repaglinide oral tablet 1 mg</i> (Prandin)   | 2                | QL (120 per 30 days)              |
| <i>repaglinide oral tablet 2 mg</i> (Prandin)   | 2                | QL (240 per 30 days)              |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---|------------------|------------------------------------|
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG                                    | 3                | QL (30 per 30 days)                |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML                  | 5                | PA; NM; NDS; QL (10.8 per 28 days) |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML                   | 5                | PA; NM; NDS; QL (10.8 per 28 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG     | 3                | ST; QL (60 per 30 days)            |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG  | 3                | ST; QL (30 per 30 days)            |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 3                | ST; QL (60 per 30 days)            |
| TRADJENTA ORAL TABLET 5 MG  | 4                | ST; QL (30 per 30 days)            |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML         | 3                | QL (2 per 28 days)                 |
| VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)              | 3                | QL (9 per 30 days)                 |
| <b>Insulins</b>   |                  |                                    |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3                | QL (30 per 28 days)                |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)     | 3                | QL (30 per 28 days)                |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                     | 3                | QL (40 per 28 days)                |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML          | 3                | QL (40 per 28 days)                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| HUMULIN R U-500 (CONC)<br>KWIKPEN SUBCUTANEOUS<br>INSULIN PEN 500 UNIT/ML (3<br>ML)   | 3                | QL (24 per 28 days)        |
| LANTUS SOLOSTAR U-100<br>INSULIN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3<br>ML)    | 3                | QL (30 per 28 days)        |
| LANTUS U-100 INSULIN<br>SUBCUTANEOUS SOLUTION<br>100 UNIT/ML                          | 3                | QL (40 per 28 days)        |
| NOVOLIN 70/30 U-100 INSULIN<br>SUBCUTANEOUS<br>SUSPENSION 100 UNIT/ML (70-<br>30)     | 3                | QL (40 per 28 days)        |
| NOVOLIN 70-30 FLEXPEN U-<br>100 SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML (70-30)       | 3                | QL (30 per 28 days)        |
| NOVOLIN N FLEXPEN<br>SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML (3 ML)                   | 3                | QL (30 per 28 days)        |
| NOVOLIN N NPH U-100<br>INSULIN SUBCUTANEOUS<br>SUSPENSION 100 UNIT/ML                 | 3                | QL (40 per 28 days)        |
| NOVOLIN R FLEXPEN<br>SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML (3 ML)                   | 3                | QL (30 per 28 days)        |
| NOVOLIN R REGULAR U-100<br>INSULIN INJECTION<br>SOLUTION 100 UNIT/ML                  | 3                | QL (40 per 28 days)        |
| NOVOLOG FLEXPEN U-100<br>INSULIN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3<br>ML)    | 2                | QL (30 per 28 days)        |
| NOVOLOG MIX 70-30 U-100<br>INSULIN SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML (70-<br>30)   | 2                | QL (40 per 28 days)        |
| NOVOLOG MIX 70-<br>30FLEXPEN U-100<br>SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML (70-30) | 2                | QL (30 per 28 days)        |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| NOVOLOG PENFILL U-100<br>INSULIN SUBCUTANEOUS<br>CARTRIDGE 100 UNIT/ML               | 2                | QL (30 per 28 days)        |
| NOVOLOG U-100 INSULIN<br>ASPART SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML                 | 2                | QL (40 per 28 days)        |
| SOLIQUA 100/33<br>SUBCUTANEOUS INSULIN<br>PEN 100 UNIT-33 MCG/ML                     | 3                | ST; QL (30 per 30 days)    |
| TOUJEO MAX U-300<br>SOLOSTAR SUBCUTANEOUS<br>INSULIN PEN 300 UNIT/ML (3<br>ML)       | 3                | QL (18 per 28 days)        |
| TOUJEO SOLOSTAR U-300<br>INSULIN SUBCUTANEOUS<br>INSULIN PEN 300 UNIT/ML<br>(1.5 ML) | 3                | QL (13.5 per 28 days)      |
| TRESIBA FLEXTOUCH U-100<br>SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML (3 ML)            | 3                | QL (30 per 28 days)        |
| TRESIBA FLEXTOUCH U-200<br>SUBCUTANEOUS INSULIN<br>PEN 200 UNIT/ML (3 ML)            | 3                | QL (18 per 28 days)        |
| TRESIBA U-100 INSULIN<br>SUBCUTANEOUS SOLUTION<br>100 UNIT/ML                        | 3                | QL (40 per 28 days)        |
| XULTOPHY 100/3.6<br>SUBCUTANEOUS INSULIN<br>PEN 100 UNIT-3.6 MG /ML (3<br>ML)        | 3                | ST; QL (15 per 28 days)    |
| <b>Sulfonylureas</b>   |                  |                            |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)                                   | 6                | GC; QL (30 per 30 days)    |
| <i>glimepiride oral tablet 4 mg</i> (Amaryl)   | 6                | GC; QL (60 per 30 days)    |
| <i>glipizide oral tablet 10 mg</i> (Glucotrol)                                       | 6                | GC; QL (120 per 30 days)   |
| <i>glipizide oral tablet 5 mg</i> (Glucotrol)  | 6                | GC; QL (60 per 30 days)    |
| <i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)              | 2                | QL (60 per 30 days)        |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>glipizide oral tablet extended release</i> (Glucotrol XL)<br>24hr 2.5 mg, 5 mg                     | 2                | QL (30 per 30 days)        |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i>   | 2                | QL (240 per 30 days)       |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>   | 2                | QL (120 per 30 days)       |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)                                  | 2                |                            |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>  | 2                |                            |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                              | 6                | GC                         |
| <i>tolazamide oral tablet 250 mg</i>  | 2                | QL (120 per 30 days)       |
| <i>tolazamide oral tablet 500 mg</i>  | 2                | QL (60 per 30 days)        |
| <b>Antifungals</b>  |                  |                            |
| <b>Antifungals</b>  |                  |                            |
| ABELCET INTRAVENOUS<br>SUSPENSION 5 MG/ML   | 5                | PA BvD; NM; NDS            |
| AMBISOME INTRAVENOUS<br>SUSPENSION FOR<br>RECONSTITUTION 50 MG  | 5                | PA BvD; NM; NDS            |
| <i>amphotericin b injection recon soln 50 mg</i>  | 2                | PA BvD                     |
| <i>caspofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)                                     | 5                | NM; NDS                    |
| <i>ciclopirox topical cream 0.77%</i> (Ciclodan)  | 2                |                            |
| <i>ciclopirox topical solution 8%</i> (Ciclodan)  | 2                |                            |
| <i>clotrimazole mucous membrane troche 10 mg</i>  | 2                |                            |
| <i>clotrimazole topical cream 1%</i> (Antifungal (clotrimazole))                                      | 1                | GC                         |
| <i>clotrimazole-betamethasone topical cream 1-0.05%</i>   | 2                |                            |
| <i>econazole topical cream 1%</i>   | 2                |                            |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> | 2                | PA BvD                     |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)                   | 2                |                            |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)                               | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)                              | 5                | NM; NDS                    |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                             | 2                |                            |
| <i>griseofulvin microsize oral tablet 500 mg</i>                                      | 2                |                            |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox)                                    | 2                |                            |
| <i>ketoconazole oral tablet 200 mg</i>  | 2                |                            |
| <i>ketoconazole topical cream 2 %</i>   | 2                |                            |
| <i>ketoconazole topical shampoo 2 %</i> (Nizoral)                                     | 2                |                            |
| <i>miconazole-3 vaginal suppository 200 mg</i>  | 2                |                            |
| <b>NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)</b>                                 | 5                | NM; NDS                    |
| <i>nyamyc topical powder 100,000 unit/gram</i>  | 2                |                            |
| <i>nystatin oral suspension 100,000 unit/ml</i>                                       | 2                |                            |
| <i>nystatin oral tablet 500,000 unit</i>  | 2                |                            |
| <i>nystatin topical cream 100,000 unit/gram</i>                                       | 2                |                            |
| <i>nystatin topical ointment 100,000 unit/gram</i>                                    | 2                |                            |
| <i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)                             | 2                |                            |
| <i>nystop topical powder 100,000 unit/gram</i>  | 2                |                            |
| <i>posaconazole oral tablet, delayed release ( drlec) 100 mg</i> (Noxafil)            | 5                | NM; NDS                    |
| <i>terbinafine hcl oral tablet 250 mg</i>   | 1                | GC                         |
| <i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)                          | 5                | PA BvD; NM; NDS            |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend) | 5                | NM; NDS                    |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)                                 | 5                | NM; NDS                    |
| <b>Antigout Agents</b>  |                  |                            |
| <b>Antigout Agents, Other</b>   |                  |                            |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)                              | 1                | GC                         |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name  | Drug Tier | Requirements/Limits      |
|--|-----------|--------------------------|
| <i>colchicine oral tablet 0.6 mg</i> (Colcrys)                   | 4         | PA; QL (120 per 30 days) |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)              | 2         | QL (30 per 30 days)      |
| MITIGARE ORAL CAPSULE<br>0.6 MG                                  | 2         | QL (60 per 30 days)      |
| <i>probenecid oral tablet 500 mg</i>                             | 2         |                          |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>              | 2         |                          |
| <b>Antihistamines</b>  |           |                          |
| <b>Antihistamines</b>  |           |                          |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>                       | 2         |                          |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>           | 2         |                          |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i>            | 2         |                          |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)     | 1         | GC                       |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i> | 2         |                          |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                  | 2         |                          |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>           | 1         | GC                       |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)          | 2         |                          |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)     | 1         | GC                       |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                      | 1         | GC                       |
| <b>Anti-Infectives (Skin And Mucous Membrane)</b>                |           |                          |
| <b>Anti-Infectives (Skin And Mucous Membrane)</b>                |           |                          |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)         | 2         |                          |
| <i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)       | 2         |                          |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                    | 2         |                          |
| <i>terconazole vaginal suppository 80 mg</i>                     | 2         |                          |

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| Drug Name   | Drug Tier | Requirements/Limits          |
|---|-----------|------------------------------|
| <b>Antimigraine Agents</b>  |           |                              |
| <b>Antimigraine Agents</b>  |           |                              |
| AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML                       | 3         | PA; QL (2 per 30 days)       |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML                     | 3         | PA; QL (1 per 30 days)       |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML                             | 3         | PA; QL (1.5 per 30 days)     |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML  | 3         | PA; QL (1.5 per 30 days)     |
| <i>dihydroergotamine injection solution</i> (D.H.E.45) 1 mg/ml                          | 5         | NM; NDS; QL (24 per 28 days) |
| <i>dihydroergotamine nasal spray, non-aerosol</i> 0.5 mg/pump act. (4 mg/ml) (Migranal) | 5         | NM; NDS; QL (8 per 28 days)  |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML  | 3         | PA; QL (2 per 30 days)       |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML   | 3         | PA; QL (2 per 30 days)       |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)                       | 3         | PA; QL (3 per 30 days)       |
| ERGOMAR SUBLINGUAL TABLET 2 MG  | 2         | QL (20 per 28 days)          |
| <i>rizatriptan oral tablet</i> 10 mg (Maxalt)   | 2         | QL (12 per 30 days)          |
| <i>rizatriptan oral tablet</i> 5 mg   | 2         | QL (12 per 30 days)          |
| <i>rizatriptan oral tablet, disintegrating</i> 10 mg (Maxalt-MLT)                       | 2         | QL (12 per 30 days)          |
| <i>rizatriptan oral tablet, disintegrating</i> 5 mg                                     | 2         | QL (12 per 30 days)          |
| <i>sumatriptan nasal spray, non-aerosol</i> 20 mg/actuation (Imitrex)                   | 2         | QL (12 per 30 days)          |
| <i>sumatriptan nasal spray, non-aerosol</i> 5 mg/actuation (Imitrex)                    | 2         | QL (18 per 30 days)          |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)  | 1                | GC; QL (9 per 30 days)     |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)  | 1                | GC; QL (18 per 30 days)    |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)              | 2                | QL (4 per 28 days)         |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | 2                | QL (4 per 28 days)         |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)                               | 2                | QL (4 per 28 days)         |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>  | 2                | QL (4 per 28 days)         |
| VYEPTI INTRAVENOUS SOLUTION 100 MG/ML  | 4                | PA; QL (3 per 90 days)     |
| <b>Antimycobacterials</b>  |                  |                            |
| <b>Antimycobacterials</b>  |                  |                            |
| CAPASTAT INJECTION RECON SOLN 1 GRAM   | 4                |                            |
| <i>dapsone oral tablet 100 mg, 25 mg</i>   | 2                |                            |
| <i>ethambutol oral tablet 100 mg</i>   | 2                |                            |
| <i>ethambutol oral tablet 400 mg</i> (Myambutol)   | 2                |                            |
| <i>isoniazid oral solution 50 mg/5 ml</i>  | 2                |                            |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>  | 1                | GC                         |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM   | 4                |                            |
| PRETOMANID ORAL TABLET 200 MG  | 4                | QL (30 per 30 days)        |
| PRIFTIN ORAL TABLET 150 MG   | 4                |                            |
| <i>pyrazinamide oral tablet 500 mg</i>   | 2                |                            |
| <i>rifabutin oral capsule 150 mg</i> (Mycobutin)   | 2                |                            |
| <i>rifampin intravenous recon soln 600 mg</i> (Rifadin)  | 2                |                            |
| <i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)  | 2                |                            |
| SIRTURO ORAL TABLET 100 MG   | 5                | PA; NM; NDS                |
| TRECTOR ORAL TABLET 250 MG   | 4                |                            |

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| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| <b>Antinausea Agents</b>  |           |                            |
| <b>Antinausea Agents</b>  |           |                            |
| AKYNZEO (FOSNETUPITANT)<br>INTRAVENOUS RECON SOLN<br>235-0.25 MG              | 4         |                            |
| AKYNZEO (NETUPITANT)<br>ORAL CAPSULE 300-0.5 MG                               | 4         | PA BvD                     |
| <i>aprepitant oral capsule 125 mg</i>   | 2         | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> (Emend)                                  | 2         | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> (Emend)                                  | 2         | PA BvD; QL (4 per 28 days) |
| <i>aprepitant oral capsule, dose pack 125 mg (1) - 80 mg (2)</i> (Emend)      | 2         | PA BvD; QL (6 per 28 days) |
| CINVANTI INTRAVENOUS<br>EMULSION 7.2 MG/ML                                    | 4         | QL (36 per 28 days)        |
| <i>compro rectal suppository 25 mg</i>  | 2         |                            |
| <i>dimenhydrinate injection solution 50 mg/ml</i>                             | 2         |                            |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)                  | 2         | PA; QL (60 per 30 days)    |
| EMEND ORAL SUSPENSION<br>FOR RECONSTITUTION 125<br>MG (25 MG/ ML FINAL CONC.) | 4         | PA BvD; QL (6 per 28 days) |
| <i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))    | 2         | QL (2 per 28 days)         |
| <i>granisetron (pf) intravenous solution 100 mcg/ml</i>                       | 2         |                            |
| <i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>           | 2         |                            |
| <i>granisetron hcl oral tablet 1 mg</i>                                       | 2         | PA BvD                     |
| <i>meclizine oral tablet 12.5 mg</i>  | 2         |                            |
| <i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)                    | 2         |                            |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>                      | 1         | GC                         |
| <i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>                       | 1         | GC                         |
| <i>ondansetron hcl intravenous solution 2 mg/ml</i>                           | 2         |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>ondansetron hcl oral tablet 24 mg</i>   | 2                | PA BvD                     |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)                               | 2                | PA BvD                     |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                            | 2                | PA BvD                     |
| <i>phenadoz rectal suppository 12.5 mg, 25 mg</i>                                    | 2                |                            |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>   | 2                |                            |
| <i>prochlorperazine maleate oral tablet</i> (Compazine)<br>10 mg, 5 mg               | 1                | GC                         |
| <i>prochlorperazine rectal suppository</i> (Compro)<br>25 mg                         | 2                |                            |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)                | 2                |                            |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                                | 1                | GC                         |
| <i>promethazine rectal suppository</i> (Promethegan)<br>12.5 mg, 25 mg, 50 mg        | 2                |                            |
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>                          | 2                |                            |
| <i>scopolamine base transdermal patch</i> (Transderm-Scop)<br>3 day 1 mg over 3 days | 2                | QL (10 per 30 days)        |
| TRANSDERM-SCOP<br>TRANSDERMAL PATCH 3<br>DAY 1 MG OVER 3 DAYS                        | 4                | QL (10 per 30 days)        |
| <b>Antiparasite Agents</b>   |                  |                            |
| <b>Antiparasite Agents</b>   |                  |                            |
| <i>albendazole oral tablet 200 mg</i> (Albenza)                                      | 5                | NM; NDS                    |
| ALINIA ORAL SUSPENSION<br>FOR RECONSTITUTION 100<br>MG/5 ML                          | 5                | NM; NDS                    |
| ALINIA ORAL TABLET 500<br>MG   | 5                | NM; NDS                    |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)                               | 5                | NM; NDS                    |
| <i>atovaquone-proguanil oral tablet</i> (Malarone)<br>250-100 mg                     | 2                |                            |
| <i>atovaquone-proguanil oral tablet</i> (Malarone Pediatric)<br>62.5-25 mg           | 2                |                            |

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| Drug Name   | Drug Tier | Requirements/Limits                 |
|---|-----------|-------------------------------------|
| <i>chloroquine phosphate oral tablet</i><br>250 mg, 500 mg                          | 2         |                                     |
| COARTEM ORAL TABLET 20-<br>120 MG   | 4         |                                     |
| DARAPRIM ORAL TABLET 25<br>MG   | 5         | PA; NM; NDS                         |
| <i>hydroxychloroquine oral tablet</i> 200 (Plaquenil)<br>mg                         | 2         |                                     |
| IMPAVIDO ORAL CAPSULE 50<br>MG  | 5         | PA; NM; NDS; QL (84<br>per 28 days) |
| <i>ivermectin oral tablet</i> 3 mg (Stromectol)                                     | 2         |                                     |
| KRINTAFEL ORAL TABLET<br>150 MG   | 4         |                                     |
| <i>mefloquine oral tablet</i> 250 mg  | 2         |                                     |
| <i>paromomycin oral capsule</i> 250 mg  | 2         |                                     |
| <i>pentamidine inhalation recon soln</i> (Nebupent)<br>300 mg                       | 2         | PA BvD                              |
| <i>pentamidine injection recon soln</i> 300 (Pentam)<br>mg                          | 2         |                                     |
| PRIMAQUINE ORAL TABLET<br>26.3 MG   | 2         |                                     |
| <i>pyrimethamine oral tablet</i> 25 mg (Daraprim)                                   | 5         | PA; NM; NDS                         |
| <b>Antiparkinsonian Agents</b>  |           |                                     |
| <b>Antiparkinsonian Agents</b>  |           |                                     |
| <i>amantadine hcl oral capsule</i> 100 mg   | 2         |                                     |
| <i>amantadine hcl oral solution</i> 50<br>mg/5 ml                                   | 2         |                                     |
| APOKYN SUBCUTANEOUS<br>CARTRIDGE 10 MG/ML   | 5         | PA; NM; NDS; QL (60<br>per 30 days) |
| <i>benztropine injection solution</i> 1 (Cogentin)<br>mg/ml                         | 2         |                                     |
| <i>benztropine oral tablet</i> 0.5 mg, 1<br>mg, 2 mg                                | 2         |                                     |
| <i>bromocriptine oral capsule</i> 5 mg (Parlodel)                                   | 2         |                                     |
| <i>bromocriptine oral tablet</i> 2.5 mg (Parlodel)                                  | 2         |                                     |
| <i>cabergoline oral tablet</i> 0.5 mg   | 2         |                                     |
| <i>carbidopa-levodopa oral tablet</i> 10- (Sinemet)<br>100 mg, 25-100 mg, 25-250 mg | 2         |                                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>   | 2                |                                   |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)  | 4                |                                   |
| <i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)                                       | 4                |                                   |
| <i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)  | 4                |                                   |
| <i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)                                     | 4                |                                   |
| <i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)                                      | 4                |                                   |
| <i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)  | 4                |                                   |
| <i>entacapone oral tablet 200 mg</i> (Comtan)   | 2                |                                   |
| GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG  | 5                | PA; NM; NDS; QL (60 per 30 days)  |
| GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG   | 5                | PA; NM; NDS; QL (30 per 30 days)  |
| INBRIJA 42 MG INHALATION CAP 42 MG  | 5                | PA; NM; NDS; QL (300 per 30 days) |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG   | 5                | PA; NM; NDS; QL (300 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG   | 5                | PA; NM; NDS; QL (150 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG   | 5                | PA; NM; NDS                       |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | 3                | QL (30 per 30 days)               |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG   | 4                | ST; QL (30 per 30 days)           |

