



**ATRIO Bronze Rx (Basin) (PPO)**  
**ATRIO Bronze Rx (Rogue) (PPO)**  
**ATRIO Bronze Rx (Umpqua) (PPO)**  
**ATRIO Gold Rx (PPO)**  
**ATRIO Gold Rx (Willamette) (PPO)**  
**ATRIO Silver Rx (PPO)**  
**ATRIO Silver Rx (Rogue) (PPO)**  
**ATRIO Silver Rx (Willamette) (PPO)**

## **Formulario 2019**

### **(Lista de medicamentos cubiertos)**

**POR FAVOR LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

Archivo 19138 del Formulario aprobado del HPMS, versión número 15

Este formulario fue actualizado el 08/21/2019. Para obtener información actualizada o si tiene preguntas, contacte a ATRIO Health Plans llamando al 1-877-672-8620 o para usuarios de TTY, al 1-800-735-2900, todos los días de 8:00 a.m. a 8:00 p.m., o visite el sitio web [www.atriohp.com](http://www.atriohp.com).

Los Planes de salud ATRIO poseen planes PPO y HMO D-SNP con un contrato Medicare. La inscripción en los Planes de salud ATRIO depende de la renovación del contrato.

**ATENCIÓN:** Si usted habla a español, servicios de asistencia de idioma, de forma gratuita, están disponibles para usted. Llamar al 1-877-672-8620 (TTY: 1-800-735-2900)

Aviso para los miembros existentes: Este formulario ha cambiado desde el año pasado. Por favor revise este documento para asegurarse de que todavía contiene los medicamentos que usted toma.

Cuando en esta lista de medicamentos (Formulario) se mencione "nosotros" o "nuestro", estos términos hacen referencia a los planes de salud de ATRIO Health Plans. Cuando se mencione "plan" o "nuestro plan", se refiere a ATRIO Bronze Rx (Basin) (PPO), ATRIO Bronze Rx (Rogue) (PPO), ATRIO Bronze Rx (Umpqua) (PPO), ATRIO Gold Rx (PPO), ATRIO Gold Rx (Willamette) (PPO), ATRIO Silver Rx (PPO), ATRIO Silver Rx (Rogue) (PPO), y ATRIO Silver Rx (Willamette) (PPO).

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que está en vigencia desde el 08/21/2019. Contáctenos si desea solicitar un formulario actualizado. Nuestra información de contacto, así como la fecha en que se actualizó el formulario por última vez, figura en la portada y en la contratapa.

Para tener acceso al beneficio de medicamentos recetados, en general, debe utilizar las farmacias de la red. Los beneficios, formulario, red de farmacias y/o copagos/coseguros pueden cambiar el 1º de enero de 2020, y de vez en cuando durante el año.

## ¿Qué es el Formulario de ATRIO Health Plans?

Un formulario es una lista de medicamentos cubiertos seleccionados por ATRIO Health Plans en consulta con un equipo de proveedores de atención médica, el cual representa las terapias prescritas que se creen son una parte necesaria de un programa de tratamiento de calidad. ATRIO Health Plans generalmente cubrirá los medicamentos que se listan en nuestro formulario siempre que el medicamento sea necesario a nivel médico, la receta sea surtida en una farmacia de la red ATRIO Health Plans y se sigan otras reglas del plan. Para más información sobre cómo surtir sus recetas, por favor revise la Evidencia de cobertura.

## ¿Puede modificarse este Formulario (Lista de medicamentos)?

Generalmente, si usted está tomando un medicamento de nuestro formulario 2018 que fue cubierto al comienzo del año, no discontinuaremos ni reduciremos la cobertura de este medicamento durante el año de cobertura 2019, excepto si un medicamento genérico nuevo y más económico se encuentra disponible o si existe información nueva adversa sobre la seguridad o eficacia de un medicamento, o el medicamento ha sido retirado del mercado. (Consulte las viñetas a continuación para obtener más información sobre los cambios que afectan a los miembros que actualmente toman el medicamento). Otro tipo de cambios en el formulario, tales como la eliminación de un medicamento del formulario, no afectarán a los miembros que actualmente se encuentran tomando el medicamento. Permanecerá disponible al mismo costo compartido para aquellos miembros que estén tomando el medicamento durante el resto del año de cobertura. A continuación se encuentran los cambios a la lista de medicamentos que también afectan a los miembros que actualmente están tomando un medicamento:

- **Nuevos medicamentos genéricos.** Es posible que quitemos inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un medicamento genérico que aparecerá por el mismo costo o por un menor costo de medicamento compartido y con las mismas restricciones o menos. Además, al agregar el nuevo medicamento genérico, es posible que decidamos conservar el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente lo pasaremos a un nivel de costo compartido diferente o agregaremos nuevas restricciones. Si actualmente toma un medicamento de marca, es posible que no le avisemos anticipadamente antes de realizar ese cambio, pero posteriormente le brindaremos la información sobre el cambio específico que hemos realizado.
  - Si realizamos ese cambio, usted o su proveedor pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca para usted. En el aviso también incluiremos información sobre los pasos que puede seguir para solicitar una excepción, y también puede encontrar información en la sección con el título "¿Cómo puedo solicitar una excepción al Formulario de ATRIO Health Plans?".

- Medicamentos sacados del mercado. Si la Administración de Alimentos y Medicamentos (FDA) de los EE.UU. determina que un medicamento de nuestro formulario no es seguro o si el fabricante del medicamento lo retira del mercado, eliminaremos inmediatamente el medicamento de nuestro formulario y se lo notificaremos a los miembros que toman el medicamento.
- **Otros cambios.** Es posible que realicemos otros cambios que pueden afectar a los miembros que actualmente están tomando un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que actualmente está en el formulario o podemos agregar nuevas restricciones al medicamento de marca o incluso colocarlo en un nivel de costo compartido diferente. O podemos hacer cambios en función de los nuevos lineamientos clínicos. Si quitamos medicamentos de nuestro formulario, o si agregamos requisitos de autorización previa, límites de cantidad o restricciones de terapia escalonada para un medicamento (o si pasamos un medicamento a un nivel más alto de costo compartido), notificaremos el cambio a los miembros por lo menos 30 días antes de la fecha en que el cambio entre en vigencia, o en el momento en que el miembro haga una solicitud para volver a surtir la receta del medicamento (en este último caso, recibirá un suministro del medicamento para 30 días).

El formulario adjunto está en vigencia desde el 08/21/2019. Contáctenos para obtener información actualizada sobre los medicamentos cubiertos por ATRIO Health Plans. Nuestra información de contacto figura en la portada y en la contratapa.

ATRIO Health Plans actualizará los formularios mensualmente y brindará un documento que enumere los cambios en el formulario. La lista se publicará en [atriohp.com/medicare](http://atriohp.com/medicare) o puede solicitarla al 1-877-672-8620, todos los días, de 8:00 a. m. a 8:00 p. m. Los usuarios de TTY/TDD deben llamar al 1-800-735-2900.

## ¿Cómo utilizo el formulario?

Existen dos formas de encontrar su medicamento en el formulario:

### **Enfermedad**

El formulario comienza en la página 1. En este formulario, los medicamentos están agrupados en categorías según el tipo de enfermedades para las que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una enfermedad cardíaca se enumeran bajo la categoría "Agentes cardiovasculares". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego, busque el medicamento dentro de esa categoría.

### **Lista en orden alfabético**

Si no sabe en qué categoría buscar, busque el medicamento en el Índice que comienza en la página I-1. El Índice proporciona una lista en orden alfabético de todos los medicamentos incluidos en este documento. En el Índice se enumeran tanto los medicamentos de marca como los genéricos. Busque en el Índice para encontrar su medicamento. Junto al nombre del medicamento, verá el número de página en la que podrá encontrar información sobre la cobertura. Diríjase a la página que se indica en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

ATRIO Health Plans cubre tanto medicamentos de marca como genéricos. Un medicamento genérico está aprobado por el FDA por tener los mismos ingredientes activos que un medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

## ¿Existen restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos posean requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa (PA):** ATRIO Health Plans requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener aprobación de ATRIO Health Plans antes de poder surtir sus recetas. Si no obtiene aprobación, ATRIO Health Plans podría no cubrir el medicamento.
- **Límites de cantidad (QL):** Para ciertos medicamentos ATRIO Health Plans limita la cantidad de ese medicamento que el plan cubrirá. Por ejemplo, ATRIO Health Plans provee 30 comprimidos por receta para simvastatina. Esto además del suministro estándar de uno o tres meses.
- **Terapia escalonada (ST):** En algunos casos, ATRIO Health Plans requiere que pruebe utilizar primero ciertos medicamentos para tratar su enfermedad antes de cubrir otro medicamento para dicha enfermedad. Por ejemplo, si tanto el Medicamento A como el Medicamento B se utilizan para tratar su enfermedad, ATRIO Health Plans podría no cubrir el Medicamento B a menos que pruebe primero con el Medicamento A. Si el Medicamento A no funciona para usted, entonces ATRIO Health Plans cubrirá el Medicamento B.

Para saber si su medicamento tiene algún requisito o límite adicional, consulte el Formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a determinados medicamentos cubiertos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de la terapia escalonada. También puede solicitar que le enviemos una copia. Nuestra información de contacto, así como la fecha en que se actualizó el formulario por última vez, figura en la portada y en la contratapa.

Puede solicitarle a ATRIO Health Plans que haga una excepción a estas restricciones o a los límites o solicitar un lista de otros medicamentos similares que pueden utilizarse en el tratamiento de su afección. Consulte la sección, “¿Cómo solicito una excepción al formulario de ATRIO Health Plans?” en la página iv para obtener información sobre cómo solicitar una excepción.

## ¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos de venta libre (OTC, por sus siglas en inglés) son medicamentos sin receta que normalmente no están cubiertos en un plan de medicamentos recetados de Medicare. Los planes de salud ATRIO pagan por determinados medicamentos de venta libre. ATRIO Health Plans le proporcionarán estos medicamentos de venta libre sin costo. El costo para ATRIO Health Plans de estos medicamentos de venta libre no se tendrá en cuenta para sus costos totales de los medicamentos de la Parte D (esto es, el importe que usted paga no se tiene en cuenta para la brecha de cobertura).

### MEDICAMENTOS DE VENTA LIBRE CUBIERTOS

| Nombre del genérico                                    | (Marca de referencia) | Presentación                                   |
|--|-----------------------|--|
| clorhidrato de cetirizina                              | (Zyrtec)              | Comprimidos masticables, solución, comprimidos |
| Clorhidrato de cetirizina/pseudoefedrina hidrocloreuro | (Zyrtec-D)            | Comprimidos de 12 horas                        |
| loratadina   | (Claritin)            | Solución, comprimidos                          |

| Nombre del genérico               | (Marca de referencia) | Presentación                                       |
|-----------------------------------|-----------------------|--|
| loratadina/pseudoefedrina sulfato | (Claritin-D)          | Comprimidos de 12 horas<br>Comprimidos de 24 horas |
| ketotifeno fumarato               | (Zaditor)             | Gotas  |

### ¿Qué sucede si mi medicamento no se encuentra en el formulario?

Si su medicamento no se encuentra en este formulario (lista de medicamentos cubiertos), primero debe contactarse con el Servicio de atención al cliente y preguntar si su medicamento está cubierto.

En caso de que ATRIO Health Plans no cubra su medicamento, tiene dos opciones:

- Puede solicitar al Servicio de atención al cliente que le envíen una lista de medicamentos similares que cubre ATRIO Health Plans. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar cubierto por ATRIO Health Plans.
- También puede solicitarle a ATRIO Health Plans que haga una excepción y cubra su medicamento. Vea a continuación la información sobre cómo solicitar una excepción.

### ¿Cómo solicito una excepción al formulario de ATRIO Health Plans?

Puede solicitarle a ATRIO Health Plans que haga una excepción con respecto a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede solicitarnos que cubramos un medicamento, aunque no esté incluido en nuestro formulario. Si se aprueba, este medicamento estará cubierto en un nivel de costo compartido predeterminado y usted no podrá pedirnos que le suministremos el medicamento en un nivel de costo compartido menor.
- Puede solicitarnos que cubramos un medicamento del formulario en un nivel de costo compartido menor [si este medicamento no está incluido en el nivel de especialidad]. Si se aprueba, esto reduciría el importe que debe pagar por su medicamento.
- Puede solicitarnos que no apliquemos las restricciones o los límites de cobertura a su medicamento. Por ejemplo, para ciertos medicamentos ATRIO Health Plans limita la cantidad de ese medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que no apliquemos ese límite y cubramos una cantidad mayor.

Generalmente, ATRIO Health Plans aprobará su solicitud de una excepción únicamente si los medicamentos alternativos figuran en el Formulario del plan, el medicamento de nivel de costo compartido inferior o las restricciones adicionales de uso no son tan efectivas para tratar su enfermedad y/o si le provocan efectos médicos adversos.

Debe contactarnos para solicitarnos una decisión de cobertura inicial de formulario o de excepción de restricción de uso. **Cuando solicita una excepción de formulario o de restricción de uso, deberá enviar una declaración de su médico o persona que le prescribe que justifique su solicitud.** Generalmente, tomamos una decisión dentro de las 72 horas de haber recibido la justificación médica. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que su salud podría verse seriamente afectada si debe esperar por la decisión hasta 72 horas. Si se decide tomar una decisión acelerada, debemos informarle la decisión dentro de las 24 horas de haber recibido la justificación médica.

### ¿Qué hago antes de hablar con mi médico sobre el cambio de medicamento o la solicitud de excepción?

Como miembro nuevo o ya existente de nuestro plan, es posible que esté tomando medicamentos que no estén en nuestro formulario, o puede estar tomando un medicamento que esté en nuestro formulario pero su posibilidad de adquirirlo esté limitada. Por ejemplo, es posible que necesite nuestra autorización previa antes de surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento que sí

cubramos o solicitar una excepción al formulario para poder obtener cobertura para el medicamento. Mientras habla con su médico para determinar qué acción tomar, es posible que cubramos el medicamento en ciertos casos durante sus primeros 90 días como miembro de nuestro plan.

Para cada uno de sus medicamentos que no se encuentre en el formulario o si posee un límite para obtenerlos, cubriremos un suministro provisorio de 30 días (a menos que tenga una receta para un período de tiempo menor) cuando vaya a una farmacia de la red. Luego del primer suministro de 30 días, no cubriremos más estos medicamentos, aún si ha sido miembro del plan por menos de 90 días.

Si usted es residente de un centro de atención prolongada, y necesita un medicamento que no se encuentra en nuestro formulario o si posee un límite para obtenerlos y ya han pasado los primeros 90 días desde que se hizo miembro de nuestro plan, cubriremos un suministro de emergencia de 31 días (a menos que posea una receta para un período de tiempo menor) mientras solicita una excepción del formulario.

Si lo admiten o le dan de alta de un centro, cubriremos los “primeros reabastecimientos” de los medicamentos cubiertos anteriormente según sea necesario al momento de la admisión o el alta del centro.

## **Para más información**

Para obtener información detallada sobre la cobertura de medicamentos recetados de ATRIO Health Plans, por favor revise la Evidencia de cobertura y otros documentos del plan.

Contáctenos si tiene preguntas sobre ATRIO Health Plans. Nuestra información de contacto, así como la fecha en que se actualizó el formulario por última vez, figura en la portada y en la contratapa.

Si tiene consultas generales sobre la cobertura de medicamentos de Medicare, por favor comuníquese con Medicare en el 1-800-MEDICARE (1-800-633-4227) durante las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O, visitar <http://www.medicare.gov>.

## **Formulario de ATRIO Health Plans**

El formulario de abajo brinda información de cobertura sobre algunos de los medicamentos cubiertos por ATRIO Health Plans. Si tiene inconvenientes para encontrar su medicamento, consulte el Índice que comienza en la página I-1.

La primera columna muestra el nombre del medicamento. Los medicamentos de marca aparecen en mayúscula (por ejemplo: CRESTOR) y los medicamentos genéricos se enumeran en minúscula (por ejemplo: rosuvastatina).

Los datos en la columna Requisitos/Límites le informan si ATRIO Health Plans posee algún requerimiento especial para la cobertura del medicamento.

**NIVELES DE COSTO COMPARTIDO**

| <b>Plan</b>   | <b>Nivel de medicamento</b> | <b>Nombre del nivel del medicamento</b> | <b>Copago por venta minorista (suministro por 1 mes)</b> | <b>Copago por pedidos por correo (suministro por 3 mes)</b> |
|---|-----------------------------|---|--|---|
| ATRIO Bronze Rx (Basin) (PPO) *<br>ATRIO Bronze Rx (Umpqua) (PPO) * | 1                           | Medicamentos genéricos preferidos       | \$ 10,00   | \$ 20,00  |
|   | 2                           | Medicamentos genéricos                  | \$ 20,00   | \$ 40,00  |
|   | 3                           | Medicamentos de marca preferidos        | \$ 45,00   | \$ 90,00  |
|   | 4                           | Medicamentos de marca no preferida      | \$ 95,00   | \$ 190,00   |
|   | 5                           | Medicamentos de nivel de especialidad   | 30%  | No disponible   |
|   | 6                           | Medicamentos seleccionados              | \$ 0   | \$ 0  |
| ATRIO Bronze Rx (Rogue) (PPO) *                                     | 1                           | Medicamentos genéricos preferidos       | \$ 10,00   | \$ 20,00  |
|   | 2                           | Medicamentos genéricos                  | \$ 20,00   | \$ 40,00  |
|   | 3                           | Medicamentos de marca preferidos        | \$ 45,00   | \$ 90,00  |
|   | 4                           | Medicamentos de marca no preferida      | \$ 95,00   | \$ 190,00   |
|   | 5                           | Medicamentos de nivel de especialidad   | 29%  | No disponible   |
|   | 6                           | Medicamentos seleccionados              | \$ 0   | \$ 0  |
| ATRIO Silver Rx (PPO) *   | 1                           | Medicamentos genéricos preferidos       | \$ 6,00  | \$ 12,00  |
|   | 2                           | Medicamentos genéricos                  | \$ 15,00   | \$ 30,00  |
|   | 3                           | Medicamentos de marca preferidos        | \$ 40,00   | \$ 80,00  |
|   | 4                           | Medicamentos de marca no preferida      | \$ 85,00   | \$ 170,00   |
|   | 5                           | Medicamentos de nivel de especialidad   | 30%  | No disponible   |
|   | 6                           | Medicamentos seleccionados              | \$ 0   | \$ 0  |
| ATRIO Silver Rx (Rogue) (PPO) *                                     | 1                           | Medicamentos genéricos preferidos       | \$ 6,00  | \$ 12,00  |
|   | 2                           | Medicamentos genéricos                  | \$ 15,00   | \$ 30,00  |
|   | 3                           | Medicamentos de marca preferidos        | \$ 40,00   | \$ 80,00  |
|   | 4                           | Medicamentos de marca no preferida      | \$ 85,00   | \$ 170,00   |
|   | 5                           | Medicamentos de nivel de especialidad   | 32%  | No disponible   |

| Plan  | Nivel de medicamento | Nombre del nivel del medicamento      | Copago por venta minorista (suministro por 1 mes) | Copago por pedidos por correo (suministro por 3 mes) |
|---|----------------------|---------------------------------------|---|--|
|   |                      | de especialidad                       |   |  |
|   | 6                    | Medicamentos seleccionados            | \$ 0  | \$ 0   |
| Silver Rx (Willamette) (PPO) *                          | 1                    | Medicamentos genéricos preferidos     | \$ 6,00   | \$ 12,00   |
|   | 2                    | Medicamentos genéricos                | \$ 15,00  | \$ 30,00   |
|   | 3                    | Medicamentos de marca preferidos      | \$ 40,00  | \$ 80,00   |
|   | 4                    | Medicamentos de marca no preferida    | \$ 85,00  | \$ 170,00  |
|   | 5                    | Medicamentos de nivel de especialidad | 29%   | No disponible  |
|   | 6                    | Medicamentos seleccionados            | \$ 0  | \$ 0   |
| ATRIO Gold Rx (PPO)<br>ATRIO Gold Rx (Willamette) (PPO) | 1                    | Medicamentos genéricos preferidos     | \$ 4,00   | \$ 8,00  |
|   | 2                    | Medicamentos genéricos                | \$ 10,00  | \$ 20,00   |
|   | 3                    | Medicamentos de marca preferidos      | \$ 35,00  | \$ 70,00   |
|   | 4                    | Medicamentos de marca no preferida    | \$ 75,00  | \$ 150,00  |
|   | 5                    | Medicamentos de nivel de especialidad | 33%   | No disponible  |
|   | 6                    | Medicamentos seleccionados            | \$ 0  | \$ 0   |

**\*Este plan tiene un deducible por medicamentos recetados que no se aplica a los niveles 1, 2 y 6**



Las siguientes abreviaturas de las Restricciones en la Administración de Uso pueden encontrarse en el cuerpo de este documento.

### ABREVIATURAS DE COMENTARIOS DE COBERTURA

| ABREVIATURA | DESCRIPCIÓN   | EXPLICACIÓN  |
|-------------|---|--|
| PA          | Restricción de autorización previa  | Usted (o su médico) debe solicitar autorización previa de ATRIO Health Plans antes de surtir su receta para este medicamento. Sin la aprobación, es posible que ATRIO Health Plans no cubra este medicamento.  |
| PA BvD      | Restricción de autorización previa para la Determinación de la Parte D vs Parte B | Este medicamento puede ser elegible para pago dentro de Medicare Parte B o Parte D. Usted (o su médico) debe solicitar autorización previa de ATRIO Health Plans para determinar si este medicamento está cubierto por Medicare Parte D antes de surtir su receta para este medicamento. Sin la aprobación, es posible que ATRIO Health Plans no cubra este medicamento.                               |
| PA-HRM      | Restricción de autorización previa para Medicamentos de alto riesgo               | Este medicamento es considerado potencialmente riesgoso por los CMS y por lo tanto, un Medicamento de alto riesgo para los beneficiarios de 65 años de edad en adelante. Los beneficiarios de 65 años o más deben solicitar autorización previa de ATRIO Health Plans antes de surtir su receta para este medicamento. Sin la aprobación, es posible que ATRIO Health Plans no cubra este medicamento. |
| PA NSO      | Restricción de autorización previa para Nuevas tomas solamente                    | Si es un miembro nuevo o si no ha tomado este medicamento previamente, usted (o su médico) debe obtener autorización previa de ATRIO Health Plans antes de surtir su receta por este medicamento. Sin la aprobación, es posible que ATRIO Health Plans no cubra este medicamento.  |
| QL          | Restricción de Límite de Cantidad   | ATRIO Health Plans limita la cantidad de este medicamento que está cubierto por receta, o dentro de un plazo de tiempo específico.   |
| ST          | Restricción de terapia escalonada   | Antes que ATRIO Health Plans le brinde cobertura por este medicamento, debe primero probar otro(s) medicamento(s) para tratar su afección médica. Este medicamento puede estar únicamente cubierto si otro(s) medicamento(s) no funcionan en su caso.  |

## OTROS REQUISITOS ESPECIALES PARA LA COBERTURA

| ABREVIATURA | DESCRIPCIÓN                     | EXPLICACIÓN  |
|-------------|---------------------------------|--|
| LA          | Medicamento de Acceso Limitado  | Esta receta puede estar disponible solo en algunas farmacias. Para más información, consulte el Directorio de farmacias o llame al Servicio de atención al cliente al 1-877-672-8620, todos los días, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY/TDD deben llamar al 1-800-735-2900. |
| NDS         | Días de suministro no extendido | Este medicamento no está disponible para un suministro de 90 días.   |
| NM          | Sin pedido por correo           | Este medicamento no está disponible en farmacias para pedidos por correo   |