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| Drug Name   | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)             | 4         | ST; QL (60 per 30 days)          |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex) | 1         | GC                               |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)                                      | 2         |                                  |
| <i>ropinirole oral tablet 0.25 mg, 3 mg, 5 mg</i> (Requip)                                | 2         |                                  |
| <i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>                                    | 2         |                                  |
| <i>selegiline hcl oral capsule 5 mg</i>   | 2         |                                  |
| <i>selegiline hcl oral tablet 5 mg</i>  | 2         |                                  |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>  | 2         |                                  |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>   | 1         | GC                               |
| XADAGO ORAL TABLET 100 MG, 50 MG  | 5         | PA; NM; NDS; QL (30 per 30 days) |
| <b>Antipsychotic Agents</b>   |           |                                  |
| <b>Antipsychotic Agents</b>   |           |                                  |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG               | 5         | NM; NDS; QL (1 per 28 days)      |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG              | 5         | NM; NDS; QL (1 per 28 days)      |
| <i>aripiprazole oral solution 1 mg/ml</i>   | 5         | NM; NDS; QL (900 per 30 days)    |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)                | 2         | QL (30 per 30 days)              |
| <i>aripiprazole oral tablet 2 mg</i> (Abilify)  | 2         | QL (60 per 30 days)              |
| <i>aripiprazole oral tablet,disintegrating 10 mg</i>                                      | 5         | ST; NM; NDS; QL (90 per 30 days) |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i>                                      | 5         | ST; NM; NDS; QL (60 per 30 days) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---|------------------|--------------------------------------|
| ARISTADA INITIO<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 675 MG/2.4 ML | 5                | NM; NDS; QL (4.8 per<br>365 days)    |
| ARISTADA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 1,064 MG/3.9 ML      | 5                | NM; NDS; QL (3.9 per<br>56 days)     |
| ARISTADA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 441 MG/1.6 ML        | 5                | NM; NDS; QL (1.6 per<br>28 days)     |
| ARISTADA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 662 MG/2.4 ML        | 5                | NM; NDS; QL (2.4 per<br>28 days)     |
| ARISTADA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 882 MG/3.2 ML        | 5                | NM; NDS; QL (3.2 per<br>28 days)     |
| CAPLYTA ORAL CAPSULE 42<br>MG   | 5                | ST; NM; NDS; QL (30<br>per 30 days)  |
| <i>chlorpromazine injection solution 25<br/>mg/ml</i>                               | 2                |                                      |
| <i>chlorpromazine oral tablet 10 mg,<br/>100 mg, 200 mg, 25 mg, 50 mg</i>           | 2                |                                      |
| <i>clozapine oral tablet 100 mg</i> (Clozaril)                                      | 2                | QL (270 per 30 days)                 |
| <i>clozapine oral tablet 200 mg</i> (Clozaril)                                      | 2                | QL (135 per 30 days)                 |
| <i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)                                | 2                | QL (90 per 30 days)                  |
| <i>clozapine oral tablet,disintegrating<br/>100 mg, 12.5 mg, 25 mg</i>              | 2                | ST; QL (90 per 30 days)              |
| <i>clozapine oral tablet,disintegrating<br/>150 mg</i>                              | 2                | ST; QL (180 per 30<br>days)          |
| <i>clozapine oral tablet,disintegrating<br/>200 mg</i>                              | 5                | ST; NM; NDS; QL<br>(120 per 30 days) |
| FANAPT ORAL TABLET 1 MG,<br>2 MG, 4 MG  | 4                | ST; QL (60 per 30 days)              |
| FANAPT ORAL TABLET 10<br>MG, 12 MG, 6 MG, 8 MG                                      | 5                | ST; NM; NDS; QL (60<br>per 30 days)  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)                          | 4                | ST                             |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                           | 2                |                                |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                                | 2                |                                |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                    | 2                |                                |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>                                     | 2                |                                |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                       | 2                |                                |
| GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)                              | 4                | QL (6 per 28 days)             |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)    | 2                |                                |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i> | 2                |                                |
| <i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)     | 2                |                                |
| <i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)                      | 2                |                                |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i>                            | 2                |                                |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                                 | 2                |                                |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>               | 2                |                                |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML                                | 5                | NM; NDS; QL (0.75 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML                                     | 5                | NM; NDS; QL (1 per 28 days)    |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML                                 | 5                | NM; NDS; QL (1.5 per 28 days)  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|---|------------------|---|
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE<br>39 MG/0.25 ML                                   | 4                | QL (0.25 per 28 days)                   |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE<br>78 MG/0.5 ML                                    | 5                | NM; NDS; QL (0.5 per 28 days)           |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE<br>273 MG/0.875 ML                                   | 5                | NM; NDS; QL (0.875 per 84 days)         |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE<br>410 MG/1.315 ML                                   | 5                | NM; NDS; QL (1.315 per 84 days)         |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE<br>546 MG/1.75 ML                                    | 5                | NM; NDS; QL (1.75 per 84 days)          |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE<br>819 MG/2.625 ML                                   | 5                | NM; NDS; QL (2.625 per 84 days)         |
| LATUDA ORAL TABLET 120<br>MG, 20 MG, 40 MG, 60 MG   | 3                | QL (30 per 30 days)                     |
| LATUDA ORAL TABLET 80<br>MG   | 3                | QL (60 per 30 days)                     |
| <i>loxapine succinate oral capsule 10<br/>mg, 25 mg, 5 mg, 50 mg</i>                        | 2                |   |
| <i>molindone oral tablet 10 mg</i>  | 2                | QL (240 per 30 days)                    |
| <i>molindone oral tablet 25 mg</i>  | 2                | QL (270 per 30 days)                    |
| <i>molindone oral tablet 5 mg</i>   | 2                | QL (120 per 30 days)                    |
| NUPLAZID ORAL CAPSULE 34<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10<br>MG   | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln (Zyprexa)<br/>10 mg</i>                              | 2                | QL (30 per 30 days)                     |
| <i>olanzapine oral tablet 10 mg, 15 mg,<br/>2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)       | 2                | QL (30 per 30 days)                     |
| <i>olanzapine oral tablet, disintegrating<br/>10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis) | 2                | QL (30 per 30 days)                     |
| <i>paliperidone oral tablet extended<br/>release 24hr 1.5 mg, 3 mg</i> (Invega)             | 2                | QL (30 per 30 days)                     |
| <i>paliperidone oral tablet extended<br/>release 24hr 6 mg</i> (Invega)                     | 2                | QL (60 per 30 days)                     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>paliperidone oral tablet extended release 24hr 9 mg</i> (Invega)                    | 5                | NM; NDS; QL (30 per 30 days)      |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                | 2                |                                   |
| PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG           | 5                | NM; NDS; QL (1 per 30 days)       |
| <i>pimozide oral tablet 1 mg, 2 mg</i>   | 2                |                                   |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)  | 2                | QL (90 per 30 days)               |
| REXULTI ORAL TABLET 0.25 MG  | 5                | ST; NM; NDS; QL (120 per 30 days) |
| REXULTI ORAL TABLET 0.5 MG   | 5                | ST; NM; NDS; QL (60 per 30 days)  |
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG   | 5                | ST; NM; NDS; QL (30 per 30 days)  |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML | 4                | QL (4 per 28 days)                |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML | 5                | NM; NDS; QL (4 per 28 days)       |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal)                                   | 2                | QL (480 per 30 days)              |
| <i>risperidone oral tablet 0.25 mg</i>   | 1                | GC; QL (60 per 30 days)           |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)              | 1                | GC; QL (60 per 30 days)           |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>             | 2                | QL (60 per 30 days)               |
| <i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i>                              | 2                | QL (120 per 30 days)              |
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG  | 5                | ST; NM; NDS; QL (60 per 30 days)  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR     | 5                | ST; NM; NDS; QL (30 per 30 days)  |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                          | 2                |                                   |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                              | 2                |                                   |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                           | 2                |                                   |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML   | 5                | ST; NM; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG                                      | 5                | ST; NM; NDS; QL (30 per 30 days)  |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)                                  | 4                | ST                                |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)              | 2                | QL (60 per 30 days)               |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon) | 2                | QL (6 per 28 days)                |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG                  | 4                | QL (2 per 28 days)                |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG                  | 5                | NM; NDS; QL (2 per 28 days)       |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG                  | 5                | NM; NDS; QL (1 per 28 days)       |
| <b>Antivirals (Systemic)</b>   |                  |                                   |
| <b>Antiretrovirals</b>   |                  |                                   |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen)                                      | 2                |                                   |
| <i>abacavir oral tablet 300 mg</i> (Ziagen)  | 2                |                                   |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)                          | 2                |                                   |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)          | 5                | NM; NDS                           |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| APTIVUS (WITH VITAMIN E)<br>ORAL SOLUTION 100 MG/ML   | 5                | NM; NDS                    |
| APTIVUS ORAL CAPSULE 250<br>MG  | 5                | NM; NDS                    |
| <i>atazanavir oral capsule 150 mg, 200<br/>mg, 300 mg</i> (Reyataz)                           | 5                | NM; NDS                    |
| ATRIPLA ORAL TABLET 600-<br>200-300 MG  | 5                | NM; NDS                    |
| BIKTARVY ORAL TABLET 50-<br>200-25 MG   | 5                | NM; NDS                    |
| CIMDUO ORAL TABLET 300-<br>300 MG   | 5                | NM; NDS                    |
| COMPLERA ORAL TABLET<br>200-25-300 MG   | 5                | NM; NDS                    |
| CRIXIVAN ORAL CAPSULE<br>200 MG, 400 MG   | 4                |                            |
| DELSTRIGO ORAL TABLET<br>100-300-300 MG   | 5                | NM; NDS                    |
| DESCOVY ORAL TABLET 200-<br>25 MG   | 5                | NM; NDS                    |
| <i>didanosine oral capsule, delayed<br/>release(drlec) 125 mg, 200 mg, 250<br/>mg, 400 mg</i> | 2                |                            |
| DOVATO ORAL TABLET 50-<br>300 MG  | 5                | NM; NDS                    |
| EDURANT ORAL TABLET 25<br>MG  | 5                | NM; NDS                    |
| <i>efavirenz oral capsule 200 mg</i> (Sustiva)  | 5                | NM; NDS                    |
| <i>efavirenz oral capsule 50 mg</i> (Sustiva)   | 2                |                            |
| <i>efavirenz oral tablet 600 mg</i> (Sustiva)   | 5                | NM; NDS                    |
| EMTRIVA ORAL CAPSULE 200<br>MG  | 4                |                            |
| EMTRIVA ORAL SOLUTION 10<br>MG/ML   | 4                |                            |
| EPIVIR HBV ORAL SOLUTION<br>25 MG/5 ML (5 MG/ML)  | 4                |                            |
| EVOTAZ ORAL TABLET 300-<br>150 MG   | 5                | NM; NDS                    |
| <i>fosamprenavir oral tablet 700 mg</i> (Lexiva)  | 5                | NM; NDS                    |
| FUZEON SUBCUTANEOUS<br>RECON SOLN 90 MG   | 5                | NM; NDS                    |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| GENVOYA ORAL TABLET 150-150-200-10 MG                                     | 5                | NM; NDS                    |
| INTELENCE ORAL TABLET 100 MG, 200 MG                                      | 5                | NM; NDS                    |
| INTELENCE ORAL TABLET 25 MG   | 4                |                            |
| INVIRASE ORAL TABLET 500 MG   | 5                | NM; NDS                    |
| ISENTRESS HD ORAL TABLET 600 MG   | 5                | NM; NDS                    |
| ISENTRESS ORAL POWDER IN PACKET 100 MG                                    | 4                |                            |
| ISENTRESS ORAL TABLET 400 MG  | 5                | NM; NDS                    |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG                              | 4                |                            |
| JULUCA ORAL TABLET 50-25 MG   | 5                | NM; NDS                    |
| KALETRA ORAL TABLET 100-25 MG   | 4                |                            |
| KALETRA ORAL TABLET 200-50 MG   | 5                | NM; NDS                    |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir)                         | 2                |                            |
| <i>lamivudine oral tablet 100 mg</i> (Epivir HBV)                         | 2                |                            |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)                     | 2                |                            |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)            | 2                |                            |
| LEXIVA ORAL SUSPENSION 50 MG/ML   | 4                |                            |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)        | 2                |                            |
| <i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)                   | 2                |                            |
| <i>nevirapine oral tablet 200 mg</i> (Viramune)                           | 2                |                            |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i>               | 2                |                            |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR) | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| NORVIR ORAL POWDER IN PACKET 100 MG                      | 4                |                            |
| NORVIR ORAL SOLUTION 80 MG/ML                            | 4                |                            |
| ODEFSEY ORAL TABLET 200-25-25 MG                         | 5                | NM; NDS                    |
| PIFELTRO ORAL TABLET 100 MG                              | 5                | NM; NDS                    |
| PREZCOBIX ORAL TABLET 800-150 MG-MG                      | 5                | NM; NDS                    |
| PREZISTA ORAL SUSPENSION 100 MG/ML                       | 5                | NM; NDS                    |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG              | 5                | NM; NDS                    |
| PREZISTA ORAL TABLET 75 MG                               | 4                |                            |
| RESCRIPTOR ORAL TABLET 200 MG                            | 4                |                            |
| RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG               | 4                |                            |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML                   | 4                |                            |
| REYATAZ ORAL POWDER IN PACKET 50 MG                      | 5                | NM; NDS                    |
| <i>ritonavir oral tablet 100 mg</i> (Norvir)             | 2                |                            |
| SELZENTRY ORAL SOLUTION 20 MG/ML                         | 4                |                            |
| SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG              | 5                | NM; NDS                    |
| SELZENTRY ORAL TABLET 25 MG                              | 4                |                            |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | 2                |                            |
| STRIBILD ORAL TABLET 150-150-200-300 MG                  | 5                | NM; NDS                    |
| SYMFI LO ORAL TABLET 400-300-300 MG                      | 5                | NM; NDS                    |
| SYMFI ORAL TABLET 600-300-300 MG                         | 5                | NM; NDS                    |
| SYMTUZA ORAL TABLET 800-150-200-10 MG                    | 5                | NM; NDS                    |

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| Drug Name  | Drug Tier | Requirements/Limits          |
|--|-----------|------------------------------|
| TEMIXYS ORAL TABLET 300-300 MG                                     | 5         | NM; NDS                      |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)   | 2         |                              |
| TIVICAY ORAL TABLET 10 MG  | 4         |                              |
| TIVICAY ORAL TABLET 25 MG, 50 MG                                   | 5         | NM; NDS                      |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG                         | 4         |                              |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                  | 5         | NM; NDS                      |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)           | 5         | NM; NDS                      |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | 5         | NM; NDS                      |
| VEMLIDY ORAL TABLET 25 MG  | 5         | NM; NDS; QL (30 per 30 days) |
| VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)            | 4         |                              |
| VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG              | 4         |                              |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                                | 5         | NM; NDS                      |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                        | 5         | NM; NDS                      |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                          | 5         | NM; NDS                      |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir)                   | 2         |                              |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)                   | 2         |                              |
| <i>zidovudine oral tablet 300 mg</i>                               | 2         |                              |
| <b>Antivirals, Miscellaneous</b>                                   |           |                              |
| <i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)          | 2         | PA BvD                       |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu)                    | 2         | QL (84 per 180 days)         |
| <i>oseltamivir oral capsule 45 mg</i> (Tamiflu)                    | 2         | QL (48 per 180 days)         |
| <i>oseltamivir oral capsule 75 mg</i> (Tamiflu)                    | 2         | QL (42 per 180 days)         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | 2                | QL (540 per 180 days)             |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML                              | 5                | PA; NM; NDS; QL (336 per 28 days) |
| PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML                              | 5                | PA; NM; NDS; QL (672 per 28 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                     | 5                | PA; NM; NDS; QL (28 per 28 days)  |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION         | 4                | QL (60 per 180 days)              |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine)                       | 2                |                                   |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML                  | 5                | PA; NM; NDS                       |
| XOFLUZA ORAL TABLET 20 MG, 40 MG  | 4                | QL (4 per 180 days)               |
| <b>Hcv Antivirals</b>   |                  |                                   |
| EPCLUSA ORAL TABLET 400-100 MG  | 5                | PA; NM; NDS; QL (28 per 28 days)  |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG                             | 5                | PA; NM; NDS; QL (28 per 28 days)  |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG                                | 5                | PA; NM; NDS; QL (56 per 28 days)  |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG                                | 5                | PA; NM; NDS; QL (28 per 28 days)  |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)            | 5                | PA; NM; NDS; QL (28 per 28 days)  |
| MAVYRET ORAL TABLET 100-40 MG   | 5                | PA; NM; NDS; QL (84 per 28 days)  |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)          | 5                | PA; NM; NDS; QL (28 per 28 days)  |
| SOVALDI ORAL PELLETS IN PACKET 150 MG                                   | 5                | PA; NM; NDS; QL (28 per 28 days)  |
| SOVALDI ORAL PELLETS IN PACKET 200 MG                                   | 5                | PA; NM; NDS; QL (56 per 28 days)  |
| SOVALDI ORAL TABLET 200 MG, 400 MG                                      | 5                | PA; NM; NDS; QL (28 per 28 days)  |
| TECHNIVIE ORAL TABLET 12.5-75-50 MG                                     | 5                | PA; NM; NDS; QL (56 per 28 days)  |

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| Drug Name  | Drug Tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG                                       | 5         | PA; NM; NDS                      |
| VOSEVI ORAL TABLET 400-100-100 MG  | 5         | PA; NM; NDS; QL (28 per 28 days) |
| ZEPATIER ORAL TABLET 50-100 MG   | 5         | PA; NM; NDS; QL (30 per 30 days) |
| <b>Interferons</b>   |           |                                  |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | 5         | PA NSO; NM; NDS                  |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML                                    | 5         | PA NSO; NM; NDS                  |
| PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML  | 5         | NM; NDS                          |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML   | 5         | NM; NDS                          |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML  | 5         | NM; NDS                          |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML   | 5         | NM; NDS                          |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG  | 5         | PA NSO; NM; NDS                  |
| <b>Nucleosides And Nucleotides</b>   |           |                                  |
| <i>acyclovir oral capsule 200 mg</i>   | 2         |                                  |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)   | 2         |                                  |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>  | 2         |                                  |
| <i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>                                      | 2         | PA BvD                           |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>  | 2         | PA BvD                           |
| <i>adefovir oral tablet 10 mg</i> (Hepsera)  | 5         | NM; NDS                          |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)  | 2         |                                  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>  | 2                |                            |
| <i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)   | 2                | PA BvD                     |
| <i>ganciclovir sodium intravenous solution 50 mg/ml</i>  | 2                | PA BvD                     |
| <i>ribasphere oral capsule 200 mg</i>  | 2                |                            |
| <i>ribasphere oral tablet 600 mg</i>   | 5                | NM; NDS                    |
| <i>ribavirin inhalation recon soln 6 gram</i> (Virazole)   | 5                | PA BvD; NM; NDS            |
| <i>ribavirin oral capsule 200 mg</i>   | 2                |                            |
| <i>ribavirin oral tablet 200 mg</i>  | 2                |                            |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)   | 2                |                            |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte)   | 5                | NM; NDS                    |
| <b>Blood</b>   |                  |                            |
| <b>Products/Modifiers/Volume</b>   |                  |                            |
| <b>Expanders</b>   |                  |                            |
| <b>Anticoagulants</b>  |                  |                            |
| BEVYXXA ORAL CAPSULE 40 MG, 80 MG  | 4                | QL (43 per 42 days)        |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)   | 3                |                            |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG   | 3                | QL (60 per 30 days)        |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)  | 2                |                            |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox) | 2                |                            |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)  | 5                | NM; NDS                    |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)   | 2                |                            |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>  | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|--|------------------|-------------------------------------|
| <i>heparin (porcine) injection solution<br/>1,000 unit/ml, 10,000 unit/ml,<br/>20,000 unit/ml, 5,000 unit/ml</i> | 2                |                                     |
| <i>heparin (porcine) injection syringe<br/>5,000 unit/ml</i>   | 2                |                                     |
| <i>heparin, porcine (pf) injection<br/>solution 1,000 unit/ml</i>  | 2                |                                     |
| <i>heparin, porcine (pf) injection<br/>syringe 5,000 unit/0.5 ml</i>   | 2                |                                     |
| <i>jantoven oral tablet 1 mg, 10 mg, 2<br/>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,<br/>7.5 mg</i>                    | 1                | GC                                  |
| <b>PRADAXA ORAL CAPSULE<br/>110 MG, 150 MG, 75 MG</b>  | 4                | ST; QL (60 per 30 days)             |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 (Jantoven)<br/>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,<br/>7.5 mg</i>         | 1                | GC                                  |
| <b>XARELTO ORAL TABLET 10<br/>MG, 20 MG</b>  | 3                | QL (30 per 30 days)                 |
| <b>XARELTO ORAL TABLET 15<br/>MG, 2.5 MG</b>   | 3                | QL (60 per 30 days)                 |
| <b>XARELTO ORAL<br/>TABLETS,DOSE PACK 15 MG<br/>(42)- 20 MG (9)</b>  | 3                |                                     |
| <b>Blood Formation Modifiers</b>   |                  |                                     |
| <b>CINRYZE INTRAVENOUS<br/>RECON SOLN 500 UNIT (5 ML)</b>  | 5                | PA; NM; NDS; QL (20<br>per 30 days) |
| <b>DOPTELET (10 TAB PACK)<br/>ORAL TABLET 20 MG</b>  | 5                | PA; NM; NDS; QL (15<br>per 30 days) |
| <b>DOPTELET (15 TAB PACK)<br/>ORAL TABLET 20 MG</b>  | 5                | PA; NM; NDS; QL (15<br>per 30 days) |
| <b>DOPTELET (30 TAB PACK)<br/>ORAL TABLET 20 MG</b>  | 5                | PA; NM; NDS; QL (15<br>per 30 days) |
| <b>FULPHILA SUBCUTANEOUS<br/>SYRINGE 6 MG/0.6 ML</b>   | 5                | PA; NM; NDS                         |
| <b>GRANIX SUBCUTANEOUS<br/>SOLUTION 300 MCG/ML, 480<br/>MCG/1.6 ML</b>   | 5                | PA; NM; NDS                         |
| <b>GRANIX SUBCUTANEOUS<br/>SYRINGE 300 MCG/0.5 ML, 480<br/>MCG/0.8 ML</b>  | 5                | PA; NM; NDS                         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT  | 5                | PA; NM; NDS; QL (30 per 30 days)  |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT  | 5                | PA; NM; NDS; QL (20 per 30 days)  |
| LEUKINE INJECTION RECON SOLN 250 MCG   | 5                | NM; NDS                           |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)  | 5                | NM; NDS                           |
| MULPLETA ORAL TABLET 3 MG  | 5                | PA; NM; NDS; QL (7 per 7 days)    |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML  | 5                | PA; NM; NDS                       |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML   | 5                | PA; NM; NDS                       |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML  | 5                | PA; NM; NDS                       |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML   | 5                | NM; NDS                           |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML   | 5                | PA; NM; NDS                       |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3                | PA; QL (12 per 28 days)           |
| PROCRIT INJECTION SOLUTION 20,000 UNIT/ML  | 5                | PA; NM; NDS; QL (12 per 28 days)  |
| PROCRIT INJECTION SOLUTION 40,000 UNIT/ML  | 5                | PA; NM; NDS; QL (6 per 28 days)   |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG   | 5                | PA; NM; NDS; QL (360 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 25 MG   | 5                | PA; NM; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG, 50 MG  | 5                | PA; NM; NDS; QL (90 per 30 days)  |

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| Drug Name   | Drug Tier | Requirements/Limits               |
|---|-----------|-----------------------------------|
| PROMACTA ORAL TABLET 25 MG  | 5         | PA; NM; NDS; QL (120 per 30 days) |
| PROMACTA ORAL TABLET 75 MG  | 5         | PA; NM; NDS; QL (60 per 30 days)  |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML     | 2         | PA; QL (12 per 28 days)           |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML  | 2         | PA; QL (6 per 28 days)            |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML  | 5         | PA; NM; NDS                       |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                     | 5         | NM; NDS                           |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML  | 5         | PA; NM; NDS                       |
| <b>Hematologic Agents, Miscellaneous</b>  |           |                                   |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML   | 5         | PA; NM; NDS                       |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin)   | 2         |                                   |
| <i>anagrelide oral capsule 1 mg</i>   | 2         |                                   |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML  | 5         | PA; NM; NDS                       |
| <i>protamine intravenous solution 10 mg/ml</i>  | 2         |                                   |
| SIKLOS ORAL TABLET 1,000 MG, 100 MG   | 4         | PA                                |
| TAVALISSE ORAL TABLET 100 MG, 150 MG  | 5         | PA; NM; NDS; QL (60 per 30 days)  |
| <i>tranexamic acid intravenous solution</i> (Cyklokapron) <i>1,000 mg/10 ml (100 mg/ml)</i> | 2         |                                   |
| <i>tranexamic acid oral tablet 650 mg</i> (Lysteda)   | 2         | QL (30 per 30 days)               |
| <b>Platelet-Aggregation Inhibitors</b>  |           |                                   |
| <i>aspirin-dipyridamole oral capsule, er</i> (Aggrenox) <i>multiphase 12 hr 25-200 mg</i>   | 2         | QL (60 per 30 days)               |
| BRILINTA ORAL TABLET 60 MG, 90 MG   | 3         |                                   |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>   | 2         |                                   |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix)   | 1         | GC                                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                         | 2                |                            |
| <i>pentoxifylline oral tablet extended release 400 mg</i>                   | 2                |                            |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)                          | 2                | QL (30 per 30 days)        |
| <b>Caloric Agents</b>   |                  |                            |
| <b>Caloric Agents</b>   |                  |                            |
| AMINOSYN 10 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 10 %                    | 4                | PA BvD                     |
| AMINOSYN 7 % WITH<br>ELECTROLYTES<br>INTRAVENOUS<br>PARENTERAL SOLUTION 7 % | 4                | PA BvD                     |
| AMINOSYN 8.5 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 8.5 %                  | 4                | PA BvD                     |
| AMINOSYN 8.5 %-<br>ELECTROLYTES<br>INTRAVENOUS<br>PARENTERAL SOLUTION 8.5 % | 4                | PA BvD                     |
| AMINOSYN II 10 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 10 %                 | 4                | PA BvD                     |
| AMINOSYN II 15 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 15 %                 | 4                | PA BvD                     |
| AMINOSYN II 7 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 7 %                   | 4                | PA BvD                     |
| AMINOSYN II 8.5 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 8.5 %               | 4                | PA BvD                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| AMINOSYN II 8.5 %-<br>ELECTROLYTES<br>INTRAVENOUS<br>PARENTERAL SOLUTION 8.5<br>% | 4                | PA BvD                     |
| AMINOSYN M 3.5 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 3.5<br>%                   | 4                | PA BvD                     |
| AMINOSYN-HBC 7%<br>INTRAVENOUS<br>PARENTERAL SOLUTION 7 %                         | 4                | PA BvD                     |
| AMINOSYN-PF 10 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 10<br>%                    | 4                | PA BvD                     |
| AMINOSYN-PF 7 % (SULFITE-<br>FREE) INTRAVENOUS<br>PARENTERAL SOLUTION 7 %         | 4                | PA BvD                     |
| AMINOSYN-RF 5.2 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 5.2<br>%                  | 4                | PA BvD                     |
| CLINIMIX 5%/D15W SULFITE<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 5 %           | 4                | PA BvD                     |
| CLINIMIX 5%/D25W SULFITE-<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 5 %          | 4                | PA BvD                     |
| CLINIMIX 4.25%/D10W SULF<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 4.25<br>%     | 4                | PA BvD                     |
| CLINIMIX 4.25%/D5W SULFIT<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 4.25<br>%    | 4                | PA BvD                     |
| CLINIMIX 4.25%-D25W SULF-<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 4.25<br>%    | 4                | PA BvD                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %            | 4                | PA BvD                     |
| CLINIMIX E 2.75%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %        | 4                | PA BvD                     |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %         | 4                | PA BvD                     |
| CLINIMIX E 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %        | 4                | PA BvD                     |
| CLINIMIX E 4.25%/D25W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %        | 4                | PA BvD                     |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %         | 4                | PA BvD                     |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %            | 4                | PA BvD                     |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %            | 4                | PA BvD                     |
| CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %            | 4                | PA BvD                     |
| CLINOLIPID INTRAVENOUS EMULSION 20 %  | 4                | PA BvD                     |
| <i>dextrose 10 % in water (d10w)<br/>intravenous parenteral solution 10 %</i> | 4                | PA BvD                     |
| <i>dextrose 20 % in water (d20w)<br/>intravenous parenteral solution 20 %</i> | 4                | PA BvD                     |
| <i>dextrose 25 % in water (d25w)<br/>intravenous syringe</i>                  | 4                | PA BvD                     |
| <i>dextrose 30 % in water (d30w)<br/>intravenous parenteral solution</i>      | 4                | PA BvD                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>dextrose 40 % in water (d40w)</i><br><i>intravenous parenteral solution 40 %</i> | 4                | PA BvD                     |
| <i>dextrose 5 % in water (d5w)</i><br><i>intravenous parenteral solution</i>        | 2                |                            |
| <i>dextrose 50 % in water (d50w)</i><br><i>intravenous parenteral solution</i>      | 4                | PA BvD                     |
| <i>dextrose 50 % in water (d50w)</i><br><i>intravenous syringe</i>                  | 4                | PA BvD                     |
| <i>dextrose 70 % in water (d70w)</i><br><i>intravenous parenteral solution</i>      | 4                | PA BvD                     |
| FREAMINE HBC 6.9 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 6.9<br>%                   | 4                | PA BvD                     |
| FREAMINE III 10 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 10<br>%                     | 4                | PA BvD                     |
| HEPATAMINE 8%<br>INTRAVENOUS<br>PARENTERAL SOLUTION 8 %                             | 4                | PA BvD                     |
| INTRALIPID INTRAVENOUS<br>EMULSION 20 %, 30 %                                       | 4                | PA BvD                     |
| KABIVEN INTRAVENOUS<br>EMULSION 3.31-9.8-3.9 %                                      | 4                | PA BvD                     |
| NEPHRAMINE 5.4 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 5.4<br>%                     | 4                | PA BvD                     |
| NUTRILIPID INTRAVENOUS<br>EMULSION 20 %   | 4                | PA BvD                     |
| PERIKABIVEN<br>INTRAVENOUS EMULSION<br>2.36-6.8-3.5 %                               | 4                | PA BvD                     |
| PROCALAMINE 3%<br>INTRAVENOUS<br>PARENTERAL SOLUTION 3 %                            | 4                | PA BvD                     |
| PROSOL 20 % INTRAVENOUS<br>PARENTERAL SOLUTION                                      | 4                | PA BvD                     |
| <i>smoflipid intravenous emulsion 20 %</i>  | 4                | PA BvD                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---|------------------|--------------------------------------|
| TRAVASOL 10 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 10 %                | 4                | PA BvD                               |
| TROPHAMINE 10 %<br>INTRAVENOUS<br>PARENTERAL SOLUTION 10 %              | 4                | PA BvD                               |
| TROPHAMINE 6%<br>INTRAVENOUS<br>PARENTERAL SOLUTION 6 %                 | 4                | PA BvD                               |
| <b>Cardiovascular Agents</b>  |                  |                                      |
| <b>Alpha-Adrenergic Agents</b>  |                  |                                      |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)      | 1                | GC                                   |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1) | 2                | QL (4 per 28 days)                   |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2) | 2                | QL (4 per 28 days)                   |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3) | 2                | QL (8 per 28 days)                   |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)           | 2                |                                      |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                | 1                | GC                                   |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                        | 2                |                                      |
| NORTHERA ORAL CAPSULE<br>100 MG, 200 MG, 300 MG                         | 5                | PA; NM; NDS; QL<br>(180 per 30 days) |
| <i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)         | 2                |                                      |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)               | 2                |                                      |
| <b>Angiotensin II Receptor Antagonists</b>                              |                  |                                      |
| EDARBI ORAL TABLET 40 MG, 80 MG   | 3                |                                      |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG                             | 3                |                                      |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG                      | 3                | QL (60 per 30 days)                  |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)            | 6                | GC                                   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)                                     | 2                |                            |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)  | 6                | GC                         |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)                              | 6                | GC                         |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)   | 2                |                            |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)                         | 2                |                            |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)  | 2                |                            |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)   | 2                |                            |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT) | 2                |                            |
| <b>Angiotensin-Converting Enzyme Inhibitors</b>  |                  |                            |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)   | 6                | GC                         |
| <i>benazepril oral tablet 5 mg</i>   | 6                | GC                         |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>   | 2                |                            |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)  | 2                |                            |
| <i>enalaprilat intravenous solution 1.25 mg/ml</i>   | 2                |                            |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)  | 6                | GC                         |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>   | 6                | GC                         |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>  | 6                | GC                         |
| <i>lisinopril oral tablet 10 mg, 20 mg</i> (Prinivil)  | 6                | GC                         |
| <i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)   | 6                | GC                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic) | 6                | GC                         |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>  | 2                |                            |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)                               | 6                | GC                         |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)                              | 6                | GC                         |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>  | 2                |                            |
| <b>Antiarrhythmic Agents</b>  |                  |                            |
| <i>amiodarone oral tablet 200 mg</i> (Pacerone)   | 1                | GC                         |
| <i>amiodarone oral tablet 400 mg</i> (Pacerone)   | 2                |                            |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)                             | 2                |                            |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)                              | 2                |                            |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>   | 2                |                            |
| <i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>                     | 1                | GC                         |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>   | 2                |                            |
| <b>MULTAQ ORAL TABLET 400 MG</b>  | 3                |                            |
| <i>pacerone oral tablet 200 mg</i>  | 1                | GC                         |
| <i>pacerone oral tablet 400 mg</i>  | 2                |                            |
| <i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>                                     | 2                |                            |
| <i>procainamide intravenous syringe 100 mg/ml</i>   | 2                |                            |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>   | 2                |                            |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>   | 2                |                            |
| <b>Beta-Adrenergic Blocking Agents</b>  |                  |                            |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>   | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)   | 1                | GC                         |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)                                    | 2                |                            |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)                                      | 2                |                            |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>   | 2                |                            |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>  | 2                |                            |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)             | 1                | GC                         |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG   | 3                |                            |
| BYVALSON ORAL TABLET 5-80 MG  | 3                |                            |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)                                 | 1                | GC                         |
| <i>labetalol intravenous solution 5 mg/ml</i>   | 2                |                            |
| <i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>   | 2                |                            |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>   | 2                |                            |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | 2                |                            |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>                                  | 2                |                            |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)                              | 2                |                            |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> (Lopressor)                                   | 2                |                            |
| <i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>  | 2                |                            |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)  | 1                | GC                         |
| <i>metoprolol tartrate oral tablet 25 mg</i>  | 1                | GC                         |
| <i>propranolol intravenous solution 1 mg/ml</i>   | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)     | 2                |                            |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                          | 2                |                            |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                     | 2                |                            |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>                                 | 2                |                            |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>  | 2                |                            |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>  | 2                |                            |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)                                    | 2                |                            |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>  | 2                |                            |
| <b>Calcium-Channel Blocking Agents</b>   |                  |                            |
| <i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>                   | 2                |                            |
| <i>diltiazem hcl intravenous solution 5 mg/ml</i>  | 2                |                            |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>                        | 2                |                            |
| <i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)                         | 2                |                            |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)   | 2                |                            |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)                                     | 2                |                            |
| <i>diltiazem hcl oral tablet 90 mg</i>   | 2                |                            |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>                            | 2                |                            |
| <i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>          | 2                |                            |
| <i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>verapamil intravenous syringe 2.5 mg/ml</i>  | 2                |                            |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM) | 2                |                            |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> (Verelan) | 2                |                            |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i> (Verelan)                 | 4                |                            |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>                                     | 1                | GC                         |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)       | 1                | GC                         |
| <b>Cardiovascular Agents, Miscellaneous</b>   |                  |                            |
| CORLANOR ORAL SOLUTION 5 MG/5 ML  | 3                | QL (560 per 28 days)       |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG   | 3                | QL (60 per 30 days)        |
| DEMSER ORAL CAPSULE 250 MG  | 5                | NM; NDS                    |
| <i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                      | 2                |                            |
| <i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                        | 2                |                            |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>                              | 2                |                            |
| DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)  | 4                |                            |
| <i>digoxin oral tablet 125 mcg (0.125 mg)</i> (Digitek)                               | 2                |                            |
| <i>digoxin oral tablet 250 mcg (0.25 mg)</i> (Digitek)                                | 2                |                            |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)                 | 2                | QL (4 per 30 days)         |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)                     | 2                | QL (4 per 30 days)         |
| <i>hydralazine injection solution 20 mg/ml</i>  | 2                |                            |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                            | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)                                       | 5                | PA; NM; NDS; QL (18 per 30 days)  |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i> (Ranexa)                   | 2                |                                   |
| SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML  | 3                | QL (4 per 30 days)                |
| VYNDAMAX ORAL CAPSULE 61 MG  | 5                | PA; NM; NDS; QL (30 per 30 days)  |
| VYNDAQEL ORAL CAPSULE 20 MG  | 5                | PA; NM; NDS; QL (120 per 30 days) |
| <b>Dihydropyridines</b>  |                  |                                   |
| <i>afeditab cr oral tablet extended release 30 mg</i>  | 2                |                                   |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)                                      | 1                | GC                                |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel) | 2                |                                   |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg</i>  | 2                |                                   |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)       | 2                |                                   |
| <i>nicardipine oral capsule 20 mg, 30 mg</i>   | 2                |                                   |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)           | 2                |                                   |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)                   | 2                |                                   |
| <b>Diuretics</b>   |                  |                                   |
| <i>amiloride oral tablet 5 mg</i>  | 2                |                                   |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>   | 2                |                                   |
| <i>bumetanide injection solution 0.25 mg/ml</i>  | 2                |                                   |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>   | 2                |                                   |
| <i>chlorothiazide oral tablet 250 mg, 500 mg</i>   | 2                |                                   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)   | 2                |                                   |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>   | 2                |                                   |
| <i>furosemide injection solution 10 mg/ml</i>  | 2                |                                   |
| <i>furosemide injection syringe 10 mg/ml</i>   | 2                |                                   |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>   | 1                | GC                                |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)  | 1                | GC                                |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>  | 1                | GC                                |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>   | 1                | GC                                |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>  | 1                | GC                                |
| JYNARQUE ORAL TABLET 15 MG, 30 MG  | 5                | PA; NM; NDS; QL (120 per 30 days) |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | 5                | PA; NM; NDS; QL (56 per 28 days)  |
| <i>methyclothiazide oral tablet 5 mg</i>   | 2                |                                   |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)   | 1                | GC                                |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>   | 1                | GC                                |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)  | 1                | GC                                |
| <i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>  | 1                | GC                                |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)  | 1                | GC                                |
| <i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)   | 1                | GC                                |