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| Drug Name   | Drug Tier | Requirements/Limits                              |
|---|-----------|--|
| <b>Analgesics</b>   |           |  |
| <b>Analgesics, Miscellaneous</b>  |           |  |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>   | 1         | QL (4500 per 30 days)                            |
| <i>acetaminophen-codeine oral tablet 300-15 mg</i>  | 2         | QL (360 per 30 days)                             |
| <i>acetaminophen-codeine oral tablet 300-30 (Tylenol-Codeine #3) mg</i>   | 2         | QL (360 per 30 days)                             |
| <i>acetaminophen-codeine oral tablet 300-60 (Tylenol-Codeine #4) mg</i>   | 2         | QL (180 per 30 days)                             |
| <i>ascomp with codeine oral capsule 30-50-325-40 mg</i>   | 4         | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>buprenorphine hcl injection solution 0.3 mg/ml (Buprenex)</i>  | 2         |  |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i>  | 2         |  |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)</i> | 4         | QL (4 per 28 days)                               |
| <i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>   | 4         | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>                                      | 4         | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg (Tencon)</i>  | 4         | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg (Esgic)</i>  | 4         | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)</i>   | 2         | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg (Fiorinal)</i>   | 2         | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                       |
|---|------------------|--|
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>   | 2                | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>   | 2                | QL (5 per 28 days)                               |
| <i>capacet oral capsule 50-325-40 mg</i>  | 4                | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>  | 2                | QL (180 per 30 days)                             |
| EMBEDA ORAL CAPSULE, ORAL ONLY, EXT. REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG         | 4                | QL (60 per 30 days)                              |
| <i>endocet oral tablet 10-325 mg</i>  | 2                | QL (180 per 30 days)                             |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>   | 2                | QL (360 per 30 days)                             |
| <i>endocet oral tablet 7.5-325 mg</i>   | 2                | QL (240 per 30 days)                             |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq) | 5                | PA; NM; NDS; QL (120 per 30 days)                |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> (Duragesic)        | 2                | QL (10 per 30 days)                              |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>   | 4                | QL (2700 per 30 days)                            |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)   | 4                | QL (180 per 30 days)                             |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)  | 2                | QL (180 per 30 days)                             |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>   | 2                | QL (240 per 30 days)                             |
| <i>hydrocodone-acetaminophen oral tablet 5-300 mg</i> (Vicodin)   | 4                | QL (240 per 30 days)                             |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))  | 2                | QL (240 per 30 days)                             |
| <i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i> (Vicodin ES)  | 4                | QL (180 per 30 days)                             |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| <i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)                               | 2                | QL (180 per 30 days)             |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i> (Ibudone)                              | 4                | QL (150 per 30 days)             |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>   | 2                | 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                | QL (1200 per 30 days)            |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)  | 2                | QL (180 per 30 days)             |
| HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 3                | QL (30 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                | QL (240 per 30 days)             |
| <i>lorcet hd oral tablet 10-325 mg</i>  | 2                | QL (180 per 30 days)             |
| <i>lorcet plus oral tablet 7.5-325 mg</i>   | 2                | QL (180 per 30 days)             |
| <i>methadone injection solution 10 mg/ml</i>  | 2                |                                  |
| <i>methadone oral solution 10 mg/5 ml</i>   | 2                | QL (600 per 30 days)             |
| <i>methadone oral solution 5 mg/5 ml</i>  | 2                | QL (1200 per 30 days)            |
| <i>methadone oral tablet 10 mg</i> (Dolophine)  | 2                | QL (120 per 30 days)             |
| <i>methadone oral tablet 5 mg</i> (Dolophine)   | 2                | QL (180 per 30 days)             |
| <i>methadose oral tablet, soluble 40 mg</i>   | 2                | QL (30 per 30 days)              |
| <i>morphine 10 mg/ml isecure syrg llf, plf, suv, inner 10 mg/ml</i>                                 | 2                |                                  |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>                                    | 2                | QL (180 per 30 days)             |
| <i>morphine injection syringe 10 mg/ml</i>  | 2                |                                  |
| <i>morphine intravenous solution 10 mg/ml</i>   | 2                |                                  |
| <i>morphine oral solution 10 mg/5 ml</i>  | 2                | QL (700 per 30 days)             |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>  | 2                | QL (300 per 30 days)             |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| MORPHINE ORAL TABLET 15 MG   | 4                | QL (180 per 30 days)       |
| MORPHINE ORAL TABLET 30 MG   | 4                | QL (120 per 30 days)       |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)                                       | 2                | QL (60 per 30 days)        |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)  | 2                | QL (90 per 30 days)        |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG                                  | 3                | QL (60 per 30 days)        |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG   | 3                | QL (181 per 30 days)       |
| <i>oxycodone oral capsule 5 mg</i>   | 4                | QL (180 per 30 days)       |
| <i>oxycodone oral concentrate 20 mg/ml</i>   | 4                | QL (120 per 30 days)       |
| <i>oxycodone oral solution 5 mg/5 ml</i>   | 4                | QL (1300 per 30 days)      |
| <i>oxycodone oral tablet 10 mg</i>   | 2                | QL (180 per 30 days)       |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)   | 2                | QL (120 per 30 days)       |
| <i>oxycodone oral tablet 20 mg</i>   | 2                | QL (120 per 30 days)       |
| <i>oxycodone oral tablet 5 mg</i> (Roxicodone)   | 2                | 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                | QL (60 per 30 days)        |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>   | 2                | QL (1800 per 30 days)      |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)   | 2                | QL (180 per 30 days)       |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)  | 2                | QL (360 per 30 days)       |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)  | 2                | QL (240 per 30 days)       |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>   | 2                | QL (360 per 30 days)       |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG                    | 3                | QL (60 per 30 days)        |
| <i>oxymorphone oral tablet 10 mg</i> (Opana)   | 4                | QL (120 per 30 days)       |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                       |
|---|------------------|--|
| <i>oxymorphone oral tablet 5 mg</i> (Opana)   | 4                | QL (180 per 30 days)                             |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i> | 4                | QL (60 per 30 days)                              |
| <i>tencon oral tablet 50-325 mg</i>   | 4                | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>tramadol oral tablet 50 mg</i> (Ultram)  | 1                | QL (240 per 30 days)                             |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)                                      | 2                | QL (300 per 30 days)                             |
| <i>vicodin es oral tablet 7.5-300 mg</i>  | 4                | QL (180 per 30 days)                             |
| <i>vicodin hp oral tablet 10-300 mg</i>   | 4                | QL (180 per 30 days)                             |
| <i>vicodin oral tablet 5-300 mg</i>   | 4                | QL (240 per 30 days)                             |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG                                   | 3                | QL (60 per 30 days)                              |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG  | 3                | QL (120 per 30 days)                             |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG  | 3                | QL (240 per 30 days)                             |
| <i>xylon 10 oral tablet 10-200 mg</i>   | 4                | QL (150 per 30 days)                             |
| <i>zebutal oral capsule 50-325-40 mg</i>  | 4                | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG                  | 4                | QL (60 per 30 days)                              |
| <b>Nonsteroidal Anti-Inflammatory Agents</b>  |                  |  |
| CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)   | 4                |  |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex)  | 2                | QL (60 per 30 days)                              |
| <i>celecoxib oral capsule 400 mg</i> (Celebrex)   | 4                | QL (60 per 30 days)                              |
| <i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)                                 | 2                | PA   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                       |
|---|------------------|--|
| <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)   | 4                | PA; QL (100 per 28 days)                         |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50) | 4                |  |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75) | 4                |  |
| <i>diflunisal oral tablet 500 mg</i>  | 2                |  |
| <b>DUEXIS ORAL TABLET 800-26.6 MG</b>   | 5                | PA; NM; NDS; QL (90 per 30 days)                 |
| <i>etodolac oral capsule 200 mg, 300 mg</i>   | 4                |  |
| <i>etodolac oral tablet 400 mg</i> (Lodine)   | 4                |  |
| <i>etodolac oral tablet 500 mg</i>  | 4                |  |
| <i>fenoprofen oral tablet 600 mg</i> (Nalfon)   | 4                |  |
| <i>flurbiprofen oral tablet 100 mg, 50 mg</i>   | 2                |  |
| <i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>   | 1                |  |
| <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                |  |
| <i>indomethacin oral capsule 25 mg</i>  | 1                | PA-HRM; QL (240 per 30 days); AGE (Max 64 Years) |
| <i>indomethacin oral capsule 50 mg</i>  | 1                | PA-HRM; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>indomethacin oral capsule, extended release 75 mg</i>  | 4                | PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)  |

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|--|------------------|---|
| <i>indomethacin sodium intravenous recon soln 1 mg</i>       | 2                |   |
| <i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>           | 4                |   |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i> | 4                |   |
| <i>ketorolac injection cartridge 15 mg/ml</i>                | 2                | PA-HRM; QL (40 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection cartridge 30 mg/ml</i>                | 2                | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection solution 15 mg/ml</i>                 | 2                | PA-HRM; QL (40 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection solution 30 mg/ml (1 ml)</i>          | 2                | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection syringe 15 mg/ml</i>                  | 2                | PA-HRM; QL (40 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection syringe 30 mg/ml</i>                  | 2                | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac intramuscular cartridge 60 mg/2 ml</i>          | 2                | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i>           | 2                | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i>            | 2                | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac oral tablet 10 mg</i>                           | 2                | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>mefenamic acid oral capsule 250 mg</i>                    | 4                |   |
| <i>meloxicam oral suspension 7.5 mg/5 ml</i>                 | 4                |   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)   | 1                |                                   |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>   | 2                |                                   |
| <i>naproxen oral tablet 250 mg, 375 mg</i>   | 1                |                                   |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn)  | 1                |                                   |
| <i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)  | 2                |                                   |
| PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)  | 5                | PA; NM; NDS; QL (224 per 28 days) |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)   | 4                |                                   |
| <i>sulindac oral tablet 150 mg, 200 mg</i>   | 2                |                                   |
| <i>tolmetin oral capsule 400 mg</i>  | 4                |                                   |
| <i>tolmetin oral tablet 200 mg, 600 mg</i>   | 4                |                                   |
| VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG  | 5                | PA; NM; NDS; QL (60 per 30 days)  |
| VOLTAREN TOPICAL GEL 1 %   | 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) | 2                |                                   |
| <i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>  | 2                |                                   |
| <i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)                        | 2                |                                   |
| <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>  | 4                | PA; QL (90 per 30 days)           |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--|------------------|-------------------------------|
| <i>lidocaine viscous mucous membrane solution 2 %</i>                                  | 2                |                               |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>                                    | 4                | 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 (Suboxone) 12-3 mg, 8-2 mg</i>               | 2                | QL (60 per 30 days)           |
| <i>buprenorphine-naloxone sublingual film (Suboxone) 2-0.5 mg, 4-1 mg</i>              | 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 (Zyban) 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)         |
| CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)              | 3                | QL (106 per 365 days)         |
| <i>disulfiram oral tablet 250 mg, 500 mg (Antabuse)</i>                                | 2                |                               |
| LUCEMYRA ORAL TABLET 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                |                               |

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| Drug Name  | Drug Tier | Requirements/Limits          |
|--|-----------|------------------------------|
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION   | 3         | QL (4 per 30 days)           |
| NICOTROL INHALATION CARTRIDGE 10 MG  | 4         | QL (1008 per 90 days)        |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML       | 5         | NM; NDS                      |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG | 3         | QL (30 per 30 days)          |
| ZUBSOLV SUBLINGUAL 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         | QL (120 per 30 days)         |
| <i>alprazolam oral tablet 2 mg</i> (Xanax)   | 1         | QL (150 per 30 days)         |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)       | 2         | QL (120 per 30 days)         |
| <i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)                     | 2         | QL (90 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         | QL (120 per 30 days)         |
| <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)  |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)                                    | 1         | QL (90 per 30 days)          |
| <i>clonazepam oral tablet 2 mg</i> (Klonopin)  | 1         | QL (300 per 30 days)         |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>            | 2         | QL (90 per 30 days)          |
| <i>clonazepam oral tablet, disintegrating 2 mg</i>                                       | 2         | QL (300 per 30 days)         |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>                                | 2         | QL (180 per 30 days)         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| <i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)           | 2                | QL (180 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 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 intensol oral concentrate 5 mg/ml</i>                            | 2                | QL (1200 per 30 days)  |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                            | 2                | QL (1200 per 30 days)  |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)                       | 1                | QL (120 per 30 days)   |
| <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>estazolam oral tablet 1 mg</i>  | 2                | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (60 per 30 days); AGE (Max 64 Years) |
| <i>estazolam oral tablet 2 mg</i>  | 2                | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years) |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| <i>flurazepam oral capsule 15 mg</i>                           | 2                | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (60 per 30 days); AGE (Max 64 Years) |
| <i>flurazepam oral capsule 30 mg</i>                           | 2                | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years) |
| <i>lorazepam injection solution 2 mg/ml</i> (Ativan)           | 1                | QL (2 per 30 days)   |
| <i>lorazepam injection solution 4 mg/ml</i> (Ativan)           | 2                | 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 concentrate 2 mg/ml</i> (Lorazepam Intensol) | 2                | QL (150 per 30 days)   |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)             | 1                | QL (90 per 30 days)  |
| <i>lorazepam oral tablet 2 mg</i> (Ativan)                     | 1                | QL (150 per 30 days)   |
| <i>midazolam oral syrup 2 mg/ml</i>                            | 2                | QL (10 per 30 days)  |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>               | 4                | QL (120 per 30 days)   |
| 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)  |

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| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| <i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)    | 2         | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)  |
| <i>triazolam oral tablet 0.125 mg</i>                    | 2         | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (120 per 30 days); AGE (Max 64 Years) |
| <i>triazolam oral tablet 0.25 mg</i> (Halcion)           | 2         | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (60 per 30 days); AGE (Max 64 Years)  |
| <b>Antibacterials</b>                                    |           |   |
| <b>Aminoglycosides</b>                                   |           |   |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML | 5         | PA BvD; NM; NDS   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i> | 4                |                               |
| <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                |                               |
| <i>neomycin oral tablet 500 mg</i>  | 1                |                               |
| <i>streptomycin intramuscular recon soln 1 gram</i>   | 4                |                               |
| <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 in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>   | 4                |                               |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>   | 4                |                               |
| <i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)   | 5                | PA BvD; NM; NDS               |
| <b>Antibacterials, Miscellaneous</b>  |                  |                               |
| <i>baciim intramuscular recon soln 50,000 unit</i>  | 4                |                               |
| <i>bacitracin intramuscular recon soln 50,000 unit</i> (BACiiM)   | 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)   | 2                |                               |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>   | 2                |                               |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| <i>clindamycin palmitate hcl oral recon soln</i> (Cleocin Pediatric)<br>75 mg/5 ml           | 4                |   |
| <i>clindamycin phosphate injection solution</i><br>150 (mg/ml) (6 ml)                        | 2                |   |
| <i>clindamycin phosphate injection solution</i> (Cleocin)<br>150 mg/ml                       | 2                |   |
| <i>clindamycin phosphate intravenous solution</i> (Cleocin)<br>600 mg/4 ml                   | 2                |   |
| <i>colistin (colistimethate na) injection recon soln</i> (Coly-Mycin M Parenteral)<br>150 mg | 5                | PA BvD; NM; NDS   |
| <i>daptomycin intravenous recon soln</i> 350 mg  | 5                | NM; NDS   |
| <i>daptomycin intravenous recon soln</i> (Cubicin)<br>500 mg                                 | 5                | NM; NDS   |
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML   | 4                |   |
| <i>linezolid 600 mg/300 ml-0.9% nacl</i> 600 mg/300 ml                                       | 5                | NM; NDS   |
| <i>linezolid in dextrose 5% intravenous piggyback</i> (Zyvox)<br>600 mg/300 ml               | 5                | NM; NDS   |
| <i>linezolid oral suspension for reconstitution</i> (Zyvox)<br>100 mg/5 ml                   | 5                | NM; NDS   |
| <i>linezolid oral tablet</i> (Zyvox)<br>600 mg   | 2                |   |
| <i>methenamine hippurate oral tablet</i> (Hiprex)<br>1 gram                                  | 4                |   |
| <i>metronidazole in nacl (iso-os) intravenous piggyback</i> (Metro I.V.)<br>500 mg/100 ml    | 2                |   |
| <i>metronidazole oral tablet</i> (Flagyl)<br>250 mg, 500 mg                                  | 2                |   |
| <i>nitrofurantoin macrocrystal oral capsule</i> (Macrochantin)<br>100 mg, 50 mg              | 2                | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (120 per 30 days); AGE (Max 64 Years) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>nitrofurantoin macrocrystal oral capsule</i> (Macrochantin)<br>25 mg                               | 4                | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (120 per 30 days); AGE (Max 64 Years) |
| <i>nitrofurantoin monohydlm-cryst oral capsule</i> (Macrobid)<br>100 mg                               | 2                | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (60 per 30 days); AGE (Max 64 Years)  |
| <i>polymyxin b sulfate injection recon soln</i><br>500,000 unit                                       | 2                |   |
| SYNERCID INTRAVENOUS RECON SOLN 500 MG  | 5                | NM; NDS   |
| <i>trimethoprim oral tablet</i> 100 mg  | 1                |   |
| <i>vancomycin intravenous recon soln</i> 1,000 mg, 1.25 gram, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg | 2                | PA BvD  |
| <i>vancomycin oral capsule</i> 125 mg (Vancocin)  | 4                |   |
| <i>vancomycin oral capsule</i> 250 mg (Vancocin)  | 5                | NM; NDS   |
| XIFAXAN ORAL TABLET 200 MG  | 5                | PA; NM; NDS; QL (9 per 30 days)   |
| XIFAXAN ORAL TABLET 550 MG  | 5                | PA; NM; NDS   |
| <b>Cephalosporins</b>   |                  |   |
| <i>ceftazidime oral capsule</i> 250 mg, 500 mg  | 2                |   |
| <i>ceftazidime oral suspension for reconstitution</i> 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml           | 2                |   |
| <i>ceftazidime oral tablet extended release</i> 12 hr 500 mg  | 4                |   |
| <i>cefadroxil oral capsule</i> 500 mg   | 2                |   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>        | 2                |                            |
| <i>cefadroxil oral tablet 1 gram</i>   | 4                |                            |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>             | 4                |                            |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>                        | 4                |                            |
| <i>cefdinir oral capsule 300 mg</i>  | 2                |                            |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>          | 2                |                            |
| <i>cefditoren pivoxil oral tablet 200 mg</i>   | 2                |                            |
| <i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)                            | 2                |                            |
| <i>cefepime injection recon soln 1 gram, 2 gram</i> (Maxipime)                       | 4                |                            |
| <i>cefixime oral capsule 400 mg</i> (Suprax)   | 2                |                            |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax) | 4                |                            |
| <i>cefotaxime injection recon soln 1 gram, 500 mg</i>                                | 4                |                            |
| <i>cefotaxime injection recon soln 10 gram, 2 gram</i> (Claforan)                    | 4                |                            |
| <i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>                      | 4                |                            |
| <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</i> (Fortaz)                              | 4                |                            |
| <i>ceftazidime injection recon soln 2 gram, 6 gram</i> (Tazicef)                     | 4                |                            |
| <i>ceftibuten oral capsule 400 mg</i>  | 4                |                            |
| <i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i>                     | 4                |                            |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>      | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                               | 2                |                            |
| <i>cefuroxime sodium injection recon soln 750 mg</i>                              | 4                |                            |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>                | 4                |                            |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> (Keflex)                            | 1                |                            |
| <i>cephalexin oral capsule 750 mg</i> (Keflex)                                    | 4                |                            |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>     | 2                |                            |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                      | 2                |                            |
| SUPRAX ORAL CAPSULE 400 MG  | 4                |                            |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML                             | 4                |                            |
| <i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>                        | 4                |                            |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG                                     | 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                |                            |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i> (Zithromax)    | 4                |                            |
| <i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i> (Zithromax)    | 2                |                            |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>                  | 1                |                            |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)                        | 1                |                            |
| <i>azithromycin oral tablet 600 mg</i>  | 2                |                            |
| <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                |                            |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>                   | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| DIFICID ORAL TABLET 200 MG  | 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)       | 4                |                                  |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)            | 4                |                                  |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>  | 4                |                                  |
| <b>Miscellaneous B-Lactam Antibiotics</b>   |                  |                                  |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)  | 4                |                                  |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML   | 5                | NM; LA; NDS                      |
| <i>ertapenem injection recon soln 1 gram</i> (Invanz)   | 2                |                                  |
| <i>imipenem-cilastatin intravenous recon soln 250 mg</i>  | 4                |                                  |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)                                    | 4                |                                  |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)   | 4                |                                  |
| <b>Penicillins</b>  |                  |                                  |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>  | 1                |                                  |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>  | 1                |                                  |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>   | 1                |                                  |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>   | 1                |                                  |
| <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 250-62.5 mg/5 ml</i> (Augmentin)        | 4                |                                  |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | 2                |                                  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>   | 4                |                            |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)                   | 2                |                            |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)  | 4                |                            |
| <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>   | 1                |                            |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>       | 4                |                            |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)                 | 4                |                            |
| <b>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</b> | 4                |                            |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>  | 2                |                            |
| <i>nafcillin 1 g/ml 50 ml inj 1 gram/50 ml</i>  | 4                |                            |
| <i>nafcillin injection recon soln 1 gram</i>  | 4                |                            |
| <i>nafcillin injection recon soln 10 gram</i>   | 5                | NM; NDS                    |
| <i>nafcillin injection recon soln 2 gram</i>  | 4                |                            |
| <i>oxacillin 1 gm add-vantage vl add-vantage, inner 1 gram</i>                                      | 4                |                            |
| <i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>                                       | 4                |                            |
| <i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)                    | 4                |                            |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>           | 4                |                            |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>                              | 2                |                            |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>  | 1                |                            |
| <i>pfizerpen-g injection recon soln 20 million unit</i>   | 4                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> (Zosyn) | 4                | PA BvD                           |
| <b>Quinolones</b>  |                  |                                  |
| BAXDELA ORAL TABLET 450 MG   | 5                | PA; NM; NDS; QL (28 per 14 days) |
| <i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i> (Cipro XR)              | 2                |                                  |
| <i>ciprofloxacin hcl oral tablet 100 mg</i>  | 2                |                                  |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)  | 1                |                                  |
| <i>ciprofloxacin hcl oral tablet 750 mg</i>  | 1                |                                  |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>                                 | 2                |                                  |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i> (Cipro in D5W)                  | 2                |                                  |
| <i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i>                             | 2                |                                  |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)                | 2                |                                  |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>              | 4                |                                  |
| <i>levofloxacin intravenous solution 25 mg/ml</i>  | 4                |                                  |
| <i>levofloxacin oral solution 250 mg/10 ml</i>   | 4                |                                  |
| <i>levofloxacin oral tablet 250 mg</i>   | 1                |                                  |
| <i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)  | 1                |                                  |
| <i>moxifloxacin oral tablet 400 mg</i>   | 2                |                                  |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>  | 4                |                                  |
| <b>Sulfonamides</b>  |                  |                                  |
| <i>sulfadiazine oral tablet 500 mg</i>   | 4                |                                  |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>                                 | 2                |                                  |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)                          | 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>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)                      | 1                |                            |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)                  | 1                |                            |
| <i>sulfatrim oral suspension 200-40 mg/5 ml</i>   | 4                |                            |
| <b>Tetracyclines</b>  |                  |                            |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>  | 4                |                            |
| <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 hyclate oral tablet, delayed release (drlec) 100 mg, 75 mg</i>             | 4                |                            |
| <i>doxycycline hyclate oral tablet, delayed release (drlec) 150 mg</i> (Soloxide)         | 4                |                            |
| <i>doxycycline hyclate oral tablet, delayed release (drlec) 200 mg, 50 mg</i> (Doryx)     | 4                |                            |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> (Mondoxyne NL)                  | 2                |                            |
| <i>doxycycline monohydrate oral capsule 150 mg</i>  | 4                |                            |
| <i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)                          | 4                |                            |
| <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 150 mg, 75 mg</i>                                  | 4                |                            |
| <i>doxycycline monohydrate oral tablet 50 mg</i>  | 2                |                            |
| <b>MINOCIN INTRAVENOUS RECON SOLN 100 MG</b>  | 3                |                            |
| <i>minocycline oral capsule 100 mg, 75 mg</i>   | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--|------------------|---------------------------------------|
| <i>minocycline oral capsule 50 mg</i> (Minocin)                                      | 2                |                                       |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>                                  | 4                |                                       |
| <i>mondoxyne nl oral capsule 100 mg, 50 mg</i>                                       | 2                |                                       |
| <i>mondoxyne nl oral capsule 75 mg</i>   | 4                |                                       |
| <i>okebo oral capsule 100 mg</i>   | 2                |                                       |
| <i>okebo oral capsule 75 mg</i>  | 4                |                                       |
| <i>soloxide oral tablet, delayed release (drlec) 150 mg</i>                          | 4                |                                       |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                                      | 4                |                                       |
| <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                               |
| <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)  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|--|------------------|--|
| ALUNBRIG ORAL TABLET 30 MG   | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE<br>PACK 90 MG (7)- 180 MG (23)          | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex)                     | 1                |  |
| <i>arsenic trioxide intravenous solution 1 mg/ml</i>               | 5                | NM; NDS                                  |
| AVASTIN INTRAVENOUS<br>SOLUTION 25 MG/ML                           | 5                | PA NSO; NM; NDS                          |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza)            | 5                | NM; NDS                                  |
| BALVERSA ORAL TABLET 3 MG  | 5                | PA NSO; NM; NDS;<br>QL (84 per 28 days)  |
| BALVERSA ORAL TABLET 4 MG  | 5                | PA NSO; NM; NDS;<br>QL (56 per 28 days)  |
| BALVERSA ORAL TABLET 5 MG  | 5                | PA NSO; NM; NDS;<br>QL (28 per 28 days)  |
| BAVENCIO INTRAVENOUS<br>SOLUTION 20 MG/ML                          | 5                | PA NSO; NM; NDS                          |
| BELEODAQ INTRAVENOUS<br>RECON SOLN 500 MG                          | 5                | PA NSO; NM; NDS                          |
| BENDEKA INTRAVENOUS<br>SOLUTION 25 MG/ML                           | 5                | PA NSO; NM; NDS                          |
| BESPONSIA INTRAVENOUS<br>RECON SOLN 0.9 MG (0.25 MG/ML<br>INITIAL) | 5                | PA NSO; NM; NDS                          |
| <i>bexarotene oral capsule 75 mg</i> (Targretin)                   | 5                | PA NSO; NM; NDS;<br>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                | PA BvD                                   |
| BLINCYTO INTRAVENOUS KIT 35<br>MCG                                 | 5                | PA NSO; NM; NDS                          |
| BORTEZOMIB INTRAVENOUS<br>RECON SOLN 3.5 MG                        | 5                | PA NSO; NM; NDS                          |
| BOSULIF ORAL TABLET 100 MG   | 5                | PA NSO; NM; NDS;<br>QL (90 per 30 days)  |
| BOSULIF ORAL TABLET 400 MG,<br>500 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>                     |
|--|------------------|--|
| BRAFTOVI ORAL CAPSULE 50 MG  | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days)       |
| BRAFTOVI ORAL CAPSULE 75 MG  | 5                | PA NSO; NM; NDS;<br>QL (180 per 30 days)       |
| CABOMETYX ORAL TABLET 20<br>MG, 60 MG  | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)        |
| CABOMETYX ORAL TABLET 40<br>MG   | 5                | PA NSO; NM; NDS;<br>QL (60 per 30 days)        |
| CALQUENCE ORAL CAPSULE 100<br>MG   | 5                | PA NSO; NM; NDS;<br>QL (60 per 30 days)        |
| CAPRELSA ORAL TABLET 100 MG  | 5                | PA NSO; NM; NDS;<br>QL (60 per 30 days)        |
| CAPRELSA ORAL TABLET 300 MG  | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)        |
| <i>carboplatin intravenous solution 10<br/>mg/ml</i>   | 4                |  |
| <i>cladribine intravenous solution 10 mg/10<br/>ml</i>   | 4                | PA BvD   |
| <i>clofarabine intravenous solution 20 mg/20 (Clolar)<br/>ml</i>   | 5                | NM; NDS  |
| COMETRIQ ORAL CAPSULE 100<br>MG/DAY(80 MG X1-20 MG X1), 140<br>MG/DAY(80 MG X1-20 MG X3), 60<br>MG/DAY (20 MG X 3/DAY) | 5                | PA NSO; NM; NDS;<br>QL (112 per 28 days)       |
| COPIKTRA ORAL CAPSULE 15<br>MG, 25 MG  | 5                | PA NSO; NM; NDS;<br>QL (56 per 28 days)        |
| COTELLIC ORAL TABLET 20 MG   | 5                | PA NSO; NM; LA;<br>NDS; QL (63 per 28<br>days) |
| <i>cyclophosphamide intravenous recon soln<br/>1 gram, 2 gram, 500 mg</i>  | 5                | PA BvD; NM; NDS                                |
| CYCLOPHOSPHAMIDE ORAL<br>CAPSULE 25 MG, 50 MG  | 2                | PA BvD; ST                                     |
| CYRAMZA INTRAVENOUS<br>SOLUTION 10 MG/ML   | 5                | PA NSO; NM; NDS                                |
| DARZALEX INTRAVENOUS<br>SOLUTION 20 MG/ML  | 5                | PA NSO; NM; LA;<br>NDS                         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--|------------------|---------------------------------------|
| 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>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml, 80 mg/8 ml (10 mg/ml)</i>       | 5                | NM; NDS                               |
| <i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i> (Taxotere)            | 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                |                                       |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG   | 4                |                                       |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG   | 4                |                                       |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)  | 4                |                                       |
| EMCYT ORAL CAPSULE 140 MG  | 5                | NM; NDS                               |
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG  | 5                | PA NSO; NM; NDS                       |
| ERIVEDGE ORAL CAPSULE 150 MG   | 5                | PA NSO; NM; NDS; QL (30 per 30 days)  |
| ERLEADA ORAL TABLET 60 MG  | 5                | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)   | 5                | PA NSO; NM; NDS; QL (60 per 30 days)  |
| <i>erlotinib oral tablet 150 mg</i> (Tarceva)  | 5                | PA NSO; NM; NDS; QL (90 per 30 days)  |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG  | 4                |                                       |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| <i>etoposide intravenous solution 20 mg/ml</i> (Toposar)   | 2                |                                      |
| <i>exemestane oral tablet 25 mg</i> (Aromasin)   | 4                |                                      |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG   | 5                | PA NSO; NM; NDS                      |
| FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML   | 5                | NM; NDS                              |
| <i>floxuridine injection recon soln 0.5 gram</i>   | 2                | PA BvD                               |
| <i>fluorouracil intravenous solution 1 gram/20 ml</i>  | 2                | PA BvD                               |
| <i>fluorouracil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i> (Adrucil)   | 2                | PA BvD                               |
| <i>flutamide oral capsule 125 mg</i>   | 4                |                                      |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)  | 5                | NM; NDS                              |
| GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML   | 5                | PA NSO; NM; NDS                      |
| <i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>   | 5                | NM; NDS                              |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> | 5                | NM; NDS                              |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG   | 5                | PA NSO; NM; NDS; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE 10 MG, 40 MG, 5 MG  | 4                |                                      |
| GLEOSTINE ORAL CAPSULE 100 MG  | 5                | NM; NDS                              |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML  | 5                | PA NSO; NM; NDS; QL (5 per 21 days)  |
| HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG  | 5                | PA NSO; NM; NDS                      |
| HEXALEN ORAL CAPSULE 50 MG   | 5                | NM; NDS                              |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea)  | 2                |                                      |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG   | 5                | PA NSO; NM; NDS; QL (21 per 28 days) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---|------------------|--|
| ICLUSIG ORAL TABLET 15 MG   | 5                | PA NSO; NM; NDS;<br>QL (60 per 30 days)  |
| ICLUSIG ORAL TABLET 45 MG   | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                  | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| <i>ifosfamide intravenous recon soln 1 gram (Ifex)</i>            | 2                | PA BvD                                   |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | 2                | PA BvD                                   |
| <i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i>  | 5                | PA BvD; NM; NDS                          |
| <i>imatinib oral tablet 100 mg (Gleevec)</i>                      | 5                | PA NSO; NM; NDS;<br>QL (90 per 30 days)  |
| <i>imatinib oral tablet 400 mg (Gleevec)</i>                      | 5                | PA NSO; NM; NDS;<br>QL (60 per 30 days)  |
| IMBRUVICA ORAL CAPSULE 140 MG                                     | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG                                      | 5                | PA NSO; NM; NDS;<br>QL (28 per 28 days)  |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG              | 5                | PA NSO; NM; NDS;<br>QL (28 per 28 days)  |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML                             | 5                | PA NSO; NM; NDS                          |
| IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML            | 5                | PA NSO; NM; NDS;<br>QL (4 per 365 days)  |
| IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML          | 5                | PA NSO; NM; NDS;<br>QL (8 per 28 days)   |