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| Drug Name  | Drug Tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| <b>Dyslipidemics</b>   |           |                                  |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)                                 | 6         | GC                               |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)                           | 2         |                                  |
| <i>cholestyramine light oral powder 4 gram</i>   | 2         |                                  |
| <i>cholestyramine light packet 4 gram</i>  | 2         |                                  |
| <i>colesevelam oral tablet 625 mg</i> (WelChol)  | 2         |                                  |
| <i>colestipol oral packet 5 gram</i> (Colestid)  | 2         |                                  |
| <i>colestipol oral tablet 1 gram</i> (Colestid)  | 2         |                                  |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia)   | 2         | QL (30 per 30 days)              |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>                                     | 2         |                                  |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)                               | 2         |                                  |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>   | 2         |                                  |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid)  | 1         | GC                               |
| JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG   | 5         | PA; NM; NDS; QL (30 per 30 days) |
| JUXTAPID ORAL CAPSULE 20 MG  | 5         | PA; NM; NDS; QL (90 per 30 days) |
| JUXTAPID ORAL CAPSULE 5 MG   | 5         | PA; NM; NDS; QL (45 per 30 days) |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG  | 3         | QL (30 per 30 days)              |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>  | 6         | GC                               |
| NEXLETOL ORAL TABLET 180 MG  | 4         | PA; QL (30 per 30 days)          |
| <i>niacin oral tablet 500 mg</i> (Niacor)  | 2         |                                  |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release) | 2         |                                  |
| <i>niacor oral tablet 500 mg</i>   | 2         |                                  |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)  | 2         | QL (120 per 30 days)             |
| PRALUENT PEN<br>SUBCUTANEOUS PEN<br>INJECTOR 150 MG/ML, 75 MG/ML                                     | 4         | PA; QL (2 per 28 days)           |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>pravastatin oral tablet 10 mg, 80 mg</i>                             | 6                | GC                         |
| <i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravachol)                 | 6                | GC                         |
| <i>prevalite oral powder in packet 4 gram</i>                           | 2                |                            |
| REPATHA PUSHTRONEX<br>SUBCUTANEOUS WEARABLE<br>INJECTOR 420 MG/3.5 ML   | 4                | PA; QL (3.5 per 28 days)   |
| REPATHA SURECLICK<br>SUBCUTANEOUS PEN<br>INJECTOR 140 MG/ML             | 4                | PA; QL (3 per 28 days)     |
| REPATHA SYRINGE<br>SUBCUTANEOUS SYRINGE<br>140 MG/ML                    | 4                | PA; QL (3 per 28 days)     |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)     | 2                | QL (30 per 30 days)        |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)       | 6                | GC; QL (30 per 30 days)    |
| <i>simvastatin oral tablet 5 mg</i>                                     | 6                | GC; QL (30 per 30 days)    |
| VASCEPA ORAL CAPSULE 0.5 GRAM   | 3                | QL (240 per 30 days)       |
| VASCEPA ORAL CAPSULE 1 GRAM   | 3                | QL (120 per 30 days)       |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM                                 | 2                |                            |
| WELCHOL ORAL TABLET 625 MG  | 2                |                            |
| <b>Renin-Angiotensin-Aldosterone System Inhibitors</b>                  |                  |                            |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)                  | 2                |                            |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)                     | 2                |                            |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | 3                | ST                         |
| <b>Vasodilators</b>   |                  |                            |
| BIDIL ORAL TABLET 20-37.5 MG  | 3                |                            |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>             | 2                |                            |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)        | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| <i>isosorbide dinitrate oral tablet (ISOCHRON)<br/>extended release 40 mg</i>                                    | 2                |                                      |
| <i>isosorbide mononitrate oral tablet<br/>10 mg, 20 mg</i>   | 2                |                                      |
| <i>isosorbide mononitrate oral tablet<br/>extended release 24 hr 120 mg, 30<br/>mg, 60 mg</i>                    | 1                | GC                                   |
| <i>minitran transdermal patch 24 hour<br/>0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6<br/>mg/1hr</i>                 | 2                |                                      |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>   | 2                |                                      |
| <i>nitroglycerin intravenous solution 50<br/>mg/10 ml (5 mg/ml)</i>  | 2                |                                      |
| <i>nitroglycerin sublingual tablet 0.3 (Nitrostat)<br/>mg, 0.4 mg, 0.6 mg</i>                                    | 2                |                                      |
| <i>nitroglycerin transdermal patch 24 (Minitran)<br/>hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4<br/>mg/1hr, 0.6 mg/1hr</i> | 2                |                                      |
| <b>Central Nervous System Agents</b>   |                  |                                      |
| <b>Central Nervous System Agents</b>   |                  |                                      |
| <i>atomoxetine oral capsule 10 mg, 18 (Strattera)<br/>mg, 25 mg, 40 mg</i>                                       | 2                | QL (60 per 30 days)                  |
| <i>atomoxetine oral capsule 100 mg, 60 (Strattera)<br/>mg, 80 mg</i>   | 2                | QL (30 per 30 days)                  |
| AUBAGIO ORAL TABLET 14<br>MG, 7 MG   | 5                | PA; NM; NDS; QL (30<br>per 30 days)  |
| AUSTEDO ORAL TABLET 12<br>MG, 9 MG   | 5                | PA; NM; NDS; QL<br>(120 per 30 days) |
| AUSTEDO ORAL TABLET 6<br>MG  | 5                | PA; NM; NDS; QL (60<br>per 30 days)  |
| AVONEX (WITH ALBUMIN)<br>INTRAMUSCULAR KIT 30<br>MCG   | 5                | PA; NM; NDS; QL (4<br>per 28 days)   |
| AVONEX INTRAMUSCULAR<br>PEN INJECTOR 30 MCG/0.5 ML   | 5                | PA; NM; NDS; QL (1<br>per 28 days)   |
| AVONEX INTRAMUSCULAR<br>PEN INJECTOR KIT 30<br>MCG/0.5 ML  | 5                | PA; NM; NDS; QL (1<br>per 28 days)   |
| AVONEX INTRAMUSCULAR<br>SYRINGE KIT 30 MCG/0.5 ML  | 5                | PA; NM; NDS; QL (1<br>per 28 days)   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| BETASERON<br>SUBCUTANEOUS KIT 0.3 MG   | 5                | PA; NM; NDS; QL (15 per 30 days) |
| <i>caffeine citrate intravenous solution</i> (Cafcit)<br>60 mg/3 ml (20 mg/ml)   | 2                | PA BvD                           |
| <i>caffeine citrate oral solution</i> 60<br>mg/3 ml (20 mg/ml)   | 2                |                                  |
| COPAXONE SUBCUTANEOUS<br>SYRINGE 20 MG/ML  | 5                | PA; NM; NDS; QL (30 per 30 days) |
| COPAXONE SUBCUTANEOUS<br>SYRINGE 40 MG/ML  | 5                | PA; NM; NDS; QL (12 per 28 days) |
| <i>dalfampridine oral tablet extended</i> (Ampyra)<br><i>release</i> 12 hr 10 mg   | 5                | PA; NM; NDS; QL (60 per 30 days) |
| <i>dexmethylphenidate oral tablet</i> 10 (Focalin)<br><i>mg, 2.5 mg, 5 mg</i>  | 2                | QL (60 per 30 days)              |
| <i>dextroamphetamine oral tablet</i> 10 (Zenzedi)<br><i>mg, 5 mg</i>   | 2                | QL (180 per 30 days)             |
| <i>dextroamphetamine-amphetamine</i> (Adderall XR)<br><i>oral capsule, extended release</i> 24hr<br>10 mg, 15 mg, 5 mg     | 2                | QL (30 per 30 days)              |
| <i>dextroamphetamine-amphetamine</i> (Adderall XR)<br><i>oral capsule, extended release</i> 24hr<br>20 mg, 25 mg, 30 mg    | 2                | QL (60 per 30 days)              |
| <i>dextroamphetamine-amphetamine</i> (Adderall)<br><i>oral tablet</i> 10 mg, 12.5 mg, 15 mg,<br>20 mg, 30 mg, 5 mg, 7.5 mg | 2                | QL (60 per 30 days)              |
| EXTAVIA SUBCUTANEOUS<br>KIT 0.3 MG   | 5                | PA; NM; NDS; QL (15 per 30 days) |
| <i>flumazenil intravenous solution</i> 0.1<br>mg/ml  | 2                |                                  |
| GILENYA ORAL CAPSULE<br>0.25 MG, 0.5 MG  | 5                | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe</i> 20 (Copaxone)<br><i>mg/ml</i>   | 5                | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe</i> 40 (Copaxone)<br><i>mg/ml</i>   | 5                | PA; NM; NDS; QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe</i> 20<br><i>mg/ml</i>   | 5                | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatopa subcutaneous syringe</i> 40<br><i>mg/ml</i>   | 5                | PA; NM; NDS; QL (12 per 28 days) |
| <i>guanfacine oral tablet extended</i> (Intuniv ER)<br><i>release</i> 24 hr 1 mg, 2 mg, 3 mg, 4 mg                         | 2                |                                  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| INGREZZA INITIATION PACK<br>ORAL CAPSULE,DOSE PACK<br>40 MG (7)- 80 MG (21)                          | 5                | PA; NM; NDS                          |
| INGREZZA ORAL CAPSULE 40<br>MG, 80 MG  | 5                | PA; NM; NDS; QL (30<br>per 30 days)  |
| LEMTRADA INTRAVENOUS<br>SOLUTION 12 MG/1.2 ML  | 5                | PA; NM; NDS; QL (6<br>per 365 days)  |
| <i>lithium carbonate oral capsule 150<br/>mg, 300 mg, 600 mg</i>                                     | 1                | GC                                   |
| <i>lithium carbonate oral tablet 300 mg</i>  | 1                | GC                                   |
| <i>lithium carbonate oral tablet (Lithobid)<br/>extended release 300 mg</i>                          | 2                |                                      |
| <i>lithium carbonate oral tablet<br/>extended release 450 mg</i>                                     | 2                |                                      |
| <i>lithium citrate oral solution 8 meq/5<br/>ml</i>  | 4                |                                      |
| MAVENCLAD (10 TABLET<br>PACK) ORAL TABLET 10 MG  | 5                | PA; NM; NDS                          |
| MAVENCLAD (4 TABLET<br>PACK) ORAL TABLET 10 MG   | 5                | PA; NM; NDS                          |
| MAVENCLAD (5 TABLET<br>PACK) ORAL TABLET 10 MG   | 5                | PA; NM; NDS                          |
| MAVENCLAD (6 TABLET<br>PACK) ORAL TABLET 10 MG   | 5                | PA; NM; NDS                          |
| MAVENCLAD (7 TABLET<br>PACK) ORAL TABLET 10 MG   | 5                | PA; NM; NDS                          |
| MAVENCLAD (8 TABLET<br>PACK) ORAL TABLET 10 MG   | 5                | PA; NM; NDS                          |
| MAVENCLAD (9 TABLET<br>PACK) ORAL TABLET 10 MG   | 5                | PA; NM; NDS                          |
| MAYZENT ORAL TABLET 0.25<br>MG   | 5                | PA; NM; NDS; QL<br>(112 per 28 days) |
| MAYZENT ORAL TABLET 2<br>MG  | 5                | PA; NM; NDS; QL (30<br>per 30 days)  |
| <i>methylphenidate hcl oral capsule, er<br/>biphasic 30-70 10 mg, 20 mg, 40 mg,<br/>50 mg, 60 mg</i> | 2                | QL (30 per 30 days)                  |
| <i>methylphenidate hcl oral capsule, er<br/>biphasic 30-70 30 mg</i>                                 | 2                | QL (60 per 30 days)                  |
| <i>methylphenidate hcl oral capsule,er (Ritalin LA)<br/>biphasic 50-50 10 mg, 20 mg, 40 mg</i>       | 2                | QL (30 per 30 days)                  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|--|------------------|------------------------------------|
| <i>methylphenidate hcl oral capsule,er</i> (Ritalin LA)<br><i>biphasic 50-50 30 mg</i> | 2                | QL (60 per 30 days)                |
| <i>methylphenidate hcl oral capsule,er</i><br><i>biphasic 50-50 60 mg</i>              | 2                | QL (30 per 30 days)                |
| <i>methylphenidate hcl oral solution 10</i> (Methylin)<br><i>mg/5 ml, 5 mg/5 ml</i>    | 2                | QL (900 per 30 days)               |
| <i>methylphenidate hcl oral tablet 10</i> (Ritalin)<br><i>mg, 20 mg, 5 mg</i>          | 2                | QL (90 per 30 days)                |
| <i>methylphenidate la 30 mg cap 30 mg</i> (Ritalin LA)                                 | 2                | QL (60 per 30 days)                |
| NUEDEXTA ORAL CAPSULE<br>20-10 MG  | 3                | PA; QL (60 per 30 days)            |
| OCREVUS INTRAVENOUS<br>SOLUTION 30 MG/ML   | 5                | PA; NM; NDS; QL (20 per 180 days)  |
| PLEGRIDY SUBCUTANEOUS<br>PEN INJECTOR 125 MCG/0.5<br>ML                                | 5                | PA; NM; NDS; QL (1 per 28 days)    |
| PLEGRIDY SUBCUTANEOUS<br>PEN INJECTOR 63 MCG/0.5<br>ML- 94 MCG/0.5 ML                  | 5                | PA; NM; NDS                        |
| PLEGRIDY SUBCUTANEOUS<br>SYRINGE 125 MCG/0.5 ML  | 5                | PA; NM; NDS; QL (1 per 28 days)    |
| PLEGRIDY SUBCUTANEOUS<br>SYRINGE 63 MCG/0.5 ML- 94<br>MCG/0.5 ML                       | 5                | PA; NM; NDS                        |
| RADICAVA INTRAVENOUS<br>PIGGYBACK 30 MG/100 ML   | 5                | PA; NM; NDS; QL (2800 per 28 days) |
| REBIF (WITH ALBUMIN)<br>SUBCUTANEOUS SYRINGE 22<br>MCG/0.5 ML, 44 MCG/0.5 ML           | 5                | PA; NM; NDS; QL (6 per 28 days)    |
| REBIF REBIDOSE<br>SUBCUTANEOUS PEN<br>INJECTOR 22 MCG/0.5 ML, 44<br>MCG/0.5 ML         | 5                | PA; NM; NDS; QL (6 per 28 days)    |
| REBIF REBIDOSE<br>SUBCUTANEOUS PEN<br>INJECTOR 8.8MCG/0.2ML-22<br>MCG/0.5ML (6)        | 5                | PA; NM; NDS                        |
| REBIF TITRATION PACK<br>SUBCUTANEOUS SYRINGE<br>8.8MCG/0.2ML-22 MCG/0.5ML<br>(6)       | 5                | PA; NM; NDS                        |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <i>riluzole oral tablet 50 mg</i> (Rilutek)                                     | 2                |                                   |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG                               | 3                | QL (60 per 30 days)               |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)                   | 3                |                                   |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG                            | 5                | PA; NM; NDS; QL (14 per 7 days)   |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)-240 MG (46)           | 5                | PA; NM; NDS                       |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG                            | 5                | PA; NM; NDS; QL (60 per 30 days)  |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)                      | 5                | PA; NM; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG                             | 5                | PA; NM; NDS; QL (120 per 30 days) |
| ZEPOSIA ORAL CAPSULE 0.92 MG  | 5                | PA; NM; NDS; QL (30 per 30 days)  |
| ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG                    | 5                | PA; NM; NDS                       |
| ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)            | 5                | PA; NM; NDS                       |
| <b>Contraceptives</b>   |                  |                                   |
| <b>Contraceptives</b>   |                  |                                   |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i>                                      | 2                |                                   |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i>                                   | 2                |                                   |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>                                | 2                |                                   |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                     | 2                |                                   |
| <i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> | 2                | QL (91 per 84 days)               |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2                | QL (91 per 84 days)        |
| <i>apri oral tablet 0.15-0.03 mg</i>   | 2                |                            |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>                           | 2                |                            |
| <i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2                | QL (91 per 84 days)        |
| <i>aubra oral tablet 0.1-20 mg-mcg</i>   | 2                |                            |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                          | 2                |                            |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>                              | 2                |                            |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                   | 2                |                            |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>        | 2                |                            |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>            | 2                |                            |
| <i>aviane oral tablet 0.1-20 mg-mcg</i>  | 2                |                            |
| <i>ayuna oral tablet 0.15-0.03 mg</i>  | 2                |                            |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                  | 2                |                            |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i>                                  | 2                |                            |
| <i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                   | 2                |                            |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                    | 2                |                            |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>         | 2                |                            |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>             | 2                |                            |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                                      | 2                |                            |
| <i>camila oral tablet 0.35 mg</i>  | 2                |                            |
| <i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>                       | 2                |                            |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>                                 | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>   | 2                |                            |
| <i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                                  | 2                |                            |
| <i>cyred oral tablet 0.15-0.03 mg</i>   | 2                |                            |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>  | 2                |                            |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                                   | 2                |                            |
| <i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>                   | 2                | QL (91 per 84 days)        |
| <i>deblitane oral tablet 0.35 mg</i>  | 2                |                            |
| <i>delyla (28) oral tablet 0.1-20 mg-mcg</i>  | 2                |                            |
| <i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Azurette (28))</i> | 2                |                            |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)</i>                          | 2                |                            |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg (Jasmiel (28))</i>                    | 2                |                            |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg (Syeda)</i>                           | 2                |                            |
| <i>elinest oral tablet 0.3-30 mg-mcg</i>  | 2                |                            |
| <b>ELLA ORAL TABLET 30 MG</b>   | 4                | QL (6 per 365 days)        |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>   | 2                | QL (1 per 28 days)         |
| <i>emoquette oral tablet 0.15-0.03 mg</i>   | 2                |                            |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                                    | 2                |                            |
| <i>enskyce oral tablet 0.15-0.03 mg</i>   | 2                |                            |
| <i>errin oral tablet 0.35 mg</i>  | 2                |                            |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i>   | 2                |                            |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg (Kelnor 1/35 (28))</i>               | 2                |                            |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg (Kelnor 1-50)</i>                    | 2                |                            |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr (EluRyng)</i>              | 2                | QL (1 per 28 days)         |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i>   | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>femynor oral tablet 0.25-35 mg-mcg</i>  | 2                |                            |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>  | 2                |                            |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>   | 2                |                            |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>   | 2                |                            |
| <i>hailey oral tablet 1.5-30 mg-mcg</i>  | 2                |                            |
| <i>heather oral tablet 0.35 mg</i>   | 2                |                            |
| <i>incassia oral tablet 0.35 mg</i>  | 2                |                            |
| <i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>  | 2                | QL (91 per 84 days)        |
| <i>isibloom oral tablet 0.15-0.03 mg</i>   | 2                |                            |
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/110 mcg (7)</i>                                       | 2                | QL (91 per 84 days)        |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i>  | 2                |                            |
| <i>jencycla oral tablet 0.35 mg</i>  | 1                | GC                         |
| <i>jolivette oral tablet 0.35 mg</i>   | 4                |                            |
| <i>juleber oral tablet 0.15-0.03 mg</i>  | 2                |                            |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>   | 2                |                            |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>   | 2                |                            |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>  | 2                |                            |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>  | 2                |                            |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>   | 2                |                            |
| <i>kalliga oral tablet 0.15-0.03 mg</i>  | 2                |                            |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>  | 2                |                            |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>  | 2                |                            |
| <i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>   | 2                |                            |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i>   | 2                |                            |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/110 mcg (7)</i> (Amethia Lo) | 2                | QL (91 per 84 days)        |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim) | 2                | QL (91 per 84 days)        |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia) | 2                | QL (91 per 84 days)        |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>   | 2                |                            |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>   | 2                |                            |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>  | 2                |                            |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>   | 2                |                            |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>   | 2                |                            |
| <i>larissia oral tablet 0.1-20 mg-mcg</i>  | 2                |                            |
| <i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>  | 4                |                            |
| <i>lessina oral tablet 0.1-20 mg-mcg</i>   | 2                |                            |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>  | 2                |                            |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i> (Afirmelle)                                    | 2                |                            |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Altavera (28))                                 | 2                |                            |
| <i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Introvale)           | 2                | QL (91 per 84 days)        |
| <i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)                    | 2                |                            |
| <i>levora-28 oral tablet 0.15-0.03 mg</i>  | 2                |                            |
| <i>lillow (28) oral tablet 0.15-0.03 mg</i>  | 2                |                            |
| <i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>                                  | 2                | QL (91 per 84 days)        |
| <i>loryna (28) oral tablet 3-0.02 mg</i>   | 2                |                            |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>   | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>   | 2                |                            |
| <i>lutea (28) oral tablet 0.1-20 mg-mcg</i>  | 2                |                            |
| <i>lyza oral tablet 0.35 mg</i>  | 2                |                            |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i>  | 2                |                            |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                   | 2                |                            |
| <i>mili oral tablet 0.25-35 mg-mcg</i>   | 2                |                            |
| <i>mono-linyah oral tablet 0.25-35 mg-mcg</i>  | 2                |                            |
| <i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>   | 4                |                            |
| <i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>  | 2                |                            |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>   | 2                |                            |
| <i>nikki (28) oral tablet 3-0.02 mg</i>  | 2                |                            |
| <i>nora-be oral tablet 0.35 mg</i>   | 4                |                            |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Jencycla)                                      | 2                |                            |
| <i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))                   | 2                |                            |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))                       | 2                |                            |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))     | 2                |                            |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Aurovela 24 Fe)            | 2                |                            |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28)) | 2                |                            |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)           | 2                |                            |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri Femynor)           | 2                |                            |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)                             | 2                |                            |
| <i>norlyda oral tablet 0.35 mg</i>   | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>norlyroc oral tablet 0.35 mg</i>   | 2                |                            |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                          | 2                |                            |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>                         | 2                |                            |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>                              | 2                |                            |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                   | 2                |                            |
| <i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>                                | 2                |                            |
| <i>orsythia oral tablet 0.1-20 mg-mcg</i>                                     | 2                |                            |
| <i>philith oral tablet 0.4-35 mg-mcg</i>                                      | 2                |                            |
| <i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                 | 2                |                            |
| <i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg, 1-35 mg-mcg</i>                 | 2                |                            |
| <i>portia 28 oral tablet 0.15-0.03 mg</i>                                     | 2                |                            |
| <i>previfem oral tablet 0.25-35 mg-mcg</i>                                    | 2                |                            |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i>                                | 2                |                            |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>            | 2                | QL (91 per 84 days)        |
| <i>sharobel oral tablet 0.35 mg</i>   | 2                |                            |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                  | 2                |                            |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2                | QL (91 per 84 days)        |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>                               | 2                |                            |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i>                                       | 2                |                            |
| <i>syeda oral tablet 3-0.03 mg</i>  | 2                |                            |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                    | 2                |                            |
| <i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>             | 2                |                            |
| <i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>                    | 2                |                            |
| <i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                 | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>tri-estarylla oral tablet</i><br>0.18/0.215/0.25 mg-35 mcg (28)         | 2                |                            |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) 11mg-35mcg (9)</i>            | 2                |                            |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>               | 2                |                            |
| <i>tri-lo-estarylla oral tablet</i><br>0.18/0.215/0.25 mg-25 mcg           | 2                |                            |
| <i>tri-lo-marzia oral tablet</i><br>0.18/0.215/0.25 mg-25 mcg              | 2                |                            |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                   | 2                |                            |
| <i>tri-lo-sprintec oral tablet</i><br>0.18/0.215/0.25 mg-25 mcg            | 2                |                            |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                 | 2                |                            |
| <i>tri-previfem (28) oral tablet</i><br>0.18/0.215/0.25 mg-35 mcg (28)     | 2                |                            |
| <i>tri-sprintec (28) oral tablet</i><br>0.18/0.215/0.25 mg-35 mcg (28)     | 2                |                            |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>             | 2                |                            |
| <i>tri-vylibra lo oral tablet</i><br>0.18/0.215/0.25 mg-25 mcg             | 2                |                            |
| <i>tri-vylibra oral tablet</i><br>0.18/0.215/0.25 mg-35 mcg (28)           | 2                |                            |
| <i>tulana oral tablet 0.35 mg</i>  | 2                |                            |
| <i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i> | 2                |                            |
| <i>vienva oral tablet 0.1-20 mg-mcg</i>                                    | 2                |                            |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>               | 2                |                            |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                | 2                |                            |
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>                              | 2                |                            |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i>                                  | 2                |                            |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i>                                 | 2                |                            |
| <i>xulane transdermal patch weekly</i><br>150-35 mcg/24 hr                 | 2                | QL (3 per 28 days)         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>zarah oral tablet 3-0.03 mg</i>  | 2                |                            |
| <i>zenchent (28) oral tablet 0.4-35 mg-mcg</i>                                      | 2                |                            |
| <i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>                                     | 2                |                            |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i>                                       | 2                |                            |
| <b>Dental And Oral Agents</b>   |                  |                            |
| <b>Dental And Oral Agents</b>   |                  |                            |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse) | 1                | GC                         |
| <i>oralone dental paste 0.1 %</i>   | 2                |                            |
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>                           | 1                | GC                         |
| <i>periogard mucous membrane mouthwash 0.12 %</i>                                   | 1                | GC                         |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))             | 2                |                            |
| <i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)                         | 2                |                            |
| <b>Dermatological Agents</b>  |                  |                            |
| <b>Dermatological Agents, Other</b>   |                  |                            |
| <i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)                              | 2                |                            |
| <i>acitretin oral capsule 17.5 mg</i>   | 2                |                            |
| <i>acyclovir topical ointment 5 %</i> (Zovirax)                                     | 2                | QL (30 per 30 days)        |
| <b>ALCOHOL PADS TOPICAL PADS, MEDICATED</b>   | 1                | GC                         |
| <i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)                          | 2                |                            |
| <i>ammonium lactate topical lotion 12 %</i> (Geri-Hydrolac)                         | 2                |                            |
| <i>calcipotriene scalp solution 0.005 %</i>   | 2                |                            |
| <i>calcipotriene topical cream 0.005 %</i> (Dovonex)                                | 2                |                            |
| <i>fluorouracil topical cream 0.5 %</i> (Carac)                                     | 5                | NM; NDS                    |
| <i>fluorouracil topical cream 5 %</i> (Efudex)                                      | 2                |                            |
| <i>fluorouracil topical solution 2 %, 5 %</i>                                       | 2                |                            |
| <i>imiquimod topical cream in packet 5 %</i> (Aldara)                               | 2                | QL (24 per 30 days)        |

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| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra) | 5         | NM; NDS             |
| PANRETIN TOPICAL GEL 0.1 %  | 5         | NM; NDS             |
| PICATO TOPICAL GEL 0.015 %  | 3         | QL (3 per 56 days)  |
| PICATO TOPICAL GEL 0.05 %   | 3         | QL (2 per 56 days)  |
| <i>podofilox topical solution 0.5 %</i>   | 2         |                     |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM   | 4         |                     |
| TOLAK TOPICAL CREAM 4 %   | 4         |                     |
| VALCHLOR TOPICAL GEL 0.016 %  | 5         | NM; NDS             |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                         | 2         |                     |
| <b>Dermatological Antibacterials</b>  |           |                     |
| <i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)                   | 2         |                     |
| <i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)                   | 2         |                     |
| <i>ery pads topical swab 2 %</i>  | 2         |                     |
| <i>erythromycin with ethanol topical gel 2 %</i> (Erygel)                       | 2         |                     |
| <i>erythromycin with ethanol topical solution 2 %</i>                           | 2         |                     |
| <i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)                    | 2         |                     |
| <i>gentamicin topical cream 0.1 %</i>   | 2         |                     |
| <i>gentamicin topical ointment 0.1 %</i>  | 2         |                     |
| <i>metronidazole topical cream 0.75 %</i> (Rosadan)                             | 2         |                     |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan)                               | 2         |                     |
| <i>metronidazole topical gel 1 %</i> (Metrogel)                                 | 2         |                     |
| <i>metronidazole topical lotion 0.75 %</i> (MetroLotion)                        | 2         |                     |
| <i>mupirocin topical ointment 2 %</i> (Centany)                                 | 1         | GC                  |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>        | 2         |                     |
| <i>rosadan topical cream 0.75 %</i>   | 2         |                     |
| <i>selenium sulfide topical lotion 2.5 %</i>                                    | 2         |                     |
| <i>silver sulfadiazine topical cream 1 %</i> (SSD)                              | 2         |                     |
| <i>ssd topical cream 1 %</i>  | 4         |                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>sulfacetamide sodium (acne) topical (Klaron) suspension 10 %</i> | 2                |                            |
| <b>Dermatological Anti-Inflammatory Agents</b>                      |                  |                            |
| <i>ala-cort topical cream 1 %</i>                                   | 1                | GC                         |
| <i>alclometasone topical cream 0.05 %</i>                           | 2                |                            |
| <i>alclometasone topical ointment 0.05 %</i>                        | 2                |                            |
| <i>betamethasone dipropionate topical cream 0.05 %</i>              | 2                |                            |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>             | 2                |                            |
| <i>betamethasone dipropionate topical ointment 0.05 %</i>           | 2                |                            |
| <i>betamethasone valerate topical cream 0.1 %</i>                   | 2                |                            |
| <i>betamethasone valerate topical lotion 0.1 %</i>                  | 2                |                            |
| <i>betamethasone valerate topical ointment 0.1 %</i>                | 2                |                            |
| <i>betamethasone, augmented topical cream 0.05 %</i>                | 2                |                            |
| <i>betamethasone, augmented topical gel 0.05 %</i>                  | 2                |                            |
| <i>betamethasone, augmented topical lotion 0.05 %</i>               | 2                |                            |
| <i>betamethasone, augmented topical ointment 0.05 % (Diprolene)</i> | 2                |                            |
| <i>clobetasol scalp solution 0.05 %</i>                             | 2                |                            |
| <i>clobetasol topical cream 0.05 % (Temovate)</i>                   | 2                |                            |
| <i>clobetasol-emollient topical cream 0.05 %</i>                    | 2                |                            |
| <i>clocortolone pivalate topical cream 0.1 % (Cloderm)</i>          | 4                |                            |
| <i>cormax scalp solution 0.05 %</i>                                 | 2                |                            |
| <i>desoximetasone topical cream 0.25 % (Topicort)</i>               | 2                |                            |
| <b>EUCRISA TOPICAL OINTMENT 2 %</b>                                 | 3                |                            |
| <i>fluocinolone topical cream 0.01 %</i>                            | 2                |                            |
| <i>fluocinolone topical cream 0.025 % (Synalar)</i>                 | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar)              | 2                |                            |
| <i>fluocinonide topical cream 0.05 %</i>                            | 2                |                            |
| <i>fluocinonide topical solution 0.05 %</i>                         | 2                |                            |
| <i>fluocinonide-e topical cream 0.05 %</i>                          | 2                |                            |
| <i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)       | 2                |                            |
| <i>fluticasone propionate topical ointment 0.005 %</i>              | 2                |                            |
| <i>halobetasol propionate topical cream 0.05 %</i>                  | 2                |                            |
| <i>halobetasol propionate topical ointment 0.05 %</i>               | 2                |                            |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort)                  | 1                | GC                         |
| <i>hydrocortisone topical cream 2.5 %</i>                           | 1                | GC                         |
| <i>hydrocortisone topical lotion 2.5 %</i>                          | 2                |                            |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))         | 1                | GC                         |
| <i>hydrocortisone topical ointment 2.5 %</i>                        | 1                | GC                         |
| <i>mometasone topical cream 0.1 %</i>                               | 2                |                            |
| <i>mometasone topical ointment 0.1 %</i>                            | 2                |                            |
| <i>mometasone topical solution 0.1 %</i>                            | 2                |                            |
| <i>pimecrolimus topical cream 1 %</i> (Elidel)                      | 2                |                            |
| <i>prednicarbate topical cream 0.1 %</i>                            | 4                |                            |
| <i>prednicarbate topical ointment 0.1 %</i>                         | 2                |                            |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i>   | 2                |                            |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i>    | 2                |                            |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i>   | 2                |                            |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)         | 2                | QL (100 per 30 days)       |
| <i>triamcinolone acetonide topical cream 0.025 %</i>                | 1                | GC                         |
| <i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm) | 1                | GC                         |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>        | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>         | 2                |                            |
| <i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)              | 2                |                            |
| <b>Dermatological Retinoids</b>   |                  |                            |
| <i>adapalene topical cream 0.1 %</i> (Differin)                               | 2                |                            |
| <i>adapalene topical gel 0.1 %</i> (Differin)                                 | 2                |                            |
| ALTRENO TOPICAL LOTION 0.05 %   | 4                | PA                         |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac)                               | 2                |                            |
| TAZORAC TOPICAL CREAM 0.05 %  | 4                |                            |
| <i>tretinoin topical cream 0.025 %</i> (Avita)                                | 2                | PA                         |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)                        | 2                | PA                         |
| <i>tretinoin topical gel 0.01 %</i> (Retin-A)                                 | 2                | PA                         |
| <i>tretinoin topical gel 0.025 %</i> (Avita)                                  | 2                | PA                         |
| <i>tretinoin topical gel 0.05 %</i> (Atralin)                                 | 2                | PA                         |
| <b>Scabicides And Pediculicides</b>   |                  |                            |
| <i>malathion topical lotion 0.5 %</i> (Ovide)                                 | 2                |                            |
| <i>permethrin topical cream 5 %</i> (Elimite)                                 | 2                |                            |
| <b>Devices</b>  |                  |                            |
| <b>Devices</b>  |                  |                            |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"                         | 2                |                            |
| BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"                                | 2                |                            |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"                      | 2                |                            |
| BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"                         | 2                |                            |
| BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"                       | 2                |                            |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 "   | 1                | GC                         |
| INSULIN SYRINGE-NEEDLE (Ulitet Insulin Syringe) U-100 SYRINGE 0.3 ML 29 GAUGE | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|---|------------------|-------------------------------------|
| INSULIN SYRINGE-NEEDLE (Advocate Syringes)<br>U-100 SYRINGE 1 ML 29<br>GAUGE X 1/2"   | 2                |                                     |
| INSULIN SYRINGE-NEEDLE (Lite Touch Insulin<br>U-100 SYRINGE 1/2 ML 28<br>Syringe)<br>GAUGE  | 2                |                                     |
| PEN NEEDLE, DIABETIC (1st Tier Unifine<br>NEEDLE 29 GAUGE X 1/2"<br>Pentips)  | 2                |                                     |
| V-GO 40 DISPOSABLE DEVICE   | 2                |                                     |
| <b>Enzyme Replacement/Modifiers</b>   |                  |                                     |
| <b>Enzyme Replacement/Modifiers</b>   |                  |                                     |
| ADAGEN INTRAMUSCULAR<br>SOLUTION 250 UNIT/ML  | 5                | NM; NDS                             |
| ALDURAZYME<br>INTRAVENOUS SOLUTION 2.9<br>MG/5 ML   | 5                | NM; NDS                             |
| CERDELGA ORAL CAPSULE<br>84 MG  | 5                | PA; NM; NDS                         |
| CEREZYME INTRAVENOUS<br>RECON SOLN 400 UNIT   | 5                | NM; NDS                             |
| CREON ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 12,000-38,000<br>-60,000 UNIT, 24,000-76,000 -<br>120,000 UNIT, 3,000-9,500- 15,000<br>UNIT, 36,000-114,000- 180,000<br>UNIT, 6,000-19,000 -30,000 UNIT | 3                |                                     |
| ELAPRASE INTRAVENOUS<br>SOLUTION 6 MG/3 ML  | 5                | NM; NDS                             |
| ELITEK INTRAVENOUS<br>RECON SOLN 1.5 MG, 7.5 MG   | 5                | NM; NDS                             |
| FABRAZYME INTRAVENOUS<br>RECON SOLN 35 MG, 5 MG   | 5                | PA; NM; NDS                         |
| GALAFOLD ORAL CAPSULE<br>123 MG   | 5                | PA; NM; NDS; QL (14<br>per 28 days) |
| KANUMA INTRAVENOUS<br>SOLUTION 2 MG/ML  | 5                | PA; NM; NDS                         |
| KRYSTEXXA INTRAVENOUS<br>SOLUTION 8 MG/ML   | 5                | PA BvD; NM; NDS                     |
| KUVAN ORAL<br>TABLET,SOLUBLE 100 MG   | 5                | NM; NDS                             |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML  | 5                | PA; NM; NDS                      |
| <i>miglustat oral capsule 100 mg</i> (Zavesca)   | 5                | PA; NM; NDS; QL (90 per 30 days) |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML   | 5                | NM; NDS                          |
| <i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)   | 5                | PA; NM; NDS                      |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG  | 5                | PA; NM; NDS                      |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG  | 5                | PA; NM; NDS                      |
| ORFADIN ORAL SUSPENSION 4 MG/ML  | 5                | PA; NM; NDS                      |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML  | 5                | PA; NM; NDS                      |
| PULMOZYME INHALATION SOLUTION 1 MG/ML  | 5                | PA BvD; NM; NDS                  |
| REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)   | 5                | PA; NM; NDS                      |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML   | 5                | PA; NM; LA; NDS                  |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)   | 5                | PA; NM; NDS                      |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT  | 5                | NM; NDS                          |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT | 3                |                                  |

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| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>Eye, Ear, Nose, Throat Agents</b>   |           |                     |
| <b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>                                    |           |                     |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                                      | 2         |                     |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)                           | 4         |                     |
| <i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>                                 | 2         | QL (30 per 25 days) |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>  | 2         |                     |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>   | 2         |                     |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)                | 2         |                     |
| <b>CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %</b>  | 5         | NM; NDS             |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>  | 2         |                     |
| <i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>                             | 2         | QL (30 per 28 days) |
| <i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>                    | 2         | QL (15 per 10 days) |
| <i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i> (Pataday)                       | 2         |                     |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>                            | 4         |                     |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)                             | 2         |                     |
| <b>TEPEZZA INTRAVENOUS RECON SOLN 500 MG</b>   | 5         | PA; NM; NDS         |
| <b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>                                   |           |                     |
| <i>acetic acid otic (ear) solution 2 %</i>   | 2         |                     |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>                              | 2         |                     |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin) | 2         |                     |
| <i>bleph-10 ophthalmic (eye) drops 10 %</i>  | 2         |                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>CIPRODEX OTIC (EAR)<br/>DROPS,SUSPENSION 0.3-0.1 %</b>   | 3                |                            |
| <i>ciprofloxacin hcl ophthalmic (eye) (Ciloxan)<br/>drops 0.3 %</i>   | 1                | GC                         |
| <i>ciprofloxacin hcl otic (ear) (Cetraxal)<br/>dropperette 0.2 %</i>  | 4                |                            |
| <i>erythromycin ophthalmic (eye)<br/>ointment 5 mg/gram (0.5 %)</i>   | 2                |                            |
| <i>gentak ophthalmic (eye) ointment<br/>0.3 % (3 mg/gram)</i>   | 2                |                            |
| <i>gentamicin ophthalmic (eye) drops<br/>0.3 %</i>  | 1                | GC                         |
| <i>levofloxacin ophthalmic (eye) drops<br/>0.5 %</i>  | 2                |                            |
| <b>MOXEZA OPHTHALMIC (EYE)<br/>DROPS, VISCOUS 0.5 %</b>   | 3                |                            |
| <i>moxifloxacin ophthalmic (eye) (Vigamox)<br/>drops 0.5 %</i>  | 2                |                            |
| <b>NATACYN OPHTHALMIC<br/>(EYE) DROPS,SUSPENSION 5<br/>%</b>  | 4                |                            |
| <i>neomycin-bacitracin-poly-hc (Neo-Polycin HC)<br/>ophthalmic (eye) ointment 3.5-400-<br/>10,000 mg-unit/g-1%</i>      | 2                |                            |
| <i>neomycin-bacitracin-polymyxin (Neo-Polycin)<br/>ophthalmic (eye) ointment 3.5-400-<br/>10,000 mg-unit-unit/g</i>     | 2                |                            |
| <i>neomycin-polymyxin b-dexameth (Maxitrol)<br/>ophthalmic (eye) drops,suspension<br/>3.5mg/ml-10,000 unit/ml-0.1 %</i> | 2                |                            |
| <i>neomycin-polymyxin b-dexameth (Maxitrol)<br/>ophthalmic (eye) ointment 3.5<br/>mg/g-10,000 unit/g-0.1 %</i>          | 2                |                            |
| <i>neomycin-polymyxin-gramicidin<br/>ophthalmic (eye) drops 1.75 mg-<br/>10,000 unit-0.025mg/ml</i>                     | 2                |                            |
| <i>neomycin-polymyxin-hc ophthalmic<br/>(eye) drops,suspension 3.5-10,000-<br/>10 mg-unit-mg/ml</i>                     | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>      | 2                |                            |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>              | 2                |                            |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>                | 2                |                            |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>                 | 2                |                            |
| <i>ofloxacin ophthalmic (eye) drops (Ocuflox) 0.3 %</i>                                    | 2                |                            |
| <i>ofloxacin otic (ear) drops 0.3 %</i>  | 2                |                            |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>                              | 2                |                            |
| <i>polymyxin b sulf-trimethoprim (Polytrim) ophthalmic (eye) drops 10,000 unit-1 mg/ml</i> | 1                | GC                         |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 % (Bleph-10)</i>                         | 2                |                            |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                                 | 2                |                            |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>              | 2                |                            |
| <i>tobramycin ophthalmic (eye) drops (Tobrex) 0.3 %</i>                                    | 1                | GC                         |
| <i>tobramycin-dexamethasone (TobraDex) ophthalmic (eye) drops,suspension 0.3-0.1 %</i>     | 2                |                            |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>   | 2                |                            |
| <b>ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %</b>  | 4                |                            |
| <b>ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %</b>                                   | 3                |                            |