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| Drug Name   | Drug Tier | Requirements/Limits                      |
|---|-----------|--|
| INFUGEM INTRAVENOUS<br>PIGGYBACK 1,200 MG/120 ML (10<br>MG/ML), 1,300 MG/130 ML (10<br>MG/ML), 1,400 MG/140 ML (10<br>MG/ML), 1,500 MG/150 ML (10<br>MG/ML), 1,600 MG/160 ML (10<br>MG/ML), 1,700 MG/170 ML (10<br>MG/ML), 1,800 MG/180 ML (10<br>MG/ML), 1,900 MG/190 ML (10<br>MG/ML), 2,000 MG/200 ML (10<br>MG/ML), 2,200 MG/220 ML (10<br>MG/ML) | 5         | NM; NDS                                  |
| 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 (60 per 30 days)  |
| IRESSA ORAL TABLET 250 MG   | 5         | PA NSO; NM; NDS;<br>QL (60 per 30 days)  |
| <i>irinotecan intravenous solution 100 mg/5<br/>ml, 40 mg/2 ml</i> (Camptosar)  | 4         |  |
| <i>irinotecan intravenous solution 500 mg/25<br/>ml</i>   | 4         |  |
| IXEMPRA INTRAVENOUS RECON<br>SOLN 15 MG, 45 MG  | 5         | NM; NDS                                  |
| JAKAFI ORAL TABLET 10 MG, 15<br>MG, 20 MG, 25 MG, 5 MG  | 5         | PA NSO; NM; NDS;<br>QL (60 per 30 days)  |
| KANJINTI INTRAVENOUS RECON<br>SOLN 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 MG/DAY(200<br>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 MG/DAY(200<br>MG X 2)-2.5 MG  | 5         | PA NSO; NM; NDS;<br>QL (70 per 28 days)  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|--|------------------|--|
| KISQALI FEMARA CO-PACK<br>ORAL TABLET 600 MG/DAY(200<br>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)  |
| KYPROLIS INTRAVENOUS<br>RECON SOLN 10 MG, 30 MG, 60<br>MG  | 5                | PA NSO; NM; NDS                          |
| LENVIMA ORAL CAPSULE 10<br>MG/DAY (10 MG X 1), 12 MG/DAY<br>(4 MG X 3), 14 MG/DAY(10 MG X 1-4<br>MG X 1), 18 MG/DAY (10 MG X 1-4<br>MG X 2), 20 MG/DAY (10 MG X 2), 24<br>MG/DAY(10 MG X 2-4 MG X 1), 4<br>MG, 8 MG/DAY (4 MG X 2) | 5                | PA NSO; NM; NDS                          |
| <i>letrozole oral tablet 2.5 mg</i> (Femara)   | 1                |  |
| LEUKERAN ORAL TABLET 2 MG  | 5                | NM; NDS                                  |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>   | 2                |  |
| LIBTAYO INTRAVENOUS<br>SOLUTION 50 MG/ML   | 5                | PA NSO; NM; NDS;<br>QL (7 per 21 days)   |
| LONSURF ORAL TABLET 15-6.14<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19<br>MG  | 5                | PA NSO; NM; NDS;<br>QL (80 per 28 days)  |
| LORBRENA ORAL TABLET 100<br>MG   | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| LORBRENA ORAL TABLET 25 MG   | 5                | PA NSO; NM; NDS;<br>QL (90 per 30 days)  |
| LUMOXITI INTRAVENOUS<br>RECON SOLN 1 MG  | 5                | PA NSO; NM; NDS                          |
| LUPRON DEPOT (3 MONTH)<br>INTRAMUSCULAR SYRINGE KIT<br>11.25 MG, 22.5 MG   | 5                | NM; NDS                                  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|--|------------------|--|
| LUPRON DEPOT (4 MONTH)<br>INTRAMUSCULAR SYRINGE KIT<br>30 MG         | 5                | NM; NDS                                  |
| LUPRON DEPOT (6 MONTH)<br>INTRAMUSCULAR SYRINGE KIT<br>45 MG         | 5                | NM; NDS                                  |
| LUPRON DEPOT<br>INTRAMUSCULAR SYRINGE KIT<br>3.75 MG, 7.5 MG         | 5                | NM; NDS                                  |
| LYNPARZA ORAL CAPSULE 50<br>MG                                       | 5                | PA NSO; NM; NDS;<br>QL (448 per 28 days) |
| LYNPARZA ORAL TABLET 100<br>MG, 150 MG                               | 5                | PA NSO; NM; NDS;<br>QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG  | 5                | NM; NDS                                  |
| MARQIBO INTRAVENOUS KIT 5<br>MG/31 ML(0.16 MG/ML) FINAL              | 5                | PA NSO; NM; NDS;<br>QL (4 per 28 days)   |
| MATULANE ORAL CAPSULE 50<br>MG                                       | 5                | NM; NDS                                  |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                            | 2                | PA NSO-HRM; AGE<br>(Max 64 Years)        |
| MEKINIST ORAL TABLET 0.5 MG  | 5                | PA NSO; NM; NDS;<br>QL (90 per 30 days)  |
| MEKINIST ORAL TABLET 2 MG  | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days)  |
| MEKTOVI ORAL TABLET 15 MG  | 5                | PA NSO; NM; NDS;<br>QL (180 per 30 days) |
| <i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl)) | 5                | NM; NDS                                  |
| <i>mercaptopurine oral tablet 50 mg</i>                              | 2                |  |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i>          | 2                | PA BvD                                   |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i>          | 2                | PA BvD                                   |
| <i>methotrexate sodium injection solution 25 mg/ml</i>               | 2                | PA BvD                                   |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                        | 2                | PA BvD; ST                               |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i>                  | 2                |  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---|------------------|--|
| MVASI INTRAVENOUS SOLUTION<br>25 MG/ML  | 5                | PA NSO; NM; NDS                          |
| MYLOTARG INTRAVENOUS<br>RECON SOLN 4.5 MG (1 MG/ML<br>INITIAL CONC)               | 5                | PA NSO; NM; NDS                          |
| NERLYNX ORAL TABLET 40 MG   | 5                | PA NSO; NM; NDS;<br>QL (180 per 30 days) |
| NEXAVAR ORAL TABLET 200 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 MG,<br>3 MG, 4 MG  | 5                | PA NSO; NM; NDS;<br>QL (3 per 28 days)   |
| ODOMZO ORAL CAPSULE 200 MG  | 5                | PA NSO; NM; LA;<br>NDS                   |
| ONCASPAR INJECTION<br>SOLUTION 750 UNIT/ML  | 5                | PA NSO; NM; NDS                          |
| ONIVYDE INTRAVENOUS<br>DISPERSION 4.3 MG/ML                                       | 5                | PA BvD; NM; NDS                          |
| OPDIVO INTRAVENOUS<br>SOLUTION 100 MG/10 ML, 240<br>MG/24 ML, 40 MG/4 ML          | 5                | PA NSO; NM; NDS                          |
| <i>oxaliplatin intravenous recon soln 100<br/>mg, 50 mg</i>                       | 4                |  |
| <i>oxaliplatin intravenous solution 100<br/>mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>   | 4                |  |
| <i>paclitaxel intravenous concentrate 6<br/>mg/ml</i>                             | 4                | PA BvD                                   |
| PERJETA INTRAVENOUS<br>SOLUTION 420 MG/14 ML (30<br>MG/ML)                        | 5                | PA NSO; NM; NDS                          |
| PIQRAY ORAL TABLET 200<br>MG/DAY (200 MG X 1)                                     | 5                | PA NSO; NM; NDS;<br>QL (28 per 28 days)  |
| PIQRAY ORAL TABLET 250<br>MG/DAY (200 MG X1-50 MG X1),<br>300 MG/DAY (150 MG X 2) | 5                | PA NSO; NM; NDS;<br>QL (56 per 28 days)  |
| POLIVY INTRAVENOUS RECON<br>SOLN 140 MG   | 5                | PA NSO; NM; NDS                          |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---|------------------|--|
| 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)    |
| POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML  | 5                | PA NSO; NM; NDS                          |
| PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT  | 5                | NM; NDS                                  |
| PURIXAN ORAL SUSPENSION 20 MG/ML  | 5                | NM; NDS                                  |
| 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) |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 5                | PA NSO; NM; NDS                          |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML  | 5                | PA NSO; NM; NDS                          |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG  | 5                | PA NSO; NM; NDS; QL (120 per 30 days)    |
| RYDAPT ORAL CAPSULE 25 MG   | 5                | PA NSO; NM; NDS; QL (224 per 28 days)    |
| SOLTAMOX ORAL SOLUTION 10 MG/5 ML   | 4                |  |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG                                       | 5                | PA NSO; NM; NDS; QL (30 per 30 days)     |
| SPRYCEL ORAL TABLET 20 MG   | 5                | PA NSO; NM; NDS; QL (90 per 30 days)     |
| STIVARGA ORAL TABLET 40 MG  | 5                | PA NSO; NM; NDS; QL (84 per 28 days)     |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG  | 5                | PA NSO; NM; NDS; QL (30 per 30 days)     |
| SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG   | 5                | PA NSO; NM; NDS                          |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG  | 5                | PA NSO; NM; NDS; QL (28 per 28 days)     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|--|------------------|--|
| TABLOID ORAL TABLET 40 MG  | 5                | NM; NDS                                  |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG   | 5                | PA NSO; NM; NDS; QL (120 per 30 days)    |
| TAGRISSO 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                |  |
| TARCEVA ORAL TABLET 100 MG, 25 MG  | 5                | PA NSO; NM; NDS; QL (60 per 30 days)     |
| TARCEVA ORAL TABLET 150 MG   | 5                | PA NSO; NM; NDS; QL (90 per 30 days)     |
| 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)    |
| 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>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel) | 5                | PA BvD; NM; NDS; QL (4 per 28 days)      |
| <i>thiotepa injection recon soln 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>topotecan intravenous recon soln 4 mg</i> (Hycamtin)                            | 5                | NM; NDS                                  |
| <i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>                          | 5                | NM; NDS                                  |
| <i>toremifene oral tablet 60 mg</i> (Fareston)                                     | 5                | NM; NDS                                  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                |
|---|------------------|---|
| TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG                                  | 5                | 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)              |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG                  | 5                | NM; NDS                                   |
| <i>tretinoin (chemotherapy) oral capsule 10 mg</i>                            | 5                | NM; NDS                                   |
| TYKERB ORAL TABLET 250 MG   | 5                | NM; NDS                                   |
| UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML                                       | 5                | PA NSO; NM; NDS                           |
| <i>valrubicin intravesical solution 40 mg/ml (Valstar)</i>                    | 5                | NM; NDS                                   |
| VALSTAR INTRAVESICAL SOLUTION 40 MG/ML  | 5                | NM; NDS                                   |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) | 5                | PA NSO; NM; NDS                           |
| VELCADE INJECTION RECON SOLN 3.5 MG   | 5                | PA NSO; NM; NDS                           |
| VENCLEXTA ORAL TABLET 10 MG   | 4                | PA NSO; LA; QL (60 per 30 days)           |
| VENCLEXTA ORAL TABLET 100 MG  | 5                | PA NSO; NM; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG   | 4                | PA NSO; LA; QL (30 per 30 days)           |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG            | 5                | PA NSO; NM; LA; NDS; QL (42 per 28 days)  |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                            | 5                | PA NSO; NM; NDS; QL (56 per 28 days)      |
| <i>vinblastine intravenous solution 1 mg/ml</i>                               | 4                | PA BvD                                    |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| <i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>               | 4                | PA BvD                                |
| <i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>                | 4                | PA BvD                                |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)  | 2                |                                       |
| VITRAKVI ORAL CAPSULE 100 MG  | 5                | PA NSO; NM; NDS; QL (60 per 30 days)  |
| 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 160 MG/WEEK (20 MG X 8)                                | 5                | PA NSO; NM; NDS; QL (32 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)  |
| 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                       |

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| Drug Name   | Drug Tier | Requirements/Limits                   |
|---|-----------|---------------------------------------|
| 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) |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) | 5         | PA NSO; NM; NDS                       |
| 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) |
| 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         |                                       |
| <i>propantheline oral tablet 15 mg</i>                                      | 4         |                                       |
| <b>Anticonvulsants</b>  |           |                                       |
| <b>Anticonvulsants</b>  |           |                                       |
| APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG                           | 5         | NM; NDS                               |
| BANZEL ORAL SUSPENSION 40 MG/ML   | 5         | NM; NDS                               |
| BANZEL ORAL TABLET 200 MG, 400 MG   | 5         | NM; NDS                               |

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Effective Date: 09/01/2019

Formulary ID: 19138.000

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--|------------------|-------------------------------|
| 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> (Eptol)  | 2                |                               |
| <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                |                               |
| DILANTIN ORAL CAPSULE 30 MG  | 2                |                               |
| <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)                                      | 4                |                               |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)                                       | 4                |                               |
| <i>fosphenytoin injection solution 100 mg pel/2 ml, 500 mg pel/10 ml</i> (Cerebyx)           | 2                |                               |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML  | 4                |                               |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG   | 5                | NM; NDS                       |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| FYCOMPA ORAL TABLET 2 MG   | 4                |                            |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)  | 1                |                            |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)  | 2                |                            |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)   | 2                |                            |
| GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)                                 | 4                | ST; QL (78 per 30 days)    |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG  | 4                | ST; QL (90 per 30 days)    |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)  | 1                |                            |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))             | 4                |                            |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange)) | 4                |                            |
| <i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))          | 4                |                            |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)        | 4                |                            |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)  | 2                |                            |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)                             | 4                |                            |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>            | 4                |                            |
| <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                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG                     | 3                | QL (90 per 30 days)            |
| LYRICA ORAL SOLUTION 20 MG/ML   | 3                | QL (900 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                |                                |
| PEGANONE ORAL TABLET 250 MG   | 4                |                                |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>   | 2                | PA NSO-HRM; AGE (Max 64 Years) |
| <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                | PA NSO-HRM; AGE (Max 64 Years) |
| <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                |                                |
| ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG   | 2                |                                |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG   | 4                | ST; QL (60 per 30 days)        |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--|------------------|---------------------------------|
| SPRITAM ORAL TABLET FOR<br>SUSPENSION 250 MG, 500 MG, 750<br>MG  | 4                | ST; QL (120 per 30<br>days)     |
| <i>subvenite oral tablet 100 mg, 150 mg, 200<br/>mg, 25 mg</i>   | 1                |                                 |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, (Gabitril)<br/>4 mg</i>                                   | 4                |                                 |
| <i>topiramate oral capsule, sprinkle 15 mg, (Topamax)<br/>25 mg</i>                                    | 2                |                                 |
| <i>topiramate oral capsule, sprinkle, er 24hr (Qudexy XR)<br/>100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> | 4                |                                 |
| <i>topiramate oral tablet 100 mg, 200 mg, (Topamax)<br/>25 mg, 50 mg</i>                               | 1                |                                 |
| TROKENDI XR ORAL<br>CAPSULE, EXTENDED RELEASE<br>24HR 200 MG   | 5                | NM; NDS; QL (60 per<br>30 days) |
| <i>valproate sodium intravenous solution (Depacon)<br/>500 mg/5 ml (100 mg/ml)</i>                     | 2                |                                 |
| <i>valproic acid (as sodium salt) oral<br/>solution 250 mg/5 ml</i>                                    | 2                |                                 |
| <i>valproic acid oral capsule 250 mg (Depakene)</i>  | 2                |                                 |
| <i>vigabatrin oral powder in packet 500 mg (Sabril)</i>  | 5                | NM; NDS                         |
| <i>vigabatrin oral tablet 500 mg (Sabril)</i>  | 5                | NM; NDS                         |
| <i>vigadrone oral powder in packet 500 mg</i>  | 5                | NM; NDS                         |
| 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 MG,<br>150 MG, 200 MG, 50 MG  | 3                | QL (60 per 30 days)             |
| <i>zonisamide oral capsule 100 mg, 25 mg (Zonegran)</i>  | 2                |                                 |
| <i>zonisamide oral capsule 50 mg</i>   | 2                |                                 |
| <b>Antidementia Agents</b>   |                  |                                 |
| <b>Antidementia Agents</b>   |                  |                                 |
| <i>donepezil oral tablet 10 mg, 5 mg (Aricept)</i>   | 1                | QL (30 per 30 days)             |
| <i>donepezil oral tablet 23 mg (Aricept)</i>   | 4                | QL (30 per 30 days)             |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|--|------------------|--------------------------------|
| <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>   | 4                | 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)            | 4                | QL (30 per 30 days)            |
| <i>memantine oral solution 2 mg/ml</i>   | 4                | QL (360 per 30 days)           |
| <i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)   | 2                | QL (60 per 30 days)            |
| <i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)                           | 4                | QL (49 per 28 days)            |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG                                 | 3                | QL (56 per 365 days)           |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 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) | 4                | 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                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>                              | 2                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>  | 2                | PA NSO-HRM; AGE (Max 64 Years) |
| <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                | QL (30 per 30 days)            |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)                                  | 4                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)   | 4                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                                       | 4                | PA NSO-HRM; AGE (Max 64 Years) |
| <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                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>doxepin oral concentrate 10 mg/ml</i>  | 2                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>duloxetine oral capsule, delayed release(drlec) 20 mg, 60 mg</i> (Cymbalta)                    | 2                | QL (60 per 30 days)            |
| <i>duloxetine oral capsule, delayed release(drlec) 30 mg</i> (Cymbalta)                           | 2                | QL (30 per 30 days)            |
| <i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>                                      | 4                | QL (30 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                |                                |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)                                  | 4                | QL (56 per 365 days)           |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG                           | 4                | QL (30 per 30 days)            |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)                                       | 1                |                                |

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|---|------------------|--------------------------------|
| <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> (Tofranil)                            | 2                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                        | 4                | PA NSO-HRM; AGE (Max 64 Years) |
| <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>                         | 4                |                                |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)                      | 1                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>nortriptyline oral solution 10 mg/5 ml</i>   | 2                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)                        | 1                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR) | 4                | PA NSO-HRM; AGE (Max 64 Years) |
| <b>PAXIL ORAL SUSPENSION 10 MG/5 ML</b>   | 4                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>   | 2                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>phenelzine oral tablet 15 mg</i> (Nardil)  | 2                |                                |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>  | 4                | PA NSO-HRM; AGE (Max 64 Years) |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)  | 2                |                                |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)                                 | 1                |                                |

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|--|------------------|--------------------------------|
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)                       | 5                | PA NSO; NM; NDS                |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate)   | 4                |                                |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>   | 1                |                                |
| <i>trazodone oral tablet 300 mg</i>  | 4                |                                |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>  | 2                | PA NSO-HRM; AGE (Max 64 Years) |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG  | 3                | QL (30 per 30 days)            |
| <i>venlafaxine oral capsule, extended release</i> (Effexor XR)<br><i>24hr 150 mg</i>         | 2                | QL (30 per 30 days)            |
| <i>venlafaxine oral capsule, extended release</i> (Effexor XR)<br><i>24hr 37.5 mg, 75 mg</i> | 2                | QL (90 per 30 days)            |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                          | 2                |                                |
| <i>venlafaxine oral tablet extended release</i><br><i>24hr 150 mg, 37.5 mg, 75 mg</i>        | 4                |                                |
| VIIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG   | 3                | QL (30 per 30 days)            |
| VIIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)                                       | 3                | QL (30 per 180 days)           |
| 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)            |
| GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG   | 3                |                                |
| 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)       |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| 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)               |
| 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                                       | 3                | QL (60 per 30 days)               |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG                                    | 3                | QL (60 per 30 days)               |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG                                      | 3                | QL (30 per 30 days)               |
| KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG   | 4                | QL (60 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                | QL (75 per 30 days)               |
| <i>metformin oral tablet 500 mg</i> (Glucophage)  | 6                | QL (150 per 30 days)              |
| <i>metformin oral tablet 850 mg</i> (Glucophage)  | 6                | QL (90 per 30 days)               |
| <i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)                        | 6                | QL (120 per 30 days)              |
| <i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)                        | 6                | QL (60 per 30 days)               |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)   | 4                | QL (90 per 30 days)               |

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|---|------------------|------------------------------------|
| <i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)                                    | 2                | QL (90 per 30 days)                |
| NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG  | 4                | QL (30 per 30 days)                |
| OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG        | 4                | QL (30 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                | QL (30 per 30 days)                |
| <i>repaglinide oral tablet 0.5 mg</i>   | 6                | QL (240 per 30 days)               |
| <i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)                                       | 6                | QL (240 per 30 days)               |
| <i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>                               | 4                | QL (150 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  | 3                | 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)                 |