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| Drug Name   | Drug Tier | Requirements/Limits     |
|---|-----------|-------------------------|
| <b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>  |           |                         |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %   | 3         | ST                      |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %   | 3         |                         |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>                              | 2         |                         |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>   | 2         |                         |
| DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %   | 3         |                         |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>                                     | 2         | QL (50 per 25 days)     |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)                  | 4         |                         |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>  | 1         | GC                      |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/lactuation</i> (24 Hour Allergy Relief) | 1         | GC; QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %  | 3         |                         |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %  | 3         |                         |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)  | 2         |                         |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %  | 3         |                         |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %   | 3         |                         |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %  | 3         |                         |
| <i>mometasone nasal spray,non-aerosol 50 mcg/lactuation</i> (Nasonex)                           | 2         | QL (34 per 28 days)     |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)                  | 4         |                         |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>                                 | 2         |                         |
| PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %  | 3         |                         |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name   | Drug Tier | Requirements/Limits     |
|---|-----------|-------------------------|
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %  | 3         | QL (60 per 30 days)     |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION  | 3         | ST; QL (32 per 30 days) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %   | 3         | QL (60 per 30 days)     |
| <b>Gastrointestinal Agents</b>  |           |                         |
| <b>Antiulcer Agents And Acid Suppressants</b>   |           |                         |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>   | 2         |                         |
| <i>esomeprazole sodium intravenous recon soln 20 mg</i>                                       | 2         |                         |
| <i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)                           | 2         |                         |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i>  | 1         | GC                      |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>                        | 2         |                         |
| <i>famotidine intravenous solution 10 mg/ml</i>   | 2         |                         |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller)   | 1         | GC                      |
| <i>famotidine oral tablet 40 mg</i> (Pepcid)  | 1         | GC                      |
| <i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i> (Heartburn Treatment 24 Hour) | 2         | QL (30 per 30 days)     |
| <i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i> (Prevacid)                    | 2         | QL (60 per 30 days)     |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)                                     | 2         |                         |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>   | 2         |                         |
| <i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>                   | 1         | GC                      |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)    | 2         | ST; QL (30 per 30 days) |
| <i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)                                   | 2         |                         |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> (Protonix)                     | 1         | GC; QL (30 per 30 days) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i> (Protonix) | 1                | GC; QL (60 per 30 days)    |
| <i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i>  | 2                |                            |
| <i>ranitidine hcl oral syrup 15 mg/ml</i>                                 | 2                |                            |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i>                          | 1                | GC                         |
| <i>sucralfate oral tablet 1 gram</i> (Carafate)                           | 2                |                            |
| <b>Gastrointestinal Agents, Other</b>                                     |                  |                            |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG  | 3                | QL (60 per 30 days)        |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG                                  | 5                | NM; NDS                    |
| <i>constulose oral solution 10 gram/15 ml</i>                             | 2                |                            |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)                 | 2                |                            |
| <i>dicyclomine oral capsule 10 mg</i>                                     | 2                |                            |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                               | 2                |                            |
| <i>dicyclomine oral tablet 20 mg</i>                                      | 2                |                            |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>               | 2                |                            |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)          | 2                |                            |
| <i>enulose oral solution 10 gram/15 ml</i>                                | 2                |                            |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG                                      | 5                | PA; NM; NDS                |
| <i>generlac oral solution 10 gram/15 ml</i>                               | 2                |                            |
| <i>glycopyrrolate injection solution 0.2 mg/ml</i>                        | 2                |                            |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                              | 2                |                            |
| <i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>          | 2                |                            |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose)                 | 2                |                            |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                             | 3                | QL (30 per 30 days)        |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                             | 3                | QL (90 per 30 days)        |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal<br>(loperamide))    | 2                |                                       |
| <i>methscopolamine oral tablet 2.5 mg,<br/>5 mg</i>                     | 2                |                                       |
| <i>metoclopramide hcl injection<br/>solution 5 mg/ml</i>                | 2                |                                       |
| <i>metoclopramide hcl injection syringe<br/>5 mg/ml</i>                 | 2                |                                       |
| <i>metoclopramide hcl oral solution 5<br/>mg/5 ml</i>                   | 2                |                                       |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)              | 1                | GC                                    |
| MOVANTIK ORAL TABLET<br>12.5 MG, 25 MG                                  | 3                | QL (30 per 30 days)                   |
| OCALIVA ORAL TABLET 10<br>MG, 5 MG                                      | 5                | PA; NM; NDS; QL (30<br>per 30 days)   |
| RAVICTI ORAL LIQUID 1.1<br>GRAM/ML                                      | 5                | PA; NM; NDS                           |
| RELISTOR ORAL TABLET 150<br>MG  | 5                | PA; NM; NDS; QL (90<br>per 30 days)   |
| RELISTOR SUBCUTANEOUS<br>SOLUTION 12 MG/0.6 ML                          | 5                | PA; NM; NDS; QL<br>(16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS<br>SYRINGE 12 MG/0.6 ML                           | 5                | PA; NM; NDS; QL<br>(16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS<br>SYRINGE 8 MG/0.4 ML                            | 5                | PA; NM; NDS; QL<br>(11.2 per 28 days) |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)              | 5                | NM; NDS                               |
| <i>sodium polystyrene (sorb free) oral<br/>suspension 15 gram/60 ml</i> | 2                |                                       |
| <i>sodium polystyrene sulfonate oral<br/>powder</i>                     | 2                |                                       |
| <i>sps (with sorbitol) oral suspension<br/>15-20 gram/60 ml</i>         | 2                |                                       |
| <i>ursodiol oral capsule 300 mg</i> (Actigall)                          | 2                |                                       |
| <i>ursodiol oral tablet 250 mg</i> (URSO 250)                           | 2                |                                       |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte)                         | 2                |                                       |
| VELTASSA ORAL POWDER IN<br>PACKET 16.8 GRAM, 25.2<br>GRAM, 8.4 GRAM     | 3                | QL (30 per 30 days)                   |

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| Drug Name   | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| VIBERZI ORAL TABLET 100 MG, 75 MG   | 5         | ST; NM; NDS; QL (60 per 30 days) |
| XERMELO ORAL TABLET 250 MG  | 5         | PA; NM; NDS; QL (90 per 30 days) |
| <b>Laxatives</b>  |           |                                  |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML                                | 3         |                                  |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>                         | 2         |                                  |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>                         | 2         |                                  |
| <i>gavilyte-n oral recon soln 420 gram</i>  | 2         |                                  |
| <i>peg 3350-electrolytes oral recon soln (Gavilyte-C) 240-22.72-6.72 -5.84 gram</i> | 4         |                                  |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM                            | 3         |                                  |
| <i>trilyte with flavor packets oral recon soln 420 gram</i>                         | 2         |                                  |
| <b>Phosphate Binders</b>  |           |                                  |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>                           | 2         |                                  |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>                            | 2         |                                  |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML                                 | 4         |                                  |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)</i>       | 5         | NM; NDS                          |
| <i>sevelamer carbonate oral tablet 800 mg (Renvela)</i>                             | 2         |                                  |
| <i>sevelamer hcl oral tablet 400 mg</i>   | 2         |                                  |
| <i>sevelamer hcl oral tablet 800 mg (Renagel)</i>                                   | 2         |                                  |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG  | 3         |                                  |
| <b>Genitourinary Agents</b>   |           |                                  |
| <b>Antispasmodics, Urinary</b>  |           |                                  |
| <i>bethanechol chloride oral tablet 10 mg, 5 mg</i>                                 | 2         |                                  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>bethanechol chloride oral tablet 25 mg, 50 mg</i> (Urecholine)                      | 2                |                                   |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG                              | 3                |                                   |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>  | 2                |                                   |
| <i>oxybutynin chloride oral tablet 5 mg</i>  | 2                |                                   |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL) | 2                |                                   |
| <i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>                     | 2                |                                   |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)          | 2                |                                   |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)                                     | 2                |                                   |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG                                   | 3                |                                   |
| <b>Genitourinary Agents, Miscellaneous</b>   |                  |                                   |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)                  | 1                | GC                                |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart)                                       | 2                |                                   |
| <i>finasteride oral tablet 5 mg</i> (Proscar)  | 1                | GC                                |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG                               | 5                | NM; NDS                           |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax)   | 1                | GC                                |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                  | 1                | GC                                |
| THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG                          | 5                | PA; NM; NDS                       |
| THIOLA ORAL TABLET 100 MG  | 5                | NM; NDS                           |
| <b>Heavy Metal Antagonists</b>   |                  |                                   |
| <b>Heavy Metal Antagonists</b>   |                  |                                   |
| <i>clovique oral capsule 250 mg</i>  | 5                | PA; NM; NDS; QL (240 per 30 days) |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)                          | 5                | PA; NM; NDS                       |

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| Drug Name  | Drug Tier | Requirements/Limits                  |
|--|-----------|--------------------------------------|
| <i>deferasirox oral tablet, dispersible</i> (Exjade)<br>125 mg, 250 mg, 500 mg                               | 5         | PA; NM; NDS                          |
| <i>deferoxamine injection recon soln 2</i> (Desferal)<br>gram, 500 mg  | 2         | PA                                   |
| FERRIPROX ORAL SOLUTION<br>100 MG/ML   | 5         | PA; NM; NDS                          |
| FERRIPROX ORAL TABLET<br>1,000 MG, 500 MG  | 5         | PA; NM; NDS                          |
| JADENU ORAL TABLET 180<br>MG   | 5         | PA; NM; NDS                          |
| JADENU SPRINKLE ORAL<br>GRANULES IN PACKET 180<br>MG, 360 MG, 90 MG  | 5         | PA; NM; NDS                          |
| <i>penicillamine oral capsule 250 mg</i> (Cuprimine)   | 5         | PA; NM; NDS                          |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)  | 5         | PA; NM; NDS                          |
| <i>trientine oral capsule 250 mg</i> (Clovique)  | 5         | PA; NM; NDS; QL<br>(240 per 30 days) |
| <b>Hormonal Agents,<br/>Stimulant/Replacement/Modifying</b>  |           |                                      |
| <b>Androgens</b>   |           |                                      |
| ANADROL-50 ORAL TABLET<br>50 MG  | 5         | PA; NM; NDS                          |
| <i>danazol oral capsule 100 mg, 200<br/>mg, 50 mg</i>  | 2         |                                      |
| <i>testosterone cypionate</i> (Depo-Testosterone)<br><i>intramuscular oil 100 mg/ml, 200<br/>mg/ml</i>       | 2         | PA                                   |
| <i>testosterone cypionate</i><br><i>intramuscular oil 200 mg/ml (1 ml)</i>                                   | 2         | PA                                   |
| <i>testosterone enanthate</i><br><i>intramuscular oil 200 mg/ml</i>  | 2         | PA; QL (5 per 28 days)               |
| <i>testosterone transdermal gel in</i> (Vogelxo)<br><i>metered-dose pump 12.5 mg/1.25<br/>gram (1%)</i>      | 2         | PA; QL (300 per 30<br>days)          |
| <i>testosterone transdermal gel in</i> (AndroGel)<br><i>metered-dose pump 20.25 mg/1.25<br/>gram (1.62%)</i> | 2         | PA; QL (150 per 30<br>days)          |
| <i>testosterone transdermal gel in</i> (AndroGel)<br><i>packet 1% (25 mg/2.5gram), 1%<br/>(50 mg/5 gram)</i> | 2         | PA; QL (300 per 30<br>days)          |

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| Drug Name   | Drug Tier | Requirements/Limits      |
|---|-----------|--------------------------|
| <i>testosterone transdermal solution in metered pump w/lapp 30 mglactuation (1.5 ml)</i>  | 2         | PA; QL (180 per 30 days) |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML  | 3         | PA; QL (2 per 28 days)   |
| <b>Estrogens And Antiestrogens</b>  |           |                          |
| <i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>   | 2         |                          |
| <i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>                          | 2         | QL (8 per 28 days)       |
| DUAVEE ORAL TABLET 0.45-20 MG   | 3         |                          |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)   | 1         | GC                       |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)              | 2         | QL (8 per 28 days)       |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara) | 2         | QL (4 per 28 days)       |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)   | 2         |                          |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)  | 2         | QL (18 per 28 days)      |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)  | 2         |                          |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)  | 2         |                          |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR  | 4         | QL (1 per 84 days)       |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>   | 2         |                          |
| <i>jinteli oral tablet 1-5 mg-mcg</i>   | 2         |                          |
| <i>mimvey lo oral tablet 0.5-0.1 mg</i>   | 2         |                          |
| <i>mimvey oral tablet 1-0.5 mg</i>  | 2         |                          |

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| Drug Name  | Drug Tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv) | 2         |                                  |
| PREMARIN INJECTION RECON SOLN 25 MG  | 3         |                                  |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG                        | 3         |                                  |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM   | 3         |                                  |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)                                   | 3         |                                  |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG                  | 3         |                                  |
| <i>raloxifene oral tablet 60 mg</i> (Evista)   | 2         |                                  |
| <i>yuvafem vaginal tablet 10 mcg</i>   | 2         | QL (18 per 28 days)              |
| <b>Glucocorticoids/Mineralocorticoids</b>  |           |                                  |
| <i>a-hydrocort injection recon soln 100 mg</i>   | 2         |                                  |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)   | 2         |                                  |
| <i>cortisone oral tablet 25 mg</i>   | 2         |                                  |
| <i>decadron oral elixir 0.5 mg/5 ml</i>  | 2         | PA BvD                           |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i>   | 2         | PA BvD                           |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)                | 1         | PA BvD; GC                       |
| <i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>                                    | 1         | PA BvD; GC                       |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>                      | 1         | GC                               |
| <i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>                       | 1         | GC                               |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>             | 1         | GC                               |
| <i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>                        | 1         | GC                               |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML  | 5         | PA; NM; NDS; QL (91 per 28 days) |

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| Drug Name   | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| EMFLAZA ORAL TABLET 18 MG   | 5         | PA; NM; NDS; QL (30 per 30 days) |
| EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG  | 5         | PA; NM; NDS; QL (60 per 30 days) |
| <i>fludrocortisone oral tablet 0.1 mg</i>   | 2         |                                  |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)                               | 2         |                                  |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)     | 2         |                                  |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)                     | 2         |                                  |
| <i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))                       | 2         |                                  |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>                    | 2         |                                  |
| <i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i> (Solu-Medrol) | 2         |                                  |
| <i>prednisolone 15 mg/5 ml soln alf, dlf 15 mg/5 ml (3 mg/ml)</i>                           | 2         | PA BvD                           |
| <i>prednisolone oral solution 15 mg/5 ml</i>  | 2         | PA BvD                           |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>                     | 2         | PA BvD                           |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred) | 2         | PA BvD                           |
| <i>prednisone oral solution 5 mg/5 ml</i>   | 2         | PA BvD                           |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                       | 1         | PA BvD; GC                       |
| <i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>      | 2         |                                  |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML                                | 4         |                                  |
| <i>triamcinolone acetate injection suspension 40 mg/ml</i> (Kenalog)                        | 2         |                                  |
| <b>Pituitary</b>  |           |                                  |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> (DDAVP)                         | 2         |                                  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| <i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)  | 2                |                                  |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>   | 2                |                                  |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)   | 2                |                                  |
| EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG   | 5                | PA; NM; NDS; QL (60 per 30 days) |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML   | 4                | PA                               |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | 5                | PA; NM; NDS                      |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)  | 5                | PA; NM; NDS                      |
| HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)   | 5                | PA; NM; NDS                      |
| HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG  | 5                | PA; NM; NDS                      |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML  | 5                | NM; NDS                          |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG  | 5                | NM; NDS                          |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG  | 5                | NM; NDS                          |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG   | 5                | NM; NDS                          |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| LUPRON DEPOT-PED<br>INTRAMUSCULAR KIT 11.25<br>MG, 15 MG  | 5                | NM; NDS                    |
| NOCDURNA (MEN)<br>SUBLINGUAL<br>TABLET,DISINTEGRATING<br>55.3 MCG   | 3                | QL (30 per 30 days)        |
| NOCDURNA (WOMEN)<br>SUBLINGUAL<br>TABLET,DISINTEGRATING<br>27.7 MCG   | 3                | QL (30 per 30 days)        |
| NORDITROPIN FLEXPRO<br>SUBCUTANEOUS PEN<br>INJECTOR 10 MG/1.5 ML (6.7<br>MG/ML), 15 MG/1.5 ML (10<br>MG/ML), 30 MG/3 ML (10<br>MG/ML) | 5                | PA; NM; NDS                |
| NORDITROPIN FLEXPRO<br>SUBCUTANEOUS PEN<br>INJECTOR 5 MG/1.5 ML (3.3<br>MG/ML)  | 4                | PA                         |
| NUTROPIN AQ NUSPIN<br>SUBCUTANEOUS PEN<br>INJECTOR 10 MG/2 ML (5<br>MG/ML), 20 MG/2 ML (10<br>MG/ML), 5 MG/2 ML (2.5<br>MG/ML)        | 5                | PA; NM; NDS                |
| <i>octreotide acetate injection solution<br/>1,000 mcg/ml, 200 mcg/ml</i>   | 2                |                            |
| <i>octreotide acetate injection solution (Sandostatin)<br/>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>                                      | 2                |                            |
| <i>octreotide acetate injection syringe<br/>100 mcg/ml (1 ml), 50 mcg/ml (1<br/>ml), 500 mcg/ml (1 ml)</i>                            | 2                |                            |
| OMNITROPE<br>SUBCUTANEOUS<br>CARTRIDGE 10 MG/1.5 ML (6.7<br>MG/ML), 5 MG/1.5 ML (3.3<br>MG/ML)  | 5                | PA; NM; NDS                |
| OMNITROPE<br>SUBCUTANEOUS RECON<br>SOLN 5.8 MG  | 5                | PA; NM; NDS                |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|--|------------------|-------------------------------------|
| ORILISSA ORAL TABLET 150 MG  | 5                | PA; NM; NDS; QL (28 per 28 days)    |
| ORILISSA ORAL TABLET 200 MG  | 5                | PA; NM; NDS; QL (56 per 28 days)    |
| SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)                  | 5                | PA; NM; NDS                         |
| SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG  | 5                | PA; NM; NDS                         |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG | 5                | NM; NDS                             |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG                                      | 5                | PA; NM; NDS                         |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)    | 5                | PA; NM; NDS; QL (60 per 30 days)    |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML                                    | 5                | PA NSO; NM; NDS; QL (1 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML                       | 5                | PA; NM; NDS; QL (1 per 28 days)     |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                     | 5                | PA; NM; NDS                         |
| SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)  | 5                | NM; NDS; QL (1 per 360 days)        |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML   | 5                | NM; NDS                             |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG                          | 5                | NM; NDS; QL (1 per 168 days)        |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG   | 5                | PA; NM; NDS                         |