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

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|---|-----------|-------------------------|
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 3         | QL (30 per 28 days)     |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML            | 3         | QL (30 per 28 days)     |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML              | 3         | QL (40 per 28 days)     |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML                  | 3         | ST; QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)       | 3         | QL (18 per 28 days)     |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 3         | QL (13.5 per 28 days)   |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)         | 3         | QL (30 per 28 days)     |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)         | 3         | QL (18 per 28 days)     |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                     | 3         | QL (40 per 28 days)     |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)        | 3         | ST; QL (15 per 28 days) |
| <b>Sulfonylureas</b>  |           |                         |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)                          | 6         | QL (30 per 30 days)     |
| <i>glimepiride oral tablet 4 mg</i> (Amaryl)                                | 6         | QL (60 per 30 days)     |
| <i>glipizide oral tablet 10 mg</i> (Glucotrol)                              | 6         | QL (120 per 30 days)    |
| <i>glipizide oral tablet 5 mg</i> (Glucotrol)                               | 6         | QL (60 per 30 days)     |
| <i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)     | 6         | QL (60 per 30 days)     |

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|---|------------------|----------------------------|
| <i>glipizide oral tablet extended release 24hr (Glucotrol XL)</i><br>2.5 mg, 5 mg | 6                | QL (30 per 30 days)        |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i>                                 | 6                | QL (240 per 30 days)       |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>                       | 6                | QL (120 per 30 days)       |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg (Glynase)</i>              | 6                | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                                | 6                | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>          | 6                | PA-HRM; AGE (Max 64 Years) |
| <i>tolazamide oral tablet 250 mg</i>  | 4                | QL (120 per 30 days)       |
| <i>tolazamide oral tablet 500 mg</i>  | 4                | QL (60 per 30 days)        |
| <i>tolbutamide oral tablet 500 mg</i>   | 4                | QL (180 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 (Cancidas)</i>                 | 5                | NM; NDS                    |
| <i>ciclopirox topical cream 0.77% (Ciclodan)</i>                                  | 2                |                            |
| <i>ciclopirox topical gel 0.77%</i>   | 4                |                            |
| <i>ciclopirox topical shampoo 1% (Loprox)</i>                                     | 4                |                            |
| <i>ciclopirox topical solution 8% (Ciclodan)</i>                                  | 2                |                            |
| <i>ciclopirox topical suspension 0.77% (Loprox (as olamine))</i>                  | 4                |                            |
| <i>clotrimazole mucous membrane troche 10 mg</i>                                  | 2                |                            |
| <i>clotrimazole topical cream 1% (Antifungal (clotrimazole))</i>                  | 2                |                            |
| <i>clotrimazole topical solution 1%</i>   | 2                |                            |
| <i>clotrimazole-betamethasone topical cream 1-0.05% (Lotrisone)</i>               | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>   | 4                |                            |
| <i>econazole topical cream 1 %</i>  | 4                |                            |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> | 4                | 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                |                            |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)  | 5                | NM; NDS                    |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>   | 4                |                            |
| <i>griseofulvin microsize oral tablet 500 mg</i>  | 4                |                            |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>   | 4                |                            |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox)  | 4                |                            |
| <i>itraconazole oral solution 10 mg/ml</i> (Sporanox)   | 3                |                            |
| <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                |                            |
| NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML   | 5                | NM; NDS                    |
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)  | 5                | NM; NDS                    |
| NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG   | 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                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)                             | 2                |                            |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>                      | 4                |                            |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>                | 4                |                            |
| <i>nystop topical powder 100,000 unit/gram</i>  | 2                |                            |
| <i>terbinafine hcl oral tablet 250 mg</i>   | 1                |                            |
| <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                |                            |
| <i>colchicine oral capsule 0.6 mg</i> (Mitigare)                                      | 2                |                            |
| <i>colchicine oral tablet 0.6 mg</i> (Colcrys)  | 2                |                            |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)                                   | 2                | QL (30 per 30 days)        |
| <i>probenecid oral tablet 500 mg</i>  | 2                |                            |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>                                   | 2                |                            |
| <b>ULORIC ORAL TABLET 40 MG, 80 MG</b>  | 3                | QL (30 per 30 days)        |
| <b>Antihistamines</b>   |                  |                            |
| <b>Antihistamines</b>   |                  |                            |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                                    | 2                | PA-HRM; AGE (Max 64 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i>   | 2                | PA-HRM; AGE (Max 64 Years) |
| <i>clemastine oral tablet 2.68 mg</i>   | 2                | PA-HRM; AGE (Max 64 Years) |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>  | 2                | PA-HRM; AGE (Max 64 Years) |
| <i>cyproheptadine oral tablet 4 mg</i>  | 2                | PA-HRM; AGE (Max 64 Years) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| <i>diphenhydramine 50 mg/ml crpjt<br/>outer, l/f, s/v, p/f 50 mg/ml</i>                 | 4                |                               |
| <i>diphenhydramine hcl injection solution 50<br/>mg/ml</i>                              | 2                |                               |
| <i>diphenhydramine hcl injection syringe 50<br/>mg/ml</i>                               | 2                |                               |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5<br/>ml</i>                                 | 1                | PA-HRM; AGE (Max<br>64 Years) |
| <i>hydroxyzine hcl intramuscular solution<br/>25 mg/ml, 50 mg/ml</i>                    | 2                | PA-HRM; AGE (Max<br>64 Years) |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>   | 2                | PA-HRM; AGE (Max<br>64 Years) |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg,<br/>50 mg</i>                              | 1                | PA-HRM; AGE (Max<br>64 Years) |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)                                 | 4                |                               |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)                            | 1                |                               |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>   | 1                | PA-HRM; AGE (Max<br>64 Years) |
| <i>promethazine-phenylephrine oral syrup</i> (Promethazine VC)<br><i>6.25-5 mg/5 ml</i> | 2                | PA-HRM; AGE (Max<br>64 Years) |
| <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>  | 4                |                               |
| <b>Antimigraine Agents</b>  |                  |                               |
| <b>Antimigraine Agents</b>  |                  |                               |
| AIMOVIG AUTOINJECTOR (2<br>PACK) SUBCUTANEOUS AUTO-<br>INJECTOR 70 MG/ML                | 3                | PA; QL (2 per 30 days)        |
| AIMOVIG AUTOINJECTOR<br>SUBCUTANEOUS AUTO-<br>INJECTOR 140 MG/ML, 70 MG/ML              | 3                | PA; QL (1 per 30 days)        |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--|------------------|---------------------------------|
| AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML   | 3                | PA; QL (1.5 per 30 days)        |
| <i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)   | 5                | NM; NDS; QL (24 per 28 days)    |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (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 100 MG/ML  | 5                | PA; NM; NDS; QL (3 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML  | 3                | PA; QL (2 per 30 days)          |
| ERGOMAR SUBLINGUAL TABLET 2 MG   | 2                | QL (40 per 28 days)             |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)   | 4                | QL (18 per 28 days)             |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt)  | 2                | QL (18 per 28 days)             |
| <i>rizatriptan oral tablet 5 mg</i>  | 2                | QL (18 per 28 days)             |
| <i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> (Maxalt-MLT)                                | 2                | QL (18 per 28 days)             |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation, 5 mg/lactuation</i> (Imitrex)                | 4                | QL (12 per 28 days)             |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)                                | 1                | QL (18 per 28 days)             |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | 4                | 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) | 4                | QL (4 per 28 days)              |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)                               | 4                | QL (4 per 28 days)              |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>  | 4                | QL (4 per 28 days)              |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)   | 4                | QL (12 per 28 days)             |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)                               | 4                | QL (12 per 28 days)             |

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| Drug Name   | Drug Tier | Requirements/Limits                |
|---|-----------|------------------------------------|
| <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         |                                    |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM                        | 4         |                                    |
| PRIFTIN ORAL TABLET 150 MG  | 4         |                                    |
| <i>pyrazinamide oral tablet 500 mg</i>                                  | 2         |                                    |
| <i>rifabutin oral capsule 150 mg</i> (Mycobutin)                        | 4         |                                    |
| <i>rifampin intravenous recon soln 600 mg</i> (Rifadin)                 | 4         |                                    |
| <i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)                   | 2         |                                    |
| SIRTURO ORAL TABLET 100 MG  | 5         | PA; NM; NDS; QL (188 per 168 days) |
| TRECTOR ORAL TABLET 250 MG  | 4         |                                    |
| <b>Antinausea Agents</b>  |           |                                    |
| <b>Antinausea Agents</b>  |           |                                    |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG              | 4         |                                    |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG                            | 4         | PA BvD                             |
| <i>aprepitant oral capsule 125 mg</i> (Emend)                           | 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 EMULSION 7.2 MG/ML                                 | 4         | QL (36 per 28 days)                |
| <i>compro rectal suppository 25 mg</i>                                  | 4         |                                    |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>dimenhydrinate injection solution 50 mg/ml</i>                                  | 2                |                            |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)                       | 4                | PA                         |
| EMEND (FOSAPREPITANT)<br>INTRAVENOUS RECON SOLN 150 MG                             | 4                | QL (2 per 28 days)         |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)             | 4                | PA BvD; QL (6 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>  | 4                | PA BvD                     |
| <i>meclizine oral tablet 12.5 mg</i>   | 2                | PA-HRM; AGE (Max 64 Years) |
| <i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)                         | 2                | PA-HRM; AGE (Max 64 Years) |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>                           | 1                |                            |
| <i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>                            | 1                |                            |
| <i>ondansetron hcl intravenous solution 2 mg/ml</i>                                | 1                |                            |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>                                     | 4                | PA BvD                     |
| <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>                                  | 4                | PA-HRM; AGE (Max 64 Years) |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i> | 2                |                            |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)                | 1                |                            |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compazine)                       | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                      |
|---|------------------|---|
| <i>promethazine injection solution 25 mg/ml, (Phenergan)<br/>50 mg/ml</i>             | 4                | PA-HRM; AGE (Max 64 Years)                      |
| <i>promethazine oral tablet 12.5 mg, 25 mg,<br/>50 mg</i>                             | 1                | PA-HRM; AGE (Max 64 Years)                      |
| <i>promethazine rectal suppository 12.5 mg, (Phenadoz)<br/>25 mg</i>                  | 4                | PA-HRM; AGE (Max 64 Years)                      |
| <i>promethazine rectal suppository 50 mg (Phenergan)</i>                              | 4                | PA-HRM; AGE (Max 64 Years)                      |
| <i>promethegan rectal suppository 12.5 mg,<br/>25 mg, 50 mg</i>                       | 4                | PA-HRM; AGE (Max 64 Years)                      |
| <i>scopolamine base transdermal patch 3 (Transderm-Scop)<br/>day 1 mg over 3 days</i> | 2                | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |
| SYNDROS ORAL SOLUTION 5 MG/ML   | 4                | PA  |
| TRANSDERM-SCOP<br>TRANSDERMAL PATCH 3 DAY 1<br>MG OVER 3 DAYS                         | 4                | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |
| <b>Antiparasite Agents</b>  |                  |   |
| <b>Antiparasite Agents</b>  |                  |   |
| <i>albendazole oral tablet 200 mg (Albenza)</i>                                       | 5                | NM; NDS   |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML                                 | 5                | NM; NDS   |
| ALINIA ORAL TABLET 500 MG   | 5                | NM; NDS   |
| <i>atovaquone oral suspension 750 mg/5 ml (Mepron)</i>                                | 5                | NM; NDS   |
| <i>atovaquone-proguanil oral tablet 250-100 mg (Malarone)</i>                         | 2                |   |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg (Malarone Pediatric)</i>               | 2                |   |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>                               | 2                |   |
| COARTEM ORAL TABLET 20-120 MG   | 4                |   |
| DARAPRIM ORAL TABLET 25 MG  | 5                | PA; NM; NDS                                     |
| <i>hydroxychloroquine oral tablet 200 mg (Plaquenil)</i>                              | 2                |   |
| IMPAVIDO ORAL CAPSULE 50 MG   | 5                | PA; NM; NDS; QL (84 per 28 days)                |

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| Drug Name  | Drug Tier | Requirements/Limits                 |
|--|-----------|-------------------------------------|
| <i>ivermectin oral tablet 3 mg</i> (Stromectol)  | 2         |                                     |
| KRINTAFEL ORAL TABLET 150 MG   | 4         |                                     |
| <i>mefloquine oral tablet 250 mg</i>   | 2         |                                     |
| NEBUPENT INHALATION RECON SOLN 300 MG  | 4         | PA BvD                              |
| <i>paromomycin oral capsule 250 mg</i>   | 4         |                                     |
| PENTAM INJECTION RECON SOLN 300 MG   | 4         |                                     |
| <i>pentamidine injection recon soln 300 mg</i> (Pentam)                                  | 2         |                                     |
| PRIMAQUINE ORAL TABLET 26.3 MG   | 4         |                                     |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)                                   | 4         | PA; QL (42 per 7 days)              |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>   | 2         |                                     |
| <b>Antiparkinsonian Agents</b>   |           |                                     |
| <b>Antiparkinsonian Agents</b>   |           |                                     |
| <i>amantadine hcl oral capsule 100 mg</i>  | 2         |                                     |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>   | 2         |                                     |
| <i>amantadine hcl oral tablet 100 mg</i>   | 2         |                                     |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML   | 5         | NM; NDS; QL (60 per 30 days)        |
| <i>benztropine injection solution 2 mg/2 ml</i> (Cogentin)                               | 5         | PA-HRM; NM; NDS; AGE (Max 64 Years) |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>  | 2         | PA-HRM; AGE (Max 64 Years)          |
| <i>bromocriptine oral capsule 5 mg</i> (Parlodel)  | 2         |                                     |
| <i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)                                       | 2         |                                     |
| <i>cabergoline oral tablet 0.5 mg</i>  | 2         |                                     |
| <i>carbidopa oral tablet 25 mg</i> (Lodosyn)   | 5         | NM; NDS                             |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)          | 2         |                                     |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR) | 2         |                                     |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>    | 4         |                                     |

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|---|------------------|-----------------------------------|
| <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) |
| 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)           |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)                           | 1                |                                   |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)  | 4                |                                   |
| <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                |                                   |

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|--|-----------|----------------------------------|
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL) | 4         |                                  |
| <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         | PA-HRM; AGE (Max 64 Years)       |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>  | 1         | PA-HRM; AGE (Max 64 Years)       |
| 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>  | 2         | QL (900 per 30 days)             |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)                     | 4         | QL (30 per 30 days)              |
| <i>aripiprazole oral tablet 2 mg</i> (Abilify)   | 4         | QL (60 per 30 days)              |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i>  | 4         | ST; QL (90 per 30 days)          |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i>  | 4         | ST; QL (60 per 30 days)          |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML                    | 5         | NM; NDS; QL (4.8 per 365 days)   |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML                         | 5         | NM; NDS; QL (3.9 per 56 days)    |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML                           | 5         | NM; NDS; QL (1.6 per 28 days)    |

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|--|------------------|-------------------------------------|
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 662 MG/2.4 ML        | 5                | NM; NDS; QL (2.4 per<br>28 days)    |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 882 MG/3.2 ML        | 5                | NM; NDS; QL (3.2 per<br>28 days)    |
| <i>chlorpromazine injection solution 25<br/>mg/ml</i>                            | 2                |                                     |
| <i>chlorpromazine oral tablet 10 mg, 100<br/>mg, 200 mg, 25 mg, 50 mg</i>        | 4                |                                     |
| <i>clozapine oral tablet 100 mg</i> (Clozaril)                                   | 2                | QL (270 per 30 days)                |
| <i>clozapine oral tablet 200 mg</i>  | 2                | QL (135 per 30 days)                |
| <i>clozapine oral tablet 25 mg</i> (Clozaril)                                    | 2                | QL (90 per 30 days)                 |
| <i>clozapine oral tablet 50 mg</i>   | 2                | QL (90 per 30 days)                 |
| <i>clozapine oral tablet,disintegrating 100<br/>mg, 12.5 mg, 25 mg</i> (FazaClo) | 4                | ST; QL (90 per 30 days)             |
| <i>clozapine oral tablet,disintegrating 150<br/>mg</i> (FazaClo)                 | 4                | ST; QL (180 per 30<br>days)         |
| <i>clozapine oral tablet,disintegrating 200<br/>mg</i> (FazaClo)                 | 4                | ST; QL (120 per 30<br>days)         |
| FANAPT ORAL TABLET 1 MG, 2<br>MG, 4 MG   | 4                | ST; QL (60 per 30 days)             |
| FANAPT ORAL TABLET 10 MG, 12<br>MG, 6 MG, 8 MG                                   | 5                | ST; NM; NDS; QL (60<br>per 30 days) |
| FANAPT ORAL TABLETS,DOSE<br>PACK 1MG(2)-2MG(2)- 4MG(2)-<br>6MG(2)                | 4                | ST; QL (8 per 28 days)              |
| <i>fluphenazine decanoate injection solution<br/>25 mg/ml</i>                    | 2                |                                     |
| <i>fluphenazine hcl injection solution 2.5<br/>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,<br/>2.5 mg, 5 mg</i>                | 4                |                                     |
| GEODON INTRAMUSCULAR<br>RECON SOLN 20 MG/ML (FINAL<br>CONC.)                     | 4                | QL (6 per 28 days)                  |

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|--|------------------|---------------------------------|
| <i>haloperidol dec 50 mg/ml vial mdv 50 mg/ml</i> (Haldol Decanoate)             | 4                |                                 |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate) | 4                |                                 |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>             | 4                |                                 |
| <i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)  | 4                |                                 |
| <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<br>INTRAMUSCULAR SYRINGE 117<br>MG/0.75 ML                       | 5                | NM; NDS; QL (0.75 per 28 days)  |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 156<br>MG/ML                            | 5                | NM; NDS; QL (1 per 28 days)     |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 234<br>MG/1.5 ML                        | 5                | NM; NDS; QL (1.5 per 28 days)   |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 39<br>MG/0.25 ML                        | 4                | QL (0.25 per 28 days)           |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 78<br>MG/0.5 ML                         | 5                | NM; NDS; QL (0.5 per 28 days)   |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 273<br>MG/0.875 ML                        | 5                | NM; NDS; QL (0.875 per 84 days) |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 410<br>MG/1.315 ML                        | 5                | NM; NDS; QL (1.315 per 84 days) |

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|---|------------------|---|
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 546<br>MG/1.75 ML                                    | 5                | NM; NDS; QL (1.75<br>per 84 days)       |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 819<br>MG/2.625 ML                                   | 5                | NM; NDS; QL (2.625<br>per 84 days)      |
| LATUDA ORAL TABLET 120 MG,<br>20 MG, 40 MG, 60 MG   | 3                | QL (30 per 30 days)                     |
| LATUDA ORAL TABLET 80 MG  | 3                | QL (60 per 30 days)                     |
| <i>loxapine succinate oral capsule 10 mg, 25<br/>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 MG   | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG  | 5                | PA NSO; NM; NDS;<br>QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 17 MG  | 5                | PA NSO; NM; NDS;<br>QL (60 per 30 days) |
| <i>olanzapine intramuscular recon soln 10 (Zyprexa)<br/>mg</i>                              | 2                | QL (30 per 30 days)                     |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 (Zyprexa)<br/>mg, 20 mg, 5 mg, 7.5 mg</i>       | 2                | QL (30 per 30 days)                     |
| <i>olanzapine oral tablet, disintegrating 10 (Zyprexa Zydis)<br/>mg, 15 mg, 20 mg, 5 mg</i> | 4                | QL (30 per 30 days)                     |
| <i>paliperidone oral tablet extended release (Invega)<br/>24hr 1.5 mg, 3 mg, 9 mg</i>       | 5                | NM; NDS; QL (30 per<br>30 days)         |
| <i>paliperidone oral tablet extended release (Invega)<br/>24hr 6 mg</i>                     | 5                | NM; NDS; QL (60 per<br>30 days)         |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4<br/>mg, 8 mg</i>                                 | 2                |   |
| PERSERIS ABDOMINAL<br>SUBCUTANEOUS<br>SUSPENSION, EXTEND REL SYR<br>KIT 120 MG, 90 MG       | 5                | NM; NDS; QL (1 per<br>30 days)          |
| <i>pimozide oral tablet 1 mg, 2 mg (Orap)</i>   | 2                |   |

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|---|------------------|-----------------------------------|
| <i>quetiapine oral tablet 100 mg, 200 mg, 250 mg, 300 mg, 400 mg, 500 mg</i> (Seroquel)   | 2                | QL (90 per 30 days)               |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 500 mg</i> (Seroquel XR) | 4                | QL (30 per 30 days)               |
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i> (Seroquel XR)         | 4                | QL (60 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 SYRINGE 12.5 MG/2 ML, 25 MG/2 ML                           | 4                | QL (4 per 28 days)                |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 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, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)        | 1                | QL (60 per 30 days)               |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                | 4                | QL (60 per 30 days)               |
| <i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i>                                 | 4                | QL (120 per 30 days)              |
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG   | 5                | ST; NM; NDS; QL (60 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>                                   | 4                |                                   |
| <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)  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| VRAYLAR ORAL CAPSULE,DOSE<br>PACK 1.5 MG (1)- 3 MG (6)                          | 4                | ST; QL (14 per 365<br>days)    |
| <i>ziprasidone hcl oral capsule 20 mg, 40<br/>mg, 60 mg, 80 mg</i> (Geodon)     | 2                | QL (60 per 30 days)            |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 210 MG       | 4                | QL (2 per 28 days)             |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 300 MG       | 5                | NM; NDS; QL (2 per<br>28 days) |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 405 MG       | 5                | NM; NDS; QL (1 per<br>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<br/>mg</i> (Epzicom)                 | 2                |                                |
| <i>abacavir-lamivudine-zidovudine oral<br/>tablet 300-150-300 mg</i> (Trizivir) | 5                | NM; NDS                        |
| APTIVUS ORAL CAPSULE 250 MG   | 5                | NM; NDS                        |
| APTIVUS ORAL SOLUTION 100<br>MG/ML  | 5                | NM; NDS                        |
| <i>atazanavir oral capsule 150 mg, 200 mg,<br/>300 mg</i> (Reyataz)             | 5                | NM; NDS                        |
| ATRIPLA ORAL TABLET 600-200-<br>300 MG  | 5                | NM; NDS                        |
| BIKTARVY ORAL TABLET 50-200-<br>25 MG   | 5                | NM; NDS                        |
| CIMDUO ORAL TABLET 300-300<br>MG  | 5                | NM; NDS                        |
| COMPLERA ORAL TABLET 200-25-<br>300 MG  | 5                | NM; NDS                        |
| CRIXIVAN ORAL CAPSULE 200<br>MG, 400 MG   | 4                |                                |
| DELSTRIGO ORAL TABLET 100-<br>300-300 MG  | 5                | NM; NDS                        |

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|---|------------------|----------------------------|
| DESCOVY ORAL TABLET 200-25 MG   | 5                | NM; NDS                    |
| <i>didanosine oral capsule, delayed release (drlec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC) | 2                |                            |
| DOVATO ORAL TABLET 50-300 MG  | 5                | NM; NDS                    |
| EDURANT ORAL TABLET 25 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 MG   | 4                |                            |
| EMTRIVA ORAL SOLUTION 10 MG/ML  | 4                |                            |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)   | 4                |                            |
| EVOTAZ ORAL TABLET 300-150 MG   | 5                | NM; NDS                    |
| <i>fosamprenavir oral tablet 700 mg</i> (Lexiva)  | 5                | NM; NDS                    |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG  | 5                | NM; NDS                    |
| 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 CAPSULE 200 MG  | 5                | NM; NDS                    |
| 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                    |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| 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)                                 | 4                |                            |
| <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)                | 5                | NM; NDS                    |
| <i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)                           | 3                |                            |
| <i>nevirapine oral tablet 200 mg</i> (Viramune)                                   | 2                |                            |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> (Viramune XR) | 2                |                            |
| NORVIR ORAL CAPSULE 100 MG  | 4                |                            |
| 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, 75 MG, 800 MG                                | 5                | NM; NDS                    |
| RESCRIPTOR ORAL TABLET 200 MG   | 4                |                            |
| RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG  | 4                |                            |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML  | 4                |                            |

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|--|------------------|------------------------------|
| 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                |                              |
| <i>stavudine oral recon soln 1 mg/ml</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                      |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)   | 5                | NM; NDS                      |
| TIVICAY ORAL TABLET 10 MG  | 4                |                              |
| TIVICAY ORAL TABLET 25 MG, 50 MG                                   | 5                | NM; NDS                      |
| 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 GM PEDIATRIC SOLN 10 MG/ML (FINAL)                         | 4                |                              |
| VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)            | 4                |                              |

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|---|-----------|-----------------------------------|
| VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG                   | 4         |                                   |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                                     | 5         | NM; NDS                           |
| VIRAMUNE ORAL SUSPENSION 50 MG/5 ML                                     | 4         |                                   |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                             | 5         | NM; NDS                           |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                               | 5         | NM; NDS                           |
| ZERIT ORAL RECON SOLN 1 MG/ML   | 4         |                                   |
| <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)               | 4         | 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)              |
| <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         |                                   |
| <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)               |

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|--|-----------|-----------------------------------|
| <b>Hcv Antivirals</b>  |           |                                   |
| DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG   | 5         | PA; NM; NDS; QL (28 per 28 days)  |
| EPCLUSA ORAL TABLET 400-100 MG   | 5         | PA; NM; NDS; QL (28 per 28 days)  |
| HARVONI ORAL TABLET 90-400 MG  | 5         | PA; NM; NDS; QL (30 per 30 days)  |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)   | 5         | PA; NM; NDS; QL (30 per 30 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 TABLET 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)  |
| VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG                                       | 5         | PA; NM; NDS; QL (112 per 28 days) |
| VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR 8.33 MG-50 MG- 33.33 MG-200 MG                        | 5         | PA; NM; NDS; QL (84 per 28 days)  |
| 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 135 MCG/0.5 ML, 180 MCG/0.5 ML                            | 5         | NM; NDS                           |

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|--|------------------|-------------------------------------|
| 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; QL (4 per 28 days) |
| <b>Nucleosides And Nucleotides</b>   |                  |                                     |
| <i>acyclovir oral capsule 200 mg</i> (Zovirax)   | 2                |                                     |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)   | 2                |                                     |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)  | 2                |                                     |
| <i>acyclovir sodium intravenous recon soln 500 mg</i>  | 5                | PA BvD; NM; NDS                     |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>  | 4                | PA BvD                              |
| <i>adefovir oral tablet 10 mg</i> (Hepsera)  | 5                | NM; NDS                             |
| <i>cidofovir intravenous solution 75 mg/ml</i>   | 5                | NM; NDS                             |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)  | 5                | NM; NDS                             |
| <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 200 mg</i>   | 4                |                                     |
| <i>ribasphere oral tablet 400 mg, 600 mg</i>   | 5                | NM; NDS                             |
| <i>ribasphere ribapak 600-400 mg 600 mg (7)- 400 mg (7)</i>  | 5                | NM; NDS                             |
| <i>ribasphere ribapak 600-600 mg 600 mg (7)- 600 mg (7)</i>  | 5                | NM; NDS                             |
| <i>ribasphere ribapak oral tablets, dose pack 200 mg (7)- 400 mg (7), 400 mg (7)- 400 mg (7), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i> | 5                | NM; NDS                             |
| <i>ribavirin inhalation recon soln 6 gram</i> (Virazole)   | 5                | PA BvD; NM; NDS                     |

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|--|------------------|----------------------------|
| <i>ribavirin oral capsule 200 mg</i> (Ribasphere)  | 2                |                            |
| <i>ribavirin oral tablet 200 mg</i> (Moderiba)   | 2                |                            |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)   | 2                |                            |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)   | 2                |                            |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte)   | 5                | NM; NDS                    |
| <b>Blood Products/Modifiers/Volume Expanders</b>   |                  |                            |
| <b>Anticoagulants</b>  |                  |                            |
| BEVYXXA ORAL CAPSULE 40 MG, 80 MG  | 4                | QL (43 per 42 days)        |
| CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT  | 5                | NM; NDS                    |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG   | 3                |                            |
| ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)  | 3                |                            |
| <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                |                            |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>                                     | 2                |                            |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>   | 2                |                            |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>  | 2                |                            |

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|---|------------------|----------------------------------|
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>  | 2                |                                  |
| <i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>                                     | 2                |                                  |
| IPRIVASK SUBCUTANEOUS RECON SOLN 15 MG  | 5                | PA; NM; NDS; QL (24 per 28 days) |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>                   | 1                |                                  |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG  | 4                | ST; QL (60 per 30 days)          |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Coumadin)        | 1                |                                  |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG   | 3                |                                  |
| XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)  | 3                |                                  |
| <b>Blood Formation Modifiers</b>  |                  |                                  |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)  | 5                | PA; NM; NDS                      |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG  | 5                | PA; NM; NDS                      |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG  | 5                | PA; NM; NDS                      |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 4                | PA; QL (12 per 28 days)          |
| EPOGEN INJECTION SOLUTION 20,000 UNIT/ML  | 5                | PA; NM; NDS; QL (12 per 28 days) |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML   | 5                | NM; NDS                          |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML   | 5                | PA; NM; NDS                      |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML  | 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, 3,000 UNIT  | 5                | PA; NM; NDS                       |
| 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                       |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML   | 5                | 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                | PA; 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 TABLET 12.5 MG   | 5                | PA; NM; NDS; QL (30 per 30 days)  |
| PROMACTA ORAL TABLET 25 MG   | 5                | PA; NM; NDS; QL (120 per 30 days) |
| PROMACTA ORAL TABLET 50 MG   | 5                | PA; NM; NDS; QL (90 per 30 days)  |

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|--|------------------|----------------------------------|
| PROMACTA ORAL TABLET 75 MG   | 5                | PA; NM; NDS; QL (60 per 30 days) |
| RETACRIT INJECTION SOLUTION<br>10,000 UNIT/ML, 2,000 UNIT/ML,<br>3,000 UNIT/ML, 4,000 UNIT/ML  | 3                | PA; QL (12 per 28 days)          |
| RETACRIT INJECTION SOLUTION<br>40,000 UNIT/ML  | 3                | PA; QL (6 per 28 days)           |
| UDENYCA SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML  | 5                | NM; NDS                          |
| ZARXIO INJECTION SYRINGE 300<br>MCG/0.5 ML, 480 MCG/0.8 ML                                     | 5                | NM; NDS                          |
| <b>Hematologic Agents, Miscellaneous</b>   |                  |                                  |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin)  | 2                |                                  |
| <i>anagrelide oral capsule 1 mg</i>  | 2                |                                  |
| <i>protamine intravenous solution 10 mg/ml</i>   | 2                |                                  |
| TAVALISSE ORAL TABLET 100<br>MG, 150 MG  | 5                | PA; NM; NDS; QL (60 per 30 days) |
| <i>tranexamic acid intravenous solution</i> (Cyklokapron)<br><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)<br><i>multiphase 12 hr 25-200 mg</i>   | 2                |                                  |
| BRILINTA ORAL TABLET 60 MG,<br>90 MG   | 3                |                                  |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>  | 2                |                                  |
| <i>clopidogrel oral tablet 300 mg</i>  | 4                |                                  |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix)  | 1                |                                  |
| <i>dipyridamole oral tablet 25 mg, 50 mg,</i><br><i>75 mg</i>                                  | 2                | PA-HRM; AGE (Max 64 Years)       |
| <i>pentoxifylline oral tablet extended</i><br><i>release 400 mg</i>                            | 2                |                                  |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)   | 4                | QL (30 per 30 days)              |
| <b>Caloric Agents</b>  |                  |                                  |
| <b>Caloric Agents</b>  |                  |                                  |
| AMINOSYN 10 % INTRAVENOUS<br>PARENTERAL SOLUTION 10 %  | 4                | PA BvD                           |

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|--|------------------|----------------------------|
| AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %   | 4                | PA BvD                     |
| AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %                 | 4                | PA BvD                     |
| AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %    | 4                | PA BvD                     |
| AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                | 4                | PA BvD                     |
| AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %                | 4                | PA BvD                     |
| AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %                  | 4                | PA BvD                     |
| AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %              | 4                | PA BvD                     |
| AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 % | 4                | PA BvD                     |
| AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %               | 4                | PA BvD                     |
| AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %                  | 4                | PA BvD                     |
| AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                | 4                | PA BvD                     |
| AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %   | 4                | PA BvD                     |
| AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %              | 4                | PA BvD                     |

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|---|------------------|----------------------------|
| 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 2.75%/D5W SULFIT<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 2.75 % | 4                | PA BvD                     |
| CLINIMIX 4.25%/D10W SULF FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 4.25 %  | 4                | PA BvD                     |
| CLINIMIX 4.25%/D5W SULFIT<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 4.25 % | 4                | PA BvD                     |
| CLINIMIX 4.25%-D20W SULF-FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 4.25 %  | 4                | PA BvD                     |
| CLINIMIX 4.25%-D25W SULF-FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 4.25 %  | 4                | PA BvD                     |
| CLINIMIX 5%-D20W(SULFITE-<br>FREE) INTRAVENOUS<br>PARENTERAL SOLUTION 5 %   | 4                | PA BvD                     |
| CLINIMIX E 2.75%/D10W SUL<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 2.75 % | 4                | PA BvD                     |
| CLINIMIX E 2.75%/D5W SULF<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 2.75 % | 4                | PA BvD                     |
| CLINIMIX E 4.25%/D10W SUL<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 4.25 % | 4                | PA BvD                     |
| CLINIMIX E 4.25%/D25W SUL<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 4.25 % | 4                | PA BvD                     |

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|---|------------------|----------------------------|
| CLINIMIX E 4.25%/D5W SULF<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 4.25 %         | 4                | PA BvD                     |
| CLINIMIX E 5%/D15W SULFIT<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 5 %            | 4                | PA BvD                     |
| CLINIMIX E 5%/D20W SULFIT<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 5 %            | 4                | PA BvD                     |
| CLINIMIX E 5%/D25W SULFIT<br>FREE INTRAVENOUS<br>PARENTERAL SOLUTION 5 %            | 4                | PA BvD                     |
| <i>dextrose 10 % in water (d10w)</i><br><i>intravenous parenteral solution 10 %</i> | 4                | PA BvD                     |
| <i>dextrose 20 % in water (d20w)</i><br><i>intravenous parenteral solution 20 %</i> | 4                | PA BvD                     |
| <i>dextrose 25 % in water (d25w)</i><br><i>intravenous syringe</i>                  | 4                | PA BvD                     |
| <i>dextrose 30 % in water (d30w)</i><br><i>intravenous parenteral solution</i>      | 4                | PA BvD                     |
| <i>dextrose 40 % in water (d40w)</i><br><i>intravenous parenteral solution 40 %</i> | 4                | PA BvD                     |
| <i>dextrose 5 % in water (d5w) intravenous<br/>parenteral solution</i>              | 2                |                            |
| <i>dextrose 5 % in water (d5w) intravenous<br/>piggyback 5 %</i>                    | 4                |                            |
| <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 PARENTERAL<br>SOLUTION 6.9 %                      | 4                | PA BvD                     |
| FREAMINE III 10 %<br>INTRAVENOUS PARENTERAL<br>SOLUTION 10 %                        | 4                | PA BvD                     |

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|---|------------------|----------------------------|
| HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %                       | 4                | PA BvD                     |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %                              | 4                | PA BvD                     |
| KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %                             | 4                | PA BvD                     |
| NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %                  | 4                | PA BvD                     |
| NUTRILIPID INTRAVENOUS EMULSION 20 %                                    | 4                | PA BvD                     |
| PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %                         | 4                | PA BvD                     |
| PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %                      | 4                | PA BvD                     |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION                             | 4                | PA BvD                     |
| <i>smoflipid intravenous emulsion 20 %</i>                              | 4                | PA BvD                     |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                      | 4                | PA BvD                     |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                    | 4                | PA BvD                     |
| TROPHAMINE 6% INTRAVENOUS 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                |                            |
| <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>clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg</i>             | 4                |                            |

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|--|------------------|-----------------------------------|
| <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                | PA-HRM; AGE (Max 64 Years)        |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>   | 2                |                                   |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG   | 5                | PA; NM; NDS; QL (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>   |                  |                                   |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)  | 4                |                                   |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)                                 | 4                |                                   |
| 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>eprosartan oral tablet 600 mg</i>   | 4                |                                   |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)   | 6                |                                   |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)   | 6                |                                   |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)  | 6                |                                   |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)                                      | 6                |                                   |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)   | 2                |                                   |
| <i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor) | 4                |                                   |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)                                 | 2                |                                   |

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|--|------------------|----------------------------|
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)  | 6                |                            |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)                                 | 4                |                            |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)                        | 4                |                            |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)   | 6                |                            |
| <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) | 6                |                            |
| <b>Angiotensin-Converting Enzyme Inhibitors</b>  |                  |                            |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)   | 6                |                            |
| <i>benazepril oral tablet 5 mg</i>   | 6                |                            |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)                        | 2                |                            |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>  | 2                |                            |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>   | 2                |                            |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>                                  | 2                |                            |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)  | 6                |                            |
| <i>enalaprilat intravenous solution 1.25 mg/ml</i>   | 2                |                            |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)  | 6                |                            |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>   | 6                |                            |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>  | 6                |                            |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>   | 2                |                            |
| <i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)  | 6                |                            |
| <i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)   | 6                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>lisinopril-hydrochlorothiazide oral tablet</i> (Zestoretic)<br>10-12.5 mg, 20-12.5 mg, 20-25 mg | 6                |                            |
| <i>moexipril oral tablet</i> 15 mg, 7.5 mg   | 2                |                            |
| <i>moexipril-hydrochlorothiazide oral tablet</i><br>15-12.5 mg, 15-25 mg, 7.5-12.5 mg              | 2                |                            |
| <i>perindopril erbumine oral tablet</i> 2 mg, 4 mg, 8 mg   | 6                |                            |
| <i>quinapril oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg (Accupril)                                  | 6                |                            |
| <i>quinapril-hydrochlorothiazide oral tablet</i> (Accuretic)<br>10-12.5 mg, 20-12.5 mg, 20-25 mg   | 2                |                            |
| <i>ramipril oral capsule</i> 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)                                 | 6                |                            |
| <i>trandolapril oral tablet</i> 1 mg, 2 mg, 4 mg   | 6                |                            |
| <b>Antiarrhythmic Agents</b>   |                  |                            |
| <i>amiodarone intravenous solution</i> 50 mg/ml  | 4                |                            |
| <i>amiodarone intravenous syringe</i> 150 mg/3 ml  | 4                |                            |
| <i>amiodarone oral tablet</i> 100 mg, 400 mg (Pacerone)  | 4                |                            |
| <i>amiodarone oral tablet</i> 200 mg (Pacerone)  | 1                |                            |
| <i>disopyramide phosphate oral capsule</i> 100 mg, 150 mg (Norpace)                                | 2                | PA-HRM; AGE (Max 64 Years) |
| <i>dofetilide oral capsule</i> 125 mcg, 250 mcg, 500 mcg (Tikosyn)                                 | 4                |                            |
| <i>flecainide oral tablet</i> 100 mg, 150 mg, 50 mg  | 2                |                            |
| <i>lidocaine (pf) intravenous syringe</i> 100 mg/5 ml (2%), 50 mg/5 ml (1%)                        | 2                |                            |
| <i>mexiletine oral capsule</i> 150 mg, 200 mg, 250 mg  | 2                |                            |
| <b>MULTAQ ORAL TABLET 400 MG</b>   | 3                |                            |
| <i>pacerone oral tablet</i> 100 mg, 400 mg   | 4                |                            |
| <i>pacerone oral tablet</i> 200 mg   | 1                |                            |
| <i>procainamide injection solution</i> 100 mg/ml, 500 mg/ml  | 2                |                            |

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|---|------------------|----------------------------|
| <i>procainamide intravenous syringe 100 mg/ml</i>   | 2                |                            |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)             | 4                |                            |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>   | 2                |                            |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>  | 4                |                            |
| <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                |                            |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)   | 1                |                            |
| <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                |                            |
| <b>BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>  | 3                |                            |
| <b>BYVALSON ORAL TABLET 5-80 MG</b>   | 3                |                            |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)                                 | 1                |                            |
| <i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i> (Brevibloc)                                 | 5                | PA BvD; NM; NDS            |
| <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                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <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                |                            |
| <i>metoprolol tartrate oral tablet 25 mg</i>  | 1                |                            |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)  | 2                |                            |
| <i>pindolol oral tablet 10 mg, 5 mg</i>   | 4                |                            |
| <i>propranolol intravenous solution 1 mg/ml</i>   | 2                |                            |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA) | 4                |                            |
| <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> (Betapace)                               | 2                |                            |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>   | 4                |                            |
| <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                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT)                          | 4                |                            |
| <i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiazac)                             | 2                |                            |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD) | 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>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>           | 4                |                            |
| <i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>          | 2                |                            |
| <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, 80 mg</i> (Calan)   | 1                |                            |
| <i>verapamil oral tablet 40 mg</i>   | 1                |                            |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)                      | 1                |                            |
| <b>Cardiovascular Agents, Miscellaneous</b>  |                  |                            |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG  | 3                | QL (60 per 30 days)        |
| DEMSER ORAL CAPSULE 250 MG   | 5                | NM; NDS                    |

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|---|------------------|---|
| <i>digitek oral tablet 125 mcg</i>                                    | 2                | PA-HRM; High Risk Med. PA Required for ages 65 and older and dose is greater than 125mcg per day; QL (30 per 30 days); AGE (Max 64 Years) |
| <i>digitek oral tablet 250 mcg</i>                                    | 2                | PA-HRM; AGE (Max 64 Years)  |
| <i>digox oral tablet 125 mcg</i>                                      | 2                | PA-HRM; High Risk Med. PA Required for ages 65 and older and dose is greater than 125mcg per day; QL (30 per 30 days); AGE (Max 64 Years) |
| <i>digox oral tablet 250 mcg</i>                                      | 2                | PA-HRM; AGE (Max 64 Years)  |
| <i>digoxin 125 mcg tablet 125 mcg</i> (Digitek)                       | 2                | PA-HRM; QL (30 per 30 days); AGE (Max 64 Years)   |
| <i>digoxin injection syringe 250 mcg/ml</i>                           | 2                | PA-HRM; AGE (Max 64 Years)  |
| DIGOXIN ORAL SOLUTION 50 MCG/ML                                       | 4                | PA-HRM; AGE (Max 64 Years)  |
| <i>digoxin oral tablet 125 mcg</i> (Digitek)                          | 2                | PA-HRM; High Risk Med. PA Required for ages 65 and older and dose is greater than 125mcg per day; QL (30 per 30 days); AGE (Max 64 Years) |
| <i>digoxin oral tablet 250 mcg</i> (Digitek)                          | 2                | PA-HRM; AGE (Max 64 Years)  |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr) | 3                | QL (4 per 30 days)  |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)     | 3                | QL (4 per 30 days)  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML   | 5                | NM; NDS; QL (18 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                |                                   |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)  | 5                | NM; NDS; QL (18 per 30 days)      |
| <i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>                           | 5                | PA BvD; NM; NDS                   |
| <i>milrinone intravenous solution 1 mg/ml</i>   | 5                | PA BvD; NM; NDS                   |
| <i>norepinephrine bitartrate intravenous solution 1 mg/ml</i> (Levophed (bitartrate))   | 2                | PA BvD                            |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i> (Ranexa)  | 2                |                                   |
| SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML   | 3                | QL (4 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, 60 mg</i>  | 2                |                                   |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)   | 1                |                                   |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)                                      | 6                |                                   |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg</i>   | 6                |                                   |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)  | 2                |                                   |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)  | 6                |                                   |
| <i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT) | 4                |                                   |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>  | 2                |                                   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>  | 4                |                                   |
| <i>nicardipine oral capsule 20 mg, 30 mg</i>   | 4                |                                   |
| <i>nifedipine oral capsule 10 mg</i> (Procardia)                                       | 2                | PA-HRM; AGE (Max 64 Years)        |
| <i>nifedipine oral capsule 20 mg</i>   | 2                | PA-HRM; AGE (Max 64 Years)        |
| <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</i> (Adalat CC)                       | 2                |                                   |
| <i>nifedipine oral tablet extended release 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>  | 4                |                                   |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                       | 2                |                                   |
| <i>chlorothiazide oral tablet 250 mg, 500 mg</i>                                       | 2                |                                   |
| <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>                         | 2                |                                   |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)                              | 1                |                                   |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> (Microzide)                            | 1                |                                   |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                           | 1                |                                   |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>  | 1                |                                   |
| JYNARQUE ORAL TABLET 15 MG, 30 MG  | 5                | PA; NM; NDS; QL (120 per 30 days) |

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|--|------------------|----------------------------------|
| JYNARQUE ORAL TABLETS, SEQUENTIAL 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>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>  | 2                |                                  |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)   | 1                |                                  |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)   | 2                |                                  |
| <i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>  | 1                |                                  |
| <i>toremide oral tablet 20 mg</i> (Demadex)  | 1                |                                  |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)  | 1                |                                  |
| <i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>  | 1                |                                  |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)  | 1                |                                  |
| <i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)   | 1                |                                  |
| <b>Dyslipidemics</b>   |                  |                                  |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet) | 4                |                                  |
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>   | 4                |                                  |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)   | 6                |                                  |
| <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                |                                  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)                                    | 2                |                                  |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)                                    | 2                |                                  |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)                                    | 2                |                                  |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)                                    | 2                |                                  |
| <i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>   | 4                |                                  |
| <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>fenofibric acid (choline) oral capsule, delayed release (drlec) 135 mg, 45 mg</i> (Trilipix)      | 4                |                                  |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)  | 4                |                                  |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)  | 4                |                                  |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid)  | 1                |                                  |
| 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) |
| KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML   | 5                | PA; NM; NDS; QL (4 per 28 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                |                                  |
| <i>niacin oral tablet 500 mg</i> (Niacor)  | 4                |                                  |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release) | 4                |                                  |
| <i>niacor oral tablet 500 mg</i>   | 2                |                                  |

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|---|------------------|-----------------------------------|
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)           | 4                | QL (120 per 30 days)              |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML              | 5                | PA; NM; NDS; QL (2 per 28 days)   |
| <i>pravastatin oral tablet 10 mg</i>                                    | 6                |                                   |
| <i>pravastatin oral tablet 20 mg, 40 mg, 80 mg</i> (Pravachol)          | 6                |                                   |
| <i>prevalite oral powder in packet 4 gram</i>                           | 2                |                                   |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML         | 5                | PA; NM; NDS; QL (3.5 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML                   | 5                | PA; NM; NDS; QL (3 per 28 days)   |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML                          | 5                | PA; NM; NDS; QL (3 per 28 days)   |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)     | 6                |                                   |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)              | 6                |                                   |
| <i>simvastatin oral tablet 5 mg</i>                                     | 6                |                                   |
| <i>simvastatin oral tablet 80 mg</i> (Zocor)                            | 6                | 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)                     | 4                |                                   |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | 3                | ST                                |

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| Drug Name  | Drug Tier | Requirements/Limits               |
|--|-----------|-----------------------------------|
| <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 Titradoso)                             | 2         |                                   |
| <i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)                    | 2         |                                   |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                       | 1         |                                   |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 60 mg</i>               | 2         |                                   |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg</i>                       | 1         |                                   |
| <i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.6 mg/1hr</i>                 | 2         | QL (30 per 30 days)               |
| <i>minitran transdermal patch 24 hour 0.4 mg/1hr</i>   | 2         | QL (60 per 30 days)               |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>   | 2         |                                   |
| NITRO-BID TRANSDERMAL OINTMENT 2 %   | 2         |                                   |
| <i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>                              | 2         |                                   |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)                    | 2         |                                   |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.6 mg/1hr</i> (Minitran) | 2         | QL (30 per 30 days)               |
| <i>nitroglycerin transdermal patch 24 hour 0.4 mg/1hr</i> (Minitran)                         | 2         | QL (60 per 30 days)               |
| <b>Central Nervous System Agents</b>   |           |                                   |
| <b>Central Nervous System Agents</b>   |           |                                   |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera) | 2         |                                   |
| AUBAGIO ORAL TABLET 14 MG, 7 MG  | 5         | PA; NM; NDS; QL (28 per 28 days)  |
| AUSTEDO ORAL TABLET 12 MG, 9 MG  | 5         | PA; NM; NDS; QL (120 per 30 days) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| AUSTEDO ORAL TABLET 6 MG  | 5                | PA; NM; NDS; QL (60 per 30 days) |
| AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG  | 5                | PA; NM; NDS                      |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML   | 5                | PA; NM; NDS                      |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML  | 5                | PA; NM; NDS                      |
| BETASERON SUBCUTANEOUS KIT 0.3 MG   | 5                | PA; NM; NDS                      |
| <i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)                                   | 2                | PA BvD                           |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>   | 2                |                                  |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)                                       | 4                |                                  |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML  | 5                | PA; NM; NDS; QL (30 per 30 days) |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML  | 5                | PA; NM; NDS; QL (12 per 28 days) |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)  | 5                | PA; NM; NDS; QL (60 per 30 days) |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)   | 2                | QL (60 per 30 days)              |
| <i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine Spansule)               | 4                | QL (120 per 30 days)             |
| <i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenedi)   | 4                | QL (180 per 30 days)             |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)     | 4                | QL (30 per 30 days)              |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)    | 4                | QL (60 per 30 days)              |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall) | 2                | QL (60 per 30 days)              |