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| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ZOMACTON SUBCUTANEOUS<br>RECON SOLN 5 MG  | 4         | PA                  |
| ZORBTIVE SUBCUTANEOUS<br>RECON SOLN 8.8 MG  | 5         | PA; NM; NDS         |
| <b>Progestins</b>   |           |                     |
| DEPO-PROVERA<br>INTRAMUSCULAR<br>SUSPENSION 400 MG/ML   | 4         | QL (10 per 28 days) |
| <i>hydroxyprogesterone cap(ppres)</i> (Makena)<br><i>intramuscular oil 250 mg/ml</i>  | 5         | NM; NDS             |
| <i>medroxyprogesterone intramuscular</i> (Depo-Provera)<br><i>suspension 150 mg/ml</i>  | 2         | QL (1 per 84 days)  |
| <i>medroxyprogesterone intramuscular</i> (Depo-Provera)<br><i>syringe 150 mg/ml</i>   | 2         | QL (1 per 84 days)  |
| <i>medroxyprogesterone oral tablet 10</i> (Provera)<br><i>mg, 2.5 mg, 5 mg</i>  | 1         | GC                  |
| <i>megestrol oral suspension 400 mg/10</i><br><i>ml (40 mg/ml)</i>  | 2         |                     |
| <i>norethindrone acetate oral tablet 5</i> (Aygestin)<br><i>mg</i>  | 2         |                     |
| <i>progesterone intramuscular oil 50</i><br><i>mg/ml</i>  | 2         |                     |
| <i>progesterone micronized oral</i> (Prometrium)<br><i>capsule 100 mg, 200 mg</i>   | 2         |                     |
| <b>Thyroid And Antithyroid Agents</b>   |           |                     |
| <i>levothyroxine oral tablet 100 mcg,</i> (Euthyrox)<br><i>112 mcg, 125 mcg, 137 mcg, 150</i><br><i>mcg, 175 mcg, 200 mcg, 25 mcg, 50</i><br><i>mcg, 75 mcg, 88 mcg</i> | 1         | GC                  |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T)   | 1         | GC                  |
| <i>liothyronine oral tablet 25 mcg, 5</i> (Cytomel)<br><i>mcg, 50 mcg</i>   | 2         |                     |
| <i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)   | 1         | GC                  |
| <i>propylthiouracil oral tablet 50 mg</i>   | 2         |                     |
| <b>Immunological Agents</b>   |           |                     |
| <b>Immunological Agents</b>   |           |                     |
| ACTEMRA ACTPEN<br>SUBCUTANEOUS PEN<br>INJECTOR 162 MG/0.9 ML  | 5         | PA; NM; NDS         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 5                | PA; NM; NDS                |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML   | 5                | PA; NM; NDS                |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG  | 5                | NM; NDS                    |
| AVSOLA INTRAVENOUS RECON SOLN 100 MG   | 5                | PA; NM; NDS                |
| <i>azathioprine oral tablet 50 mg</i> (Imuran)   | 2                | PA BvD                     |
| <i>azathioprine sodium injection recon soln 100 mg</i>   | 2                | PA BvD                     |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)                                 | 5                | PA; NM; NDS                |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)  | 5                | PA; NM; NDS                |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML   | 5                | PA; NM; NDS                |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML  | 5                | PA; NM; NDS                |
| <i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)                                    | 2                | PA BvD                     |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)                                    | 2                | PA BvD                     |
| <i>cyclosporine modified oral capsule 50 mg</i>  | 2                | PA BvD                     |
| <i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)                                       | 2                | PA BvD                     |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)  | 2                | PA BvD                     |
| DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML  | 5                | PA; NM; NDS                |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| ENBREL MINI<br>SUBCUTANEOUS<br>CARTRIDGE 50 MG/ML (1 ML)                               | 5                | PA; NM; NDS                |
| ENBREL SUBCUTANEOUS<br>RECON SOLN 25 MG (1 ML)   | 5                | PA; NM; NDS                |
| ENBREL SUBCUTANEOUS<br>SYRINGE 25 MG/0.5 ML (0.5),<br>50 MG/ML (1 ML)                  | 5                | PA; NM; NDS                |
| ENBREL SURECLICK<br>SUBCUTANEOUS PEN<br>INJECTOR 50 MG/ML (1 ML)                       | 5                | PA; NM; NDS                |
| <i>everolimus (immunosuppressive)</i> (Zortress)<br><i>oral tablet 0.25 mg</i>         | 2                | PA BvD                     |
| <i>everolimus (immunosuppressive)</i> (Zortress)<br><i>oral tablet 0.5 mg, 0.75 mg</i> | 5                | PA BvD; NM; NDS            |
| FLEBOGAMMA DIF<br>INTRAVENOUS SOLUTION 10<br>%, 5 %                                    | 5                | PA BvD; NM; NDS            |
| GAMASTAN<br>INTRAMUSCULAR<br>SOLUTION 15-18 % RANGE                                    | 4                | PA BvD                     |
| GAMMAGARD LIQUID<br>INJECTION SOLUTION 10 %  | 5                | PA BvD; NM; NDS            |
| GAMMAGARD S-D (IGA < 1<br>MCG/ML) INTRAVENOUS<br>RECON SOLN 10 GRAM, 5<br>GRAM         | 5                | PA BvD; NM; NDS            |
| GAMMAPLEX (WITH<br>SORBITOL) INTRAVENOUS<br>SOLUTION 5 %                               | 5                | PA BvD; NM; NDS            |
| GAMMAPLEX INTRAVENOUS<br>SOLUTION 10 %, 10 % (100 ML),<br>10 % (200 ML)                | 5                | PA BvD; NM; NDS            |
| <i>gengraf oral capsule 100 mg, 25 mg</i>  | 2                | PA BvD                     |
| <i>gengraf oral solution 100 mg/ml</i>   | 2                | PA BvD                     |
| HUMIRA PEDIATRIC<br>CROHNS START<br>SUBCUTANEOUS SYRINGE<br>KIT 40 MG/0.8 ML           | 5                | PA; NM; NDS                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                        | 5                | PA; NM; NDS                |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                       | 5                | PA; NM; NDS                |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML   | 5                | PA; NM; NDS                |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML                        | 5                | PA; NM; NDS                |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 5                | PA; NM; NDS                |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                          | 5                | PA; NM; NDS                |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML          | 5                | PA; NM; NDS                |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML                                       | 5                | PA; NM; NDS                |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML                    | 5                | PA; NM; NDS                |
| HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML  | 4                |                            |
| HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML  | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | 5                | PA BvD; NM; NDS            |
| ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML   | 5                | PA; NM; NDS                |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML   | 5                | PA; NM; NDS                |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML   | 5                | PA; NM; NDS                |
| IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML  | 4                |                            |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG   | 5                | PA; NM; NDS                |
| KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML  | 4                |                            |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML  | 5                | PA; NM; NDS                |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML   | 5                | PA; NM; NDS                |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML   | 5                | PA; NM; NDS                |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)   | 2                |                            |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)   | 2                | PA BvD                     |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)   | 2                | PA BvD                     |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)  | 5                | PA BvD; NM; NDS            |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)  | 2                | PA BvD                     |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG   | 5                | PA BvD; NM; NDS            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %   | 5                | PA BvD; NM; NDS            |
| OLUMIANT ORAL TABLET 1 MG, 2 MG  | 5                | PA; NM; NDS                |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG   | 5                | PA; NM; NDS                |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML   | 5                | PA; NM; NDS                |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML   | 5                | PA; NM; NDS                |
| OTEZLA ORAL TABLET 30 MG   | 5                | PA; NM; NDS                |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)  | 5                | PA; NM; NDS                |
| PRIVIGEN INTRAVENOUS SOLUTION 10 %   | 5                | PA BvD; NM; NDS            |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML   | 4                | PA BvD                     |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG   | 4                | PA BvD; ST                 |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 3                |                            |
| REMICADE INTRAVENOUS RECON SOLN 100 MG   | 5                | PA; NM; NDS                |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG  | 5                | PA; NM; NDS                |
| RIDAURA ORAL CAPSULE 3 MG  | 5                | NM; NDS                    |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG  | 5                | PA; NM; NDS                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML                        | 5                | PA; NM; NDS                |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML                    | 5                | PA; NM; NDS                |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML       | 5                | PA; NM; NDS                |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML            | 5                | PA; NM; NDS                |
| <i>sirolimus oral solution 1 mg/ml</i> (Rapamune)               | 5                | PA BvD; NM; NDS            |
| <i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)            | 2                | PA BvD                     |
| <i>sirolimus oral tablet 2 mg</i> (Rapamune)                    | 5                | PA BvD; NM; NDS            |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | 5                | PA; NM; NDS                |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML                       | 5                | PA; NM; NDS                |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                      | 5                | PA; NM; NDS                |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML             | 5                | PA; NM; NDS                |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)     | 2                | PA BvD                     |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML          | 5                | PA; NM; NDS                |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML                     | 5                | PA; NM; NDS                |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG       | 4                |                            |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                    | 5                | PA; NM; NDS                |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML                          | 5                | PA; NM; NDS                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML   | 5                | PA; NM; LA; NDS            |
| XELJANZ ORAL TABLET 10 MG, 5 MG   | 5                | PA; NM; NDS                |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG                              | 5                | PA; NM; NDS                |
| ZORTRESS ORAL TABLET 1 MG   | 5                | PA BvD; NM; NDS            |
| <b>Vaccines</b>   |                  |                            |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML                                      | 3                |                            |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3                |                            |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML    | 3                |                            |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG                 | 3                |                            |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML                                    | 3                |                            |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML                          | 3                |                            |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML                             | 3                |                            |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML         | 3                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| ENGERIX-B (PF)<br>INTRAMUSCULAR<br>SUSPENSION 20 MCG/ML                                     | 3                | PA BvD                     |
| ENGERIX-B (PF)<br>INTRAMUSCULAR SYRINGE<br>20 MCG/ML  | 3                | PA BvD                     |
| ENGERIX-B PEDIATRIC (PF)<br>INTRAMUSCULAR SYRINGE<br>10 MCG/0.5 ML                          | 3                | PA BvD                     |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR<br>SUSPENSION 0.5 ML                                       | 3                | QL (1.5 per 365 days)      |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SYRINGE<br>0.5 ML  | 3                | QL (1.5 per 365 days)      |
| HAVRIX (PF)<br>INTRAMUSCULAR<br>SUSPENSION 1,440 ELISA<br>UNIT/ML, 720 ELISA UNIT/0.5<br>ML | 3                |                            |
| HAVRIX (PF)<br>INTRAMUSCULAR SYRINGE<br>1,440 ELISA UNIT/ML, 720<br>ELISA UNIT/0.5 ML       | 3                |                            |
| HIBERIX (PF)<br>INTRAMUSCULAR RECON<br>SOLN 10 MCG/0.5 ML                                   | 3                |                            |
| IMOVAX RABIES VACCINE<br>(PF) INTRAMUSCULAR<br>RECON SOLN 2.5 UNIT                          | 3                | PA BvD                     |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR<br>SUSPENSION 25-58-10 LF-<br>MCG-LF/0.5ML            | 3                |                            |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SYRINGE<br>25-58-10 LF-MCG-LF/0.5ML                   | 3                |                            |
| IPOLETT INJECTION SUSPENSION<br>40-8-32 UNIT/0.5 ML   | 3                |                            |
| IXIARO (PF)<br>INTRAMUSCULAR SYRINGE<br>6 MCG/0.5 ML  | 3                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| KINRIX (PF)<br>INTRAMUSCULAR<br>SUSPENSION 25 LF-58 MCG-10<br>LF/0.5 ML                            | 3                |                            |
| KINRIX (PF)<br>INTRAMUSCULAR SYRINGE<br>25 LF-58 MCG-10 LF/0.5 ML                                  | 3                |                            |
| MENACTRA (PF)<br>INTRAMUSCULAR<br>SOLUTION 4 MCG/0.5 ML  | 3                |                            |
| MENVEO A-C-Y-W-135-DIP<br>(PF) INTRAMUSCULAR KIT<br>10-5 MCG/0.5 ML                                | 3                |                            |
| M-M-R II (PF)<br>SUBCUTANEOUS RECON<br>SOLN 1,000-12,500 TCID50/0.5<br>ML                          | 3                |                            |
| PEDIARIX (PF)<br>INTRAMUSCULAR SYRINGE<br>10 MCG-25LF-25 MCG-10LF/0.5<br>ML                        | 3                |                            |
| PEDVAX HIB (PF)<br>INTRAMUSCULAR<br>SOLUTION 7.5 MCG/0.5 ML  | 3                |                            |
| PENTACEL (PF)<br>INTRAMUSCULAR KIT 15 LF<br>UNIT-20 MCG-5 LF/0.5 ML                                | 3                |                            |
| PENTACEL DTAP-IPV<br>COMPNT (PF)<br>INTRAMUSCULAR<br>SUSPENSION 15 LF-48 MCG- 62<br>DU/0.5 ML      | 3                |                            |
| PROQUAD (PF)<br>SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP3-<br>4.3-3- 3.99 TCID50/0.5 | 3                |                            |
| QUADRACEL (PF)<br>INTRAMUSCULAR<br>SUSPENSION 15 LF-48 MCG- 5<br>LF UNIT/0.5ML                     | 3                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| RABAVERT (PF)<br>INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 2.5 UNIT             | 3                | PA BvD                     |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR<br>SUSPENSION 10 MCG/ML, 40<br>MCG/ML, 5 MCG/0.5 ML | 3                | PA BvD                     |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SYRINGE<br>10 MCG/ML, 5 MCG/0.5 ML                  | 3                | PA BvD                     |
| ROTARIX ORAL SUSPENSION<br>FOR RECONSTITUTION<br>10EXP6 CCID50/ML                       | 3                |                            |
| ROTATEQ VACCINE ORAL<br>SOLUTION 2 ML   | 3                |                            |
| SHINGRIX (PF)<br>INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 50 MCG/0.5<br>ML     | 3                | QL (2 per 365 days)        |
| TDVAX INTRAMUSCULAR<br>SUSPENSION 2-2 LF UNIT/0.5<br>ML                                 | 3                |                            |
| TENIVAC (PF)<br>INTRAMUSCULAR<br>SUSPENSION 5 LF UNIT- 2 LF<br>UNIT/0.5ML               | 3                |                            |
| TENIVAC (PF)<br>INTRAMUSCULAR SYRINGE<br>5-2 LF UNIT/0.5 ML                             | 3                |                            |
| TETANUS,DIPHThERIA TOX<br>PED(PF) INTRAMUSCULAR<br>SUSPENSION 5-25 LF UNIT/0.5<br>ML    | 3                |                            |
| TRUMENBA<br>INTRAMUSCULAR SYRINGE<br>120 MCG/0.5 ML                                     | 3                |                            |
| TWINRIX (PF)<br>INTRAMUSCULAR SYRINGE<br>720 ELISA UNIT- 20 MCG/ML                      | 3                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| TYPHIM VI<br>INTRAMUSCULAR<br>SOLUTION 25 MCG/0.5 ML                                     | 3                |                            |
| TYPHIM VI<br>INTRAMUSCULAR SYRINGE<br>25 MCG/0.5 ML                                      | 3                |                            |
| VAQTA (PF)<br>INTRAMUSCULAR<br>SUSPENSION 25 UNIT/0.5 ML,<br>50 UNIT/ML                  | 3                |                            |
| VAQTA (PF)<br>INTRAMUSCULAR SYRINGE<br>25 UNIT/0.5 ML, 50 UNIT/ML                        | 3                |                            |
| VARIVAX (PF)<br>SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 1,350<br>UNIT/0.5 ML    | 3                | QL (2 per 365 days)        |
| YF-VAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10 EXP4.74<br>UNIT/0.5 ML   | 3                |                            |
| ZOSTAVAX (PF)<br>SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 19,400<br>UNIT/0.65 ML | 3                | QL (1 per 365 days)        |
| <b>Inflammatory Bowel Disease</b>  |                  |                            |
| <b>Agents</b>  |                  |                            |
| <b>Inflammatory Bowel Disease Agents</b>   |                  |                            |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)                                     | 5                | NM; NDS                    |
| <i>balsalazide oral capsule 750 mg</i> (Colazal)   | 2                |                            |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)              | 2                |                            |
| <i>colocort rectal enema 100 mg/60 ml</i>  | 2                |                            |
| DIPENTUM ORAL CAPSULE<br>250 MG  | 5                | ST; NM; NDS                |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)                               | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| LIALDA ORAL<br>TABLET,DELAYED RELEASE<br>(DR/EC) 1.2 GRAM                                 | 2                |                            |
| <i>mesalamine oral capsule (with del<br/>rel tablets) 400 mg</i> (Delzicol)               | 2                |                            |
| <i>mesalamine oral capsule,extended<br/>release 24hr 0.375 gram</i> (Apriso)              | 2                |                            |
| <i>mesalamine oral tablet,delayed<br/>release (drlec) 1.2 gram</i> (Lialda)               | 2                |                            |
| <i>mesalamine oral tablet,delayed<br/>release (drlec) 800 mg</i> (Asacol HD)              | 2                |                            |
| <i>mesalamine rectal suppository 1,000<br/>mg</i> (Canasa)                                | 5                | NM; NDS                    |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)                                      | 2                |                            |
| <i>sulfasalazine oral tablet,delayed<br/>release (drlec) 500 mg</i> (Azulfidine EN-tabs)  | 2                |                            |
| UCERIS RECTAL FOAM 2<br>MG/ACTUATION  | 3                |                            |
| <b>Irrigating Solutions</b>   |                  |                            |
| <b>Irrigating Solutions</b>   |                  |                            |
| <i>acetic acid irrigation solution 0.25 %</i>   | 4                |                            |
| LACTATED RINGERS<br>IRRIGATION SOLUTION   | 4                |                            |
| <i>sodium chloride irrigation solution<br/>0.9 %</i> (Aqua Care Sodium<br>Chloride)       | 4                |                            |
| <i>water for irrigation, sterile irrigation<br/>solution</i> (Aqua Care Sterile<br>Water) | 4                |                            |
| <b>Metabolic Bone Disease Agents</b>  |                  |                            |
| <b>Metabolic Bone Disease Agents</b>  |                  |                            |
| <i>alendronate oral tablet 10 mg, 5 mg</i>  | 1                | GC                         |
| <i>alendronate oral tablet 35 mg</i>  | 1                | GC; QL (4 per 28 days)     |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)  | 1                | GC; QL (4 per 28 days)     |
| <i>calcitonin (salmon) nasal<br/>spray,non-aerosol 200 unit/lactuation</i>                | 2                | QL (3.7 per 28 days)       |
| <i>calcitriol intravenous solution 1<br/>mcg/ml</i>                                       | 2                |                            |
| <i>calcitriol oral capsule 0.25 mcg, 0.5<br/>mcg</i> (Rocaltrol)                          | 2                |                            |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)                                      | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|--|------------------|------------------------------------|
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)                              | 5                | NM; NDS; QL (60 per 30 days)       |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar)                                     | 5                | NM; NDS; QL (120 per 30 days)      |
| <i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)                  | 2                |                                    |
| EVENITY 105 MG/1.17 ML SYRINGE 105 MG/1.17 ML                                      | 5                | PA; NM; NDS; QL (2.34 per 30 days) |
| EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML ( 105MG/1.17MLX2)                        | 5                | PA; NM; NDS; QL (2.34 per 30 days) |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML                      | 3                | PA; QL (2.4 per 28 days)           |
| <i>ibandronate intravenous solution 3 mg/3 ml</i>                                  | 2                | QL (3 per 84 days)                 |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)                          | 2                | QL (3 per 84 days)                 |
| <i>ibandronate oral tablet 150 mg</i> (Boniva)                                     | 2                | QL (1 per 28 days)                 |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML   | 5                | NM; NDS                            |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | 5                | PA; NM; NDS; QL (2 per 28 days)    |
| <i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>                  | 2                |                                    |
| PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML                         | 2                |                                    |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)                            | 2                |                                    |
| <i>paricalcitol oral capsule 4 mcg</i>   | 2                |                                    |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML   | 3                | QL (1 per 180 days)                |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG                                | 3                | QL (60 per 30 days)                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <i>teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml</i>       | 3                | PA; QL (2.48 per 28 days)         |
| <b>TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)</b>                | 3                | PA; QL (1.56 per 30 days)         |
| <i>zoledronic acid intravenous recon soln 4 mg</i>                                | 2                |                                   |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i>                             | 2                |                                   |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast) | 2                | QL (100 per 300 days)             |
| <b>Miscellaneous Therapeutic Agents</b>   |                  |                                   |
| <b>Miscellaneous Therapeutic Agents</b>   |                  |                                   |
| <b>ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML</b>                             | 5                | NM; NDS                           |
| <i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)              | 2                |                                   |
| <b>BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG</b>                             | 5                | PA; NM; NDS                       |
| <b>BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML</b>                              | 5                | PA; NM; NDS; QL (4 per 28 days)   |
| <b>BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML</b>                                    | 5                | PA; NM; NDS; QL (4 per 28 days)   |
| <b>CABLIVI INJECTION KIT 11 MG</b>  | 5                | PA; NM; NDS; QL (30 per 30 days)  |
| <b>CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG</b>                         | 4                |                                   |
| <b>CYSTADANE ORAL POWDER 1 GRAM/1.7 ML</b>  | 5                | NM; NDS                           |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)                             | 2                |                                   |
| <i>droperidol injection solution 2.5 mg/ml</i>                                    | 2                |                                   |
| <b>ELMIRON ORAL CAPSULE 100 MG</b>  | 4                | QL (90 per 30 days)               |
| <b>ENDARI ORAL POWDER IN PACKET 5 GRAM</b>  | 5                | PA; NM; NDS; QL (180 per 30 days) |
| <i>ergoloid oral tablet 1 mg</i>  | 2                |                                   |

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| Drug Name  | Drug Tier | Requirements/Limits               |
|--|-----------|-----------------------------------|
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML   | 5         | PA; NM; LA; NDS                   |
| <i>fomepizole intravenous solution 1 gram/ml</i>                                     | 5         | NM; NDS                           |
| GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG   | 3         |                                   |
| <i>guanidine oral tablet 125 mg</i>  | 4         |                                   |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML           | 3         |                                   |
| GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML  | 3         |                                   |
| GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML   | 3         |                                   |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML             | 3         |                                   |
| <i>hydroxyzine pamoate oral capsule 100 mg</i>                                       | 1         | GC                                |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)                      | 1         | GC                                |
| KEVEYIS ORAL TABLET 50 MG  | 5         | PA; NM; NDS; QL (120 per 30 days) |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | 2         |                                   |
| <i>leucovorin calcium injection solution 10 mg/ml</i>                                | 2         |                                   |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                      | 2         |                                   |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)                 | 2         |                                   |
| <i>levocarnitine oral tablet 330 mg</i> (Carnitor)                                   | 2         |                                   |
| LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG                                 | 4         |                                   |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)                 | 5         | NM; NDS                           |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| <i>mesna intravenous solution 100 mg/ml</i> (Mesnex)           | 2                |                                      |
| MESNEX ORAL TABLET 400 MG                                      | 5                | NM; NDS                              |
| MESTINON ORAL SYRUP 60 MG/5 ML                                 | 5                | NM; NDS                              |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG     | 5                | NM; NDS                              |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML                             | 4                |                                      |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon) | 2                |                                      |
| <i>pyridostigmine bromide oral tablet 30 mg</i>                | 2                |                                      |
| <i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)     | 2                |                                      |
| RECTIV RECTAL OINTMENT 0.4 % (W/W)                             | 4                | QL (30 per 30 days)                  |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)         | 5                | PA; NM; NDS; QL (4 per 28 days)      |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG            | 5                | PA NSO; NM; NDS; QL (60 per 30 days) |
| TOTECT INTRAVENOUS RECON SOLN 500 MG                           | 5                | NM; NDS                              |
| TYBOST ORAL TABLET 150 MG                                      | 4                | QL (30 per 30 days)                  |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM                      | 5                | NM; NDS; QL (24 per 14 days)         |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM                         | 5                | PA; NM; NDS; QL (120 per 30 days)    |
| <b>Ophthalmic Agents</b>                                       |                  |                                      |
| <b>Antiglaucoma Agents</b>                                     |                  |                                      |
| <i>acetazolamide oral capsule, extended release 500 mg</i>     | 2                |                                      |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                | 2                |                                      |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>acetazolamide sodium injection recon soln 500 mg</i>                                  | 2                |                            |
| <b>ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %</b>   | 3                |                            |
| <b>AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %</b>                                       | 3                |                            |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>  | 1                | GC                         |
| <i>carteolol ophthalmic (eye) drops 1 %</i>  | 1                | GC                         |
| <b>COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %</b>   | 3                |                            |
| <i>dorzolamide ophthalmic (eye) drops (Trusopt) 2 %</i>                                  | 2                |                            |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)</i>                | 2                |                            |
| <i>latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)</i>                              | 1                | GC; QL (2.5 per 25 days)   |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>  | 1                | GC                         |
| <b>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</b>   | 3                | QL (2.5 per 25 days)       |
| <i>metipranolol ophthalmic (eye) drops 0.3 %</i>   | 2                |                            |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % (Isopto Carpine)</i>             | 2                |                            |
| <b>RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %</b>   | 3                | QL (2.5 per 25 days)       |
| <b>ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %</b>                                     | 3                | QL (2.5 per 25 days)       |
| <b>SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %</b>                               | 3                |                            |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 % (Timoptic)</i>                   | 1                | GC                         |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 % (Timoptic-XE)</i> | 4                |                            |
| <i>travoprost ophthalmic (eye) drops 0.004 % (Travatan Z)</i>                            | 2                | QL (2.5 per 25 days)       |