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|--|------------------|--------------------------------------|
| EXTAVIA SUBCUTANEOUS KIT<br>0.3 MG   | 5                | PA; NM; NDS                          |
| <i>flumazenil intravenous solution 0.1 mg/ml</i>   | 2                |                                      |
| GILENYA ORAL CAPSULE 0.25<br>MG, 0.5 MG  | 5                | PA; NM; NDS; QL (30<br>per 30 days)  |
| <i>glatiramer subcutaneous syringe 20<br/>mg/ml</i> (Copaxone)                               | 5                | PA; NM; NDS; QL (30<br>per 30 days)  |
| <i>glatiramer subcutaneous syringe 40<br/>mg/ml</i> (Copaxone)                               | 5                | PA; NM; NDS; QL (12<br>per 28 days)  |
| <i>glatopa subcutaneous syringe 20 mg/ml</i>   | 5                | PA; NM; NDS; QL (30<br>per 30 days)  |
| <i>glatopa subcutaneous syringe 40 mg/ml</i>   | 5                | PA; NM; NDS; QL (12<br>per 28 days)  |
| <i>guanfacine oral tablet extended release<br/>24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER) | 2                |                                      |
| INGREZZA INITIATION PACK<br>ORAL CAPSULE,DOSE PACK 40<br>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                          |
| <i>lithium carbonate oral capsule 150 mg,<br/>300 mg, 600 mg</i>                             | 1                |                                      |
| <i>lithium carbonate oral tablet 300 mg</i>  | 2                |                                      |
| <i>lithium carbonate oral tablet extended<br/>release 300 mg</i> (Lithobid)                  | 2                |                                      |
| <i>lithium carbonate oral tablet extended<br/>release 450 mg</i>                             | 2                |                                      |
| <i>lithium citrate oral solution 8 meq/5 ml</i>  | 4                |                                      |
| MAVENCLAD (10 TABLET PACK)<br>ORAL TABLET 10 MG  | 5                | PA; NM; NDS; QL (20<br>per 336 days) |
| MAVENCLAD (4 TABLET PACK)<br>ORAL TABLET 10 MG   | 5                | PA; NM; NDS; QL (20<br>per 336 days) |
| MAVENCLAD (5 TABLET PACK)<br>ORAL TABLET 10 MG   | 5                | PA; NM; NDS; QL (20<br>per 336 days) |
| MAVENCLAD (6 TABLET PACK)<br>ORAL TABLET 10 MG   | 5                | PA; NM; NDS; QL (20<br>per 336 days) |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| MAVENCLAD (7 TABLET PACK)<br>ORAL TABLET 10 MG   | 5                | PA; NM; NDS; QL (20 per 336 days) |
| MAVENCLAD (8 TABLET PACK)<br>ORAL TABLET 10 MG   | 5                | PA; NM; NDS; QL (20 per 336 days) |
| MAVENCLAD (9 TABLET PACK)<br>ORAL TABLET 10 MG   | 5                | PA; NM; NDS; QL (20 per 336 days) |
| MAYZENT ORAL TABLET 0.25 MG  | 5                | PA; NM; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 2 MG   | 5                | PA; NM; NDS; QL (30 per 30 days)  |
| MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)                                | 4                | PA                                |
| <i>metadate er oral tablet extended release 20 mg</i>  | 4                | QL (90 per 30 days)               |
| <i>methylphenidate er 18 mg tab 18 mg</i> (Concerta)   | 4                | QL (30 per 30 days)               |
| <i>methylphenidate er 27 mg tab 27 mg</i> (Concerta)   | 4                | QL (30 per 30 days)               |
| <i>methylphenidate er 36 mg tab 36 mg</i> (Concerta)   | 4                | QL (60 per 30 days)               |
| <i>methylphenidate er 54 mg tab 54 mg</i> (Concerta)   | 4                | QL (30 per 30 days)               |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> | 4                | QL (30 per 30 days)               |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>                             | 4                | QL (60 per 30 days)               |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)  | 4                | QL (30 per 30 days)               |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA)                | 4                | QL (60 per 30 days)               |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 60 mg</i>                             | 4                | QL (30 per 30 days)               |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)                    | 2                | QL (900 per 30 days)              |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)                          | 2                | QL (90 per 30 days)               |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i>                                | 4                | QL (90 per 30 days)               |
| <i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)                  | 4                | QL (90 per 30 days)               |

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|--|------------------|------------------------------------|
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)          | 4                | QL (30 per 30 days)                |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)                        | 4                | QL (60 per 30 days)                |
| <i>methylphenidate la 20 mg cap 20 mg</i> (Ritalin LA)   | 4                | QL (30 per 30 days)                |
| <i>methylphenidate la 40 mg cap 40 mg</i> (Ritalin LA)   | 4                | QL (30 per 30 days)                |
| NUDEXTA ORAL CAPSULE 20-10 MG  | 3                | PA; QL (60 per 30 days)            |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML  | 5                | PA; NM; NDS; QL (20 per 180 days)  |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML                      | 5                | PA; NM; NDS                        |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML                           | 5                | PA; NM; NDS                        |
| RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML  | 5                | PA; NM; NDS; QL (2800 per 28 days) |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML                               | 5                | PA; NM; NDS                        |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 5                | PA; NM; NDS                        |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)                              | 5                | PA; NM; NDS                        |
| <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                | QL (60 per 30 days)                |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG   | 5                | PA; NM; NDS; QL (14 per 30 days)   |

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| Drug Name   | Drug Tier | Requirements/Limits                  |
|---|-----------|--------------------------------------|
| TECFIDERA ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 120 MG (14)- 240<br>MG (46), 240 MG | 5         | PA; NM; NDS; QL (60<br>per 30 days)  |
| tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)                                     | 5         | PA; NM; NDS; QL<br>(112 per 28 days) |
| <b>Contraceptives</b>   |           |                                      |
| <b>Contraceptives</b>   |           |                                      |
| afirmelle oral tablet 0.1-20 mg-mcg   | 2         |                                      |
| altavera (28) oral tablet 0.15-0.03 mg  | 2         |                                      |
| alyacen 1/35 (28) oral tablet 1-35 mg-<br>mcg   | 2         |                                      |
| alyacen 7/7/7 (28) oral tablet 0.5/0.75/1<br>mg- 35 mcg                                 | 2         |                                      |
| amethia lo oral tablets,dose pack,3 month<br>0.10 mg-20 mcg (84)/10 mcg (7)             | 2         | QL (91 per 84 days)                  |
| amethia oral tablets,dose pack,3 month<br>0.15 mg-30 mcg (84)/10 mcg (7)                | 2         | QL (91 per 84 days)                  |
| apri oral tablet 0.15-0.03 mg   | 2         |                                      |
| aranelle (28) oral tablet 0.5/1/0.5-35 mg-<br>mcg                                       | 2         |                                      |
| ashlyna oral tablets,dose pack,3 month<br>0.15 mg-30 mcg (84)/10 mcg (7)                | 2         |                                      |
| aubra oral tablet 0.1-20 mg-mcg   | 2         |                                      |
| aurovela 1.5/30 (21) oral tablet 1.5-30<br>mg-mcg                                       | 2         |                                      |
| aurovela 1/20 (21) oral tablet 1-20 mg-<br>mcg  | 2         |                                      |
| aurovela 24 fe oral tablet 1 mg-20 mcg<br>(24)/75 mg (4)                                | 2         |                                      |
| aurovela fe 1.5/30 (28) oral tablet 1.5<br>mg-30 mcg (21)/75 mg (7)                     | 2         |                                      |
| aurovela fe 1-20 (28) oral tablet 1 mg-20<br>mcg (21)/75 mg (7)                         | 2         |                                      |
| aviane oral tablet 0.1-20 mg-mcg  | 2         |                                      |
| ayuna oral tablet 0.15-0.03 mg  | 2         |                                      |

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|---|------------------|----------------------------|
| <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 0.11.125/1.15-25 mg-mcg</i>                                       | 2                |                            |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>  | 2                |                            |
| <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 28 day tablet outer 0.15-0.03 mg</i>   | 2                |                            |
| <i>cyred eq 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</i> (Azurette (28)) | 2                |                            |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri)                          | 2                |                            |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Gianvi (28))                     | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>drospirenone-ethinyl estradiol oral tablet (Ocella)</i><br>3-0.03 mg            | 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>emoquette oral tablet 0.15-0.03 mg</i>  | 2                |                            |
| <i>enpresse oral tablet 50-30 (6)/175-40 (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 (Kelnor 1/35 (28))</i><br>1-35 mg-mcg | 2                |                            |
| <i>ethynodiol diac-eth estradiol oral tablet (Kelnor 1-50)</i><br>1-50 mg-mcg      | 2                |                            |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i>                                      | 2                |                            |
| <i>femynor oral tablet 0.25-35 mg-mcg</i>  | 2                |                            |
| <i>gildagia oral tablet 0.4-35 mg-mcg</i>  | 2                |                            |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</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>jasmiel (28) oral tablet 3-0.02 mg</i>  | 2                |                            |
| <i>jencycla oral tablet 0.35 mg</i>  | 2                |                            |
| <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                |                            |

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|---|------------------|----------------------------|
| <i>kalliga oral tablet 0.15-0.03 mg</i>   | 2                |                            |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21<br/>/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>kimidess (28) oral tablet 0.15-0.02<br/>mgx21 /0.01 mg x 5</i>   | 2                |                            |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i>  | 2                |                            |
| <i>l norgestle.estradiol-e.estradiol oral<br/>tablets,dose pack,3 month 0.10 mg-20<br/>mcg (84)/10 mcg (7)</i> (Amethia Lo) | 2                | QL (91 per 84 days)        |
| <i>l norgestle.estradiol-e.estradiol oral<br/>tablets,dose pack,3 month 0.15 mg-20<br/>mcg/ 0.15 mg-25 mcg</i> (Fayosim)    | 2                | QL (91 per 84 days)        |
| <i>l norgestle.estradiol-e.estradiol oral<br/>tablets,dose pack,3 month 0.15 mg-30<br/>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-<br/>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<br/>(24)/75 mg (4)</i>   | 2                |                            |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30<br/>mcg (21)/75 mg (7)</i>  | 2                |                            |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20<br/>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<br/>(5)/125-30(10)</i>   | 2                |                            |
| <i>levonorgestrel-ethinyl estradiol oral tablet<br/>0.1-20 mg-mcg</i> (Afirmelle)   | 2                |                            |
| <i>levonorgestrel-ethinyl estradiol oral tablet<br/>0.15-0.03 mg</i> (Altavera (28))  | 2                | QL (91 per 84 days)        |
| <i>levonorgestrel-ethinyl estradiol oral<br/>tablets,dose pack,3 month 0.15 mg-30<br/>mcg (91)</i> (Introvale)              | 2                | QL (91 per 84 days)        |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>levonorg-eth estrad triphasic oral tablet</i> (Enpresse)<br>50-30 (6)/75-40 (5)/125-30(10)           | 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>loryna (28) oral tablet 3-0.02 mg</i>  | 2                |                            |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>  | 2                |                            |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>  | 2                |                            |
| <i>luteru (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 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>  | 2                |                            |
| <i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>  | 2                |                            |
| <i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</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</i> (Camila)<br>0.35 mg                                    | 2                |                            |
| <i>norethindrone ac-eth estradiol oral tablet</i> (Aurovela 1/20 (21))<br>1-20 mg-mcg                   | 2                |                            |
| <i>norethindrone-e.estradiol-iron oral tablet</i> (Aurovela Fe 1-20 (28))<br>1 mg-20 mcg (21)/75 mg (7) | 2                |                            |

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|--|------------------|----------------------------|
| <i>norethindrone-e.estradiol-iron oral tablet (Aurovela 24 Fe)<br/>1 mg-20 mcg (24)/75 mg (4)</i>            | 2                |                            |
| <i>norgestimate-ethinyl estradiol oral tablet (Tri-Lo-Estarylla)<br/>0.18/0.215/0.25 mg-25 mcg</i>           | 2                |                            |
| <i>norgestimate-ethinyl estradiol oral tablet (Ortho Tri-Cyclen (28))<br/>0.18/0.215/0.25 mg-35 mcg (28)</i> | 2                |                            |
| <i>norgestimate-ethinyl estradiol oral tablet (Estarylla)<br/>0.25-35 mg-mcg</i>                             | 2                |                            |
| <i>norlyda oral tablet 0.35 mg</i>   | 2                |                            |
| <i>norlyroc oral tablet 0.35 mg</i>  | 2                |                            |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-<br/>mcg</i>  | 2                |                            |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-<br/>mcg (21)</i>   | 2                |                            |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-<br/>mcg</i>  | 2                |                            |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1<br/>mg- 35 mcg</i>  | 2                |                            |
| <b>NUVARING VAGINAL RING 0.12-<br/>0.015 MG/24 HR</b>  | 4                | QL (1 per 28 days)         |
| <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<br/>/0.01 mg x 5</i>  | 2                |                            |
| <i>pirmella oral tablet 0.5/0.75/1 mg- 35<br/>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>quasense oral tablets,dose pack,3 month<br/>0.15 mg-30 mcg (91)</i>                                       | 2                | QL (91 per 84 days)        |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i>   | 2                |                            |
| <i>setlakin oral tablets,dose pack,3 month<br/>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<br/>/0.01 mg x 5</i>   | 2                |                            |

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|---|------------------|----------------------------|
| <i>simpesse oral tablets, dose pack, 3 month<br/>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<br/>(24)/75 mg (4)</i>                      | 2                |                            |
| <i>tarina fe 1/20 (28) oral tablet 1 mg-20<br/>mcg (21)/75 mg (7)</i>               | 2                |                            |
| <i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-<br/>35mcg (9)</i>                     | 2                |                            |
| <i>tri femynor oral tablet 0.18/0.215/0.25<br/>mg-35 mcg (28)</i>                   | 2                |                            |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25<br/>mg-35 mcg (28)</i>                 | 2                |                            |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7)<br/>/1mg-35mcg (9)</i>                 | 2                |                            |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-<br/>35 mcg (28)</i>                   | 2                |                            |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25<br/>mg-25 mcg</i>                   | 2                |                            |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25<br/>mg-25 mcg</i>                      | 2                |                            |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-<br/>25 mcg</i>                       | 2                |                            |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25<br/>mg-25 mcg</i>                    | 2                |                            |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35<br/>mcg (28)</i>                      | 2                |                            |
| <i>trinessa (28) oral tablet 0.18/0.215/0.25<br/>mg-35 mcg (28)</i>                 | 4                |                            |
| <i>tri-previfem (28) oral tablet<br/>0.18/0.215/0.25 mg-35 mcg (28)</i>             | 2                |                            |
| <i>tri-sprintec (28) oral tablet<br/>0.18/0.215/0.25 mg-35 mcg (28)</i>             | 2                |                            |
| <i>trivora (28) oral tablet 50-30 (6)/75-40<br/>(5)/125-30(10)</i>                  | 2                |                            |

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|---|------------------|----------------------------|
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                         | 2                |                            |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                       | 2                |                            |
| <i>tulana oral tablet 0.35 mg</i>   | 2                |                            |
| <i>velivet triphasic regimen (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>           | 2                |                            |
| <i>vestura (28) oral tablet 3-0.02 mg</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>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 150-35 mcg/24 hr</i>                             | 2                | QL (3 per 28 days)         |
| <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>zovia 1/50e (28) oral tablet 1-50 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>cevimeline oral capsule 30 mg</i> (Evoxac)                                       | 4                |                            |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse) | 1                |                            |
| <i>oralone dental paste 0.1 %</i>   | 2                |                            |
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>                           | 1                |                            |
| <i>perio gard mucous membrane mouthwash 0.12 %</i>                                  | 1                |                            |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))             | 2                |                            |
| <i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)                         | 2                |                            |

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|---|-----------|----------------------------------|
| <b>Dermatological Agents</b>  |           |                                  |
| <b>Dermatological Agents, Other</b>   |           |                                  |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)                 | 2         |                                  |
| <i>acyclovir topical cream 5%</i> (Zovirax)                                     | 4         | QL (5 per 4 days)                |
| <i>acyclovir topical ointment 5%</i> (Zovirax)                                  | 4         | QL (30 per 30 days)              |
| ALCOHOL PADS TOPICAL PADS, MEDICATED  | 1         |                                  |
| <i>ammonium lactate topical cream 12%</i> (Geri-Hydrolac)                       | 2         |                                  |
| <i>ammonium lactate topical lotion 12%</i> (AmLactin)                           | 2         |                                  |
| <i>calcipotriene scalp solution 0.005%</i>                                      | 4         |                                  |
| <i>calcipotriene topical cream 0.005%</i> (Dovonex)                             | 4         |                                  |
| <i>calcipotriene topical ointment 0.005%</i> (Calcitrene)                       | 4         |                                  |
| <i>calcitrene topical ointment 0.005%</i>                                       | 4         |                                  |
| <i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)                        | 4         |                                  |
| COSENTYX (2 SYRINGES)<br>SUBCUTANEOUS SYRINGE 150 MG/ML                         | 5         | PA; NM; NDS                      |
| COSENTYX PEN (2 PENS)<br>SUBCUTANEOUS PEN INJECTOR<br>150 MG/ML                 | 5         | PA; NM; NDS                      |
| DENAVIR TOPICAL CREAM 1%  | 5         | NM; NDS                          |
| DUPIXENT SUBCUTANEOUS<br>SYRINGE 300 MG/2 ML                                    | 5         | PA; NM; NDS                      |
| <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         | PA NSO; QL (24 per 30 days)      |
| <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         |                                  |
| REGRANEX TOPICAL GEL 0.01%  | 5         | PA; NM; NDS; QL (30 per 30 days) |

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|--|-----------|---------------------|
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM  | 4         |                     |
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML                                     | 5         | PA; NM; NDS         |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML                       | 5         | PA; NM; NDS         |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML                                  | 5         | PA; NM; NDS         |
| TOLAK TOPICAL CREAM 4 %  | 4         |                     |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                                 | 5         | PA; NM; NDS         |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML                                       | 5         | PA; NM; NDS         |
| VALCHLOR TOPICAL GEL 0.016 %   | 5         | NM; NDS             |
| VEREGEN TOPICAL OINTMENT 15 %  | 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 foam 1 % (Evoclin)</i>                      | 4         |                     |
| <i>clindamycin phosphate topical solution 1 % (Cleocin T)</i>                | 2         |                     |
| <i>clindamycin phosphate topical swab 1 % (Cleocin T)</i>                    | 2         |                     |
| <i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 % (Duac)</i> | 4         |                     |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 % (Benzaclin)</i>            | 4         |                     |
| <i>ery pads topical swab 2 %</i>   | 2         |                     |
| <i>erythromycin with ethanol topical gel 2 % (Erygel)</i>                    | 4         |                     |
| <i>erythromycin with ethanol topical solution 2 %</i>                        | 2         |                     |
| <i>erythromycin with ethanol topical swab 2 % (Ery Pads)</i>                 | 2         |                     |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 % (Aktipak)</i>             | 4         |                     |
| <i>gentamicin topical cream 0.1 %</i>  | 2         |                     |

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|--|------------------|----------------------------|
| <i>gentamicin topical ointment 0.1 %</i>                                 | 2                |                            |
| <i>metronidazole topical cream 0.75 %</i> (MetroCream)                   | 2                |                            |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan)                        | 2                |                            |
| <i>metronidazole topical gel 1 %</i> (Metrogel)                          | 4                |                            |
| <i>metronidazole topical lotion 0.75 %</i> (MetroLotion)                 | 2                |                            |
| <i>mupirocin topical ointment 2 %</i> (Centany)                          | 1                |                            |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> | 2                |                            |
| <i>neuac topical gel 1.2 % (1 % base) -5 %</i>                           | 4                |                            |
| <i>rosadan topical cream 0.75 %</i>                                      | 2                |                            |
| <i>selenium sulfide topical lotion 2.5 %</i>                             | 2                |                            |
| <i>silver sulfadiazine topical cream 1 %</i> (Silvadene)                 | 4                |                            |
| <i>ssd topical cream 1 %</i>   | 4                |                            |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)      | 2                |                            |
| <b>Dermatological Anti-Inflammatory Agents</b>                           |                  |                            |
| <i>ala-cort topical cream 1 %, 2.5 %</i>                                 | 1                |                            |
| <i>ala-scalp topical lotion 2 %</i>                                      | 4                |                            |
| <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 foam 0.12 %</i> (Luxiq)                | 4                |                            |
| <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                |                            |

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|---|------------------|----------------------------|
| <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 %</i> (Diprolene) | 2                |                            |
| <i>clobetasol scalp solution 0.05 %</i> (Cormax)                    | 2                |                            |
| <i>clobetasol topical cream 0.05 %</i> (Temovate)                   | 2                |                            |
| <i>clobetasol topical foam 0.05 %</i> (Olux)                        | 4                |                            |
| <i>clobetasol topical gel 0.05 %</i>                                | 4                |                            |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex)                    | 4                |                            |
| <i>clobetasol topical ointment 0.05 %</i> (Temovate)                | 4                |                            |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex)                   | 4                |                            |
| <i>clobetasol-emollient topical cream 0.05 %</i>                    | 2                |                            |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)            | 4                |                            |
| <i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)          | 4                |                            |
| <i>cormax scalp solution 0.05 %</i>                                 | 2                |                            |
| <i>desonide topical cream 0.05 %</i> (DesOwen)                      | 4                |                            |
| <i>desonide topical lotion 0.05 %</i> (DesOwen)                     | 4                |                            |
| <i>desonide topical ointment 0.05 %</i>                             | 4                |                            |
| <i>desoximetasone topical cream 0.05 %</i> (Topicort)               | 4                |                            |
| <i>desoximetasone topical cream 0.25 %</i> (Topicort)               | 2                |                            |
| <i>desoximetasone topical gel 0.05 %</i> (Topicort)                 | 4                |                            |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)    | 4                |                            |
| <i>diflorasone topical cream 0.05 %</i> (Psorcon)                   | 4                |                            |
| <i>diflorasone topical ointment 0.05 %</i>                          | 4                |                            |
| <b>EUCRISA TOPICAL OINTMENT 2 %</b>                                 | 3                |                            |
| <i>fluocinolone topical cream 0.01 %</i>                            | 2                |                            |
| <i>fluocinolone topical cream 0.025 %</i> (Synalar)                 | 2                |                            |
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar)              | 2                |                            |
| <i>fluocinonide topical cream 0.05 %</i>                            | 2                |                            |
| <i>fluocinonide topical gel 0.05 %</i>                              | 2                |                            |
| <i>fluocinonide topical ointment 0.05 %</i>                         | 4                |                            |
| <i>fluocinonide topical solution 0.05 %</i>                         | 2                |                            |

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|---|------------------|----------------------------|
| <i>fluocinonide-e topical cream 0.05 %</i>                        | 2                |                            |
| <i>fluticasone propionate topical cream 0.05 % (Cutivate)</i>     | 2                |                            |
| <i>fluticasone propionate topical ointment 0.005 %</i>            | 2                |                            |
| <i>halobetasol propionate topical cream 0.05 % (Ultravate)</i>    | 2                |                            |
| <i>halobetasol propionate topical ointment 0.05 % (Ultravate)</i> | 2                |                            |
| <i>hydrocort buty 0.1% lipo cream 0.1 % (Locoid Lipocream)</i>    | 4                |                            |
| <i>hydrocortisone butyrate topical cream 0.1 % (Locoid)</i>       | 4                |                            |
| <i>hydrocortisone butyrate topical lotion 0.1 % (Locoid)</i>      | 4                |                            |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>             | 4                |                            |
| <i>hydrocortisone butyrate topical solution 0.1 % (Locoid)</i>    | 4                |                            |
| <i>hydrocortisone topical cream 1 % (Ala-Cort)</i>                | 1                |                            |
| <i>hydrocortisone topical cream 2.5 %</i>                         | 1                |                            |
| <i>hydrocortisone topical lotion 2.5 %</i>                        | 2                |                            |
| <i>hydrocortisone topical ointment 1 % (Anti-Itch (HC))</i>       | 1                |                            |
| <i>hydrocortisone topical ointment 2.5 %</i>                      | 1                |                            |
| <i>hydrocortisone valerate topical cream 0.2 %</i>                | 4                |                            |
| <i>hydrocortisone valerate topical ointment 0.2 %</i>             | 4                |                            |
| <i>mometasone topical cream 0.1 % (Elocon)</i>                    | 2                |                            |
| <i>mometasone topical ointment 0.1 %</i>                          | 2                |                            |
| <i>mometasone topical solution 0.1 %</i>                          | 2                |                            |
| <i>pimecrolimus topical cream 1 % (Elidel)</i>                    | 2                |                            |
| <i>prednicarbate topical cream 0.1 %</i>                          | 4                |                            |
| <i>prednicarbate topical ointment 0.1 % (Dermatop)</i>            | 2                |                            |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i> | 2                |                            |
| <i>procto-pak topical cream with perineal applicator 1 %</i>      | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <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>triamcinolone acetonide topical cream 0.025 %</i>                  | 1                |                            |
| <i>triamcinolone acetonide topical cream 0.1 % (Triderm) %, 0.5 %</i> | 1                |                            |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>          | 2                |                            |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 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> (Avage)                         | 4                |                            |
| 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)                         | 4                |                            |
| <i>permethrin topical cream 5 %</i> (Elimite)                         | 2                |                            |
| <i>spinosad topical suspension 0.9 %</i> (Natroba)                    | 4                |                            |
| <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                |                            |

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| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| BD VEO INS SYRING 1 ML<br>6MMX31G 1 ML 31 GAUGE X 15/64"   | 2         |                     |
| BD VEO INS SYRN 0.5 ML<br>6MMX31G 1/2 ML 31 GAUGE X<br>15/64"  | 2         |                     |
| GAUZE PAD TOPICAL BANDAGE<br>2 X 2 "   | 1         |                     |
| INSULIN SYRINGE-NEEDLE U-100 (Ultilet Insulin Syringe)<br>SYRINGE 0.3 ML 29 GAUGE  | 2         |                     |
| INSULIN SYRINGE-NEEDLE U-100 (Advocate Syringes)<br>SYRINGE 1 ML 29 GAUGE X 1/2"   | 2         |                     |
| INSULIN SYRINGE-NEEDLE U-100 (Lite Touch Insulin<br>Syringe)<br>SYRINGE 1/2 ML 28 GAUGE  | 2         |                     |
| PEN NEEDLE, DIABETIC NEEDLE (1st Tier Unifine<br>29 GAUGE X 1/2" Pentips)  | 2         |                     |
| NEEDLES, INSULIN DISP.,<br>SAFETY  | 2         |                     |
| <b>Enzyme Replacement/Modifiers</b>  |           |                     |
| <b>Enzyme Replacement/Modifiers</b>  |           |                     |
| ADAGEN INTRAMUSCULAR<br>SOLUTION 250 UNIT/ML   | 5         | NM; NDS             |
| ALDURAZYME INTRAVENOUS<br>SOLUTION 2.9 MG/5 ML   | 5         | NM; NDS             |
| CERDELGA ORAL CAPSULE 84<br>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 -120,000<br>UNIT, 3,000-9,500- 15,000 UNIT,<br>36,000-114,000- 180,000 UNIT, 6,000-<br>19,000 -30,000 UNIT | 3         |                     |
| ELAPRASE INTRAVENOUS<br>SOLUTION 6 MG/3 ML   | 5         | NM; NDS             |
| ELITEK INTRAVENOUS RECON<br>SOLN 1.5 MG, 7.5 MG  | 5         | NM; NDS             |

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|---|------------------|----------------------------------|
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG                        | 5                | NM; NDS                          |
| GALAFOLD ORAL CAPSULE 123 MG  | 5                | PA; NM; NDS; QL (14 per 28 days) |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML                                 | 5                | PA; NM; NDS                      |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML                              | 5                | PA BvD; NM; NDS                  |
| KUVAN ORAL TABLET,SOLUBLE 100 MG                                    | 5                | NM; NDS                          |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML                               | 5                | PA; NM; NDS                      |
| <i>miglustat oral capsule 100 mg</i> (Zavesca)                      | 5                | NM; NDS; QL (90 per 30 days)     |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML                            | 5                | 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                      |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG            | 5                | 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 100 MG/ML, 40 MG/ML                  | 5                | PA; NM; LA; NDS                  |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)                    | 5                | PA; NM; NDS                      |

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|---|-----------|---------------------|
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT   | 5         | NM; NDS             |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 10,000-34,000 -55,000 UNIT, 15,000-47,000 -63,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000 -14,000-UNIT, 3,000-10,000- 16,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000 - 27,000 UNIT, 5,000-17,000- 24,000 UNIT | 3         |                     |
| <b>Eye, Ear, Nose, Throat Agents</b>  |           |                     |
| <b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>   |           |                     |
| <i>alcaine ophthalmic (eye) drops 0.5 %</i>   | 2         |                     |
| <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 nasal spray, non-aerosol 0.15 %</i> (Astepro) (205.5 mcg)   | 4         | QL (30 per 25 days) |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>   | 2         |                     |
| BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %  | 4         | ST                  |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>  | 2         |                     |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)   | 2         |                     |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %  | 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) |

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|--|------------------|----------------------------|
| <i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>                        | 2                | QL (15 per 10 days)        |
| <i>olopatadine nasal spray, non-aerosol 0.6 %</i> (Patanase)                               | 4                | QL (30.5 per 30 days)      |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)                                  | 2                |                            |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)                                  | 4                |                            |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>                                | 2                |                            |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)                                 | 2                |                            |
| <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>                                  | 4                |                            |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac) | 2                |                            |
| <i>bleph-10 ophthalmic (eye) drops 10 %</i>  | 2                |                            |
| <b>CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %</b>   | 4                |                            |
| <b>CIPRODEX OTIC (EAR) DROPS, SUSPENSION 0.3-0.1 %</b>                                     | 3                |                            |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)                            | 2                |                            |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)                           | 4                |                            |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>                            | 2                |                            |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)                                 | 4                |                            |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>                                  | 2                |                            |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>   | 1                |                            |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>                                   | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i>  | 2                |                            |
| <b>MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %</b>   | 3                |                            |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)</i>  | 2                |                            |
| <b>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %</b>  | 4                |                            |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (Neo-Polycin HC)</i>       | 2                |                            |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g (Neo-Polycin)</i>      | 2                |                            |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)</i> | 2                |                            |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)</i>          | 2                |                            |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>                      | 2                |                            |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>                      | 2                |                            |
| <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 0.3 % (Ocuflox)</i>   | 2                |                            |
| <i>ofloxacin otic (ear) drops 0.3 %</i>   | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>   | 2                |                            |
| <i>polymyxin b sulf-trimethoprim (Polytrim)</i><br><i>ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | 1                |                            |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)                                    | 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 0.3 %</i> (Tobrex)   | 1                |                            |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)                | 2                |                            |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>  | 2                |                            |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %  | 4                |                            |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %   | 3                |                            |
| <b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>  |                  |                            |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %   | 3                | ST                         |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>  | 4                |                            |
| 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>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)                              | 4                |                            |

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|--|------------------|----------------------------|
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)                 | 4                |                            |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>                                       | 1                |                            |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | 1                |                            |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %   | 3                |                            |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %   | 3                |                            |
| <i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)                                      | 2                |                            |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)   | 2                |                            |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %   | 3                |                            |
| LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %  | 3                |                            |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %  | 3                |                            |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %   | 3                |                            |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)                 | 2                |                            |
| <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                |                            |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %   | 3                | QL (60 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>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>                            | 4                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| CARAFATE ORAL SUSPENSION<br>100 MG/ML  | 4                |                            |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>  | 2                |                            |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer<br>(cimetidine))                                | 2                |                            |
| <i>cimetidine oral tablet 300 mg, 400 mg,<br/>800 mg</i>   | 2                |                            |
| DEXILANT ORAL<br>CAPSULE,BIPHASE DELAYED<br>RELEAS 30 MG, 60 MG                                    | 3                | ST                         |
| <i>esomeprazole sodium intravenous recon<br/>soln 20 mg</i>  | 2                |                            |
| <i>esomeprazole sodium intravenous recon</i> (Nexium IV)<br><i>soln 40 mg</i>                      | 2                |                            |
| <i>famotidine (pf) intravenous solution 20<br/>mg/2 ml</i>   | 2                |                            |
| <i>famotidine (pf)-nacl (iso-os)<br/>intravenous piggyback 20 mg/50 ml</i>                         | 2                |                            |
| <i>famotidine intravenous solution 10 mg/ml</i>  | 2                |                            |
| <i>famotidine oral suspension 40 mg/5 ml (8<br/>mg/ml)</i>   | 4                |                            |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller)  | 1                |                            |
| <i>famotidine oral tablet 40 mg</i> (Pepcid)   | 1                |                            |
| <i>lansoprazole oral capsule,delayed<br/>release(drlec) 15 mg</i> (Heartburn Treatment<br>24 Hour) | 2                |                            |
| <i>lansoprazole oral capsule,delayed<br/>release(drlec) 30 mg</i> (Prevacid)                       | 2                |                            |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)  | 2                |                            |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>  | 2                |                            |
| <i>nizatidine oral solution 150 mg/10 ml</i>   | 2                |                            |
| <i>omeprazole oral capsule,delayed<br/>release(drlec) 10 mg, 20 mg, 40 mg</i>                      | 1                |                            |
| <i>pantoprazole intravenous recon soln 40<br/>mg</i> (Protonix)                                    | 2                |                            |
| <i>pantoprazole oral tablet,delayed release<br/>(drlec) 20 mg, 40 mg</i> (Protonix)                | 1                |                            |

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|---|------------------|----------------------------|
| <i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)           | 2                | ST; QL (30 per 30 days)    |
| <i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i> (Zantac) | 2                |                            |
| <i>ranitidine hcl oral syrup 15 mg/ml</i>   | 2                |                            |
| <i>ranitidine hcl oral tablet 150 mg</i> (Acid Control (ranitidine))              | 1                |                            |
| <i>ranitidine hcl oral tablet 300 mg</i> (Zantac)                                 | 1                |                            |
| <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>   | 1                |                            |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                                       | 2                |                            |
| <i>dicyclomine oral tablet 20 mg</i>  | 1                |                            |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>                       | 2                | PA-HRM; AGE (Max 64 Years) |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)                  | 2                | PA-HRM; AGE (Max 64 Years) |
| <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>                                | 4                |                            |
| <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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|---|------------------|----------------------------------|
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide)) | 2                |                                  |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                   | 4                |                                  |
| <i>metoclopramide hcl injection solution 5 mg/ml</i>              | 2                |                                  |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i>               | 2                |                                  |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                 | 2                |                                  |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)        | 1                |                                  |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                               | 3                | QL (30 per 30 days)              |
| OCALIVA ORAL TABLET 10 MG, 5 MG                                   | 5                | PA; NM; NDS; QL (30 per 30 days) |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML                                   | 5                | PA; NM; NDS                      |
| RELISTOR ORAL TABLET 150 MG                                       | 5                | PA; NM; NDS; QL (90 per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML                       | 5                | PA; NM; NDS; QL (28 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML           | 5                | PA; NM; NDS; QL (28 per 28 days) |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)        | 5                | NM; NDS                          |
| <i>sodium polystyrene sulfonate oral powder</i>                   | 2                |                                  |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>       | 2                |                                  |
| <i>sps 15 gml/60 ml suspension 15 gram/60 ml</i>                  | 2                |                                  |
| TRULANCE ORAL TABLET 3 MG   | 4                |                                  |
| <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 PACKET 16.8 GRAM, 25.2 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  | 4         |                                  |
| <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         |                                  |
| MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM   | 3         |                                  |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)               | 2         |                                  |
| <i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs) | 4         |                                  |
| <i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)                               | 2         |                                  |
| PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM   | 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 oral capsule 667 mg</i>  | 2         |                                  |
| <i>calcium acetate oral tablet 667 mg</i> (Calphron)  | 2         |                                  |
| <i>eliphos oral tablet 667 mg</i>   | 2         |                                  |
| <i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)                        | 5         | NM; NDS                          |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML   | 4         |                                  |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)                     | 5         | NM; NDS                          |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)   | 4         |                                  |

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| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>sevelamer hcl oral tablet 400 mg</i>  | 2         |                     |
| <i>sevelamer hcl oral tablet 800 mg</i> (Renagel)                                      | 2         |                     |
| VELPHORO ORAL<br>TABLET,CHEWABLE 500 MG  | 3         |                     |
| <b>Genitourinary Agents</b>  |           |                     |
| <b>Antispasmodics, Urinary</b>   |           |                     |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)         | 2         |                     |
| <i>flavoxate oral tablet 100 mg</i>  | 2         |                     |
| MYRBETRIQ ORAL TABLET<br>EXTENDED RELEASE 24 HR 25<br>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<br>EXTENDED RELEASE 24 HR 4 MG,<br>8 MG                             | 3         |                     |
| <i>trospium oral capsule,extended release 24hr 60 mg</i>                               | 4         |                     |
| <i>trospium oral tablet 20 mg</i>  | 4         |                     |
| <b>Genitourinary Agents, Miscellaneous</b>   |           |                     |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)                  | 1         |                     |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart)                                       | 2         |                     |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)     | 4         | QL (30 per 30 days) |
| <i>finasteride oral tablet 5 mg</i> (Proscar)  | 1         |                     |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax)   | 1         |                     |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                  | 1         |                     |

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|---|-----------|-----------------------------------|
| <b>Heavy Metal Antagonists</b>  |           |                                   |
| <b>Heavy Metal Antagonists</b>  |           |                                   |
| CUPRIMINE ORAL CAPSULE 250 MG   | 5         | PA; NM; NDS                       |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)   | 5         | PA; NM; NDS                       |
| <i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)            | 4         | PA                                |
| DEPEN TITRATABS ORAL TABLET 250 MG  | 5         | PA; NM; NDS                       |
| FERRIPROX ORAL SOLUTION 100 MG/ML   | 5         | PA; NM; NDS                       |
| FERRIPROX ORAL TABLET 500 MG  | 5         | PA; NM; NDS                       |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG                                      | 5         | PA; NM; NDS                       |
| JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG                 | 5         | PA; NM; NDS                       |
| <i>penicillamine oral capsule 250 mg</i> (Cuprimine)                          | 5         | PA; NM; NDS                       |
| <i>trientine oral capsule 250 mg</i> (Syprine)                                | 5         | PA; NM; NDS; QL (240 per 30 days) |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying</b>                       |           |                                   |
| <b>Androgens</b>  |           |                                   |
| ANADROL-50 ORAL TABLET 50 MG  | 5         | PA; NM; NDS                       |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                             | 2         |                                   |
| <i>oxandrolone oral tablet 10 mg</i> (Oxandrin)                               | 5         | NM; NDS                           |
| <i>oxandrolone oral tablet 2.5 mg</i> (Oxandrin)                              | 4         |                                   |
| <i>testosterone cypionate intramuscular oil 100 mg/ml</i> (Depo-Testosterone) | 2         | PA                                |
| <i>testosterone cypionate intramuscular oil 200 mg/ml</i> (Depo-Testosterone) | 2         | PA                                |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>                     | 2         | PA; QL (5 per 28 days)            |

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|---|------------------|--|
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)   | 2                | PA; QL (150 per 30 days)                       |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)  | 2                | PA; QL (300 per 30 days)                       |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)                                 | 2                | PA; QL (150 per 30 days)                       |
| <b>XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML</b>   | 3                | PA; QL (4 per 28 days)                         |
| <b>Estrogens And Antiestrogens</b>  |                  |  |
| <i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>   | 2                | PA-HRM; AGE (Max 64 Years)                     |
| <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                | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| <b>DUAVEE ORAL TABLET 0.45-20 MG</b>  | 3                | PA-HRM; AGE (Max 64 Years)                     |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)   | 1                | PA-HRM; AGE (Max 64 Years)                     |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Alora)                               | 2                | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i> (Dotti)   | 2                | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| <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                | PA-HRM; QL (4 per 28 days); AGE (Max 64 Years) |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)   | 2                |  |
| <i>estradiol vaginal tablet 10 mcg</i> (Vagifem)  | 4                | 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> (Activella)  | 2                | PA-HRM; AGE (Max 64 Years)                     |

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| Drug Name  | Drug Tier | Requirements/Limits        |
|--|-----------|----------------------------|
| <i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>                                 | 2         | PA-HRM; AGE (Max 64 Years) |
| 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         | PA-HRM; AGE (Max 64 Years) |
| <i>jinteli oral tablet 1-5 mg-mcg</i>  | 2         | PA-HRM; AGE (Max 64 Years) |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG                                 | 2         | PA-HRM; AGE (Max 64 Years) |
| <i>mimvey lo oral tablet 0.5-0.1 mg</i>  | 2         | PA-HRM; AGE (Max 64 Years) |
| <i>norethindrone ac-eth estradiol oral tablet (Femhrt Low Dose) 0.5-2.5 mg-mcg</i>   | 2         | PA-HRM; AGE (Max 64 Years) |
| <i>norethindrone ac-eth estradiol oral tablet (Fyavolv) 1-5 mg-mcg</i>               | 2         | PA-HRM; AGE (Max 64 Years) |
| 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         | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM   | 3         |                            |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)                                 | 3         | PA-HRM; AGE (Max 64 Years) |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG                | 3         | PA-HRM; AGE (Max 64 Years) |
| <i>raloxifene oral tablet 60 mg (Evista)</i>   | 2         |                            |
| <i>yuvaferm vaginal tablet 10 mcg</i>  | 4         | 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 (Celestone Soluspan) suspension 6 mg/ml</i> | 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 (Decadron)</i>                              | 2         | PA BvD                     |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg (Decadron)</i>              | 1         | PA BvD                     |

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|---|------------------|-----------------------------------|
| <i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>   | 1                | PA BvD                            |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>                                     | 2                |                                   |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>                                     | 2                |                                   |
| <i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>                                      | 1                |                                   |
| <i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>                                       | 1                |                                   |
| EMFLAZA ORAL SUSPENSION<br>22.75 MG/ML  | 5                | PA; NM; NDS; QL (104 per 30 days) |
| EMFLAZA ORAL TABLET 18 MG   | 5                | PA; NM; NDS; QL (30 per 30 days)  |
| EMFLAZA ORAL TABLET 30 MG,<br>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)               | 1                |                                   |
| <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 recon soln 125 mg, 40 mg</i>  | 2                |                                   |
| <i>methylprednisolone sodium succ intravenous recon soln 1,000 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), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 2                | PA BvD                            |
| <i>prednisone oral solution 5 mg/5 ml</i>   | 2                | PA BvD                            |
| <i>prednisone oral tablet 1 mg, 2.5 mg, 5 mg, 50 mg</i>   | 1                | PA BvD                            |

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|--|------------------|----------------------------|
| <i>prednisone oral tablet 10 mg</i>  | 1                | PA BvD                     |
| <i>prednisone oral tablet 20 mg</i> (Deltasone)  | 1                | PA BvD                     |
| <i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>   | 2                |                            |
| SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML   | 4                |                            |
| <i>triamcinolone acetonide 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                |                            |
| <i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)  | 2                |                            |
| <i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP)   | 4                |                            |
| <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                |                            |
| 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                |

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

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|--|------------------|----------------------------------|
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG   | 5                | PA; NM; NDS                      |
| 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                | NM; NDS; QL (60 per 30 days)     |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML        | 5                | NM; NDS; QL (1 per 28 days)      |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                     | 5                | NM; NDS                          |
| STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)                                | 5                | 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)     |

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| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG  | 5         | PA; NM; NDS                |
| ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG   | 4         | PA                         |
| ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG   | 5         | PA; NM; NDS                |
| <b>Progestins</b>   |           |                            |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML   | 4         | QL (10 per 28 days)        |
| <i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>   | 5         | PA NSO; NM; NDS            |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)  | 2         | QL (1 per 84 days)         |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)   | 4         | QL (1 per 84 days)         |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)  | 1         |                            |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>  | 2         | PA-HRM; AGE (Max 64 Years) |
| <i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)  | 2         |                            |
| <i>progesterone intramuscular oil 50 mg/ml</i>  | 2         |                            |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)   | 2         |                            |
| <b>Thyroid And Antithyroid Agents</b>   |           |                            |
| <i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>   | 5         | NM; NDS                    |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox) | 1         |                            |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T)   | 1         |                            |
| <i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat)   | 4         |                            |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)   | 2         |                            |
| <i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)   | 1         |                            |
| <i>propylthiouracil oral tablet 50 mg</i>   | 2         |                            |

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| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>Immunological Agents</b>   |           |                     |
| <b>Immunological Agents</b>   |           |                     |
| ACTEMRA ACTPEN<br>SUBCUTANEOUS PEN INJECTOR<br>162 MG/0.9 ML  | 5         | PA; NM; NDS         |
| ACTEMRA INTRAVENOUS<br>SOLUTION 200 MG/10 ML (20<br>MG/ML), 400 MG/20 ML (20<br>MG/ML), 80 MG/4 ML (20 MG/ML) | 5         | PA; NM; NDS         |
| ACTEMRA SUBCUTANEOUS<br>SYRINGE 162 MG/0.9 ML   | 5         | PA; NM; NDS         |
| ARCALYST SUBCUTANEOUS<br>RECON SOLN 220 MG  | 5         | NM; NDS             |
| <i>azathioprine oral tablet 50 mg</i> (Imuran)  | 2         | PA BvD              |
| <i>azathioprine sodium injection recon soln<br/>100 mg</i>  | 2         | PA BvD              |
| CARIMUNE NF NANOFILTERED<br>INTRAVENOUS RECON SOLN 12<br>GRAM, 6 GRAM   | 5         | PA BvD; NM; NDS     |
| CIMZIA POWDER FOR RECONST<br>SUBCUTANEOUS KIT 400 MG (200<br>MG X 2 VIALS)                                    | 5         | PA; NM; NDS         |
| CIMZIA SUBCUTANEOUS<br>SYRINGE KIT 400 MG/2 ML (200<br>MG/ML X 2)   | 5         | PA; NM; NDS         |
| <i>cyclosporine intravenous solution 250<br/>mg/5 ml</i> (Sandimmune)   | 2         | PA BvD              |
| <i>cyclosporine modified oral capsule 100<br/>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<br/>mg/ml</i> (Gengraf)  | 2         | PA BvD              |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)   | 2         | PA BvD              |
| DUPIXENT SUBCUTANEOUS<br>SYRINGE 200 MG/1.14 ML   | 5         | PA; NM; NDS         |
| ENBREL SUBCUTANEOUS RECON<br>SOLN 25 MG (1 ML)  | 5         | PA; NM; NDS         |

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|---|------------------|----------------------------|
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)   | 5                | PA; NM; NDS                |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)  | 5                | PA; NM; NDS                |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %   | 5                | PA BvD; NM; NDS            |
| GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE   | 4                | PA BvD                     |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 %  | 5                | PA BvD; NM; NDS            |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM   | 5                | PA BvD; NM; NDS            |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %  | 5                | PA BvD; NM; NDS            |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)   | 5                | PA BvD; NM; NDS            |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | 5                | PA BvD; NM; NDS            |
| <i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>  | 2                | PA BvD                     |
| <i>gengraf oral solution 100 mg/ml</i>  | 2                | PA BvD                     |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)  | 5                | PA; NM; NDS                |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR 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 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                |                            |
| 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            |

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|---|-----------|-------------------------------------|
| 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; QL (2.28 per 28 days)  |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML                           | 5         | PA; NM; NDS; QL (2.28 per 28 days)  |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML   | 5         | PA; NM; NDS; QL (18.76 per 28 days) |
| <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                     |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %  | 5         | PA BvD; NM; NDS                     |
| OLUMIANT ORAL TABLET 2 MG   | 5         | PA; NM; NDS; QL (30 per 30 days)    |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG                                  | 5         | PA; NM; NDS                         |

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|---|------------------|-------------------------------------|
| ORENCIA CLICKJECT<br>SUBCUTANEOUS AUTO-<br>INJECTOR 125 MG/ML   | 5                | PA; NM; NDS                         |
| ORENCIA SUBCUTANEOUS<br>SYRINGE 125 MG/ML, 50 MG/0.4<br>ML, 87.5 MG/0.7 ML  | 5                | PA; NM; NDS                         |
| OTEZLA ORAL TABLET 30 MG  | 5                | PA; NM; NDS; QL (60<br>per 30 days) |
| OTEZLA STARTER ORAL<br>TABLETS,DOSE PACK 10 MG (4)-20<br>MG (4)-30 MG (47), 10 MG (4)-20 MG<br>(4)-30 MG(19)  | 5                | PA; NM; NDS; QL (60<br>per 30 days) |
| OTREXUP (PF) SUBCUTANEOUS<br>AUTO-INJECTOR 10 MG/0.4 ML,<br>12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5<br>MG/0.4 ML, 20 MG/0.4 ML, 22.5<br>MG/0.4 ML, 25 MG/0.4 ML                                    | 3                |                                     |
| PRIVIGEN INTRAVENOUS<br>SOLUTION 10 %   | 5                | PA BvD; NM; NDS                     |
| PROGRAF INTRAVENOUS<br>SOLUTION 5 MG/ML   | 4                | PA BvD                              |
| PROGRAF ORAL CAPSULE 1 MG   | 4                | PA BvD                              |
| PROGRAF ORAL GRANULES IN<br>PACKET 0.2 MG, 1 MG   | 4                | PA BvD                              |
| RASUVO (PF) SUBCUTANEOUS<br>AUTO-INJECTOR 10 MG/0.2 ML,<br>12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5<br>MG/0.35 ML, 20 MG/0.4 ML, 22.5<br>MG/0.45 ML, 25 MG/0.5 ML, 30<br>MG/0.6 ML, 7.5 MG/0.15 ML | 3                |                                     |
| REMICADE INTRAVENOUS<br>RECON SOLN 100 MG   | 5                | PA; NM; NDS                         |
| RIDAURA ORAL CAPSULE 3 MG   | 5                | NM; NDS                             |
| SIMPONI ARIA INTRAVENOUS<br>SOLUTION 12.5 MG/ML   | 5                | PA; NM; NDS                         |
| SIMPONI SUBCUTANEOUS PEN<br>INJECTOR 100 MG/ML, 50 MG/0.5<br>ML   | 5                | PA; NM; NDS                         |

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|--|------------------|---|
| SIMPONI SUBCUTANEOUS<br>SYRINGE 100 MG/ML, 50 MG/0.5<br>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)   | 4                | PA BvD                                  |
| <i>sirolimus oral tablet 2 mg</i> (Rapamune)   | 5                | PA BvD; NM; NDS                         |
| SKYRIZI SUBCUTANEOUS<br>SYRINGE 75 MG/0.83 ML  | 5                | PA; NM; NDS                             |
| SKYRIZI SUBCUTANEOUS<br>SYRINGE KIT 150MG/1.66ML(75<br>MG/0.83 ML X2)                            | 5                | PA; NM; NDS                             |
| STELARA INTRAVENOUS<br>SOLUTION 130 MG/26 ML   | 5                | PA; NM; NDS                             |
| STELARA SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML  | 5                | PA; NM; NDS                             |
| STELARA SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90 MG/ML   | 5                | PA; NM; NDS                             |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5<br/>mg</i> (Prograf)                                  | 2                | PA BvD                                  |
| TYSABRI INTRAVENOUS<br>SOLUTION 300 MG/15 ML   | 5                | PA; NM; LA; NDS;<br>QL (15 per 28 days) |
| XELJANZ ORAL TABLET 10 MG, 5<br>MG   | 5                | PA; NM; NDS; QL (60<br>per 30 days)     |
| XELJANZ XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 11<br>MG  | 5                | PA; NM; NDS; QL (30<br>per 30 days)     |
| ZORTRESS ORAL TABLET 0.25<br>MG, 0.5 MG, 0.75 MG, 1 MG   | 5                | PA BvD; NM; NDS                         |
| <b>Vaccines</b>  |                  |   |
| ACTHIB (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML  | 6                |   |
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SUSPENSION 2<br>LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 6                |   |

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|--|------------------|----------------------------|
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2 LF-<br>(2.5-5-3-5 MCG)-5LF/0.5 ML | 6                |                            |
| BCG VACCINE, LIVE (PF)<br>PERCUTANEOUS SUSPENSION<br>FOR RECONSTITUTION 50 MG                  | 6                | PA BvD                     |
| BEXSERO INTRAMUSCULAR<br>SYRINGE 50-50-50-25 MCG/0.5 ML  | 6                |                            |
| BOOSTRIX TDAP<br>INTRAMUSCULAR SUSPENSION<br>2.5-8-5 LF-MCG-LF/0.5ML                           | 6                |                            |
| BOOSTRIX TDAP<br>INTRAMUSCULAR SYRINGE 2.5-<br>8-5 LF-MCG-LF/0.5ML                             | 6                |                            |
| DAPTACEL (DTAP PEDIATRIC)<br>(PF) INTRAMUSCULAR<br>SUSPENSION 15-10-5 LF-MCG-<br>LF/0.5ML      | 6                |                            |
| ENGERIX-B (PF)<br>INTRAMUSCULAR SUSPENSION<br>20 MCG/ML  | 6                | PA BvD                     |
| ENGERIX-B (PF)<br>INTRAMUSCULAR SYRINGE 20<br>MCG/ML   | 6                | PA BvD                     |
| ENGERIX-B PEDIATRIC (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/0.5 ML                             | 6                | PA BvD                     |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SUSPENSION<br>0.5 ML  | 6                | QL (1.5 per 365 days)      |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SYRINGE 0.5<br>ML   | 6                | QL (1.5 per 365 days)      |
| HAVRIX (PF) INTRAMUSCULAR<br>SUSPENSION 1,440 ELISA<br>UNIT/ML, 720 ELISA UNIT/0.5 ML          | 6                |                            |