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| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>Replacement Preparations</b>   |           |                     |
| <b>Replacement Preparations</b>   |           |                     |
| <i>calcium chloride intravenous syringe<br/>100 mg/ml (10 %)</i>  | 2         |                     |
| IONOSOL-B IN D5W<br>INTRAVENOUS<br>PARENTERAL SOLUTION 5 %  | 4         |                     |
| IONOSOL-MB IN D5W<br>INTRAVENOUS<br>PARENTERAL SOLUTION 5 %   | 4         |                     |
| ISOLYTE-P IN 5 % DEXTROSE<br>INTRAVENOUS<br>PARENTERAL SOLUTION 5 %   | 4         |                     |
| ISOLYTE-S INTRAVENOUS<br>PARENTERAL SOLUTION  | 4         |                     |
| <i>klor-con m10 oral tablet,er<br/>particles/crystals 10 meq</i>  | 2         |                     |
| <i>klor-con m15 oral tablet,er<br/>particles/crystals 15 meq</i>  | 2         |                     |
| <i>klor-con m20 oral tablet,er<br/>particles/crystals 20 meq</i>  | 2         |                     |
| <i>klor-con sprinkle oral capsule,<br/>extended release 8 meq</i>   | 2         |                     |
| K-SOL ORAL LIQUID 20<br>MEQ/15 ML   | 2         |                     |
| <i>magnesium sulfate in d5w<br/>intravenous piggyback 1 gram/100<br/>ml</i>   | 2         |                     |
| <i>magnesium sulfate in water<br/>intravenous parenteral solution 20<br/>gram/500 ml (4 %), 40 gram/1,000<br/>ml (4 %)</i>      | 2         | PA BvD              |
| <i>magnesium sulfate in water<br/>intravenous piggyback 2 gram/50 ml<br/>(4 %), 4 gram/100 ml (4 %), 4<br/>gram/50 ml (8 %)</i> | 2         | PA BvD              |
| <i>magnesium sulfate injection solution<br/>4 meq/ml (50 %)</i>   | 2         | PA BvD              |
| <i>magnesium sulfate injection syringe<br/>4 meq/ml</i>   | 2         | PA BvD              |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| NORMOSOL-M IN 5 %<br>DEXTROSE INTRAVENOUS<br>PARENTERAL SOLUTION                          | 4                |                            |
| NORMOSOL-R PH 7.4<br>INTRAVENOUS<br>PARENTERAL SOLUTION                                   | 4                |                            |
| PLASMA-LYTE 148<br>INTRAVENOUS<br>PARENTERAL SOLUTION                                     | 4                |                            |
| PLASMA-LYTE A<br>INTRAVENOUS<br>PARENTERAL SOLUTION                                       | 4                |                            |
| <i>potassium chloride intravenous<br/>solution 2 meq/ml</i>                               | 2                | PA BvD                     |
| <i>potassium chloride intravenous<br/>solution 2 meq/ml (20 ml)</i>                       | 2                | PA BvD                     |
| <i>potassium chloride oral capsule,<br/>extended release 10 meq, 8 meq</i>                | 2                |                            |
| <i>potassium chloride oral liquid 20<br/>meq/15 ml, 40 meq/15 ml</i>                      | 2                |                            |
| <i>potassium chloride oral tablet<br/>extended release 10 meq, 8 meq</i> (K-Tab)          | 2                |                            |
| <i>potassium chloride oral tablet<br/>extended release 20 meq</i> (K-Tab)                 | 4                |                            |
| <i>potassium chloride oral tablet,er<br/>particles/crystals 10 meq</i> (Klor-Con M10)     | 2                |                            |
| <i>potassium chloride oral tablet,er<br/>particles/crystals 20 meq</i> (Klor-Con M20)     | 2                |                            |
| <i>potassium chloride-0.45 % nacl<br/>intravenous parenteral solution 20<br/>meq/l</i>    | 2                |                            |
| <i>potassium citrate oral tablet<br/>extended release 10 meq (1,080 mg)</i> (Urocit-K 10) | 2                |                            |
| <i>potassium citrate oral tablet<br/>extended release 15 meq</i> (Urocit-K 15)            | 2                |                            |
| <i>potassium citrate oral tablet<br/>extended release 5 meq (540 mg)</i> (Urocit-K 5)     | 2                |                            |
| <i>sodium chloride 0.9 % intravenous<br/>parenteral solution</i>                          | 2                |                            |

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| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|----------------------|
| <b>Respiratory Tract Agents</b>  |           |                      |
| <b>Anti-Inflammatories, Inhaled Corticosteroids</b>  |           |                      |
| ADVAIR DISKUS<br>INHALATION BLISTER WITH<br>DEVICE 100-50 MCG/DOSE,<br>250-50 MCG/DOSE, 500-50<br>MCG/DOSE             | 2         | QL (60 per 30 days)  |
| ADVAIR HFA INHALATION<br>HFA AEROSOL INHALER 115-<br>21 MCG/ACTUATION, 230-21<br>MCG/ACTUATION, 45-21<br>MCG/ACTUATION | 3         | QL (12 per 28 days)  |
| ARNUITY ELLIPTA<br>INHALATION BLISTER WITH<br>DEVICE 100<br>MCG/ACTUATION, 200<br>MCG/ACTUATION, 50<br>MCG/ACTUATION   | 3         | QL (30 per 30 days)  |
| BREO ELLIPTA INHALATION<br>BLISTER WITH DEVICE 100-25<br>MCG/DOSE, 200-25 MCG/DOSE                                     | 3         | QL (60 per 30 days)  |
| <i>budesonide inhalation suspension for<br/>nebulization 0.25 mg/2 ml, 0.5 mg/2<br/>ml, 1 mg/2 ml</i> (Pulmicort)      | 2         | PA BvD               |
| FLOVENT 100 MCG DISKUS<br>100 MCG/ACTUATION  | 3         | QL (60 per 30 days)  |
| FLOVENT 250 MCG DISKUS<br>250 MCG/ACTUATION  | 3         | QL (120 per 30 days) |
| FLOVENT DISKUS<br>INHALATION BLISTER WITH<br>DEVICE 100<br>MCG/ACTUATION, 50<br>MCG/ACTUATION                          | 3         | QL (60 per 30 days)  |
| FLOVENT DISKUS<br>INHALATION BLISTER WITH<br>DEVICE 250<br>MCG/ACTUATION   | 3         | QL (120 per 30 days) |
| FLOVENT HFA INHALATION<br>HFA AEROSOL INHALER 110<br>MCG/ACTUATION   | 3         | QL (12 per 28 days)  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| FLOVENT HFA INHALATION<br>HFA AEROSOL INHALER 220<br>MCG/ACTUATION  | 3                | QL (24 per 28 days)        |
| FLOVENT HFA INHALATION<br>HFA AEROSOL INHALER 44<br>MCG/ACTUATION   | 3                | QL (21.2 per 28 days)      |
| SYMBICORT 160-4.5 MCG<br>INHALER 160-4.5<br>MCG/ACTUATION   | 3                | QL (12 per 30 days)        |
| SYMBICORT 80-4.5 MCG<br>INHALER 80-4.5<br>MCG/ACTUATION   | 3                | QL (13.8 per 30 days)      |
| SYMBICORT INHALATION<br>HFA AEROSOL INHALER 160-<br>4.5 MCG/ACTUATION, 80-4.5<br>MCG/ACTUATION                                  | 3                | QL (10.2 per 30 days)      |
| <b>Antileukotrienes</b>   |                  |                            |
| <i>montelukast oral tablet 10 mg</i> (Singulair)  | 1                | GC                         |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)   | 1                | GC                         |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)  | 2                |                            |
| <b>Bronchodilators</b>  |                  |                            |
| <i>albuterol 5 mg/ml solution 5 mg/ml</i>   | 2                | PA BvD                     |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation</i> (ProAir HFA)   | 2                | QL (17 per 30 days)        |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation (nda020503)</i>  | 2                | QL (13.4 per 30 days)      |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation (nda020983)</i>  | 2                | QL (36 per 30 days)        |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i> | 2                | PA BvD                     |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>   | 2                |                            |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>  | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| ANORO ELLIPTA<br>INHALATION BLISTER WITH<br>DEVICE 62.5-25<br>MCG/ACTUATION           | 3                |                            |
| ATROVENT HFA<br>INHALATION HFA AEROSOL<br>INHALER 17<br>MCG/ACTUATION                 | 3                | QL (25.8 per 28 days)      |
| COMBIVENT RESPIMAT<br>INHALATION MIST 20-100<br>MCG/ACTUATION                         | 3                | QL (8 per 30 days)         |
| INCRUSE ELLIPTA<br>INHALATION BLISTER WITH<br>DEVICE 62.5<br>MCG/ACTUATION            | 3                |                            |
| <i>ipratropium bromide inhalation<br/>solution 0.02 %</i>                             | 2                | PA BvD                     |
| LONHALA MAGNAIR 25 MCG<br>STARTER 25 MCG/ML   | 3                | QL (60 per 30 days)        |
| LONHALA MAGNAIR REFILL<br>INHALATION SOLUTION FOR<br>NEBULIZATION 25 MCG/ML           | 3                | QL (60 per 30 days)        |
| <i>metaproterenol oral syrup 10 mg/5<br/>ml</i>                                       | 1                | GC                         |
| <i>metaproterenol oral tablet 10 mg, 20<br/>mg</i>                                    | 2                |                            |
| PROAIR RESPICLICK<br>INHALATION AEROSOL<br>POWDR BREATH ACTIVATED<br>90 MCG/ACTUATION | 3                | QL (2 per 30 days)         |
| SEREVENT DISKUS<br>INHALATION BLISTER WITH<br>DEVICE 50 MCG/DOSE                      | 3                | QL (60 per 30 days)        |
| SPIRIVA RESPIMAT<br>INHALATION MIST 1.25<br>MCG/ACTUATION                             | 3                | QL (4 per 30 days)         |
| SPIRIVA RESPIMAT<br>INHALATION MIST 2.5<br>MCG/ACTUATION                              | 3                | QL (4 per 30 days)         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| SPIRIVA WITH HANDIHALER<br>INHALATION CAPSULE,<br>W/INHALATION DEVICE 18<br>MCG                      | 3                | QL (30 per 30 days)        |
| STIOLTO RESPIMAT<br>INHALATION MIST 2.5-2.5<br>MCG/ACTUATION   | 3                |                            |
| STRIVERDI RESPIMAT<br>INHALATION MIST 2.5<br>MCG/ACTUATION   | 3                | QL (4 per 28 days)         |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>  | 2                |                            |
| <i>terbutaline subcutaneous solution 1<br/>mg/ml</i>   | 5                | NM; NDS                    |
| <i>theophylline oral solution 80 mg/15<br/>ml</i>  | 2                |                            |
| <i>theophylline oral tablet extended<br/>release 12 hr 100 mg, 200 mg, 300<br/>mg, 450 mg</i>        | 2                |                            |
| <i>theophylline oral tablet extended<br/>release 24 hr 400 mg, 600 mg</i>                            | 2                |                            |
| TRELEGY ELLIPTA<br>INHALATION BLISTER WITH<br>DEVICE 100-62.5-25 MCG                                 | 3                |                            |
| TUDORZA PRESSAIR<br>INHALATION AEROSOL<br>POWDR BREATH ACTIVATED<br>400 MCG/ACTUATION                | 3                | QL (1 per 30 days)         |
| TUDORZA PRESSAIR<br>INHALATION AEROSOL<br>POWDR BREATH ACTIVATED<br>400 MCG/ACTUATION (30<br>ACTUAT) | 3                | QL (2 per 30 days)         |
| <b>Respiratory Tract Agents, Other</b>   |                  |                            |
| <i>acetylcysteine intravenous solution (Acetadote)<br/>200 mg/ml (20%)</i>                           | 2                |                            |
| <i>acetylcysteine solution 100 mg/ml<br/>(10%), 200 mg/ml (20%)</i>                                  | 2                | PA BvD                     |
| CINQAIR INTRAVENOUS<br>SOLUTION 10 MG/ML   | 5                | PA; NM; NDS                |
| <i>cromolyn inhalation solution for<br/>nebulization 20 mg/2 ml</i>                                  | 2                | PA BvD                     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|--|------------------|-------------------------------------|
| DALIRESP ORAL TABLET 250 MCG   | 3                | QL (28 per 28 days)                 |
| DALIRESP ORAL TABLET 500 MCG   | 3                | QL (30 per 30 days)                 |
| ESBRIET ORAL CAPSULE 267 MG  | 5                | PA; NM; NDS; QL (270 per 30 days)   |
| ESBRIET ORAL TABLET 267 MG   | 5                | PA; NM; NDS; QL (270 per 30 days)   |
| ESBRIET ORAL TABLET 801 MG   | 5                | PA; NM; NDS; QL (90 per 30 days)    |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML                                      | 5                | PA; NM; NDS; QL (1 per 28 days)     |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML  | 5                | PA; NM; NDS; QL (1 per 28 days)     |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG                                 | 5                | PA; NM; NDS; QL (56 per 28 days)    |
| KALYDECO ORAL TABLET 150 MG  | 5                | PA; NM; NDS; QL (56 per 28 days)    |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML  | 5                | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG  | 5                | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML  | 5                | PA; NM; LA; NDS; QL (3 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG   | 5                | PA; NM; NDS; QL (60 per 30 days)    |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG                               | 5                | PA; NM; NDS; QL (56 per 28 days)    |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG   | 5                | PA; NM; NDS; QL (120 per 30 days)   |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG  | 5                | PA BvD; NM; NDS                     |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 5                | PA; NM; NDS; QL (56 per 28 days)    |

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| Drug Name  | Drug Tier | Requirements/Limits                   |
|--|-----------|---------------------------------------|
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)          | 5         | PA; NM; NDS; QL (84 per 28 days)      |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG                                  | 5         | PA; NM; NDS                           |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML                    | 5         | PA; NM; NDS                           |
| <b>Skeletal Muscle Relaxants</b>                                       |           |                                       |
| <b>Skeletal Muscle Relaxants</b>                                       |           |                                       |
| <i>baclofen oral tablet 10 mg, 20 mg</i>                               | 2         |                                       |
| <i>chlorzoxazone oral tablet 500 mg</i>                                | 2         |                                       |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                         | 1         | GC                                    |
| <i>dantrolene oral capsule 100 mg</i>                                  | 2         |                                       |
| <i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)                 | 2         |                                       |
| <i>methocarbamol oral tablet 500 mg</i>                                | 2         |                                       |
| <i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)                  | 2         |                                       |
| <i>revonto intravenous recon soln 20 mg</i>                            | 2         |                                       |
| <i>tizanidine oral tablet 2 mg</i>                                     | 2         |                                       |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex)                          | 2         |                                       |
| <b>Sleep Disorder Agents</b>   |           |                                       |
| <b>Sleep Disorder Agents</b>   |           |                                       |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil) | 2         | PA; QL (30 per 30 days)               |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                         | 3         | QL (30 per 30 days)                   |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)              | 2         | QL (30 per 30 days)                   |
| HETLIOZ ORAL CAPSULE 20 MG   | 5         | PA; NM; NDS; QL (30 per 30 days)      |
| SILENOR ORAL TABLET 3 MG, 6 MG   | 3         | QL (30 per 30 days)                   |
| SUNOSI ORAL TABLET 150 MG, 75 MG                                       | 4         | PA; QL (30 per 30 days)               |
| XYREM ORAL SOLUTION 500 MG/ML  | 5         | PA; NM; LA; NDS; QL (540 per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                               | 2         | QL (30 per 30 days)                   |

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| Drug Name   | Drug Tier | Requirements/Limits                  |
|---|-----------|--------------------------------------|
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)  | 1         | GC; QL (30 per 30 days)              |
| <b>Vasodilating Agents</b>  |           |                                      |
| <b>Vasodilating Agents</b>  |           |                                      |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG  | 5         | PA; NM; NDS; QL (90 per 30 days)     |
| <i>alyq oral tablet 20 mg</i>   | 5         | PA; NM; NDS; QL (60 per 30 days)     |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)   | 5         | PA; NM; NDS; QL (30 per 30 days)     |
| <i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)                            | 2         | PA                                   |
| <i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)                            | 5         | PA; NM; NDS                          |
| OPSUMIT ORAL TABLET 10 MG   | 5         | PA; NM; NDS; QL (30 per 30 days)     |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG   | 3         | PA                                   |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG                              | 5         | PA; NM; NDS                          |
| <i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)              | 5         | PA; NM; NDS; QL (37.5 per 1 day)     |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)                               | 2         | PA; QL (90 per 30 days)              |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)                                  | 5         | PA; NM; NDS; QL (60 per 30 days)     |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG  | 5         | PA; NM; LA; NDS; QL (60 per 30 days) |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG   | 5         | PA; NM; NDS; QL (112 per 28 days)    |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin) | 5         | PA; NM; NDS                          |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                          | 5         | PA; NM; NDS                          |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | 5                | PA; NM; NDS; QL (60 per 30 days)  |
| UPTRAVI ORAL TABLET 200 MCG   | 5                | PA; NM; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)                                | 5                | PA; NM; NDS                       |
| <b>Vitamins And Minerals</b>  |                  |                                   |
| <b>Vitamins And Minerals</b>  |                  |                                   |
| <i>pnv prenatal plus multivit tab slf, gluten-free (rx) 27 mg iron- 1 mg</i>              | 3                |                                   |
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>                        | 3                |                                   |

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

If you need these services, contact Member Care Services.

If you believe that Stanford Health Care Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Member Care Services

P.O. Box 2336, Dublin, CA 94568-9802

1- 855-996-8422 (TTY:711)

[Advantage@stanfordhealthcare.org](mailto:Advantage@stanfordhealthcare.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Care Services is available to help you.

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-8422 (TTY: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 (TTY: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-996-8422 (TTY: 711)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-996-8422 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-996-8422 (TTY: 711).

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**Armenian:** Ուշադրություն: Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգախարեք 1-855-996-8422 (TTY (հեռատիպ) 711):

**Persian:** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-996-8422 تماس بگیرید. (TTY: 711)

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-996-8422 (телетайп: 711).

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-996-8422 (TTY:711) まで、お電話にてご連絡ください。

**Arabic:**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 855-996-8422 (رقم هاتف الصم والبكم: 711).

**Punjabi:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-996-8422 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**Mon-Khmer, Cambodian:** ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អៗ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-996-8422 (TTY: 711)។

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-996-8422 (TTY: 711).

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-996-8422 (TTY: 711) पर कॉल करें।

**Thai:** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-996-8422 (TTY: 711).





**Stanford**

**HEALTH CARE ADVANTAGE**

P.O. Box 2336

Dublin, CA 94568-9802

[StanfordHealthCareAdvantage.org](http://StanfordHealthCareAdvantage.org)

Stanford Health Care Advantage is an HMO with a Medicare Contract. Enrollment in Stanford Health Care Advantage depends on contract renewal.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-8422 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-996-8422 (TTY: 711)。

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*This formulary was updated on 08/01/2020. For more recent information or other questions, please contact Stanford Health Care Advantage Member Care Services, at 1-855-996-8422 or, for TTY users, 711, 8 am to 8 pm, seven days a week (except Thanksgiving and Christmas) from October 1 through March 31 and Monday through Friday (except holidays) from April 1 through September 30, or visit [StanfordHealthCareAdvantage.org](http://StanfordHealthCareAdvantage.org).*

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