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|--|------------------|----------------------------|
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | 6                |                            |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML                          | 6                |                            |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT                 | 6                | PA BvD                     |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML       | 6                |                            |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML          | 6                |                            |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML                                | 6                |                            |
| IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML                                   | 6                |                            |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML                               | 6                |                            |
| KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML               | 6                |                            |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML                  | 6                |                            |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML                            | 6                |                            |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML                | 6                |                            |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML             | 6                |                            |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML           | 6                |                            |

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|--|------------------|----------------------------|
| PEDVAX HIB (PF)<br>INTRAMUSCULAR SOLUTION 7.5<br>MCG/0.5 ML                                    | 6                |                            |
| PENTACEL (PF)<br>INTRAMUSCULAR KIT 15 LF<br>UNIT-20 MCG-5 LF/0.5 ML                            | 6                |                            |
| PENTACEL DTAP-IPV COMPNT<br>(PF) INTRAMUSCULAR<br>SUSPENSION 15 LF-48 MCG- 5 LF<br>UNIT/0.5ML  | 6                |                            |
| PROQUAD (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP3-4.3-3-<br>3.99 TCID50/0.5 | 6                |                            |
| QUADRACEL (PF)<br>INTRAMUSCULAR SUSPENSION<br>15 LF-48 MCG- 5 LF UNIT/0.5ML                    | 6                |                            |
| RABAVERT (PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 2.5 UNIT                       | 6                | PA BvD                     |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SUSPENSION<br>10 MCG/ML, 40 MCG/ML, 5<br>MCG/0.5 ML        | 6                | PA BvD                     |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/ML, 5 MCG/0.5 ML                         | 6                | PA BvD                     |
| ROTARIX ORAL SUSPENSION<br>FOR RECONSTITUTION 10EXP6<br>CCID50/ML                              | 6                |                            |
| ROTATEQ VACCINE ORAL<br>SOLUTION 2 ML  | 6                |                            |
| SHINGRIX (PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 50<br>MCG/0.5 ML               | 6                | QL (2 per 365 days)        |
| TDVAX INTRAMUSCULAR<br>SUSPENSION 2-2 LF UNIT/0.5 ML   | 6                |                            |

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|--|------------------|----------------------------|
| TENIVAC (PF) INTRAMUSCULAR<br>SUSPENSION 5 LF UNIT- 2 LF<br>UNIT/0.5ML                 | 6                |                            |
| TENIVAC (PF) INTRAMUSCULAR<br>SYRINGE 5-2 LF UNIT/0.5 ML                               | 6                |                            |
| TETANUS,DIPHThERIA TOX<br>PED(PF) INTRAMUSCULAR<br>SUSPENSION 5-25 LF UNIT/0.5 ML      | 6                |                            |
| TICE BCG INTRAVESICAL<br>SUSPENSION FOR<br>RECONSTITUTION 50 MG                        | 4                |                            |
| TRUMENBA INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML                                       | 6                |                            |
| TWINRIX (PF) INTRAMUSCULAR<br>SYRINGE 720 ELISA UNIT- 20<br>MCG/ML                     | 6                |                            |
| TYPHIM VI INTRAMUSCULAR<br>SOLUTION 25 MCG/0.5 ML                                      | 6                |                            |
| TYPHIM VI INTRAMUSCULAR<br>SYRINGE 25 MCG/0.5 ML                                       | 6                |                            |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 25 UNIT/0.5 ML, 50<br>UNIT/ML                   | 6                |                            |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 25 UNIT/0.5 ML, 50<br>UNIT/ML                      | 6                |                            |
| VARIVAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 1,350 UNIT/0.5<br>ML     | 6                | QL (2 per 365 days)        |
| YF-VAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10 EXP4.74<br>UNIT/0.5 ML | 6                |                            |
| ZOSTAVAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 19,400<br>UNIT/0.65 ML  | 6                | QL (1 per 365 days)        |

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|---|-----------|---------------------|
| <b>Inflammatory Bowel Disease Agents</b>  |           |                     |
| <b>Inflammatory Bowel Disease Agents</b>  |           |                     |
| <i>alosectron oral tablet 0.5 mg, 1 mg</i> (Lotronex)                                 | 5         | NM; NDS             |
| APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM                                  | 3         |                     |
| <i>balsalazide oral capsule 750 mg</i> (Colazal)                                      | 2         |                     |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)           | 4         |                     |
| <i>colocort rectal enema 100 mg/60 ml</i>   | 2         |                     |
| DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG                                   | 2         |                     |
| DIPENTUM ORAL CAPSULE 250 MG  | 5         | ST; NM; NDS         |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)                           | 2         |                     |
| LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM                                  | 2         |                     |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)               | 2         |                     |
| <i>mesalamine oral tablet, delayed release (drlec) 800 mg</i> (Asacol HD)             | 4         |                     |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa)                                | 2         |                     |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)                                  | 2         |                     |
| <i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs) | 2         |                     |
| UCERIS RECTAL FOAM 2 MG/ACTUATION   | 3         |                     |
| <b>Irrigating Solutions</b>   |           |                     |
| <b>Irrigating Solutions</b>   |           |                     |
| <i>acetic acid irrigation solution 0.25 %</i>   | 4         |                     |
| LACTATED RINGERS IRRIGATION SOLUTION  | 4         |                     |
| <i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)          | 4         |                     |
| <i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water)    | 4         |                     |

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|--|-----------|------------------------------------|
| <b>Metabolic Bone Disease Agents</b>                                   |           |                                    |
| <b>Metabolic Bone Disease Agents</b>                                   |           |                                    |
| <i>alendronate oral solution 70 mg/75 ml</i>                           | 2         | QL (300 per 28 days)               |
| <i>alendronate oral tablet 10 mg, 5 mg</i>                             | 1         |                                    |
| <i>alendronate oral tablet 35 mg</i>                                   | 1         | QL (4 per 28 days)                 |
| <i>alendronate oral tablet 40 mg</i>                                   | 2         |                                    |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)                         | 1         | QL (4 per 28 days)                 |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | 2         | QL (3.7 per 28 days)               |
| <i>calcitriol intravenous solution 1 mcg/ml</i>                        | 2         |                                    |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)           | 2         |                                    |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)                   | 2         |                                    |
| <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         |                                    |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>            | 4         |                                    |
| <i>etidronate disodium oral tablet 200 mg, 400 mg</i>                  | 4         |                                    |
| 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>                      | 4         | QL (3 per 84 days)                 |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)              | 4         | 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                               | 4         |                                    |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| 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>pamidronate intravenous recon soln 30 mg, 90 mg</i>  | 4                |                                 |
| <i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i> | 4                |                                 |
| <i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>   | 4                |                                 |
| PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML  | 4                |                                 |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)</i>   | 4                |                                 |
| <i>paricalcitol oral capsule 4 mcg</i>  | 4                |                                 |
| 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)             |
| <i>risedronate oral tablet 150 mg (Actonel)</i>   | 4                | QL (1 per 28 days)              |
| <i>risedronate oral tablet 30 mg</i>  | 4                | QL (30 per 30 days)             |
| <i>risedronate oral tablet 35 mg (Actonel)</i>  | 4                | QL (4 per 28 days)              |
| <i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>  | 4                | QL (4 per 28 days)              |
| <i>risedronate oral tablet 5 mg (Actonel)</i>   | 4                | QL (30 per 30 days)             |
| <i>risedronate oral tablet,delayed release (drlec) 35 mg (Atelvia)</i>                                      | 4                | QL (4 per 28 days)              |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)   | 3                | PA; QL (1.56 per 30 days)       |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)  | 5                | PA; NM; NDS                     |
| <i>zoledronic acid intravenous recon soln 4 mg</i>  | 4                |                                 |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i>                             | 4                |                                   |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast) | 4                | QL (100 per 300 days)             |
| <i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>           | 4                |                                   |
| ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML  | 5                | NM; NDS                           |
| <b>Miscellaneous Therapeutic Agents</b>   |                  |                                   |
| <b>Miscellaneous Therapeutic Agents</b>   |                  |                                   |
| ACTHAR INJECTION GEL 80 UNIT/ML   | 5                | PA; NM; NDS; QL (35 per 28 days)  |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML                                    | 5                | NM; NDS                           |
| <i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)              | 2                |                                   |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG                                    | 5                | PA; NM; NDS                       |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML                                     | 5                | PA; NM; NDS; QL (4 per 28 days)   |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML   | 5                | PA; NM; NDS; QL (4 per 28 days)   |
| CABLIVI INJECTION KIT 11 MG   | 5                | PA; NM; NDS                       |
| CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG                                | 4                |                                   |
| CYSTADANE ORAL POWDER 1 GRAM/1.7 ML   | 5                | NM; NDS                           |
| <i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard (as HCl))  | 5                | NM; NDS                           |
| <i>droperidol injection solution 2.5 mg/ml</i>                                    | 2                |                                   |
| ELMIRON ORAL CAPSULE 100 MG   | 4                |                                   |
| ENDARI ORAL POWDER IN PACKET 5 GRAM   | 5                | PA; NM; NDS; QL (180 per 30 days) |
| <i>ergoloid oral tablet 1 mg</i>  | 4                |                                   |
| EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML  | 5                | PA; NM; LA; NDS                   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <i>fomepizole intravenous solution 1 gram/ml</i>                                      | 5                | NM; NDS                           |
| <i>guanidine oral tablet 125 mg</i>   | 4                |                                   |
| <i>hydroxyzine pamoate oral capsule 100 mg</i>  | 1                | PA-HRM; AGE (Max 64 Years)        |
| <i>hydroxyzine pamoate oral capsule 25 mg, (Vistaril) 50 mg</i>                       | 1                | PA-HRM; AGE (Max 64 Years)        |
| <b>KEVEYIS ORAL TABLET 50 MG</b>  | 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 (Carnitor)</i>                  | 2                |                                   |
| <i>levocarnitine oral tablet 330 mg (Carnitor)</i>                                    | 2                |                                   |
| <b>LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG</b>                           | 4                |                                   |
| <i>levoleucovorin calcium intravenous recon soln 50 mg (Fusilev)</i>                  | 5                | NM; NDS                           |
| <i>mesna intravenous solution 100 mg/ml (Mesnex)</i>                                  | 2                |                                   |
| <b>MESNEX ORAL TABLET 400 MG</b>  | 5                | NM; NDS                           |
| <i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>                           | 4                |                                   |
| <b>NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG</b>                                | 5                | PA; NM; NDS; QL (8 per 28 days)   |
| <b>PROGLYCEM ORAL SUSPENSION 50 MG/ML</b>   | 5                | NM; NDS                           |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)</i>                        | 2                |                                   |
| <i>pyridostigmine bromide oral tablet 30 mg</i>                                       | 2                |                                   |
| <i>pyridostigmine bromide oral tablet 60 mg (Mestinon)</i>                            | 2                |                                   |
| <i>pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)</i> | 4                |                                   |

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|---|-----------|--------------------------------------|
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG                       | 5         | PA; NM; NDS                          |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)        | 5         | PA; NM; NDS                          |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG           | 5         | PA NSO; NM; NDS; QL (60 per 30 days) |
| THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG | 5         | NM; NDS                              |
| THIOLA ORAL TABLET 100 MG                                     | 5         | NM; NDS                              |
| 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         |                                      |
| <i>acetazolamide sodium injection recon soln 500 mg</i>       | 2         |                                      |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %                       | 3         |                                      |
| AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %                  | 3         |                                      |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                 | 2         |                                      |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i>              | 4         |                                      |
| <i>brimonidine ophthalmic (eye) drops 0.15 % (Alphagan P)</i> | 4         |                                      |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>               | 1         |                                      |
| <i>carteolol ophthalmic (eye) drops 1 %</i>                   | 1         |                                      |

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|--|------------------|----------------------------|
| COMBIGAN OPHTHALMIC (EYE)<br>DROPS 0.2-0.5 %   | 3                |                            |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)                                  | 2                |                            |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)                | 1                |                            |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)                              | 1                |                            |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>  | 1                |                            |
| LUMIGAN OPHTHALMIC (EYE)<br>DROPS 0.01 %   | 3                | QL (2.5 per 25 days)       |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>  | 4                |                            |
| <i>metipranolol ophthalmic (eye) drops 0.3 %</i>   | 2                |                            |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)             | 2                |                            |
| RHOPRESSA OPHTHALMIC (EYE)<br>DROPS 0.02 %   | 3                | QL (2.5 per 25 days)       |
| ROCKLATAN OPHTHALMIC<br>(EYE) DROPS 0.02-0.005 %   | 3                | ST; QL (2.5 per 25 days)   |
| SIMBRINZA OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1-0.2 %                                   | 3                |                            |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)                   | 1                |                            |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE) | 4                |                            |
| TRAVATAN Z OPHTHALMIC<br>(EYE) DROPS 0.004 %   | 3                | QL (2.5 per 25 days)       |
| XELPROS OPHTHALMIC (EYE)<br>DROPS, EMULSION 0.005 %                                      | 4                | ST; QL (2.5 per 25 days)   |
| ZIOPTAN (PF) OPHTHALMIC<br>(EYE) DROPPERETTE 0.0015 %                                    | 4                | QL (30 per 30 days)        |
| <b>Replacement Preparations</b>  |                  |                            |
| <b>Replacement Preparations</b>  |                  |                            |
| <i>calcium chloride intravenous solution 100 mg/ml (10 %)</i>                            | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>  | 2                |                            |
| <i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>   | 4                |                            |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>   | 4                |                            |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>  | 4                |                            |
| <i>electrolyte-48 in d5w intravenous parenteral solution</i>  | 4                |                            |
| <b>IONOSOL-B IN D5W<br/>INTRAVENOUS PARENTERAL<br/>SOLUTION 5 %</b>   | 4                |                            |
| <b>IONOSOL-MB IN D5W<br/>INTRAVENOUS PARENTERAL<br/>SOLUTION 5 %</b>  | 4                |                            |
| <b>ISOLYTE-P IN 5 % DEXTROSE<br/>INTRAVENOUS PARENTERAL<br/>SOLUTION 5 %</b>  | 4                |                            |
| <b>ISOLYTE-S INTRAVENOUS<br/>PARENTERAL SOLUTION</b>  | 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, extended<br/>release 10 meq, 8 meq</i>   | 2                |                            |
| <i>magnesium sulfate in d5w intravenous<br/>piggyback 1 gram/100 ml</i>   | 2                |                            |
| <i>magnesium sulfate in water intravenous<br/>parenteral solution 20 gram/500 ml (4<br/>%), 40 gram/1,000 ml (4 %)</i>      | 2                | PA BvD                     |
| <i>magnesium sulfate in water intravenous<br/>piggyback 2 gram/50 ml (4 %), 4<br/>gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | 2                | PA BvD                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>   | 2                | PA BvD                     |
| <i>magnesium sulfate injection syringe 4 meq/ml</i>   | 2                | PA BvD                     |
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION  | 4                |                            |
| NORMOSOL-R IV SOLUTION L/F, SINGLE-USE  | 4                |                            |
| NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION   | 4                |                            |
| PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION   | 4                |                            |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION   | 4                |                            |
| PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %  | 4                |                            |
| <i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>  | 4                | PA BvD                     |
| <i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>  | 4                | PA BvD                     |
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>  | 4                | PA BvD                     |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>   | 4                | PA BvD                     |
| <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>   | 4                |                            |
| <i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i> | 4                | PA BvD                     |
| <i>potassium chloride intravenous solution 2 meq/ml</i>   | 2                | PA BvD                     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>  | 2                | PA BvD                     |
| <i>potassium chloride oral capsule, extended release 10 meq</i>  | 2                |                            |
| <i>potassium chloride oral capsule, extended release 8 meq</i> (Klor-Con Sprinkle)                           | 2                |                            |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>   | 4                |                            |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)                         | 2                |                            |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)                           | 2                |                            |
| <i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)                           | 2                |                            |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>                               | 2                |                            |
| <i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i> | 4                |                            |
| <i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>                               | 4                |                            |
| <i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>                     | 4                |                            |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)                        | 2                |                            |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)                                   | 2                |                            |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)                            | 2                |                            |
| <i>sodium acetate intravenous solution 2 meq/ml</i>  | 2                |                            |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>   | 1                |                            |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>   | 2                |                            |
| <i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>  | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>sodium lactate intravenous solution 5 meq/ml</i>   | 4                |                            |
| <i>sodium phosphate intravenous solution 3 mmol/ml</i>  | 2                |                            |
| <b>Respiratory Tract Agents</b>   |                  |                            |
| <b>Anti-Inflammatories, Inhaled</b>   |                  |                            |
| <b>Corticosteroids</b>  |                  |                            |
| ADVAIR DISKUS INHALATION<br>BLISTER WITH DEVICE 100-50<br>MCG/DOSE, 250-50 MCG/DOSE, 500-<br>50 MCG/DOSE              | 2                | QL (60 per 30 days)        |
| ADVAIR HFA INHALATION HFA<br>AEROSOL INHALER 115-21<br>MCG/ACTUATION, 230-21<br>MCG/ACTUATION, 45-21<br>MCG/ACTUATION | 3                | QL (12 per 28 days)        |
| ARNUITY ELLIPTA INHALATION<br>BLISTER WITH 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 nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)             | 2                | PA BvD                     |
| DULERA INHALATION HFA<br>AEROSOL INHALER 100-5<br>MCG/ACTUATION, 200-5<br>MCG/ACTUATION                               | 3                | QL (13 per 28 days)        |
| FLOVENT 100 MCG DISKUS 100<br>MCG/ACTUATION   | 3                | QL (60 per 30 days)        |
| FLOVENT 250 MCG DISKUS 250<br>MCG/ACTUATION   | 3                | QL (120 per 30 days)       |

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|--|------------------|----------------------------|
| FLOVENT DISKUS INHALATION<br>BLISTER WITH DEVICE 100<br>MCG/ACTUATION, 50<br>MCG/ACTUATION         | 3                | QL (60 per 30 days)        |
| FLOVENT DISKUS INHALATION<br>BLISTER WITH DEVICE 250<br>MCG/ACTUATION                              | 3                | QL (120 per 30 days)       |
| FLOVENT HFA INHALATION HFA<br>AEROSOL INHALER 110<br>MCG/ACTUATION                                 | 3                | QL (12 per 28 days)        |
| FLOVENT HFA INHALATION HFA<br>AEROSOL INHALER 220<br>MCG/ACTUATION                                 | 3                | QL (24 per 28 days)        |
| FLOVENT HFA INHALATION HFA<br>AEROSOL INHALER 44<br>MCG/ACTUATION                                  | 3                | QL (21.2 per 28 days)      |
| QVAR INHALATION AEROSOL 40<br>MCG/ACTUATION, 80<br>MCG/ACTUATION                                   | 3                | QL (17.4 per 25 days)      |
| QVAR REDIHALER INHALATION<br>HFA AEROSOL BREATH<br>ACTIVATED 40 MCG/ACTUATION,<br>80 MCG/ACTUATION | 3                | QL (21.2 per 30 days)      |
| SYMBICORT 160-4.5 MCG<br>INHALER 60 INHALATIONS 160-4.5<br>MCG/ACTUATION                           | 3                | QL (12 per 30 days)        |
| SYMBICORT INHALATION HFA<br>AEROSOL INHALER 160-4.5<br>MCG/ACTUATION                               | 3                | QL (10.2 per 30 days)      |
| SYMBICORT INHALATION HFA<br>AEROSOL INHALER 80-4.5<br>MCG/ACTUATION                                | 3                | QL (11 per 25 days)        |
| <b>Antileukotrienes</b>  |                  |                            |
| <i>montelukast oral tablet 10 mg</i> (Singulair)   | 1                |                            |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)                                    | 1                |                            |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)   | 4                |                            |

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| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|-----------------------|
| <b>Bronchodilators</b>  |           |                       |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)                                   | 2         |                       |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503), 90 mcg/actuation (nda020983)</i>      | 2         |                       |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083%), 5 mg/ml</i> | 2         | PA BvD                |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>   | 2         |                       |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>   | 2         |                       |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>  | 2         |                       |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION  | 3         | QL (60 per 30 days)   |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION  | 3         | QL (25.8 per 28 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION   | 3         | QL (8 per 30 days)    |
| <i>elixophyllin oral elixir 80 mg/15 ml</i>   | 4         |                       |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION   | 3         |                       |
| <i>ipratropium bromide inhalation solution 0.02%</i>  | 2         | PA BvD                |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)                              | 4         | QL (30 per 30 days)   |
| LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML  | 3         | QL (60 per 30 days)   |
| <i>metaproterenol oral syrup 10 mg/5 ml</i>   | 1         |                       |
| <i>metaproterenol oral tablet 10 mg, 20 mg</i>  | 2         |                       |
| PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION  | 2         |                       |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| PROAIR RESPICLICK<br>INHALATION AEROSOL POWDR<br>BREATH ACTIVATED 90<br>MCG/ACTUATION | 3                |                            |
| SEREVENT DISKUS INHALATION<br>BLISTER WITH DEVICE 50<br>MCG/DOSE                      | 3                | QL (60 per 30 days)        |
| SPIRIVA RESPIMAT INHALATION<br>MIST 1.25 MCG/ACTUATION                                | 3                |                            |
| SPIRIVA RESPIMAT INHALATION<br>MIST 2.5 MCG/ACTUATION                                 | 3                |                            |
| SPIRIVA WITH HANDIHALER<br>INHALATION CAPSULE,<br>W/INHALATION DEVICE 18 MCG          | 3                |                            |
| STIOLTO RESPIMAT<br>INHALATION MIST 2.5-2.5<br>MCG/ACTUATION                          | 3                | QL (4 per 28 days)         |
| 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 ml</i>   | 4                |                            |
| <i>theophylline oral tablet extended release (Theochron)<br/>12 hr 100 mg, 200 mg</i> | 2                |                            |
| <i>theophylline oral tablet extended release (Theochron)<br/>12 hr 300 mg</i>         | 4                |                            |
| <i>theophylline oral tablet extended release<br/>12 hr 450 mg</i>                     | 4                |                            |
| <i>theophylline oral tablet extended release<br/>24 hr 400 mg, 600 mg</i>             | 2                |                            |
| TRELEGY ELLIPTA INHALATION<br>BLISTER WITH DEVICE 100-62.5-25<br>MCG                  | 3                |                            |
| <b>Respiratory Tract Agents, Other</b>  |                  |                            |
| <i>acetylcysteine intravenous solution 200 (Acetadote)<br/>mg/ml (20%)</i>            | 2                | PA BvD                     |

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|---|------------------|-------------------------------------|
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | 2                | PA BvD                              |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML                             | 5                | PA; NM; NDS                         |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>   | 2                | PA BvD                              |
| 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 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                     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                       |
|--|------------------|--|
| 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)                 |
| 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>carisoprodol oral tablet 250 mg</i> (Soma)  | 4                | PA-HRM; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>carisoprodol oral tablet 350 mg</i> (Soma)  | 2                | PA-HRM; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>chlorzoxazone oral tablet 500 mg</i>  | 2                | PA-HRM; AGE (Max 64 Years)                       |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                                       | 2                | PA-HRM; AGE (Max 64 Years)                       |
| <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                | PA-HRM; AGE (Max 64 Years)                       |
| <i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)                                | 2                | PA-HRM; AGE (Max 64 Years)                       |
| <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   |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                                       | 3                | QL (30 per 30 days)                              |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|--|
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta) | 2                | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years) |
| 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)  |
| XYREM ORAL SOLUTION 500 MG/ML                             | 5                | NM; LA; NDS; QL (540 per 30 days)  |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                  | 2                | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (60 per 30 days); AGE (Max 64 Years) |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)          | 1                | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|--|
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)  | 2                | PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years) |
| <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  |
| LETAIRIS ORAL TABLET 10 MG, 5 MG  | 5                | PA; NM; NDS; QL (30 per 30 days)   |
| 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 (antihypertensive) intravenous solution 10 mg/12.5 ml</i> (Revatio) | 5                | PA; NM; NDS; QL (37.5 per 1 day)   |
| <i>sildenafil (antihypertensive) oral tablet 20 mg</i> (Revatio)                  | 2                | PA; QL (90 per 30 days)  |
| <i>tadalafil (antihypertensive) oral tablet 20 mg</i> (Adcirca)                   | 5                | PA; NM; NDS; QL (60 per 30 days)   |

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|---|------------------|---|
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)  | 2                | PA; QL (30 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                                     |
| 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; QL (400 per 365 days)              |
| <b>Vitamins And Minerals</b>  |                  |   |
| <b>Vitamins And Minerals</b>  |                  |   |
| <i>pnv prenatal plus multivit tab slf, gluten-free 27 mg iron- 1 mg</i>                         | 3                | ALL RX PRENATAL VITAMINS COVERABLE UNDER PART D |
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>                              | 3                | ALL RX PRENATAL VITAMINS COVERABLE UNDER PART D |

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